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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2026-000329

Ivan Moore, Claimant ..... Appellant,

v.

Spartanburg Steel, ... Employer,

and

Hartford Accident & Indemnity Company c/o
Sedgwick Claims Management Services, Inc., Carrier..... Respondents.

INITIAL BRIEF OF RESPONDENTS

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TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases

Statutes

STATEMENT OF ISSUES ON APPEAL

I. Whether this appeal must be dismissed because the Appellate Panel's order — which denies a single item of treatment while finding that Claimant has not reached maximum medical improvement — is not a final, appealable decision under S.C. Code Ann. § 1-23-380 and *Bone v. U.S. Food Service*, and no exception to the finality rule applies.

II. Whether the Appellate Panel erred as a matter of law in admitting the deposition testimony of Dr. Michael Hoenig, where the deposition was noticed and conducted by the Claimant and was therefore not "obtained in violation of" S.C. Code Ann. § 42-15-95.

III. Whether substantial evidence supports the Appellate Panel's finding that Claimant's need for a total left knee replacement is not causally related to his March 1, 2016 work injury.

STATEMENT OF THE CASE

This is an appeal from an admitted workers' compensation claim for an injury to Claimant Ivan Moore's left knee sustained on March 1, 2016. The parties stipulated to the Commission's jurisdiction, to venue, and to an average weekly wage of $801.52 with a corresponding compensation rate of $534.37. (Single Comm'r Order, Stipulations 1–4.)

Dr. Michael Hoenig served as Claimant's authorized treating physician, first treating him on May 10, 2016. On September 13, 2016, Dr. Hoenig placed Claimant at maximum medical improvement with a ten percent impairment rating to the left knee, prescribed intermittent cortisone injections as future medical treatment, and completed a Form 14B memorializing that opinion on September 20, 2016. Claimant continued to treat with Dr. Hoenig through July 25, 2023, receiving a total of thirty-nine injections. On September 1, 2023, after an updated MRI showed advanced arthritic change, Dr. Hoenig referred Claimant for consideration of a total left knee replacement. Claimant then obtained one-time evaluations from Dr. James O'Leary (January 15, 2024) and Dr. Daniel Gerscovich (April 16, 2024). (Single Comm'r Order, Statement of the Case & Medical Evidence.)

Claimant filed a Form 50 on August 9, 2024, seeking additional medical treatment and alleging that he was not at maximum medical improvement; Defendants responded by Form 51 on September 6, 2024, denying that Claimant was entitled to additional treatment. A hearing was held before Single Commissioner T. Scott Beck on December 19, 2024, on the sole issues of whether Claimant's need for a total knee replacement is causally related to the work accident and whether Claimant has reached maximum medical improvement. (Single Comm'r Order, Statement of the Case.)

Before the hearing, the carrier had sent Dr. Hoenig a medical questionnaire on September 29, 2023, without notice to Claimant; Dr. Hoenig completed it on October 3, 2023. Separately, Claimant's counsel noticed and conducted the deposition of Dr. Hoenig on October 31, 2023. At the hearing, the Single Commissioner sustained Claimant's objection to the questionnaire and excluded it under S.C. Code Ann. § 42-15-95, but overruled Claimant's objection to the deposition and admitted it, reasoning that Claimant had noticed and conducted the deposition and that Defendants had no role in setting it. (Single Comm'r Order, Findings of Fact 1–2.)

In his order of May 6, 2025, the Single Commissioner found that the total knee replacement is not causally related to the 2016 injury, affording greater weight to Dr. Hoenig — who had treated Claimant exclusively for eight years — than to Drs. Gerscovich and O'Leary, each of whom evaluated Claimant only once. The order also found that Dr. Hoenig never again placed Claimant at maximum medical improvement and that Claimant is not at maximum medical improvement for his left knee. (Single Comm'r Order, Findings of Fact 3–8.)

