

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

SC Court of Appeals

Commissioners R. Michael Campbell, II, Avery B. Wilkerson, Jr., and Aisha Taylor

Appellate Case No.: 2015-002116

Danny B. Crane, Appellant,

v.

Raber's Discount Tire Rack, Employer, and
South Carolina Uninsured Employers Fund, Carrier, Respondents.

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STATEMENT OF ISSUES ON APPEAL

1. Whether the commission erred as a matter of fact and law in finding that Appellant 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 Regulation 67-1102.
2. Whether the commission 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 Appellant should undergo a cochlear implant.
3. Whether the commission erred as a matter of fact and law in finding that Appellant had not proven his case when the medical evidence and unrefuted testimony proved Appellant suffered from hearing loss related to the accident.
4. Whether the commission erred as a matter of fact and law in finding that Appellant 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 commission erred as a matter of fact and law in finding that Appellant 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 commission erred as a matter of fact and law in finding that if Appellant had reached MMI, then failing to make a disability award for hearing loss under Regulation 67-1102.
7. Whether the commission erred as a matter of fact and law in relying on boilerplate default entries in electronic medical records.

STATEMENT OF THE CASE

This workers' compensation appeal arises out of work-related injuries sustained by the Appellant, Danny Carne, on February 19, 2014. As Crane's employer, Raber's Discount Tire Rack (Raber), was uninsured for workers' compensation, the South Carolina Uninsured Employer's Fund (Fund) was added as a party.

Crane filed a Form 50 (Request for Hearing) on March 11, 2014. Crane alleged injuries to his "Head/brain, Ears (hearing) and face."¹ He sought medical treatment and temporary total disability compensation. [Form 50]. Crane had received limited evaluation and treatment for hearing loss by an ENT specialist and a neurologist.

The Fund timely filed a Form 51 (Employer's Answer to Request for Hearing) on March, 2014. The Fund made a general denial of all issues. [Fund Form 51].

Raber filed an untimely Form 51 (Employer's Answer to Request for Hearing) on May 5, 2014. Raber admitted it had notice of the injury; alleged Crane was an independent contractor rather than an employee; alleged Crane "was working on his personal vehicle at the time of the accident;" and denied the injury alleging "Claimant has no objective medical evidence to support hearing loss." [Raber Form 51].

A hearing was held before Commissioner Susan S. Barden on June 26, 2014. Crane was the sole witness who testified at the hearing.² Commissioner Barden advised the parties of her decision immediately after the hearing. A preliminary Decision and Order was drafted but not signed.

On December 16, 2014, Appellant filed Motion to Submit Additional Evidence with a

¹On appeal, Crane abandoned the brain and face claims.

²Although Crane suffered significant hearing loss in the work accident, he is able to hear conversation in a quiet environment in his left ear with assistance from a hearing aid. He was thus able to testify.

supporting Affidavit. [Motion with additional evidence and affidavit]. The additional evidence included a report from an ENT, Dr. Rocco Cassone, and an updated Pure Tone Audiogram with a report from the audiologist. Commissioner Barden granted the Motion and considered the additional evidence in her Decision and Order. [S order p. 23-24; p. 38, Findings of Fact 39-40].

Commissioner Barden issued a Decision and Order on April 30, 2015. Commissioner Barden held:

Based upon the foregoing, it is hereby:

ORDERED, ADJUDICATED, AND DECREED that Employer is subject to the Act.

IT IS FURTHER ORDERED that 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 that Claimant is not entitled to any future medical or psychological benefits.

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

IT IS FURTHER ORDERED that 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.

Appellant timely filed a Form 30 (Notice of Appeal) on May 12, 2015. [Form 30]. On appeal to the Appellate Panel, Crane withdrew the brain injury claim. The appeal went forward on the claim for hearing loss, vestibular problems and depression.

The Appellate Panel heard oral arguments on July 21, 2015 The Appellate Panel issued a Decision and Order on October 1, 2015, in which it summarily affirmed the decision of the Single Commissioner. [R. pp. 21-32].

This appeal followed.

STATEMENT OF THE FACTS

The Appellant, Danny Crane, was employed as a mechanic for James Raber d/b/a Raber's Discount Tire Rack. Crane had worked for Raber since July 2013.

This case arises out of a work-related accident occurring on February 19, 2014. As Crane was working, he heard a hissing noise from an air-powered tire changer. He went to investigate. He bent down to try to locate the air leak, when the high-pressure 3" diameter hose exploded near his face. [Tr. P. 25, line 24-p. 28, line 15].

Security cameras recorded the incident and the immediate aftermath. [Exhibit A]. At 5:16:30, Crane was bending over the machine looking for the leak.



The hose blew in the next second.

Crane immediately stood up and backed away from the tire changer. He bent over in pain and put his hands over his ears.



After a few moments, Crane stood up. Crane's supervisor (with the clipboard) came over to help him. The supervisor put his head close to Crane's head to try to talk to him because Crane could not hear anything.



Crane then pulled out his cellphone and texted his wife to “come get me.”



After about two minutes, Crane went back to the tire changer. He retrieved the hat which had been knocked off his head and spent approximately eight minutes repairing the tire changer. At 5:27 (per the time stamp on the video), he got up from behind the tire changer, walked away and lit a cigarette. After smoking the cigarette, Crane continued attempting to work until his wife arrived to take him to the emergency room.

