

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1403368

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OCT 13 2015
SC Court of Appeals

Danny B. Crane,
Claimant,

v.

Raber's Discount Tire Rack,
Employer,

and

South Carolina Uninsured Employers
Fund,
Carrier.

APPELLATE DECISION AND ORDER

APPEARANCES:

Claimant is represented by Steve Chandler of Law Office of R. Steven Chandler, LLC.

Raber's Discount Tire Rack is represented by O. Edwards Liipfert, II.

South Carolina Uninsured Employers Fund is represented by Matthew J. Story.

HEARING:

July 21, 2015

STATEMENT OF THE CASE

The parties were heard by Commissioner Barden on June 26, 2014 in Port Royal, South Carolina. On April 30, 2015 Commissioner Barden issued an Order finding that Raber's Discount Tire Rack was subject to the Workers' Compensation Act, that Claimant sustained an injury to his ears on the date of the accident and ordered that Mr. Crane be reimbursed for his Emergency Room visit on February 19, 2014 his CT scan and associated visits, his two visits to Dr. Ansley, his treating ENT, and his follow-up

visit to Barnwell Family Practice. The Commissioner denied compensation for any future medical benefit, temporary total disability payments, and any permanent impairment as a result of the incident.

Within the statutory period, counsel for claimant filed an application for review in this case, setting forth their reasons for review, prior to oral arguments presented to the Appellate Panel on July 21, 2015. All proper testimony has been taken. All proffered testimony, together with all documentary evidence, has been delivered by oral argument to individual members of the Full Commission and has since been under study and consideration. In appeal, the claimant respectfully submits the following:

1. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant did not suffer from hearing loss in the accident when substantial hearing loss was shown by three objective hearing tests using the "pure tone audiogram" required by Regulations 67-1102.

2. Whether the Single Commissioner erred as a matter of fact and law in failing to order an auditory brainstem response test (ABR) with follow up treatment to determine whether the hearing loss resulted from inner ear damage or from brain injury, and whether Claimant should undergo a cochlear implant.

3. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant had not proven his case when the medical evidence and refuted testimony proved Claimant suffered from hearing loss related to the accident.

4. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant was not credible regarding his hearing loss when the

"inconsistencies" in his ability to hear are actually confirmation of profound hearing loss in his right ear and substantial hearing loss in his left ear.

5. Whether the Single Commissioner erred as a matter of fact and law in finding that Claimant was not entitled to temporary total disability compensation when the evidence showed he was unable to work in a tire store due to the hearing loss.

6. Whether the Single Commissioner erred as a matter of fact and law in finding that if Claimant had reached MMI, then failing to make a disability award for hearing loss under Regulation 67-1102.

7. Whether the Single Commissioner erred as a matter of fact and law in relying on boilerplate default entries in electronic medical records.

In an appellate review, the panel shall, pursuant to S.C. Code Ann. § 42-17-50, review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefor, make its own findings of fact and reach its own conclusions of law consistent with or inconsistent with those of the Hearing Commissioner. After carefully reviewing the case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's findings of fact and conclusions of law are correctly stated. Accordingly, these shall become and hereby are, the law of the case and:

Therefore, the Order is **AFFIRMED** in its entirety.

FINDINGS OF FACT

1. The parties hereto are subject to and bound by the South Carolina Workers' Compensation Act.

2. Jurisdiction, venue and sufficiency of notice are proper.

3. An incident/accident does not always equate to or result in a permanent injury. Claimant's "display" and evasiveness at the hearing (among other problematic issues) make us seriously question whether or not there was an actual injury. One cannot help but question if Claimant had legitimate, causally-related hearing loss, he would have felt no need to perform at the hearing. However, because there was an incident (captured by video) and for which Claimant went to the Emergency Room, we find Claimant sustained an injury to his ears on the date of the accident.

4. Claimant has pre-existing migraine headaches, anxiety, depression, and chronic sinusitis. Claimant was also diagnosed in 2007 as Bipolar. He also sustained a coma from a motor vehicle accident in 1990 which left 2 scars on the left temporal side of his head (medical evidence in its entirety).

5. Prior to the accident, Claimant served as a volunteer fire fighter. As of the date of the hearing, Claimant continues to serve as a fire fighter. Claimant, who has the burden of proof, did not offer any testimony as to whether or not he has worn or wears hearing protection while serving as a fire fighter.