Both parties sought review. On January 29, 2026, the Appellate Panel affirmed the Single Commissioner and adopted his findings of fact and conclusions of law verbatim, ordering that

Claimant is not entitled to a total knee replacement and is not at maximum medical improvement. (Appellate Panel Order (Jan. 29, 2026).)

Claimant served a notice of appeal on February 12, 2026. On March 11, 2026, this Court dismissed the appeal on the ground that the order was not a final decision and was not immediately appealable. On Claimant's motion to reinstate, the Court reinstated the appeal and directed the parties to brief the appealability question along with the merits.

STANDARD OF REVIEW

The Administrative Procedures Act governs judicial review of decisions of the Workers' Compensation Commission. *Corbin v. Kohler Co.*, 351 S.C. 613, 617, 571 S.E.2d 92, 94–95 (Ct. App. 2002). Whether an order of the Commission is a final, appealable decision, and whether the statutory exception to the finality rule applies, are questions of law the Court decides in the first instance. *See Davis v. S.C. Dep't of Corr.*, 444 S.C. 138, 154, 906 S.E.2d 569, 577 (2024).

On the merits, the Commission is the ultimate fact-finder, and the Court may not substitute its judgment for the Commission's as to the weight of the evidence on questions of fact; the Court may reverse only where the decision is unsupported by substantial evidence or is controlled by an error of law. *Corbin*, 351 S.C. at 617, 571 S.E.2d at 95. Substantial evidence is not a mere scintilla, nor the evidence viewed from one side, but evidence that, considering the record as a whole, would allow reasonable minds to reach the conclusion the Commission reached. *Id.* at 618, 571 S.E.2d at 95. The possibility of drawing two inconsistent conclusions from the evidence does not prevent the Commission's findings from being supported by substantial evidence. *Id.*

The admissibility question presented in Issue II turns on the construction of S.C. Code Ann. § 42-15-95, which the Court reviews as a question of law. Even without deference to the

Commission's construction, the result is the same, because the plain language of the statute supports admission. *See Brown v. Bi-Lo, Inc.*, 354 S.C. 436, 440–41, 581 S.E.2d 836, 838–39 (2003).

ARGUMENT

I. THE APPELLATE PANEL'S ORDER IS NOT A FINAL, APPEALABLE DECISION, AND NONE OF THE NARROW EXCEPTIONS TO THE FINALITY RULE PERMITS IMMEDIATE REVIEW.

This appeal should be dismissed. The Administrative Procedures Act limits judicial review to a party "aggrieved by a final decision in a contested case," and permits immediate review of "a preliminary, procedural, or intermediate agency action or ruling" only "if review of the final agency decision would not provide an adequate remedy." S.C. Code Ann. § 1-23-380. The Appellate Panel's order is not final, and the adequate-remedy exception does not apply. Indeed, Claimant himself assumes, for purposes of the appealability issue, that the order is interlocutory. The only question, then, is whether the narrow exception rescues an admittedly non-final order from the finality bar. It does not.

A. An order requiring further proceedings before the Commission is not a final decision under the Administrative Procedures Act.

"An agency decision which does not decide the merits of a contested case . . . is not a final agency decision subject to judicial review." *Bone v. U.S. Food Serv.*, 404 S.C. 67, 73, 744 S.E.2d 552, 556 (2013). A final decision "disposes of the whole subject matter of the action or terminates the particular proceeding or action, leaving nothing to be done but to enforce by execution what has been determined." *Id.* at 75, 744 S.E.2d at 557. Where a judgment determines the applicable

law while leaving questions of fact open, it is not final. *Id.* Applying that principle, our Supreme Court has "consistently held that an order . . . remanding a case for additional proceedings before an administrative agency is not directly appealable," and *Bone* dismissed the appeal there because the order remanded the matter "for further proceedings before entry of a final award." *Id.* at 76–77, 744 S.E.2d at 557–58. The Court has continued to restate the rule: an order of the Commission "is not a final decision unless it resolves the entire action." *Rose v. JJS Trucking, LLC*, 411 S.C. 366, 368, 768 S.E.2d 412, 413 (Ct. App. 2015). A "final decision" does not include "a final decision on a procedural or other intermediate point that does not resolve the merits of the claim." *Davis*, 444 S.C. at 153, 906 S.E.2d at 577.

