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THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2014-001816

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SC Court of Appeals

Clarence Winfrey, Employee, ..... Appellant,

v.

Archway Services, Inc., Employer,  
and American Fire & Casualty Insurance  
Company, Carrier, ..... Respondents.

RECORD ON APPEAL  
Volume I of II

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ORDER AND AWARD

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1306305

Clarence B. Winfrey, Jr.,

Employee/Claimant,

v.

Archway Services,

Employer,

and

American Fire & Casualty,

Carrier,

Defendant(s).

HEARING:

Date: January 13, 2014

Location: Columbia, South Carolina

APPEARANCES:

Claimant represented by  
Preston F. McDaniel, Esquire

Defendant(s) represented by  
Brett Bayne, Esquire

PURPOSE OF HEARING:

This matter came before the  
Commissioner on a Form 50 and 51

COMMISSIONER:

Susan S. Barden

FILED:

February 27, 2014

### APA SUBMISSIONS

At the time for Hearing, pursuant to the Administrative Procedures Act and the Rules of this Commission the parties have made records and reports from the following a part of the Record in this matter: Dr. Jeffrey A. Travis, Lexington Cardiovascular Surgery; Dr. Lanneau D. Lide, Dr. Himadri Dasgupta, SC Heart Center; Dr. Karen Greenfield, Doctor's Care; Lexington Medical Center; Dr. Barry J. Feldman, Lexington Heart; and employer records including a statement of Mr. Bobby Ruppe, emails between Mr. Bobby Ruppe and Clarence Winfrey and driver's daily logs. The Decision and Order of Commissioner T. Scott Beck was also offered as an exhibit but that is part of the Commission file which is admitted without objection. In addition to the APA Submissions and Exhibits, the depositions of Dr. Lanneau D. Lide dated January 23, 2014; Dr. Karen Greenfield dated January 9, 2014; Dr. Barry J. Feldman dated January 6, 2014; Dr. Jeffrey A. Travis dated December 16, 2013; and the Claimant's discovery deposition were admitted into evidence without objection. The Record was left open at the hearing on January 13<sup>th</sup> for the deposition of Dr. Lide. Counsel for the Claimant noted for the Record that Dr. Barry J. Feldman had neither seen nor evaluated the Claimant and had no personal knowledge of the Claimant and had only performed a records review and therefore his opinions

were not based on personal knowledge nor is there any evidence they are based on a properly phrased hypothetical; however Counsel did not enter any objection to this evidence being received but only asked the Commission to consider this in reference to the weight to be given to this evidence.

#### STIPULATIONS

The parties stipulated to venue. As to jurisdiction, the Defendants object to jurisdiction based on their argument (based on "law of the case" doctrine) that certain Findings in Commissioner Beck's Order from the Form 15(III) hearing concerning the Defendants stopping temporary benefits without a hearing under SC Code §42-9-260, which is on appeal, deprives this Commissioner of jurisdiction to hear the case on the merits/compensability issue. For the purpose of this hearing, the parties stipulated to an average weekly wage of \$663.57 with a resulting compensation rate of \$442.40 which is the compensation rate at which benefits were initially paid, have been paid and at which the Claimant requests that benefits be reinstated in this matter at this time. This stipulation of the average weekly wage and compensation rate is specifically for the purpose of this hearing only and it is agreed that the Claimant reserves the right to challenge the compensation rate at a later date. No inquiry has been made nor information

requested as to the applicable compensation rate at this point.

The Commission File with the exception of self-serving declarations and unstipulated medicals is made a part of the Record.

#### STATEMENT OF THE CASE

It is admitted that the Claimant sustained an electrical shock injury on May 22, 2013. The injury was immediately reported by the Claimant to his supervisors and subsequent to that, temporary total disability benefits were started and authorization was given for medical care. Subsequently on September 13<sup>th</sup> and by written notice on September 16<sup>th</sup> within the 150 day period allowed by statute, the Defendants through a Form 15 advised the Claimant that they were as of that date denying benefits with the reason given being that a good faith investigation had determined grounds to deny the claim. The Claimant then filed for a Form 15 hearing and filed a Form 50 with the Commission requesting a hearing and a determination that the Claimant had suffered a compensable injury involving injury and conditions resulting from that injury to his heart. Through their Form 51, the Defendants denied that the Claimant sustained injury by accident under the Act. At the hearing, the Defendants' position was that they admitted that the Claimant had sustained an electrical shock injury and based on the

medical reports and depositions, admitted injuries to the left shoulder and neck but specifically denied that the accident had resulted in any injury and/or related conditions to his heart. The Defendants admitted that they had previously authorized treatment with Dr. Lide and Dr. Travis and if Claimant's heart condition is determined to be compensable, Defendants have no opposition to the Claimant continuing to treat with Drs. Lide and Travis for his heart condition, which is injury to the heart. Also, as set out in the Statement of the Case the Defendants take the position that this Commissioner lacks jurisdiction to hear this case. The Claimant's position is that as a result of the electrical shock, he sustained compensable injury including injury to the heart and that temporary total benefits should be reinstated back to the date that they were stopped on September 15<sup>th</sup> and that he should be provided medical care through Dr. Lide and Dr. Travis until such time as he reaches maximum medical improvement or further order of the Commission. Both parties agree that the issue before the Commission is whether or not the Claimant has sustained compensable injury under the Act as a result of the electrical shock and specifically including injury to his heart which is the major injury and problem for which the Claimant is currently being treated; and that the doctors have not been requested to

opine as to whether or not there are any other medical conditions, problems or injuries stemming from the electrical shock injury.

Finally as to the Defendants' position challenging the jurisdiction of this Commissioner to hear this case; Commissioner Beck had been assigned to that portion of the claim, and after a hearing issued an Order; in reference to the specific issue concerning the termination of temporary benefits without a hearing by the Defendants under SC Code §42-9-260. This Commissioner was assigned to hear this case as to the merits/compensability issue. The Decision of Commissioner Beck is under appeal and after the arguments made at the hearing on this issue were considered by me, this Commissioner would not have held this hearing on the merits if this Commissioner did not believe that in doing so that I was not operating within my authority to hold the hearing on the merits/compensability. Further, in reference to my decision as set forth hereinafter, this Order is not inconsistent with Commissioner Beck's Findings and no attempt was made to change or disagree with Commissioner Beck's Finding of a heart attack occurring on a particular date. In fact, it is my specific and intentional finding based on the evidence presented before me that the Claimant injured his heart on the date of the accident. Under the testimony and evidence

presented, having made that decision, whether or not the heart attack occurred on a particular date is not made and there is no Finding contained within this Order that the Claimant sustained a heart attack on the date of the shock/electrocution. This Order is written to make Findings in reference to the merits of the claim as to whether or not the injury to the Claimant's heart stemmed from the accident. Whether or not I agree or disagree with Commissioner Beck's Finding as to a particular date for the heart attack, no decision is made on that issue so as to prevent any conflict with the previous Decision by Commissioner Beck and as being an unnecessary Finding to the issues before me, i.e., merits/compensability.

#### STATEMENT OF FACTS

In addition to the deposition testimony and APA Submissions, the following is a summary of the testimonial evidence given in this matter in relationship to the other evidence presented.

Testimony was taken from the Claimant, Mr. Clarence Winfrey and Mr. Mark Warren. A review of the Form 58 filed by the Defendants did not list Mr. Warren as a potential witness but his testimony was allowed without objection.

Based on the testimony and evidence submitted, the Claimant was working on a commercial rotisserie in the Deli Department of

Publix Supermarket wherein he was tracing a wire on May 22, 2013 when his left hand came in contact with a loose electrical wire resulting in a severe shock knocking and causing him to jerk backwards. Mr. Winfrey during his testimony showed the entrance location and scar from the wound where the electricity entered his left hand. His testimony and description is confirmed by the records of Dr. Karen Greenfield where she recorded at her initial visit on May 28, 2013 an entry wound on the dorsum of the left third finger.

According to both the testimony of Mr. Winfrey and Mr. Mark Warren, this commercial unit would be rated between 208 and 480 volts as to the power feeding into and supplying the rotisserie unit. Both witnesses agreed also that the exact power rating could not be determined without testing the machine. After receiving the electrical shock, the Claimant immediately went outside because he was stunned and wherein he was having pain from his left hand extending through his left arm into his left shoulder and into and over his left shoulder and into his neck. When describing the pain and location, the Claimant described the pain in his shoulder area as being from the top of his shoulder into the front part of the shoulder which he demonstrated by extending his hand from just on top of the shoulder into the front part of the shoulder and chest area.

According to Mr. Winfrey's testimony which is confirmed by the employer records and particularly the statement of Mr. Bobby Ruppe, and as confirmed on the driver's daily log, he immediately reported the shock to his employer when he was advised that if he needed to, to go to the doctor. The records also confirm Mr. Winfrey's testimony that he received a hard shock.

Mr. Winfrey testified that when he received the shock that he both jerked and was knocked away from the machine and because of the location of the pain and the severe pain he was having in his shoulder and neck, he thought he had hurt his neck. He tried to avoid going to the doctor hoping that he would get better but his pain continued in his left hand, arm, shoulder and up into the left side of his neck as described previously from the time of the shock until he finally went to the doctor. He first went to a Minute Clinic on the day before he went to see Dr. Greenfield but due to the severity of his pain, he was told he would have to seek medical attention outside of the Minute Clinic, at which point he went to Dr. Greenfield at Doctor's Care. He testified that while his pain was continuous from the time of the shock, it continued to worsen until he finally had to seek medical attention. A review of the histories of all doctors that initially treated the Claimant establish a

consistent history that the problems he had begun with and continued from the point of the shock and continuing until he sought medical care with Dr. Greenfield. For example, Dr. Dasgupta, to whom Mr. Winfrey was sent by Dr. Greenfield immediately upon the abnormal EKG and diagnosing him with tachycardia, electrical shock, and muscle shock, recorded in his medical summary, "received an electric shock in five days ago and since then has complained of a pain in his left shoulder radiating to the left scapula region, the left side of his neck, left intraclavicular region and left arm." This description again is consistent with the history given by Mr. Winfrey to all doctors involved initially in his treatment.

The Claimant's condition was such on May 28<sup>th</sup> that Dr. Dasgupta whose office is directly across the street from Lexington Medical Center required an ambulance to take the Claimant to Lexington Medical Center where he was admitted and where he immediately had the catheterization performed by Dr. Lide, and then immediate surgery by Dr. Travis.

This injury was properly reported and once reported, benefits were started and medical care was authorized through Dr. Greenfield, Dr. Lide and Dr. Travis and he remains under the care of Dr. Travis and Dr. Lide at the time of this hearing. Compensation benefits were paid at the rate of \$442.40 up to and

including September 15<sup>th</sup> when compensation benefits and medical care were stopped based on an alleged good faith investigation which established grounds for denial.

Based on the above summary of the evidence and after due and proper consideration of the testimony and evidence presented, I find that Mr. Winfrey has sustained his burden of proof by proving by a preponderance of the evidence that he sustained compensable injury to include specifically injury to his heart as a result of the electrical shock that occurred on May 22, 2013, and specifically including that the electrical shock resulted in the Claimant's heart attack, myocardial infarction, and ventricular septal defect (VSD), and including the specific entrance and exit wounds and damage to the heart as described by Dr. Travis all being physical injuries to the heart stemming from this accident. Therefore, the Claimant is entitled to the benefits sought to include the provision of medical care and the resumption of temporary total benefits from September 15, 2013 when those benefits were stopped until further order of the Commission. Wherefore, I have made the following findings of salient fact:

#### FINDINGS OF FACT

1. Claimant injured his neck and left shoulder in an admitted accident on May 22, 2013. Claimant alleges that he

also injured his heart on the date of the accident, which injury (a) aggravated a pre-existing condition, and (b) ultimately resulted in a myocardial infarction and subsequent ventricle septal defect.

2. Claimant is 51 years of age (testimony of Claimant).

3. Claimant finished the 12<sup>th</sup> grade, but did not receive a diploma (Claimant's Deposition, pages 6-7).

4. Claimant's prior employment includes work (a) at USC installing Wi-Fi, (b) as electrical maintenance man at F. B. Johnson, (c) as an electrician for a company that "roughs in" wiring for new houses; and (d) as a roofer (Claimant's Deposition, pages 9-11 and 13; testimony of Claimant).

5. On the date of the accident, Claimant's job with Employer was equipment maintenance worker for deli and bakery departments at Publix and Wal-Mart stores (testimony of Claimant; Defendants' APA #9, page 94; Claimant's Deposition, page 11).

6. In the mechanics of the accident, Claimant was shocked with 240-480 volts of electricity; Claimant believes the actual voltage was 480 volts. Defendants' witness admitted at the hearing that he was unsure of the voltage amount involved, and Defendants did not present any evidence to rebut Claimant's estimation even though Employer had access to the rotisserie in question. The fact that Defendants did not present any specific

evidence leads me to rely on Claimant's estimation (Defendants' APA #7, page 90; testimony of Warren; Claimant's APA #5, page 78).

7. Temporal medical evidence from May 28, 2013, supports Claimant's testimony that Claimant experienced pain (the worst of which was in his neck, but was also in the front of his shoulder and his left arm as well) from the moment of the accident which got progressively worse. Dr. Greenfield testified that Claimant (a) rubbed his arm during the examination, and (b) reported that his arm hurt. Claimant began sweating the same night of the Thursday accident and also the next morning (Defendants' APA #7, page 90; Defendants' APA #8, page 91; Claimant's APA #2, page 56; Claimant's APA #3, page 66; Deposition of Dr. Feldman, page 35; Claimant's Deposition, pages 13-16, 18, 20-21, and 32; Deposition of Dr. Greenfield, including but not limited to pages 5, 8, 16, and 21).

8. Dr. Travis stated that neck pain is a common presentation for a heart attack (Deposition of Dr. Travis, page 21).

9. Three physicians have all opined to a reasonable degree of medical certainty that the electric shock ultimately resulted in Claimant's heart attack, regardless of the date on which the infarction occurred. The deposition testimony of Dr.

Travis (the treating cardiovascular surgeon) is very compelling, as he--unlike any of the other physicians involved in this case--actually examined Claimant's heart in the operating room. Dr. Lide (the treating cardiologist) also links the electrical shock to Claimant's post-accident heart condition; in fact, Dr. Lide testified twice that he does not "see any way" that Claimant's infarction and VSD are not related to the injury. The third physician is a general physician board certified in family medicine (Claimant's APA #1, page 1; Claimant APA #2, pages 23-24; Claimant's APA #3, page 65; ~~Deposition of Dr. Greenfield,~~ pages 30-31; Deposition of Dr. Travis, including but not limited to pages 8, 13-17, and 23-32; Deposition of Dr. Lide in its entirety, including but not limited to pages 14, 23-24, 28, and 39).

10. Even if I discount or disregard the opinion of the general physician (board certified in family medicine), I give great weight to the opinions of the Drs. Travis and Lide, who both opine that the heart condition is causally related. I fully considered the opinion of Dr. Feldman (the only physician who states that there is no nexus between the electrical shock and the heart condition), but his opinion is outweighed by the opinions of the three other doctors, all three of whom treated Claimant rather than simply reviewing his medical records. I

note that Dr. Feldman (a) did not examine Claimant or even speak with Claimant; (b) did not see Claimant's heart, as opposed to Dr. Travis, who held it in his hand; (c) initially states in his written opinion that it is "possible" that there was no connection between the plaque rupture and the electrical shock, and then in the very next sentence states that it is of the "highest certainty;" (d) Dr. Feldman is a cardiologist and not a cardiovascular surgeon; nor has he undergone a surgical residency; and (e) Dr. Feldman was specifically asked to opine in writing as to whether there was a connection between an electrical shock and a VSD, although he does address other pertinent issues for Defendants in his deposition (Defendants' APA #10, page 97; Deposition of Dr. Feldman in its entirety, including but not limited to pages: 5-6, 10-11, and 17—lines 15 through 25; page 18—lines 1-14; pages 22-23, 31, 42-43, and 45-47; Deposition of Dr. Greenfield, page 4).

11. The statement by Ruppe is dispositive only of the fact that Claimant has a good work ethic (Defendants' APA Exhibit 1).

12. Claimant has not reached maximum medical improvement.

13. Drs. Travis and Lide are hereby named the treating physicians. Although Defendants have denied the compensability of Claimant's heart condition, Defendants do not object to Drs.

Travis and Lide serving as treating physicians.

14. The Claimant is specifically requesting a finding of compensability for the heart and no medical evidence was presented that Claimant sustained or even may have sustained a head or brain injury. I therefore find that at this point he has not met his burden of proof with regard to any injury to the head/brain, and any benefits for the head/brain are denied at this juncture.

15. While the head and brain are listed as bodily parts involved under #3 in the Pre-Hearing Brief, the Claimant also notes in his Pre-Hearing Brief that this is a systemic electrical shock and requests treatment for, "all organs, members and bodily parts determined to be related." I note from the testimony and records of Dr. Greenfield that the Claimant had tenderness in the left arm and shoulder and was diagnosed with muscle shock. In her deposition she stated that this tenderness found on examination is more indicative of actual injury to those areas than just the pain that is caused by a heart attack. Dr. Lide in his treatment notes and specifically on September 17, 2013 recorded that, "we tried this patient on Neurontin last month when he appeared to have peripheral neuropathy secondary to electrocution at work. Dr. Lide also recorded on the August 13<sup>th</sup> visit that he was having numbness in

his great toe and suggested this neurological symptom was due to the electrical shock he experienced rather than the myocardial infarction. Thus, if any problems are opined to have stemmed from the electrical shock injury which is outside of the area and expertise of Dr. Lide and Dr. Travis, those doctors may request referral for him to other physicians for evaluation and treatment but the Defendants retain the right to contest whether those are related to the accident and to select the physicians for treatment of any causally related problems.

16. For purposes of the hearing before the undersigned, Claimant is very credible. I base this finding on my observations of Claimant's demeanor and on the delivery of his testimony.

17. In reaching my conclusions, I fully considered the facts that Claimant (a) is a smoker, (b) has hypertension, (c) has a family history of "premature coronary artery disease, and (d) had pre-existing severe 3-vessel disease on the date of the accident. However, those four facts were also specifically considered by the 3 physicians who provided opinions to a reasonable degree of medical certainty. Further, Claimant does not allege that his pre-existing disease was caused by the accident; he only alleges an aggravation resulting in an injury to his heart (Defendants' APA #8, pages 91-92; Defendants' APA

#9, page 94; Claimant's APA #2, pages 26 and 28; Deposition of Dr. Feldman, page 37; Claimant's Deposition, pages 26 and 29).

18. Although certainly not dispositive on the issue of compensability, I do note that Claimant had no coronary symptoms prior to the date of the electrical shock (Claimant's Deposition, page 27; Deposition of Dr. Lide, page 7, lines 21-22).

19. Claimant to receive temporary total disability benefits from September 15, 2013, through the present and continuing until further Order of the Commission or by agreement of the parties.

20. Claimant to receive ongoing treatment until he reaches maximum medical improvement.

21. Permanency is premature.

22. The issue of average weekly wage/compensation rate is held in abeyance.

#### CONCLUSIONS OF LAW

In accordance with SC Code §42-17-40, the following conclusions of law apply in this case:

1. Under SC Code §42-1-160, the decision is made as an injury by accident arising out of and in the course of the employment. The medical problems which the Claimant has and which have resulted in his disability stem from the physical

injury, the electrical shock that he sustained on May 22, 2013.

Any medical condition and/or disability that either results directly from the physical injury or which is a pre-existing condition that is aggravated, accelerated or caused to become symptomatic by the physical injury is compensable as injury by accident under SC Law. See for example, Buff v. Columbia Baking Co., 215 S.C. 41, 53 S.E.2d 879 (1949); Walker v. City of Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966); (as to pre-existing conditions being compensable), Mullinax v. Winn Dixie Stores, Inc., 318 S.C. 431, 458 S.E.2d 76 (SC App. 1995).

2. Under SC Code §42-9-10 and SC Code §42-1-120, the determination is made as to the entitlement to disability compensation.

3. Under SC Code §42-15-60 the determination is made as to the provision of medical care.

4. Under the stipulation of the parties, venue is proper and the applicable average weekly wage and compensation rate that applies for the purpose of this hearing is determined. As to jurisdiction, SC Code §42-3-180 provides that this Commission has jurisdiction to decide all questions arising under the Title and states in pertinent part, "all questions arising under this Title . . . shall be determined by the Commission except as otherwise provided in this Title." The Defendants main argument

in taking the position that this Commission does not have jurisdiction is based upon the doctrine of Law of the Case and is based upon certain Findings made by Commissioner Beck in his Order. However, after review of the position of the parties, arguments of the parties, and after review of Commissioner Beck's Order and the general jurisdiction of this Commission to decide issues arising under the Title and the Form 50 and 51 filed in this matter, this Commissioner is found, as a matter of law, to have jurisdiction over these proceedings. The Form 51 filed in this matter specifically admits that both the employee and the employer were subject to the Workers' Compensation Act at the time in question. Further, Commissioner Beck's Order which serves as the basis for the Defendants' argument states and holds:

"IT IS FURTHERMORE ORDERED that all other issues in contention, specifically including the question of whether the Claimant sustained an injury by accident arising out of and in the course of his employment with Defendants resulting in compensable disability is preserved for adjudication at the hearing set pursuant to Claimant's October 21, 2013 Form 50 Employee's Request for Hearing."

5. Under the issues before the Commission for decision, all other issues are held in abeyance for further decision by the Commission.

#### ORDER AND AWARD

~~THEREFORE IT IS ORDERED~~ that the Claimant having been found to have sustained compensable injury, temporary total benefits

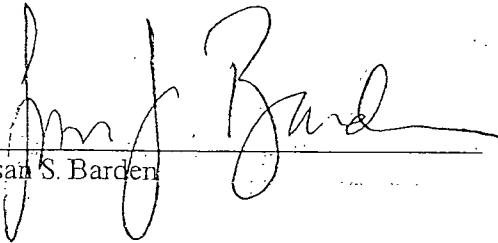
are ordered at this time to be reinstated from September 15, 2013 at the compensation rate of \$442.40 with weekly compensation payments to continue until further order of the Commission. All benefits which have accrued prior to the date of this Order and which shall accrue before the resumption of weekly compensation payments shall be paid to the Claimant in a lump sum.

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.

All other issues are held in abeyance.

AND IT IS SO ORDERED.

  
\_\_\_\_\_  
Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

February 27, 2014

By: Kristi Love, Administrative  
Assistant to Commissioner Barden

APPELLATE PANEL DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1306305

Clarence Winfrey

EMPLOYEE,  
CLAIMANT/RESPONDENT

VS.

Archway Services Inc

EMPLOYER,

AND

American Fire & Casualty Insurance Company  
c/o Liberty Mutual Group

CARRIER,  
DEFENDANTS/APPELLANTS,

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Appellate Panel Review held in Columbia, South  
Carolina, on May 19, 2014 per notices timely  
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

JULY 25, 2014

APPEARANCES: Claimant/Appellant represented by Preston F. McDaniel, Esquire  
Defendants/Respondents represented by Brett H. Bayne

### STATEMENT OF THE CASE

This claim arises out of an alleged work-related accident on May 22, 2013. On that date, Claimant contends he was momentarily shocked by a rotisserie oven he was working on. Following the accident, Claimant continued to work for the remainder of the day and the following day. On May 28, 2013—six days after the accident—Claimant presented to Doctor's Care and Lexington Medical Center with severe three vessel coronary disease as well as an acute myocardial infarction which caused an acute ventricular septal defect. At Doctor's Care, Claimant reported he was having no chest pressure and had started sweating that morning (May 28th). At Lexington Medical Center, Claimant indicated he was not having chest pain but had been sweating. Following the diagnosis, Claimant underwent surgery to repair the ventricular septal defect caused by the acute myocardial infarction. The medical records in the case revealed that Claimant has a distinct family history of coronary disease with his father passing away at a similar age from coronary disease and a myocardial infarction. Further, the medical records indicated that Claimant was a 35 year pack-a-day smoker and drank a case of beer per week. Based on all of the medical records available to Carrier, this claim was ultimately denied by verbal communication to Claimant on September 13, 2013.

Immediately following the denial of benefits, Claimant filed a Form 15, Section III requesting a hearing as well as a Summons and Complaint in Richland County Circuit Court alleging a bad faith denial of benefits, alleging that S.C. Code Ann. § 42-9-260 is unconstitutional, seeking a temporary restraining order to stop Defendants from denying the claim, and seeking an Order from Judge Lee finding the claim compensable and awarding benefits. Judge Lee issued and then rescinded the temporary restraining order sought by Claimant. A hearing on the merits of Claimant's Complaint has not been set by the Court. After

the temporary restraining order was rescinded, the Commission set Claimant's Form 15, Section III for a hearing before Commissioner Beck. In addition, Defendants filed several motions with the Commission including a Motion to Quash the deposition of the adjuster, a Motion to Quash discovery of the adjuster's claim file, and a Motion to Postpone the Hearing.

A hearing on all of the motions and on Claimant's Form 15, Section III was set on September 30, 2013 for November 11, 2013. Prior to the hearing, Commissioner Beck conducted a standard pre-hearing conference as well as a Motions Hearing wherein Commissioner Beck ruled on all outstanding issues raised by the motions including Defendants' Motion to Postpone. Each of these motions affected the ability to conduct the Form 15 hearing and were necessary to have prior to the hearing. Commissioner Beck gave Claimant the opportunity to postpone the Form 15 hearing in order to spend time preparing for each of the motions that were timely served. Claimant turned down that opportunity. At the hearing, all parties agreed that the only issue for Commissioner Beck was to determine whether or not Defendants had conducted a good faith investigation. In order to make that determination, Commissioner Beck limited the review of evidence to only those documents produced prior to the date of denial -- September 13, 2013. Following the hearing, Commissioner Beck issued a Decision and Order on December 5, 2013 finding that Defendants had conducted a good faith investigation. Thereafter, Claimant timely filed a Form 30. The Full Commission has issued a preliminary Decision and Order in that portion of the case and a final Order is forthcoming.

On October 22, 2013, after the Form 15 hearing was set by the Commission, Claimant filed a Form 50 requesting a hearing on compensability for alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. A hearing notice for the Form 50 hearing was sent by the Commission on December 6, 2013 with explicit instructions

that the hearing would be to determine compensability of Claimant's alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. The Form 50 hearing was held before the Single Commissioner on January 13, 2014. Following the hearing, the Single Commissioner issued a Decision and Order on February 27, 2014. Defendants timely filed a Form 30 based on legal errors contained in the Single Commissioner's Decision and Order. The Full Commission conducted a review hearing on Defendants' Form 30 on May 19, 2014 and now issues this Decision and Order. Based on a review of the evidence submitted to the Commission and oral arguments before the Full Commission, the Single Commissioner's Decision and Order on compensability is hereby AFFIRMED IN PART and REVERSED IN PART as set forth below.

#### **SINGLE COMMISSIONER FINDINGS OF FACT**

1. Claimant injured his neck and left shoulder in an admitted accident on May 22, 2013. Claimant alleges that he also injured his heart on the date of accident, which injury (a) aggravated a pre-existing condition, and (b) ultimately resulted in a myocardial infarction and subsequent ventricle septal defect.
2. Claimant is 51 years of age (testimony of Claimant).
3. Claimant finished the 12<sup>th</sup> grade, but did not receive a diploma (Claimant's Deposition, pages 6-7).
4. Claimant's prior employment includes work (a) at USC installing Wi-Fi, (b) as electrical maintenance man at F.B. Johnson, (c) as an electrician for a company that "roughs in" wiring for new houses; and (d) as a roofer (Claimant's Deposition, pages 9-11 and 13; testimony of Claimant).

5. On the date of the accident, Claimant's job with Employer was equipment maintenance worker for deli and bakery departments at Publix and Wal-Mart stores (testimony of Claimant; Defendants' APA #9, page 94; Claimant's Deposition, page 11).
6. In the mechanics of the accident, Claimant was shocked with 240-480 volts of electricity; Claimant believed the actual voltage was 480 volts. Defendants' witness admitted at the hearing that he was unsure of the voltage amount involved, and Defendants did not present any evidence to rebut Claimant's estimation even though Employer had access to the rotisserie in question. The fact that Defendants did not present any specific evidence leads me to rely on Claimant's estimation. (Defendants' APA #7, page 90; testimony of Warren; Claimant's APA #5, page 78).
7. Temporal medical evidence from May 28, 2013, supports Claimant's testimony that Claimant experienced pain (the worst of which was in his neck, but was also in the front of his shoulder and his left arm as well) from the moment of the accident which got progressively worse. Dr. Greenfield testified that Claimant (a) rubbed his arm during the examination, and (b) reported that his arm hurt. Claimant began sweating the same night of the Thursday accident and also the next morning. (Defendants' APA #7, page 90; Defendants' APA #8, page 91; Claimant's APA #2, page 56; Claimant's APA #3, page 66; Deposition of Dr. Feldman, page 35, Claimant's Deposition, pages 13-16, 18, 20-21, and 32; Deposition of Dr. Greenfield, including but not limited to pages 5, 8, 16, and 21).
8. Dr. Travis stated that neck pain is a common presentation for a heart attack (Deposition of Dr. Travis, page 21).
9. Three physicians have all opined to a reasonable degree of medical certainty that the electric shock ultimately resulted in Claimant's heart attack, regardless of the date on

which the infarction occurred. The deposition testimony of Dr. Travis (the treating cardiovascular surgeon) is very compelling, as he—unlike any of the other physicians involved in this case—actually examined Claimant's heart in the operating room. Dr. Lide (the treating cardiologist) also links the electrical shock to Claimant's post-accident heart condition; in fact, Dr. Lide testified twice that he does not "see any way" that Claimant's infarction and VSD are not related to the injury. The third physician is a general physician board certified in family medicine (Claimant's APA #1, page 1; Claimant APA #2, pages 23-24; Claimant's APA #3, page 65; Deposition of Dr. Greenfield, pages 30-31; Deposition of Dr. Travis, including but not limited to pages 8, 13-17, and 23-32; Deposition of Dr. Lide in its entirety, including but not limited to pages 14, 23-24, 28, and 39).

10. Even if I discount or disregard the opinion of the general physician (board certified in family medicine), I give great weight to the opinions of Drs. Travis and Lide, who both opine that the heart condition is causally related. I fully considered the opinion of Dr. Feldman (the only physician who stated that there is no nexus between the electrical shock and the heart condition), but his opinion is outweighed by the opinions of the three other doctors, all three of whom treated Claimant rather than simply reviewing his medical records. I note that Dr. Feldman (a) did not examine Claimant or even speak with Claimant; (b) did not see Claimant's heart, as opposed to Dr. Travis who held it in his hand; (c) initially states in his written opinion that it is "possible" that there was no connection between the plaque rupture and the electrical shock, and then in the very next sentence states that it is of the "highest certainty;"; (d) Dr. Feldman is a cardiologist and not a cardiovascular surgeon; nor has he undergone a surgical residency; and (e) Dr.

Feldman was specifically asked to opine in writing as to whether there was a connection between an electrical shock and a VSD, although he does address other pertinent issues for Defendants in his deposition (Defendants' APA #10, page 97; Deposition of Dr. Feldman in its entirety, including but not limited to pages: 5-6, 10-11, and 17—lines 15 through 25; page 18—lines 1-4; pages 22-23, 31, 42-43, and 45-47; Deposition of Dr. Greenfield, page 4).

11. The statement by Ruppe is dispositive only of the fact that Claimant has a good work ethic. (Defendants' APA, Exhibit 1).
12. Claimant has not reached maximum medical improvement.
13. Drs. Travis and Lide are hereby named the treating physicians. Although Defendants have denied compensability of Claimant's heart condition, Defendants do not object to Drs. Travis and Lide serving as treating physicians.
14. The Claimant is specifically requesting a finding of compensability for the heart and no medical evidence was presented that Claimant sustained or even may have sustained a head or brain injury. I therefore find that at this point he has not met his burden of proof with regard to any injury to head/brain, and any benefits for the head/brain are denied at this juncture.
15. While the head and brain are listed a bodily parts involved under #3 in the Pre-Hearing Brief, the Claimant also notes in his Pre-Hearing Brief that this is a systemic electrical shock and requests treatment for, "all organs, members and bodily parts determined to be related." I note from the testimony and records of Dr. Greenfield that the Claimant had tenderness in the left arm and shoulder and was diagnosed with muscle shock. In her deposition she stated that this tenderness found on examination is more indicative of

actual injury to those areas than just the pain that is caused by a heart attack. Dr. Lide in his treatment notes and specifically on September 17, 2013, recorded that, "we tried this patient on Neurontin last month when he appears to have peripheral neuropathy secondary to electrocution at work. Dr. Lide also recorded on the August 13<sup>th</sup> visit that he was having numbness in his great toe and suggested this neurological symptom was due to the electrical shock he experienced rather than the myocardial infarction. Thus, if any problems are opined to have stemmed from the electrical shock injury which is outside of the area and expertise of Dr. Lide and Dr. Travis, those doctors may request referral for him to other physicians for evaluation and treatment but the Defendants retain the right to contest whether those are related to the accident and to select the physicians for treatment for any causally related problems.

16. For purposes of the hearing before the undersigned, Claimant is very credible. I base this finding on my observations of Claimant's demeanor and on the delivery of his testimony.
17. In reaching my conclusions, I fully considered the facts that Claimant (a) is a smoker, (b) has hypertension, (c) has a family history of "premature coronary artery disease, and (d) had pre-existing severe 3-vessel disease on the date of the accident. However, those four facts were also specifically considered by the 3 physicians who provided opinions to a reasonable degree of medical certainty. Further, Claimant does not allege that his pre-existing disease was caused by the accident; he only alleges an aggravation resulting in an injury to his heart (Defendants' APA #8, pages 91-92; Defendants' APA #9, page 94; Claimant's APA #2, pages 26 and 28, Deposition of Dr. Feldman, page 37; Claimant's Deposition, pages 26 and 29).

18. Although certainly not dispositive on the issue of compensability, I do not think that Claimant had no coronary symptoms prior to the date of the electrical shock (Claimant's Deposition, page 27; Deposition of Dr. Lide, page 7, lines 21-22).
19. Claimant to receive temporary total disability benefits from September 15, 2013, through the present and continuing until further Order of the Commission or by agreement of the parties.
20. Claimant to receive ongoing treatment until he reaches maximum medical improvement.
21. Permanency is premature.
22. The issue of average weekly wage/compensation rate is held in abeyance.

#### **SINGLE COMMISSIONER CONCLUSIONS OF LAW**

In accordance with SC Code §42-17-40, the following conclusions of law apply in this case:

1. Under SC Code §42-1-160, the decision is made as an injury by accident arising out of and in the course of the employment. The medical problems which the Claimant has and which have resulted in his disability stem from the physical injury, the electrical shock that he sustained on May 22, 2013. Any medical condition and/or disability that either results directly from the physical injury or which is a pre-existing condition that is aggravated, accelerated or caused to become symptomatic by the physical injury is compensable as injury by accident under SC Law. See for example, Buff v. Columbia Baking Co., 215 S.C. 41, 53 S.E.2d 879 (1949); Walker v. City of Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966); (as to the pre-existing conditions being compensable), Mullinax v. Winn Dixie Stores, Inc., 318 S.C. 431, 458 S.E.2d 76 (SC App. 1995).

2. Under SC Code §42-9-10 and SC Code §41-2-120, the determination is made as to the entitlement to disability compensation.
3. Under SC Code §42-15-60 the determination is made as to the provision of medical care.
4. Under the stipulation of the parties, venue is proper and the applicable average weekly wage and compensation rate that applies for the purpose of this hearing is determined. As to jurisdiction, SC Code §42-3-180 provides that this Commission has jurisdiction to decide all questions arising under the Title and states in pertinent part, "all questions arising under this Title...shall be determined by the Commission except as otherwise provided in this Title." The Defendants main argument in taking the position that this Commission does not have jurisdiction is based upon the doctrine of Law of the Case and is based upon certain Findings made by Commissioner Beck in his Order. However, after review of the position of the parties, arguments of the parties, and after review of Commissioner Beck's Order and the general jurisdiction of this Commission to decide issues arising under the Title and the Form 50 and 51 filed in this matter, this Commissioner is found, as a matter of law, to have jurisdiction over these proceedings. The Form 51 filed in this matter specifically admits that both employee and the employer were subject to the Workers' Compensation Act at the time in question. Further, Commissioner Beck's Order which serves as the basis for the Defendants' argument states and holds:

"IT IS FURTHERMORE ORDERED that all other issues in contention, specifically including the question of whether the Claimant sustained an injury by accident arising out of and in the course of his employment with Defendants resulting on compensable disability is preserved for adjudication at the hearing set pursuant to Claimant's October 21, 2013 Form 50 Employee's Request for Hearing."

5. Under the issues before the Commission for decision, all other issues are ~~held~~ in abeyance for further decision by the Commission.

**LEGAL ISSUES RAISED BY DEFENDANT-APPELLANTS**

- I. Did the Single Commissioner err in holding the hearing over Defendants' objections because, by conducting the hearing and ruling on material compensability issues, the Single Commissioner operated in an appellate capacity without proper jurisdiction?
- II. Did the Single Commissioner err in holding the hearing over Defendants' objections when specific rulings from a prior Single Commissioner Decision and Order may become the law of the case and, if upheld in that proceeding, would render any decision by the Single Commission to be in error?
- III. Did the Single Commissioner err in failing to find a date on which Claimant suffered a plaque rupture in Claimant's heart?
- IV. Did the Single Commissioner err in failing to find what caused the plaque rupture in Claimant's heart?
- V. Did the Single Commissioner err in failing to find a date on which Claimant suffered a myocardial infarction?
- VI. Did the Single Commissioner err in relying on Dr. Travis' written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts his written medical opinion?
- VII. Did the Single Commissioner err in relying on Dr. Lide's written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts his written medical opinion?