6. In the accident at issue, Claimant alleges he was struck in the head on the right temporal side of his head with a hose claim (at least this is what Claimant told Dr. Rogers three months after the date of the accident), and that he has sustained a brain injury, bilateral hearing loss, dizziness, cognitive difficulties, memory loss, headaches, bleeding from his ears, and an aggravation of his pre-existing psychological condition.

7. The Emergency Room records on the date of the accident state that Claimant's head was "atraumatic;" the forehead bruise Claimant describes at the hearing is not described in any of these records. Although Claimant reported hearing

loss and ear pain after the work accident, he reported no dizziness, memory loss, cognitive issues, bleeding, or headaches to Emergency Room providers (Claimant's APA #1, pages 1-0; Claimant's APA #3, pages 43-36; Hearing Transcript, page 27).

8. Claimant's inconsistent performance at the hearing as to what he can allegedly hear/not hear is the most persuasive evidence of all. The Single Commissioner paid close attention to Claimant's ability to hear and respond to different questions of different volumes, and observed when Claimant was directly facing or turned away from the questioner. What Claimant could hear/purportedly not hear had no modicum of consistency at the hearing. Prior to the opening of the record, the Single Commissioner asked Claimant if he would be able to hear her (i.e. to determine whether those speaking would need to raise their voices accordingly), and Claimant indicated that the Single Commissioner would need to raise her voice from its normal level. Although the Single Commissioner raised her voice, Claimant during questioning, answered questions of his attorney who spoke in a normal tone without forced amplification. Further, while Claimant watched a video of the incident with his back turned to Defendant's counsel, Claimant answered questions posed to him in normal tones with no request for amplification. We find that Claimant is not credible. We also find it unconvincing that if Claimant could not hear anything, as he claims he could not after the incident, he would then continue to work to repair the tire changer, including telling other to get him things.

9. Claimant contended at the hearing that he could not remember that accident or its aftermath, but proceeded to testify otherwise. He remembered exactly what he texted his wife ("come get me"), he remembers finding a metal hose clamp by

his hat shortly after the accident, he remembers telling everyone he worked with that he could not hear; however, Claimant alleges he does not remember that he continued to work on the tire changer after the accident occurred. Claimant acknowledged that he appears to tell "Little Man" to get a part to fix the tire changer on the video, but Claimant also claims he could not hear at this time. Notwithstanding Claimant's claim of memory loss regarding the accident, Claimant also described to IME physician Dr. Rogers exactly how the accident occurred. Very important is the fact that Dr. Koukos (Claimant's own family doctor) does not document a memory issue after the accident, and instead found "no impairment of recent or remote memory" (Claimant's APA #3, page 40). Dr. Koukos' impression is supported by the fact that at the hearing, Claimant – by memory- recounted the specific distance to a provider of exactly 77.2 miles. We give this evidence great weight, as this statement does not show a memory problem, and is more persuasive than Claimant's later statements to Dr. Rogers – 3 months after the date of the accident – that Claimant has memory/cognitive problems. Claimant's subjective statements to Dr. Rogers are just that: statements, which are not supported by any treatment record pre-dating the Rogers' one-time appointment. I find that Claimant did not suffer memory loss as a result of the accident, based on the greater weight of the evidence. Nor do the Emergency Room records contain any documentation of a head injury. (Tr. P.60, 1.22-P.65, 1.17; P.79; medical evidence, e.g. Claimant's APA #1, pages 1-10; Claimant's APA #3, pages 43-46; Claimant's APA #4, page 47).

10. In addition to Claimant's presentation at the hearing, the two most compelling records in this case are (a) a March 26, 2014 Emergency Room visit for a

trip and fall rib injury – one month after the date of the accident; and (b) the follow-up visit for the rib injury with Claimant's family doctor 5 days later on March 31, 2014:

(a) at the Emergency Room visit on March 26, 2014, Claimant complained of rib pain only; these records are devoid of any other complaint, including headaches. Nor is there any description of dizziness or loss of balance. In fact, the record states that Claimant tripped and fell. The only clinical impression in this record is the right rib condition – the only condition Claimant complained of. Additionally, and very importantly, under "Past History," the accident in issue (which occurred just one month earlier) and any of its alleged sequelae are notably absent. We find this striking, considering that Claimant alleges significant injuries, including, but not limited to, a brain injury. It speaks for itself that Claimant did not think enough of the significance of the injury at issue to mention it; nor did Claimant mention any problem with memory loss, bleeding, headaches, etc. By contrast, under "Past History," Claimant reported his 1990 coma, prior leg injury, and other pre-existing conditions as detailed in this ER record. It does not stand to reason that Claimant would not include such recent and allegedly significant conditions as he pleads and as he testified to at the hearing. As Claimant has pre-existing migraine headaches, I find that any alleged causally-related headaches resolved or returned to baseline. Claimant's complaint of "constant headaches" after the accident is refuted by these records. As Claimant has pre-existing migraines and is not credible, I cannot find that there was an aggravation of a pre-existing

