THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2014-001788

Clarence Winfrey, Employee, Claimant, ... Respondent,

v.

Archway Services, Inc., Employer,
and American Fire & Casualty Insurance
Company c/o Liberty Mutual Group, Carrier, ... Appellants.

RETURN TO APPELLANTS' MOTION FOR REHEARING OF THE COURT'S MARCH 18, 2016 ORDER GRANTING RESPONDENT'S MOTION FOR REHEARING OF A PRIOR ORDER

By way of reply, the Respondent would respectfully submit unto the Court:

1. That either the Appellants or Respondent cannot read the clear language of the Court's Rules or Appellants' Motion is submitted for the purposes of delay. There is no room for interpretation and this Motion is not proper under the Appellate Court Rules of Practice.

As to the Rules and Paragraphs 1 and 2 of the Petition; originally the Respondent, in fact, filed a Motion with the Court and a single Judge, the Honorable James E. Lockemy, issued an Order on March 7th agreeing that the provision of medical care under the Award of the Commission is not stayed, but remanded consideration of the Motion to the Commission appellate Panel. Yes, the Respondent did in fact file a Motion for Rehearing to that Order pursuant to Rule 240(j), SCACR. Because of Appellants' Motion currently being filed, it is necessary that the specific language of the Court's Rules that are unequivocal be set out. Subsection (j) of Rule 240, SCACR, reads as follows:

> "(j) **Authority of an individual judge or justice.** Except where these Rules require the concurrence of two or more members of an Appellate Court, an individual Judge or Justice may grant or deny any motion or petition on behalf of the Court. **Any review of an Order issued by an individual Judge or Justice shall be by Petition for Rehearing.**"

Yes, pursuant to that subsection, the Respondent filed a Petition for Rehearing.

Thereafter a three-member panel of the Court which constitutes the, "Court" issued its Order as the final Order of the Court on the Motion and Petition. (SC Code §14-8-80 provides that the Court shall sit as the, "Court"

in three- member panels and a decision by a panel constitutes the decision of the, "Court".) Therefore, unless Counsel for the Respondent has suddenly become unable to read, the Respondent followed proper procedure in filing of the Motion and then filing a Petition for Rehearing to, "an individual Judge's" decision.

Rule 240(i), SCACR, concerning, **"Rehearing"** refers to the final, "action of the **Court** on the Motion or Petition..."

Therefore, the Respondent would respectfully submit that the Respondent followed proper procedure in challenging the individual decision of an individual Judge and then the Court rendered its final Decision by a three-member panel, which constitutes the Court, when it speaks and renders its final Decision on the Motion and Petition for rehearing, which was properly filed. **There simply is no Motion for Rehearing to the final Decision of the Court on the Motion.**

2. That assuming arguendo that the Motion for Rehearing is proper, which the Respondent would again herein allege that it is not, as to paragraphs 3, 4 and 5 of the Petition for Rehearing, this is simply an attempt to go behind or re-litigate the issues heard and decided by the Commission as the fact-finder pursuant to the final

Order of the Commission. The Hearing Commissioner in her Order specifically held in reference to the issues before the Court, which were affirmed on appeal by the Full Commission as to the Award that was made in reference to benefits and specifically medical benefits for the Claimant's heart injury as follows:

> "IT IS FURTHER ORDERED that the Claimant having been found to have sustained compensable injury specifically **to include injury to his heart**, the Claimant is to receive medical care for all injuries and conditions stemming from the accident that occurred in this matter **and specifically to include all conditions related to the heart** as found to be causally related **by the authorized treating physicians which are hereby declared to be Dr. Jeffrey A. Travis and Dr. Lanneau D. Lide**. The Defendants reserve the right to contest the compensability of any injury or condition opined to be related to the injury involving any bodily part, member, organ or system and the right to direct the treatment for all causally related medical problems outside of the area of expertise of the two (2) authorized treating physicians including the right to choose authorized treating physicians to provide that medical care."

From a clear and plain reading of the Decision of the Commission, the Commission awarded any and all casually related medical care for the Respondent's heart condition and problems developed as a result of the work-related injury. The very purpose as was previously stated in Respondent's Motion and also in his Petition for Rehearing,

for the provisions of §42-17-60 is to prevent delay and just as the Appellants are trying to do in this case, delay the medical care that has been ordered and awarded by the Commission.

The time for challenging the medical care has past at least during the pendency of the Award. During the pendency of the appeal, the effect of the Award is the same as if it were the final Award of the Commission either without appeal or after appeal if it was affirmed on appeal, which is this is a claims administration issue; meaning that as this Court and the Supreme Court have repeatedly held, where a claimant is awarded medical care pursuant to a final Award of the Commission, it is the responsibility of the defendants to simply pay for all causally related medical care. They cannot continue and continue and continue to challenge the provision of medical care. They cannot solely rely on their opinion and state that, "we don't think it is related."

As set forth hereinafter, the Court will not find one statement, and the Respondent would reiterate one statement, from Dr. Lide or Dr. Travis who are specifically designated as the authorized treating physicians and who the Court will find pursuant to the Record made the referral for consideration of a heart transplant to MUSC

and for such other procedures as MUSC felt necessary, that this care is not causally related. In fact, as set forth hereinafter, the exact opposite is true.

3. That assuming that the Motion for Rehearing is proper, as to paragraph 6, first as to that paragraph and as to the entire Petition of Appellants as it refers to attachments to the Petition, Counsel would point out that there is no Affidavit as to the allegations made or as to the documents that are submitted to the Court for consideration. As a general rule of practice, any Motion that refers to any document or deposition that is relied on to support the Motion must be submitted by sworn Affidavit. As to paragraph 6 as is set forth in the Affidavit and the attachments to this Return, as the Court will note again there is no reference to any contact with Dr. Travis or Dr. Lide who have treated Mr. Winfrey ever since his original work-related injury. There is a blanket statement that, "therefore there is a question whether this issue is for his work-related heart condition or for other conditions." In that paragraph, there is no supportive medical evidence that this is not related. Here again what we have is the Appellants stating their position and their questioning. Their duty is to pay pursuant to the Award unless they have medical evidence to the contrary. They cannot hold up

needed medical care to try to obtain contrary information or establish a basis for such denial as is reflected in the previous documents filed and as is reflected in the documents attached to the current Motion/Petition for Rehearing that the Appellants have filed. They have known about the treatment at MUSC since October and November of last year. The Court will find that they have not at one time ever requested or challenged or contacted not only Dr. Lide or Dr. Travis concerning this medical care; they have not contacted any other doctor prior to Respondent's Motion to Compel and the Order of this Court.

What the Court will find is that not in November, December, January, and not in February, but only in March after the Appellants had refused to provide medical care have they ever contacted any doctor and then not until **seven (7) days after the Court entered its final ruling** did the Appellants seek to contact any doctor about this.

What the Court will further find pursuant to the attachments that are supported by and submitted under the Affidavit of Respondent's Counsel which are from his business records and of which the Appellants have copies, is that the reason that the Appellants are not contacting the specifically designed, authorized treating physicians and specifically Dr. Lanneau Lide is that Dr. Travis and

Dr. Lide have repeatedly made their opinions known that all of these problems are causally related as provided for in the SC Workers' Compensation Act to the work-related injury. As the Court will note from the last treatment records in October of 2015 and January and March of 2016, there is no question that Dr. Lide relates these problems to the original injury.

4. That assuming that the Motion for Rehearing is proper, as to paragraph 7, the Respondent would ask the Court to note that the Appellants do not specifically include any medical records which is contrary to what the Respondent is again doing in this Return. However, in reference to the comment that there, "is not a single medical record which indicates the scheduling of this surgery was for any emergency purpose," and the other comments in that paragraph, instead of repeating and again attaching the document from the business records of Counsel for the Respondent, Counsel would point the Court to the report of the authorized case manager/rehabilitation nurse, Mr. Howard Altman, RN, dated January 7, 2016, which is attached to the Motion, which states on January 5, 2016 the following in reference to Laura with MUSC and a conversation with Mr. Altman:

"She advised Dr. Ikonomidis would like to

> proceed with surgery the next week. Dr. Ikonomidis ordered Mr. Winfrey undergo a dental exam to rule out periodontal disease before he can undergo a heart procedure. Laura advised Dr. Ikonomidis suggested the procedure would improve Mr. Winfrey's heart function and significantly delay the need for transplant consideration."

The Court will note from the report of Dr. Lide in January that the mitral valve replacement should occur as soon as it is approved by the insurance company.