Crane’s wife took him to Barnwell County. He was checked in at 5:05 p.m.³ Under Reason for Visit, the triage nurse wrote: “Air tank exploded at Raber tire. Not able to hear. Pain in right ear and right side of face. Happened approx 30 min ago. Rt [illegible] pain.” [Claimant’s APA page 4].

The ER physician (Dr. Kassahun) recorded a chief complaint of “ear injury” which is “still present.” The doctor wrote: “Patient had tire blow up while working and now has difficulty hearing on both ears.” The patient was in “moderate” pain with “hearing loss/ringing” in both ears.

³The time stamps on the video appear to be one hour ahead.

[Claimant's APA page 7]. The Clinical Impression was "Hearing Loss -acute R/L." Crane was "advised to see ENT on 2/20/14 and he agreed." [Claimant's APA page 7]. The discharge diagnosis was "CONDUCTIVE HEARING LOSS MIDDLE EAR." [Claimant's APA page 8].

Crane saw the ENT, Dr. Ansley, on February 20, 2014. On physical exam, Dr. Ansley noted "Bilateral tympanic membrane perforations. . . . He does seem to be having difficulty hearing. He was sent for an audiogram which showed a severe sensorineural hearing loss in bilateral ears." [Claimant's APA page 21]. On the Pure Tone Audiogram performed at Dr. Ansley's office, the audiologist write "Repeat HE in few days – possible TTS."⁴

Crane had the CT scan on February 25, 2014. The reason for the exam was "Sudden hearing loss. Patient states he had a tire changer with 150 PSI blow up in his face last week with loss of hearing both ears." The impression was normal, although the radiologist noted "If the patient has sensorineural hearing loss, consider further evaluation with MRI brain and internal auditory canals."⁵ [Claimant's APA pages 10-11].

Crane also saw his family doctor, Dr. Koukos, on February 25, 2014. On physical exam, Dr. Koukos wrote: "Unable to hear following air line explosion. Had hearing test by ENT. Works in tire shop. Unable to hear auto's in shop. Some dizziness. Right ear clear. Right side headache." Dr. Koukos ordered another CT scan. [Claimant's APA pages 39-40].

On March 6, 2014, Crane returned to Dr. Ansley for repeat "evaluation of his ears. He is still

⁴TTS (temporary threshold shift is a temporary shift of the auditory threshold. The damage can become permanent (permanent threshold shift, PTS) if sufficient recovery time is not allowed for before continued sound exposure. When the hearing loss is rooted from a traumatic occurrence, it may be classified as noise-induced hearing loss, or NIHL.

⁵Sensorineural hearing loss (SNHL) is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (cranial nerve VIII), the inner ear, or central processing centers of the brain. Sensorineural hearing loss can be mild, moderate, or severe, including total deafness.

having difficulty hearing.” The Pure Tone Audiogram showed a downward shift (worsening) of Crane’s hearing. He was referred to MUSC for “ABR study to obtain more objective measure of his hearing.”⁶ [Claimant’s APA pages 24-25]. Crane was unable to obtain the ABR as his family medical insurance did not cover MUSC. [Tr. P. 31, lines 5-22]. He only worked two partial days after the accident, so had no income. [Tr. Page 28, line 23-p. 29, line 7

The second CT scan (ordered by Barnwell Family Medicine) was done on March 17, 2014. The indication was “Constant headache, hearing loss.” The impression was a “Normal unenhanced head CT.” [Claimant’s APA page 38].

On March 26, 2014, Crane lost his balance getting out of the shower. He fell onto the toilet and cracked a rib. He was seen at Barnwell County Hospital. [APA p. 12-17, 19]. He followed up with Barnwell Family Practice for the rib injury on March 31, 2014. He was not seen by his regular doctor, Dr. Koukos. He was seen by Dr. Mol Ky. [APA p. 27-29].

Crane was evaluated by a neurologist, Dr. David Rogers, on May 19, 2014. On physical examination, Dr. Rogers reported “Patient demonstrates apparent healed 60% tear of right tympanic membrane. More complete approximately 80% tear in the left tympanic membrane. Both TMs were injected, left being affected more greatly than right.” Dr. Rogers also reviewed the Pure Tone Audiogram results and assigned impairment ratings. He opined to “a reasonable degree of medical certainty that Mr. Crane’s profound bilateral hearing loss is permanent and cannot be restored by natural means.” [Claimant’s APA pages 47-52].

⁶The auditory brainstem response (ABR) is an auditory evoked potential extracted from ongoing electrical activity in the brain and recorded via electrodes placed on the scalp. The ABR is used for newborn hearing screening, auditory threshold estimation, intraoperative monitoring, determining hearing loss type and degree, and auditory nerve and brainstem lesion detection.

ABR is particularly used to determine suitability and effectiveness of cochlear implants – which are used to treat patients diagnosed with “severe or profound sensorineural hearing loss.

The case was tried on June 26, 2014, before Commissioner Susan Barden. At the time of the trial, Crane had purchased an in-ear amplifier at Walgreen's. He wore the amplifier in his left ear - which still retains some hearing. His right ear is completely deaf. The amplifier allowed him to hear most of the questions asked of him during the trial. However, the problem with the amplifier is that very loud sounds - such as the noise in a tire changing business - are so loud they give him headaches. He cannot work with the amplifier in, but without it, he cannot hear cars coming in or normal speaking. [SC Order, page 5; Tr. P. 17, line 24-p. 18., line 2; p. 19, l. 11-15; p. 28, lines 23-29; p. 56, line 18-p. 59, line 20].