condition, notwithstanding Claimant's testimony or statements to Dr. Rogers to the contrary (Claimant's APA #1, pages 12-20; Claimant's APA #3, pages 32-37);

(b) at the follow up visit with his family doctor on March 31, 2014 for the rib injury, Claimant reported continued rib pain and wheezing for which Claimant was prescribed an antibiotic. Strikingly absent are any references to hearing loss (Claimant's tympanic membranes are "clear and mobile"), memory loss, headaches, dizziness, bleeding, or psychological difficulty. For these reasons, we find that any injury Claimant sustained in the accident at issue resolved by March 31, 2014.

11. Claimant is entitled to receive reimbursement for the medical treatment he received through (and including) the March 31, 2014 visit, with the exception of the March 26, 2014 Emergency Room visit for the unrelated rib injury.

12. As to the more temporal records, Claimant was referred to E.N.T. Dr. Ansley the day after the accident because of Claimant's Complaints of hearing loss. Absent in the records from these two visits with Dr. Ansley (February 20, 2014 and March 6, 2014) are any reference to headache, head injury, dizziness, memory loss, psychological difficulty, cognitive difficulty, or bleeding from the ears. When there was a downward shift in the two sequential tests, Dr. Ansley found it not only remarkable enough to mention (Dr. Ansley thought Claimant's hearing would improve), he also referred Claimant to MUSC for a "more objective" test. Claimant never underwent the objective test, and never returned to Dr. Ansley. Notwithstanding Claimant's explanation at the hearing that he and/or his wife called Dr. Ansley's office staff to inform them that

the MUSC test was not covered by insurance, Dr. Ansley's records are devoid of any such entry (Claimant's APA #2, pages 21- 22 and 24-26).

13. On February 25, 2014 (in between the two Ansley visits), Claimant reported headaches, dizziness, and hearing loss to his family doctor. However, Claimant's neurologic exam on this date showed "normal" hearing, and Claimant's ENT exam did not note any problems with Claimant's tympanic membranes. Because of Claimant's complaints, a CT scan was ordered (Claimant's APA #3, pages 39-42).

14. Claimant's February 25, 2014 temporal bones CT scan (as referenced in the preceding finding of fact) shows only "chronic sinusitis" (Claimant's APA #1, pages 10-11).

15. Another CT scan of the brain (March 14, 2014), ordered because of Claimant's "constant headaches" and hearing loss, was normal – except for Claimant's chronic sinusitis (Claimant's APA #3, page 38).

16. Because the video indeed shows an incident/accident, we might have ordered the more objective test that Claimant, for a reason now abundantly clear, has avoided. However, Claimant's audiogram testing shows inconsistencies, and Claimant – not Defendants – has the burden of proof. Even putting aside (a) the significant credibility problems relating to the "performance" at the hearing, (b) Claimant's outright denial at the hearing of pre-existing conditions he had just admitted to Dr. Rogers just one month prior, and (c) the fact that the records from the intervening accident and its follow-up visit tell a different story from the one Claimant alleges, the March 31, 2014 visit, as referenced *supra*, shows that any injuries Claimant sustained on the date of the accident resolved.

17. Claimant has the burden of proof; it does not lie with the Defendants. Although I do not doubt that Claimant may have some ongoing hearing loss (whether from (a) his exposure to sirens as a firefighters, (b) chronic sinusitis, and/or (c) his prior head injury resulting in a coma), Claimant's own physician found that Claimant has "normal" post-accident hearing. I find it most telling that Claimant's family physician offered no opinions in this case; nor did Dr. Ansley (Claimant's E.N.T.) offer an opinion, as Claimant never returned to Dr. Ansley and never underwent the objective test Dr. Ansley ordered.