Respondent's Counsel would specifically ask the Court to note that everything done by the Appellants to put off this surgery has occurred after the Motion was filed to compel this medical care and in fact even in the Addendum where they quote Dr. Ikonomidis, they do not say they will authorize it for May; they simply say that Dr. Ikonomidis thinks the Respondent can wait until May. The Respondent would also note again that there is no communication with Dr. Lide and why not? A review of the documents attached to Respondent's Affidavit will clearly establish why not. [The Respondent would also point out that the proposed Questionnaire, which really is not an issue before the Court, is in violation of SC Code §42-15-95(B)(2)(3) in that subsection (2) requires that the employee be notified of any proposed discussion or communication prior to such communication taking place as a condition precedent to any

such communication and the subsections provide that after that notification and uses the conjunctive word, "and" then the defendants may submit written questions at the same time they are presented to the doctor. There was no communication of the specific intent and purpose of any communication with any doctor, much less Dr. Ikonomidis.]

5. That Paragraph 7 is nothing but supposition to the Appellants' interpretation and again there is not one medical record submitted that supports that supposition, and specifically not between January and the filing of the Orders of March 7th and March 18th.

6. That assuming that the Motion for Rehearing is proper, as to the allegations made in paragraph 8, what does that have to do with the authorization for medical care? It is simply an attempt to divert the Court away from compliance with the Award of the Commission and the provision of this medical care pursuant to the Order of this Court versus how quickly that medical care needs to be provided. Again, the Appellants have not at one time stated that they are going to comply with the Order and provide the medical care. That is really the issue; not how fast it was needed but again the rehab nurse's notes served as the basis in the Record for Respondent's statement as to the immediacy of the need for medical care.

The Respondent would also point to previous statements by Dr. Lide that failure to provide necessary and consistent medical care could result in severe consequences up to and including his death.

While not at all relevant or important to the issue before the Court, the Appellants next try to cite as a reason for delay in not complying with this Court's Order and simply to allow them more time to delay a decision on complying with the Order of this Court that, in some way, because Mr. Winfrey places great confidence in Dr. Travis and wanted Dr. Ikonomidis and Dr. Steinberg to confer with Dr. Travis on the surgery they intended to perform that this would have slowed up the process or that would justify their not providing this care. The apprehensions of the Respondent and his trust and confidence that he reposes in Dr. Travis have nothing to do with why the Appellants did not provide and are trying to avoid having to pay for medical care.

7. That assuming that the Motion for Rehearing is proper, again paragraph 10 is simply an attempt to divert the Court's attention from the reason for the Order which is the provision of medical care under SC Code §42-17-60 by trying to shift the emphasis to the urgency of the care. The same is true for paragraphs 11, 12 and 13.

8. That assuming that the Motion for Rehearing is proper, in reference to the statements in paragraph 13, Counsel would ask the Court to look at Dr. Lide's statement issued back in 2014 attached to his Affidavit that the delay in the provision of medical care in reference to his severe heart condition had had and would continue to have as to the devastating effects that could result and that the failure to provide adequate and proper medical care could result in severe consequences up to and including the Respondent's death. Again, the nurse case manager, not Counsel for the Respondent, recorded that Dr. Ikonomidis wanted to do the surgery within the next week. Counsel would submit that he, the Respondent and everyone else including the Court have the perfect right to rely on that statement as to the immediacy of the situation. Additionally, the Court may properly glean from the medical records that this man was referred for a heart transplant and that Dr. Ikonomidis as reported by, again, the nurse case manager was doing this valve replacement because, "the procedure would improve Mr. Winfrey's heart function and significantly delay the need for transplant consideration." The Respondent would beg to ask where anything says this is not related or where the Appellants have cited any reason for failure to comply with the provision of medical care.

It is not a reason to not comply with an Order and nor to provide medical care that the Appellant can live without the medical care or because he would only have to suffer with tremendous pain, for example, without the ordered medical care. That is not the purpose of an Award and that is not the purpose of requiring compliance with the Award.

Counsel agrees with the statement by Counsel for Appellants that argument by either Respondent's Counsel or Appellants' Counsel is not evidence; normally as a rehab nurse's notes would not be. However, an Affidavit and a submission of such records as being and under the Business Records Act in support of a Motion and without even a specific objection to the hearsay nature, the medical records and Mr. Altman's statements are evidence the Court can properly consider and all parties can properly rely on.

9. That assuming the Motion for Rehearing is proper, first the Questionnaire referred to in paragraph 14 was issued after the fact; i.e. the Court's Order to Compel. Where was this or any Questionnaire to Dr. Lide, Dr. Travis or any of the other doctors back in October, November, December, January or February? During this time the doctors were evaluating Mr. Winfrey concerning heart transplant surgery versus mitral valve repair surgery versus mitral valve replacement surgery. At any time

between October and January, the Appellants could have asked for a Causation Statement first from Dr. Lide and/or Dr. Travis. However, the Appellants knew that Dr. Lide in his report of October said that all of this was related; in addition to his previous statements. They also conveniently did not cite to the Court and apparently did not want the Court to look at Dr. Lide's January 20th statement in reference to this surgery being related. All of this Motion is nothing but a smoke screen to try to divert the Court's attention away from providing medical care pursuant to the Award of the Commission and under its Order versus how immediate that need was or is.

10. That assuming that the Motion for Rehearing is proper, as to paragraphs 14 and 15, the Appellants readily admit that their desire to send a, "proper medical questionnaire" to Dr. Ikonomidis only came about after the Motion and this Court granted the Motion ordering and compelling them to provide medical care pursuant to SC Code §42-17-60 under the Award of the Commission. Again, they had the perfect right to submit any questionnaire in accordance with SC Code §42-15-95 at any time between October and January, which they chose not to do. They didn't care whether or not the doctors stated this was causally related and how immediate the medical care was

until after this Court ordered it. Further, they had the perfect right to file a Return and to raise those issues in the Return to the Motion. They chose to file a Reply, not in accordance with this Court's Rules as is set forth in the previous Motion and Motion for Rehearing filed by the Respondent, and specifically chose not to raise any of these issues at that time even in the improper one (1) page responsive, "letter" that they filed with the Court without Affidavit of Service.

Next, as is pointed out before, the referred to Questionnaire was improperly submitted. SC Code §42-15-95 specifically provides that the defendants have to first give prior notice of the intent and purpose of and as what communication is going to be made with the doctor or healthcare provider involved; this Notice was not given. Then and only after such Notice communication may they then submit a written questionnaire to an authorized treating physician and simultaneously provide the actual written questionnaire to the claimant.

The Respondent would also ask the Court to look at that questionnaire and compare it to the requirements of SC Code §42-15-95. The Respondent would submit that some of the questions are improper and have nothing to do with the bases for which such questionnaires may be provided. They

are also not directed at the need for the medical care but only as to whether or not and how long they can put this off. In other words, how long can they delay having to provide the medical care pursuant to the Award? Assuming for the sake of argument that Mr. Winfrey can wait without consequence until May, that serves as no basis for failure to provide medical care under the Award of the Commission.

For all the foregoing reasons, the Appellants' Motion for Rehearing is improper and should not be considered and should be dismissed on that basis alone. Further, assuming that it is proper under the Rules, the Court should dismiss the Motion because it is an attempt to reargue the issues and circumvent the Award that has bene made where the Motion previously filed sought compliance with the Award pursuant to the Workers' Compensation Act and specifically Code Section §42-17-60 over which this Court has exclusive jurisdiction to enforce the Award at this time, and which it has done under its Order.

The immediacy of the need for medical care has absolutely nothing to do and serves as absolutely no basis for compelling compliance with the Award of medical care as awarded by the Commission. Next, Respondent's Counsel takes exception to the comments made by Appellants' Counsel and would resubmit and stands by his Affidavit and the Motion

made in reference to the information available at the time that Motion was filed, which information was and which this Court should only consider which is that the doctor wanted to perform that surgery within seven (7) days. Those are not Counsel's words but the words of the nurse case manager. Finally, Counsel would also request a reading of all the medical records that have been submitted and the Court will clearly see that this surgery needs to be performed as soon as possible, although again that is irrelevant to the issue of compliance of the Award of the Commission and the Order of this Court.

Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
Attorney for Respondent

April 7, 2016

SOUTH CAROLINA HEART CENTER

October 4, 2013

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave.
Columbia S. C. 29201

Dear Mr. McDaniel:

Re: CLARENCE WINFREY

Mr. Winfrey had a severe myocardial infarction after electrocution in the workplace in May. He required emergency surgery. He has severe congestive heart failure and requires continuous treatment. Lack of continuous medical therapy would likely be fatal for him. Without insurance, he cannot afford essential medication.