- VIII. Did the Single Commissioner err in relying on Dr. Greenfield's written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts her written medical opinion?
- IX. Did the Single Commissioner err in failing to deny compensability for a brain injury because Claimant presented no evidence of any brain injury even though Claimant specifically included a brain injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- X. Did the Single Commissioner err in failing to deny compensability for a head injury because Claimant presented no evidence of any head injury even though Claimant specifically included a head injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XI. Did the Single Commissioner err in failing to deny compensability for a left hand injury because Claimant presented no evidence of any left hand injury even though Claimant specifically included a left hand injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XII. Did the Single Commissioner err in failing to deny compensability for a left arm injury because Claimant presented no evidence of any left arm injury even though Claimant specifically included a left arm injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XIII. Did the Single Commissioner err in failing to deny compensability for all other organs, members, and bodily parts because Claimant presented no evidence of any injury to any organs, members, or bodily parts even though Claimant specifically included other

organs, members, and bodily parts on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?

- XIV. Did the Single Commissioner err in Finding of Fact #1 in that the Finding is limited only to Claimant alleging an injury to his heart when the record is clear that Claimant alleged injuries to his head, brain, left hand, left arm, and all other organs, members, and bodily parts?
- XV. Did the Single Commissioner err in Finding of Fact #6 by finding that Claimant believed the actual voltage to be 480 volts when Claimant's own testimony refutes that finding?
- XVI. Did the Single Commissioner err in Finding of Fact #6 that Defendants had access to the rotisserie oven when the record is clear that the oven belonged to a third party and Defendants did not own or control the oven?
- XVII. Did the Single Commissioner err in Finding of Fact #7 by finding that Claimant began sweating the night of the electrical shock when Claimant's own testimony refutes that finding?
- XVIII. Did the Single Commissioner err in Finding of Fact #9 that three physicians have opined the electrical shock resulted in Claimant's heart attack regardless of the date on which the heart attack occurred?
- XIX. Did the Single Commissioner err in Finding of Fact #14 that Claimant specifically requested a finding of compensability for the heart when there is no evidence in the record the hearing was limited in scope to the heart, when Claimant's own Form 50 and Form 58 demanded a hearing on compensability of the left hand, arm, shoulder, neck, head, brain, chest, and all organs, members, and bodily parts determined to be related and when the Notice of Hearing from the Commission included a determination of

compensability for the left hand, arm, shoulder, neck, head, brain, chest and all organs, members, and bodily parts determined to be related?

XX. Did the Single Commissioner err by not making any findings of fact or conclusions of law related to an aggravation of a pre-existing heart condition as alleged by Claimant?

### **EVIDENCE OF THE CASE**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left hand/arm/shoulder, neck, head (brain), chest." Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act." This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to "determine issues as set forth on Forms 50 and 51." Claimant's Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are "heart, left hand/arm/shoulder, neck, head (brain), chest."

At the hearing, the issues were stated for the record and included an allegation of a head and possible brain injury. The Defendants position was that there was not any credible medical evidence establishing a relationship between the neck and any heart or brain injury.

Claimant notified Employer he was shocked while working on a rotisserie oven on May 22, 2013. (Def. APA p. 8). Employment records of Claimant indicate that he continued working the remainder of the day and the entire following day. (Def. APA p. 10-11). An email from Claimant to Employer indicates that he was experiencing neck pain on May 27, 2013 (5 days post-accident). (Def. APA p. 9). Claimant first presented to Doctor's Care on May 28, 2013 (6 days post-accident) complaining that he woke up sweating that morning (Def. APA p. 1).

Claimant was treated by Dr. Greenfield at Doctors' Care. Dr. Greenfield noted that Claimant had some tenderness in his shoulder and neck area. Id.

Claimant was then referred to and saw Dr. Dasgupta at the South Carolina Heart Center on May 28. Dr. Dasgupta also noted sweating and noted that Claimant denied chest pain but did have minimal left shoulder pain. (Def. APA p. 2). Dr. Dasgupta diagnosed Claimant with an acute myocardial infarction. Id. Dr. Dasgupta also noted that Claimant appeared to have a ventricular septal defect as a possible completion of his acute myocardial infarction. (Def. APA p. 2). Dr. Dasgupta referred Claimant to Lexington Medical Center where Dr. Travis performed surgery to repair an acute ventricular septal defect that formed following the myocardial infarction. (Def. APA p. 5-7).

All of the submissions to the Single Commissioner were reviewed, including the testimony presented at the hearing; medical opinions and records; and depositions of the Claimant, Dr. Lanneau Lide, Dr. Karen Greenfield, Dr. Barry Feldman and Dr. Jeffrey Travis.

#### **FULL COMMISSION FINDINGS OF FACT**

1. Claimant injured his neck and left shoulder in an admitted accident on May 22, 2013. Claimant alleges that he also injured his heart on the date of accident, which injury (a) aggravated a pre-existing condition, and (b) ultimately resulted in a myocardial infarction and subsequent ventricle septal defect.
2. Claimant is 51 years of age (testimony of Claimant).
3. Claimant finished the 12<sup>th</sup> grade, but did not receive a diploma (Claimant's Deposition, pages 6-7).
4. Claimant's prior employment includes work (a) at USC installing Wi-Fi, (b) as electrical maintenance man at F.B. Johnson, (c) as an electrician for a company that "roughs in"

wiring for new houses; and (d) as a roofer (Claimant's Deposition, pages 9-11 and 13; testimony of Claimant).

5. On the date of the accident, Claimant's job with Employer was equipment maintenance worker for deli and bakery departments at Publix and Wal-Mart stores (testimony of Claimant; Defendants' APA #9, page 94; Claimant's Deposition, page 11).
6. In the mechanics of the accident, Claimant was shocked with 240-480 volts of electricity; Claimant believed the actual voltage was 480 volts. Defendants' witness admitted at the hearing that he was unsure of the voltage amount involved, and Defendants did not present any evidence to rebut Claimant's estimation even though Employer had access to the rotisserie in question. The fact that Defendants did not present any specific evidence leads us to rely on Claimant's estimation. (Defendants' APA #7, page 90; testimony of Warren; Claimant's APA #5, page 78).
7. Temporal medical evidence from May 28, 2013 supports Claimant's testimony that Claimant experienced pain (the worst of which was in his neck, but was also in the front of his shoulder and his left arm as well) from the moment of the accident which got progressively worse. Dr. Greenfield testified that Claimant (a) rubbed his arm during the examination, and (b) reported that his arm hurt. Claimant began sweating the same night of the Thursday accident and also the next morning. (Defendants' APA #7, page 90; Defendants' APA #8, page 91; Claimant's APA #2, page 56; Claimant's APA #3, page 66; Deposition of Dr. Feldman, page 35, Claimant's Deposition, pages 13-16, 18, 20-21, and 32; Deposition of Dr. Greenfield, including but not limited to pages 5, 8, 16, and 21).
8. Dr. Travis stated that neck pain is a common presentation for a heart attack (Deposition of Dr. Travis, page 21).

9. Three physicians have all opined to a reasonable degree of medical certainty ~~that~~ the electrical shock resulted in Claimant's heart attack, regardless of the date on which ~~the~~ infarction occurred. The deposition testimony of Dr. Travis is very compelling, ~~as~~ he actually examined Claimant's heart in the operating room. Dr. Lide also links ~~the~~ electrical shock to Claimant's post-accident heart condition. Dr. Lide testified ~~that~~ he does not "see any way" that Claimant's infarction and VSD are not related to the ~~injury~~. (Claimant's APA #1, page 1; Claimant APA #2, pages 23-24; Claimant's APA #3, ~~page~~ 65; Deposition of Dr. Greenfield, pages 30-31; Deposition of Dr. Travis, including but not limited to pages 8, 13-17, and 23-32; Deposition of Dr. Lide in its entirety, including but not limited to pages 14, 23-24, 28, and 39).
10. We give great weight to the opinions of Drs. Travis and Lide, who both opine ~~that~~ the heart condition is causally related. We fully considered the opinion of Dr. Feldman (the only physician who stated that there is no nexus between the electrical shock ~~and~~ the heart condition), but his opinion is outweighed by the opinions of the three other doctors, all three of whom treated Claimant rather than simply reviewing his medical records. We note that Dr. Feldman (a) did not examine Claimant or speak with Claimant; (b) did not see Claimant's heart; (c) states in his written opinion that it is "possible" that there was no connection between the plaque rupture and the electrical shock and later states that it is of the "highest certainty;"; (d) is a cardiologist and not a cardiovascular surgeon; and (e) was specifically asked to opine in writing as to whether there was a connection between an electrical shock and a VSD, although he does address other pertinent issues in his deposition (Defendants' APA #10, page 97; Deposition of Dr. Feldman in its entirety,

- including but not limited to pages: 5-6, 10-11, and 17—lines 15 through 25; page 18—lines 1-4; pages 22-23, 31, 42-43, and 45-47; Deposition of Dr. Greenfield, page 4).
11. The statement by Ruppe is dispositive only of the fact that Claimant has a good work ethic. (Defendants' APA, Exhibit 1).
  12. Claimant has not reached maximum medical improvement.
  13. Drs. Travis and Lide are hereby named the treating physicians. Although Defendants have denied compensability of Claimant's heart condition, Defendants do not object to Drs. Travis and Lide serving as treating physicians.
  14. Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left hand/arm/shoulder, neck, head (brain), chest."
  15. Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act."
  16. This matter was set for a hearing before the Single Commissioner on January 13, 2013 by a Notice of Hearing issued on December 6, 2013.
  17. That Notice of Hearing specifically stated that the purpose of the hearing was to "determine issues as set forth on Forms 50 and 51."
  18. Claimant's Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are "heart, left hand/arm/shoulder, neck, head (brain), chest."
  19. There is no question that Claimant alleged a head and/or brain injury on his Form 50.
  20. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing.

21. There is no question that Claimant had sufficient notice of the hearing and what was contained on his own Form 50.
22. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for a head and/or brain injury.
23. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim.
24. There is no question that Claimant did not withdraw his allegations related to a head and/or brain injury prior to or at the hearing.
25. Claimant did not present any evidence at the hearing to substantiate his alleged head and/or brain injury.
26. Claimant had the absolute burden of proving the right to compensation for each and every injury alleged on the Form 50. If Claimant failed to present evidence, as he did in this claim related to the head and/or brain injury, then his right to compensation for the alleged head and/or brain injury should be denied.
27. We decline to leave the claim open for possibly unlimited future hearings to determine compensability of presently alleged body parts as it would be grossly prejudicial to Defendants.
28. Because Claimant failed to present any evidence of a head and/or brain injury, his claim for a head and/or brain injury is denied.
29. We note from the testimony and records of Dr. Greenfield that the Claimant had tenderness in the left arm and shoulder and was diagnosed with muscle shock. In her deposition she stated that this tenderness found on examination is more indicative of actual injury to those areas than just the pain that is caused by a heart attack. Dr. Lide in

his treatment notes and specifically on September 17, 2013, recorded that, "we tried this patient on Neurontin last month when he appears to have peripheral neuropathy secondary to electrocution at work. Dr. Lide also recorded on the August 13<sup>th</sup> visit that he was having numbness in his great toe and suggested this neurological symptom was due to the electrical shock he experienced rather than the myocardial infarction. Thus, if any neuropathic problems are opined to have stemmed from the electrical shock injury which is outside of the area and expertise of Dr. Lide and Dr. Travis, those doctors may request referral for him to other physicians for evaluation and treatment but the Defendants retain the right to contest whether those are related to the accident and to select the physicians for treatment for any causally related problems.

30. In reaching our conclusions, we fully considered the facts that Claimant (a) is a smoker, (b) has hypertension, (c) has a family history of "premature coronary artery disease, and (d) had pre-existing severe 3-vessel disease n the date of the accident. However, those four facts were also specifically considered by the 3 physicians who provided opinions to a reasonable degree of medical certainty. Further, Claimant does not allege that his pre-existing disease was caused by the accident; he only alleges an aggravation resulting in an injury to his heart (Defendants' APA #8, pages 91-92; Defendants' APA #9, page 94; Claimant's APA #2, pages 26 and 28, Deposition of Dr. Feldman, page 37; Claimant's Deposition, pages 26 and 29).

31. Although certainly not dispositive on the issue of compensability, we do note that Claimant had no coronary symptoms prior to the date of the electrical shock (Claimant's Deposition, page 27; Deposition of Dr. Lide, page 7, lines 21-22).

32. Due to the compensable injury to his heart, Claimant shall receive temporary total disability benefits from September 15, 2013, through the present and continuing until further Order of the Commission or by agreement of the parties.
33. Claimant shall receive ongoing treatment until he reaches maximum medical improvement.
34. A finding of permanency for Claimant's injuries is premature at this juncture.
35. The issue of average weekly wage/compensation rate is held in abeyance.

#### **FULL COMMISSION CONCLUSIONS OF LAW**

In accordance with S.C. Code Ann. § 42-17-50, the following conclusions of law apply in this case:

1. Reg. 67-701 provides the mechanism for the Full Commission review hearing.
2. Pursuant to S.C. Code Ann. § 42-1-160, Claimant sustained a compensable injury to his heart as a result of his May 22, 2013 work accident.
3. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is entitled to medical treatment for his heart condition.
4. Pursuant to S.C. Code Ann. § 42-15-60, Claimant may be entitled to additional medical treatment for other causally related conditions subject to the findings of fact as stated herein.
5. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to any medical treatment or evaluation for any alleged head and/or brain injury.
6. Pursuant to S.C. Code Ann. § 42-15-60, Defendants have the right to choose authorized treating physicians for any additional medical care recommended for Claimant.

7. Pursuant to S.C. Code Ann. § 42-15-60, Drs. Travis and Lide will remain the authorized treating physicians for Claimant's heart condition.
8. Pursuant to Reg. 67-607, the Hearing Notice issued by the Commission shall contain the purpose of the hearing. In the present case, the Hearing Notice indicated the purpose of this underlying hearing was to resolve all issues on Claimant's Form 50 and Defendants' Form 51.
9. Pursuant to Reg. 67-610, the Claimant had the right to amend his Form 50 prior to the hearing. Claimant did not amend his Form 50 related to the alleged head and/or brain injury.
10. Pursuant to Reg. 67-611, Claimant was required to file a Form 58 Pre-Hearing Brief and was required to supplement or amend the Form 58 if there was any change. Claimant did not amend his Form 58 related to the alleged head and/or brain injury.
11. Pursuant to Reg. 67-613, the Commission may continue a Hearing if additional discovery is necessary or if it is premature to hear the case. Claimant did not seek a continuance for the purposes of additional discovery or timeliness of the hearing related to the alleged head and/or brain injury.
12. Pursuant to S.C. Code Ann. § 42-9-10 and 42-1-120, Claimant is entitled to temporary total disability benefits at this time.
13. Pursuant to S.C. Code Ann. § 42-3-180, we find the Single Commissioner had jurisdiction over this matter such that a hearing on compensability could be conducted despite the ongoing appeal from a prior order of the Commission.

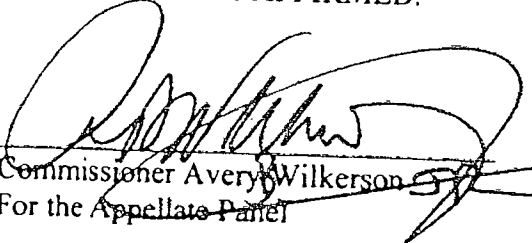
**ORDER**

**IT IS HEREBY ORDERED** that the Single Commissioner's findings of facts and conclusions of law related to the alleged head and/or brain injury are REVERSED.

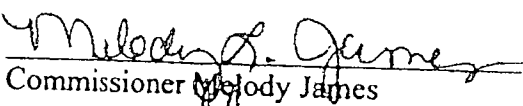
**IT IS FURTHER ORDERED** that Claimant's alleged head and/or brain injury is hereby DENIED due to insufficient medical evidence presented to the Commission after raising the alleged head and/or brain injury as an issue before the Commission.

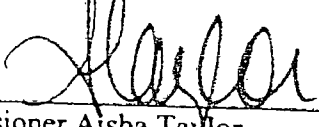
**IT IS FURTHER ORDERED** that all remaining issues decided by the Single Commissioner and appealed by Defendants on their Form 30 are AFFIRMED.

**SO ORDERED.**

  
Commissioner Avery Wilkerson  
For the Appellate Panel

**WE CONCUR:**

1st /   
Commissioner Melody James

  
Commissioner Aisha Taylor

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

***By Kim Falls on July 25, 2014***

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

Proudly representing injured workers  
for over 25 years.

Preston F. McDaniel  
Justin S. Byars  
Matthew Robertson  
OF COUNSEL:  
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

October 21, 2013

Virginia L. Crocker, Judicial Director  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202

RE: Clarence B. Winfrey, Jr. v. Archway Service, Inc.  
WCC File No.: 1306305

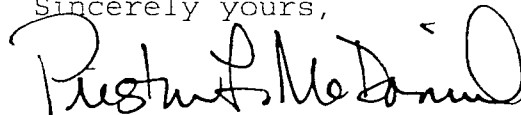
Dear Ms. Crocker:

Enclosed also is my Form 50 requesting a hearing with regards to the above-referenced matter along with my proof of service upon the carrier and/or opposing counsel in this matter. I have also enclosed this firm's check in the amount of \$25.00 representing the appropriate filing fee.

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

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

Sincerely yours,



Preston F. McDaniel

PFM/kth  
Enclosures

cc: Landon L. Hughey, Esquire  
Brett H. Bayne, Esquire

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



WCC File #: 1306305  
Carrier File #: 22209963  
Carrier Code #: 00011  
Employer FEIN #:

Claimant's Name: Clarence B. Winfrey, Jr. SSN: \_\_\_\_\_ Employer's Name: Archway Service, Inc.  
Address: \_\_\_\_\_ Address: 2316 Kings Road  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 28152 City: Shelby State: NC Zip: 28152  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: American Fire & Casualty Co.  
Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: 803-771-7211

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

Date of Injury or Illness: 5/22/2013

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to SEE ATTACHED. (Part(s) of Body Injured) on 5/22/2013 (Month/Day/Year) in RICHLAND county, state of SC. Body part(s) affected are: SEE ATTACHED
2. Briefly describe how the accident occurred. SEE ATTACHED. (Accepted claim until September 16, 2013 then denied.)
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 5/22/2013 (Month/Day/Year) in the following manner: CLAIMANT'S SUPERVISOR, BOBBY RUPPE, IMMEDIATELY REPORTED THE ACCIDENT BY TELEPHONE.
- ☒ 7. Due to injury, the claimant is in need of (check one):  
☒ (a) medical examination and treatment for: SEE ATTACHED.  
☐ (b) additional medical examination and treatment for: \_\_\_\_\_
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: See #2 and #11 - from date stopped.
- ☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☐ 9a. ☐ A determination of permanent disability is premature at this time.
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: PREMATURE AT THIS TIME
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ TBD, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: NONE.
11. Further grounds or unusual aspects of claim: SEE ATTACHED
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: SEE ATTACHED.
- 11b. To the best of your knowledge, did you have any prior permanent disability? -  
If yes, describe: N/A
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
- ☐ 14. Estimated time needed for hearing: 1.0
- ☐ Mediation  
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
☐ b. Mediation is required pursuant to Reg. 67-1802.  
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.  
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE  
address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by ☒ first class postage ☐ certified mail ☐ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Preston F. McDaniel Title: ATTORNEY FOR CLAIMANT Email: mcdaniellaw@hotmail.com Date: 10/21/13

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

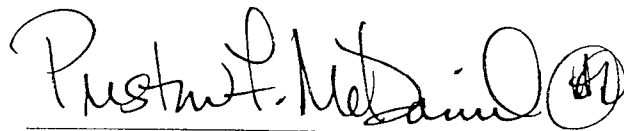
ATTACHMENT TO FORM 50 - REQUEST FOR HEARING

1. Heart, left hand/arm/shoulder, neck, head (brain), chest. System is electrical shock (all organs, members and bodily parts determined to be related).
2. While working on a rotisserie, Claimant touched a broken wire (480 volts) resulting in a severe electrical shock which entered his left hand and running through his arm, shoulder, neck, heart and chest and exiting through his heart and chest.
7. See #1 and #11.
- 10a. To be Determined
11. After the claim was immediately reported to his employer the case was accepted by the insurance carrier and compensation benefits were started and paid and medical care was authorized and provided. Approximately 120 days after the accident, on September 16, 2013, the claimant received a Form 15 notifying him that the case was being denied based on an alleged, "good faith investigation" which further stated that the claimant had failed to prove a compensable injury. Although Commission Rule 67-504 requires and provides that "shall serve two copies of the Form 15 immediately on the claimant according to Rule 67-211 with documentation attached as to the reason for termination or suspension." The claimant only received one copy of the Form 15 and no documentation was attached to that Form 15 documenting the, "good faith investigation" that was conducted. The claimant immediately has filed, and which is pending, a request to reinstate benefits for improper stop payment. However, due to the bases of the denial as being based on a good faith investigation, the claimant is filing this Form 50 requesting an Award be made by the Commission. In accordance with Rule 67-504 and Statute, SC Code §42-17-10, the defendants had accepted this case and agreed to pay compensation, this is enforceable as it becomes an Order of the Commission. However, due to the defendants' position and bases for denying this claim,

the claimant is filing this Form 50 for such determination. If the Commission finds after Hearing that the defendants have engaged in a frivolous defense, claimant would request that penalties and fines and hearing costs be assessed and that this matter be referred for further proceeding under the Frivolous Proceedings Act, depending on the issues that are raised as the defense in the response to Form 51, under SCRCF Rule 11 and the Frivolous Proceedings Act SC Code §15-36-10 particularly with the information available to the defendants at the time of this filing of this Form 50.

11a. Lexington Medical Center, Lexington, SC; Doctor's Care, Irmo, SC; Dr. Jeffrey A. Travis, Lexington Cardiovascular Surgery, West Columbia, SC; Dr. Lanneau Lide, Dr. Himadri Dasgupta, SC Heart Center, Columbia, SC.

Respectfully submitted,

A handwritten signature in cursive script, reading "Preston F. McDaniel", followed by a circular stamp containing the number "11".

Preston F. McDaniel  
Attorney for the Claimant

October 21, 2013

CERTIFICATE OF SERVICE BY MAIL

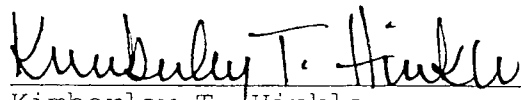
WCC FILE NO. 1306305

I hereby certify that I have on this day served the following in the matter of Clarence B. Winfrey, Jr. v. Archway Service, Inc. with a copy of the FORM 50 - REQUEST FOR HEARING by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Virginia L. Crocker, Judicial Director  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202

Landon L. Hughey, Esquire  
Brett H. Bayne, Esquire  
McAngus, Goudelock & Courie  
Post Office Box 12519  
Capitol Station  
Columbia, SC 29211-2519

I also hereby certify that a regular communication by mail exists.

  
\_\_\_\_\_  
Kimberley T. Hinkle  
Paralegal to Preston F. McDaniel

SWORN TO BEFORE ME this  
21 day of OCTOBER 2013.

  
\_\_\_\_\_  
Notary Public for South Carolina (L.S.)  
My Commission Expires: 1/21/14



ATTORNEYS AT LAW

Reply To  
LONDON HUGHEY  
Direct Dial: (803) 227-2261  
rhughey@mgclaw.com  
COLUMBIA

November 19, 2013

**VIA HAND DELIVERY**

Virginia Crocker, Judicial Director  
S. C. WORKERS' COMPENSATION COMMISSION  
1333 Main Street, Suite 500  
Columbia, South Carolina 29201

RE: Clarence Winfrey v. Archway Services and American Fire & Casualty Insurance  
Company c/o Liberty Mutual Group  
Date of Accident: May 22, 2013  
WCC File No.: 1306305  
Our File No.: 2095.13137  
Claim No.: 22209963

Dear Ms. Crocker:

Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

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

Very truly yours,

  
Landon Hughey

LLH/smg  
Enclosures

cc: Terri Hughes, Liberty Mutual Insurance  
Preston F. McDaniel, Esquire, The McDaniel Law Firm

|                  |                             |              |                                       |                     |                                                                                |
|------------------|-----------------------------|--------------|---------------------------------------|---------------------|--------------------------------------------------------------------------------|
| Claimant's Name: | <u>Clarence Winfrey</u>     | SSN          | <u>                    </u>           | Employer's Name:    | <u>Archway Services Inc</u>                                                    |
|                  | <u>                    </u> |              | <u>                    </u>           |                     | <u>2316 Kings Road Ext.</u>                                                    |
| Address          | <u>                    </u> |              |                                       | Address:            | <u>Shelby, North Carolina 28152</u>                                            |
| Home Phone:      | <u>            </u>         | Work Phone # | <u>            </u>                   |                     |                                                                                |
| Date of Injury:  | <u>5/22/13</u>              |              |                                       | Insurance Carrier:  | <u>American Fire &amp; Casualty Insurance Company c/o Liberty Mutual Group</u> |
| Preparer's Name: | <u>Landon Hughey</u>        | Law Firm     | <u>McAngus Goudelock &amp; Courie</u> | Preparer's Phone #: | <u>(803) 227-2261</u>                                                          |

### Employer's Answer to Request for Hearing

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1306305

|                               |   |             |
|-------------------------------|---|-------------|
| CLARENCE WINFREY,             | } |             |
|                               | } |             |
| Employee,                     | } |             |
|                               | } |             |
| Claimant,                     | } |             |
|                               | } |             |
| vs.                           | } |             |
|                               | } |             |
| ARCHWAY SERVICES INC,         | } |             |
|                               | } |             |
| Employer,                     | } | CERTIFICATE |
|                               | } | OF          |
| AND                           | } | SERVICE     |
|                               | } |             |
| AMERICAN FIRE & CASUALTY      | } |             |
| INSURANCE COMPANY C/O LIBERTY | } |             |
| MUTUAL GROUP,                 | } |             |
|                               | } |             |
| Carrier,                      | } |             |
|                               | } |             |
| Defendants.                   | } |             |

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

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

South Carolina Worker's Compensation Commission  
1333 Main Street, Suite 500 · Post Office Box 1715  
Columbia, South Carolina 29202-1715  
**VIA HAND DELIVERY**

DOCUMENT: Form 51

DATE OF Mailing: November 19, 2013

  
Susan Gosman  
Legal Assistant to Landon Hughey

# South Carolina Workers' Compensation Commission

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



WCC File #: 1306305  
Carrier File #: NRCF20130612  
December 6, 2013

## NOTICE OF HEARING

Clarence Winfrey v. Archway Service, Inc.

**Subject:** To determine issues as set forth on Forms 50 and 51.  
**Date:** January 13, 2014 at 08:30 AM  
**Location:** SC Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room A  
Columbia, SC 29202

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

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

Commissioner Susan S. Barden  
803-737-5660, [klove@wcc.sc.gov](mailto:klove@wcc.sc.gov)

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

By: Kristi L. Love, SC Workers' Compensation, December 6, 2013

### Party

Employee: Clarence Winfrey

Employer: Archway Service, Inc.  
Carrier: American Fire & Casualty Co

Employer: Archway Service, Inc.  
Carrier: American Fire & Casualty Co

### Attorney

Preston F. McDaniel  
[mcdaniellaw@hotmail.com](mailto:mcdaniellaw@hotmail.com)  
803-771-7211

Landon L. Hughey (5)  
[lhughey@mgclaw.com](mailto:lhughey@mgclaw.com)  
803-779-2300

Brett Harris Bayne (5)  
[brett.bayne@mgclaw.com](mailto:brett.bayne@mgclaw.com)  
803-227-2281

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

Proudly representing injured workers  
for over 25 years.

Preston F. McDaniel  
Justin S. Byars  
Matthew Robertson  
OF COUNSEL:  
Michael Johnson, P.C.

Telephone (803) 771-7211

Facsimile (803) 252-0709

December 23, 2013

Commissioner Susan S. Barden  
SC Workers Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202

**RE: Clarence B. Winfrey, Jr. v. Archway Service, Inc.**  
**WCC File No.: 1306305**

Dear Commissioner Barden:

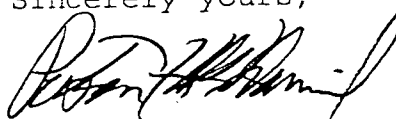
Please find enclosed a copy of the Claimant's Pre-Hearing Brief in the above referenced matter.

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

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

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

Sincerely yours,



Preston F. McDaniel

PFM/kth  
Enclosures

cc: Landon L. Hughey, Esquire  
Brett H. Bayne, Esquire



Claimant's Name: Clarence B. Winfrey, Jr. Employer's Name: Archway Service, Inc.  
Address: \_\_\_\_\_ Address: 2316 Kings Road  
City: Columbia State: SC Zip: \_\_\_\_\_ City: Shelby State: NC Zip: 28152  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Carrier: American Fire & Casualty Co.  
Preparer's Name: Preston F. McDaniel Preparer's Phone #: (803) 771-7211

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$442.40 (See Attached) 2. AWW: \$663.57 Date of Injury: 05/22/2013
3. Type of injury and body part(s): Heart, left hand/arm/shoulder, neck, head (brain), chest. System is electrical shock (all organs, members and bodily parts determined to be related).
4. Facts in controversy: See Attachment.
5. Legal issues involved: See Attachment.
6. Unusual aspects: See Attachment.
7. Witnesses (designate if expert):\* See Notice of Witnesses.
8. Exhibits: Claimant requests that WCC File No. 1306305 be made a part of the Record. See Notice of Witnesses and APA Submissions. Adjuster's file while ordered to be produced has not been received- employer/ carrier records may be submitted.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):  
See Notice of Written Reports/Physicians.
10. Name, address, and specialty, if any, of the treating physician: See Attachment.
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner: \_\_\_\_\_

☐ **Mediation**

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

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

**I verify the contents of this form are accurate and true to the best of my knowledge.**

**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by: ☒ first class postage ☐ certified mail ☐ personal service.**

Signature: *Preston F. McDaniel* Email: mcdaniellaw@hotmail.com  
Date of hearing: January 13, 2013 Time needed for hearing: 1.0 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 to 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \* Commissioners reserve the right to admit expert witnesses at hearings.

ATTACHMENT TO FORM 58

Clarence B. Winfrey, Jr. v. Archway Service, Inc.

WCC FILE NO: 1306305

1. The Claimant has not requested a documentation nor has he investigated the compensation rate and reserves the right to have that corrected/addressed at a later date. However, the compensation rate of \$442.40 is the compensation rate at which the carrier initiated compensation and at which Mr. Winfrey was paid benefits until September 13<sup>th</sup> when the Claimant's attorney's office was verbally advised, followed by a written notice in the form of a Form 15(III) on the 16<sup>th</sup> which terminated his benefits. He therefore agrees to this compensation rate for the purposes of this hearing reserving the right to have it reviewed/adjusted at a later date.

In support of this position the Claimant was hired at \$15.00/hr. to work 40+ hours per week was raised to \$16.00/hr and was paid overtime for all work over 40 hours. He was paid from the time that he would leave his home until the time that he would return. In addition, he was required to work (be on call) every other weekend. A review of the Form 20 submitted to the Commission will establish that there was a steady increase of his income in ever quarter he was with the company (only 3) wherein his last quarter of employment prior to the injury in the amount of \$9,655.52 reflects a \$3,600.00 increase in his salary from the starting quarter that he started employment. Based on his last quarter of employment, his average weekly wage would be \$742.73, resulting in a compensation rate of \$495.18

4a. Facts in controversy:

Whether the Claimant sustained injury by accident - the facts will establish that on May 22<sup>rd</sup>, 2013, while working on a rotisserie, Claimant touched a broken wire (480 volts) resulting in a severe electrical shock which entered his left hand running through his left arm, shoulder, neck, heart and chest and entering and exiting through his heart and chest.

This claim was originally accepted, (although a Form 15 was not properly and timely filed for which the Defendants have been fined), and benefits were paid from the date of the injury through Friday, September 13<sup>th</sup> when Claimant's Counsel was verbally advised that the defendants

were stopping payments, "allegedly" based on a good faith investigation. That verbal notice was followed by a Form 15 stopping benefits on the same basis which was received on September 16<sup>th</sup>. While to the knowledge of the Claimant the Defendants did not contact any of the authorized treating physicians to determine their opinion, subsequent to the stopping of benefits all treating physicians have stated their opinions to a reasonable degree of medical certainty that the Claimant's problems in relation to his heart and all other bodily parts named in the Form 50 are related to his electrical shock. Further, in reference to his heart his authorized treating surgeon has stated that the Claimant sustained a direct entry and exit wound to his heart which killed part of tissue throughout the Claimant's heart and which resulted in all of the other problems with his heart.

- b. The Claimant would submit that the evidence establishes that he has sustained a compensable injury and is entitled to reinstatement of temporary compensation benefits from the date that those benefits were stopped and continuing until the Claimant reaches maximum medical improvement or as otherwise ordered by this Commission.
- c. Medical care from the date that medical care was stopped being authorized and continuing until the Claimant reaches maximum medical improvement and/or further order of this Commission.

5. **Legal issues involved:**

IN CORRELATION WITH RESPONSES UNDER NUMBER 4:

- a. S.C. Code §42-1-160 injury by accident: The facts establish that the Claimant sustained injury by accident arising out of an in the course of his employment. Layton v. Hammond Brown-Jennings, 190 S.C. 425, 3 S.E.2d 492 (1939), Colvin v. E.I. DuPont De Nemours Co. 227 S.C. 465, 88 S.E.2d 581 (1955); Stokes v. First National Bank, 306 S.C. 46, 410 S.E.2d 248 (1991). While the Defendant's allege that the Claimant did not sustain compensable injury as defined in the Act, the Defendant's appear to not question the fact that he suffered an electrocution injury or that it affected certain parts of his body but only that the Claimant's heart problems have not been proved to be compensable under the Act. While most reported cases in reference to the heart deal with work conditions there are a few that deal with specific work

events/accidents, and if a heart attack or other heart related condition results directly from the physical injury then it is compensable under the Act. See for example: Buff v. Columbia Baking Company, 215 S.C. 41, 53 S.E.2d 879 (1949), Walker v. City of Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966). That has never been questioned and in addition any heart condition or cardiovascular problem constitutes compensable injury by accident if it is induced by unexpected strain or overexertion in the performance or the duties of the Claimant's employment (physical injury) or as a result of unusual and/or extraordinary conditions in the employment. Kearse v. S.C. Wildlife Resources Dept., 236 S.C. 540, 115 S.E.2d 183 (1960). The right to compensation is not effected by the fact that the unusual or excessive strain or work event which participates the heart condition occurs while the employee is performing work of the same general type as that in which he was regularly involved. McWhirter v. S.C. Dept. of Insurance, 252 S.C. 90, 165 S.E.2d 365 (1969); Second Injury Fund v. Liberty Mutual Ins. Co. 353 S.C. 117, 576 S.E.2d 199 (S.C. App 2003).

- b. The Claimant's entitlement to temporary total disability benefits as provided in §42-9-10 and §42-1-120 which defines disability from the date that such benefits were stopped until further order of the Commission.
  - c. The Claimant's entitlement to medical care as provided for in §42-15-60.
6. The Defendant's stopped payment in this case without a Hearing on 9/13/13 with a Form 15 being served on the Claimant on 9/16/13. The Defendant's started benefits following the injury on 5/23/13 and authorized medical care from that date forward, but no Form 15 was filed with the Commission. S.C. Code §42-9-260 is very specific and it is a mandatory requirement that the Defendant's must file a Form 15 immediately upon starting benefits. This was not done in this case nor was this issue addressed by the Hearing Commissioner in the Form 15 III Hearing Order.

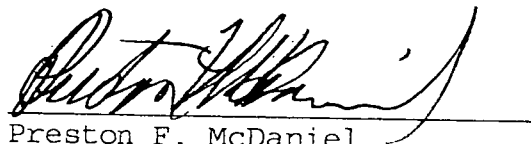
Subsection "G" of that same Code section makes specific, strict and complete compliance with that Code section mandatory and imposes penalties and the reinstatement of benefits and medical care if it is not complied with in any regard. In the case of Martin v. Rapard City Plumbing Company, the Court of Appeals specifically held that the provisions of the Act are

mandatory and that strict compliance with that statute is required for the defendants to be entitled to the benefits of that Code section. The Claimant would submit that since the Defendants failed to comply with the provisions of the section and that they should be barred from now denying the claim or attempting to deny the claim.

Further, the Defendants have had a Records review performed by a Doctor and the Claimant objects to any opinion or report being submitted into evidence from that doctor. All of the specific bases for the objection will be made clear at time of the Deposition taken of this Doctor, which will be taken for the purpose of cross examination of the Physician, pursuant to the Claimants right to do so under §1-23-330, (3) and subsequently at the Hearing.

8. Medical records of: Dr. Jeffery Travis, Lexington Cardiovascular Surgery; Dr. Lanneau Lide, Dr. Himadri Dasgupta, South Carolina Heart Center; Dr. Karen Greenfield, Doctors Care; Lexington Medical Center. In addition to the medical records the Depositions of Doctors Jeffery Travis, Lanneau Lide, Karen Greenfield will be made a part of the Record. The cross-examination deposition of Dr. Barry J. Feldman will be submitted if records from him are allowed into the Record.
10. Dr. Jeffery Travis, Lexington Cardiovascular Surgery; Dr. Lanneau Lide, Dr. Himadri Dasgupta, South Carolina Heart Center; Dr. Karen Greenfield, Doctors Care; Lexington Medical Center.