Commissioner Barden stopped the trial after Claimant rested without hearing any defense witnesses. She advised the parties that Claimant had proven his case as to being an employee subject to the Act, such that no further evidence on the employment issue was necessary. She further advised the attorneys that she did not consider Crane a credible witness.

After the initial proposed Order was drafted, Claimant filed a motion to submit additional evidence. Commissioner Barden granted the Motion. The additional evidence was considered in her revised order.

The additional evidence was an updated Pure Tone Audiogram done on August 19, 2014 by the same audiologist who did the first two Audiograms, along with reports from the audiologist and an ENT, Dr. Rocco D. Cassone (Dr. Ansley's partner at Carolina Ear, Nose and Throat Clinic).

Dr. Cassone wrote:

Danny Crane is referred by Disability Determination services. The patient has a long standing hearing loss following a sudden injury to his ears when a container blew up in a work related injury. There was an extremely amount of noise and he had sudden ringing in his ears and hearing loss. He has had previous audiometric evaluations. He has had balance problems ever since and has significant difficulty being able to work because of both the hearing loss and the dizziness.

Dr. Cassone's IMPRESSION/RECOMMENDATION was: "He reads lips. He may be a candidate

for a cochlear implantation and this should be considered. He should probably have audiometric evaluations. He should be considered disabled because of this.” [Supplemental APA].

The audiologist repeated the recommendation for ABR studies “as a means of obtaining more objective measures of his hearing, so as to obtain a true estimate of his hearing. Finding of the assessment conducted on August 19, 2014 suggest a right profound hearing loss, while the left ear suggests a profound to severe hearing loss.” [Supplemental APA].

Commissioner Barden issued her Decision and Order on April 30, 2015. She found the uninsured Employer subject to the Act. She further ordered “that Claimant is entitled to be reimbursed for 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.” [Order, page 40]. She denied all future medical treatment and temporary total disability compensation. She specifically found “Claimant is not entitled to any permanent impairment as a result of the incident as any injuries resolved or returned to baseline.” [Order, page 40]. She denied Crane’s request to be sent for ABR testing.

This appeal followed.

STANDARD OF REVIEW

The Administrative Procedures Act governs appellate review of the full commission's decision. Lark v. Bi-Lo, Inc., 276 S.C. 130, 134, 276 S.E.2d 304, 306 (1981). Under this standard, the appellate court can reverse or modify the decision only if the claimant's substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. S.C.Code Ann. § 1-23-380(A)(5) (Supp.2011). "Substantial evidence is not a mere scintilla of evidence nor evidence viewed from one side, but such evidence, when the whole record is considered, as would allow reasonable minds to reach the conclusion the Full Commission reached." Shealy v. Aiken Cnty., 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000).

Two principles form the lens through which the court reviews decisions of the workers' compensation commission. First is the guiding principle undergirding our workers' compensation system that the Act is to be liberally construed in favor of the claimant. Carter v. Penney Tire & Recapping Co., 261 S.C. 341, 349, 200 S.E.2d 64, 67 (1973). The second is the equally compelling evidentiary principle that an award may not rest upon surmise, conjecture, or speculation. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999). Instead, "[an award] must be founded on evidence of sufficient substance to afford a reasonable basis for it." Wynn v. People's Natural Gas Co. of S. C., 238 S.C. 1, 12, 118 S.E.2d 812, 818 (1961).

ARGUMENT

1. Danny Crane suffered compensable hearing loss with headaches and dizziness arising out of his work accident.

The Appellate Panel erred in finding Danny Crane's injuries had resolved or returned to baseline. In so doing, the commissioners ignored and overlooked the medical evidence, instead relying on the single commissioner's arbitrary perception of Crane's ability to testify with an amplifier in his better ear. See Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012) (finding based on commissioner's own medical opinion is not substantial evidence and must be reversed); Marbury v. Sullivan, 957 F.2d 837, 840-41 (11th Cir. 1992) (Johnson, J., concurring)(hearing officer "may not arbitrarily substitute his own hunch or intuition for the diagnoses of a medical professional.").

The "inconsistency" in Crane's ability to hear observed by the single commissioner is actually confirmation of his hearing loss. The commissioner was informed during pretrial and at the opening of the case that Crane would be able to testify because he had an amplifier in his left ear – along with fairly good discrimination of speech as shown in the Speech Discrimination tests. The commissioner knew from the outset that Crane would likely be able to hear most, but not all, of what was said. [SC Order, p 4-5]. This is exactly what happened.

Furthermore, during the hearing, the attorneys sat at counsel table facing the Commissioner. For most of the hearing, Crane sat to the left of the Commissioner between the bench and counsel table. From this position, his better ear was on the side of the attorneys, whereas his totally deaf right ear was facing the Commissioner. When the security video was played, Crane turned around to watch it, thus turning his better ear towards the Commissioner.

Disregarding the video and medical evidence, while substituting an unfounded credibility finding is legal error. The video and medical evidence is unrefuted and confirms that Crane suffered

a substantial hearing loss in the work accident. If there were any unanswered questions about his medical condition, then the appropriate action would be to order the ABR testing – not to deny the test based on speculation that his hearing loss had resolved or returned to baseline. See Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012)(medical opinion of a commissioner is not evidence).

It is undisputed Crane had no preexisting history of hearing loss. Nor is there any doubt that Crane texted his wife to “come get me” immediately after the hose exploded and that she took him to the emergency room. The emergency room documented his complaints of headache and hearing loss/ringing in both ears. [Claimant’s APA pages 4-8].