Sincerely,

Lanneau D. Lide, M. D.

EXHIBIT

RE: Clarence Winfrey
DOB: _____
Chart #: _____

Dear Dr. Lide:

I would appreciate it if you would provide answers and opinions to the following questions concerning Mr. Winfrey's current condition and problems that stem from the original work-related accident as of your last visit with him on July 25, 2014. The questions to which I need answers and/or opinions are as follows:

1. Dr. Lide, please confirm which of the following Mr. Winfrey is continuing to report to you at this time:

a. ✓ weakness in the left hand, arm and shoulder

b. ✓ left sided weakness and left leg numbness, particularly since the most recent hospitalization

c. ✓ numbness in the right foot and toes since first accident and continuing

d. _____ cannot take blood pressure in the left arm

e. ✓ problems with vision (multiple times over the past year) and again at the time of the last hospitalization

f. ✓ very bad problems with memory and concentration

g. _____ problems with taste

h. ✓ shortness of breath, especially with any exertion

i. ✓ poor stamina

LL Lide
LDL (initials)

2. Initially following the electrical shock injury, he was diagnosed, in addition to his heart related problems, with pain in the left arm over the left shoulder and into the left side of the neck and head. Since the injury, he has also been diagnosed with numbness in the toes and feet and peripheral neuropathy in both legs and in reference to those potential medical conditions and problems, and as set out in #1 in your opinion:

a. Has he been fully and completely evaluated and treated for all of the above-referenced problems by appropriate specialists?

Yes ____ No ✓

LDL (initials)

b. In your opinion, would it be premature to state an opinion as to whether or not he is at maximum medical improvement until after he is fully and completely evaluated and checked out for all of those problems?

✓ Yes ____ No

LDL (initials)

3. It is my understanding you have referred him for evaluation and treatment by a neurologist for some of those problems.

✓ Yes ____ No

LDL (initials)

4. Since he left the hospital at Lexington following the injury after which he has been treated by Dr. Travis as his treating cardiovascular surgeon and by you as his treating cardiologist, has the focus of your treatment been mainly towards treatment of his heart related problems stemming from the work-related accident?

✓ Yes ____ No

LDL (initials)

5. In your opinion, is he in need of additional evaluation by specialists to determine what neurological, orthopaedic, or other medical/systemic problems he has with any other specific bodily parts, organs or members as to whether those resulted from the electrical shock?

✓
Yes

No

LDL (initials)

6. In reference to his recent hospitalization at Providence as to the reason for that hospitalization and the treatment that was provided, SC Law provides that not only if a medical condition or problem is directly related to or is caused by the accident is the condition compensable but if the condition is indirectly related or is related to the aftermath or if it is a pre-existing and/or asymptomatic problem that was aggravated, accelerated or caused to become symptomatic by the work-related injury and the aftermath of that injury, it is compensable under the law. With that understanding, was the reason for the hospitalization either directly or indirectly related to the accident and/or was it related to a pre-existing and/or asymptomatic condition that was aggravated, accelerated or caused to become symptomatic due to the work-related injury and its aftermath?

✓
Yes

No

LDL (initials)

7. In reference to the most recent medical problems for which he needed treatment, which best described the types of problems and the relationship to the injury (check all that apply)?

a. ✓ directly related to the original work-related electrocution injury and heart related problems and other problems stemming from that injury;

b. ✓ problems are indirectly related to the original problems stemming from the work-related injury;

c. ✓ the problems which required hospitalization are either pre-existing problems and/or asymptomatic problems that were aggravated, accelerated or caused to become symptomatic by the work-related injury.

LDL (initials)

8. In your opinion, to a reasonable degree of medical certainty, will Mr. Winfrey require medical care for the remainder of his life related to the work-related problems stemming from the work-related injury to include medications, being regularly followed by a cardiologist and to include the full gambit of cardiovascular treatments available to treat the types of heart related injuries that he has stemming from the accident?

✓
Yes

No

LDL (initials)

9. In your records, you record that Mr. Winfrey had applied for Social Security Disability and subsequently that he was receiving Social Security Disability. In your opinion as his treating cardiologist and based on your knowledge of his condition, in your opinion is he totally and permanently disabled from gainful employment due to his problems stemming from his work-related injury?

✓
Yes

No

LDL (initials)

10. While you continued to see him without payment after September 25, 2013 (when the insurance company stopped compensation and medical benefits) and while Lexington Medical Center Social Services provided him with basic necessary medical care and medications, in your opinion between September and recently when the Workers' Compensation Commission ordered reinstatement of his medical benefits, did he receive the level of care during that time that he needed to prevent the conditions stemming from his work-related accident from deteriorating and/or getting worse and/or necessary to fully treat those problems?

Yes

✓
No

LDL (initials)

11. In your opinion as his treating cardiologist, did the fact that the workers' compensation carrier deny medical benefits as of and after September, aggravate and/or accelerate and/or cause his symptoms and problems (physical and/or emotional) stemming from the work-related accident to worsen?

✓
Yes

No

LDL (initials)

12. In your opinion as his treating cardiologist in reference to the above question #11 assuming your answer is yes, did the delay in the provision of medical care caused by the carrier's refusal to provide medical care delay, affect, and/or limit his recovery from his work-related problems stemming from the original accident?

✓
Yes

No

LDL (initials)

13. Does Mr. Winfrey have pre-existing physical conditions that can be aggravated, accelerated and/or caused to become symptomatic by physical and/or emotional stress on the body?

✓
Yes

No

LDL (initials)

14. In your opinion as Mr. Winfrey's treating cardiologist, has the emotional and physical stress caused by: the stopping of Mr. Winfrey's medical and compensation benefits which resulted in his inability to obtain more than basic medical care, the worry about how to pay for medical care, his inability to have money from which to pay for the activities of daily living, including food and shelter and the resulting physical and emotional stress caused by those, aggravate or accelerate any of the pre-existing conditions that Mr. Winfrey had prior to his work-related electrocution and resulting cardiovascular and other problems?

Yes

No

LDL (initials)

15. In reference to the above-referenced question #14, what pre-existing conditions would you specifically list that in your opinion have been aggravated and/or accelerated and/or caused to become symptomatic (which were by history asymptomatic prior to the injury) by the physical and/or emotional stress placed on Mr. Winfrey's body as a result of accident, its aftermath, and the stopping of benefits?

a. _____

b. _____

c. _____

16. In your opinion as Mr. Winfrey's treating cardiologist, is he in need of evaluation by such specialists as: (check all that apply)

a. ✓ neurologist

b. ✓ physical medical rehabilitation specialist

c. _____ rheumatologist

d. _____ gastroenterologist

e. _____, ENT

d. _____ chronic pain medicine specialist/anesthesiologist

e. _____ psychiatrist

f. _____ psychologist (counseling/relaxation therapies, etc.)

g. _____ other: _____

17. In your opinion as Mr. Winfrey's cardiologist, is he in need of additional evaluation and treatment of an interventional cardiology nature, meaning medical care designed to improve his condition, versus maintenance medical care, meaning medical care designed at only maintaining his current level of condition?

✓ Yes _____ No

LDL (initials)

18. Any other comments you would like to note to the insurance company and/or to the Workers' Compensation Commission:

_____

_____

_____

The above referenced answers and opinions expressed to the questions posed constitute my opinions and answers to a reasonable degree of medical certainty.

Lanneau D. Lide, M.D.

8-21-14
Date:

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Proudly representing injured workers
for over 30 years

Preston F. McDaniel
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Facsimile (803) 252-0709

August 26, 2014

Dr. Lanneau D. Lide
SC Heart Center
2001 Laurel Street
Columbia, SC 29204

RE: Clarence Winfrey
DOB: _____
Chart #: _____

Dear Dr. Lide:

It is my understanding from your office that all the medications, medical care and treatment that Clarence Winfrey has received since he was released from the hospital following his hospitalization on July 23, 2014 is related to and is necessary to treat his medical conditions stemming from his original electrocution injury on May 22, 2013 and that all of this care would be necessary regardless of the hospitalization that occurred on July 23, 2014. If that properly represents your opinion to a reasonable degree of medical certainty, I would sincerely appreciate it if you would sign the bottom of this letter and return to me.

Sincerely yours,

Preston F. McDaniel

PFM/kth

CONFIRMATION

This will confirm that it is my medical opinion that all of the medical care leading up to Mr. Winfrey's hospitalization on July 23, 2014 and following his discharge following that hospitalization is all related to and necessary to treat his original problems stemming from his original work-related injury which occurred on May 22, 2013. My opinion is stated to a reasonable degree of medical certainty.