The order here does not resolve the entire action. The Appellate Panel expressly found that Claimant "is not at maximum medical improvement for his left knee." (Appellate Panel Order, Finding of Fact 8.) By definition, that finding leaves the claim open: the extent of Claimant's disability and any permanency cannot be adjudicated until he reaches maximum medical improvement, and further proceedings before the Commission are therefore necessary. This is precisely the posture our Court of Appeals held non-appealable in *Rose*, where the Commission's order "le[ft] the merits of [the claimant's] claim for permanent disability unresolved" and was, for that reason, "not a final decision and not immediately appealable." *Rose*, 411 S.C. at 368–69, 768 S.E.2d at 413. Because the order on review leaves the merits of Claimant's claim unresolved and contemplates additional proceedings, it is not final. *Bone*, 404 S.C. at 76–77, 744 S.E.2d at 557–58; *Davis*, 444 S.C. at 153, 906 S.E.2d at 577.

B. The § 1-23-380 "adequate remedy" exception is confined to extraordinary circumstances not present here.

Whether an intermediate ruling is immediately reviewable is decided case by case, and turns on whether review of the final decision "would not provide an adequate remedy." *Davis*, 444 S.C. at 155, 906 S.E.2d at 577–78. Our Supreme Court has cautioned that the circumstances permitting immediate appeal of an interlocutory administrative decision under § 1-23-380 "are about as rare as the proverbial hens' teeth." *Hilton v. Flakeboard Am. Ltd.*, 418 S.C. 245, 252, 791 S.E.2d 719, 723 (2016). The cases in which the exception has been applied confirm how narrow it is.

In *Hilton*, the Court allowed immediate review of an "admittedly interlocutory" order only "under these unusual facts," where the Appellate Panel, acting *sua sponte* and without explanation, vacated the single commissioner's order and ordered the parties to relitigate the entire dispute — a de facto "do over" that disregarded the issues the appealing party had raised. *Id.* at 247, 251–52, 791 S.E.2d at 720, 722–23. In *Russell v. Wal-Mart Stores, Inc.*, the Court permitted immediate review only because of the Commission's "unreasonable delay" arising from repeated, unnecessary remands: after nearly eight years and two commissioner rulings in the claimant's favor, she had received no benefits, and the Panel had remanded for a third ruling on the same claim. 426 S.C. 281, 290–91, 826 S.E.2d 863, 867–68 (2019).

Nothing of the kind occurred here. The Appellate Panel did not order a *sua sponte* "do over," raise new issues, or vacate the single commissioner's order; it affirmed that order and adopted its findings verbatim after ordinary review. (Appellate Panel Order (Jan. 29, 2026).) Nor is this a case of protracted, repeated remands: the claim proceeded through a single hearing, a single order, and a single Appellate Panel review in the ordinary course. The extraordinary facts that supported immediate review in *Hilton* and *Russell* are absent.

Claimant's contrary theory — that the order works a "structural deadlock" because it denies the only recommended treatment while finding him not at maximum medical improvement — misreads the order. The finding that Claimant has not reached maximum medical improvement addresses the compensable knee condition as a whole and leaves the claim open for further treatment and, ultimately, a permanency determination. The separate finding that this particular surgery is not causally related rests on the Commission's determination that the need for a total knee replacement is the product of natural arthritic progression rather than the 2016 injury. See Argument III, *infra*. Those findings are not contradictory; a claimant may remain short of maximum medical improvement on his compensable condition while a specific, later-arising surgical need is found unrelated to the accident. The claim can and will proceed to a final decision. There is no deadlock, and therefore no basis for the "extraordinary circumstances" exception.