Crane was seen by an ENT three times and underwent three Pure Tone Audiograms. The Pure Tone Audiogram is the specific test required by the Commission’s regulations for determining loss of hearing. 25A S.C. Code Ann. Reg. § 67-1102 (2007). The test cannot be manipulated – and indeed, the results of the three tests show a level of consistency that could not have been faked.

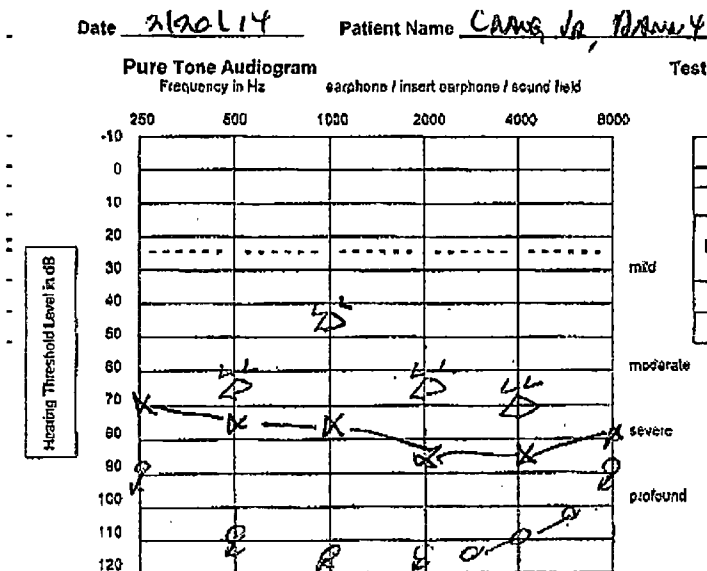
The audiogram is given by an audiologist. The patient wears headphones and is placed in a soundproof room. The audiologist send electronic tones through the headphones at various levels of pitch and volume. If the patient hears a tone in his left ear, he raises his left arm; a tone in the right ear, he raises his right arm. Because the patient has no way of knowing when the tone is being sent, he cannot manipulate the test. If someone tried to manipulate the test, the audiologist would be able to discern this because the result would not be the consistent pattern shown on Crane’s three test results.

The Pure Tone Audiogram is an objective test. The ABR is “more objective” because it measures brain wave responses to audio input, thus it does not require the patient to raise his hand when he hears a tone. The audiologist and ENT ordered the ABR to get a more accurate measure

of Crane's hearing loss for a cochlear implant – not because they doubted his credibility.

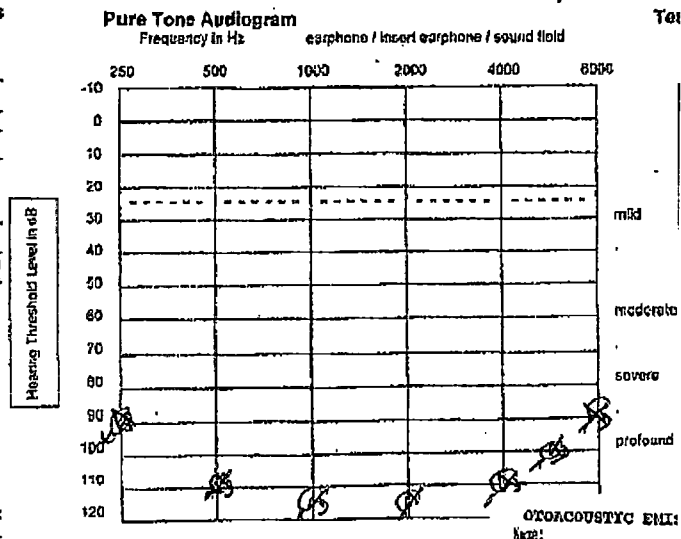
A comparison of the three Pure Tone Audiograms shows both the severity and consistency of Crane's hearing loss. The first test was done on February 20, 2014 – the day after the accident. The dotted line shows the threshold for hearing loss – test results above the line show normal hearing; below the line shows hearing loss from mild to moderate to severe to profound.

The first test showed profound hearing loss in the right ear and severe hearing loss in the left ear. [APA p. 22].



The second test was done two weeks later, on March 6, 2014. [APA p. 25]. Both tests showed profound hearing loss in the right ear – with the first showing moderate to severe in the left ear. Note the similarity in the pattern in the two tests. Both tests show the same pattern with the values very similar for the right ear (and worse for the left ear in the second test).

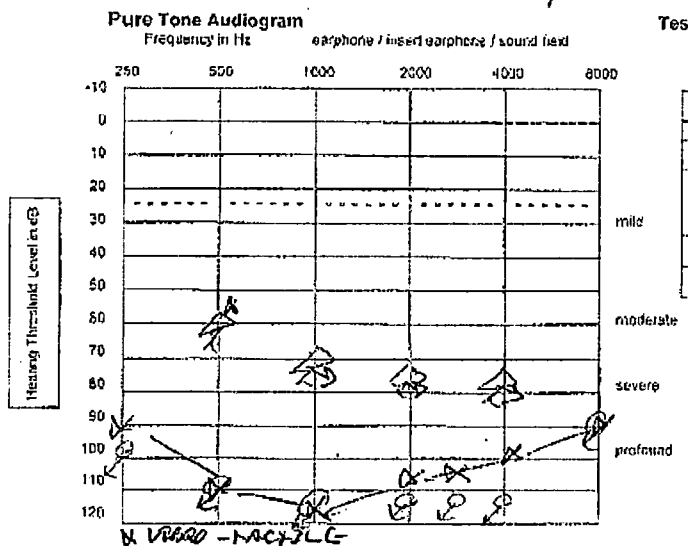
Date 8/16/14 Patient Name CRANE, DANNY



The third test was done six months later on August 19, 2014 (two months *after* the hearing).