D D Lide MD
Dr. Lanneau D. Lide

9-3-2014
Date

Kim Hinkle

From: Lanneau Lide <lanneaulide@gmail.com>
Sent: Wednesday, September 03, 2014 6:13 PM
To: Kim Hinkle
Subject: Re: Clarence Winfrey letter
Attachments: Winfrey letter.pdf

Signed letter.

L D Lide

RE: Clarence Winfrey
DOB: _____
Chart #: _____

Primary Care Physician: Lanneau D. Lide, M.D., F.A.C.C.

Dear Dr. Lide:

In preparation for the mediation I need to know the following and would appreciate your response to this singular question.

1. Based on your knowledge of Clarence Winfrey's condition and the damage to his heart, would he potentially be a candidate for a heart transplant?

✓
Yes

No

Lanneau D. Lide, M.D., F.A.C.C.

4-30-15
Date:

RE: Clarence Winfrey - Providence Hospital Hospitalization on April 16, 2015
DOB: _____
Chart #: _____

Dear Dr. Lide:

I would appreciate your answers and opinions to the following questions concerning your treatment and the recent hospitalization of Mr. Clarence Winfrey.

1. Based on your knowledge and your records, is it true that neither the adjuster nor anyone on behalf of the insurance company has contacted you and asked you for your opinion on Mr. Winfrey's recent hospitalization at Providence Hospital as to whether it resulted from his injuries sustained as a result of his work-related accident?

✓
True

_____
False

LDL (initials)

2. As his treating cardiologist who ordered the hospitalization at Providence Hospital on April 16, 2015, (release Diagnosis: Symptomatic microcytic anemia, history of myocardial infarction, history of ventricular septal defect the patient wears heart patch, and possible iron-deficiency anemia) is that hospitalization and the treatment and his problems that lead to that hospitalization caused by and/or stem from his injuries that he sustained in his original electrocution work-related injury which occurred on May 22, 2013?

✓
Yes

_____
No

LDL (initials)

The opinions and answers to the questions posed as set forth hereinabove constitute my opinions and answers stated to a reasonable degree of medical certainty concerning my treatment and the recent hospitalization of Mr. Winfrey.

Lanneau D. Lide, M.D., F.A.C.C.

7-2-15
Date:

TO WHOM IT MAY CONCERN:

RE: Clarence B. Winfrey, Jr.
Date of Birth: _____
Date of Accident: 05/22/2013 (electrocution injury)
SC Heart Center Chart #: _____

I am the authorized treating cardiologist for Mr. Clarence Winfrey as a result of his injuries and conditions caused by and/or related to his work-related accident which occurred on May 22, 2013. I became involved in Mr. Winfrey's care as one of his treating physicians on May 28, 2013. This will confirm that all medical care as ordered or recommended by me, since my involvement in Mr. Winfrey's care through the present time, in my opinion is causally related to and was necessitated by his work-related electrocution injury.

This will further confirm that unless otherwise stated in any report, treatment notes or medical records all such medical care, evaluations, testing, treatment, medications, whatsoever is necessitated by and is causally related to his original work-related injury and the medical conditions and problems he developed as a result of that work-related accident. My opinions and orders for medical care for Mr. Winfrey for all medical care, past, present and future, and my opinions concerning the necessity of such treatment are all stated to a reasonable degree of medical certainty.

As an authorized treating physician for Mr. Clarence Winfrey, I fully understand that I am not authorized to make any medical referrals for any treatment or for any conditions that in my opinion are not related to his medical problems and conditions stemming from the work-related injury. It is my understanding that under the South Carolina Law, that any condition that is either directly or indirectly related to the work-related accident and/or the treatment necessary to treat the injuries stemming from that accident and any pre-existing or asymptomatic condition that has been aggravated, accelerated or caused to become symptomatic by the injury and/or its aftermath including the treatment necessary to treat that injury is compensable under the SC Workers' Compensation Act. I further fully understand that should I determine that Mr. Winfrey needs medical care that is not related to his work-related accident under South Carolina Law that I should clearly state that it is not related and should advise Mr. Winfrey of that opinion.

All opinions and statements made as set forth hereinabove are stated to a reasonable degree of medical certainty as Mr. Clarence Winfrey's treating medical doctor.

Dr. Lanneau D. Lide

7-2-15
Dated:

SOUTH CAROLINA HEART CENTER

Return Office Visit
October 22, 2015

CLARENCE WINFREY 53 year old M

PRIMARY CARE PHYSICIAN: Lanneau D. Lide MD, F.A.C.C

CARDIOLOGIST: Lanneau D. Lide MD, F.A.C.C

REASON FOR VISIT/HISTORY OF PRESENT ILLNESS:

1. History

This 53 year old man is seen for the first time since July. He continues to struggle. He has at least two-pillow orthopnea and has frequent episodes of PND. He become short of breath with activity. He is not having chest pain typical of angina, however. He was evaluated by Dr. White, neurologist in Sumter, has had an MRI of the brain and is scheduled for additional testing.

Patient had his annual office visit with Dr. Travis recently. Although the patient had severe mitral regurgitation and left ventricular dysfunction, Dr. Travis did not feel that additional open heart surgery was feasible, and recommended that the patient be considered for cardiac transplantation. Dr. Travis feels as I do that this patient's cardiac problems date back to his electrocution on the job in May 2013 when the inferior left ventricle was burned causing myocardial necrosis and a ventricular septal defect requiring surgery. Patient was also found to have coronary artery disease but that was not the primary cause of his trouble.

Patient notes that he has fallen since his last office visit here. When he tried to put weight on his left foot while climbing stairs, he lost his balance and fell.

Patient has not noted additional GI bleeding. He has continued to take iron. His serum iron is now in the low normal range. Hematocrit is up to 40% with hemoglobin 13.7.

CARDIAC HISTORY:

CAD:

1 Inferior MI, electrical injury, VSD [1V CABG, VG-RI, VSD patch] - 5/29/2013
2 NSTEMI [Stent: RCA, PLB, Multilink 3.5x18, Xience 2.5x12] - 7/23/2014
3 Staged PCI [Stent: CX, Promus 2.5x12] - 9/26/2014

ARRHYTHMIA:

1 Ventricular Tachycardia, postop [DCCV] - 1/2/2013

RISK FACTORS:

1 Family History of CAD [Less than 60 years of age]
2 Dyslipidemia [Type: Cholesterol]
3 Tobacco Use: Cigarette [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES:

CATH LAB:

PCI (Stent: Proximal CX (2.5 mm x 12 mm Promus)) - 9/26/2014

Cath (EF 0.30 (30%), Inferior / Apical Akin, Basal-Anterior / Lateral Hypo, 70% Mid LAD, 70% Proximal CX, 80% Proximal RCA, 50% Distal RCA, 100% Mid PDA, 90% PLB, 100% VG-RI, Right Dominant, RCA and PLB were stented. RI too small for PCI. Proximal CX could be stented.) performed by Lanneau D. Lide MD and F.A.C.C 7/23/2014

PCI (Stent: RCA (3.5 mm x 18 mm MultiLink Vision), Stent: PLB (2.5 mm x 12 mm Xience)) performed by Lanneau D. Lide MD and F.A.C.C - 7/23/2014

CV/SURGERY:

CV Surgery (1V CABG: VG-RI and repair of post-infarct VDS; IABP) - 5/29/2013

ECHO/MUGA:

Echo (EF 0.45 (45%), Mild MVP, Moderate-Severe MR, LV apex akinetic. Lateral LV hypokinetic. Mid to apical inferior LV aneurysmal. VSD patch appears intact.) - 7/23/2015

Echo (EF 0.30 (30%), Severe Lateral / Inferior Hypo, Severe MR) - 4/15/2015

Echo (EF 0.40 (40%), Mild MAC, Moderate MR, Mild Pulmonary HTN, Mild TR, Moderate-Severe MR, mid to apical inf akinetic, mid to apical anteroseptal, inferolat & anterolat hypo, VSD repair stable,) - 1/15/2015

Echo (EF 0.35, Basal-Inferolateral Akin, / Mid-Inferoseptal / Apical Hypo, Mild-Moderate MR) - 9/19/2013

Echo (EF 0.30, Mid Inferior / Apical Akin, / Apical Hypo, Moderate MR, MAC) 7/16/2013

Echo (EF 0.50, NWMA) - 6/7/2013

Echo (EF 0.55, Mild LVH, Large infarct with VSD) - 5/28/2013

ELECTROPHYSIOLOGY:

EKG (Sinus Rhythm, 96 BPM, RBBB) - 4/16/2015

EKG (Sinus Rhythm, inferior and anterolateral Q waves typical of MI, no change., RBBB) 4/14/2015