Respectfully Submitted,



Preston F. McDaniel  
Attorney for Claimant

December 23, 2013

STATE OF SOUTH CAROLINA )  
COUNTY OF RICHLAND )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
WCC File No: 1306305

Clarence B. Winfrey, Jr. )  
Employee-Claimant, )  
v. )  
Archway Service, Inc. )  
as Employer, and )  
American Fire & Casualty Co. )  
as Carrier, )  
Defendants. )

NOTICE OF WITNESSES AND  
WRITTEN REPORT(S)/PHYSICIAN  
OR OTHER EVIDENCE TO BE  
INTRODUCED ON BEHALF OF  
CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND  
ATTORNEY FOR THE EMPLOYER/CARRIER

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Clarence B.  
Winfrey, Jr., pursuant to the provisions of the South Carolina  
Workers' Compensation Act and South Carolina Code Section  
1-23-330 (1976, as amended), herewith submits the following  
reports/physician or other evidence on behalf of the Claimant, to  
wit:

| <u>NAME OF REPORT(S)/PHYSICIAN<br/>- OR OTHER EVIDENCE</u>      | <u>DATE OF<br/>REPORT(S)</u> | <u>PAGE #</u> |
|-----------------------------------------------------------------|------------------------------|---------------|
| 1) Dr. Jeffrey A. Travis<br>Lexington Cardiovascular<br>Surgery | 05/29/13-09/30/13            | 1-22          |
| 2) Dr. Lanneau Lide<br>Dr. Himadri Dasgupta<br>SC Heart Center  | 05/28/13-10/04/13            | 23-64         |
| 3) Dr. Karen Greenfield<br>Doctor's Care                        | 05/28/13-09/17/13            | 65-74         |
| 4) Lexington Medical Center                                     | 05/28/13-06/07/13            | 75-77         |
| 5) Employer Records                                             | 05/23/13-09/23/13            | 78-81         |

6) Kristy Thompson  
RN, BA, BS, BSN  
Case Manager Records

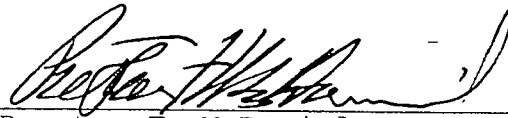
06/26/13-07/18/13

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: the Claimant; Ms. Kristy Thompson, RN, BA, BS, BSN. any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,



Preston F. McDaniel  
McDaniel Law Firm  
1315 Elmwood Avenue  
Columbia, SC 29201  
803-771-7211

12/23

, 2013

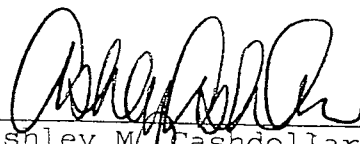
CERTIFICATE OF SERVICE BY MAIL

WCC File No. 1306305

I hereby certify that I have on this day served the following in the matter of Clarence B. Winfrey, Jr. v. Archway Service, Inc. with a copy of the CLAIMANT'S PRE-HEARING BRIEF, NOTICE OF WITNESSES AND WRITTEN REPORTS(S)/PHYSICIAN OR OTHER EVIDENCE, AND APA SUBMISSIONS WITH ENCLOSURES by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Commissioner Susan S. Barden  
SC Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202

Landon L. Hughey, Esquire  
Brett H. Bayne, Esquire  
McAngus, Goudelock & Courie  
Post Office Box 12519  
Capitol Station  
Columbia, SC 29211-2519

  
\_\_\_\_\_  
Ashley M. Cashdollar  
Legal Assistant

SWORN TO BEFORE ME this

23~~rd~~ day of December, 2013.

  
\_\_\_\_\_  
Notary Public for South Carolina (L.S.)

My Commission Expires: 10/28/18

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF RICHLAND )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
WCC FILE NO: 1306305

Clarence B. Winfrey, Jr. )  
 )  
Employee-Claimant, )  
 )  
v. )  
 )  
Archway Service, Inc. )  
 )  
As Employer, and )  
 )  
American Fire & Casualty Co., )  
 )  
as Carrier, )  
 )  
Defendants. )  
 )

Date of Hearing: 1-13-2014

**APA SUBMISSIONS**

Pursuant to South Carolina Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

| <u>NAME OF REPORT(S)/PHYSICIAN<br/>OR OTHER EVIDENCE</u>        | <u>DATE OF<br/>REPORT(S)</u> | <u>PAGE #</u> |
|-----------------------------------------------------------------|------------------------------|---------------|
| 1) Dr. Jeffrey A. Travis<br>Lexington Cardiovascular<br>Surgery | 05/29/13-09/30/13            | 1-22          |
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| 6) Kristy Thompson<br>RN, BA, BS, BSN<br>Case Manager Records   | 06/26/13-07/18/13            | 82-89         |



# Lexington Cardiovascular

A Lexington Medical Center Physician Practice

Jeffrey A. Travis, M.D.

Victor A. Gomez, PA-C

2728 Sunset Boulevard, Suite 101  
West Columbia, SC 29169  
[www.lexingtoncardiovascular.com](http://www.lexingtoncardiovascular.com)

Ph (803) 936-7095  
Fx (803) 936-7908

Lexington Medical Center

September 30, 2013

Re: Clarence Winfrey

To Whom It May Concern:

Mr. Winfrey is a patient who presented with a very unusual cardiac lesion after suffering a large electrical shock. The lesion, a ventricular septal defect, is normally only seen very rarely in a setting of an acute myocardial infarction. I believe that Mr. Winfrey's electrical shock caused his heart attack and his ventricular septal defect.

Operative photos confirm a large white patch on both sides of his heart that were almost certainly entrance and exit wounds of the electricity. I have never seen anything like these patches in my 15 years of surgery. I have a photo of the anterior surface of the heart that demonstrates either the entrance or exit site.

I find it quite unbelievable that his surgery and postoperative course have been considered separate from his electrical injury at work. I see almost no other plausible explanation other than a direct cause and effect.

Sincerely,

Jeffrey A. Travis, MD

Kim Hinkle

---

**From:** Thompson, Kristy <Kristy.Thompson@genexservices.com>  
**Sent:** Tuesday, October 01, 2013 5:36 PM  
**To:** kim@pfmcdlaw.com  
**Subject:** Fwd: Clarence Winfrey  
**Attachments:** Clarence Winfrey 10.1.13.pdf; ATT00001.htm

Hi Kim,

Not sure if you got this.

Sent from my iPhone, please excuse any typos.

Begin forwarded message:

**From:** "Thompson, Kristy" <Kristy.Thompson@genexservices.com>  
**Date:** October 1, 2013 at 3:11:43 PM EDT  
**To:** "Terri.Hughes@LibertyMutual.com" <Terri.Hughes@LibertyMutual.com>  
**Subject:** Clarence Winfrey

Hi Terri,

I am including a letter that was faxed to me from Dr. Travis regarding Mr. Winfrey, not sure if they sent it to you as well.

Kristy L. Thompson, RN, BA, BSN  
Medical Case Manager  
GENEX Services Inc.  
(C) 803-210-5279  
(F) 803-834-6102 Please note new fax number

---

All email communications from GENEX are confidential, unpublished property of GENEX. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. This document is intended for the use of the individual(s) or entity to which it is addressed, and may contain information that is privileged and confidential, including personal health information, and applicable law may prohibit further disclosure of this information. If the recipient of the message is not the intended addressee, or the employee or agent responsible for delivering this message to the addressee, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender above. Please note the following from the HIPAA Privacy Rule Standards: "A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault." See 45 CFR 164.512(I).

TIME RECEIVED

September 30, 2013 3:24:15 PM EDT

REMOTE CSID  
803 936 7908

DURATION  
50

PAGES  
2

STATUS  
Received

SEP-30-2013 14:25

From: 803-936-7908

Page: 1/2



# Lexington Cardiovascular SURGERY

A Lexington Medical Center Physician Practice

Jeffrey A. Travis, MD  
Victor A. Gomez, PA-C

## FAX Cover Sheet

Lexington Medical Park 1

2728 Sunset Blvd., Suite 101 West Columbia, SC 29169

phone: (803) 936-7095 | fax: (803) 936-7908

www.lexingtoncardiovascular.com

|                            |                           |
|----------------------------|---------------------------|
| Date: 9-30-13              |                           |
| Attention: Kristy Thompson | From: Dr. Travis          |
| Company: Genex             | Company: LCVS             |
| Fax #: 1-866-268-3974      | Fax #: 803-936-7908       |
| Telephone #:               | Telephone #: 803-936-7095 |
| Your Reference #:          | Sender's Reference #:     |

☐ Urgent  
☒ For Review  
☐ Please Recycle

☐ Please Comment  
☐ Please Reply

Number of Pages  
(including this page)

2

### Comments:

Re: Clarence Winfrey  
 Claim #: 22209963  
 Genex #: ONGN45  
 Employer: Archway Service

The information contained in this facsimile transmission is privileged and confidential, intended for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this record is strictly prohibited. If you have received this fax in error, please notify the sender immediately by telephone.

P. 67

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Lexington  
Cardiovascular

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I find it quite unbelievable that his surgery and postoperative course have been considered separate from his electrical injury at work. I see almost no other plausible explanation other than a direct cause and effect.

Sincerely,

Jeffrey A. Travis, MD



# Lexington Cardiovascular SURGERY

A Lexington Medical Center Physician Practice

Lexington Cardiovascular Surgery  
2728 Sunset Boulevard  
West Columbia, SC 29169  
(803) 936-7095

Patient:

DOS: 07/16/2013

DOB: 1/1/62

Gender: M

MR#: 1238100

Provider: Jeffrey A. Travis M.D.

## Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : at 16Jul2013 12:55PM

Height: 5 ft 11 in

Weight: 225 lb

BMI Calculated: 31.5

BSA Calculated: 2.21

Blood Pressure: 77 / 60, LUE, Sitting

Respiration: 26

Heart Rate: 84

Temperature: 98.3 F, Oral

## Chief Complaint

3 wk f/u

s/p CABG

## Current Meds

1. Amiodarone HCl - 400 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY FOR 3 MONTHS;  
Therapy: 13Jun2013 to Recorded
2. Aspirin 81 MG Oral Tablet; TAKE 1 TABLET DAILY;  
Therapy: 13Jun2013 to Recorded
3. Hydrocodone-Acetaminophen 5-500 MG Oral Tablet (Lortab 5-500 MG Oral Tablet); TAKE 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED;  
Therapy: 13Jun2013 to (Evaluate: 12Jul2013); Last Rx: 05Jul2013 Ordered
4. Lasix 80 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;  
Therapy: 16Jul2013 to Recorded
5. Metoprolol Tartrate 25 MG Oral Tablet; Take 2 tablets twice daily;  
Therapy: 13Jun2013 to Recorded
6. Pepcid 20 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;  
Therapy: 13Jun2013 to Recorded
7. Plavix 75 MG Oral Tablet; TAKE 1 TABLET DAILY;  
Therapy: 13Jun2013 to Recorded
8. Ramipril 2.5 MG Oral Capsule (Altace 2.5 MG Oral Capsule); TAKE 1 CAPSULE DAILY;  
Therapy: 13Jun2013 to (Evaluate: 01Jan2014); Last Rx: 05Jul2013 Ordered
9. Vitamin C 500 MG Oral Capsule; Take 1 capsule twice daily;  
Therapy: 16Jul2013 to Recorded

## Allergies

### Medication

1. Allergy History Not Known

## History of Present Illness

The patient returns today in followup of his VSD repair and one-vessel CABG. He had some complaints of lower

**Date of Service:** 07/16/2013

**Patient Name:** CLARENCE B. WINFREY

**Patient DOB:** 07/11/62

**MIR#:** I238100

**Gender:** M

**Provider:** Jeffrey A. Travis M.D.

extremity swelling. He saw his cardiologist on Monday. They gave him some Lasix and he states he has lost 18 pounds for 24 hours and has not stopped urinating. He is mildly hypertensive here today and says he does not feel great because he has not slept.

**Results/Data**

All Results [Data Includes: Last 1 Week]

No recent results

His echo from Monday is essentially unchanged from when he was in the hospital. VSD appears closed. He has about a 30% ejection fraction.

**Physical Exam**

VITALS: are reviewed and as noted.

GENERAL APPEARANCE: benign and appropriate.

HEENT: benign.

NECK: no JVD.

CARDIAC: regular rate and rhythm.

CHEST: is clear.

ABDOMEN: is benign.

EXTREMITIES: no edema.

INTEGUMENT: all of the surgical wounds were examined. The sternum is tight; there are no pops, clicks or rubs. The incision is clean and dry and shows no signs of infection. There is no drainage or cellulitis noted. The saphenectomy site is healing perfectly and the leg is soft with no palpable hematomas or seromas within the endoscopic tunnel.

**Assessment**

Assessed

1. History of CABG (CABG)
2. Ventricular septal defect (745 4)

**Plan**

Overall patient is doing reasonably well. He asked him to hold his Lasix tonight as well as his Lopressor tonight. He will do both of those x1. He like the pain the labs drawn from his cardiologist. He also like to review the echo. He is doing well from a surgical standpoint. Cardiologist is contemplating an AICD pacemaker. There are going to see him again on Thursday to recheck him. I will see him again in one month.

**Signatures**

Electronically signed by : Jeffrey Travis, M.D.; Jul 16 2013 1:22PM EST



Lexington  
Cardiovascular  
SURGERY

A Lexington Medical Center Physician Practice

Lexington Cardiovascular Surgery  
2728 Sunset Boulevard  
West Columbia, SC 29169  
(803) 936-7095

Patient:

DOS: 07/16/2013

DOB:

Gender: M

MR#: 1238100

Provider: Jeffrey A. Travis M.D.

Jul 16, 2013

Re: Mr. CLARENCE WINFREY

To Whom It May Concern,

The above named patient was in my office on Jul 16, 2013. For medical reasons, it is advised that this patient be out of work until further notice due to his open heart surgery that was done on May 29, 2013.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Dr. Jeffrey Travis

Electronically signed by -Ashlynn Wells, : Jul 16 2013 1:17 PM EST

From: Landon Lide, MD

Received 07/16/2013 09:45AM in 03:19 on line [8] for LEXCARDIOVASCULAR \* Pg 2/4  
To: Travis, Jeffrey A, MD 7/16/2013 9:46:58 AM

Page 2 of 3



PROVIDENCE HOSPITALS  
A Ministry of the Sisters of Charity Health System

Providence Hospital  
2001 Laurel St.  
Columbia SC 29204  
Phone: 803-254-3278 Fax: 803-376-8010



## ECHOCARDIOGRAPHY REPORT

Name: CLARENCE WINFREY ID # 9112  
Age/Sex: Date of Service: 7/16/2013 7:45:25 AM  
DOB: B/P 128/80 mmHg  
Ht: 71.00 in Ref MD: LDL  
Wt: 230.00 lb BSA: 2.24

Technologist: KLE

Technical quality: Technical quality of the study is suboptimal due to poor acoustic window which may affect data interpretation.

Procedure: 2D/MMode Echo - 93307, Cardiac Doppler - 93320 and Color Flow Imaging - 93325.

Diagnosis: MI; CABG; VSD REPAIR

| 4-Mode             |         | Normal             |              | Normal     |
|--------------------|---------|--------------------|--------------|------------|
| IVSd               |         | 0.6-1.2 cm         | RVID         | <3.0 cm    |
| LVPWd              |         | 0.6-1.2 cm         | AO root      | 3.0-3.7 cm |
| LVIDd              |         | 3.5-5.6 cm         | LA           | 1.5-4.0 cm |
| LVIDs              |         |                    | FS%          |            |
| 2D                 |         | Normal             |              | Normal     |
| IVSd               | 1.33 cm | 0.6-1.2 cm         | RVID         | <3.0 cm    |
| LVPWd              | 1.06 cm | 0.6-1.2 cm         | AO root      | 3.0-3.7 cm |
| LVIDd              | 4.97 cm | 3.5-5.6 cm         | LA           | 1.5-4.0 cm |
| LVIDs              | 3.65 cm |                    | FS%          | 26.6%      |
| AV                 |         |                    |              |            |
| LVOT diameter      |         | Peak Grad          | AR PL/2 time |            |
| V1                 |         | Mean Grad          |              |            |
| V2                 |         | AVA                |              |            |
| Pulmonary Pressure |         | Diastolic Function |              |            |
| TR Vmax            |         | MV DT              |              |            |
| TR Pk Grad         |         | E velocity         |              |            |
| RA Pressure        | 10 mmHg | E velocity         | cm/sec       |            |
| RVSP               |         |                    |              |            |

### Echocardiographic Findings:

**Left Ventricle:** Normal left ventricular size and severely decreased systolic function. Estimated EF 30%. The apical segment of the left ventricle was hypokinetic. The mid to apical inferior segment of the left ventricle was akinetic and aneurysmal. The apical-inferoseptal segment of the left ventricle was dyskinetic. Normal diastolic function. VSD patch stable.

**Right Ventricle:** Normal right ventricular size with normal systolic function.

**Left Atrium:** The left atrium is normal in size.

**Right Atrium:** The right atrium is normal in size.

**Mitral Valve:** The mitral valve is structurally normal. Mild mitral annular calcification. No mitral stenosis. Mild to moderate regurgitation. The jet is posteriorly-directed.

**Aortic Valve:** The aortic valve is structurally normal. No aortic stenosis. No regurgitation.

From: Lexington Cardiovascular Surgery - (803) 7095

RECEIVED 07/23/2013 16:49  
Page 6 of 10  
Sent On: 04:37 PM, Tuesday, July 23, 2013

Received 07/16/2013 09:45AM in 03:19 on Line [8] for LEXCARDIOVASCULAR \* Pg 3/4

From: Larneau Lide, MD

Received 07/16/2013 09:45AM in 03:19 on line [8] for LEXCARDIOVASCULAR \* Pg 4/4  
To: Travis Jeffery A, MD 7/16/2013 9:45 AM

Page 3 of 3

CLARENCE WINFREY

9112

**Pulmonic Valve:** The pulmonic valve is structurally normal. Trace regurgitation.  
**Tricuspid Valve:** The tricuspid valve is structurally normal. Trace tricuspid regurgitation.  
**Pericardium/Extracardiac:** No pericardial effusion.

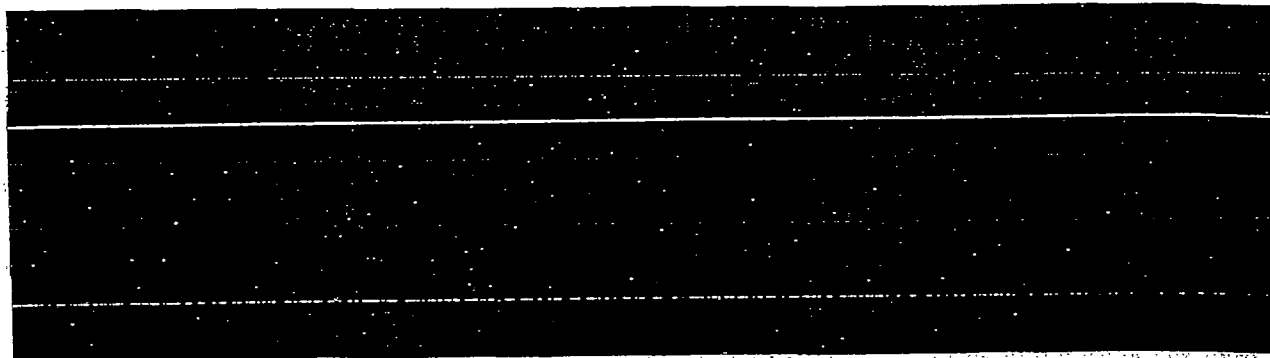
**Conclusions:**

1. Technical quality of the study is suboptimal due to poor acoustic window which may affect data interpretation.
2. Normal left ventricular size and severely decreased systolic function.
3. Estimated EF 30%.
4. The apical segment of the left ventricle was hypokinetic.
5. The mid to apical inferior segment of the left ventricle was akinetic and aneurysmal.
6. The apical inferoseptal segment of the left ventricle was dyskinetic.
7. Mild to moderate mitral regurgitation.
8. No VSD apparent.

Electronically signed by: Larneau Lide MD

Date: 7/16/2013 at 9:45:01 AM

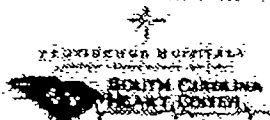
cc: Jeffery A. Travis MDEV Department DMS TouchChart



SCHC

Received 07/19/2013 09:12AM in 01:27 on line [3] for LEXCARDIOVASCULAR \* Pg 2/2  
7/19/2013 9:12:05 AM PAGE 2/002 Fax Server

7/17/13 07:00AM DISTRAD South Carolina Heart Center 8532184580 Pg 2/2



South Carolina Heart Center  
3001 Laurel St  
Columbia 29204  
Phone: (803) 254-3278

Name: CLARENCE WINFREY Exam Date: 7/15/2013  
Patient ID: SC89112 Exam: Chest (PA only)  
DOB: Reason: -  
Phone: Referrer: Randolph Lide, Jr., M.D.  
Access: 190663 Referrer 2: South Carolina Heart Center

Results

AP CHEST

INDICATION: Shortness of breath.

FINDINGS: The cardiac silhouette is enlarged. There is diffuse, fairly dense airspace opacity throughout the right lung, most focally in the lower lobe. On the left side, there is blunting and opacification of the left base suggesting a small effusion and adjacent collapse or consolidation of the lower lobe. There is no pneumothorax. There is evidence of prior sternotomy. There is no acute osseous finding.

IMPRESSION: Extensive opacity throughout the right lung suggesting diffuse pneumonia on that side. There is also a left effusion and adjacent lower lobe collapse.

Douglas M. McConnell, M.D.  
Radiologist  
PITTS RADIOLOGY

Report Electronically Signed by Douglas McConnell M.D.  
Report Signed on: 7/17/2013

|                   |                      |                   |                        |
|-------------------|----------------------|-------------------|------------------------|
| Pt Name:          | CLARENCE WINFREY     | Exam:             | Chest (P.A. only)      |
| Patient ID:       | SC89112              | Acc:              | 190663                 |
| Completed Date:   | 7/15/2013 4:34:00 PM | Interpreting Rad: | Douglas McConnell M.D. |
| Transcribed By:   | Sus Leem             | Dictated Date:    |                        |
| Transcribed Date: | 7/17/2013 8:43:05 AM | Finalized Date:   | 7/17/2013              |



OFFICE VISIT  
July 16, 2013

**CLARENCE WINFREY** 50 year old M (08/19/1962) Account #: 000009112

Requesting the consult: Jeffery A Travis MD

Primary care physician: Jeffery A Travis MD

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

Chief complaint: Cardiomyopathy

- , Post MI
- , Post Valve Surgery

History of present illness:

This patient was seen yesterday in the office at which time he had shortness of breath at rest, right-sided pulmonary edema on chest x-ray, and marked peripheral edema. On Lasix 80 mg twice daily since then, including 2 doses yesterday. He has had a significant diuresis. His weight has declined from 239-222 pounds. He has not had chest pain. Laboratory studies yesterday included hematocrit 33% which I believe is stable. Creatinine was low normal at 0.7. Potassium was 3.8. Echocardiogram today shows a reduced left ventricular ejection fraction of about 30% with extensive wall motion abnormalities but with no evidence for a persistent ventricular septal defect.

CARDIAC HISTORY

CAD:

- 1 Inferoseptal MI [1V CABG, VG-RI, VSD repair] - 5/29/2013

Risk Factors:

- 1 Family History of CAD [Less than 60 years of age]
- 2 Hypertension
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES

CV Surgery:

CV Surgery (1V CABG, VSD repair with pericardial patch) - 5/29/2013

Echo/MUGA:

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, 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

Other:

CXR (Infiltrate: Right, cardiomegaly, postop sternotomy) - 7/15/2013

Past medical history: Gout

South Carolina Heart Center Office Visit Note

Page 1/2

**Allergies / Intolerances:** None

**Family history:** There is a family history of premature coronary artery disease.

**Review of symptoms:**

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 221.7lbs. The BMI is 31.0 kg/m2. Blood pressure in the left arm is 120/80 mmHg in the sitting position. The pulse is 76/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. Respirations - Labored. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Mild, Bilateral. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound, d - Healed.

**IMPRESSION AND PLAN**

01. Recent MI, Inferior
02. S/P CABG
03. Hypercholesterolemia
04. Hypertension, Benign
05. Systolic Heart Failure, Acute On Chronic

This patient has had a dramatic diuretic response to increased Lasix dose. He still has some peripheral edema and I suspect he needs another 10 pounds of diuresis. He certainly may be at some risk of hypokalemia if his diuresis continues at a rapid rate. He has been on only low doses of Altace 2.5 mg daily and metoprolol 25 mg twice daily since hospitalization. His blood pressure and heart rate are high enough that I would ask him to go ahead and increase his metoprolol to 50 mg twice daily. He left the office before we had a report on his BMP. We will contact the patient by telephone and ask him to increase his Altace to 2.5 mg, 4 tablets daily. He should have a BMP drawn again in 2 days, on Thursday, July 18, and should see me in the office again on Friday morning, July 19. If his edema resolves, he should cut back on his Lasix dose.

**FINAL MEDICATION LIST**

|                                  |                                               |
|----------------------------------|-----------------------------------------------|
| Altace 2.5 mg capsule            | take 1 capsule by ORAL route every day        |
| amiodarone 400 mg tablet         | take 1 tablet by oral route twice a day       |
| Lasix 80 mg tablet               | take 1 tablet by oral route 2 times every day |
| metoprolol tartrate 25 mg tablet | take 1 by Oral route 2 times every day        |
| Pepcid 20 mg tablet              | take 1 tablet by oral route 2 times every day |
| Plavix 75 mg tablet              | take 1 by Oral route every day                |
| Vitamin C 500 mg tablet          | take 1 twice a day                            |

**Electronically signed by:** Lanneau D. Lide MD, F.A.C.C 07/16/2013 @ 12:23 PM



# Lexington Cardiovascular SURGERY

A Lexington Medical Center Physician Practice

Lexington Cardiovascular Surgery  
2728 Sunset Boulevard  
West Columbia, SC 29169  
(803) 936-7095

**Patient:** CLARENCE WINFREY

**DOS:** 06/25/2013

**DOB:**

**Gender:** M

**MR#:** 1238100

**Provider:** Jeffrey A. Travis M.D.

## Vitals

### Vital Signs [Data Includes: Last 1 Day]

Height: 5 ft 11 in

Weight: 228 lb

BMI Calculated: 31.64

BSA Calculated: 2.22

Blood Pressure: 112 / 77, LUE, Sitting

Respiration: 18

Heart Rate: 86

Temperature: 98.1 F, Oral

## Chief Complaint

2-wk f/u

s/p CABG

## Current Meds

1. Altace 2.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY;  
Therapy: 13Jun2013 to Recorded
2. Amiodarone HCl - 400 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY FOR 3 MONTHS;  
Therapy: 13Jun2013 to Recorded
3. Aspirin 81 MG Oral Tablet; TAKE 1 TABLET DAILY;  
Therapy: 13Jun2013 to Recorded
4. Lasix 40 MG Oral Tablet; TAKE 1 TABLET DAILY FOR 30 DAYS;  
Therapy: 13Jun2013 to Recorded
5. Lortab 5-500 MG Oral Tablet; TAKE 1 TO 2 TABLETS EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN;  
Therapy: 13Jun2013 to (Evaluate:17Jun2013) Recorded
6. Metoprolol Tartrate 25 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;  
Therapy: 13Jun2013 to Recorded
7. Multivitamins Oral Capsule; TAKE 1 CAPSULE DAILY;  
Therapy: 13Jun2013 to Recorded
8. Pepcid 20 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY;  
Therapy: 13Jun2013 to Recorded
9. Plavix 75 MG Oral Tablet; TAKE 1 TABLET DAILY;  
Therapy: 13Jun2013 to Recorded
10. Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET DAILY WITH LASIX FOR 30 DAYS;  
Therapy: 13Jun2013 to Recorded
11. Vitamin D OTC; 500 mg twice daily;  
Therapy: 13Jun2013 to Recorded

## Allergies

1. Allergy History Not Known

**Date of Service:** 06/25/2013

**Patient Name:** CLARENCE B. WINFREY

**Patient DOB:** 06/25/1942

**MR#:** 1238100

**Gender:** M

**Provider:** Jeffrey A. Travis M.D.

**History of Present Illness**

The patient returns in followup of his one-vessel CABG and repair of the postinfarction ventricular septal defect. He is without significant complaints.

**Active Problems**

1. Acute myocardial infarction (410.90)
2. History of CABG (CABG)
3. Congestive heart failure (428.0)
4. Coronary artery disease (414.00)
5. Hypertension (401.9)
6. Pulmonary hypertension (416.8)
7. Ventricular septal defect (745.4)
8. Ventricular tachycardia (427.1)

**Results/Data**

**All Results [Data Includes: Last 1 Week]**

No recent results

EKG is in sinus rhythm

**Physical Exam**

VITALS: are reviewed and as noted.

GENERAL APPEARANCE: benign and appropriate.

HEENT: benign.

NECK: no JVD.

CARDIAC: regular rate and rhythm.

CHEST: is clear.

ABDOMEN: is benign.

EXTREMITIES: no edema.

INTEGUMENT: all of the surgical wounds were examined. The sternum is tight; there are no pops, clicks or rubs. The incision is clean and dry and shows no signs of infection. There is no drainage or cellulitis noted. The saphenectomy site is healing perfectly and the leg is soft with no palpable hematomas or seromas within the endoscopic tunnel.

**Assessment**

1. History of CABG (CABG)
2. Ventricular septal defect (745.4)

**Plan**

Overall he is doing reasonably well. He continues to wear his life vest. Will see him in 3 weeks. We will refer him to cardiac rehabilitation.

**Signatures**

Electronically signed by: Jeffrey Travis, M.D.; Jun 25 2013 1:14PM EST

Patient: Winfrey, Clarence B (MR#M002010261) Printed by HARLEY, SHARON D [51... Page 1 of 2

Winfrey, Clarence B (MR # M002010261)

**Patient Information**

| Patient Name        | Sex  | DOB |
|---------------------|------|-----|
| Winfrey, Clarence B | Male |     |

**Op Note signed by Jeffrey Allen Travis, MD at 05/30/13 0650**

|                 |                          |             |               |                 |                |
|-----------------|--------------------------|-------------|---------------|-----------------|----------------|
| Author:         | Jeffrey Allen Travis, MD | Service:    | (none)        | Author Type:    | Physician      |
| Filed:          | 05/30/13 0650            | Note Time:  | 05/29/13 2002 | Trans ID:       | 3M927377       |
| Trans Status:   | Available                |             |               |                 |                |
| Dictation Time: | 05/29/13 2002            | Trans Time: | 05/30/13 0342 | Trans Doc Type: | Operative Note |

DATE OF PROCEDURE: 05/29/2013

**PREOPERATIVE DIAGNOSIS**

1. Acute myocardial infarction.
2. Electrocution.
3. Acute post myocardial infarction ventricular septal defect.
4. Severe pulmonary hypertension.
5. Cardiogenic shock.

POSTOPERATIVE DIAGNOSIS: Same.

**PROCEDURE PERFORMED**

1. Repair of post infarct VSD.
2. Coronary artery bypass grafting x1 with saphenous vein graft to the ramus intermedius.
3. Percutaneous placement of intraaortic balloon pump.

SURGEON: Jeffrey A. Travis, MD

ASSISTANTS: Steven W. Marra, MD, and Victor Gomez, PA-C

ANESTHESIA: General endotracheal.

**DESCRIPTION OF PROCEDURE:** The patient was brought to the Operating Room and placed supine on the Operating Room table. After appropriate monitors were placed, general anesthesia was induced. The patient's chest, abdomen, and lower extremities were prepped and draped and isolated into a sterile field. We made a midline incision over the chest and carried down to subcutaneous tissues using electrocautery. A median sternotomy was performed. Thymus gland was taken down to the level of the innominate vein. The greater saphenous vein was harvested from the left lower extremity using endoscopic techniques. It was dilated and found to be adequate for grafting. We opened up the pericardium and tacked up as a pericardial well. The patient was systemically heparinized. The ascending aorta was normal to palpation. The ascending aorta was cannulated using a 20-French

Winfrey, Clarence B (MR # M002010261) Printed by Sharon D Harley [5173] at 6/26/13, 10:00 AM

Patient: Winfrey, Clarence B (MR#M002010261) Printed by HARLEY, SHARON D [51... Page 2 of 2

Winfrey, Clarence B (MR # M002010261)

arterial flow cannula. We put dual stage venous cannulas in, although we had a difficult time directing the SVC cannula in the correct location. We could not pass a coronary sinus catheter despite multiple attempts. We placed an ascending aortic root vent. We did have to crash on bypass due to severe hemodynamically compromise. The patient also had very significant pericarditis with large calcific plaques located anteriorly and posteriorly. These were unlike soldier plaques. They were heavily calcified and there was a real weirdness to the adhesions throughout. At this time, after going on bypass, we cross clamped the ascending aorta and arrested the heart with warm antegrade blood cardioplegia. With the heart completely arrested, we gave cold antegrade blood cardioplegia and gave this at 20-minute intervals throughout the case. We begun the procedure by dissecting out the ramus intermedius. It was intramyocardial. It was heavily diseased. It was grafted saphenous vein end to side using 7-0 Prolene. It was tested under pressure and found to be hemostatic. We then positioned the heart and exposed the base of the heart, the large infarct in the posterior descending coronary artery. The LV was opened along the long longitudinal incision, and this was obviously white infarcted tissue. This was ( ) into the infarct for this tissue. We were able to identify the VSD, which was kind of basilar and apical in location. We placed multiple pledgeted sutures, affixing a patch to cover the left ventricular side of this, and then brought that patch out of the ventriculotomy. It was sutured into place circumferentially with pledgeted sutures and then a running suture was also added to make it watertight. At this time, we closed the ventriculotomy using 2 long strips of felt along either side, sewing 1st with a 4-0 Prolene and then with a 2-0 Ticron on an MH needle. We placed several buttressing sutures and also placed BioGlue over this. At this time, we turned our attention to the ascending aorta and created a 4.8-mm punch in the ascending aorta. The vein graft was anastomosed to the ascending aorta using 6-0 Prolene. The heart was de-aired. Cross clamp was removed. At this time, we placed a percutaneous intraaortic balloon pump through the right femoral artery using ultrasound guidance. We began ventilating the patient. We placed atrial and ventricular pacing wires. We weaned the patient from bypass. Initially he separated from bypass but had some hemodynamic compromise, and we went back on bypass. Echo initially looked very good, and the ventricular function waned over the first few minutes off bypass. It appeared that perhaps the patient got some air. We gave 10 minutes of wait time and then re-separated from bypass without difficulties. Ventricular function was good. There was no evidence of VSD. At this time, both venous cannulas were removed. The defect was repaired with the previously placed pursestring suture. Protamine sulfate was administered to reverse the heparin, and the ascending aortic root vent was removed. The defect was repaired with the previously placed horizontal mattress pledgeted suture. At this time, with hemostasis adequate, the ascending aortic cannula was removed. The defect was repaired with the previously placed horizontal mattress pledgeted suture. Hemodynamics and hemostasis were adequate. Chest was closed using #6 sternal wire and a Pioneer Cable system. The wound was closed in layers. A sterile dressing was applied. The patient was transported to the Intensive Care Unit in satisfactory condition.

T: 05/30/2013 03:42 A/cir

Winfrey, Clarence B (MR # M002010261) Printed by Sharon D Harley [5173] at 6/26/13.  
10:00 AM



# Lexington Cardiovascular SURGERY

A Lexington Medical Center Physician Practice

Lexington Cardiovascular Surgery  
2728 Sunset Boulevard  
West Columbia, SC 29169  
(803) 936-7095

**Patient:** CLARENCE WINFREY

**DOS:** 06/07/2013

**DOB:**

**Gender:** M

**MR#:** 1238100

**Provider:** Jeffrey A. Travis M.D.

## Discharge Summary Notes

Discharge Summaries signed by Jeffrey Allen Travis, MD at 06/11/13 0638

|         |                       |            |               |        |           |
|---------|-----------------------|------------|---------------|--------|-----------|
| Author: | Jeffrey Allen Travis, | Service:   | (none)        | Author | Physician |
|         | MD                    |            |               | Type:  |           |
| Filed:  | 06/11/13 0638         | Note Time: | 06/07/13 1405 |        |           |

**REASON FOR ADMISSION:** Acute MI and acute post infarct ventricular septal defect.

**DISCHARGE MEDICATIONS:** The patient is given prescriptions for aspirin 81 mg p.o. daily, vitamin D 500 mg b.i.d., Lopressor 25 mg b.i.d., multivitamin a day, Lasix 40 mg a day for 30 days, potassium chloride 20 mEq a day with the Lasix for 30 days, Altace 2.5 mg a day, Amiodarone 400 mg p.o. b.i.d. for 3 months, Plavix 75 mg a day, Pepcid 20 mg p.o. b.i.d. He was also given a prescription for Lortab 5/500, 1-2 tabs p.o. every 4 - 6 hours p.r.n. pain (#60, no refill).

## PROCEDURES DURING ADMISSION

1. Transthoracic echocardiogram on May 28.
2. Cardiac catheterization on May 28.
3. Urgent coronary artery bypass grafting x1 with saphenous vein graft to the ramus intermedius, repair of postinfarct ventricular septal defect with pericardial patch, and placement of intraaortic balloon pump done on May 29, 2013.
4. Repeat echocardiogram on June 27, 2013.

## DISCHARGE DIAGNOSIS(ES)

1. ST-elevation myocardial infarction, inferior wall.
2. Postinfarct ventricular septal defect.
3. Coronary artery disease.
4. Ventricular tachycardia.
5. Hypertension.
6. Congestive heart failure.
7. Pulmonary hypertension.

**HISTORY OF PRESENTING ILLNESS:** For full H & P, please see dictated Admission H & P, CT Surgery. In brief, the patient is a 50-year-old gentleman who on Wednesday prior to this admission was working on some electrical equipment and got a large shock. He went home from work and experienced significant chest pain as well as back and shoulder pain. This persisted through the weekend and he really did not do much over the weekend other than sit around and watch TV. He experienced persistent pain and presented to the Urgent Care Center where his EKG was abnormal and he was sent to the hospital.