18. Claimant is not required to prove a brain injury through objective means, and I do not hold him to such a standard. The objective testing can be completely disregarded, which still leaves the undersigned with (a) Claimant's inconsistent presentation at the hearing, (b) no mention of a head injury in the Emergency Room records, and (c) Claimant's evasiveness at the hearing regarding prior/pre-existing conditions. Finally, Claimant's head was specifically found to be "atraumatic" on the date of the accident (Claimant's APA #1, pages 1-11; Claimant's APA #3, pages 38 and 43-46; Claimant's APA #4).

19. Although Claimant told the Single Commissioner at the hearing that he did not have anxiety or a Bipolar condition prior to the accident at issue, Claimant's medical records (including, but not limited to, his pre-existing, ongoing prescription of Effexor "to keep calm") refute Claimant's testimony. What is more problematic is that Claimant himself had just reported these prior/pre-existing conditions to Dr. Rogers one month prior to the date of the hearing. One cannot help but question Claimant's motivation. Further, Claimant told Dr. Rogers that he formerly worked as a volunteer firefighter, but

now just sits at home. At the hearing, Claimant inconsistently testified that he still works as a volunteer firefighter, but he has to wait in the truck on calls. Claimant testified he cannot work because it is too loud and causes him to develop headaches and that he cannot hear his children talking in the back seat when he is driving; by contract, Claimant admitted to going on fire calls and listening to the radio so loudly in his car with his kids tha this mother-in-law complained and his ears bled. This self-serving testimony and evasiveness damage Claimant's credibility, and call into question the veracity of the remainder of Claimant's testimony (medical evidence in its entirety; Tr. P. 28, l.23-P.30, l.8; Tr. P.34, l.15;-P.35, l.25; Tr. P.29, l.20-P.30, l.14).

20. Claimant's testimony that he has bleeding from his ears is unsupported by any medical treatment record. Simply telling Dr. Rogers that there is bleeding from the ears does not make it so. There is no ER treatment record documenting any bleeding, no family doctor treatment record as to any bleeding, and no other treatment record documenting any bleeding. Even Dr. Rogers found "no evidence of blood" in Claimant's ears (Claimant's APA #4, page 50).

21. Claimant has pre-existing migraine headaches, which I find wax and wane, and which were not aggravated by the accident at issue. I base this finding on the fact that there was no brain injury and, according to the temporal medical evidence, no head trauma. Claimant's self-serving testimony and statements to Dr. Rogers are not persuasive in this regard. At the hearing, Claimant attempted to downplay his pre-existing migraines when he testified that "everybody has migraines." Dr. Rogers' report does not serve to help Claimant's case, as Dr. Rogers was apparently not made aware of Claimant's pre-existing migraines, the report does not concede or acknowledge that

Claimant already had migraine headaches. Either Claimant withheld the information from Dr. Rogers, or Dr. Rogers' report is outcome determinative; nonetheless, the report shows that the medical information on which Dr. Rogers based his opinions is incomplete and unreliable. Finally, by late March 2014, Claimant reported no headaches to two separate providers (Claimant's APA #4).

23. Claimant did not present any evidence that his dosage of pre-existing psychotropic medications have increased, in order to support a finding of aggravation. Dr. Koukos – Claimant's treating physician for depression – offered no opinion on Claimant's behalf.

24. We give greater weight to the medical note of Dr. Koukos (Claimant's family doctor) documenting no memory problems than we give to Claimant's self-serving statement to Dr. Rogers that Claimant has cognitive, thinking, and planning difficulties (Claimant's APA #4, page 48; Cf. Claimant's APA #3, page 40)>

25. Claimant's testimony regarding his inability to hear what people in the back seat of a car say to him is not believable. When Claimant turned his back at the hearing to look at the video, he answered a question asked at a normal speaking tone while he his back was to the questioner. This observation is in sharp contrast to Claimant's other inconsistent conduct at the hearing.

26. Dr. Rogers' report does not explain the reason for the inconsistent audiograms.

27. Interestingly, Claimant's "chief complaint" to Dr. Rogers is ear pain. By contrast, at the hearing, Claimant did not mention any ongoing ear pain.

28. If Claimant is dizzy, and has cognitive, planning, and thinking difficulties (per his self-serving statement to Dr. Rogers), I find it inconsistent that Claimant drives, including driving his children around. His statements in this regard are not credible. Nonetheless, by March 31, 2014, Claimant no longer reported any dizziness, the source of which is unknown to the undersigned.