EKG (Sinus Rhythm, IMIQ, RBBB) - 10/10/2014

EKG (Occasional PVCs, Sinus Rhythm, 76 BPM, RBBB) - 9/26/2014

EKG (Sinus Rhythm, IMIQ, RBBB) - 8/1/2014

EKG (Sinus Brady, 59 BPM, ST-T Wave Abnormality, RBBB) - 7/24/2014

EKG (Sinus Rhythm, RBBB, IMIQ, LAE) - 1/24/2014

EKG (Sinus Rhythm, RBBB, Inferior Infarct) 1/22/2014

EKG (Sinus Rhythm, RBBB, IMIQ) - 9/17/2013

EKG (Sinus Rhythm, RBBB, Inferior myocardial infarction with Q waves and persistent ST elevation, no change) - 8/13/2013

EKG (Sinus Rhythm, RBBB, IMI with Q waves and persistent STE) - 7/26/2013

EKG (Sinus Rhythm, RBBB, IMIQ) 7/19/2013

EKG (Sinus Rhythm, RBBB, LAE, inferior infarct) - 7/15/2013

EKG (Sinus Rhythm, RBBB) - 6/2/2013

EKG (Sinus Tachy, RBBB, inferior infarct age undetermined.) - 5/28/2013

VASCULAR:

ABI (R ABI (1.02), L ABI (0.98), R Post Ex ABI (0.80), L Post Ex ABI (0.84)) - 8/1/2014

ABI (R ABI (1.1), L ABI (1.1)) - 8/13/2013

CT/MRI:

Head CT (Mild atrophy and chronic age related CNS findings) - 7/23/2014

Chest CT (Effusion: Bilateral) - 1/22/2014

OTHERS:

CXR (Effusion: Left, Mild cardiogenic central vascular congestion. Continued left lower lobe consolidation) -

1/22/2014
CXR (Effusion: Left, Infiltrate:Right, cardiomegaly, postop sternotomy. Extensive opacity throughout the right lung suggesting diffuse pneumonia on that side.) - 7/15/2013

Family History:
Reviewed, no changes. Last detailed document date:06/17/2015.

SOCIAL HISTORY:
Tobacco use reviewed.
Smoking status: Current every day smoker.

ALLERGIES/INTOLERANCES:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

LIPID SUMMARY:

Date	Total Chol	Triglycerides	HDL	LDL	CPK	SGOT/AST	SGPT/ALT
09/19/2013	152	58	34.00	106.00			

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Idiopathic peripheral neuropathy	10/06/2014	N		
Coronary bypass graft finding	10/06/2014	N		
Pure hypercholesterolemia	10/06/2014	N		
Old myocardial infarction	10/06/2014	N		
Chronic ischemic heart disease	10/06/2014	N		
NSTEMI				7/23/2014 - Stent RCA, PLB, Multilink 3.5x18, Xience 2.5x12
Inferior MI, electrical injury, VSD				5/29/2013 - 1V CABG, VG-RI, VSD patch
Ventricular Tachycardia, postop				1/2/2013 - DCCV
Staged PCI				9/26/2014 - Stent CX, Promus 2.5x12

Medical/Surgical/Interim History
Reviewed, no change.
Last detailed document date:06/17/2015.

REVIEW OF SYSTEMS:
CONST Negative for weight gain, weight loss, fever. EYES Negative for visual changes. ENT Negative for hearing loss. RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CARD - Negative for chest pain, diaphoresis, orthopnea, palpitation, syncope, PND. VASC - Negative for claudication, edema. GI - Negative for

nausea, reflux, bleeding. GU - Negative for hematuria, nocturia. NEURO - Negative for dizziness, memory loss, seizures. PSYCH - Negative for depression, hallucinations.

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI kg/m2	BSA m2	O2 Sat%
9:04 AM	120/70	88	18		5.0	11.00	180.34	219.00	99.337	30.54		97

Measured By

Time	Measured by
9:04 AM	Vicky Y. Goins

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Nourishment Well Nourished. Appearance Well Developed.
Eyes	Neg	Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal.
NMT	Neg	Oral Mucosa Moist, No Cyanosis, No Pallor.
Neck	Neg	JVP - Less Than 8.
Chest	Neg	Sternum - Stable.
Resp	Neg	Breath Sounds Clear Throughout. Rales Absent. Wheezes Absent. Rhonchi - Absent.
Resp	Pos	Respirations - Labored.
Cardiac	Neg	Rhythm Regular. Heart Sounds S1 Normal, S2 Normal, No S3, No S4.
Cardiac	Pos	Murmurs - II/VI holosystolic murmur heard at the apex.
Vasc	Neg	Carotid - Bilateral Normal Pulse. Posterior Tibial - Bilateral Normal Pulse.
M/S	Neg	Able to Exercise - Yes.
M/S	Pos	Gait - Ataxic.
EXT	Neg	Clubbing - Absent. Lower Extremity Edema - Absent.
Skin	Neg	Venous Stasis Ulcer - Absent. Rashes - Absent.
ProcSite	Neg	Sternal Wound Healed.
Psych	Neg	Orientation - Oriented to Time, Person, Place. Mood - Appropriate.

IMPRESSION AND PLAN

01. Presence of aortocoronary bypass graft (Z95.1)
02. Acquired septal ventricular defect (old) (I51.0)
03. Electrocution, sequela (T75.4xxS)
04. Mixed hyperlipidemia (E78.2)
05. Atherosclerotic heart disease of native coronary artery without angina pectoris (I25.10)
06. Chronic systolic (congestive) heart failure (I50.22)
07. Nonrheumatic mitral (valve) insufficiency (I34.0)

Dictated Plan Comments:

This patient's congestive heart failure is not acutely decompensated, but he continues to be very limited in terms of exercise capacity. He was told by Dr. Travis that the only operation which would likely help him would

be cardiac transplantation and he wishes to look into this possibility before his condition worsens. We'll refer him to the cardiac transplant service at MUSC for further evaluation. In the meantime, patient is still undergoing workup of his peripheral neuropathy and ataxia secondary to electrocution 2 years ago.

I have encouraged this patient to continue taking iron. Medications were not changed today.

ORDERS:

1 Return office visit with Lanneau D. Lide MD, F.A.C.C in 3 Months.
2 Risk Factors Educational Materials

FINAL MEDICATION LIST:

Medication	Sig Description
Altace 5 mg capsule	take 1 capsule by oral route every day
ferrous sulfate 325 mg (65 mg iron) tablet	take 1 tablet by ORAL route 2 times every day
hydrochlorothiazide 12.5 mg tablet	take 1 by Oral route every day
Lasix 80 mg tablet	take 1 by Oral route every day
Nitrostat 0.4 mg sublingual tablet	place 1 tablet by sublingual route at the 1st sign of attack; may repeat every 5 min until relief; if pain persists after 3 tablets in 15 min, prompt medical attention is recommended
pravastatin 40 mg tablet	take 1 tablet by ORAL route every bedtime
Protonix 40 mg tablet,delayed release	take 1 tablet by ORAL route every day
Ranexa 500 mg tablet,extended release	take 1 tablet by ORAL route 2 times every day
spironolactone 25 mg tablet	take 1 by Oral route every morning
Vitamin C 500 mg tablet	take 1 twice a day

Electronically signed by: Lanneau D. Lide MD, F.A.C.C 10/22/2015 @ 6:24 PM

SOUTH CAROLINA HEART CENTER

MR# 9112

Date of Request 10/29/2015

PHYSICIAN REFERRAL FORM

PATIENT NAME: Clarence B. Winfrey

DOB: [redacted] SS#: 249-12-1579

REFERRED TO: Dr. Adrian B. Van Bakel, MD
MUSC

PHONE: 843-876-4789

FAX: 843-876-4809

INSURANCE: Liberty Mutual

DIAGNOSIS:

AUTH #:

ORDERING MD: Dr. L.D. Cobb

COMPLETED

TEST:

FAX RESULTS TO:

SPECIAL INSTRUCTIONS:

DATE AND TIME OF REFERRAL APPOINTMENT:

SCHEDULER: Daniela M DATE: 10/29/15

REFERRING PHYSICIAN: Dr. L.D. Cobb

DATE RECORD SENT: 10/29/15 BY: Daniela M

WHITE - MEDICAL RECORDS COPY • YELLOW - PATIENT'S COPY • PINK - INSURANCE COPY

rev. 01/2011 SCHC-47

SOUTH CAROLINA HEART CENTER

Return Office Visit
January 20, 2016

CLARENCE WINFREY 53 year old M

PRIMARY CARE PHYSICIAN: Lanneau D. Lide MD, F.A.C.C

CARDIOLOGIST: Lanneau D. Lide MD, F.A.C.C

REASON FOR VISIT/HISTORY OF PRESENT ILLNESS:

1. History

This 53 year old man, status post ventricular septal defect secondary to electrocution on the job in May 2013, returns to the office for the first time in about 3 months. In the interim, he has been evaluated at MUSC by Drs. Van Bakel, Steinberg, and Ikonomidis. When the insurance company approves it, patient will be admitted to MUSC for cardiac catheterization and mitral valve replacement. Heart transplantation was not felt indicated at this point. Percutaneous mitral valve repair was not felt indicated. In the meantime, patient continues to be limited in terms of exercise capacity. He is still having trouble with poor balance, ataxia and peripheral neuropathy. He has not had recent chest pain.