It too shows a pattern consistent with the previous tests. As the third Pure Tone Audiogram was done six months after the accident, it simply cannot be said that Crane's hearing loss has resolved or returned to baseline.

Date 8/19/14 Patient Name CRANE, DANNY



Despite the consistent medical evidence of continuing hearing loss in August 2014, the commission found:

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. [Order, page 16, Finding of Fact 39].

The hearing Commissioner inexplicably puts great weight on "'normal' post-accident hearing" in Dr. Mol Ky's medical records where Crane was seen after he lost his balance and fell in the bathroom at home. [APA p. 27-29]. Although Dr. Ky is in the same practice as Crane's family doctor, Dr. Koukos, Dr. Ky did not examine and treat Crane for hearing loss. Dr. Ky treated Crane for a broken rib. Dr. Ky is not Crane's "own family doctor."

Furthermore, these are electronic medical records (EMR). The default setting on EMR is normal for every condition. These records document the condition for which the patient was being actively treated at the time – which was a broken rib; not hearing loss. By the same token, relying on internal inconsistencies elsewhere in EMR showing "normal" hearing and no mention of tympanic membranes when Crane did see Dr. Koukos for hearing loss, headaches and dizziness fails to recognize the limitations inherent in EMR. See Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012)(medical opinion of a commissioner is not evidence).⁷

The commission's finding that Crane's hearing had returned to baseline on March 31, 2014 when he saw Dr. Ky for his rib injury is entirely speculative. See Hutson v. S.C. State Ports Authority, 399 S.C. 381, 732 S.E.2d 500 (2012)(reversing commission's factual finding because "rank speculation" is not substantial evidence). Crane still suffered from hearing loss at the time of the June 26, 2014 hearing. Even more importantly, the third Pure Tone Audiogram done after the hearing showed the profound hearing loss was still present. [Supplemental APA]. Dr. Cassone (who,

⁷The hearing commissioner in the case *sub judice* also heard Burnette.

unlike Dr. Ky, evaluated Crane specifically for hearing loss) confirmed the hearing loss and dizziness had persisted even six months after the accident. [Supplemental APA].

It is inexplicable that the hearing commissioner found the August 2014 testing and evaluation “not only does not change my conclusions, it also confirms them. This evidence actually hurts Claimant’s case more than it helps.” [SC Order, page 24]. The testing and evaluation confirm persistent hearing loss and disability 2-3 months *after* the original hearing. This is positive medical evidence – consistent with two similar evaluations – confirming ongoing hearing loss using the test required by the regulations. The hearing commissioner read a hidden meaning into the reports that simply isn’t there. This truly is rank speculation.

The hearing commissioner emphasizes throughout her order that her decision is largely based on hunches about Crane’s motivation as he testified – specifically stating “Claimant's conduct/presentation at the hearing (including prior to opening the record) was more revealing than the substance of his actual testimony.” [SC Order, page 21]. While the general rule requires the appellate courts to give deference to a hearing commissioner or trial judge on issues of credibility due to their ability to personally observe the witness, rulings must nonetheless be based on positive evidence in the record. Furthermore, in workers’ compensation, “[t]he final determination of witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel.” Hamilton v. Martin Color-Fi, Inc., 405 S.C. 478, 487, 748 S.E.2d 76, 81 (Ct. App.2013). As the appellate panel reviews the same cold record reviewed by this Court, it would seem the substance of the testimony and medical evidence must form the basis of the decision. Making conclusions about someone’s motivation based on hunches and intuition is quintessentially speculation.

The hearing commissioner questioned Crane’s credibility primarily because his ability to hear questions was, in her view, inconsistent. The supposed inconsistency is explained by the hearing

tests. As part of the Pure Tone Audiogram, the audiologist also performed Word Discrimination testing. It is this testing that explains how Crane was able to testify at the hearing – as well as demonstrating why he heard some but not all of the questions asked of him.

The Word Discrimination score is a representation of how well an individual will do with hearing aids. Those with good or excellent scores are expected to do extremely well with hearing aids and will hear very much like an individual with normal hearing. Individuals with poor discrimination scores are expected to have some difficulties even with hearing aids.

Crane’s Word Discrimination test scores are shown in order from left to right.

Speech Scores (dB)		
	Right	Left
SRT/SAT	40	80
Word Discrimination (live voice)	0%	92%
MCL		105
UCL		

Speech Scores (dB)		
	Right	Left
SRT/SAT	40	40
Word Discrimination (live voice)	0%	96%
MCL		50
UCL		

Speech Scores (dB)		
	Right	Left
SRT/SAT	20	20
Word Discrimination (live voice)	0%	82%
MCL		105
UCL		

On February 20, 2015, his Speech Score was 92%. On March 6, 2014, he did even better, with a 96% Speech Score. Six months later, his score on the August 19, 2014 Word Discrimination test was 82%. These tests are deliberately given in a quiet environment – much more akin to the relative peace and quiet of a courtroom versus the chaos and noise of a tire shop.

These test results belie the suggestion that Crane was somehow feigning deafness. They confirm that he is profoundly deaf in his right ear and severely deaf in his left ear.