29. IME physician Dr. Rogers' statement that Claimant had "post-concussive" syndrome is not supported by the greater weight of the evidence. In fact, the Emergency Room records from the date of the accident state that Claimant's head was atraumatic, Claimant was alert and oriented x3, and Claimant described what happened at the time of the accident. Claimant also had a normal neurologic exam at Barnwell Family Medicine on February 25, 2014 – medical evidence which further refutes Dr. Rogers' report.

30. We find Claimant's IME from Dr. Rogers is generally and wholly unreliable, and therefore, give it no weight. There are too many inconsistencies and omissions in order to lend the report any credence. Further, even though Claimant has not ever undergone the more objective hearing test that Dr. Rogers, by virtue of reading the records, is well aware has been recommended, Dr. Rogers has already "decided" that Claimant's (inconsistent) hearing loss is valid and permanent. Dr. Rogers also fails to explain why Claimant's hearing would be worse on the March 6, 2014 audiogram than it was on the February 20, 2014 audiogram, even though Claimant denied any further injuries. For reasons unknown to the undersigned, Dr. Rogers was not provided the Barnwell Family Medicine record of March 31, 2014 which contained the documented "normal" neurological evaluation and the "normal"-looking tympanic

membrane exams. Dr. Rogers also fails to explain the long list of symptoms Claimant presented to him that are not noted in any of the other previous records/reports. Further, Claimant's presentation at the hearing trumps anything in Dr. Rogers' report.

31. Claimant continued to work after the incident, as shown on the video in evidence.

32. Although not dispositive, and even unnecessary to the conclusions we reach, according to websites from the Mayo Clinic and the National Institute of Health, perforated eardrums are often caused by infections/an accumulation of fluid in the ear. Air travel is another cause. Loud sounds can certainly cause them. Foreign items such as q-tips can cause them. Severe head injury such as a skull fracture can cause them. Claimant did not suffer a severe head injury in this case, but in 1990, sustained a head injury leaving him in a coma; Claimant also has "chronic sinusitis." These websites also state that perforated eardrums generally heal on their own within a few weeks or months. If they do not heal, surgery or a patch is recommended. Dr. Rogers reported that the Claimant's right tympanic membrane tear appeared healed. (Claimant's APA #4, P.51). Interestingly, no provider has recommended either patch or surgical procedure. Although not dispositive in this case, perforations rarely cause permanent hearing loss, according to these websites. This information does dovetail with Claimant's presentation in late March 2014 (intervening rib fracture incident), during which he presented with no ear, hearing, headache, or other problems; Claimant's eardrums looked normal, and he had normal hearing. Even assuming and finding that Claimant had some causally-related hearing loss from the accident (because of the loud noise, a potential cause of perforations, as discussed in this find), we find that

Claimant's condition resolved as of March 31, 2014, per the records of Claimant's family physician.

33. Dr. Rogers' 100% bilateral hearing loss assessment is refuted by Claimant's ability to answer a question posed in a low, soft tone at the hearing while Claimant looked at his hands and while his back was turned to the questioner. Dr. Rogers' "assessment," therefore, is given no weight, as Claimant's presentation at the hearing refutes the assessment.

34. As to the employment relationship, I find by the greater weight of the evidence that Claimant was an employee on the date of the accident because (a) he wore Raber uniforms; (b) he was paid by the hours; and (c) the most significant equipment used to perform the job was Raber's (Claimant's APA, pages 289 and 293 – "we are hiring").

35. An "independent contract" purporting to establish the nature of the work relationship is not dispositive in a workers' compensation case. In this particular case, the contract's designation is not persuasive (Claimant's APA, pages 108-109).

36. Four or more individuals were regularly employed on the date of the accident. We base this finding on the evidence as a whole.

37. We do find this entire claim questionable, as Claimant is untruthful, evasive, and inconsistent, which behavior inevitably leads to doubt. However, credible medical sources (as referenced above) state that exposure to loud noises can cause perforations, and perforations were in fact diagnosed by Dr. Ansley of February 20, 2014. Defendants are therefore responsible for reimbursement of the ER visit on the date of the accident; Dr. Ansley's visits of February 20, 2014, and March 6, 2014; the

CT scans of February 25, 2014 and March 14, 2014 (and associated visits); and the March 31, 2014 visit, showing that any alleged injury resolved or returned to baseline, as Claimant had no complaints other than his rib injury and wheezing.