**HOSPITAL COURSE:** The patient was admitted with the above stated history. Again, he presented

Discharge Summary Notes

Page 2 of 3

with an injury-type current ST elevation and was taken emergently to the Cardiac Catheterization Lab where he was found to have an occlusion of his posterior descending coronary artery as well as 3-vessel coronary disease and a VSD. We were asked to see the patient in consultation. Interestingly, the patient was fairly stable despite the magnitude of things. We assessed him and took him to the Operating Room the following morning where he underwent a single vessel bypass as outlined above and repair of a postinfarct ventricular septal defect. Also electively placed an intraaortic balloon pump to unload the patient prior to coming off cardiopulmonary bypass. He tolerated the procedure without complications and was taken to the Intensive Care Unit postoperatively. His drips were weaned early postop as well as his intraaortic balloon pump and that was removed without incident. He remained in the Intensive Care Unit and had gotten him up to the chair, began to do some ambulation. He was back in his chair and had a loss of consciousness and telemetry showed that he was in ventricular tachycardia. He was quickly cardioverted with 120 joules and converted back to his injury current type pattern. He was reloaded on Amiodarone and continued on his Amiodarone drip. We asked Cardiology to see the patient who agreed with management and continued to follow him. He did well with maintaining him on the Amiodarone drip and we eventually transferred him to the Telemetry floor 2 days ago where he has continued to make steady progress. Again, he had an ST-elevation MI and a low ejection fraction, and of course in the setting of ventricular tachycardia we asked the reps with LifeVest to fit him for a device which he will wear for the next 90 days and then we will reassess him with a repeat echocardiogram 90 days after his surgery. This will be to assess his need for AICD. He was fitted for his LifeVest today. He had a repeat echocardiogram that showed improvement in his ejection fraction. The final report is pending on that. The patient continues to make steady progress. He is ambulating, voiding, having bowel movements without complaints. His wounds are clean, dry and intact. His sternum is tight.

DISCHARGE DIAGNOSTIC STUDIES: Most recent labs on the patient's chart prior to discharge show a sodium of 131, potassium 4.1, chloride 100, CO2 25, BUN 17, creatinine 0.8, glucose 100, white count 12, HGB 10.8, HCT 33, platelets 371. His troponins on admission were 4.140. Total bilirubin 0.6, direct 0.2, AST 38, ALT 81, GGTP 52, alkaline phosphatase 68. Heparin-dependent platelet antibody was negative. MRSA screening was negative. Cholesterol 125, LDL 80, HDL 23, triglycerides 109, non HDL was 102. He had been started on a statin early postop, but his LFTs were elevated and we stopped it. Urinalysis was negative. HGB A1C was 5.4.

DISPOSITION: To home.

## DISCHARGE FOLLOW UP

1. Jeff Travis, MD, in 2 weeks.
2. Lanneau Lide, MD, in 4 weeks.
3. The patient will need a repeat echocardiogram in 90 days from the date of his surgery.

T: 06/07/2013 03:09 P/b/r

Discharge Summaries signed by Victor A. Gomez, PA-C at 06/07/13 1420

|                          |                          |                                                     |
|--------------------------|--------------------------|-----------------------------------------------------|
| Author: Victor A. Gomez, | Service: (none)          | Author: Physician Assistant                         |
| PA-C                     |                          | Type:                                               |
| Filed: 06/07/13 1420     | Note Time: 06/07/13 1420 | Cosigner: Jeffrey Allen Travis, MD at 06/08/13 0827 |

Discharge dictated #1193644

6/7/2013, 2:20 PM

Discharge Summary Notes

|                                              |                                     |
|----------------------------------------------|-------------------------------------|
| Name: Clarence Winfrey<br>Acct: 100004421483 | DOB: [REDACTED]<br>Admit: 5/28/2013 |
|----------------------------------------------|-------------------------------------|

Electronically signed by Gomez, Victor A.

Received for: Jeffrey A Travis M.D. Jun 11 2013 6:39AM Eastern Standard Time

11 #130625130719  
Winfrey, Clarence

06/25/2013 13:08:05

D.O.B.: 50 Years  
Male Caucasian  
Meds:  
Class:  
Dr:  
Tech:

Vent. Rate: 82 bpm  
RR Interval: 730 ms  
PR Interval: 162 ms  
QRS Duration: 160 ms  
QT Interval: 416 ms  
QTc Interval: 454 ms  
QT Dispersion: 58 ms  
P Axis: 41 deg  
QRS Axis: 95 deg  
T Axis: -74 deg

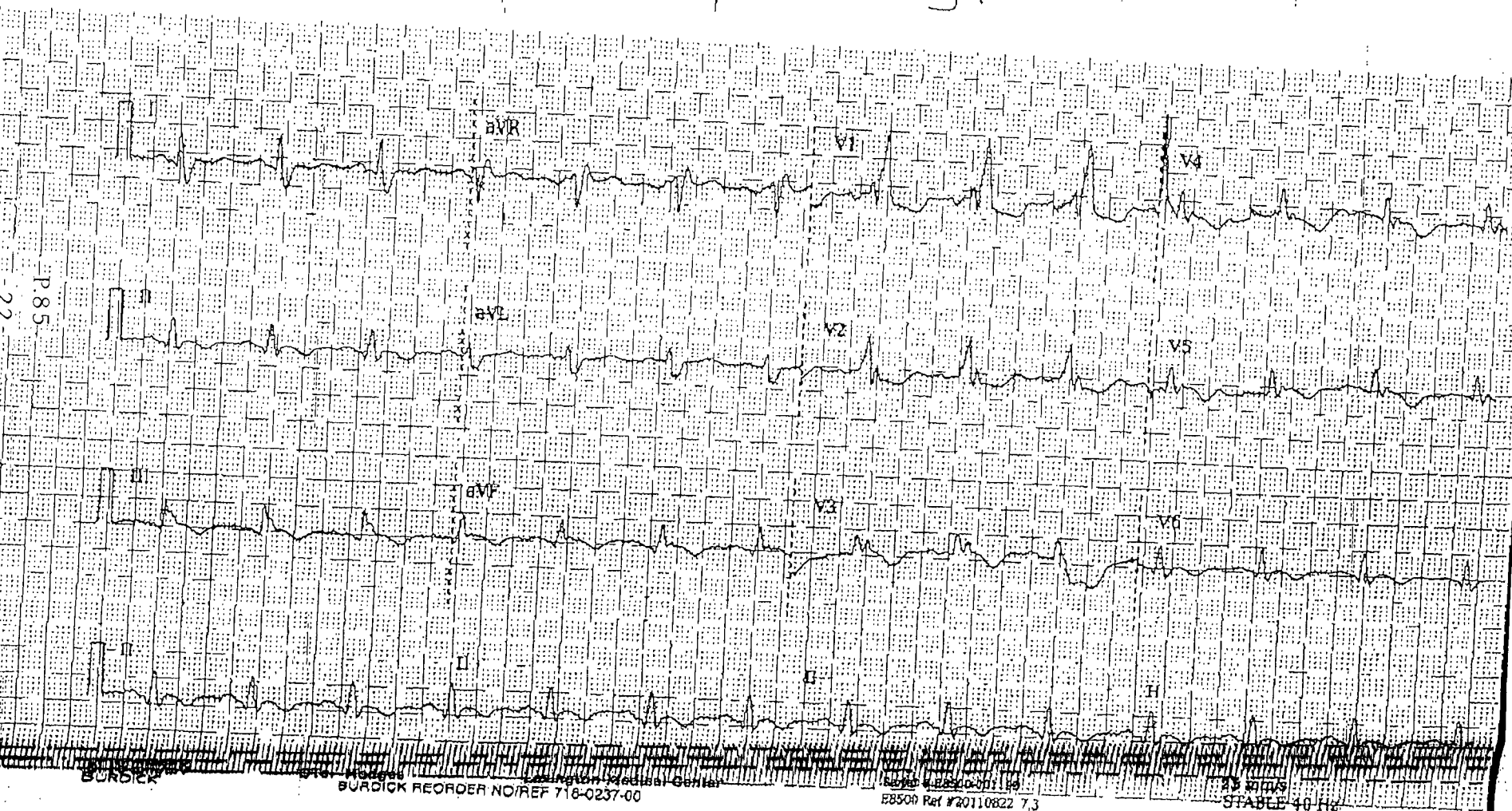
Sinus rhythm  
Rightward axis  
Right bundle branch block  
Inferior infarct - age undetermined  
Lateral ST-T changes may be due to myocardial ischemia

Abnormal ECG

\* Unconfirmed Analysis \*

SAT

Comment:



JUN-26-2013 09:16

From: 803 5-7908

RECEIVED 06/26/2013 10:23

Page: 9/18



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.

Dr. Lide, Jr.

September 16, 2013

Page 2

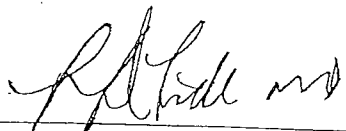
9112

WORKERS COMPENSATION QUESTIONNAIRE

Please indicate your medical opinion by choosing one of the options below.

☒ IT IS MY OPINION that to a reasonable degree of medical certainty (more likely than not) the symptoms and injuries that I have treated Mr. Winfrey for are a result of his work related accident on May 22, 2013, which occurred while he was working on a rotisserie when he accidentally came into contact with an exposed wire carrying 480 volts sending a severe electric shock through his left hand and arm injuring his heart.

☐ IT IS NOT MY OPINION that to a reasonable degree of medical certainty (more likely than not) the symptoms and injuries that I have treated Mr. Winfrey are a result of his work related accident on May 22, 2013, which occurred while he was working on a rotisserie when he accidentally came into contact with an exposed wire carrying 480 volts sending a severe electric shock through his left hand and arm injuring his heart.



Lanneau D. Lide, Jr., MD, FACC



OFFICE VISIT  
September 25, 2013

CLARENCE WINFREY 51 year old M Account #: 000009112

Requesting the consult: Jeffery A Travis MD

Primary care physician: Jeffery A Travis MD

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

Chief complaint: Post MI

, Post Open Heart

History of present illness:

This middle-aged man returns to the office having had a lipid profile. He has stopped taking Plavix, Neurontin, and amiodarone. He is still taking aspirin, Altace, Toprol, and spironolactone. He has not had palpitation. He has not had chest pain. He continues to be short of breath with exertion. He still participates in cardiac rehabilitation. He still has the life vest.

lipid profile on September 19 included total cholesterol 152, HDL 34 and LDL 106.

Patient is still having trouble getting his medications. My understanding is that the worker's comp insurance carrier is declining to pay. We have made his basic medications as inexpensive as possible. He has not previously been on a statin for treatment of hyperlipidemia but we will begin pravastatin 40 mg daily, which should also be inexpensive.

CARDIAC HISTORY

CAD:

- 1 Inferior MI [1V CABG, VG-RI, VSD patch] - 5/29/2013

Arrhythmia:

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

Risk Factors:

- 1 Hypertension
- 2 Family History of CAD [Less than 60 years of age]
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES

CV Surgery:

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

Echo/MUGA:

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

P. 88

**Cardiophysiology:**

EKG (Sinus Rhythm, RBBB, IMI/Q) - 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, IMI/Q) - 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 (1.1), L ABI (1.1)) - 8/13/2013

**Other:**

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

**Past medical history:** Gout

**LIPID SUMMARY:**

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

**Allergies / Intolerances:** None

**SOCIAL HISTORY**

Family: Divorced

Diet: Regular

Alcohol: Yes Occasional

Caffeine: Coffee

Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:** RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 226.2lbs. The BMI is 31.6 kg/m2. Blood pressure in the left arm is 98/72 mmHg in the sitting position. The pulse is 69/min. The respirations are 18/min. Pulse oximetry at rest is 98%. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Neck Veins not Visible. CHEST - Sternum - Stable. Life vest in place. RESP - Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous

Gas Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person, and Place. Mood - Appropriate. PROCSITE -  
anal Wound - Healed.

#### IMPRESSION AND PLAN

01. Cardiomyopathy, Ischemic
02. Old MI, Inferior
03. Hypercholesterolemia
04. Peripheral neuropathy
05. S/P CABG

Patient should continue in cardiac rehab. Pravastatin 40 mg daily as the new medication added today. Patient's left ventricular ejection fraction of 35% is borderline for recommendation of an implantable defibrillator. I suggest the patient keep the life vest until the company asked to have it back, as he probably has been somewhat protected from ventricular tachycardia by amiodarone which was only recently discontinued.

#### Orders:

- |   |                                                                   |
|---|-------------------------------------------------------------------|
| 1 | Have a Lipid Profile drawn in 3 Months.                           |
| 2 | Return office visit with Lanneau D. Lide MD, F.A.C.C in 3 Months. |

#### FINAL MEDICATION LIST

|                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| Altace 5 mg capsule                       | take 1 capsule by oral route every day    |
| aspirin 81 mg tablet, delayed release     | take 1 by Oral route every day            |
| pravastatin 40 mg tablet                  | take 1 tablet by ORAL route every bedtime |
| spironolactone 25 mg tablet               | take 1 by Oral route every morning        |
| Toprol XL 100 mg tablet, extended release | take 1 tablet by ORAL route every day     |
| Vitamin C 500 mg tablet                   | take 1 twice a day                        |

**Electronically signed by:** Lanneau D. Lide MD, F.A.C.C 09/26/2013 @ 4:07 PM



OFFICE VISIT  
September 17, 2013

**CLARENCE WINFREY** 51 year old M

Account #: 000009112

Requesting the consult: Jeffery A Travis MD

Primary care physician: Jeffery A Travis MD

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

Chief complaint: Post MI

, Post Open Heart

History of present illness:

This 51-year-old man is seen in followup today after acute inferior myocardial infarction in late May complicated by ventricular septal defect, treated by coronary bypass surgery and a patch. He is not having chest pain. He feels very fatigued. He has been participating in cardiac rehabilitation. He still has the life vest in place and has not had a shock from that.

We tried this patient on Neurontin last month when he appeared to have a peripheral neuropathy secondary to electrocution at work. Neurontin has not been noticeably effective.

Patient is having trouble getting his medications now. He says he has been covered up to now by workers compensation but workers comp is declining to pay for additional medication. He has an attorney to help with his claim.

Patient has not had palpitation. He has continued on amiodarone since having ventricular tachycardia 2 or 3 days postop requiring cardioversion. His life vest has not fired.

CARDIAC HISTORY

CAD:

- 1 Inferior MI [IV CABG, VG-RI, VSD patch] - 5/29/2013

Arrhythmia:

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

Risk Factors:

- 1 Hypertension
- 2 Family History of CAD [Less than 60 years of age]
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES

TV Surgery:

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

Echo/MUGA:

Echo (EF 0.30, Mid-Inferior / Apical Akin, / Apical Hypo, MorP. 9 1:MR, MAC) - 7/16/2013

E (EF 0.50, NWMA) - 6/7/2013  
Echo (EF 0.55, Mild LVH, Large infarct with VSD) - 5/28/2013

#### **Electrophysiology:**

EKG (Sinus Rhythm, RBBB, IMI) - 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, IMI) - 7/19/2013  
EKG (Sinus Rhythm, RBBB, LAI, 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 (1.1), L ABI (1.1)) - 8/13/2013

#### **Other:**

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

**Past medical history:** Gout

**Allergies / Intolerances:** None

#### **SOCIAL HISTORY**

Family: Divorced  
Diet: Regular  
Alcohol: Yes Occasional  
Caffeine: Coffee  
Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:** RESP - Negative for snoring, hemoptysis, dyspnea. CONST - Negative for weight gain, weight loss, fever. Positive for fatigue. EYES - Negative for visual changes. ENT - Negative for hearing loss. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 219lbs. The BMI is 30.6 kg/m2. Blood pressure in the left arm is 130/99 mmHg in the sitting position. The pulse is 90/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Neck Veins not Visible. CHEST - Sternum - Stable. life vest in place. RESP - Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound - Healed.

#### **IMPRESSION AND PLAN**

P.92

- 01. Cardiomyopathy, Ischemic
- Old MI, Inferior
- 03. S/P CABG
- 04. Hypercholesterolemia
- 05. Hypertension, Benign
- 06. Peripheral neuropathy

Patient is having trouble getting his medications. Workers comp was paying for his care but has recently refused ~~to~~ do not see how anyone could argue that the electrocution on the job was not the proximate cause of his myocardial infarction and ventricular septal defect.

We reviewed the medications. I think he should continue daily low-dose aspirin. He may stop taking Plavix when ~~he~~ runs out. He may stop taking Neurontin, which did not seem to be helpful. He should continue Altace, spironolactone ~~and~~ Toprol. If Altace is more than \$4 a month, we will switch him to lisinopril. He may discontinue amiodarone. He ~~needs~~ to have an echocardiogram to evaluate his left ventricular systolic function after myocardial infarction and surgery, ~~to see~~ whether or not an AICD is indicated.

I do not have a record of this patient's lipids, and he does not appear to have been on lipid-lowering therapy. We ~~will~~ get a lipid profile in the near future.

Continue cardiac rehabilitation as tolerated.

#### Orders:

|   |                                                                  |
|---|------------------------------------------------------------------|
| 1 | Return office visit with Lanneau D. Lide MD, F.A.C.C in 2 Weeks. |
|---|------------------------------------------------------------------|

#### FINAL MEDICATION LIST

|                                           |                                        |
|-------------------------------------------|----------------------------------------|
| Altace 5 mg capsule                       | take 1 capsule by oral route every day |
| aspirin 81 mg tablet, delayed release     | take 1 by Oral route every day         |
| spironolactone 25 mg tablet               | take 1 by Oral route every morning     |
| Toprol XL 100 mg tablet, extended release | take 1 tablet by ORAL route every day  |
| Vitamin C 500 mg tablet                   | take 1 twice a day                     |

Electronically signed by: Lanneau D. Lide MD, F.A.C.C 09/17/2013 @ 11:39 AM..



OFFICE VISIT  
August 13, 2013

**CLARENCE WINFREY** 50 year old M Account #: 000009112

**Requesting the consult:** Jeffery A Travis MD

**Primary care physician:** Jeffery A Travis MD

**Cardiologist:** Lanneau D. Lide MD, F.A.C.C

**Chief complaint:** Post Open Heart  
, Post MI

**History of present illness:**

Mr. Winfrey presents today with numbness in his left great toe. Dr. Travis suggested this symptom was due to the electric shock he experienced prior to myocardial infarction. Patient has not been known to have peripheral vascular disease.

Patient also notes that the visiting nurse has detected a difference between blood pressure in the right arm and left arm, th the left arm a little more. In a similar difference has been seen at cardiac rehabilitation, where he has learned to ask the nurses to check the blood pressure in the right arm. He does not experience pain in his arms. He has had an 8-10 cardiac rehab sessions thus far.

**CARDIAC HISTORY**

**CAD:**

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

**Risk Factors:**

- 1 Hypertension
- 2 Family History of CAD [Less than 60 years of age]
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

**CARDIOVASCULAR PROCEDURES**

**CV Surgery:**

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

**Echo/MUGA:**

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, 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 ST<sup>T</sup> - 7/26/2013  
P.94

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

ECG (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

**Other:**

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

**Past medical history:** Gout

**Allergies / Intolerances:** None

**SOCIAL HISTORY**

Family: Divorced

Diet: Regular

Alcohol: Yes Occasional

Caffeine: Coffee

Primary Language: English

**Family history:** There is a family history of premature coronary artery disease.

**Review of symptoms:** RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 220lbs. The BMI is 30.8 kg/m2. Blood pressure in the left arm is 110/80 mmHg in the sitting position. Blood pressure in the right arm is 120/80 mmHg in the sitting position. The pulse is 60/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, , Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound - Healed.

**IMPRESSION AND PLAN**

01. Cardiomyopathy, Ischemic
02. Recent MI, Inferior
03. S/P CABG
04. Hypercholesterolemia
05. Hypertension, Benign
06. Peripheral neuropathy

This patient's new problem is numbness in the toe, probably a peripheral neuropathy secondary to be electric shock he experienced at work prior to myocardial infarction. We have done an ABI today which showed no evidence of peripheral vascular disease. It would be reasonable to try Neurontin 300 mg twice daily and patient was given a prescription.

did not find a severe difference in blood pressure between the left upper extremity and right upper extremity on today's exam. There was no difference in right and left upper extremity blood pressure during ABI. There is probably only mild stenosis of the subclavian or axillary artery causing this symptom. I do not believe further evaluation of this problem is indicated now. Patient was encouraged to continue in cardiac rehab.

**Orders:**

|   |                                                                  |
|---|------------------------------------------------------------------|
| 1 | Return office visit with Lanneau D. Lide MD, F.A.C.C in 1 Month. |
|---|------------------------------------------------------------------|

**FINAL MEDICATION LIST**

|                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| Altace 5 mg capsule                       | take 1 capsule by oral route every day         |
| amiodarone 200 mg tablet                  | take 1 tablet by oral route 2 times every day  |
| aspirin 81 mg tablet, delayed release     | take 1 by Oral route every day                 |
| Neurontin 300 mg capsule                  | take 1 capsule by oral route 2 times every day |
| Plavix 75 mg tablet                       | take 1 by Oral route every day                 |
| spironolactone 25 mg tablet               | take 1 by Oral route every morning             |
| Toprol XL 100 mg tablet, extended release | take 1 tablet by ORAL route every day          |
| Vitamin C 500 mg tablet                   | take 1 twice a day                             |

**Electronically signed by:** Lanneau D. Lide MD, F.A.C.C 08/13/2013 @ 11:09 AM



OFFICE VISIT  
July 26, 2013

**CLARENCE WINFREY** 50 year old M Account #: 000009112

**Requesting the consult:** Jeffery A Travis MD

**Primary care physician:** Jeffery A Travis MD

**Cardiologist:** Lanneau D. Lide MD, F.A.C.C

**Chief complaint:** Cardiomyopathy

, Post MI

, Post Open Heart

**History of present illness:**

Mr. Winfrey is seen for the first time in one week. He has returned to cardiac rehab. Once his blood pressure was low enough that he was advised to drink water while there. He has only felt lightheaded when standing up suddenly. He has not had chest pain. He is breathing fairly well. He has not had peripheral edema. He continues to wear the life vest.

**CARDIAC HISTORY**

**CAD:**

- 1 Myocardial Infarction [IV CABG, IABP, CV Surgery (IV CABG; VG-RI and repair of post-infarct VDS; IABP) - 5/29/2013] - 5/29/2013

**Risk Factors:**

- 1 Hypertension
- 2 Family History of CAD [Less than 60 years of age]
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

**CARDIOVASCULAR PROCEDURES**

**CV Surgery:**

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

**Echo/MUGA:**

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, RBBB, IMI with Q waves and persistent STE) - 7/26/2013

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

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

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

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

**Other:**

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

**Past medical history:** Gout

**Allergies / Intolerances:** None

**SOCIAL HISTORY**

Family: Divorced  
Diet: Regular  
Tobacco Cessation: The patient was counseled on tobacco cessation.  
Alcohol: Yes Occasional  
Caffeine: Coffee  
Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:** RESP - Negative for snoring, hemoptysis, dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. 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 memory loss, seizures, dizziness. Positive for lightheadedness. PSYCH - Negative for depression, hallucinations. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 226.3lbs. The BMI is 31.6 kg/m2. Blood pressure in the left arm is 97/69 mmHg in the sitting position. The pulse is 69/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. Respirations - Labored. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carolid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound - Healed, .

**IMPRESSION AND PLAN -**

01. Cardiomyopathy, Ischemic
02. Hypertension, Benign
03. S/P CABG
04. Recent MI, Inferior
05. Hypercholesterolemia

At weight of 226.3, this patient's chronic systolic congestive heart failure appears well compensated. He has no edema and has not been short of breath. I suspect he could probably back off a low more on his Lasix 80 mg daily without developing decompensated heart failure, and his blood pressure might be a little higher. He may skip Lasix if he has major plans for the day which make Lasix inconvenient. He may try taking only 40 mg of Lasix in the morning rather than 80. He understands that he will need to take extra Lasix if he has edema or shortness of breath. His insurance company was going to provide bathroom scales but that he has not received them yet. He understands that weight gain of more than 2 or 3 pounds would be a clear indicator of fluid retention.

We will need to reevaluate this patient in 5 or 6 weeks with echocardiogram to see whether he needs heart failure

teria for ICD implantation then. In the meantime, he should reduce his amiodarone dose to 400 mg daily.

**Orders:**

Patient counseled on tobacco cessation.

**FINAL MEDICATION LIST**

|                                       |                                         |
|---------------------------------------|-----------------------------------------|
| Altace 5 mg capsule                   | take 1 capsule by oral route every day  |
| amiodarone 400 mg tablet              | take 1 tablet by oral route twice a day |
| aspirin 81 mg tablet, delayed release | take 1 by Oral route every day          |
| metoprolol tartrate 25 mg tablet      | take 1 by Oral route 2 times every day  |
| Plavix 75 mg tablet                   | take 1 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 07/26/2013 @ 9:50 AM



Providence Hospital  
2001 Laurel St.  
Columbia SC 29204



PROVIDENCE HOSPITALS

Phone: 803-254-3278 Fax: 803-376-8010

A Division of the Sisters of Charity Health System

## ECHOCARDIOGRAPHY REPORT

Name: CLARENCE WINFREY ID # 9112  
Age/Sex: 51.08/M Date of Service: 9/19/2013 8:34:50 AM  
DOB: B/P 130/99 mmHg  
Ht: 71 in RefMD: LDL  
Wt: 219 lb BSA: 2.19

Technologist: MBS

Technical quality: Technical quality of the study is fair. Acoustic window is fair due to body habitus.

Procedure: 2D/MMode Echo - 93307, Cardiac Doppler - 93320 and Color Flow Imaging - 93325.

Diagnosis: CAD, CABG, VSD REPAIR

| M-Mode             |         | Normal     |                    |              | Normal     |
|--------------------|---------|------------|--------------------|--------------|------------|
| IVSD               |         | 0.6-1.2 cm | RVID               |              | <3.0 cm    |
| LVPWD              |         | 0.6-1.2 cm | Ao root            | 2.85 cm      | 3.0-3.7 cm |
| LVIDd              |         | 3.5-5.6 cm | LAs                |              | 1.5-4.0 cm |
| LVIDs              |         |            | FS%                |              |            |
| 2D                 |         | Normal     |                    |              | Normal     |
| IVSD               | 1.25 cm | 0.6-1.2 cm | RVID               |              | <3.0 cm    |
| LVPWD              | 1.20 cm | 0.6-1.2 cm | Ao root            |              | 3.0-3.7 cm |
| LVIDd              | 6.64 cm | 3.5-5.6 cm | LAs                |              | 1.5-4.0 cm |
| LVIDs              | 5.59 cm |            | FS%                | 15.8 %       |            |
| AV                 |         |            |                    |              |            |
| LVOT diameter      |         | Peak Grad  |                    | AR P1/2 time |            |
| V1                 |         | Mean Grad  |                    |              |            |
| V2                 |         | AVA        |                    |              |            |
| Pulmonary Pressure |         |            | Diastolic Function |              |            |
| TR Vmax            |         |            | MV DT              |              |            |
| TR Pk Grad         |         |            | E velocity         |              | -          |
| RA Pressure        | 10 mmHg | -          | E velocity         | cm/sec       |            |
| RVSP               |         |            |                    |              |            |

### Echocardiographic Findings:

**Left Ventricle:** Mildly dilated left ventricular size and moderate to severely reduced systolic function. Estimated EF 35%. Calculated ejection fraction is 46.3 %. The apical segment of the left ventricle was hypokinetic. The basal to apical inferolateral segment of the left ventricle was akinetic. The mid to apical inferoseptal segment of the left ventricle was severely hypokinetic. Unable to assess diastolic function.

**Right Ventricle:** Normal right ventricular size with normal systolic function.

**Left Atrium:** The left atrium is mildly dilated.

**Right Atrium:** The right atrium is normal in size.

**Mitral Valve:** The mitral valve is structurally normal. Mild mitral annular calcification. No mitral stenosis. Mild to moderate regurgitation. The jet is posteriorly-directed.

**Aortic Valve:** The aortic valve is structurally normal. No aortic stenosis. No regurgitation.

**Pulmonic Valve:** The pulmonic valve is structurally normal. Trace regurgitation.

**Tricuspid Valve:** The tricuspid valve is structurally normal. Trace tricuspid regurgitation.

**Masses, Thrombi, Vegetations:** No obvious intracardiac masses, thrombi or vegetations.

**Pericardium/Extracardiac:** No pericardial effusion.

**Conclusions:**

1. Mildly dilated left ventricular size and moderate to severely reduced systolic function.
2. Estimated EF 35%.
3. The apical segment of the left ventricle was hypokinetic.
4. The basilar to apical inferolateral segment of the left ventricle was akinetic.
5. The mid to apical inferoseptal segment of the left ventricle was severely hypokinetic.
6. Mild to moderate mitral regurgitation.

Electronically signed by: Laoncau Lidc MD

Date: 9/22/2013 at 2:53:10 PM

cc: Jeffery A Travis MDEV DepartmentHIMS TouchChart

|                 |             |   |               |
|-----------------|-------------|---|---------------|
| LAB ACCESSION # | LAB ORDER # | R | REPORT STATUS |
| 262-078-3465-5  | CD-PROFITE  |   | Final         |

Laboratory Corporation of America

|                     |            |
|---------------------|------------|
| PATIENT NAME        | PATIENT ID |
| WINFREY, CLARENCE B | 060019112  |

|               |      |           |              |
|---------------|------|-----------|--------------|
| PATIENT PHONE | SEX  | D.O.B.    | AGE (YR-MON) |
| 219-7790      | Male | 8-19-1962 | 51 / 1       |

|                |     |
|----------------|-----|
| PHYSICIAN NAME | NPI |
| Edie L.        |     |

|         |
|---------|
| FASTING |
| Y       |

|           |
|-----------|
| ACCOUNT # |
| 39435900  |

|                     |               |
|---------------------|---------------|
| DATE AND TIME DRAWN | DATE RECEIVED |
| 9/19/2013 8:14      | 9/19/2013     |

|                             |
|-----------------------------|
| South Carolina Heart Center |
| Interfac Account            |

|                        |                       |
|------------------------|-----------------------|
| DATE AND TIME REPORTED | DATE AND TIME PRINTED |
| 9/19/2013 8:46         | 9/23/2013 8:09        |

|                         |
|-------------------------|
| 2001 Laurel Street      |
| COLUMBIA, SC 29204-0000 |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

Lipid Panel With HDL/ECU Ratio

|                    |     |           |       |    |
|--------------------|-----|-----------|-------|----|
| Cholesterol, Total | 152 | 150 - 175 | mg/dL | 01 |
|--------------------|-----|-----------|-------|----|

|               |    |         |       |    |
|---------------|----|---------|-------|----|
| Triglycerides | 50 | 0 - 145 | mg/dL | 01 |
|---------------|----|---------|-------|----|

|                 |      |     |       |    |
|-----------------|------|-----|-------|----|
| HDL Cholesterol | 34 L | >39 | mg/dL | 01 |
|-----------------|------|-----|-------|----|

Comment

According to AHA/ACC Guidelines, HDL-C >39 mg/dL is considered a negative risk factor for CHD.

|                       |    |        |       |  |
|-----------------------|----|--------|-------|--|
| VLDL Cholesterol Calc | 12 | 0 - 40 | mg/dL |  |
|-----------------------|----|--------|-------|--|

|                      |       |        |       |  |
|----------------------|-------|--------|-------|--|
| LDL Cholesterol Calc | 106 H | 0 - 99 | mg/dL |  |
|----------------------|-------|--------|-------|--|

|               |     |           |             |  |
|---------------|-----|-----------|-------------|--|
| LDL/HDL Ratio | 3.1 | 0.0 - 3.0 | ratio units |  |
|---------------|-----|-----------|-------------|--|

LAB: 01 8N LabCorp Burlington  
1140 York Court, Burlington, NC 27215-3361

PHYSICIAN: William P Hancock MD

# **Lower Extremity Arterial Imaging Report** **Ankle/Brachial Index**

|          |                  |                |            |
|----------|------------------|----------------|------------|
| Pt Name: | CLARENCE WINFREY | Exam Date:     | 8/13/2013  |
| Pt ID:   | 9112             | Exam Time:     | 9:23:07 AM |
| DOB:     | 11/11/1945       | Ref Physician: | LDL        |
| Sex:     | M                | Sonographer:   | KLE        |

**Indications:** Hypertension, Heart Disease and Cigarette/Tobacco Use  
**Symptoms:** Numbness, Tingling

| BP at Rest: | RIGHT    |           | LEFT     |
|-------------|----------|-----------|----------|
| Brachial:   | 146 mmHg |           | 140 mmHg |
| Ankle PT:   | 160 mmHg | Triphasic | 158 mmHg |
| Ankle DP:   | 160 mmHg | Triphasic | 158 mmHg |
| ABI:        | 1.1 mmHg |           | 1.1 mmHg |

| Post-Exercise Pressures: | RIGHT | Exercise Type: | LEFT |
|--------------------------|-------|----------------|------|
| Arm:                     | mmHg  |                |      |
| Ankle:                   | mmHg  |                | mmHg |
| ABI:                     | mmHg  |                | mmHg |

ABI Values: 0.90 or Above - Generally Normal  
0.75 - 0.90 - Mild Disease  
0.50 - 0.75 - Moderate Disease  
Less than 0.50 - Severe Disease

**Impression/Comments:** ABI's indicated normal arterial flow bilaterally.

Information entered by KLE of SC Heart Center.

Electronically signed by: Norma Khoury MD on 8/14/2013 at 6:53:13 AM

cc: Jeffery A Travis MD EV Department HMS TouchChart



## OFFICE VISIT

July 19, 2013

**CLARENCE WINFREY** 50 year old M : Account #: 000009112

**Requesting the consult:** Jeffery A Travis MD

**Primary care physician:** Jeffery A Travis MD

**Cardiologist:** Lanneau D Lide MD, F A.C.C

**Chief complaint:** Cardiomyopathy

, Post Open Heart

### History of present illness:

Mr. Winfrey returns today in close followup after presenting with acute on chronic systolic CHF Monday July 15, including right sided pulmonary edema on CXR. By the time he got over to see Dr. Travis Tuesday PM, his BP was less than 80 although he did not feel especially lightheaded. We had to back off on his medications. He feels well today, with no chest pain except postop pain. Lab yesterday included BUN 25, creatinine 1.35 and K+ 3.4.

### ARDIAC HISTORY

#### **CAD:**

- 1 Myocardial Infarction [1V CABG, IABP, CV Surgery (1V CABG: VG-Ri and repair of post-infarct VDS; IABP) - 5/29/2013] - 5/29/2013

#### **Risk Factors:**

- 1 Hypertension
- 2 Family History of CAD [Less than 60 years of age]
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

### CARDIOVASCULAR PROCEDURES

#### **CV Surgery:**

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

#### **Echo/MUGA:**

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, RBBB, IMI) - 7/19/2013

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

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

EKG (Sinus Tachy, RBBB, inferior infarct age undetermined.) - 5/23/2013

#### **Other:**

CXR (Effusion: Left, Infiltrate: Right, cardiomegaly, postop sP, 104my. Extensive opacity throughout the right lung

ggesting diffuse pneumonia on that side.) - 7/15/2013

**Past medical history:** Gout

**Allergies / Intolerances:** None

### **SOCIAL HISTORY**

Family: Divorced

Diet: Regular

Alcohol: Yes Occasional

Caffeine: Coffee

Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:** RESP - Negative for snoring, hemoptysis, dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 225.00lbs. The BMI is 31.5 kg/m2. Blood pressure in the left arm is 118/82 mmHg in the sitting position. The pulse is 79/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. Respirations - Labored. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Mild, Bilateral. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Exam ess. a, s on July 16, with minimal edema.

### **IMPRESSION AND PLAN**

01. Recent MI, Inferior
02. S/P CABG
03. Hypercholesterolemia
04. Hypertension, Benign
05. Systolic Heart Failure, Acute On Chronic

Lasix 40 daily, Altace 25 daily and metoprolol 25 BID was not enough medication for this patient's CHF. Lasix 80 BID, Altace 10 daily and metoprolol 50 BID was too much. Patient will try taking Altace 5 mg daily, metoprolol 25 mg BID, and Lasix 80 mg daily. We will add spironolactone 25 mg daily. He can double his Lasix back to 80 BID if he has worsening edema or dyspnea. If he has no edema, he does not have to take Lasix.

Rx written for scales and home BP device.

Return visit one week with BMP the day before. Resume cardiac rehab as tolerated.



OFFICE VISIT  
July 16, 2013

**CLARENCE WINFREY** 50 year old M , Account #: 000009112

Requesting the consult: Jeffery A Travis MD

Primary care physician: Jeffery A Travis MD

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

Chief complaint: Cardiomyopathy

, Post MI

, Post Valve Surgery

History of present illness:

This patient was seen yesterday in the office at which time he had shortness of breath at rest, right-sided pulmonary edema on chest x-ray, and marked peripheral edema. On Lasix 80 mg twice daily since then, including 2 doses yesterday, he has had a significant diuresis. His weight has declined from 239-222 pounds. He has not had chest pain. Laboratory studies yesterday included hematocrit 33% which I believe is stable. Creatinine was low normal at 0.7. Potassium was 3.8. Echocardiogram today shows a reduced left ventricular ejection fraction of about 30% with extensive wall motion abnormalities but with no evidence for a persistent ventricular septal defect.