CARDIAC HISTORY:

CAD:

1 Inferior MI, electrical injury, VSD [1V CABG, VG-RI, VSD patch] - 5/29/2013
2 NSTEMI [Stent: RCA, PLB, Multilink 3.5x18, Xience 2.5x12] - 7/23/2014
3 Staged PCI [Stent: CX, Promus 2.5x12] - 9/26/2014

ARRHYTHMIA:

1 Ventricular Tachycardia, postop [DCCV] - 1/2/2013

RISK FACTORS:

1 Family History of CAD [Less than 60 years of age]
2 Dyslipidemia [Type: Cholesterol]
3 Tobacco Use: Cigarette [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES:

CATH LAB:

PCI (Stent: Proximal CX (2.5 mm x 12 mm Promus)) - 9/26/2014
Cath (EF 0.30 (30%), Inferior / Apical Akin, Basal-Anterior / Lateral Hypo, 70% Mid LAD, 70% Proximal CX, 80% Proximal RCA, 50% Distal RCA, 100% Mid PDA, 90% PLB, 100% VG RI, Right Dominant, RCA and PLB were stented. RI too small for PCI. Proximal CX could be stented.) performed by Lanneau D. Lide MD and F.A.C.C - 7/23/2014
PCI (Stent: RCA (3.5 mm x 18 mm MultiLink Vision), Stent: PLB (2.5 mm x 12 mm Xience)) performed by Lanneau D. Lide MD and F.A.C.C 7/23/2014

CV/SURGERY:

CV Surgery (1V CABG: VG-RI and repair of post-infarct VDS; IABP) - 5/29/2013

ECHO/MUGA:

Echo (EF 0.45 (45%), Mild MVP, Moderate-Severe MR, LV apex akinetic. Lateral LV hypokinetic. Mid to apical inferior LV aneurysmal. VSD patch appears intact.) - 7/23/2015
Echo (EF 0.30 (30%), Severe Lateral / Inferior Hypo, Severe MR) 4/15/2015
Echo (EF 0.40 (40%), Mild MAC, Moderate MR, Mild Pulmonary HTN, Mild TR, Moderate-Severe MR, mid to apical inf akinetic, mid to apical anteroseptal, inferolat & anterolat hypo, VSD repair stable,) - 1/15/2015
Echo (EF 0.35, Basal Inferolateral Akin, / Mid Inferoseptal / Apical Hypo, Mild Moderate MR) 9/19/2013
Echo (EF 0.30, Mid-Inferior / Apical Akin, / Apical Hypo, Moderate MR, MAC) - 7/16/2013
Echo (EF 0.50, NWMA) - 6/7/2013
Echo (EF 0.55, Mild LVH, Large infarct with VSD) - 5/28/2013

ELECTROPHYSIOLOGY:

EKG (Sinus Rhythm, 96 BPM, RBBB) - 4/16/2015
EKG (Sinus Rhythm, inferior and anterolateral Q waves typical of MI, no change., RBBB) - 4/14/2015
EKG (Sinus Rhythm, IMIQ, RBBB) 10/10/2014
EKG (Occasional PVCs, Sinus Rhythm, 76 BPM, RBBB) - 9/26/2014
EKG (Sinus Rhythm, IMIQ, RBBB) - 8/1/2014
EKG (Sinus Brady, 59 BPM, ST-T Wave Abnormality, RBBB) - 7/24/2014
EKG (Sinus Rhythm, RBBB, IMIQ, LAE) - 1/24/2014
EKG (Sinus Rhythm, RBBB, Inferior Infarct) - 1/22/2014
EKG (Sinus Rhythm, RBBB, IMIQ) 9/17/2013
EKG (Sinus Rhythm, RBBB, Inferior myocardial infarction with Q waves and persistent ST elevation, no change) - 8/13/2013
EKG (Sinus Rhythm, RBBB, IMI with Q waves and persistent STE) 7/26/2013
EKG (Sinus Rhythm, RBBB, IMIQ) - 7/19/2013
EKG (Sinus Rhythm, RBBB, LAE, inferior infarct) - 7/15/2013
EKG (Sinus Rhythm, RBBB) - 6/2/2013
EKG (Sinus Tachy, RBBB, inferior infarct age undetermined.) - 5/28/2013

VASCULAR:

ABI (R ABI (1.02), L ABI (0.98), R Post Ex ABI (0.80), L Post Ex ABI (0.84)) - 8/1/2014
ABI (R ABI (1.1), L ABI (1.1)) - 8/13/2013

CT/MRI:

Head CT (Mild atrophy and chronic age related CNS findings) - 7/23/2014
Chest CT (Effusion: Bilateral) 1/22/2014

OTHERS:

CXR (Effusion: Left, Mild cardiogenic central vascular congestion. Continued left lower lobe consolidation) - 1/22/2014
CXR (Effusion: Left, Infiltrate:Right, cardiomegaly, postop sternotomy. Extensive opacity throughout the right lung suggesting diffuse pneumonia on that side.) - 7/15/2013

FAMILY HISTORY: (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father		N		Hypertension	N	
Father		Y			N	
Father		N		Stroke	N	
Father		Y		Myocardial	Y	

Infarction

SOCIAL HISTORY:
Tobacco use reviewed.
Smoking status: Current every day smoker.

ALLERGIES/INTOLERANCES:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

LIPID SUMMARY:

Date	Total Chol	Triglycerides	HDL	LDL	CPK	SGOT/AST	SGPT/ALT
09/19/2013	152	58	34.00	106.00			

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Idiopathic peripheral neuropathy	10/06/2014	N		
Coronary bypass graft finding	10/06/2014	N		
Pure hypercholesterolemia	10/06/2014	N		
Old myocardial infarction	10/06/2014	N		
Chronic ischemic heart disease	10/06/2014	N		
NSTEMI				7/23/2014 Stent: RCA, PLB, Multilink 3.5x18, Xience 2.5x12 5/29/2013 - 1V CABG, VG-RI, VSD patch 1/2/2013 - DCCV
Inferior MI, electrical injury, VSD				
Ventricular Tachycardia, postop				
Staged PCI				9/26/2014 Stent: CX, Promus 2.5x12

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
gastritis with GI bleed	2015			
iron deficiency anemia	2015			
Peripheral Neuropathy due to electrical injury	2013			
Gout		Colonoscopy, Int. Hems., 06/2015 2 polyps		

REVIEW OF SYSTEMS:

CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. RESP - Negative for snoring, hemoptysis. Positive for dyspnea, dyspnea on exertion. CARD - Negative for chest pain, diaphoresis, orthopnea, palpitation, syncope, PND. VASC - Negative for claudication, edema. GI Negative for nausea, reflux, bleeding. GU Negative for hematuria, nocturia. NEURO Negative for dizziness, memory loss, seizures. PSYCH - Negative for depression, hallucinations.

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Side	Site	Position	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	BSA m2	O2 Sat%
9:47 AM	110/80	92	18	left		sitting	5.0		11.00	226.00	31.52		97

Measured By

Time	Measured by
9:47 AM	Shyreeta Caldwell

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Nourishment Well Nourished. Appearance Well Developed.
Eyes	Neg	Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal.
NMT	Neg	Oral Mucosa - Moist, No Cyanosis, No Pallor.
Neck	Neg	JVP Neck Veins not Visible.
Resp	Neg	Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent.
Cardiac	Neg	Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4.
Cardiac	Pos	Murmurs - III/VI holosystolic murmur heard at the apex.
Vasc	Neg	Carotid Bilateral Normal Pulse. Posterior Tibial Bilateral Normal Pulse.
M/S	Neg	Able to Exercise Yes.
M/S	Pos	Gait Ataxic.
EXT	Neg	Clubbing - Absent. Lower Extremity Edema - Absent.
Skin	Neg	Venous Stasis Ulcer - Absent. Rashes - Absent.
Psych	Neg	Orientation Oriented to Time, Person, Place. Mood Appropriate.