Word Discrimination testing was not even attempted on Crane’s right ear. This makes sense when one looks at the definition for *profound* hearing loss:

Profound: (<90 dB)—May hear some loud sounds, but will be more aware of vibration; may rely on alternate mode of communication such as sign language. Amplification may assist in speechreading, monitoring one's own voice and increasing awareness of environmental sounds.

On the left ear, where the loss is *severe*, word discrimination testing was entirely logical. The

definition of severe hearing loss is:

Severe: (70 dB to 90 dB)—Will not hear conversational speech; may be able to identify environmental sounds; great reliance on visual cues and amplification.

Crane was able to testify because he wore an amplifier (hearing aid) in his left ear. The problem for him working is that he cannot hear speech without amplification – and with the amplifier in his ear the loud crashing and mechanical noises are so loud they give him severe headaches.

The medical opinions are consistent with the testing results. No doctor doubted that Crane suffered significant hearing loss as a result of the work accident. The only question was whether they could better treat him by determining the extent and nature of his hearing loss with an ABR test. The suggestion by the hearing Commissioner that Crane “avoided” getting the ABR test “for a reason now abundantly clear to me” is completely unfounded – as well as entirely speculative.⁸ [Order, Finding of Fact 14, p. 30]. See Hutson v. S.C. State Ports Authority, 399 S.C. 381, 732 S.E.2d 500 (2012)(“[R]ank speculation . . . cannot now be used as the basis for denying [an injured worker’s] claim for lost wages.”).

Crane’s family doctor, Dr. Koukos, saw him for the accident on February 25, 2014. On physical exam, Dr. Koukos wrote: “Unable to hear following air line explosion. Had hearing test by ENT. Works in tire shop. Unable to hear auto’s in shop. Some dizziness. Right ear clear. Right side headache.” [Claimant’s APA pages 39-40].

⁸Crane testified he had been referred for further testing by the ENT specialist “Down in Charleston at M. Something, it was for the cochlear implants, but they can’t get me in because of the type of insurance that my wife’s got us on; they won’t accept it. So they’re in the process of trying to switch the H.M.O., is it? I can’t remember the exact, but a change in the plan so that they will accept it.” Crane added the insurance issue was the reason he had not gone and that, if the testing were arranged, paid for and scheduled, he “Most definitely” would go to the test. [Tr. Page 31, lines 5-19]. On cross-examination about scheduling the test, Crane again explained his doctor “Tried to [set up an appointment for him]. They won’t accept my insurance, not until we – they get everything swapped around with the insurance plan to go down there.” [Tr. P. 45, lines 1-11].

The first ENT, Dr. Ansley, examined Crane on February 20, 2014 – the day after the accident. Dr. Ansley recorded “Bilateral tympanic membrane perforations. . . . He does seem to be having difficulty hearing. He was sent for an audiogram which showed a severe sensorineural hearing loss in bilateral ears.” [Claimant’s APA page 21]. On the return visit on March 6, 2014, Dr. Ansley recorded “He is still having difficulty hearing.” Dr. Ansley referred Crane for the ABR test at MUSC to return after completing the test. [APA p. 24]. As previously noted, Crane was unable to undergo the test due to insurance problems.

The neurologist, Dr. Rogers, confirmed Dr. Ansley’s observations of tympanic membrane perforations, reporting “Patient demonstrates apparent healed 60% tear of right tympanic membrane. More complete approximately 80% tear in the left tympanic membrane. Both TMs were injected, left being affected more greatly than right.” Dr. Rogers also reviewed the Pure Tone Audiogram results and assigned impairment ratings. He opined to “a reasonable degree of medical certainty that Mr. Crane’s profound bilateral hearing loss is permanent and cannot be restored by natural means.” [Claimant’s APA pages 47-52]. The hearing commissioner rejected Dr. Rogers’ report as unreliable; yet – as to hearing loss and balance problems – his report is consistent with every other doctor who saw Crane for these conditions.

As to the post hearing evidence, the hearing Commissioner completely misapprehends or disregards Dr. Cassone’s report. She states “Even more striking than this physician’s [Dr. Cassone’s] record is the fact that Claimant then later (**September 2014**) underwent another audiological evaluation with another provider (*i.e.*, not Dr. Ansley).” [Order, page 23]. This is simply incorrect. All three of Crane’s audiological evaluations were done by the *same* audiologist. All three tests showed profound hearing loss in the right ear and serious hearing loss in the left – with good speech recognition in the left ear with amplification.

As to seeing “another provider,” a quick look at the records shows Dr. Cassone is Dr. Ansley’s partner in the Carolina Ear, Nose and Throat Clinic in Orangeburg. [Claimant’s APA page 26, Supplemental APA]. It’s the same practice!

More importantly, Dr. Cassone agrees with all the other doctors. Dr. Cassone wrote:

The patient has a long standing hearing loss following a sudden injury to his ears when a container blew up in a work related injury. There was an extremely amount of noise and he had sudden ringing in his ears and hearing loss. He has had previous audiometric evaluations. He has had balance problems ever since and has significant difficulty being able to work because of both the hearing loss and the dizziness.

Dr. Cassone’s IMPRESSION/RECOMMENDATION was: “He reads lips. He may be a candidate for a cochlear implantation and this should be considered. He should probably have yearly audiometric evaluations. He should be considered disabled because of this.” [Supplemental APA].