CARDIAC HISTORY

CAD:

- 1 Inferoseptal MI [1V CABG, VG-RI, VSD repair] - 5/29/2013

Risk Factors:

- 1 Family History of CAD [Less than 60 years of age]
- 2 Hypertension
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES

CV Surgery:

CV Surgery (1V CABG: VSD repair with pericardial patch) - 5/29/2013

Echo/MUGA:

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, 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

Other:

CXR (Infiltrate: Right, cardiomegaly, postop sternotomy) - P. 10 6/13

**Past medical history:** Gout

**Allergies / Intolerances:** None

**Family history:** There is a family history of premature coronary artery disease.

**Review of symptoms:**

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 221.7lbs. The BMI is 31.0 kg/m2. Blood pressure in the left arm is 120/80 mmHg in the sitting position. The pulse is 76/min. The respirations are 18/min. Nourishment - Obese. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. Respirations - Labored. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Mild, Bilateral. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound, d - Healed.

#### **IMPRESSION AND PLAN**

01. Recent MI, Inferior
02. S/P CABG
03. Hypercholesterolemia
04. Hypertension, Benign
05. Systolic Heart Failure, Acute On Chronic

This patient has had a dramatic diuretic response to increased Lasix dose. He still has some peripheral edema and I suspect he needs another 10 pounds of diuresis. He certainly may be at some risk of hypokalemia if his diuresis continues at a rapid rate. He has been on only low doses of Altace 2.5 mg daily and metoprolol 25 mg twice daily since hospitalization. His blood pressure and heart rate are high enough that I would ask him to go ahead and increase his metoprolol to 50 mg twice daily. He left the office before we had a report on his BMP. We will contact the patient by telephone and ask him to increase his Altace to 2.5 mg, 4 tablets daily. He should have a BMP drawn again in 2 days, on Thursday, July 18, and should see me in the office again on Friday morning July 19. If his edema resolves, he should cut back on his Lasix dose.

#### **FINAL MEDICATION LIST**

|                                  |                                               |
|----------------------------------|-----------------------------------------------|
| Altace 2.5 mg capsule            | take 1 capsule by ORAL route every day        |
| amiodarone 400 mg tablet         | take 1 tablet by oral route twice a day       |
| Lasix 80 mg tablet               | take 1 tablet by oral route 2 times every day |
| metoprolol tartrate 25 mg tablet | take 1 by Oral route 2 times every day        |
| Pepcid 20 mg tablet              | take 1 tablet by oral route 2 times every day |
| Plavix 75 mg tablet              | take 1 by Oral route every day                |
| Vitamin C 500 mg tablet          | take 1 twice a day                            |



OFFICE VISIT  
July 15, 2013

CLARENCE WINFREY 50 year old M Account #: 000009112

Requesting the consult: Jeffery A Travis MD

Primary care physician: Jeffery A Travis MD

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

Chief complaint: Post MI

, Post Open Heart

History of present illness:

Mr. Winfrey he is seen in the office for the first time. He presented in late May with acute infero-septal myocardial infarction complicated by a ventricular septal defect. He underwent surgery which included a vein graft to the ramus intermedius and repair of his VSD using a pericardial patch. He required a prolonged hospitalization. He had ventricular tachycardia after transfer out of intensive care and was started on amiodarone. He was discharged with a life vest. The plan was to evaluate his left ventricular function 3 months postop to decide whether an ICD should be implanted.

Patient has been feeling short of breath the last few days. He has nocturia x2 or 3. He has had PND almost every night this past week. He has had peripheral edema every day, although it mostly resolves at night. He has not had chest pain and has not taken nitroglycerin.

Patient has been in cardiac rehabilitation at Lexington but has not been able to do much exercise.

CARDIAC HISTORY

CAD:

- 1 Inferoseptal MI [1V CABG, VG-RI, VSD repair] - 5/29/2013

Risk Factors:

- 1 Family History of CAD [less than 60 years of age]
- 2 Hypertension
- 3 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURES

CV Surgery:

CV Surgery (1V CABG: VSD repair with pericardial patch) - 5/29/2013

Echo/MUGA:

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, RBBB, LAE, inferior infarct) - 7/15/2013

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

P.108

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

**Other:**

CXR (Infiltrate: Right, cardiomegaly, postop sternotomy) - 7/15/2013

**Past medical history:** Gout

**Allergies / Intolerances:** None

**SOCIAL HISTORY**

Family: Divorced

Diet: Regular

Alcohol: Yes Occasional

Caffeine: Coffee

Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:** RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. CARD - Negative for chest pain, diaphoresis, orthopnea, palpitation, syncope, pnd. VASC - Negative for claudication. Positive for edema. GI - Negative for nausea, reflux, bleeding. GU - Negative for hematuria, nocturia. NEURO - Negative for dizziness, memory loss, seizures. PSYCH - Negative for depression, hallucinations. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 239lbs. The BMI is 33.4 kg/m2. Blood pressure in the left arm is 128/80 mmHg in the sitting position. The pulse is 80/min. The respirations are 18/min. Nourishment - Obese. Appearance - Well Developed. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. CHEST - Sternum - Stable. RESP - Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent. Rhonchi - Absent. Respirations - Labored. CARDIAC - Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - II/VI holosystolic murmur heard at the left sternal border. ABD - Carotid - Bilateral Normal Pulse, No Bruits Noted. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Moderate, Bilateral. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate. PROCSITE - Sternal Wound - Healed.

**IMPRESSION AND PLAN**

01. Recent MI, Inferior
02. Ventricular Septal Defect
03. S/P CABG
04. Hypercholesterolemia
05. Hypertension, Benign
06. Systolic Heart Failure, Acute On Chronic

This patient's main problem is acute on chronic congestive heart failure. He appears short of breath at rest. He has had PND most nights recently. He has peripheral edema. He has what appears to be right-sided pulmonary edema on his chest x-ray, which also shows cardiomegaly but shows a clear left lung. He is on only very small doses of metoprolol, Altace and Lasix, although I suspect these doses were appropriate when he was hospitalized and his blood pressure was not very high. I recommended hospitalization, but he declined. We will have blood drawn today for CBC and BMP. An echocardiogram will be done. I will see this patient back in my office tomorrow to review his results with him. In the

meantime, he was given a new prescription for Lasix 80 mg twice daily and was instructed to begin this medication by taking 80 mg twice today. He understands he may have to go to the emergency room if he does not experience prompt relief of dyspnea. He will keep the life vest on.

#### FINAL MEDICATION LIST

|                                  |                                                                |
|----------------------------------|----------------------------------------------------------------|
| Altace 2.5 mg capsule            | take 1 capsule by ORAL route every day                         |
| amiodarone 400 mg tablet         | take 1 tablet by oral route twice a day                        |
| Lasix 80 mg tablet               | take 1 tablet by oral route 2 times every day                  |
| Lortab 5 mg-500 mg tablet        | take 1 tablet by oral route every 4-6 hours as needed for pain |
| metoprolol tartrate 25 mg tablet | take 1 by Oral route 2 times every day                         |
| Pepcid 20 mg tablet              | take 1 tablet by oral route 2 times every day                  |
| Plavix 75 mg tablet              | take 1 by Oral route every day                                 |
| Vitamin D3 5,000 unit tablet     | take 1 by Oral route every day                                 |

Electronically signed by: Lanneau D. Lide MD, F.A.C.C 07/15/2013 @ 6:54 PM



PROVIDENCE HOSPITALS

A Division of the Sisters of Providence Health System

Providence Hospital

2001 Laurel St.

Columbia SC 29204

Phone: 803-254-3278 Fax: 803-376-8010



## ECHOCARDIOGRAPHY REPORT

Name: CLARENCE WINFREY ID # 9112  
 Age/Sex: 50.91/M Date of Service: 7/16/2013 7:45:25 AM  
 DOB: B/P 128/80 mmHg  
 HE: 71.00 in Ref MD: LDL  
 WI: 230.00 lb BSA: 2.24

Technologist: KLE

Technical quality: Technical quality of the study is suboptimal due to poor acoustic window which may affect data interpretation.

Procedure: 2D/MMode Echo - 93307, Cardiac Doppler - 93320 and Color Flow Imaging - 93325.

Diagnosis: MI; CABG; VSD REPAIR

| M-Mode             |         | Normal     |                    |         | Normal     |
|--------------------|---------|------------|--------------------|---------|------------|
| IVSd               |         | 0.6-1.2 cm | RVID               |         | <3.0 cm    |
| LVPWd              |         | 0.6-1.2 cm | Ao root            | 3.36 cm | 3.0-3.7 cm |
| LVIDd              |         | 3.5-5.6 cm | LAs                | 4.21 cm | 1.5-4.0 cm |
| LVIDs              |         |            | FS%                |         |            |
|                    |         |            |                    |         |            |
| 2D                 |         | Normal     |                    |         | Normal     |
| IVSd               | 1.33 cm | 0.6-1.2 cm | RVID               |         | <3.0 cm    |
| LVPWd              | 1.06 cm | 0.6-1.2 cm | Ao root            |         | 3.0-3.7 cm |
| LVIDd              | 4.97 cm | 3.5-5.6 cm | LAs                |         | 1.5-4.0 cm |
| LVIDs              | 3.65 cm |            | FS%                | 26.6 %  |            |
|                    |         |            |                    |         |            |
| AV                 |         |            |                    |         |            |
| LVOT diameter      |         | Peak Grad  | AR Pt:2 Gmc        |         |            |
| VI                 |         | Mean Grad  |                    |         |            |
| V3                 |         | AVA        |                    |         |            |
|                    |         |            |                    |         |            |
| Pulmonary Pressure |         |            | Diastolic Function |         |            |
| TR Vmax            |         |            | MV DT              |         |            |
| TR Pk Grad         |         |            | E velocity         |         |            |
| RA Pressure        | 10 mmHg |            | E velocity         | cm/sec  |            |
| RVSP               |         |            |                    |         |            |

### Echocardiographic findings:

**Left Ventricle:** Normal left ventricular size and severely decreased systolic function. Estimated EF 30%. The apical segment of the left ventricle was hypokinetic. The mid to apical inferior segment of the left ventricle was akinetic and aneurysmal. The apical inferoseptal segment of the left ventricle was dyskinetic. Normal diastolic function. VSD patch stable.

**Right Ventricle:** Normal right ventricular size with normal systolic function.

**Left Atrium:** The left atrium is normal in size.

**Right Atrium:** The right atrium is normal in size.

**Mitral Valve:** The mitral valve is structurally normal. Mild mitral annular calcification. No mitral stenosis. Mild to moderate regurgitation. The jet is posteriorly-directed.

**Aortic Valve:** The aortic valve is structurally normal. No aortic stenosis. No regurgitation.

**Pulmonic Valve:** The pulmonic valve is structurally normal. Trace regurgitation.  
**Tricuspid Valve:** The tricuspid valve is structurally normal. Trace tricuspid regurgitation.  
**Pericardium/Extracardiac:** No pericardial effusion.

**Conclusions:**

1. Technical quality of the study is suboptimal due to poor acoustic window which may affect data interpretation.
2. Normal left ventricular size and severely decreased systolic function.
3. Estimated EF 30%.
4. The apical segment of the left ventricle was hypokinetic.
5. The mid to apical inferior segment of the left ventricle was akinetic and aneurysmal.
6. The apical inferoseptal segment of the left ventricle was dyskinetic.
7. Mild to moderate mitral regurgitation.
8. No VSD apparent.

Electronically signed by: Lanncau Lide MD

Date: 7/16/2013 at 9:45:01 AM

cc: Jeffery A Travis MDEV DepartmentHIMS TouchChart

|                        |  |                  |        |                             |  |
|------------------------|--|------------------|--------|-----------------------------|--|
| LAB ACCESSION #        |  | LAB ORDER NUMBER |        | REPORT STATUS               |  |
| 199-878-0132-0         |  | CD-PRO10301      |        | Final                       |  |
| PATIENT NAME           |  |                  |        | PATIENT ID.                 |  |
| WINFREY, CLARENCE B    |  |                  |        | 000009112                   |  |
| PATIENT PHONE          |  | SEX              | D.O.B. | AGE (YR/MOS)                |  |
|                        |  | Male             | 1967   | 50 F 16                     |  |
| Fasting                |  |                  |        | Physician Name              |  |
|                        |  |                  |        | Lide, L                     |  |
| DATE AND TIME DRAWN    |  |                  |        | ACCOUNT #                   |  |
| 7/18/2013 7:51         |  |                  |        | 19135900                    |  |
| DATE RECEIVED          |  |                  |        | South Carolina Heart Center |  |
| 7/18/2013              |  |                  |        | Interface Account           |  |
| DATE AND TIME REPORTED |  |                  |        | 2001 Laurel Street          |  |
| 7/18/2013 16:37        |  |                  |        | COLUMBIA, SC 29204-6000     |  |
| DATE AND TIME PRINTED  |  |                  |        |                             |  |
| 7/18/2013 17:27        |  |                  |        |                             |  |
| TEST                   |  | RESULT           |        | LIMITS                      |  |

Basic Metabolic Panel (8)

|                       |     |           |             |    |
|-----------------------|-----|-----------|-------------|----|
| Glucose, Serum        | 91  | 65 - 99   | mg/dL       | 01 |
| BUN                   |     | 25 H      | 6 - 24      | 01 |
| Creatinine, Serum     |     | 1.35 H    | 0.75 - 1.27 | 01 |
| eGFR If NonAfrican Am | 61  |           | >59         |    |
| eGFR If African Am    | 70  |           | >59         |    |
| BUN/Creatinine Ratio  | 19  |           | 9 - 20      |    |
| Sodium, Serum         | 140 | 134 - 144 | mmol/L      | 01 |
| Potassium, Serum      |     | 3.4 L     | 3.5 - 5.2   | 01 |
| Chloride, Serum       | 98  |           | 97 - 108    | 01 |
| Carbon Dioxide, Total | 27  |           | 19 - 28     | 01 |
| Calcium, Serum        | 9.1 |           | 8.7 - 10.2  | 01 |

LAB: 81 CS LabCorp Columbia DIRECTOR: Joseph Modzelewski MD  
 2 Southern Court, West Columbia, SC 29169-3060



7/26/13  
 WDL

# Laboratory Corporation of America

| LAB ACCESSION #             |        | LAB ORDER NUMBER |           | REPORT STATUS         |     |
|-----------------------------|--------|------------------|-----------|-----------------------|-----|
| 196-078-5343-0              |        | CD-PRO10244      |           | Final                 |     |
| PATIENT NAME                |        |                  |           | PATIENT ID            |     |
| WINFREY CLARENCE B          |        |                  |           | 000009112             |     |
| PATIENT PHONE               |        | SEX              | D.O.B.    | AGE (YR/MOS)          |     |
| 354-257-7390                |        | Male             | 8/19/1962 | 50 / 16               |     |
| Fasting                     |        |                  |           | PHYSICIAN NAME        | NP1 |
|                             |        |                  |           | Elde L                |     |
| DATE AND TIME DRAWN         |        |                  |           | DATE RECEIVED         |     |
| 7/15/2013 12:52             |        |                  |           | 7/15/2013             |     |
| DATE AND TIME REPORTED      |        |                  |           | DATE AND TIME PRINTED |     |
| 7/16/2013 13:37             |        |                  |           | 7/16/2013 17:07       |     |
| ACCOUNT: 12435900           |        |                  |           |                       |     |
| South Carolina Heart Center |        |                  |           |                       |     |
| Interface Account           |        |                  |           |                       |     |
| 2001 Laurel Street          |        |                  |           |                       |     |
| COLUMBIA, SC 29204-0000     |        |                  |           |                       |     |
| TEST                        | RESULT | LIMITS           | LAB       |                       |     |

## CEC With Differential/Platelet

|                        |        |             |          |    |
|------------------------|--------|-------------|----------|----|
| WBC                    | 9.8    | 4.0 - 10.5  | x10E3/uL | 01 |
| RBC                    | 3.66 L | 4.14 - 5.86 | x10E6/uL | 01 |
| Hemoglobin             | 10.7 L | 12.6 - 17.7 | g/dL     | 01 |
| Hematocrit             | 32.7 L | 37.5 - 51.0 | %        | 01 |
| MCV                    | 89     | 79 - 97     | fL       | 01 |
| MCH                    | 29.2   | 26.6 - 33.0 | pg       | 01 |
| MCHC                   | 32.7   | 31.5 - 35.7 | g/dL     | 01 |
| RDW                    | 16.0 H | 12.3 - 15.4 | %        | 01 |
| Platelets              | 277    | 140 - 410   | x10E3/uL | 01 |
| Neutrophils            | 75 H   | 40 - 74     | %        | 01 |
| Lymphs                 | 14     | 14 - 46     | %        | 01 |
| Monocytes              | 7      | 4 - 13      | %        | 01 |
| Eos                    | 3      | 0 - 7       | %        | 01 |
| Basos                  | 1      | 0 - 3       | %        | 01 |
| Neutrophils (Absolute) | 7.4    | 1.8 - 7.8   | x10E3/uL | 01 |
| Lymphs (Absolute)      | 1.4    | 0.7 - 4.5   | x10E3/uL | 01 |
| Monocytes (Absolute)   | 0.7    | 0.1 - 1.6   | x10E3/uL | 01 |
| Eos (Absolute)         | 0.3    | 0.0 - 0.4   | x10E3/uL | 01 |
| Baso (Absolute)        | 0.1    | 0.0 - 0.2   | x10E3/uL | 01 |
| Immature Granulocytes  | 0      | 0 - 2       | %        | 01 |
| Immature Grans (Abs)   | 0.0    | 0.0 - 0.1   | x10E3/uL | 01 |

## Basic Metabolic Panel (8)

|                       |        |             |             |    |
|-----------------------|--------|-------------|-------------|----|
| Glucose, Serum        | 77     | - 65 - 93   | mg/dL       | 01 |
| BUN                   | 9      | - 6 - 24    | mg/dL       | 01 |
| Creatinine, Serum     | 0.70 L | 0.76 - 1.27 | mg/dL       | 01 |
| eGFR If NonAfrican Am | 110    | >59         | mL/min/1.73 |    |
| eGFR If African Am    | 127    | >59         | mL/min/1.73 |    |
| BUN/Creatinine Ratio  | 13     | 9 - 20      |             |    |
| Sodium, Serum         | 140    | 134 - 146   | mmol/L      | 01 |
| Potassium, Serum      | 3.8    | 3.5 - 5.2   | mmol/L      | 01 |
| Chloride, Serum       | 101    | 97 - 108    | mmol/L      | 01 |
| Carbon Dioxide, Total | 19     | 19 - 28     | mmol/L      | 01 |
| Calcium, Serum        | 9.4    | 8.7 - 10.2  | mg/dL       | 01 |

## B-Type Natriuretic Peptide

|                            |         |             |       |    |
|----------------------------|---------|-------------|-------|----|
| B-Type Natriuretic Peptide | 377.8 H | 0.0 - 100.0 | pg/mL | 01 |
|----------------------------|---------|-------------|-------|----|

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD  
1447 York Court, Burlington, NC 27215-3361

7/19/13  
LCL

WINFREY, CLARENCE

ID: 000009112

19-Jul-2013 8:35:28

South Carolina Heart

Heart rate 79 bpm  
PR interval 184 ms  
QRS duration 100 ms  
QTc 420/430 ms  
P-R-T axes 82 81 85

Normal sinus rhythm  
Right bundle branch block  
ST elevation consider anterolateral injury or acute infarct  
ST elevation consider inferior injury or acute infarct  
\*\*\*\*\* Acute MI \*\*\*\*\*  
Abnormal ECG

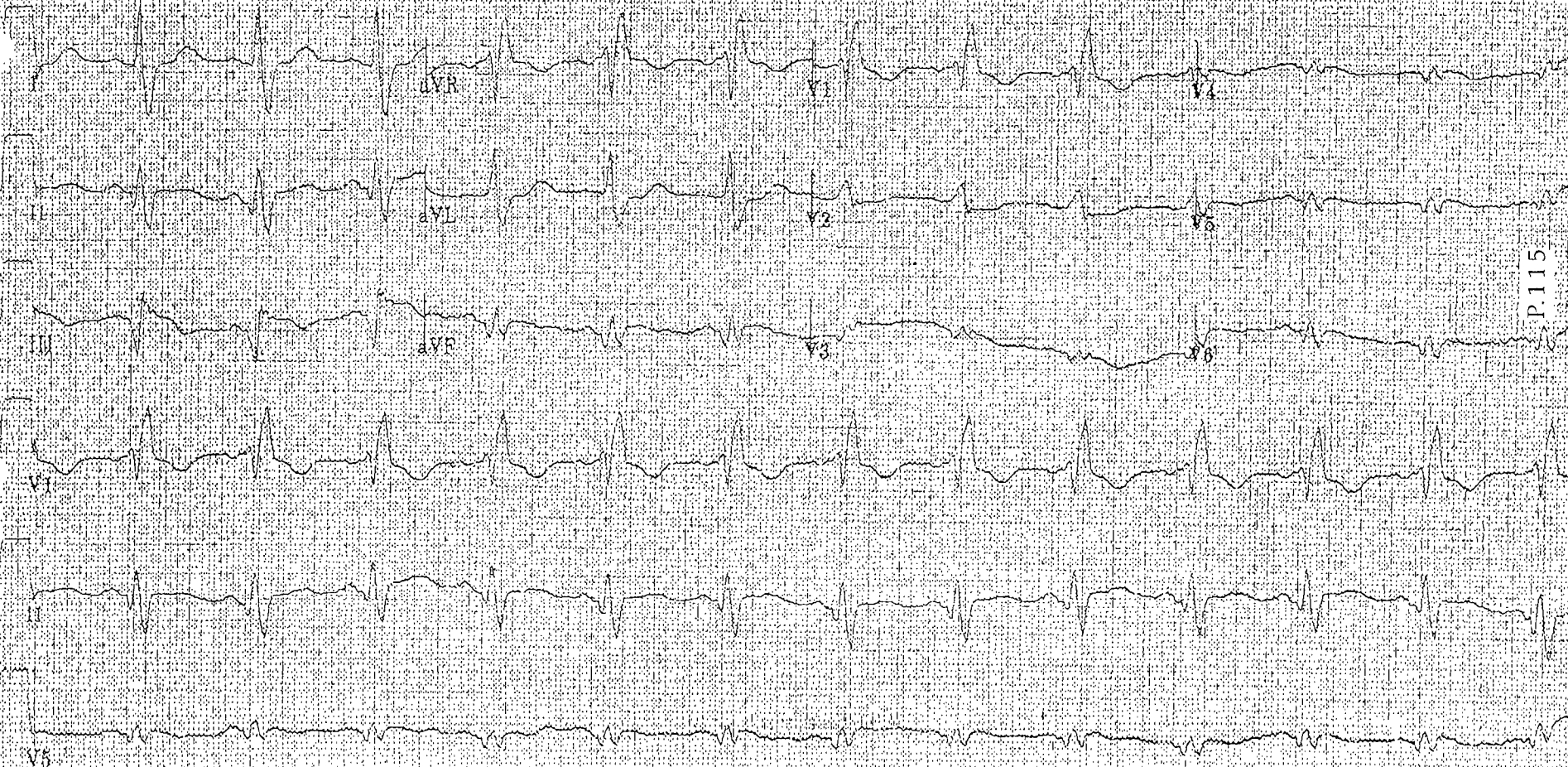
Technician:  
Test ind:

NC

Referred by:

Reviewed by:

*Handwritten signature*



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC 8 002B

12SL™ v250

WINFREY, CLARENCE

ID: 000009112

15-Jul-2013 10:15:28

South Carolina Heart

Vent. rate 80 bpm  
PR interval 160 ms  
QRS duration 100 ms  
QT/QTc 384/418 ms  
P-R-T axes 55 68 20

Normal sinus rhythm

Left atrial enlargement

Right bundle branch block

ST elevation consider inferolateral injury or acute infarct

\*\*\*\*\* Acute MI \*\*\*\*\*

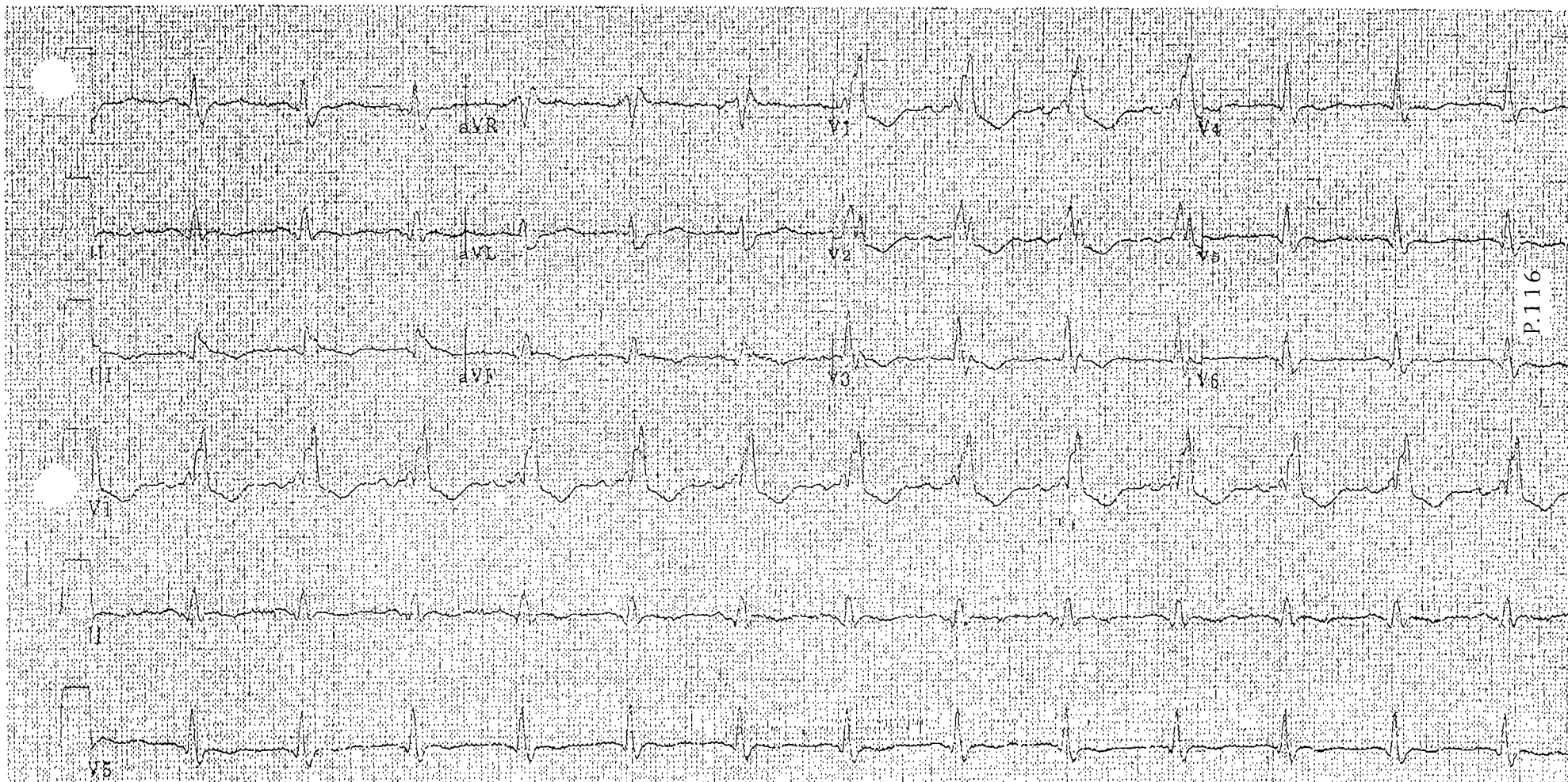
Abnormal ECG

Technician:  
Test ind:

Referred by:

Reviewed by:

*[Signature]*



40 H

25.0 mm/s

10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC 8-002B

12SL™ v260



South Carolina Heart Center  
2001 Laurel St  
Columbia 29204  
Phone: (803)254-3278

Name: CLARENCE WINFREY Exam Date: 7/15/2013  
Patient ID: SCH9112 Exam: Chest (PA only)  
DOB: Reason:  
Phone: Referrer: Laszvac Lide, Jr, M.D.  
Acc#: 190663 Referrer 2: South Carolina Heart Center

Results

AP CHEST

INDICATION: Shortness of breath.

FINDINGS: The cardiac silhouette is enlarged. There is diffuse, fairly dense airspace opacity throughout the right lung, most focally in the lower lobe. On the left side, there is blunting and opacification of the left base suggesting a small effusion and adjacent collapse or consolidation of the lower lobe. There is no pneumothorax. There is evidence of prior sternotomy. There is no acute osseous finding.

IMPRESSION: Extensive opacity throughout the right lung suggesting diffuse pneumonia on that side. There is also a left effusion and adjacent lower lobe collapse.

Douglas M. McConnell, M.D.  
Radiologist  
PITTS RADIOLOGY

Report Electronically Signed by Douglas McConnell M.D.  
Report Signed on: 7/17/2013

|                   |                      |                   |                        |
|-------------------|----------------------|-------------------|------------------------|
| Pt. Name:         | CLARENCE WINFREY     | Exam:             | Chest (PA only)        |
| Patient ID:       | SCH9112              | Acc:              | 190663                 |
| Completed Date:   | 7/15/2013 4:14:06 PM | Interpreting Rad: | Douglas McConnell M.D. |
| Transcribed By:   | Sue Leon             | Dictated Date:    |                        |
| Transcribed Date: | 7/17/2013 8:43:06 AM | Finalized Date:   | 7/17/2013              |



## OFFICE CONSULT

May 28, 2013

**CLARENCE WINFREY** 50 year old M, (100000) Account #: 000009112

**Requesting the consult:** PCP No

Consultation is requested for

**Primary care physician:** PCP No

**Cardiologist:** Himadri Dasgupta M.D.

**Chief complaint:** New Pt Exam, Palpitations / Arrhythmias, Dyspnea

**History of present illness:**

Mr. Clarence Winfrey is a 50-year-old male is being seen in consultation at the request of Dr. Greenfield at doctor's care for further workup of an abnormal EKG and new onset heart murmur. A review of his records today shows that he received an electric shock in 5 days ago and since then has complained of a pain in his left shoulder radiating to the left scapular region, the left side of his neck, left infraclavicular region and left arm. He has also been having excessive diaphoresis and has dyspnea with exertion. The patient states that none of his symptoms have really progress. His pain appears to have been responding to Tylenol and Motrin but comes back when the effect wears off. The patient denies any palpitation, syncope or presyncope. He denies any orthopnea or dependent edema. At the time of this interview the patient denied any chest pain but had minimal left shoulder pain.

The patient denied any prior cardiac history and stated that many years ago he had a normal cardiac catheterization. On auscultation today he was found to have a grade 4/6 early and mid systolic murmur in the left parasternal region. A stat echocardiogram cyst and a tiny cyst with possible expansion of the distal and apical inferior and inferoseptal segments with a possible VSD with left to right shunting.

His EKG was reviewed and showed significant ST elevation in leads L2 and L3 with ST depression in V1 through V3 and a right bundle branch block. A repeat EKG in our office was the same as that from doctor's care.

On arrival the patient was found to be tachycardic with a heart rate of around 120 beats per minute. On arrival discussed with the pressure was about 100 but at the time of this interview his blood pressure was 128/88.

Mr. WINFREY has not had palpitations, syncope or near syncope. He denies claudication. There is no discoloration or ulceration of the lower extremities. He has had no TIA or stroke-like symptoms.

### CARDIAC HISTORY

#### **Risk Factors:**

- 1 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

### CARDIOVASCULAR PROCEDURES

#### **Echo/MUGA:**

Echo (EF 0.55, Mild LVH, Mid to apical inferior and inferoseptal segment of the left ventricle was akinetic, Moderate across distal inferior septum, possible complication of acute MI ventricular septal defect with left to right shunting) :  
5/28/2013

#### **Electrophysiology:**

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

**Past medical history:** ABN EKG, Gout, Hypertension

**Allergies / Intolerances:** None

**SOCIAL HISTORY**

Family: Unknown

Diet: Regular

Tobacco Cessation: The patient was counseled on tobacco cessation.

Alcohol: Yes Occasional

Caffeine: Coffee

Primary Language: English

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:**

RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Negative for hearing loss. CARD - Negative for chest pain, diaphoresis, orthopnea, syncope, pnd. Positive for palpitation. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 240.8lbs. The BMI is 33.7 kg/m<sup>2</sup>. Blood pressure in the left arm is 138/104 mmHg in the sitting position. The pulse is 122/min. The respirations are 22/min. Nourishment - Obese. Appearance - Well Developed. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. NMT - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. RESP - Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Rhonchi - Absent. Wheezes - Absent. CARDIAC - Rhythm - Regular. Palpation - PMI Normal. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - IV/VI systolic ejection murmur heard at the left sternal border. VASC - Carotid - Bilateral Normal. Aorta - Normal Size. Femoral - Bilateral Normal Pulse. Post Tibial - Bilateral Normal. ABD - Tenderness - None. Hepatomegaly - Absent. Splenomegaly - Absent. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate.

**IMPRESSION AND PLAN**

01. Acute MI, Inferior
02. Shortness of Breath
03. Chest Pain, Unspecified
04. Limb Pain, Arm
05. Obesity
06. Tobacco Abuse
07. Ventricular Septal Defect

It appears that the patient has had a myocardial infarction in the last few days but has persistent estimation and some symptoms. It is also possible that he has had a VSD is a completion of this MI. I have informed him of our findings, the current diagnosis and his prognosis and a plan of action. STEMI protocol was activated at Lexington Medical Center. The patient is being transferred by ambulance to the cardiac catheterization laboratory. I have discussed with our interventionalists Dr. Lide who do emergent cardiac catheterization and decide further management. A CVTS consultation will be obtained if the VSD is confirmed. The patient will be given beta blockers and aspirin.

**Orders:**

1 Patient counseled on tobacco cessation.

**FINAL MEDICATION LIST**

ibuprofen 200 mg tablet take 2 tablet by ORAL route every 6 hours as needed with food

Tylenol Extra Strength 500 mg tablet take 2 tablet by ORAL route every day as needed

Electronically signed by: Himadri Dasgupta M.D. 05/28/2013 @ 1:18 PM

D: T:06/19/2013



**PROVIDENCE HOSPITALS**  
A Ministry of the Sisters of Charity Health System

Providence Hospital  
2001 Laurel St.  
Columbia SC 29204

Phone: 803-254-3278 Fax: 803-376-8010



## ECHOCARDIOGRAPHY REPORT

Name: CLARENCE WINFREY ID # 9112  
Age/Sex: 50.78/M Date of Service: 5/28/2013 9:58:10 AM  
DOB: B/P 138/104 mmHg  
Ht: 71.00 in Ref MD: HD  
Wt: 240.00 lb BSA: 2.28

Technologist: MBS

Technical quality: Technical quality of the study is fair. Acoustic window is fair due to body habitus.

Procedure: 2D/M-Mode Echo - 93307, Cardiac Doppler - 93328 and Color Flow Imaging - 93325.

Diagnosis: CP, ABN ECG

| M-Mode             |           | Normal     |                    |              | Normal     |
|--------------------|-----------|------------|--------------------|--------------|------------|
| IVSd               |           | 0.6-1.2 cm | RVID               |              | <3.0 cm    |
| LVPWd              |           | 0.6-1.2 cm | Ao root            | 3.07 cm      | 3.0-3.7 cm |
| LVIDd              |           | 3.5-5.6 cm | LA                 |              | 1.5-4.0 cm |
| LVIDs              |           |            | FS%                |              |            |
|                    |           |            |                    |              |            |
| 2D                 |           | Normal     |                    |              | Normal     |
| IVSd               | 1.35 cm   | 0.6-1.2 cm | RVID               | 2.90 cm      | <3.0 cm    |
| LVPWd              | 1.28 cm   | 0.6-1.2 cm | Ao root            |              | 3.0-3.7 cm |
| LVIDd              | 6.24 cm   | 3.5-5.6 cm | LA                 |              | 1.5-4.0 cm |
| LVIDs              | 2.24 cm   |            | FS%                | 64.1 %       |            |
|                    |           |            |                    |              |            |
| AV                 |           |            |                    |              |            |
| FLVOT diameter     |           | Peak Grad  |                    | AR P1/2 time |            |
| V1                 |           | Mean Grad  |                    |              |            |
| V2                 |           | AVA        |                    |              |            |
|                    |           |            |                    |              |            |
| Pulmonary Pressure |           |            | Diastolic Function |              |            |
| TR Vmax            | 2.25 m/s  |            | MV DT              | 119 msec     |            |
| TR Pk Grad         | 20.2 mmHg |            | E velocity         |              |            |
| RA Pressure        | 10 mmHg   |            | E velocity         | cm/sec       |            |
| RVSP               | 30.2 mmHg |            |                    |              |            |

### Echocardiographic Findings:

**Left Ventricle:** Normal left ventricular size and normal systolic function. Estimated EF 55%. The mid to apical inferior and inferoseptal segment of the left ventricle was akinetic. Mild concentric left ventricular hypertrophy. Normal diastolic function. There is a moderate Across distal inferior septum, possible complication of acute MI ventricular septal defect with left to right shunting.

**Right Ventricle:** Mildly dilated right ventricular size with normal systolic function.

**Left Atrium:** The left atrium is normal in size.

**Right Atrium:** The right atrium is normal in size.

**Mitral Valve:** The mitral valve is structurally normal. No mitral stenosis. Trace regurgitation.

**Aortic Valve:** The aortic valve is structurally normal. No aortic stenosis. No regurgitation.

**Pulmonic Valve:** The pulmonic valve is structurally normal. Trace regurgitation.

**Tricuspid Valve:** The tricuspid valve is structurally normal. Mild tricuspid regurgitation.

**Pulmonary Hypertension:** Normal pulmonary artery systolic pressure. Calculated systolic pressure is 30.2 mmHg.

**Masses, Thrombi, Vegetations:** No obvious intracardiac masses, thrombi or vegetations.

**Pericardium/Extracardiac:** No pericardial effusion.

**Conclusions:**

1. Normal left ventricular size and normal systolic function.
2. Estimated EF 55%.
3. The mid to apical inferior and inferoseptal segment of the left ventricle was akinetic.
4. Mild concentric left ventricular hypertrophy.
5. Mildly dilated right ventricular size with normal systolic function.
6. Moderate Across distal inferior septum, possible complication of acute MI ventricular septal defect with left to right shunting.