C. Claimant's remedy on appeal from a final decision is adequate.

Even if the order were treated as intermediate, a later appeal provides Claimant an adequate remedy, which defeats immediate review. Where the only prejudice from awaiting a final decision is delay in the payment of money or the provision of a benefit, the remedy on later appeal is adequate. In *Rose*, the Court of Appeals rejected precisely the argument Claimant advances, holding that an appellant showed no inadequate remedy where the order's only effect was "to delay the payment of money"; the party could recover through reimbursement or appeal after the final decision. *Rose*, 411 S.C. at 368–69, 768 S.E.2d at 413–14. Our Supreme Court has drawn the same line, treating *Rose* as the contrast case in which delay alone did not justify immediate review, and reserving the exception for the "unreasonable delay" caused by repeated remands. *Russell*, 426 S.C. at 290, 826 S.E.2d at 867.

So too here. Claimant testified that he carries personal health insurance that could be used for the surgery. (Single Comm'r Order, Evidence of the Case; Hr'g Tr. p. 16.) Should this Court ultimately determine, on appeal from a final decision, that the surgery is compensable, Claimant may be made whole through an award of the treatment and attendant benefits. That is the delayed provision of a benefit, not an inadequate remedy. *Rose*, 411 S.C. at 369, 768 S.E.2d at 413–14.

Finally, Claimant's invitation to reach the merits does not aid him. Although a court may examine the underlying merits in assessing the adequacy of a later remedy, *Davis*, 444 S.C. at 155, 906 S.E.2d at 577, that inquiry only confirms dismissal here: as shown in Argument II and Argument III, the order is legally correct and supported by substantial evidence, so there is no meritorious ruling being wrongly deferred. Claimant's reliance on a statement by Defendants' counsel at the Appellate Panel hearing does not change the analysis; that statement addressed the consequence of *excluding* the deposition and does not concede that the deposition was inadmissible or that the causation finding lacks support. The deposition was properly admitted, and the premise of Claimant's argument never arises. The appeal should be dismissed.

II. The Commission committed no error of law in admitting the deposition testimony of Dr. Hoenig.

If the Court reaches the merits, it should affirm. The admissibility question is one of statutory construction, and the plain language of S.C. Code Ann. § 42-15-95 forecloses Claimant's argument. Where a statute's language is plain and unambiguous, "the court has no right to impose another meaning," and a court "cannot rewrite the statute and inject matters into it which are not in the legislature's language." *Hodges v. Rainey*, 341 S.C. 79, 85, 87, 533 S.E.2d 578, 581 (2000). Because workers' compensation is a creature of statute, its terms are strictly construed, and it is

for the General Assembly — not the tribunal — to expand them. *Brown*, 354 S.C. at 441, 581 S.E.2d at 838–39.

A. Section 42-15-95(B) governs communications requested by the employer or carrier; it does not reach a deposition the Claimant noticed and conducted.

Subsection (B) permits a health care provider to discuss an employee's medical history, causation, and related matters with the carrier or employer without the employee's consent, but only on specified conditions. Each of those conditions is expressly directed at "the employer, carrier, or its representative requesting the discussion or communication": the employee must be notified by that party, advised by that party of the nature of the communication, and provided by that party with a copy of any written questions and response. S.C. Code Ann. § 42-15-95(B). The statute thus polices communications that the employer or carrier initiates. Subsection (C), in turn, excludes only "discussions, communications, medical reports, or opinions obtained in violation of this section." *Id.* § 42-15-95(C).