The hearing Commissioner wrote “I find it compelling that there are not causation statements in evidence from Claimant’s two treating providers (Drs. Koukos and Ansley). Instead, Claimant traveled by car approximately 3 hours to Greenville to obtain the IME opinion from Dr. Rogers.” [Order, page 38, Finding of Fact 41 (emphasis in original)]. As this Court has previously observed, “t]he nature and timing of [an employee’s] visits do not discredit [a doctor’s] medical opinion.” Cranford v. Hutchinson Constr., 399 S.C. 65, 731 S.E.2d 303 (Ct. App. 2012)(finding “both parties presented credible conflicting medical evidence.”). The Commission arbitrarily disregarded Dr. Rogers’ opinion, when there was no conflicting medical evidence.

More importantly, there *are* causation statements from Drs. Kassahun, Koukos, Ansley and Cassone – all of whom are treating doctors. Dr. Kassahun wrote: “Patient had tire blow up while working and now has difficulty hearing on both ears.” [Claimant’s APA page 7]. Dr. Ansley wrote “He had a machine blow up in his face a couple of days ago he is having some difficulty hearing.” [Claimant’s APA page 21]. Dr. Koukos wrote “Unable to hear following air line explosion.”

[Claimant's APA page 39]. Dr. Cassone wrote "The patient has a long standing hearing loss following a sudden injury to his ears when a container blew up in a work related injury." [Supplemental APA]. These causation statements cannot be ignored – particularly when there is video of the accident, no prior history of hearing problems, an immediate trip to the emergency room, and three Pure Tone Audiograms showing significant hearing loss. See Doe v. South Carolina Dept. of Disabilities and Special Needs, 377 S.C. 346, 660 S.E.2d 260 (2008)(reversing Commission's denial of claim because the "only evidence of causation is that Claimant's mental injury was caused by her stress at work as stated by Dr. Lowe").

The hearing commissioner goes to great lengths to impugn Crane's motivation and character, even implying that but for the video evidence of the accident, she would have denied the claim altogether. It is unfortunate that the hearing commissioner took such a view of this case. Sometimes it is difficult to recognize that a person with a profound hearing loss – probably aggravated by depression and the inability to work – is still able to testify *with use of a hearing aid*. While it may be counterintuitive for a deaf person to understand most spoken speech in a quiet courtroom, the medical evidence (and use of a hearing aid) explains this conundrum.

Here, the Single Commissioner and Appellate Panel engaged in so-called "sit and squirm" jurisprudence when they discounted Crane's testimony and medical evidence about loss of hearing based on the Single Commissioner's lay "Impressions" of Crane's ability to hear and understand the questions he was being asked. The Single Commissioner wrote: "Claimant's inconsistent performance at the hearing as to what he can allegedly hear/not hear is the most persuasive evidence of all." [Order, Finding of Fact 14, page 30]. She further wrote:

Claimant's "display" and evasiveness at the hearing (among other problematic issues) make me seriously question whether or not there was an actual injury. One cannot help but question that 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, I find that Claimant sustained an injury to his ears on the date of the accident. [Order, Finding of Fact 1, page 24].

Rulings of this type have been roundly condemned by the Federal Courts as inherently unreliable. “In ‘sit and squirm’ jurisprudence, [a commissioner] who is not a medical expert will subjectively arrive at an index of traits which he expects the claimant to manifest at the hearing. If the claimant falls short of the index, the claim is denied.” Wilson v. Heckler, 734 F.2d 513 (11th Cir. 1984).

This approach “will not only result in unreliable conclusions when observing claimants with honest intentions, but may encourage claimants to manufacture convincing observable manifestations of pain or, worse yet, discourage them from exercising their right to appear before [the commission] for fear that they may not appear to the unexpert eye to be as bad as they feel.” Tyler v. Weinberger, 409 F.Supp. 776 (E.D. Va. 1976)(finding claimant disabled as a matter of law where factual finding that claimant “over-exaggerated his complaint about sitting for extended periods” was “unreasonable under the law and this Court does not accept them.”). A hearing officer “may not arbitrarily substitute his own hunch or intuition for the diagnoses of a medical professional.” Marbury v. Sullivan, 957 F.2d 837, 840-41 (11th Cir. 1992) (Johnson, J., concurring). Cf., Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012) (finding based on commissioner’s own medical opinion is not substantial evidence and must be reversed).

As lawyers, we are taught to reach factual conclusion based on consideration of the evidence – not form a hypothesis only to disregard the evidence that doesn’t support the initial hypothesis. The “sit and squirm” methodology ensures arbitrary and unpredictable rulings based on gut feelings and intuition – rulings ultimately based on speculation which must be subject to review and reversal by the appellate courts. See Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 399

S.C. 381 (2012)(“To use such unsupported and wildly optimistic goals which are in direct conflict with the only concrete evidence in the record would turn the Act on its head and violate the stated policy behind it.”); Therrell v. Jerry’s Inc., 633 S.E.2d 893, 370 S.C. 22 (2006)(“Though the workers’ compensation commission carries the duty to determine how an injury is compensable, the commission makes this decision based on submitted evidence, not out of thin air.”); Stallcup v. Carolina Wood Turning, Co., 7 S.E.2d 550 (N.C. 1940)(Seawell, J. dissenting)(“How far the Industrial Commission may be indulged in refusing to believe credible testimony is still to be worked out, but its arbitrary disregard of positive testimony and the substitution therefor of mere speculation is within the power of review and correction by this Court.”).