IMPRESSION AND PLAN

01. Presence of aortocoronary bypass graft (Z95.1)
02. Electrocution, sequela (T75.4xxS)
03. Mixed hyperlipidemia (E78.2)
04. Acquired septal ventricular defect (old) (I51.0)
05. Nonrheumatic mitral (valve) insufficiency (I34.0)
06. Atherosclerotic heart disease of native coronary artery without angina pectoris (I25.10)
07. Chronic systolic (congestive) heart failure (I50.22)

Dictated Plan Comments:

Patient expects to have mitral valve surgery in the near future although it has not been scheduled yet. He appears stable in the meantime. I did not recommend medication changes today. He says he has been started on a new beta blocker but he did not bring it with him to the office. I think we discontinued his metoprolol last summer because of low blood pressure. His blood pressure is acceptable today at 110/80.

We did not schedule a return visit today. I will see him back whenever the physicians and surgeons at MUSC feel he has made a satisfactory recovery and is stable.

ORDERS:

1 Tobacco cessation counseling
2 Risk Factors Educational Materials
3 Return office visit with Lanneau D. Lide MD, F.A.C.C.

FINAL MEDICATION LIST:

Medication	Sig Description
Altace 5 mg capsule	take 1 capsule by oral route every day
ferrous sulfate 325 mg (65 mg iron) tablet	take 1 tablet by ORAL route 2 times every day
Lasix 80 mg tablet	take 1 by Oral route every day
Nitrostat 0.4 mg sublingual tablet	place 1 tablet by sublingual route at the 1st sign of attack, may repeat every 5 min until relief, if pain persists after 3 tablets in 15 min, prompt medical attention is recommended
pravastatin 40 mg tablet	take 1 tablet by ORAL route every bedtime
Protonix 40 mg tablet,delayed release	take 1 tablet by ORAL route every day
spironolactone 25 mg tablet	take 1 by Oral route every morning
Vitamin C 500 mg tablet	take 1 twice a day

Electronically signed by: Lanneau D. Lide MD; F.A.C.C 01/20/2016 @ 10:26 AM

cc:
Jeffery A Travis MD

SOUTH CAROLINA HEART CENTER

Return Office Visit
March 29, 2016

CLARENCE WINFREY 53 year old M

PRIMARY CARE PHYSICIAN: Lanneau D. Lide MD, F.A.C.C

CARDIOLOGIST: Lanneau D. Lide MD, F.A.C.C

REASON FOR VISIT/HISTORY OF PRESENT ILLNESS:

1. History

This 53 year old man with severe mitral regurgitation and congestive heart failure was evaluated in Charleston for possible heart transplant late last year. Instead, surgical mitral valve replacement was recommended. The patient has been waiting for his workers compensation carrier to approve payment. This patient's cardiac condition goes back to an industrial electrocution in May 2013 which resulted in myocardial necrosis and ventricular septal defect formation requiring emergency surgery. In the meantime, Mr. Winfrey is chronically short of breath. Only minimal activity makes him dyspneic. He increased his Lasix to 60 mg daily which seems to help keep his edema under control but does not prevent dyspnea. Patient also continues to have trouble walking due to peripheral neuropathy secondary to electrocution. Patient does not have chest pain. It is not take nitroglycerin.

CARDIAC HISTORY:

CAD:

1 Inferior MI, electrical injury, VSD [1V CABG, VG-RI, VSD patch] - 5/29/2013
2 NSTEMI [Stent: RCA, PLB, Multilink 3.5x18, Xience 2.5x12] - 7/23/2014
3 Staged PCI [Stent: CX, Promus 2.5x12] - 9/26/2014

ARRHYTHMIA:

1 Ventricular Tachycardia, postop [DCCV] - 1/2/2013

RISK FACTORS:

1 Family History of CAD [Less than 60 years of age]
2 Dyslipidemia [Type: Cholesterol]
3 Tobacco Use: Cigarette [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES:

CATH LAB:

PCI (Stent: Proximal CX (2.5 mm x 12 mm Promus)) - 9/26/2014

Cath (EF 0.30 (30%), Inferior / Apical Akin, Basal-Anterior / Lateral Hypo, 70% Mid LAD, 70% Proximal CX, 80% Proximal RCA, 50% Distal RCA, 100% Mid PDA, 90% PLB, 100% VG-RI, Right Dominant, RCA and PLB were stented. RI too small for PCI. Proximal CX could be stented.) performed by Lanneau D. Lide MD and F.A.C.C - 7/23/2014
PCI (Stent: RCA (3.5 mm x 18 mm MultiLink Vision), Stent: PLB (2.5 mm x 12 mm Xience)) performed by Lanneau D. Lide MD and F.A.C.C - 7/23/2014

CV/SURGERY:

CV Surgery (1V CABG: VG-RI and repair of post-infarct VDS; IABP) - 5/29/2013

ECHO/MUGA:

Echo (EF 0.45 (45%), Mild MVP, Moderate-Severe MR, LV apex akinetic. Lateral LV hypokinetic. Mid to apical inferior LV aneurysmal. VSD patch appears intact.) - 7/23/2015

Echo (EF 0.30 (30%), Severe Lateral / Inferior Hypo, Severe MR) - 4/15/2015

Echo (EF 0.40 (40%), Mild MAC, Moderate MR, Mild Pulmonary HTN, Mild TR, Moderate-Severe MR, mid to apical inf akinetic, mid to apical anteroseptal, inferolat & anterolat hypo, VSD repair stable,) - 1/15/2015

Echo (EF 0.35, Basal-Inferolateral Akin, / Mid-Inferoseptal / Apical Hypo, Mild-Moderate MR) - 9/19/2013

Echo (EF 0.30, Mid-Inferior / Apical Akin, / Apical Hypo, Moderate MR, MAC) - 7/16/2013

Echo (EF 0.50, NWMA) - 6/7/2013

Echo (EF 0.55, Mild LVH, Large infarct with VSD) - 5/28/2013

ELECTROPHYSIOLOGY:

EKG (Sinus Rhythm, 96 BPM, RBBB) - 4/16/2015

EKG (Sinus Rhythm, inferior and anterolateral Q waves typical of MI, no change., RBBB) - 4/14/2015

EKG (Sinus Rhythm, IMIQ, RBBB) - 10/10/2014

EKG (Occasional PVCs, Sinus Rhythm, 76 BPM, RBBB) - 9/26/2014

EKG (Sinus Rhythm, IMIQ, RBBB) - 8/1/2014

EKG (Sinus Brady, 59 BPM, ST-T Wave Abnormality, RBBB) - 7/24/2014

EKG (Sinus Rhythm, RBBB, IMIQ, LAE) - 1/24/2014

EKG (Sinus Rhythm, RBBB, Inferior Infarct) - 1/22/2014

EKG (Sinus Rhythm, RBBB, IMIQ) - 9/17/2013

EKG (Sinus Rhythm, RBBB, Inferior myocardial infarction with Q waves and persistent ST elevation, no change) - 8/13/2013

EKG (Sinus Rhythm, RBBB, IMI with Q waves and persistent STE) - 7/26/2013

EKG (Sinus Rhythm, RBBB, IMIQ) - 7/19/2013

EKG (Sinus Rhythm, RBBB, LAE, inferior infarct) - 7/15/2013

EKG (Sinus Rhythm, RBBB) - 6/2/2013

EKG (Sinus Tachy, RBBB, inferior infarct age undetermined.) - 5/28/2013

VASCULAR:

ABI (R ABI (1.02), L ABI (0.98), R Post Ex ABI (0.80), L Post Ex ABI (0.84)) - 8/1/2014

ABI (R ABI (1.1), L ABI (1.1)) - 8/13/2013

CT/MRI:

Head CT (Mild atrophy and chronic age related CNS findings) - 7/23/2014

Chest CT (Effusion: Bilateral) - 1/22/2014

OTHERS:

CXR (Effusion: Left, Mild cardiogenic central vascular congestion. Continued left lower lobe consolidation) - 1/22/2014

CXR (Effusion: Left, Infiltrate:Right, cardiomegaly, postop sternotomy. Extensive opacity throughout the right lung suggesting diffuse pneumonia on that side.) - 7/15/2013

FAMILY HISTORY: (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father		N		Hypertension		N
Father		Y				N
Father		N		Stroke		N
Father		Y		Myocardial Infarction		Y

SOCIAL HISTORY:
Tobacco use reviewed.
Smoking status: Current every day smoker.