Dr. Hoenig's deposition was not a communication requested by the employer or carrier. It was noticed and conducted by Claimant's own counsel. The Commission so found, twice: the deposition "was . . . noticed by Claimant in an attempt to change Dr. Hoenig's opinion," and "[o]ther than participating in the deposition, Defendant had no role in setting it." (Appellate Panel Order, Finding of Fact 2 & Conclusion of Law 2.) A communication the employee himself initiates is not one requested by the employer or carrier within subsection (B), and it is therefore not "obtained in violation of" the section under subsection (C). To hold otherwise would require reading the statute's employer-and-carrier trigger out of subsection (B) — exactly the judicial rewriting the plain-meaning rule forbids. *Hodges*, 341 S.C. at 87, 533 S.E.2d at 581.

B. A deposition is an independent, statutorily approved channel of discovery.

The controlling construction of § 42-15-95 confirms the point. In *Brown*, our Supreme Court held that although the statute does not authorize employer or carrier *ex parte* methods of contacting a claimant's physician, "insurance carriers and employers may obtain additional information through approved methods of discovery," expressly including depositions: "*See* § 42-3-160 (providing for taking of depositions in workers' compensation actions)." *Brown*, 354 S.C. at 440, 581 S.E.2d at 838. A deposition is thus a permitted, independent discovery channel that the statute does not bar. Here the deposition was not even the carrier's; it was noticed and conducted by Claimant. The opinion elicited through that permitted channel was subject to cross-examination and became competent record evidence, admissible as any other deposition testimony would be. Excluding it would penalize Defendants for doing nothing more than participating in a deposition the Claimant chose to take — a result the Commission correctly recognized would be untenable. (Appellate Panel Order, Finding of Fact 2.)

C. Because the deposition was not obtained in violation of the statute, subsection (C) is never triggered, and Claimant's supporting arguments fail.

Claimant's remaining arguments all assume the very thing the statute's text refutes — that the deposition was "obtained in violation of" § 42-15-95. It was not, so subsection (C)'s exclusionary command never attaches.

Claimant's *expressio unius* argument — that the General Assembly wrote prejudice qualifiers into § 42-15-20 but none into § 42-15-95(C) — is beside the point. Whether subsection (C) contains a prejudice element matters only if a violation occurred as to the deposition. Because the deposition was a permitted, Claimant-initiated discovery channel, no violation occurred, and

there is nothing to exclude — with or without a prejudice qualifier. *Brown*, 354 S.C. at 440, 581 S.E.2d at 838.

Claimant's reliance on the rule that the party introducing a deposition adopts the deponent as its witness likewise misses the mark. Subsection (C) turns on how the communication was "obtained," not on which party later places the transcript in the record. The opinion was obtained through a deposition the Claimant noticed and conducted; who filed the pages does not convert a Claimant-initiated deposition into an employer-requested communication under subsection (B). The statute's text controls, and it does not reach this deposition. *Hodges*, 341 S.C. at 87, 533 S.E.2d at 581.

D. Any error in admitting the deposition was harmless.

Even if the admission were error, reversal would not follow. To warrant reversal based on an evidentiary ruling, the appellant must show both error and resulting prejudice — "a reasonable probability the [fact-finder's] verdict was influenced by the wrongly admitted . . . evidence." *Conner v. City of Forest Acres*, 363 S.C. 460, 471, 611 S.E.2d 905, 911 (2005). An error is harmless where the record as a whole does not establish that the outcome was influenced by the challenged evidence. *Id.* at 472–73, 611 S.E.2d at 911. Our Supreme Court has applied precisely this harmless-error framework to *ex parte* and other procedural errors under the Administrative Procedures Act, declining to reverse where the error "did not prejudice" the complaining party. *Ross v. Med. Univ. of S.C.*, 328 S.C. 51, 492 S.E.2d 62 (1997). As shown in Argument III, the Commission's causation finding is supported by substantial evidence — including Dr. Hoenig's contemporaneous treatment records and testimony describing the natural progression of

Claimant's arthritis — independent of any question about the deposition's admission. Claimant cannot show the prejudice that reversal requires. *Conner*, 363 S.C. at 471, 611 S.E.2d at 911.