38. If all complaints to providers (including, but not limited to Dr. Rogers) were dispositive, there would be no need for a hearing or for Commission involvement. Claimant's performance at the hearing and lack of credibility speak more loudly than his statements to providers about the origin of his alleged problems. It is frankly difficult to discern when the truth starts and stops with this claimant. Legitimate, ongoing hearing loss issues are not borne out by the (a) "selective hearing" displayed at the hearing, (b) inconsistencies in the medical records, and (c) denial of prior conditions which Claimant pleads as causally-related conditions. However, Claimant's motivations in this case are not for the undersigned to ponder.

39. Claimant reached maximum medical improvement on March 31, 2014. Even Claimant's IME found Claimant to be at maximum medical improvement. However, I find that Claimant has not proven any permanency, as Dr. Rogers' report is unreliable. More importantly, Claimant's own family doctor found Claimant's hearing normal after the date of the accident, and offered no opinion to the contrary. Claimant's ongoing complaints and pleading of a brain injury are questionable.

40. Claimant is not entitled to receive any temporary benefits, as there are no work excuse notes in the record entitling Claimant to such benefits.

41. After the hearing on June 26, 2014, the Single Commissioner's office served Order Instructions on the parties on July 10, 2014, which were not objected to by any party. The undersigned received the draft Order on October 30, 2014. On the same

date (October 30, 2014), Claimant's counsel advised the undersigned that he was filing a Motion regarding the submission of additional evidence. Claimant's Motion was received by the Commission on December 19, 2014. Defendants' Reply to Claimant's Motion was received by the Commission on December 29, 2014. At that point, the Single Commissioner reviewed all the evidence, reconsidered her rulings, and re-wrote/revised the Decision and Order.

42. As to Claimant's Motion served December 19, 2014, the undersigned finds, for the reasons stated elsewhere in this Order, that the new evidence does not serve to help Claimant's case. The physician's statements are not borne out by other evidence, including that from Claimant's own family physician, or by the fact that Claimant heard and understood normal speaking voices with his back turned during the hearing. Claimant does not have to "read lips" in order to hear.

43. We find it compelling that there are no causation statements in evidence from Claimant's two treating providers (Drs. Koukos and Ansley). Instead, Claimant travelled approximately 3 hours to Greenville to obtain the IME opinion from Dr. Rogers (Hearing Transcript, page 78-79).

44. Claimant's average weekly wage is \$541, yielding compensation rate of \$360.68.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact and under the laws of South Carolina as provided in the South Carolina Workers' Compensation Act, the undersigned makes the following conclusions of law:

1. The Employer did regularly employ four or more employees on the date of the accident , and therefore is subject to the Act pursuant to SC Code Ann. §42-1-360.

2. Claimant was an employee pursuant to Section 42-1-130, and not an independent contractor.

3. The Claimant failed to prove by the greater weight of the evidence any ongoing medical problems which would entitle him to medical treatment beyond the March 31, 2014 visit with his family doctor, during which visit Claimant had no complaints or problems other than his unrelated rib injury and wheezing.

4. Claimant failed to prove any permanent disability by the greater weight of the evidence that would entitle him to any award pursuant to SC Code Ann. §42-9-10, 20, or 30, as any injury resolved or returned to baseline.

5. Claimant did not prove by the greater weight of the evidence that he was unable to work, and he is therefore not entitled to any temporary total disability payments pursuant to SC Code Ann. §42-9-260.

ORDER

IT IS HEREBY ORDERED that Employer is subject to the Act.

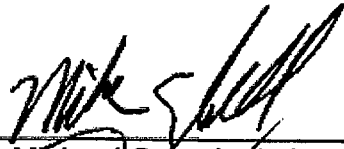
IT IS FURTHER ORDERED the Claimant is entitled to be reimbursed for the emergency room visit on the date of the accident, the CT scans and associated visits, the two visits with Dr. Ansley, and the February 25, 2014 and March 31, 2014 visits to Barnwell Family Practice.

IT IS FURTHER ORDERED the Claimant is not entitled to any temporary total disability payments as a result of the incident.

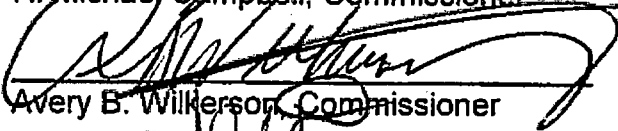
IT IS FURTHER ORDERED the Claimant is not entitled to any permanent impairment as a result of the incident as any injuries resolved or returned to baseline.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



R. Michael Campbell, Commissioner



Avery B. Wilkerson, Commissioner



Aisha Taylor, Commissioner

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 October 1, 2015