Electronically signed by: Himadri Dasgupta MD

Date: 5/28/2013 at 1:08:12 PM

cc: HIMS TouchChartLexEV

WINFREY, CLARENCE

ID: 000009112

28-May-2013 11:15:26 SOUTH CAROLINA HEALTH

Vital signs 127 bpm  
HR 108 mmHg  
QT/QTc 332/482 ms  
P-R-T axes 61 76 54

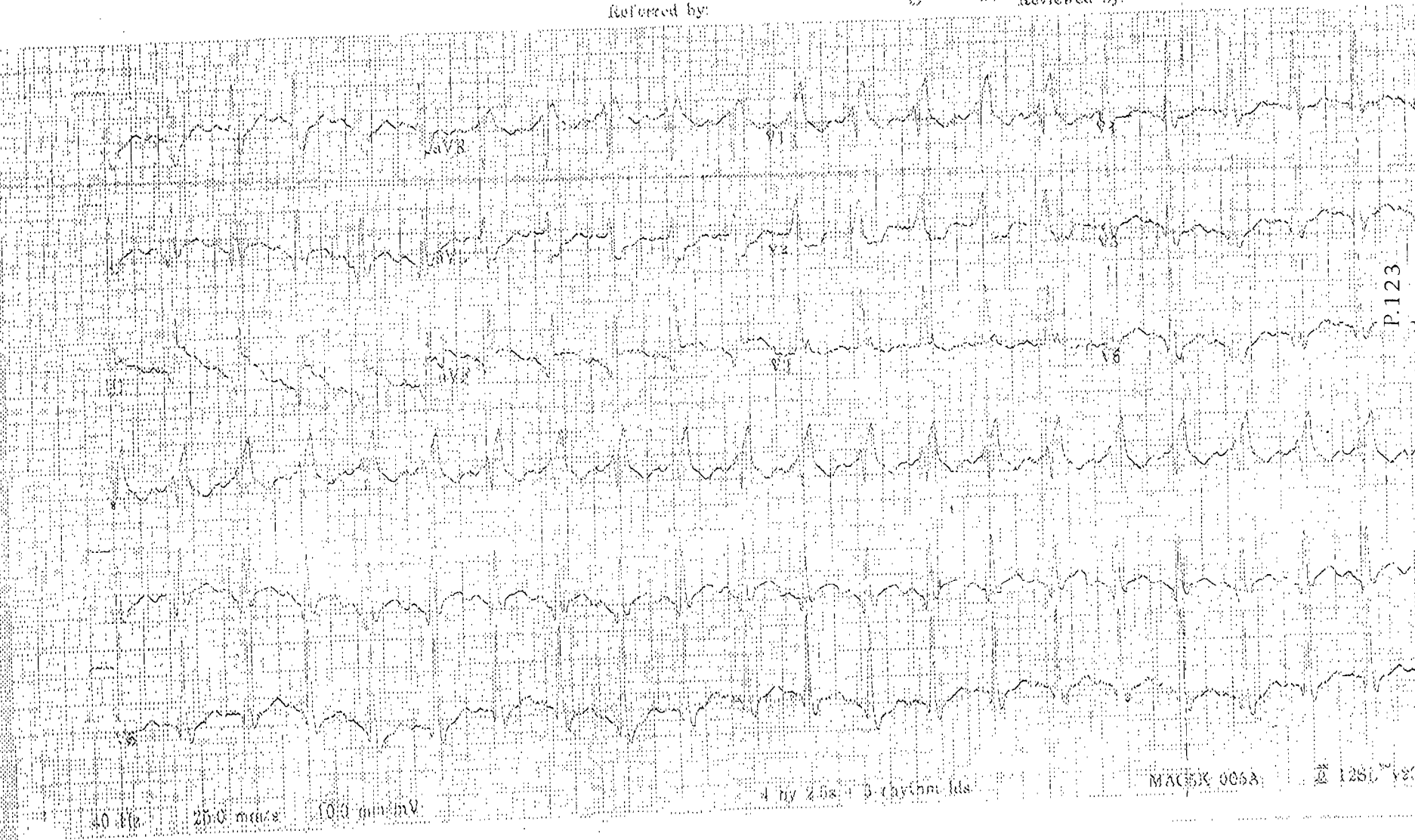
\*\*\* Age and gender specific ECG analysis \*\*\*  
Normal tachycardia  
Normal sinus rhythm with block  
Inferior Infarct, age undetermined  
Abnormal ECG

Technician:

Referred by:

Reviewed by:

Handwritten signature and date: 5/31/13



40 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s 3.0v/cm sds

MAC5K 006A

Q 1281 Y800

DO NOT CONSIDER SCOUR-SE ELEVATION RISES

|                |             |
|----------------|-------------|
| PR Interval:   | 490 ms      |
| QRS Duration:  | 164 ms      |
| QT Interval:   | 328 ms      |
| QTc Interval:  | 436 ms      |
| QT Dispersion: | 68 ms       |
| P-R-T Axis:    | 52° 70° 81° |

Abnormal ECG: ST depression, ST-T changes suggest myocardial injury/ischemia

Springfield, Ill.



642509

05/28/2018 9:44:54

\*\*\* CONSIDER ACUTE ST ELEVATION MI \*\*\*

11. *Chrysomelids* (Coleoptera: Chrysomelidae)

### Proposition 1: Test of normality

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Further work is required to determine the effect of the different types of stimuli on the different types of responses.

Approved: 8/13

\* Union-bumped generalist

James H. H. H.

```

PR Interval: 180 ms
QRS duration: 162 ms
QT Interval: 352 ms
QTc Interval: 442 ms
QT Dispersion: 78 ms
PR-T Axis: 52° 69° 90°

```



P.125

10

WINFREY, CLARENCE

50 years  
Male

ID: 000009112

28-May-2013 11:15:26

SOUTH CAROLINA HEART

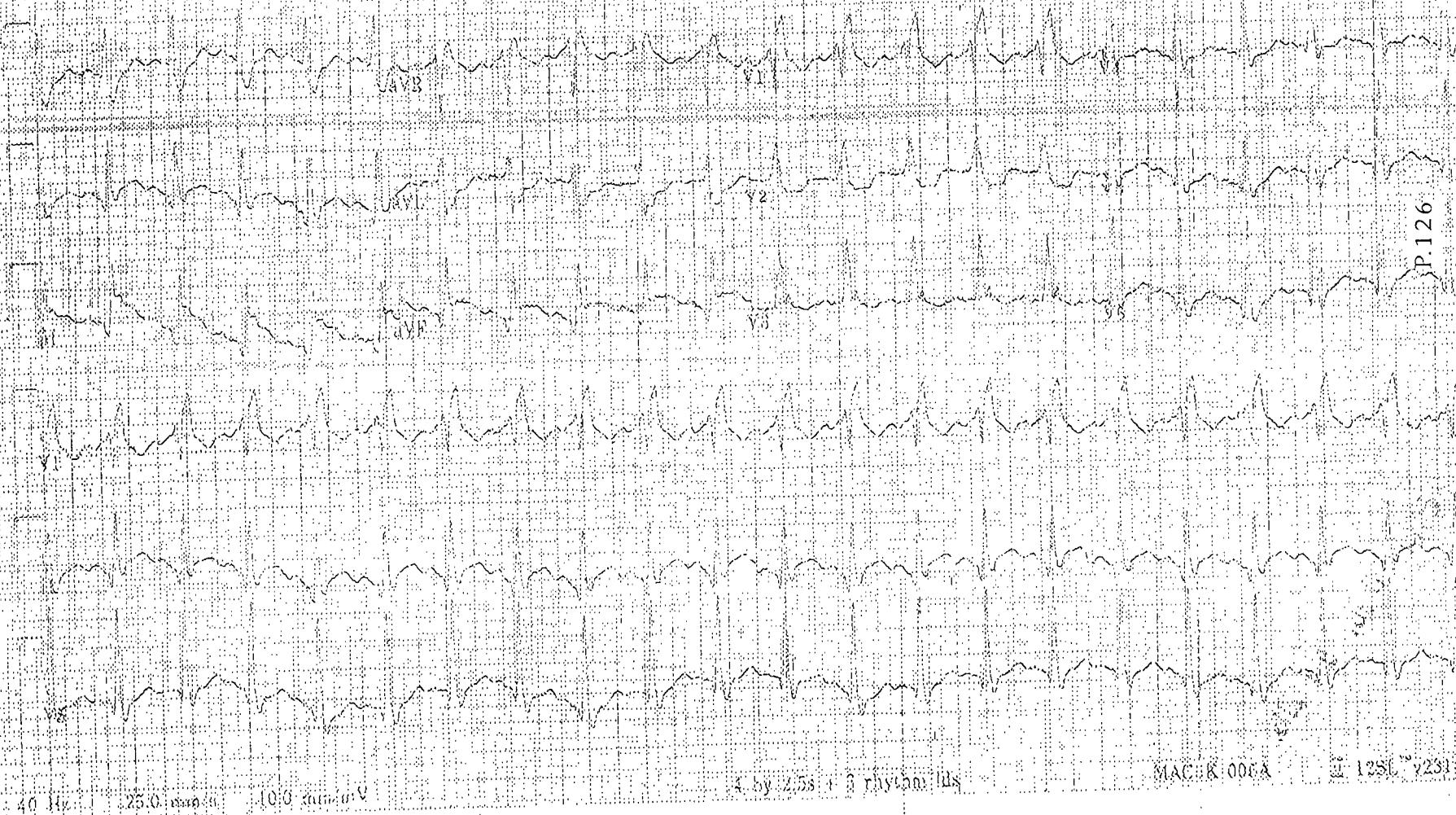
Heart rate 127 bpm  
PR interval 182 ms  
QRS duration 160 ms  
QT/QTc 332/482 ms  
P-R-T axes 81 76 64

\*\*\* Age and gender specific ECG analysis \*\*\*  
Sinus tachycardia  
Right bundle branch block  
Inferior infarct, age undetermined  
Abnormal ECG

Technician:

Referred by:

Reviewed by:



P.126

MAC 8 006A

1231 v231

WORKERS COMPENSATION QUESTIONNAIRE

Please indicate your medical opinion by choosing one of the options below.

☒ IT IS MY OPINION that to a reasonable degree of medical certainty (more likely than not) the symptoms and injuries that I have treated Mr. Winfrey for are a result of his work related accident on May 22, 2013, which occurred while he was working on a rotisserie when he accidentally came into contact with an exposed wire carrying 480 volts sending a severe electric shock through his left hand and arm injuring his heart.

☐ IT IS NOT MY OPINION that to a reasonable degree of medical certainty (more likely than not) the symptoms and injuries that I have treated Mr. Winfrey are a result of his work related accident on May 22, 2013, which occurred while he was working on a rotisserie when he accidentally came into contact with an exposed wire carrying 480 volts sending a severe electric shock through his left hand and arm injuring his heart.

K Greenfield MD 9-17-13  
Karen J. Greenfield, M.D. Date  
6

RECEIVED 07/19/2013 14:29

100  
Rm 1

10<sup>28</sup>



FROM ROOM TIME ACCOUNT NUMBER DATE TIME CHECKOUT TIME EXT NO

NAME & ADDRESS 652500 05/28/13 08:35am DE SEVEN OAKS, WINFREY, CLARENCE

DOB: (50 years) GENDER: M

IBG: CELL:

NRK:

INSURED: WINFREY, CLARENCE RELATION: SELF

REASON: NECK PAIN (shocked by 480 volts, jerked down to (L) shoulder) NICKNAME: (down to (L) shoulder) COPAY: SP

INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES AMOUNT PAID NEW BALANCE

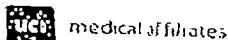
Personal Hx Family Hx Social Hx DM HTN HTN HTN RQ (7 or 0): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq. Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash, All others negative

PHYSICAL: (see reverse) Omit if N/A Chief Complaint: 480V ratissine shock on Thursday afternoon. woke up sweating this AM. c/o pain (2) neck. no chest pressure. 129.4 HT BMI 128 PULSE 128 RESP 20 TEMP 97.5

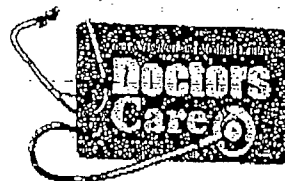
DIAGNOSIS: Tachycardia / electrical shock / muscle shock

PSR Notes: 9/20/13 - NEW 81021 GW-25 93000 - 20

Off Work / School K. Greenfield MD, C.O., P.A., F.N.P.



# Laboratory Report



☐ STAT  
☐ WAITING  
☐ NOT WAITING

|                  |            |         |                    |                      |
|------------------|------------|---------|--------------------|----------------------|
| Winfrey          | Clarence   | 5-28-13 | 10:20              | 16                   |
| Last Name        | First Name | Date    | Time               | Provider             |
| 062509           | 50         | M       | shock - electrical |                      |
| Medical Record # | D-O-B      | Age     | Sex                | Clinical Information |

## URINALYSIS

| ROUTINE       |       | MICROSCOPIC |           |
|---------------|-------|-------------|-----------|
| Color         | Amber | WBC         | (0-3/hpf) |
| Appearance    | Clear | RBC         | (0-3/hpf) |
| Glucose (neg) |       | Epith.      |           |
| Bilirut       |       | Casts (neg) |           |
| Keton         |       | Crystals    |           |
| Sp. Gr        | 1.020 | Bacteria    |           |
| Blood         |       | Amorphous   |           |
| pH (5.0)      |       | Mucous      |           |
| Protei.       | 1+    |             |           |
| Urobil        | SG    |             |           |
| Nitrite       | BLO   |             |           |
| Leuko         | pH    |             |           |
|               | SPRO  |             |           |
|               | URO   |             |           |
|               | NIT   |             |           |
|               | LEU   |             |           |

## CHEMISTRY

Glucose mg/dl  
70 - 115 mg/dl

☐ Fasting ☐ Random  
☐ Venous ☐ Fingertick

## WET PREP - KOH

Trichomonas (neg)  
Yeast (neg)  
Clue Cells (neg)  
WBC (0 to 3)  
Epithelial (0 to 3)  
Bacteria (trace)

## MISCELLANEOUS

Mono Test (neg)  
Urine HCG  
Hemoccult (neg)  
☐ 1 slide ☐ 2 Slides ☐ Home kit  
H. Pylori (neg)  
Microalbumin (neg)  
HGBAIC (3.9-6.5)  
Rapid Strep A (neg)

Doctors Care Seven Oaks  
100 Jimmy Love Lane  
Columbia, SC 29212  
CLIA #420669-1394

OTHER LABS

|              |      |                |         |
|--------------|------|----------------|---------|
| Collected By | Time | Performed By   | Time    |
| Phoned To    | Time | Reviewed By    | Date    |
|              |      | K. Kneufeld MD | 5-28-13 |

Wintrey, Clarence  
ID: 662509

05/28/2013 9:44:36

D.O.B.: 50  
MALE  
Tach: Jj

|                |             |
|----------------|-------------|
| Vent. Rate:    | 122 bpm     |
| PR Interval:   | 490 ms      |
| PR Interval:   | 184 ms      |
| QRS Duration:  | 160 ms      |
| QT Interval:   | 328 ms      |
| QTc Interval:  | 436 ms      |
| QT Dispersion: | 68 ms       |
| P-R-T AXIS:    | 52° 70° 81° |

\*\*\* CONSIDER ACUTE ST ELEVATION MI \*\*\*

Sinus tachycardia

Possible left atrial abnormality

Right bundle branch block

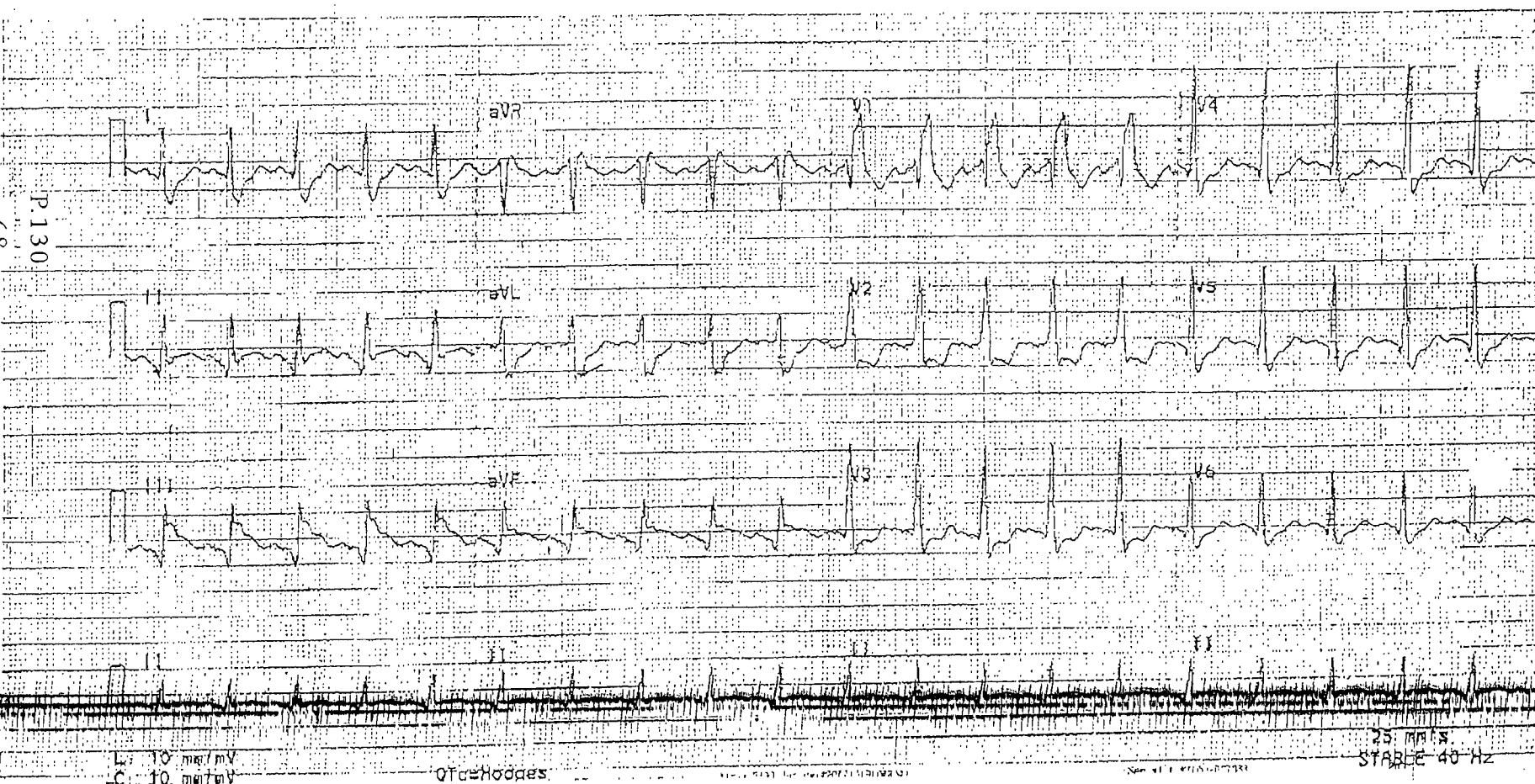
Inferior ST elevation, CONSIDER ACUTE INFARCT

Lateral ST-T changes suggest myocardial injury/ischemia

Abnormal ECG

\* Unconfirmed Analysis \*

*Greenfield MD*



JUL-19-2013 14:15 From:UCI-Med

Illness Dept 803 376 4335

To 3709

RECEIVED 07/19/2013 14:29

Page 2/3

Winfrey, Clarence  
ID: 662509

05/28/2013 9:44:54

D.O.B.:  
MALE  
Tech: JJ

50

|                |             |
|----------------|-------------|
| Vent. Rate:    | 123 bpm     |
| RR Interval:   | 485 ms      |
| PR Interval:   | 180 ms      |
| QRS Duration:  | 162 ms      |
| QT Interval:   | 332 ms      |
| QTc Interval:  | 442 ms      |
| QT Dispersion: | 70 ms       |
| P-R-T AXIS:    | 52° 69° 80° |

\*\*\* CONSIDER ACUTE ST ELEVATION MI \*\*\*

Sinus tachycardia

Possible left atrial abnormality

Right bundle branch block

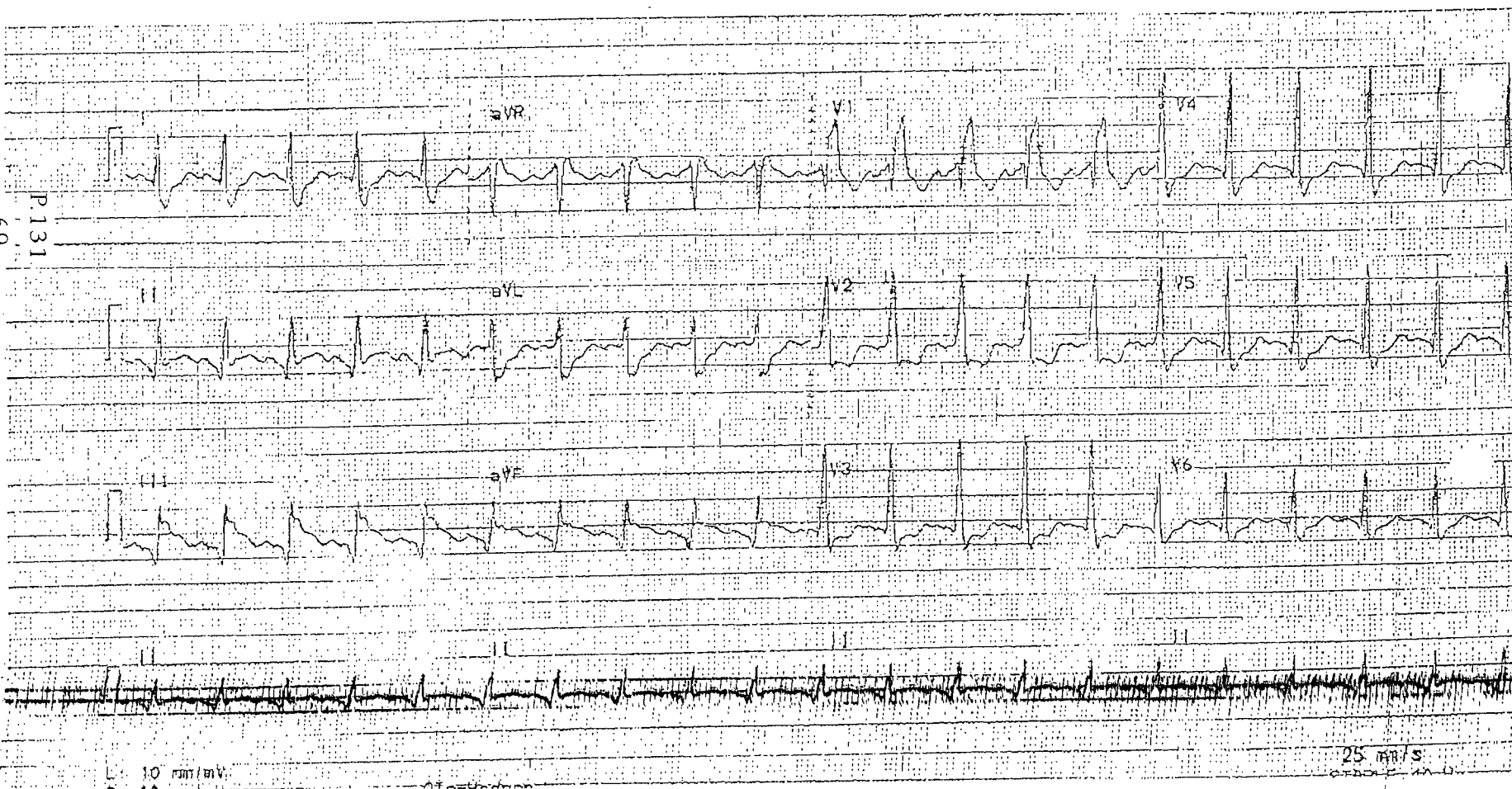
Inferior ST elevation, CONSIDER ACUTE INFARCT

Lateral ST-T changes suggest myocardial injury/ischemia

Abnormal ECG

\* Unconfirmed Analysis \*

*Winfrey*



JUL-19-2013 14:15 From:UCI-Med

Line Dept 803 376 435

To 1709

RECEIVED 07/19/2013 14:29

Page 10



## Return To Work Form

### CENTER LOCATION:

- |                                                                                                               |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Aiken Mall - 850 Aiken Mall Drive, Aiken, SC 29803 - (803) 648-1464                  | <input type="checkbox"/> North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 - (803) 298-2222       |
| <input type="checkbox"/> Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 - (803) 939-0543           | <input type="checkbox"/> Northeast - 10040 Two Notch Road, Columbia, SC 29223 - (803) 708-1022            |
| <input type="checkbox"/> Bellline - 511 Bellline Boulevard, Columbia, SC 29215 - (803) 782-4051               | <input type="checkbox"/> Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 - (803) 350-8928       |
| <input type="checkbox"/> Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 - (803) 794-0476                      | <input type="checkbox"/> Red Bank - 1847 South Lake Drive, Lexington, SC 29073 - (803) 350-8928           |
| <input type="checkbox"/> City of Columbia - 2012 Hadden Street, Ste. 112, Columbia, SC 29204 - (803) 231-3122 | <input type="checkbox"/> Ridgeview - 1214 Hardscrabble Road, Columbia, SC 29223 - (803) 772-5000          |
| <input type="checkbox"/> Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 - (803) 782-2661         | <input checked="" type="checkbox"/> Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 - (803) 772-5000 |
| <input type="checkbox"/> Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 - (803) 738-0522       | <input type="checkbox"/> Sumter - 2475 Broad Street, Sumter, SC 29150 - (803) 778-6555                    |
| <input type="checkbox"/> Lexington - 247 Columbia Avenue, Lexington, SC 29072 - (803) 359-5533                | <input type="checkbox"/> Wateree - 1060 Highway 1 South, Lugoff, SC 29078 - (803) 438-9759                |
| <input type="checkbox"/> Newberry - 1410 Wilson Road, Newberry, SC 29108 - (803) 276-2186                     | <input type="checkbox"/> West Columbia - 3240 Sunset Blvd, West Columbia, SC 29169 - (803) 782-2222       |
| <input type="checkbox"/> North Aiken - 1039 York Street NE, Aiken, SC 29801 - (803) 648-4119                  |                                                                                                           |

### PATIENT INFORMATION:

Name: Clarence Winfrey Arrival Time: 9:35 Discharge Time: \_\_\_\_\_  
Date: 5-28-13 Company Name: \_\_\_\_\_

### WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of \_\_\_\_\_ without accommodations.
- ☒ 2. Off duty due to work-related condition.  
Estimated return to work date with modified duty: \_\_\_\_\_  
Estimated return to work date for full duty: \_\_\_\_\_  
Return for re-evaluation at this location on \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ 3. May work with the following accommodations as of \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ No lifting more than \_\_\_\_\_ lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☐ Ground level work only, no ladders or heights.
  - ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☐ No continuous standing and/or sitting.
  - ☐ Minimal walking or climbing (including stairs).
  - ☐ Limited use of \_\_\_\_\_
  - ☐ No overhead lifting.
  - ☐ No high repetitive hand activities for extended periods of time.
  - ☐ No use of \_\_\_\_\_
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on \_\_\_\_\_ Time: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Cardiac arrhythmia Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every \_\_\_\_\_ ☐ apply heat every \_\_\_\_\_ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for \_\_\_\_\_

### REFERRAL: (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Dr Dasgupta Date: \_\_\_\_\_ Time: \_\_\_\_\_  
For: arrhythmia  
Address: \_\_\_\_\_

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature \_\_\_\_\_

Date 5-28-13

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

05/28/2013 09:09 7044874 ARCHWAY SERVICE PAGE 01/02  
APR-15-2013 05:01 From:DRS CARE SEVEN OAKS 803 551 5477 To:17044879099 Page 1

**\*\*COMPLETE AND FAX BACK TO 803-551-5477\*\***



## Employer Authorization Form

Complete this form and fax or bring to your Doctor's Care Center

Patient Name: Clarence Winfrey Date: 5-28-2013  
Company: Archway Service Contact/Phone: 704-487-4505 Fax: 704-487-4505  
Company Address: 2316 Kings Rd Extension BT Account #: \_\_\_\_\_  
Temporary Staffing Agency: N/A Contract/Phone: N/A

### REQUIRED SERVICES (check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Work Related</b><br><input checked="" type="checkbox"/> Worker's Compensation Injury Treatment<br>Date of Injury: <u>5-23-2013</u><br>Type of Injury: <u>Work neck</u><br><input type="checkbox"/> Post-accident Drug Screen required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Physical Examination</b><br><input type="checkbox"/> DOT Physical<br><input type="checkbox"/> Pre-Employment PE<br><input type="checkbox"/> Respirator Clearance PE<br><input type="checkbox"/> Physical (Other):<br>Specify: _____                                                                                                                                                                                                                                                                                                                                                   |
| <b>Drug Screen/Breath Alcohol Testing</b><br><input type="checkbox"/> Drug Screen<br><input type="checkbox"/> NIDA (check agency below)<br>GC/ Agency: <input type="checkbox"/> RMCSA <input type="checkbox"/> ITA <input type="checkbox"/> P-10ASA<br><input type="checkbox"/> PAA <input type="checkbox"/> FNA <input type="checkbox"/> USCG<br><input type="checkbox"/> Non-NIDA (fill in test code below)<br><input type="checkbox"/> 5 Panel <input type="checkbox"/> 9 Panel <input type="checkbox"/> 10 Panel<br><input type="checkbox"/> 7 Panel <input type="checkbox"/> Other _____<br><input type="checkbox"/> Instant<br><input type="checkbox"/> Breath Alcohol<br><input type="checkbox"/> NIDA <input type="checkbox"/> Non-NIDA | <b>Special Examination</b><br><input type="checkbox"/> Audiogram <input type="checkbox"/> Blood Lead Level<br><input type="checkbox"/> Chest X-ray <input type="checkbox"/> Hepatitis B Immunization<br><input type="checkbox"/> Hepatitis B Profile <input type="checkbox"/> Spirometry with Letter<br><input type="checkbox"/> PPD (TB test) <input type="checkbox"/> Tetanus<br><input type="checkbox"/> Flu Shot<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |

### REQUIRED FOR ALL WORKER'S COMPENSATION CLAIMS:

Has Employer filled out First Report of Injury? ☐ Yes ☒ No (Send copy if available)  
Where are claims to be filed? ☒ Employer ☐ Carrier  
WC Carrier: Montgomery Ins Liberty Mutual Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This Certifies that the above information is correct.  
I authorize the medical provider to provide medical treatment to the employee named above.  
Signature of Company Authorized Rep: Susan M. Kiser Date: 5-28-2013  
Printed Name: Susan M. Kiser Position Title: Bookkeeper

|                       |          |
|-----------------------|----------|
| For Internal Use Only |          |
| Form Completed by     | Initials |
| Center Name           | Date     |

RECEIVED 07/19/2013 14:29

05/28/2013 09:00 7044674701

ARCHWAY SERVICE

PAGE 02/02

| ACORD WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS                                                                                                                              |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|--|--|
| EMPLOYER (NAME & ADDRESS (INCL. ZIP))<br>Archway Service, Inc<br>2316 Kings Road Extn.<br>Shelby, NC 28152<br>(800)868-3278<br>(704)487-4721                                                |  |                                           |  | CARRIER/ADMINISTRATOR CLAIM NUMBER                                                                   |  | REPORT PURPOSE CODE                                                               |  |                                                                                                                                                            |  |                       |  |  |  |
| SIC CODE                                                                                                                                                                                    |  | EMPLOYER PEN<br>510663955                 |  | JURISDICTION                                                                                         |  | JURISDICTION CLAIM NUMBER                                                         |  |                                                                                                                                                            |  |                       |  |  |  |
|                                                                                                                                                                                             |  |                                           |  | INSURED REPORT NUMBER                                                                                |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)                                                                                                                                                  |  |                                           |  | LOCATION #                                                                                           |  | PHONE #                                                                           |  |                                                                                                                                                            |  |                       |  |  |  |
| CARRIER/CLAIMS                                                                                                                                                                              |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| CARRIER (NAME, ADDRESS & PHONE (VO))<br>Montgomery Insurance Company<br>Toll Free Express Reporting 1-800-561-0178<br>Fax Claims Reporting 1-888-854-2329<br>Glass Claims 1-800-835-2257    |  |                                           |  | POLICY PERIOD<br>09/12/2012<br>09/12/2013                                                            |  | CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE (VO))                                 |  |                                                                                                                                                            |  |                       |  |  |  |
| CARRIER PEN                                                                                                                                                                                 |  | POLICY/SELF INSURED NUMBER<br>XWA55266239 |  | CHECK IF APPROPRIATE<br>SELF INSURANCE                                                               |  | ADMINISTRATOR PEN                                                                 |  |                                                                                                                                                            |  |                       |  |  |  |
| AGENT NAME & CODE NUMBER<br>Peoples First                                                                                                                                                   |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| EMPLOYEE/WAGE                                                                                                                                                                               |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                  |  |                                           |  | DATE OF BIRTH                                                                                        |  | SOCIAL SECURITY NUMBER                                                            |  | DATE HIRED                                                                                                                                                 |  | STATE OF HIRE         |  |  |  |
| ADDRESS (INCL. ZIP)                                                                                                                                                                         |  |                                           |  | SEX<br>MALE<br>FEMALE<br>UNKNOWN                                                                     |  | MARITAL STATUS<br>UNMARRIED<br>SINGLE/DIVORCED<br>MARRIED<br>SEPARATED<br>UNKNOWN |  | OCCUPATION/JOB TITLE                                                                                                                                       |  | EMPLOYMENT STATUS     |  |  |  |
| PHONE                                                                                                                                                                                       |  |                                           |  | # OF DEPENDENTS                                                                                      |  | NCCI CLASS CODE                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| RATE                                                                                                                                                                                        |  | PER: DAY MONTH YEAR                       |  | # DAYS WORKED/WEEK                                                                                   |  | FULL PAY FOR DAY OF INJURY?                                                       |  | YES                                                                                                                                                        |  | NO                    |  |  |  |
|                                                                                                                                                                                             |  |                                           |  |                                                                                                      |  | DID SALARY CONTINUE?                                                              |  | YES                                                                                                                                                        |  | NO                    |  |  |  |
| OCCURRENCE/TREATMENT                                                                                                                                                                        |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| TIME EMPLOYEE BEGAN WORK                                                                                                                                                                    |  | DATE OF INJURY/ILLNESS                    |  | TIME OF OCCURRENCE                                                                                   |  | LAST WORK DATE                                                                    |  | DATE EMPLOYER NOTICED                                                                                                                                      |  | DATE DISABILITY BEGAN |  |  |  |
| CONTACT NAME/PHONE NUMBER                                                                                                                                                                   |  | TYPE OF INJURY/ILLNESS                    |  |                                                                                                      |  | PART OF BODY AFFECTED                                                             |  |                                                                                                                                                            |  |                       |  |  |  |
| DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?                                                                                                                                   |  | TYPE OF INJURY/ILLNESS CODE               |  |                                                                                                      |  | PART OF BODY AFFECTED CODE                                                        |  |                                                                                                                                                            |  |                       |  |  |  |
| YES                                                                                                                                                                                         |  | NO                                        |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED                                                                                                                          |  |                                           |  | ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED                                                                                                |  |                                           |  | WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED                  |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  | CAUSE OF INJURY CODE  |  |  |  |
| DATE RETURNED TO WORK                                                                                                                                                                       |  | IF FATAL, GIVE DATE OF DEATH              |  | WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?                                                        |  | YES                                                                               |  | NO                                                                                                                                                         |  |                       |  |  |  |
|                                                                                                                                                                                             |  |                                           |  | WHERE THEY USED?                                                                                     |  | YES                                                                               |  | NO                                                                                                                                                         |  |                       |  |  |  |
| PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)                                                                                                                                             |  |                                           |  | HOSPITAL (NAME & ADDRESS)                                                                            |  |                                                                                   |  | INITIAL TREATMENT                                                                                                                                          |  |                       |  |  |  |
|                                                                                                                                                                                             |  |                                           |  |                                                                                                      |  |                                                                                   |  | NO MEDICAL TREATMENT<br>MINOR BY EMPLOYER<br>MINOR CLINIC/HOSP<br>EMERGENCY CARE<br>HOSPITALIZED - 24 HRS<br>FUTURE MAJOR MEDICAL<br>LOST TIME ANTICIPATED |  |                       |  |  |  |
| WITNESSES (NAME & PHONE #)                                                                                                                                                                  |  |                                           |  |                                                                                                      |  |                                                                                   |  |                                                                                                                                                            |  |                       |  |  |  |
| DATE ADMINISTRATOR NOTIFIED                                                                                                                                                                 |  | DATE PREPARED                             |  | PREPARER'S NAME & TITLE                                                                              |  | PHONE NUMBER                                                                      |  |                                                                                                                                                            |  |                       |  |  |  |

Patient: Winfrey, Clarence B (MR#M002010261) Printed by HARLEY, SHARON D [51... Page 1 of 2

Winfrey, Clarence B (MR # M002010261)

**Patient Information**

| Patient Name        | Sex  | DOB |
|---------------------|------|-----|
| Winfrey, Clarence B | Male |     |

**Op Note signed by Jeffrey Allen Travis, MD at 05/30/13 0650**

|                 |                          |             |               |                 |                |
|-----------------|--------------------------|-------------|---------------|-----------------|----------------|
| Author:         | Jeffrey Allen Travis, MD | Service:    | (none)        | Author Type:    | Physician      |
| Filed:          | 05/30/13 0650            | Note Time:  | 05/29/13 2002 | Trans ID:       | 3M927377       |
| Trans Status:   | Available                |             |               |                 |                |
| Dictation Time: | 05/29/13 2002            | Trans Time: | 05/30/13 0342 | Trans Doc Type: | Operative Note |

DATE OF PROCEDURE: 05/29/2013

**PREOPERATIVE DIAGNOSIS**

1. Acute myocardial infarction.
2. Electrocutation.
3. Acute post myocardial infarction ventricular septal defect.
4. Severe pulmonary hypertension.
5. Cardiogenic shock.