III. SUBSTANTIAL EVIDENCE SUPPORTS THE FINDING THAT CLAIMANT'S NEED FOR A TOTAL KNEE REPLACEMENT IS NOT CAUSALLY RELATED TO THE MARCH 1, 2016 INJURY.

The causation finding is a factual determination reviewed only for substantial evidence, and it easily satisfies that deferential standard.

A. The Commission alone weighs conflicting expert testimony and may credit a long-term treating physician over one-time evaluators.

Expert medical testimony aids the Commission, and "the Commission determines the weight and credit to be given to the expert testimony." *Corbin*, 351 S.C. at 624, 571 S.E.2d at 98. "[T]he final determination of witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel," and "[w]here there are conflicts in the evidence over a factual issue, the findings of the Appellate Panel are conclusive." *Hargrove v. Titan Textile Co.*, 360 S.C. 276, 289–90, 599 S.E.2d 604, 613 (Ct. App. 2004). That is so whether the conflict arises between different witnesses or within the testimony of a single witness. *Tiller v. Nat'l Health Care Ctr. of Sumter*, 334 S.C. 333, 339, 513 S.E.2d 843, 846 (1999). The reviewing court "may not substitute its judgment . . . as to the weight of the evidence." *Corbin*, 351 S.C. at 617, 571 S.E.2d at 95.

The Commission's decision to credit Dr. Hoenig is directly supported by *Corbin*, where the Court of Appeals held that a treating specialist who had seen the claimant more than any other physician was entitled to greater weight than physicians who reviewed records or examined the claimant only once. *Corbin*, 351 S.C. at 624, 571 S.E.2d at 98. Dr. Hoenig treated Claimant's left knee exclusively for eight years, over the course of thirty-nine injections, while Drs. Gerscovich

and O'Leary each evaluated Claimant a single time. (Appellate Panel Order, Findings of Fact 3–4.) The Commission was entitled to find Dr. Hoenig "in the best position to determine a causal relationship," (Appellate Panel Order, Finding of Fact 3), and that credibility judgment is conclusive on review. *Hargrove*, 360 S.C. at 289–90, 599 S.E.2d at 613.

B. Whether the need for surgery is natural progression is a factual question, and Dr. Hoenig's opinion is substantial evidence.

A work injury that aggravates or accelerates a pre-existing condition is compensable "unless it is due solely to the natural progression of a pre-existing condition," and "[a] determination of whether a claimant's condition was accelerated or aggravated . . . is a factual matter for the Appellate Panel." *Hargrove,* 360 S.C. at 295, 599 S.E.2d at 614. The Commission resolved that factual question against compensability, and record evidence supports it. Dr. Hoenig testified that Claimant began with pre-existing arthritis and damaged cartilage, that the injections managed his symptoms for years, and that his arthritis "continued to progress as it naturally does" until, seven years after the injury, he required a replacement he would have needed regardless of the 2016 accident. (Single Comm'r Order, Dr. Hoenig's Testimony; Def. APA pp. 280–81, 288.)

This Court has held materially identical testimony to be substantial evidence. In *Carter v. Verizon Wireless*, a treating surgeon opined that a claimant's worsening knee reflected the "natural progression" of pre-existing degenerative joint disease rather than her work injury, and the Court held that testimony constituted substantial evidence supporting the Panel's finding of no compensable change, emphasizing that "questions of credibility rest within the discretion of the Appellate Panel." 407 S.C. 641, 648–49, 757 S.E.2d 528, 531–32 (Ct. App. 2014). Dr. Hoenig's opinion here plays the same role and compels the same result: it is competent evidence that

reasonable minds could accept, and it is therefore conclusive. *Carter*, 407 S.C. at 649, 757 S.E.2d at 532; *Hargrove*, 360 S.C. at 295, 599 S.E.2d at 614.