ALLERGIES/INTOLERANCES:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

LIPID SUMMARY:

Date	Total Chol	Triglycerides	HDL	LDL	CPK	SGOT/AST	SGPT/ALT
09/19/2013	152	58	34.00	106.00			

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Idiopathic peripheral neuropathy	10/06/2014	N		
Coronary bypass graft finding	10/06/2014	N		
Pure hypercholesterolemia	10/06/2014	N		
Old myocardial infarction	10/06/2014	N		
Chronic ischemic heart disease	10/06/2014	N		
NSTEMI				7/23/2014 - Stent: RCA, PLB, Multilink 3.5x18, Xience 2.5x12
Inferior MI, electrical injury, VSD				5/29/2013 - 1V CABG, VG-RI, VSD patch
Ventricular Tachycardia, postop				1/2/2013 - DCCV
Staged PCI				9/26/2014 - Stent: CX, Promus 2.5x12

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
gastritis with GI bleed	2015			
iron deficiency anemia	2015			
Peripheral Neuropathy due to electrical injury	2013			
		Colonoscopy, Int. Hems., 2 polyps	06/2015	
Gout				

REVIEW OF SYSTEMS:
CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CARD - Negative for chest pain, diaphoresis, orthopnea, palpitation, syncope, PND. VASC - Negative for claudication, edema. GI - Negative for

nausea, reflux, bleeding. GU - Negative for hematuria, nocturia. NEURO - Negative for dizziness, memory loss, seizures. PSYCH - Negative for depression, hallucinations.

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Side	Site	Position	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	BSA m2	O2 Sat%
9:12 AM	104/60	86	18					5.0	11.00	233.00	32.50		96

Measured By

Time	Measured by
9:12 AM	Vicky Y. Goins

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Nourishment - Well Nourished. Appearance - Well Developed.
Eyes	Neg	Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal.
NMT	Neg	Oral Mucosa - Moist, No Cyanosis, No Pallor.
Neck	Neg	JVP - Less Than 8.
Chest	Neg	Sternum - Stable.
Resp	Neg	Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent.
Cardiac	Neg	Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4.
Cardiac	Pos	Murmurs - II/VI holosystolic murmur heard at the apex.
Vasc	Neg	Carotid - Bilateral Normal Pulse. Posterior Tibial - Bilateral Normal Pulse.
Skin	Neg	Venous Stasis Ulcer - Absent.
M/S	Neg	Gait - Normal. Able to Exercise - Yes.
EXT	Neg	Clubbing - Absent. Lower Extremity Edema - Absent.
ProcSite	Neg	Sternal Wound - Healed.
Psych	Neg	Orientation - Oriented to Time, Person, Place. Mood - Appropriate.

IMPRESSION AND PLAN

01. Acquired septal ventricular defect (old) (I51.0)
02. Mixed hyperlipidemia (E78.2)
03. Electrocution, sequela (T75.4xxS)
04. Atherosclerotic heart disease of native coronary artery without angina pectoris (I25.10)
05. Presence of aortocoronary bypass graft (Z95.1)
06. Chronic systolic (congestive) heart failure (I50.22)
07. Nonrheumatic mitral (valve) insufficiency (I34.0)

Dictated Plan Comments:

This patient was evaluated at MUSC and surgical mitral valve replacement was recommended. It was not felt that this patient would require a cardiac transplant at this point. Patient is unfortunately in a holding pattern now, waiting for his workers comp carrier to agree to pay for surgery required as a long term consequence of industrial electrocution in 2013.

I did not recommend medication changes today. We gave the patient a new Rx for Lasix in the higher dose recommended by Dr. Van Bakel.

ORDERS:

1 Return office visit with Lanneau D. Lide MD, F.A.C.C in 3 Months.
2 Risk Factors Educational Materials

FINAL MEDICATION LIST:

Medication	Sig: Description
Altace 5 mg capsule	take 1 capsule by oral route every day
ferrous sulfate 325 mg (65 mg iron) tablet	take 1 tablet by ORAL route 2 times every day
Lasix 80 mg tablet	take 1 - 2 tablets by Oral route every day as needed for edema
metoprolol tartrate 25 mg tablet	take 1 by Oral route every day
Nitrostat 0.4 mg sublingual tablet	place 1 tablet by sublingual route at the 1st sign of attack; may repeat every 5 min until relief; if pain persists after 3 tablets in 15 min, prompt medical attention is recommended
PANTOPRAZOLE 40 MG TAB	TAKE ONE TABLET BY MOUTH ONCE DAILY.
pravastatin 40 mg tablet	take 1 tablet by ORAL route every bedtime
spironolactone 25 mg tablet	take 1 by Oral route every morning
Vitamin C 500 mg tablet	take 1 twice a day

Electronically signed by: Lanneau D. Lide MD, F.A.C.C 03/29/2016 @ 1:59 PM

cc:
John Ikonomidis MD

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2014-001788

Clarence Winfrey, Employee, Claimant, ... Respondent,

v.

Archway Services, Inc., Employer,
and American Fire & Casualty Insurance
Company c/o Liberty Mutual Group, Carrier, ... Appellants.

AFFIDAVIT OF PRESTON F. McDANIEL

I, PRESTON F. MCDANIEL, having been duly and properly sworn do depose and state:

1. That I am Counsel for the Respondent in this matter.

2. That the documents from Dr. Lanneau D. Lide are part of my file and constitute records kept by me and my office in a normal course of business and have been provided to and are in the possession of the Appellants' to the best of the knowledge of me as Counsel for the Respondent. Those documents consist of

reports and/or treatment records dated 10/4/13; 9/3/14; 8/21/14; 4/30/15; 7/2/15; and medical reports and referrals dated: office visit 10/22/15; referral dated 10/29/15; office visit 1/20/16; and office visit of 3/29/16.

FURTHER THE AFFIANT SAYETH NOT.

PRESTON F. MCDANIEL
Affiant

April 7, 2016

SWORN TO BEFORE ME this
7th day of April, 2016.

L.S.
Notary Public for South Carolina

My Commission Expires: 4-26-20

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2014-001788

Clarence Winfrey, Employee, Claimant, ... Respondent,

v.

Archway Services, Inc., Employer,
and American Fire & Casualty Insurance
Company c/o Liberty Mutual Group, Carrier, ...Appellants.

PROOF OF SERVICE

I certify that I have served the **RETURN TO APPELLANTS' MOTION FOR REHEARING OF THE COURT'S MARCH 18, 2016 ORDER GRANTING RESPONDENT'S MOTION FOR REHEARING OF A PRIOR ORDER** and **AFFIDAVIT OF PRESTON F. MCDANIEL** by depositing a copy of it in the United States Mail, postage prepaid, and via electronic mail on April 7, 2016 addressed to:

brett.bayne@mgclaw.com
Brett H. Bayne, Esquire
McAngus, Goudelock & Courie
Post Office Box 12519
Columbia, SC 29211.

Dated: April 7, 2016

Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

Attorney for Respondent/Movant

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

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel

Matthew Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

April 7, 2016

VIA FACSIMILE AND US MAIL
Honorable Jenny Abbott Kitchings
Clerk of Court, SC Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

RE: **Clarence Winfrey, Employee, Respondent, v. Archway Services, Inc., Employer, and American Fire & Casualty Insurance Co., Carrier, Appellants. Appellate Case No. 2014-001788**

Dear Ms. Kitchings:

Please find enclosed the original and seven (7) copies of **RETURN TO APPELLANTS' MOTION FOR REHEARING OF THE COURT'S MARCH 18, 2016 ORDER GRANTING RESPONDENT'S MOTION FOR REHEARING OF A PRIOR ORDER** and **AFFIDAVIT OF PRESTON F. MCDANIEL** in the above-referenced matter. I would appreciate you returning the clocked-in copy to me in the self-addressed, stamped envelope which is enclosed.

By copy of this letter I am notifying and serving Counsel with a copy of same. As always, I appreciate all the courtesies and kindnesses shown to me by the Court.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Brett H. Bayne, Esquire (Via email and US Mail)

McDANIEL LAW FIRM
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For over 30 years

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Matthew C. Robertson

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Facsimile (803) 252-0709

FAX TRANSMISSION COVER SHEET

Date: 4/7/16

From: Preston F McDaniel

To: Hon. Jenny Abbott Kitchings

Fax Number Called: 734-1839

Regarding: Appellate Court #: 2014-001788

Comments:

Please see attached letter.

We are transmitting 50 pages, including face sheet.

If you have any problems with this transmission, please call me at 803-771-7211.

Transmitted from Fax Number 803-252-0709

Transmitted by: PFM