**POSTOPERATIVE DIAGNOSIS:** Same.**PROCEDURE PERFORMED**

1. Repair of post infarct VSD.
2. Coronary artery bypass grafting x1 with saphenous vein graft to the ramus intermedius.
3. Percutaneous placement of intraaortic balloon pump.

**SURGEON:** Jeffrey A. Travis, MD**ASSISTANTS:** Steven W. Marra, MD, and Victor Gomez, PA-C**ANESTHESIA:** General endotracheal.

**DESCRIPTION OF PROCEDURE:** The patient was brought to the Operating Room and placed supine on the Operating Room table. After appropriate monitors were placed, general anesthesia was induced. The patient's chest, abdomen, and lower extremities were prepped and draped and isolated into a sterile field. We made a midline incision over the chest and carried down to subcutaneous tissues using electrocautery. A median sternotomy was performed. Thymus gland was taken down to the level of the innominate vein. The greater saphenous vein was harvested from the left lower extremity using endoscopic techniques. It was dilated and found to be adequate for grafting. We opened up the pericardium and tacked up as a pericardial well. The patient was systemically heparinized. The ascending aorta was normal to palpation. The ascending aorta was cannulated using a 20-French

Winfrey, Clarence B (MR # M002010261) Printed by Sharon D Harley [5173] at 6/26/13, 10:00 AM

Patient: Winfrey, Clarence B (MR#M002010261) Printed by HARLEY, SHARON D [51... Page 2 of 2

## Winfrey, Clarence B (MR # M002010261)

arterial flow cannula. We put dual stage venous cannulas in, although we had a difficult time directing the SVC cannula in the correct location. We could not pass a coronary sinus catheter despite multiple attempts. We placed an ascending aortic root vent. We did have to crash on bypass due to severe hemodynamically compromise. The patient also had very significant pericarditis with large calcific plaques located anteriorly and posteriorly. These were unlike soldier plaques. They were heavily calcified and there was a real weirdness to the adhesions throughout. At this time, after going on bypass, we cross clamped the ascending aorta and arrested the heart with warm antegrade blood cardioplegia. With the heart completely arrested, we gave cold antegrade blood cardioplegia and gave this at 20-minute intervals throughout the case. We begun the procedure by dissecting out the ramus intermedius. It was intramyocardial. It was heavily diseased. It was grafted saphenous vein end to side using 7-0 Prolene. It was tested under pressure and found to be hemostatic. We then positioned the heart and exposed the base of the heart the large infarct in the posterior descending coronary artery. The LV was opened along the long longitudinal incision, and this was obviously white infarcted tissue. This was ( ) into the infarct for this tissue. We were able to identify the VSD, which was kind of basilar and apical in location. We placed multiple pledgeted sutures, affixing a patch to cover the left ventricular side of this, and then brought that patch out of the ventriculotomy. It was sutured into place circumferentially with pledgeted sutures and then a running suture was also added to make it watertight. At this time, we closed the ventriculotomy using 2 long strips of felt along either side, sewing 1st with a 4-0 Prolene and then with a 2-0 Ticron on an MH needle. We placed several buttressing sutures and also placed BioGlue over this. At this time, we turned our attention to the ascending aorta and created a 4.8-mm punch in the ascending aorta. The vein graft was anastomosed to the ascending aorta using 6-0 Prolene. The heart was de-aired. Cross clamp was removed. At this time, we placed a percutaneous intraaortic balloon pump through the right femoral artery using ultrasound guidance. We began ventilating the patient. We placed atrial and ventricular pacing wires. We weaned the patient from bypass. Initially he separated from bypass but had some hemodynamic compromise, and we went back on bypass. Echo initially looked very good, and the ventricular function waned over the first few minutes off bypass. It appeared that perhaps the patient got some air. We gave 10 minutes of wait time and then re-separated from bypass without difficulties. Ventricular function was good. There was no evidence of VSD. At this time, both venous cannulas were removed. The defect was repaired with the previously placed pursestring suture. Protamine sulfate was administered to reverse the heparin, and the ascending aortic root vent was removed. The defect was repaired with the previously placed horizontal mattress pledgeted suture. At this time, with hemostasis adequate, the ascending aortic cannula was removed. The defect was repaired with the previously placed horizontal mattress pledgeted suture. Hemodynamics and hemostasis were adequate. Chest was closed using #6 sternal wire and a Pioneer Cable system. The wound was closed in layers. A sterile dressing was applied. The patient was transported to the Intensive Care Unit in satisfactory condition.

T: 05/30/2013 03:42 A/cir

Winfrey, Clarence B (MR # M002010261) Printed by Sharon D Harley [5173] at 6/26/13  
10:00 AM

Discharge Summaries (- continued- )

**HOSPITAL COURSE:** The patient was admitted with the above stated history. Again, he presented with an injury-type current ST elevation and was taken emergently to the Cardiac Catheterization Lab where he was found to have an occlusion of his posterior descending coronary artery as well as 3-vessel coronary disease and a VSD. We were asked to see the patient in consultation. Interestingly, the patient was fairly stable despite the magnitude of things. We assessed him and took him to the Operating Room the following morning where he underwent a single vessel bypass as outlined above and repair of a postinfarct ventricular septal defect. Also electively placed an intraaortic balloon pump to unload the patient prior to coming off cardiopulmonary bypass. He tolerated the procedure without complications and was taken to the Intensive Care Unit postoperatively. His drips were weaned early postop as well as his intraaortic balloon pump and that was removed without incident. He remained in the Intensive Care Unit and had gotten him up to the chair, began to do some ambulation. He was back in his chair and had a loss of consciousness and telemetry showed that he was in ventricular tachycardia. He was quickly cardioverted with 120 joules and converted back to his injury current type pattern. He was rebolused on Amiodarone and continued on his Amiodarone drip. We asked Cardiology to see the patient who agreed with management and continued to follow him. He did well with maintaining him on the Amiodarone drip and we eventually transferred him to the Telemetry floor 2 days ago where he has continued to make steady progress. Again, he had an ST-elevation MI and a low ejection fraction, and of course in the setting of ventricular tachycardia we asked the reps with LifeVest to fit him for a device which he will wear for the next 90 days and then we will reassess him with a repeat echocardiogram 90 days after his surgery. This will be to assess his need for AICD. He was fitted for his LifeVest today. He had a repeat echocardiogram that showed improvement in his ejection fraction. The final report is pending on that. The patient continues to make steady progress. He is ambulating, voiding, having bowel movements without complaints. His wounds are clean, dry and intact. His sternum is tight.

**DISCHARGE DIAGNOSTIC STUDIES:** Most recent labs on the patient's chart prior to discharge show a sodium of 131, potassium 4.1, chloride 100, CO2 25, BUN 17, creatinine 0.8, glucose 100, white count 12, HGB 10.8, HCT 33, platelets 371. His troponins on admission were 4.140. Total bilirubin 0.6, direct 0.2, AST 38, ALT 81, GGTP 52, alkaline phosphatase 68. Heparin-dependent platelet antibody was negative. MRSA screening was negative. Cholesterol 125, LDL 80, HDL 23, triglycerides 109, non HDL was 102. He had been started on a statin early postop, but his LFTs were elevated and we stopped it. Urinalysis was negative. HGB A1C was 5.4.

**DISPOSITION:** To home.

**DISCHARGE FOLLOW UP**

1. Jeff Travis, MD, in 2 weeks.
2. Lanneau Lide, MD, in 4 weeks.
3. The patient will need a repeat echocardiogram in 90 days from the date of his surgery.

T: 06/07/2013 03:09 P/brb

Electronically Signed by Jeffrey Allen Travis, MD on 06/11/13 0638

Discharge Summaries signed by Victor A. Gomez, PA-C at 06/07/13 1420

|         |                       |            |               |           |                                           |
|---------|-----------------------|------------|---------------|-----------|-------------------------------------------|
| Author: | Victor A. Gomez, PA-C | Service:   | (none)        | Author    | Physician Assistant                       |
| Filed:  | 06/07/13 1420         | Note Time: | 06/07/13 1420 | Type:     |                                           |
|         |                       |            |               | Cosigner: | Jeffrey Allen Travis, MD at 06/08/13 0827 |

**Discharge Summaries (- continued -)**

Discharge dictated #1193644.

6/7/2013, 2:20 PM

|                               |                         |
|-------------------------------|-------------------------|
| <b>Name:</b> Clarence Winfrey | <b>DOB:</b> 8/19/62     |
| <b>Acct:</b> 100004421483     | <b>Admit:</b> 5/28/2013 |

Electronically signed by Gomez, Victor A.

Electronically Signed by Jeffrey Allen Travis, MD on 06/08/13 0827

**ED Notes**

No notes of this type exist for this encounter.

**Final Diagnoses**

| Principal<br>[P] | Code   | Name                                                                        | POA                       | CC  | HAC | Affects<br>DRG |
|------------------|--------|-----------------------------------------------------------------------------|---------------------------|-----|-----|----------------|
|                  | 410.41 | Acute myocardial infarction of other inferior wall, initial episode of care | Yes                       | CC  |     | Yes            |
|                  | 785.51 | Cardiogenic shock                                                           | Yes                       | MCC |     | Yes            |
|                  | 427.1  | Paroxysmal ventricular tachycardia                                          | No                        | CC  |     | No             |
|                  | 429.71 | Acquired cardiac septal defect                                              | Yes                       | CC  |     | No             |
|                  | 416.8  | Other chronic pulmonary heart diseases                                      | Yes                       |     |     |                |
|                  | 287.5  | Thrombocytopenia, unspecified                                               | Yes                       |     |     |                |
|                  | 414.01 | Coronary atherosclerosis of native coronary artery                          | Yes                       |     |     |                |
|                  | 401.9  | Unspecified essential hypertension                                          | Yes                       |     |     |                |
|                  | 994.8  | Electrocution and nonfatal effects of electric current                      | Yes                       |     |     |                |
|                  | E925.9 | Accident caused by unspecified electric current                             | Yes                       |     |     |                |
|                  | E849.3 | Place of occurrence, industrial places and premises                         | Exempt from POA reporting |     |     |                |
|                  | E000.0 | Civilian activity done for income or pay                                    | Exempt from POA reporting |     |     |                |
|                  | 305.1  | Tobacco use disorder                                                        | Yes                       |     |     |                |
|                  | 305.00 | Alcohol abuse, unspecified                                                  | Yes                       |     |     |                |

**Discharge Information - Patient Record Only**

| Discharge Date/Time | Discharge Disposition | Discharge Destination | Discharge Provider | Unit |
|---------------------|-----------------------|-----------------------|--------------------|------|
|---------------------|-----------------------|-----------------------|--------------------|------|

Statement: Bobby Ruppe

RE: Clarence Winfrey

On May 22, 2012 Clarence called me and said a wire in the rotisserie was broken. Clarence had not seen the wire. While tracing out light wires he got shocked. He jerked his neck to get away and hurt his neck. I told him that if he needed to go to the doctor to go, that worker's compensation would pay. He did not want to go to the doctor because of money and said he would be okay in a few days. I told him if he got hurt at work, worker's compensation would pay. He was told this by me several times. He did go to the doctor on the Tuesday the 27<sup>th</sup>, and they said it was not his neck, it was his heart. He was sent to the hospital and they performed surgery on him that day.

Bobby Ruppe

Service Manager

09-23-2013

**Bobby Ruppe**

---

**From:** Clarence Winfrey  
**Sent:** Monday, May 27, 2013 12:27 PM  
**To:** Bobby Ruppe  
**Subject:** Re: They can't do anything

Wire in rotisserie broken did not see traced out light wire and got hit by power jerked my neck to get away from rotisserie I do not want to lose my job from being hurt

Sent from my iPad

On May 27, 2013, at 12:21 PM, "Bobby Ruppe" <[Bobby.Ruppe@asi-cfc.com](mailto:Bobby.Ruppe@asi-cfc.com)> wrote:

> If you did it at work workers comp should pay we will have to talk to Susan tomorrow go ahead and do me a letter on what happened and email it to me

>

> Sent from my iPhone

>

> On May 27, 2013, at 11:52 AM, "Clarence Winfrey" <[clarence.winfrey@asi-cfc.com](mailto:clarence.winfrey@asi-cfc.com)> wrote:

>

>> They can't do anything for neck pain I've been trying to stay away med help do to money but if I have to go to hospital that's means I'm hurt I I'm trying to avoid

>>

>> Sent from my iPad

>>

>> On May 27, 2013, at 11:47 AM, "Bobby Ruppe" <[Bobby.Ruppe@asi-cfc.com](mailto:Bobby.Ruppe@asi-cfc.com)> wrote:

>>

>>> What did they say

>>>

>>> Sent from my iPhone

>>>

>>> On May 27, 2013, at 11:15 AM, "Clarence Winfrey" <[clarence.winfrey@asi-cfc.com](mailto:clarence.winfrey@asi-cfc.com)> wrote:

>>>

>>>>

>>>>

>>>> <photo.JPG>

>>>>

>>>>

>>>>

>>>> Sent from my iPad

5-23/13

**IVERS DAILY LOG**

START TIME: 5:30

END TIME: 1:30

DATE: 5/22/2013

DRIVER: HI57

*Clarence  
Winfrey*

BEGINNING MILEAGE: 03011.9

ENDING MILEAGE: 03187.3

Store Name and Number: Publix 0067

Mileage Start: 03011.9

Mileage End: 03031.6

Activity: Driving

Activity: On Duty

Start Time: 5:30

End Time: 6:00

Start Time: 6:00

End Time: 7:45

Notes: Found big problem and I got shocked hard

Store Name and Number: Wall mart 514

Mileage Start: 03031.6

Mileage End: 03097.4

Activity: Driving

Activity: On Duty

Start Time: 7:45

End Time: 9:00

Start Time: 9:00

End Time: 10:15

Notes:

Store Name and Number: Wall mart 881

Mileage Start: 03097.4

Mileage End: 03147.5

Activity: Driving

Activity: On Duty

Start Time: 10:15

End Time: 11:30

Start Time: 11:30

End Time: 12:15

Notes:

Store Name and Number:

Mileage Start:

Mileage End:

Activity:

Activity:

Start Time:

End Time:

Start Time:

End Time:

Notes:

Store Name and Number:

Mileage Start:

Mileage End: P. 141

# DRIVERS DAILY LOG

START TIME: 8:00  
END TIME: 3:30

DATE: 5/23/2013  
DRIVER: HI57

*Clarence*  
*Winfrey*

BEGINNING MILEAGE: 03189.6

ENDING MILEAGE: 03257.9

|                                                                                                                                        |                          |                             |                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|-----------------------|
| Store Name and Number: <u>Wall mart 881</u>                                                                                            |                          |                             |                       |
| Mileage Start: <u>03189.6</u>                                                                                                          |                          | Mileage End: <u>03196.4</u> |                       |
| Activity: <u>Driving</u>                                                                                                               | Activity: <u>On Duty</u> |                             |                       |
| Start Time: <u>8:00</u>                                                                                                                | End Time: <u>8:30</u>    | Start Time: <u>8:30</u>     | End Time: <u>3:30</u> |
| Notes: <u>Went to whaleys two times then get call none of</u><br><u>The fryers are working go back they lost power going to fryers</u> |                          |                             |                       |

|                              |                 |                    |                 |
|------------------------------|-----------------|--------------------|-----------------|
| Store Name and Number: _____ |                 |                    |                 |
| Mileage Start: _____         |                 | Mileage End: _____ |                 |
| Activity: _____              | Activity: _____ |                    |                 |
| Start Time: _____            | End Time: _____ | Start Time: _____  | End Time: _____ |
| Notes: _____                 |                 |                    |                 |

|                              |                 |                    |                 |
|------------------------------|-----------------|--------------------|-----------------|
| Store Name and Number: _____ |                 |                    |                 |
| Mileage Start: _____         |                 | Mileage End: _____ |                 |
| Activity: _____              | Activity: _____ |                    |                 |
| Start Time: _____            | End Time: _____ | Start Time: _____  | End Time: _____ |
| Notes: _____                 |                 |                    |                 |

|                              |                 |                    |                 |
|------------------------------|-----------------|--------------------|-----------------|
| Store Name and Number: _____ |                 |                    |                 |
| Mileage Start: _____         |                 | Mileage End: _____ |                 |
| Activity: _____              | Activity: _____ |                    |                 |
| Start Time: _____            | End Time: _____ | Start Time: _____  | End Time: _____ |
| Notes: _____                 |                 |                    |                 |

|                              |                 |                    |                 |
|------------------------------|-----------------|--------------------|-----------------|
| Store Name and Number: _____ |                 |                    |                 |
| Mileage Start: _____         |                 | Mileage End: _____ |                 |
| Activity: _____              | Activity: _____ |                    |                 |
| Start Time: _____            | End Time: _____ | Start Time: _____  | End Time: _____ |
| Notes: _____                 |                 |                    |                 |

|                                                                                                    |                 |                    |                 |
|----------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------|
| Store Name and Number: _____                                                                       |                 |                    |                 |
| Mileage Start: _____                                                                               |                 | Mileage End: _____ |                 |
| Activity: _____                                                                                    | Activity: _____ |                    |                 |
| Start Time: _____                                                                                  | End Time: _____ | Start Time: _____  | End Time: _____ |
| Notes: <u>I'm going to a friend doctor tonite to look at my neck he says sounds like wipe lash</u> |                 |                    |                 |

Lunch Hours: \_\_\_\_\_ Driving Hours: 1 Labor Hours: 7

Standby Hours: \_\_\_\_\_ P. 142



### Initial Report

Claim Number: 22209963

Claimant Name: Clarence Winfrey

RN Name: Kristy Thompson RN, BA,  
BS, BSN

Date of Assignment: 26-Jun-2013

Report Date: July 22, 2013

Diagnosis:

ICD-9 Code(s):

Target RTW Date:

Treating Provider: Lexington Cardiovascular

Treatment History:

Claimant underwent heart surgery on May 29, 2013 as a result of an MI caused by electrical shock.

Medications:

Metoprolol 25mg  
Aspirin 81mg  
Plavix 75mg  
Amiodarone 200mg  
Altace 5mg  
Lasix 80mg  
Vitamin C  
Pepcid 20mg

Current Medical Status:

Claimant is treating with Dr. Lide with South Carolina Heart Center and Dr. Travis, Cardiothoracic surgeon with Lexington Cardiology since suffering MI.

Provider Treatment Plan:

On Monday 7.15.13, Mr. Winfrey met with Dr. Lide. Mr. Winfrey had a lot of fluid retention in his lungs as well as his legs. Dr. Lide placed him on a diuretic and obtained some lab work and scheduled him to come back in on Tuesday for an EKG. Tuesday morning, Mr. Lide's weight had dropped from 239 on Monday to 221. Dr. Lide informed him that he wanted him to take about 10lbs more of fluid off and increased his BP medications and instructed Mr. Lide to return Thursday for addition blood work and come in on Friday for a follow up visit. He also did Mr. Winfrey's physical therapy for now due to the visible shortness of breath. On Tuesday, Mr. Lide also had an appointment with Dr. Travis. On that visit Dr. Travis advised Mr. Winfrey not to take the Lasix and the BP meds because his BP was 77/60. I called Dr. Lide's office and advised them of this.

Dr. Travis also indicated that Mr. Winfrey is healing well. Mr. Winfrey had a lot of pain when Dr. Travis assessed the surgical site but otherwise everything looked good. I spoke with Dr. Lide's office again the morning 7.18.2013, and they made some more changes to his meds and placed BP parameters regarding taking the medication.

On Friday's visit, Dr. Lide reviewed Mr. Winfrey's medication and requested an EKG. Dr. Lide advised Mr. Winfrey to take Lasix 80mg once daily and to take 25mg of Metoprolol 2x a day and increased his Altace to 5mg daily and added Spironolactone to his medication. Because of the problems with his BP, Dr. Lide requested Mr. Winfrey come in next week for an appointment and additional blood work.

Current Work Status:

( ) Full Duty? ( ) Modified Duty? ☒ Out of Work?

Physical Requirements of Regular Job:

Claimant works as an electrician.

Modified Duty Available?

( ) Yes? ( ) No?

Physical Requirements of

N/A

Modified Duty Available:

### Information Obtained:

Activity Date: 28-Jun-2013 - 22-Jul-2013

| Activity Date | Activity Note                   |
|---------------|---------------------------------|
| 6/28/2013     | Introduction email to adjuster. |



|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7/1/2013  | Phone call to claimant's attorney, message left.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7/1/2013  | Contact approval letter sent to attorney.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7/2/2013  | Two copies of the GENEX introduction letter and grievance policy were sent to Attorney McDaniel, one for his file and a second copy to be provided to Mr. Winfrey at his discretion.                                                                                                                                                                                                                                                                             |
| 7/8/2013  | Phone call to SCHC to confirm appointment. Advised that claimant had 10:45am with Dr. Lide, advised that I was case manager and would be attending appointment with claimant.                                                                                                                                                                                                                                                                                    |
| 7/15/2013 | Case Manager Geneva Bookman accompanied Mr. Winfrey to the 10:45 am cardiology evaluation where following a lengthy wait the Claimant was sent into an examination room before an addition wait before being examined privately by Dr. Lide.                                                                                                                                                                                                                     |
| 7/15/2013 | After another lengthy wait Case Manager Geneva Bookman was allowed to speak with Dr. Lide via his Clinical Assistant while Mr. Winfrey was being prepared for blood-work. Dr. Lide advised                                                                                                                                                                                                                                                                       |
| 7/15/2013 | Phone call to SCHC to confirm which location appointment is at.                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7/16/2013 | Travel.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7/16/2013 | Mileage.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7/16/2013 | Wait.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7/16/2013 | Mr. Lide's weight had dropped from 239 on Monday to 221. Dr. Lide informed him that he wanted him to take about 10lbs more of fluid off and increased his BP medications and instructed Mr. Lide to return Thursday for addition blood work and come in on Friday for a follow up visit. He also d/c'd Mr. Winfrey's physical therapy for now due to the visible shortness of breath.                                                                            |
| 7/16/2013 | Phone call to Dr. Travis office to confirm appointment and confirm address and directions.                                                                                                                                                                                                                                                                                                                                                                       |
| 7/16/2013 | Travel.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7/16/2013 | Mileage.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7/16/2013 | Wait.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7/16/2013 | Dr. Travis advised Mr. Winfrey not to take the Lasix and the BP meds prescribed by Dr. Lide tonight because his BP was 77/60. I called Dr. Lide's office and advised them of this. Dr. Travis indicated that Mr. Winfrey is healing well. Mr. Winfrey had a lot of pain when Dr. Travis assessed the surgical site but otherwise everything looked good. Dr. Travis was advised that Mr. Winfrey was no longer in PT as recommended by Dr. Lide.                 |
| 7/16/2013 | Email update to adjuster.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7/16/2013 | Email update to claimant's attorney.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7/16/2013 | Message left for adjuster to call regarding claimant's appointments and approval for BP machine.                                                                                                                                                                                                                                                                                                                                                                 |
| 7/16/2013 | Phone call to Liberty Mutual advising that my emails are not reaching adjuster and given alternative email address.                                                                                                                                                                                                                                                                                                                                              |
| 7/17/2013 | Travel to claimant.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 7/17/2013 | Mileage.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7/17/2013 | Well check visit with claimant to assess his medications and any side effects. Initial assessment completed. Confirmed claimant's upcoming appointments.                                                                                                                                                                                                                                                                                                         |
| 7/18/2013 | File staffed via telephone w/assigned Field Case Manager (FCM) Kristy Thompson. Client's status post heart surgery on 5/29/13 and had several office visits this week (week of 7.15.13) w/treating cardiologist. In addition, FCM Thompson made a home visit this week for purposes of patient education and client's blood pressure concerns. All case management activities thus far are appropriate to case status. Debra B. Gray, Case Management Supervisor |
| 7/18/2013 | Message left by Tammy regarding claimant's BP medication and indicated she would call claimant at well.                                                                                                                                                                                                                                                                                                                                                          |
| 7/18/2013 | Phone call to Mr. Winfrey to make sure that Dr. Lide's office called him. Confirmed his appointment for Friday and assessed whether he was experiencing any side effects or increased SOB and he denied.                                                                                                                                                                                                                                                         |
| 7/18/2013 | Introductory letter sent to Dr. Lide explaining my involvement.                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7/18/2013 | Introductory letter to Dr. Travis explaining my role.                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7/18/2013 | Phone call to adjuster, unable to leave a message.                                                                                                                                                                                                                                                                                                                                                                                                               |



|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7/18/2013 | Phone call to Liberty Mutual advising that I am unable to contact adjuster, advised at 4:15pm that Rebecca is no longer with Liberty Mutual and new adjuster would be Ruth Schmitt, message left for new adjuster.                                                                                                                                                                                                                                  |
| 7/19/2013 | Travel.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7/19/2013 | Wait.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7/19/2013 | Dr. Lide reviewed Mr. Winfrey's medication and requested an EKG. Dr. Lide advised Mr. Winfrey to take Lasix 80mg once daily and to take 25mg of Metoprolol 2x a day and increased his Altace to 5mg daily and added Spironolactone to his medication. Because of the problems with his BP, Dr. Lide requested Mr. Winfrey come in next week for an appointment and additional blood work. Dr. Lide wrote a prescription for BP monitor and a scale. |
| 7/21/2013 | Mileage.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7/22/2013 | Initial Report.                                                                                                                                                                                                                                                                                                                                                                                                                                     |

#### Assessment:

Claimant is a 50 year old man that suffered an electrical shock on May 22, 2013. As a result of the shock, claimant suffered a myocardial infarction and underwent heart surgery on May 29, 2013. Prior to injury, claimant not taking medication and since injury, claimant taking multiple medications and medication management needed.

A home visit was made during this report period for purposes of client teaching/safety in regards to medications and physician orders.

#### Case Management Action Plan:

| Goals                                                                                         | Completed Date | Target Date |
|-----------------------------------------------------------------------------------------------|----------------|-------------|
| STG: Claimant will verbalize understanding of Case Manager Role & Responsibilities Disclosure |                | 10/31/2013  |

| Issue                                            | Date Identified | Date Resolved |
|--------------------------------------------------|-----------------|---------------|
| Alteration in comfort related to fluid overload. | 7/15/2013       |               |
| Identification of complex medical issues         | 7/16/2013       |               |

#### Action Plan:

Attend follow up appointment with Dr. Lide on 7.27.13

Obtain Medical notes

Maintain weekly contact with claimant

Provide updates to all parties

*Kristy Thompson*

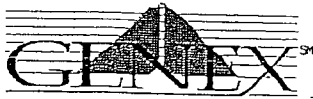
Submitted By: Kristy Thompson RN, BA, BS, BSN  
 Title: Case Manager - Medical  
 Phone #: (704) 503-4775, Ext. 3698  
 Email: kristy.thompson@genexservices.com

*Debra Gray*

Supervised By: Debra Gray, M.Ed., CRC, CCM  
 Title: Supervisor - CM

KT/dng

CC: Preston Daniel



GENEX Services, Inc.  
5255 Triangle Parkway, Suite 100  
Norcross, GA 30092  
770-582-9292 Fax: 1-888-838-0381  
[www.genexservices.com](http://www.genexservices.com)

Angelia

Preston McDaniel  
1315 Elmwood Avenued  
Columbia, South Carolina 29202



GENEX Services, Inc.  
8310 Univeristy Executive Park Drive  
Suite 520  
Charlotte, NC 28262  
704-503-4775 Fax: 866-258-3974  
Toll Free: 800-477-2028  
www.genexservices.com

July 18, 2013

Dr. Jeffrey Travis  
Lexington Cardiovascular  
2728 Sunset Blvd  
West Columbia, SC 29169

RE:      Claimant:      Clarence Winfrey  
         Date of Injury:    22-May-2013  
         Date of Birth  
         Employer:        Archway Service  
         Carrier:          Montgomery Insurance Co  
         Claim #:          22209963  
         GENEX #:          CNGNY5

Dear Dr. Travis:

I am a medical case manager employed by GENEX Services, Inc. I have been requested by Montgomery Insurance Co. to provide medical care coordination for Clarence Winfrey's industrial injury.

My role is to facilitate services and communications among the professionals involved in our client's treatment plan. I will be meeting with you, Clarence Winfrey and his employer as necessary to provide the client with support and guidance through his/her recovery process and successful return to employment.

I will be attending Clarence Winfrey's appointments with you. During each appointment, I will need to review and update the following areas related to Clarence Winfrey's work related injury:

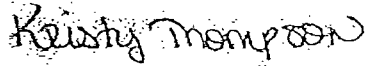
1. Diagnosis
2. Prognosis as it relates to this patient's medical condition
3. Any suggested treatment plans
4. Any physical limitations/restrictions
5. Return to work date
6. Could he/she return to his/her former job
7. If not, what are your recommendations for job modifications?
8. Is additional treatment indicated?
9. Anticipated permanent and stationary date?

As a medical case manager, my role is to assure that the client receives timely and appropriate medical treatment. We will coordinate with you in providing quality of care and

attainment of appropriate goals. I will need a copy of all reports sent to 8310 University Executive Park Drive, Suite 520, Charlotte, NC 28262.

Should you have any questions or wish to discuss this case in greater detail, please feel free to contact me at (803) 210-5279. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kristy Thompson".

Kristy Thompson RN, BA, BS, BSN  
Case Manager - Medical

KT/dng

cc: Preston McDaniel, Esq.



GENEX Services, Inc.  
8310 Univeristy Executive Park Drive  
Suite 520  
Charlotte, NC 28262  
704-503-4775 Fax: 866-288-3974  
Toll Free: 800-471-2028  
www.genexservices.com

July 18, 2013

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

RE: Claimant: Clarence Winfrey  
Date of Injury: 22-May-2013  
Date of Birth  
Employer: Archway Service  
Carrier: Montgomery Insurance Co  
Claim #: 22209963  
GENEX #: CNGNY5

Dear Dr. Lide:

I am a medical case manager employed by GENEX Services, Inc. I have been requested by Montgomery Insurance Co to provide medical care coordination for Clarence Winfrey's industrial injury.

My role is to facilitate services and communications among the professionals involved in our client's treatment plan. I will be meeting with you, Clarence Winfrey and his/her employer as necessary to provide the client with support and guidance through his/her recovery process and successful return to employment.

I will be attending Clarence Winfrey's appointments with you. During each appointment, I will need to review and update the following areas related to Clarence Winfrey's work related injury:

1. Diagnosis
2. Prognosis as it relates to this patient's medical condition
3. Any suggested treatment plans
4. Any physical limitations/restrictions
5. Return to work date
6. Could he/she return to his/her former job
7. If not, what are your recommendations for job modifications?
8. Is additional treatment indicated?
9. Anticipated permanent and stationary date?

As a medical case manager, my role is to assure that the client receives timely and appropriate medical treatment. We will coordinate with you in providing quality of care and

attainment of appropriate goals. I will need a copy of all reports sent to 8310 University Executive Park Drive, Suite 520, Charlotte, NC 28262.

Should you have any questions or wish to discuss this case in greater detail, please feel free to contact me at (803) 210-5279. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kristy Thompson".

Kristy Thompson RN, BA, BS, BSN  
Case Manager - Medical

KT/dng

cc: Preston McDaniel, Esq.



ATTORNEYS AT LAW

Reply To  
LONDON HUGHEY  
Direct Dial: (803) 227-2261  
rhughey@mgclaw.com  
COLUMBIA

January 2, 2014

**VIA/HAND DELIVERY**

Commissioner Susan S. Barden  
S. C. WORKERS' COMPENSATION COMMISSION  
1333 Main Street, Suite 500  
Columbia, South Carolina 29201

RE: Clarence Winfrey v. Archway Services and American  
Fire & Casualty Insurance Company c/o Liberty Mutual Group  
Date of Accident: May 22, 2013  
WCC File No.: 1306305  
Our File No.: 2095.13137  
Claim No.: 22209963

Dear Commissioner Barden:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Preston F. McDaniel, Esquire, the Claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

With kind regards, I am

Very truly yours,

Landon Hughey

LLH/rds

Enc.

cc: Preston F. McDaniel, Esquire (w/enc)  
Beth Wrinkle, Liberty Mutual Group (w/enc)(via/email only)  
Susan M. Kiser, Archway Services Inc. (w/enc)(via/email only)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1306305

CLARENCE WINFREY,

Employee,

Claimant,

vs.

ARCHWAY SERVICES INC,

Employer,

AND

AMERICAN FIRE & CASUALTY  
INSURANCE COMPANY C/O LIBERTY  
MUTUAL GROUP,

Carrier,

Defendants.

CERTIFICATE  
OF  
SERVICE

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

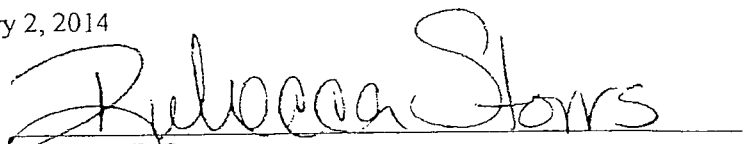
TO: Preston F. McDaniel, Esquire  
The McDaniel Law Firm  
1315 Elmwood Avenue  
Columbia, South Carolina 29201

**VIA HAND DELIVERY**

S. C. WORKERS' COMPENSATION COMMISSION  
1333 Main Street, Suite 500  
Columbia, South Carolina 29201

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses  
and Written Medical Reports

DATE OF MAILING: January 2, 2014

  
Rebecca D. Storrs  
Legal Assistant to Landon L. Hughey

|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claimant's Name: <u>Clarence Winfrey</u> SSN: _____<br><br>Address: _____<br><br>Home Phone: <u>(803) 227-2261</u> Work Phone: _____<br>Preparer's Name: <u>Landon L. Hughey</u> | Employer's Name: <u>Archway Services Inc.</u><br><u>2316 Kings Road Ext.</u><br>Address: <u>Shelby, North Carolina 28152</u><br><u>American Fire &amp; Casualty Insurance Company</u><br>Carrier: <u>c/o Liberty Mutual Insurance</u><br>Preparer's Phone #: <u>(803) 227-2261</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☒ Injury      ☐ Illness      ☐ Repetitive Trauma

- P. 153

12. I am amending my Form 50/51 in the following manner: None.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
☐ b. Mediation is required pursuant to Reg. 67-1802.  
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.  
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

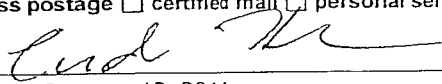
**I verify the contents of this form are accurate and true to the best of my knowledge.**

**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** Preston F. McDaniel, Esquire, The McDaniel Law Firm

1315 Elmwood Avenue

**address** Columbia, South Carolina 29201 **on the** 2<sup>nd</sup> **day of** January **20** 14 .

**by** ☒ **first class postage** ☐ **certified mail** ☐ **personal service.**

**Signature:**  **Email:** rhughey@mgclaw.com

**Date of Hearing:** January 13, 2014 **Time needed for hearing:** 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \*Commissioners reserve the right to admit expert witnesses at hearings.

**WCC FORM # 53**

Revised 7/13

**PRE-HEARING BRIEF**

**58**

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1306305

CLARENCE WINFREY,

Employee,

Claimant,

vs.

ARCHWAY SERVICES INC,

Employer,

AND

AMERICAN FIRE & CASUALTY  
INSURANCE COMPANY C/O LIBERTY  
MUTUAL INSURANCE,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND  
WRITTEN MEDICAL REPORTS  
TO BE INTRODUCED AS  
DIRECT EVIDENCE ON BEHALF  
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND  
PRESTON F. MCDANIEL, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the ~~South~~  
Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of ~~Laws~~  
(Cum. Supp. 1988) submit the following medical records and other documents as evidence:

| APA#  | DOCTOR                                          | PRACTICE                            | DATES               | PAGE#   |
|-------|-------------------------------------------------|-------------------------------------|---------------------|---------|
| 7.    |                                                 | Doctors Care                        | 05/28/13            | 90      |
| 8.    |                                                 | South Carolina Heart Center         | 05/28/13            | 91-93   |
| 9.    | Jeffrey A. Travis, M.D.                         | Lexington Cardiovascular<br>Surgery | 05/28/13            | 94-96   |
| 10.   | Barry J. Feldman, MD,<br>FACC, FACP, FSCAI      | Lexington Heart                     | 11/04/13            | 97      |
| Ex. 1 | Statement of Bobby Ruppe                        |                                     | 09/23/13            | 98      |
| Ex. 2 | Emails Between Bobby Ruppe and Clarence Winfrey |                                     | 05/27/13            | 99      |
| Ex. 3 | Drivers Daily Log                               |                                     | 05/22/13 – 05/23/13 | 100-101 |
| Ex. 4 | Decision & Order of Commissioner T. Scott Beck  |                                     | 12/5/13             | 102-110 |

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Designated Employer representative.