C. The "surmise and conjecture" and "internal inconsistency" arguments do not overcome the deferential standard.

Claimant contends the causation finding rests on "surmise, speculation or conjecture" and that a finding becomes a question of law when all the evidence points one way. *Clemmons v. Lowe's Home Ctrs., Inc.-Harbison*, 420 S.C. 282, 288, 803 S.E.2d 268, 271 (2017). But that narrow exception applies only where "all the evidence points to one conclusion." *Id.* Here the evidence does not point one way; it conflicts. Dr. Hoenig, the eight-year treating physician, attributed the need for replacement to natural arthritic progression, while Drs. Gerscovich and O'Leary related it to the work injury. (Single Comm'r Order, Medical Evidence.) Where the medical evidence genuinely conflicts, the exception does not apply and the deferential standard governs; the Commission's resolution of that conflict is conclusive. *Tiller*, 334 S.C. at 339, 513 S.E.2d at 846; *Hargrove*, 360 S.C. at 289–90, 599 S.E.2d at 613. The possibility of drawing an inconsistent conclusion does not deprive the finding of substantial-evidence support. *Corbin*, 351 S.C. at 618, 571 S.E.2d at 95.

Nor is the order internally inconsistent. Claimant argues that the finding that he has not reached maximum medical improvement cannot be squared with the finding that the surgery is unrelated to the injury. The two findings answer different questions. Maximum medical improvement addresses whether Claimant's compensable condition has stabilized; causation addresses whether this particular surgery was made necessary by the 2016 accident or by the independent, natural progression of his arthritis. A claimant may remain short of maximum medical improvement on his compensable injury while a distinct, later-arising surgical need is

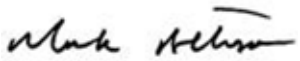
found to result solely from natural progression — which, under *Hargrove*, is not compensable. *Hargrove*, 360 S.C. at 295, 599 S.E.2d at 614. The Commission's findings are consistent, supported by substantial evidence, and should not be disturbed. *Corbin*, 351 S.C. at 617–18, 571 S.E.2d at 95.

CONCLUSION

For the foregoing reasons, Respondents respectfully request that the Court dismiss this appeal as taken from a non-final, non-appealable order. In the alternative, should the Court reach the merits, Respondents request that the Court affirm the Appellate Panel's order, because the Commission committed no error of law in admitting Dr. Hoenig's deposition testimony and its causation finding is supported by substantial evidence.

Respectfully submitted,

McANGUS GOUDELOCK & COURIE, LLC



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September 4, 2026

THE STATE OF SOUTH CAROLINA
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Ivan Moore, Claimant .....Appellant,

v.

Spartanburg Steel, ...Employer,

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Sedgwick Claims Management Services, Inc., Carrier..... Respondents.

PROOF 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 e-file and electronic delivery to:

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VIA EMAIL AND U. S. MAIL
The Honorable Jenny Abbott Kitchings
Clerk of the South Carolina Court of Appeals
P.O. Box 11629
Columbia, SC 29211

DOCUMENT: Initial Brief of Respondents

DATE OF MAILING: September 4, 2026

Jayne A. McJunkin

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September 4, 2026

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RE: Ivan Moore vs. Spartanburg Steel Products and Hartford Accident & Indemnity Company c/o Sedgwick Claims Management Services, Inc.
Date of Accident: March 1, 2016
WCC File No.: 1613880
Our File No.: 20194.23966
Claim No.: 30165526696-0001

Dear Ms. Kitchings:

Please find enclosed the Initial Brief of Respondents in regards to the above-referenced matter. By copy of this letter to Sam Bass, Esquire, the Claimant's attorney, we are notifying him of this submission and serving a copy of the same upon him by electronic delivery.

Very truly yours,

Mark Allison

MAA/jam
Enclosures
cc: Sam Bass, Esquire, Stewart Law Offices, LLC (via email)
Elizabeth Padgett, Sedgwick Claims Management Services, Inc. (via email)