The Court should find Crane suffered hearing loss as a matter of law. The evidence of ongoing hearing loss and balance problems is overwhelming, such that the commission’s findings are not supported by substantial evidence. When the only evidence in the record shows that the existence of a work-related injury, the Commission’s findings must be reversed as unsupported by substantial evidence. See, e.g., McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162 (1992); Massey v. W.R. Grace & Co., 286 S.C. 434, 334 S.E.2d 122 (1985); Mullinax v. Winn-Dixie Stores, Inc., 318 S.C. 431, 458 S.E.2d 76 (Ct.App. 1995).

The decision below should be reversed and remanded. The Commission should be instructed to award Crane medical treatment through Dr. Ansley and Cassone for his hearing loss and balance problems, along with an appropriate payment of temporary total disability compensation. Once Crane reaches MMI, he should receive a disability award based on the hearing loss and balance problems caused by the workplace accident.

2. Danny Crane should be placed on a running award of temporary total disability compensation.

The commission found “Claimant is not entitled to receive any temporary benefits, as there are no work excuse notes in the record entitling Claimant to such benefits.” [Finding of Fact 40, FC order p. 16]. This finding is error. There was a work excuse in the record from Dr. Ansley taking Crane out of work from March 6, 2014 through April 1, 2014. [APA page 57]. The work excuse was not renewed because Crane was not to return to Dr. Ansley until after the ABR test – which, as previously noted, he was unable to obtain.

A work excuse is not the only evidence on which entitlement to temporary compensation can be based. See S.C. Code Ann. § 42-1-120 (2007)(“The term ‘disability’ means incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment.”). Other evidence shows Crane is unable to work in a tire store due to his hearing loss. Crane testified he could not hear spoken voices and moving cars without his left ear amplifier – yet when he wore it while attempting to work, the noise of the tire shop was so extremely loud that it gave him severe headaches. [SC Order, page 5; Tr. P. 17, line 24-p. 18., line 2; p. 19, l. 11-15; p. 28, lines 23-29; p. 56, line 18-p. 59, line 20].

As to medical evidence, the problem in the shop was documented by Dr. Koukos, who wrote on February 25, 2014: “Unable to hear following air line explosion. Had hearing test by ENT. Works in tire shop. Unable to hear auto’s in shop. Some dizziness. Right ear clear. Right side headache.” [Claimant’s APA pages 39-40].

Dr. Cassone wrote: “He has had balance problems ever since and has significant difficulty being able to work because of both the hearing loss and the dizziness. . . . **He should be considered disabled because of this.**” [Supplemental APA (emphasis added)]. See Johnson v. Rent-A-Center, Inc., 398 S.C. 595, 730 S.E.2d 857 (2012) (employee entitled to temporary total disability benefits

where employee had not returned to work after being put under medical restrictions).

These unrefuted medical opinions, along with Crane's testimony and the undisputed fact that he was only able to return to work for two partial days, confirm that Crane should receive temporary total disability compensation from the last day he attempted to work. Temporary compensation should continue until he reaches maximum medical improvement and his permanent disability is determined.

CONCLUSION

For the foregoing reasons, the Court should affirm in part and reverse in part. The Court should affirm the findings that Crane was an employee who suffered a work-related injury. The Court should reverse the denial of medical treatment after March 31, 2014 and the denial of compensation. Crane should be provided medical testing and treatment, along with temporary total disability compensation on a running award.

Respectfully Submitted,



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March 2, 2016
Columbia, South Carolina

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

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MAR 02 2016

Appellate Case No.: 2015-002116

SC Court of Appeals

Danny B. Crane, Appellant,

v.

Raber's Discount Tire Rack, Employer, and
South Carolina Uninsured Employers Fund, Carrier, Respondents.

PROOF OF SERVICE

I certify that I, Katherine R. Carter, am a paralegal to Stephen B. Samuels and I have served the **Appellant's Initial Brief and Designation of Matter** upon the Respondents and the South Carolina Workers' Compensation Commission by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below, addressed as follows:

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Katherine R. Carter

March 2, 2016
Columbia, South Carolina



STEPHEN B. SAMUELS
ATTORNEY AT LAW

March 2, 2016

RECEIVED

MAR 02 2016

SC Court of Appeals

Via Hand Delivery

The Honorable Jenny Abbott Kitchings
Clerk of the South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

RE: Danny B. Crane v. Raber's Discount Tire Rack, et. al.
Appellate Care No. 2015-002116

Dear Ms. Kitchings:

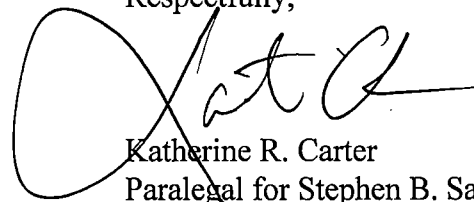
Please find enclosed the original and one copy of **Initial Brief of Appellant and Designation of Matter** for filing in the above-referenced matter. Please file the original and return the clocked copy with our courier.

By copy of this letter and enclosure to Matthew Story, Lisa Glover and O. Edworth Liipfert, III, we are serving opposing counsel with a copy of our **Initial Brief of Appellant and Designation of Matter** as indicated by the attached Proof of Service.

Thank you for your consideration in this matter. Please contact us with any questions or if further information is needed from our office.

With kindest regards, I am

Respectfully,



Katherine R. Carter
Paralegal for Stephen B. Samuels

/krc

Enclosure(s) as stated

cc: Steve Chandler, Esquire
Lisa C. Glover, Esquire
Matthew J. Story, Esquire
O. Edworth Liipfert, III, Esquire

WE WORK FOR THE PEOPLE WHO WORK.