---

LANDON L. HUGHEY  
MCANGUS GOUDELOCK & COURIE, L.L.C.  
Post Office Box 12519, Capitol Station  
Meridian, 1320 Main Street, 10<sup>th</sup> Floor  
Columbia, South Carolina 29211-2519  
(803) 779-2300  
Attorneys for the Employer/Carrier

Columbia, South Carolina  
January 2, 2014

(F) 603-334-8122 C# 2229963  
BAD COPY 10-20

EXAM ROOM TIME: 05/28/13 09:25am DC SEVEN OAKS, CHECKOUT TIME: 10:25am

NAME & ADDRESS: WINFREY, CLARENCE  
DOB: 05/28/13 (50 years)  
GENDER: M

INSURANCE BALANCE: \$0.00  
ACCOUNT BALANCE: \$0.00  
CURRENT CHARGES: \$0.00  
AMOUNT PAID: \$0.00  
NEW BALANCE: \$0.00

INSURED: WINFREY, CLARENCE  
INS: WRC  
REASON: NECK PAIN (shocked by 480 volt, jerked down to shoulder)  
NICKNAME: (down to shoulder)  
RELATION: SELF  
COPAY: \$0.00

Personal Hx: M, TN, HT, BMI, RR, PULSE, RESP, TEMP, LMP, Tetanus  
Family Hx: DM, HTN, Alcohol, Tobacco  
Social Hx: Alcohol, Tobacco  
ROS (V or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash  
Allergies: NKDA  
Medications: Tylenol, Naproxen, Metronidazole  
Meds/Allergies Reviewed: ☐

PHYSICAL: (see reverse) Omit if N/A  
Chief Complaint: 480 V electrical shock on Thursday, 5/24/13, woke up sweating, 480 V electrical shock on Thursday, 5/24/13, woke up sweating, 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
HPI: 480 V electrical shock on Thursday, 5/24/13, woke up sweating, 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
PE: Neck: tender, 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
CV: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Lungs: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Abd: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Back: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Ext: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
GU: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Neuro: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Skin/Breasts: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Chaperone: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
I.V.: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Injection: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Nebulizer: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Procedure: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.  
Pulse Ox: 480 V electrical shock on Thursday, 5/24/13, woke up sweating.

AGNOSIS: Tachycardia / electrical shock / muscle shock

Patient Care Instructions Discussed: ☐ Given ☐ Recommended  
Lifestyle Modification: ☐  
Preventative Recommendation(s): ☐  
Prescriptions / OTC Meds: ☐  
Side Effects Discussed: ☐  
Follow-Up: ☐  
Worsening symptoms: ☐  
If not better: ☐  
to ER if: ☐  
Off Work / School: ☐  
PSR Notes: NEW

I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the patient's consent to the use and disclosure of my health information for purposes of obtaining payment for services rendered is not the patient's treatment and health care decisions. I authorize payment of medical benefits to Doctors Care physicians or their designees for services rendered.

Signature of Patient: ☐  
Signature of Authorized Person: ☐  
Date: 6-28-2013



## OFFICE CONSULT

May 28, 2013

CLARENCE WINFREY 50 year old M 502, Account #: 000009112

Requesting the consult: PCP No

Consultation is requested for

Primary care physician: PCP NoCardiologist: Himadri Dasgupta M.D.Chief complaint: New Pt Exam, Palpitations / Arrhythmias, DyspneaHistory of present illness:

Mr. Clarence Winfrey is a 50-year-old male is being seen in consultation at the request of Dr. Greenfield at doctor's care for further workup of an abnormal EKG and new onset heart murmur. A review of his records today shows that he received an electric shock in 5 days ago and since then has complained of a pain in his left shoulder radiating to the left scapular region, the left side of his neck, left infraclavicular region and left arm. He has also been having excessive diaphoresis and has dyspnea with exertion. The patient states that none of his symptoms have really progress. His pain appears to have been responding to Tylenol and Motrin but comes back when the effect wears off. The patient denies any palpitation, syncope or presyncope. He denies any orthopnea or dependent edema. At the time of this interview the patient denied any chest pain but had minimal left shoulder pain.

The patient denied any prior cardiac history and stated that many years ago he had a normal cardiac catheterization. On auscultation today he was found to have a grade 4/6 early and mid systolic murmur in the left parasternal region. A stat echocardiogram cyst and a tiny cyst with possible expansion of the distal and apical inferior and inferoseptal segments with a possible VSD with left to right shunting.

His EKG was reviewed and showed significant ST elevation in leads L2 and L3 with ST depression in V1 through V3 and a right bundle branch block. A repeat EKG in our office was the same as that from doctor's care.

On arrival the patient was found to be tachycardia with a heart rate of around 120 beats per minute. On arrival discussed with the pressure was about 100 but at the time of this interview his blood pressure was 128/88.

Mr. WINFREY has not had palpitations, syncope or near syncope. He denies claudication. There is no discoloration or ulceration of the lower extremities. He has had no TIA or stroke-like symptoms.

CARDIAC HISTORYRisk Factors:

- 1 Tobacco Abuse: cigarettes [Tobacco per day: 0.50]

CARDIOVASCULAR PROCEDURESPast medical history: ABN EKG, Gout/HypertensionSOCIAL HISTORY

Family: Unknown

Diet: Regular

Tobacco Cessation: The patient was counseled on tobacco cessation

Alcohol: Yes Occasional

Caffeine: Coffee

SEE ATTACHED

**Family history:** There is a family history of premature coronary artery disease. Father Hypertension, CVA, Myocardial Infarction at 54 (cause of death)

**Review of symptoms:**

RESP - Negative for snoring, hemoptysis. Positive for dyspnea. CONST - Negative for weight gain, weight loss, ~~fat~~. EYES - Negative for visual changes. ENT - Negative for hearing loss. CARD - Negative for chest pain, diaphoresis, orthopnea, syncope, pnd. Positive for palpitation. 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. HEMAT - Negative for acute anemia, thrombocytopenia.

**Physical exam:** CONST - The patient is 5ft 11in tall, and weighs 240.8lbs. The BMI is 33.7 kg/m2. Blood pressure in the left arm is 138/104 mmHg in the sitting position. The pulse is 122/min. The respirations are 22/min. Nourishment - Obese. Appearance - Well Developed. EYES - Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. ~~NM~~ - Oral Mucosa - Moist, No Cyanosis, No Pallor. NECK - JVP - Less Than 8. RESP - Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Rhonchi - Absent. Wheezes - Absent. CARDIAC - Rhythm - Regular. Palpation - PMI Normal. Heart Sounds - S1 Normal, S2 Normal, No S3, No S4. Murmurs - IV/VI systolic ejection murmur heard at the left sternal border. VASC - Carotid - Bilateral Normal. Aorta - Normal Size. Femoral - Bilateral Normal Pulse. Post Tidal - Bilateral Normal. ABD - Tenderness - None. Hepatomegaly - Absent. Splenomegaly - Absent. M/S - Gait - Normal. Able to Exercise - Yes. EXT - Clubbing - Absent. Lower Extremity Edema - Absent. SKIN - Venous Stasis Ulcers - Absent. PSYCH - Orientation - Oriented to Time, Person and Place. Mood - Appropriate.

**IMPRESSION AND PLAN**

01. Acute MI, Inferior
02. Shortness of Breath
03. Chest Pain, Unspecified
04. Limb Pain, Arm
05. Obesity
06. Tobacco Abuse
07. Ventricular Septal Defect

It appears that the patient has had a myocardial infarction in the last few days but has persistent estimation and some symptoms. It is also possible that he has had a VSD is a completion of this MI. I have informed him of our findings, the current diagnosis and his prognosis and a plan of action. STEMI protocol was activated at Lexington Medical Center. The patient is being transferred by ambulance to the cardiac catheterization laboratory. I have discussed with our interventionalists Dr. Lide who do emergent cardiac catheterization and decide further management. A CVTS consultation will be obtained if the VSD is confirmed. The patient will be given beta blockers and aspirin.

**Orders:**

- 1 Patient counseled on tobacco cessation.

**FINAL MEDICATION LIST**

|                                      |                                                               |
|--------------------------------------|---------------------------------------------------------------|
| ibuprofen 200 mg tablet              | take 2 tablet by ORAL route every 6 hours as needed with food |
| Tylenol Extra Strength 500 mg tablet | take 2 tablet by ORAL route every day as needed               |

Electronically signed by: Himadri Dasgupta M.D. 05/28/2013 @ 1:18 PM

D: T:05/28/2013  
2411 he suddenly

05/28/2013

05/28/2013

SEE ATTACHED

**Winfrey, Clarence B #M002010261**  
**Admission Info: Inpatient (Adm: 05/28/13)**  
**Hospital Account: 200044872**

**Description: 50 y.o. M**  
**Primary Service: Med/Surg**  
**Unit Info: Surg 4thNT**

**Consult Notes**

Consults signed by Jeffrey Allen Travis, MD at 05/29/13 0629

|                 |                          |             |               |                 |                    |
|-----------------|--------------------------|-------------|---------------|-----------------|--------------------|
| Author:         | Jeffrey Allen Travis, MD | Service:    | (none)        | Author          | Physician          |
| Filed:          | 05/29/13 0629            | Note Time:  | 05/28/13 1553 | Type:           | Trans ID: 3M926468 |
| Trans Status:   | Available                |             |               |                 |                    |
| Dictation Time: | 05/28/13 1553            | Trans Time: | 05/28/13 1612 | Trans Doc Type: | Consult Note       |

REQUESTING PHYSICIAN: Dr. Lide

REASON FOR CONSULTATION: Consideration for CABG and repair of VSD.

HISTORY OF PRESENT ILLNESS: The patient is a 50-year-old white male who states on Wednesday he

was working on some electrical equipment and got a shock. He went home from work and experienced significant chest pain as well as back and shoulder pain. This persisted through the weekend and he really did not do much over the weekend other than sit around and watch TV and experienced pain. Due to the persistence of the pain he presented to an Urgent Care Center today where his EKG was abnormal and he was sent to the hospital. He was taken to the Cath Lab emergently where he was found to have occlusion of his posterior descending coronary artery, severe 3-vessel coronary disease, and a VSD. I have been asked to see him for evaluation and management.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: None.

HOME MEDICATIONS: None.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: The patient is a pack per day smoker for the last 35 years. The patient drinks about a 12-pack per week but does not drink beer on a daily basis. Denies any illicit drug use. He does maintenance type work for grocery stores like Publix.

REVIEW OF SYSTEMS: A 10-point review of systems otherwise negative other than listed in the HPI.

**PHYSICAL EXAMINATION**

**GENERAL:** The patient is a well-developed white male in no apparent distress.

**HEENT:** Atraumatic, normocephalic. Extraocular movements intact. Pupils equal, round and react to light. Oropharynx is clear. Sclerae nonicteric.

**NECK:** No JVD. No carotid bruits.

**CARDIOVASCULAR:** Regular S1, S2. He is very tachycardic. There is a 3/6 systolic murmur heard throughout the precordium.

**LUNGS:** Clear to auscultation bilaterally. Good chest expansion bilaterally.

**ABDOMEN:** Soft, nontender, nondistended. No hernias or masses.

**MUSCULOSKELETAL:** Full range of motion. There is no clubbing, cyanosis, or edema. He has 2+ pulses throughout his vascular exam.

**NEUROLOGIC:** Intact. Moves all 4 extremities, 5/5 strength. Sensation is intact.

**DIAGNOSTIC STUDIES:** I reviewed his cardiac catheterization. He has very severe diffuse 3-vessel disease. On the left side his LAD is diseased but most of this is distally. There is no proximal

obstructive disease. He has a ramus with about an 80-90% proximal lesion. It is graftable. His circumflex vessels again are thready as they get to the distal portions but I do not see a graftable vessel. His right coronary artery is free of proximal disease. His PDA is occluded and has TIMI-2 flow. This is obviously the infarct artery. His ejection fraction looks mildly reduced. It is a little bit difficult to fully ascertain given the tachycardia. He has an obvious VSD with quick filling of the right ventricle and pulmonary artery on ventriculogram.

His laboratory values show his BUN to be 20, creatinine 1. White count is elevated slightly at 17, hemoglobin 15, hematocrit 48. Chest x-ray is pending.

**IMPRESSION:** Severe 3-vessel coronary disease with acute post-infarct ventral septal defect (VSD).

**RECOMMENDATIONS:** I think the patient needs to be considered for coronary artery bypass grafting surgery. Right now, he is hemodynamically stable with no evidence of end-organ perfusion difficulties. We will obtain a chest x-ray. Although he has good room air SATs, it does not appear he is in overt failure. We will also get an echo. Certainly if he develops hemodynamic compromise, we will place a balloon pump and speed up the timing of surgery. Right now, I think we have a few moments to better evaluate him and consider him for reparative surgery. Discussed all this with the patient who has no family members at the time to convene with per his report.

T: 05/28/2013 04:12 P/bds

Signed by Jeffrey Allen Travis, MD on 05/29/13-0629

#### Consult Orders

| Consult to Social Work - Equipment (DME) [17195308] |                                                                                                             |                    |                                                                | Discontinued |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------|--------------|
| Ordering user:                                      | Victor A. Gomez, PA-C 06/05/13 0720                                                                         | Ordering provider: | Victor A. Gomez, PA-C                                          |              |
| Authorized by:                                      | Steven W. Marra                                                                                             | Frequency:         | Once 06/05/13 1052 - 1 Occurrences                             |              |
| Electronically signed by:                           | Victor A. Gomez, PA-C 06/05/13 0720                                                                         |                    |                                                                |              |
| Electronically cosigned by:                         | Steven W. Marra 06/05/13 1134 for Ordering                                                                  |                    |                                                                |              |
| Released by:                                        | Erin Sullivan Sisk, RN 06/05/13 1051                                                                        | Discontinued by:   | Automatic Discharge Provider 06/07/13 1736 [Patient Discharge] |              |
| Questions:                                          | Reason For Social Work Consult Equipment (DME) Comment - please arrange for him to be fitted for a LifeVest |                    |                                                                |              |
| Consult to Cardiology [17029085]                    |                                                                                                             |                    |                                                                | Discontinued |
| Ordering user:                                      | Catherine S Gallier, RN 06/01/13 1150                                                                       | Ordering provider: | Steven W. Marra                                                |              |
| Authorized by:                                      | Steven W. Marra                                                                                             | Frequency:         | Once 06/01/13 1142 - 1 Occurrences                             |              |
| Electronically signed by:                           | Catherine S Gallier, RN 06/01/13 1150                                                                       |                    |                                                                |              |
| Electronically cosigned by:                         | Steven W. Marra 06/05/13 1134 for Discontinue on Transfer                                                   |                    |                                                                |              |
| Discontinued by:                                    | Victor A. Gomez, PA-C 06/05/13 1051                                                                         |                    |                                                                |              |
| Questions:                                          | Reason for Consult? VT<br>Did you call the consulting provider? Yes Comment - 7943950                       |                    |                                                                |              |
| Comments:                                           | Answering service called. Consult placed for pt to be seen today. M Patel on call and notified.             |                    |                                                                |              |
| Consult to Nutrition Services [16901901]            |                                                                                                             |                    |                                                                | Completed    |

|                           |                                                                                          |                    |                                    |
|---------------------------|------------------------------------------------------------------------------------------|--------------------|------------------------------------|
| Ordering user:            | Jeffrey Allen Travis, MD 05/29/13 1827                                                   | Ordering provider: | Jeffrey Allen Travis, MD           |
| Authorized by:            | Jeffrey Allen Travis, MD                                                                 | Frequency:         | Once 05/29/13 2018 - 1 Occurrences |
| Electronically signed by: | Jeffrey Allen Travis, MD 05/29/13 1827                                                   |                    |                                    |
| Released by:              | Mitzi K Stewart, RN 05/29/13 2017                                                        |                    |                                    |
| Questions:                | Reason for Nutrition Consult? Medical Nutrition Therapy<br>Is this a Doctor's Order? Yes |                    |                                    |

**Pastoral/spiritual care consult [16834606]**

Completed

|                           |                                           |                    |                                    |
|---------------------------|-------------------------------------------|--------------------|------------------------------------|
| Ordering user:            | Jeffrey Allen Travis, MD 05/28/13 1722    | Ordering provider: | Jeffrey Allen Travis, MD           |
| Authorized by:            | Jeffrey Allen Travis, MD                  | Frequency:         | Once 05/28/13 1720 - 1 Occurrences |
| Electronically signed by: | Jeffrey Allen Travis, MD 05/28/13 1722    |                    |                                    |
| Questions:                | Reason for Consult? Pre-operative support |                    |                                    |

**Consult to Cardiovascular Surgery [16825697]**

Discontinued

|                           |                                                                                                                                                                                 |                    |                                                           |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| Ordering user:            | Lanneau D Lide, MD 05/28/13 1456                                                                                                                                                | Ordering provider: | Lanneau D Lide, MD                                        |
| Authorized by:            | Lanneau D Lide, MD                                                                                                                                                              | Frequency:         | Once 05/28/13 1529 - 1 Occurrences                        |
| Electronically signed by: | Lanneau D Lide, MD 05/28/13 1456                                                                                                                                                |                    |                                                           |
| Released by:              | Angela K Mayo, RN 05/28/13 1528                                                                                                                                                 | Discontinued by:   | Jeffrey Allen Travis, MD 05/30/13 0147 [Patient Transfer] |
| Questions:                | Reason for Consult? 3 vessel CAD, IMIQ, VSD<br>Did you call the consulting provider? Yes<br>Preferred Group if no MD previously selected? Lexington Cardiovascular 803-936-7095 |                    |                                                           |

**Consult to Cardiovascular Surgery [16825701]**

Discontinued

|                           |                                                                                                                                                                                 |                    |                                                           |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| Ordering user:            | Lanneau D Lide, MD 05/28/13 1456                                                                                                                                                | Ordering provider: | Lanneau D Lide, MD                                        |
| Authorized by:            | Lanneau D Lide, MD                                                                                                                                                              | Frequency:         | Once 05/28/13 1529 - 1 Occurrences                        |
| Electronically signed by: | Lanneau D Lide, MD 05/28/13 1456                                                                                                                                                |                    |                                                           |
| Released by:              | Angela K Mayo, RN 05/28/13 1528                                                                                                                                                 | Discontinued by:   | Jeffrey Allen Travis, MD 05/30/13 0147 [Patient Transfer] |
| Questions:                | Reason for Consult? 3 vessel CAD, IMIQ, VSD<br>Did you call the consulting provider? Yes<br>Preferred Group if no MD previously selected? Lexington Cardiovascular 803-936-7095 |                    |                                                           |



120 West Hospital Drive - West Columbia, SC 29169  
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J. Kevin Baugh, MD, FACC  
Barry J. Feldman, MD, FACC, FACP  
Jennifer A. Feldman, MD, FRACP  
J. Kyle Hewett, MD, FSCAI

Guillermo Pineda, MD, FACC  
Vince M. Vismara, MD, FSCAI  
Grace Kludo, RN, MSN, ACNP  
Phyllis Williamson, MSN, ACNP, CLS

Eric E. Shoup, MS, PAC, CLS  
Sandi VanHoosier, PA-C

04 November 13

To Whom It May Concern:

Re: Clarence Winfrey v. Archway Services (Claim No: 22209963)

Dear Sirs:

I am writing to summarize my professional impression after review of the hospital records from Mr. Clarence Winfrey. Mr. Winfrey appears to have presented with a delayed myocardial infarction approximately five days from his initiation of chest pain. He underwent a semi-emergent heart catheterization which demonstrated an occluded right posterior descending artery. This appeared to be a relatively fresh occlusion according to his angiographic report. He was also found to have a VSD in the inferior lateral portion of his ventricular septum which was consistent with this acute occlusion.

His heart appeared to have a focal area of necrosis in the anatomical distribution of this occluded artery consistent with an acute inferior infarct. Overall his ejection fraction was preserved in the 50% range at this time.

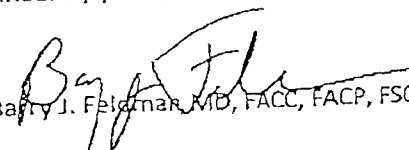
In my opinion with reasonable certainty the highest likelihood was that his VSD was acquired from his acute myocardial infarction. His diagnostic arteriogram demonstrated extensive coronary artery disease with the only vessel that could be grafted being a moderate sized ramus intermedius branch.

It is coincidental that he happened to have a myocardial infarction that appears to have occurred the same evening of the day he had an electrocution event. It is possible that this was a spontaneous plaque rupture which had no relation to the electrical shock. This is of the highest certainty since there is no clear cut correlation between plaque ruptures and electrical shocks.

The description of pericardial inflammation is most likely consistent with a possible post MI Dresslers syndrome. It was also noted to have thickened plaque which was calcified in the pericardium which most likely is chronic. The odds of having electrical shock to account for the VSD are quite low given the anatomical relationship of his VSD to his occluded PDA vessel.

If I can shed any further light or offer any additional opinion regarding this case please feel free to contact me personally at any time.

Sincerely yours,

  
Barry J. Feldman, MD, FACC, FACP, FSCAI

Statement: Bobby Ruppe

RE: Clarence Winfrey

On May 22, 2012 Clarence called me and said a wire in the rotisserie was broken. Clarence had not seen the wire. While tracing out light wires he got shocked. He jerked his neck to get away and hurt his neck. I told him that if he needed to go to the doctor to go, that worker's compensation would pay. He did not want to go to the doctor because of money and said he would be okay in a few days. I told him if he got hurt at work, worker's compensation would pay. He was told this by me several times. He did go to the doctor on the Tuesday the 27<sup>th</sup>, and they said it was not his neck, it was his heart. He was sent to the hospital and they performed surgery on him that day.

Bobby Ruppe

Service Manager

09-23-2013

## Bobby Ruppe

---

**From:** Clarence Winfrey  
**Sent:** Monday, May 27, 2013 12:27 PM  
**To:** Bobby Ruppe  
**Subject:** Re: They can't do anything

Wire in rotisserie broken did not see traced out light wire and got hit by power jerked my neck to get away from rotisserie I do not want to lose my job from being hurt

Sent from my iPad

On May 27, 2013, at 12:21 PM, "Bobby Ruppe" <[Bobby.Ruppe@asi-cfc.com](mailto:Bobby.Ruppe@asi-cfc.com)> wrote:

> If you did it at work workers comp should pay we will have to talk to Susan tomorrow go ahead and do me a letter on what happened and email it to me

>

> Sent from my iPhone

>

> On May 27, 2013, at 11:52 AM, "Clarence Winfrey" <[clarence.winfrey@asi-cfc.com](mailto:clarence.winfrey@asi-cfc.com)> wrote:

>

>> They can't do anything for neck pain I've been trying to stay away med help do to money but if I have to go to hospital that's means I'm hurt I I'm trying to avoid

>>

>> Sent from my iPad

>>

>> On May 27, 2013, at 11:47 AM, "Bobby Ruppe" <[Bobby.Ruppe@asi-cfc.com](mailto:Bobby.Ruppe@asi-cfc.com)> wrote:

>>

>>> What did they say

>>>

>>> Sent from my iPhone

>>>

>>> On May 27, 2013, at 11:15 AM, "Clarence Winfrey" <[clarence.winfrey@asi-cfc.com](mailto:clarence.winfrey@asi-cfc.com)> wrote:

>>>

>>>>

>>>>

>>>> <photo.JPG>

>>>>

>>>>

>>>>

>>>> Sent from my iPad

5-23/13

**DRIVERS DAILY LOG**START TIME: 5:30END TIME: 1:30*Clarence  
Winfrey*DATE: 5/22/2013DRIVER: HI57BEGINNING MILEAGE: 03011.9ENDING MILEAGE: 03187.3Store Name and Number: Publix 0067Mileage Start: 03011.9Mileage End: 03031.6Activity: DrivingActivity: On DutyStart Time: 5:30End Time: 6:00Start Time: 6:00End Time: 7:45Notes: Found big problem and I got shocked hardStore Name and Number: Wall mart 514Mileage Start: 03031.6Mileage End: 03097.4Activity: DrivingActivity: On DutyStart Time: 7:45End Time: 9:00Start Time: 9:00End Time: 10:15

Notes: \_\_\_\_\_

Store Name and Number: Wall mart 881Mileage Start: 03097.4Mileage End: 03147.5Activity: DrivingActivity: On DutyStart Time: 10:15End Time: 11:30Start Time: 11:30End Time: 12:15

Notes: \_\_\_\_\_

Store Name and Number: \_\_\_\_\_

Mileage Start: \_\_\_\_\_

Mileage End: \_\_\_\_\_

Activity: \_\_\_\_\_

Activity: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Notes: \_\_\_\_\_

Store Name and Number: \_\_\_\_\_

Mileage Start: \_\_\_\_\_

Mileage End: P. 167

# DRIVERS DAILY LOG

START TIME: 8:00

END TIME: 3:30

DATE: 5/23/2013

Clarence  
Winfrey

DRIVER: HI57

BEGINNING MILEAGE: 03189.6

ENDING MILEAGE: 03257.9

|                                                                                                                          |                      |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|
| Store Name and Number: Wall mart 881                                                                                     |                      |
| Mileage Start: 03189.6                                                                                                   | Mileage End: 03196.4 |
| Activity: Driving                                                                                                        | Activity: On Duty    |
| Start Time: 8:00                                                                                                         | End Time: 8:30       |
| Start Time: 8:30                                                                                                         | End Time: 3:30       |
| Notes: Went to whaleys two times then get call none of<br>The fryers are working go back they lost power going to fryers |                      |

|                        |              |
|------------------------|--------------|
| Store Name and Number: |              |
| Mileage Start:         | Mileage End: |
| Activity:              | Activity:    |
| Start Time:            | End Time:    |
| Start Time:            | End Time:    |
| Notes:                 |              |

|                        |              |
|------------------------|--------------|
| Store Name and Number: |              |
| Mileage Start:         | Mileage End: |
| Activity:              | Activity:    |
| Start Time:            | End Time:    |
| Start Time:            | End Time:    |
| Notes:                 |              |

|                        |              |
|------------------------|--------------|
| Store Name and Number: |              |
| Mileage Start:         | Mileage End: |
| Activity:              | Activity:    |
| Start Time:            | End Time:    |
| Start Time:            | End Time:    |
| Notes:                 |              |

|                        |              |
|------------------------|--------------|
| Store Name and Number: |              |
| Mileage Start:         | Mileage End: |
| Activity:              | Activity:    |
| Start Time:            | End Time:    |
| Start Time:            | End Time:    |
| Notes:                 |              |

|                                                                                                |              |
|------------------------------------------------------------------------------------------------|--------------|
| Store Name and Number:                                                                         |              |
| Mileage Start:                                                                                 | Mileage End: |
| Activity:                                                                                      | Activity:    |
| Start Time:                                                                                    | End Time:    |
| Start Time:                                                                                    | End Time:    |
| Notes:<br>I'm going to a friend doctor tonite to look at my neck he says sounds like wipe lash |              |

Lunch Hours: \_\_\_\_\_ Driving Hours: 1 Labor Hours: 7

Standby Hours: \_\_\_\_\_

P.168

-101-

**DECISION AND ORDER  
OF  
T. SCOTT BECK, COMMISSIONER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

**SCWCC FILE NO.: 1306305**

Clarence Winfrey,

Claimant

v.

Archway Services, Inc.,

Employer, and

Liberty Mutual Ins. Co.,

Carrier, Defendants.

Hearing held in Richland County,  
South Carolina on November 13<sup>th</sup>, 2013  
Per notice timely and properly served upon all Parties of Interest.

Appearances: Preston F. McDaniel, Esquire, for Claimant

Landon L. Hughey, Esquire, and Brett H. Bayne, Esquire for  
Defendants

Filed: December 5, 2013

## STIPULATIONS

Prior to the Hearing, the parties stipulated to the following:

1. The South Carolina Workers' Compensation Commission has jurisdiction of this claim;
2. Venue, set in Richland County, South Carolina, is proper;
3. Claimant and Employer were both subject to the South Carolina Workers' Compensation Act at all times relevant to this claim;
4. The sole purpose of the Hearing requested by Claimant pursuant to his Form 15, Section III is for the Commission to determine whether Defendants properly terminated workers' compensation benefits in accordance with § 42-9-260(B)(3); and
5. No documentary evidence dated after September 13<sup>th</sup>, 2013 would be considered by the undersigned in the adjudication of the issues in dispute.

## STATEMENT OF THE CASE

This matter was set for a Hearing at the request of the Claimant pursuant to a Form 15, Section III, filed on September 23<sup>rd</sup>, 2013. Claimant alleges he suffered an injury by accident arising out of and in the course of his employment with Defendants when he sustained an electrical shock on May 22<sup>nd</sup>, 2013, resulting in an injury to his heart, left hand/arm/shoulder, neck, head (brain), and chest. Claimant asserts that Defendants accepted the claim and began paying temporary total disability benefits and medical treatment, but terminated all benefits on or about September 12<sup>th</sup>, 2013, citing § 42-9-260(B)(3) as authority to do so. Claimant asserts this termination of benefits was improper under the statute, and that Defendants should be assessed penalties provided for in § 42-9-260(G). Claimant asserts that he has filed a Form 50 Hearing request asking the Commission to award workers' compensation benefits, and that the sole purpose of the Hearing is to determine whether Defendants properly terminated benefits in accordance with § 42-9-260.

Defendants allege that Employer was aware Claimant suffered a medical emergency and began providing workers' compensation benefits, as a precaution to mitigate future damages should the claim be found compensable, to allow Defendants an opportunity to conduct a thorough investigation of the alleged incident to determine if it was a compensable workers' compensation claim. Defendants assert that on or about September 12<sup>th</sup>, 2013, it properly terminated workers' compensation benefits, following a good faith investigation by Employer that revealed grounds for denial of the claim. Defendants assert that this termination was lawful and proper by action of § 42-9-260(B)(3) and that therefore it should not be subject to sanctions under § 42-9-260(G).

Prior to the Hearing the parties filed a number of Motions with the Commission. These Motions were considered at the Hearing and were addressed by a separate Order issued by the undersigned on December 5<sup>th</sup>, 2013, which is incorporated herein by reference.

Following the resolution of the Motions, the parties addressed the merits of the claim raised on Claimant's Form 15, Section III. Both parties offered APA Submissions and Exhibits. Claimant renewed his objection first raised in his letter to the Commission dated November 7<sup>th</sup>, 2013 objecting to the submission of Defendant's Pre-Hearing Brief, Notice of Witnesses, APA Submissions and Exhibits as untimely. Claimant was offered the opportunity to have the Hearing postponed in order to allow him adequate time to respond to the Defendant's Pre-Hearing Brief, Notice of Witnesses, APA Submissions and Exhibits. Claimant declined to postpone the Hearing, and the following records were received into evidence, with the stipulation that no evidence dated after the date Claimant had actual notice of the denial, September 13<sup>th</sup>, 2013, would be reviewed or considered by the undersigned:

#### **CLAIMANT'S APA SUBMISSIONS AND EXHIBITS**

1. Dr. Lanneau Lide, SC Heart Center, 09/16/13- 10/04/2013, p. 1-2.
2. Dr. Jeffery Travis, Lexington Cardiovascular Assoc., 09/30/13, p. 3.
3. Lexington Medical Center, 05/28/2013 – 05/29/2013, p. 4-8.
4. Dr. Karen Greenfield, Doctors' Care, 05/28/2013 – 09/17/2013, p. 9-16.
5. Kristy Thompson, RN, Genex Services, Inc., 07/22/2013, p. 17-20.

6. "Correspondence", 07/30/2013- 08/07/2013, p. 21-25.

#### **DEFENDANT'S APA SUBMISSIONS AND EXHIBITS**

1. Doctors' Care, 05/28/2013, p. 1.
2. South Carolina Heart Center, 05/28/2013, p. 2-4.
3. Jeffrey A. Travis, M.D., Lexington cardiovascular Surgery, 05/28/2013, p. 5-7.
4. Statement of Bobby Ruppe, 09/23/2013, p. 8.
5. Emails between Bobby Ruppe and Claimant, 05/27/2013, p. 9.
6. Driver's Daily Log, 05/22/2013- 05/23/2013, p. 10-11.
7. Letter from Preston McDaniel to Defense Counsel, 10/16/2013, p. 12.
8. Motion to Quash the Deposition of the Adjuster, 09/27/2013, p. 13-21.
9. Motion to Compel Deposition and For Costs, 10/21/2013, p. 22-24.
10. Motion for Continuance, 10/21/2013, p. 25-30.
11. Summons and Complaint filed by Preston McDaniel, 09/27/2013, p. 31-48.
12. Temporary Restraining Order, 10/01/2013, p. 49-51.

#### **FINDINGS OF FACT**

Based on my consideration of the relevant evidence submitted into the record, excluding all evidence dated after September 13<sup>th</sup>, 2013, as well as the testimony of the Claimant offered at the Hearing, I make the following findings of fact:

1. Claimant suffered an incident while working on electrical equipment at work that he believed to be an electrical shock on May 22<sup>nd</sup>, 2013. This is based on the testimony of the Claimant as well as the medical records submitted by the Claimant from Lexington Medical Center.
2. Claimant suffered a myocardial infarction on May 28<sup>th</sup>, 2013. This is based on the medical records submitted by the Claimant from Lexington Medical Center.

3. Claimant alleged that he suffered an injury by accident arising out of and in the course and scope of his employment to his heart, left hand/arm/shoulder, neck, head (brain), and chest, and filed a claim for workers' compensation benefits. This is based on the Form 50 Employee's Notice of Claim filed by Claimant on June 6<sup>th</sup>, 2013.
4. Defendants began providing Claimant with temporary total disability benefits beginning on June 1<sup>st</sup>, 2013 and continuing through September 14<sup>th</sup>, 2013. This is based on the Form 19 Status Report and Compensation Receipt filed by Defendants on September 12<sup>th</sup>, 2013.
5. Defendants also provided Claimant with medical treatment between the alleged date of injury and September 12<sup>th</sup>, 2013. This is based on the Form 19 Status Report and Compensation Receipt filed by Defendants on September 12<sup>th</sup>, 2013.
6. Defendants terminated Claimant's workers' compensation benefits 114 days after employer could have had notice of his alleged injury, on September 12<sup>th</sup>, 2013. The termination was based on a denial of the claim following an investigation. This is based on the Form 15, Section II dated September 12<sup>th</sup>, 2013.
7. The Form 15, Section II was received by the Commission no later than September 18<sup>th</sup>, 2013. This is based on the records in the Commission's file and the Form 15, Section III filed by the Claimant.
8. The Form 15, Section II documented that the reason for termination was that the employee fails to meet the burden of a compensable injury under the S.C. Workers' Compensation Act. This is based on the Form 15, Section II dated September 12<sup>th</sup>, 2013.
9. Claimant received the Form 15, Section II in a timely manner and was able to exercise his rights under § 42-9-260(C) and R.67-504(C). This is based on the Form 15, Section III filed by the Claimant. Claimant alleged that the Form 15, Section II was not served on him properly pursuant to R.67-504(A) because he was only served with one copy of the Form 15, Section II and the documented reason for termination was printed on the Form 15 under Section II, rather than on an attached document. However, Claimant was in no way prejudiced from exercising his rights under the Act by the manner of service of the Form 15, Section II. This is evident by the fact that Claimant filed a Form 15, Section III asserting his rights shortly after receiving the Form 15, Section II. Claimant had the benefit of counsel at the time he was served with the Form 15, Section II,

rendering the requirement to provide him with two copies unnecessary. Therefore, Defendants alleged failure to provide Claimant with a second copy of the Form 15, Section II, and including the reasons for denial on the form itself rather than on a separate attachment are not grounds to find the termination of benefits was improper.

10. Claimant did not provide any evidence at the Hearing to indicate that Defendants acted in anything other than good faith during the investigation and eventual denial of the claim. This is based on the evidence (or lack thereof) submitted by the Claimant at the Hearing.
11. I find the Claimant's argument that the apparent failure of Defendants to interview Claimant prior to the denial of the claim as evidence of bad faith is unpersuasive. Claimant is alleging a medically complex condition resulting from an injury by accident. Defendants have not denied that Claimant suffered an incident he believed to be an electrical shock on May 22<sup>nd</sup>, 2013. The causal relation between Claimant's alleged electrical shock and his current medical condition is one that can best be determined by review of the expert medical reports, to which Defendants had access by operation of § 42-15-95. Claimant's statement would have been of little value to Defendants in attempting to determine whether his heart condition was causally related to the alleged electrical shock.

## RULINGS OF LAW

Based on the foregoing, I make the following rulings of law:

1. The Workers' Compensation Act provides "[o]nce temporary disability payments are commenced, the payments may be terminated or suspended immediately at any time within the one hundred fifty days if . . . a good faith investigation by the employer reveals grounds for denial of the claim." § 42-9-260(B)(3).
2. Defendants properly terminated Claimant's workers' compensation benefits on September 12<sup>th</sup>, 2013 by meeting all the required elements for termination under § 42-9-260(B)(3).
  - a. Benefits were commenced on or about June 1<sup>st</sup>, 2013. See Finding of Fact No. 4.

- b. Benefits were terminated on or about September 12<sup>th</sup>, 2013, well within 150 days after the employer could have received notice of the injury. *See* Finding of Fact No. 6.
  - c. Defendants represented to the Commission they conducted a good faith investigation of the claim. *See* Form 15, Section II dated September 12<sup>th</sup>, 2013.
  - d. Claimant did not provide any evidence that Defendants conducted ~~their~~ investigation in anything other than good faith. *See* Finding of Fact Nos. 10-11
  - e. Defendants represented the grounds for denial revealed during their investigation was a good faith belief that "Claimant fails to meet the burden of a compensable injury under the SC Workers' Compensation Act". *See* Form 15, Section II, dated September 12<sup>th</sup>, 2013. Under the Act, Claimant bears the burden of proving by a preponderance of the evidence that it is more likely than not that Claimant suffered an injury by accident arising out of and in the course of his or ~~her~~ employment resulting in disability. *See* § 42-1-160; *Hall v. Desert Aire, Inc.*, 376 S.C. 338, 656 S.E.2d 753 (S.C. App. 2009) ("A claimant has the burden of proving facts sufficient to allow recovery under the Workers' Compensation Act"); *Fowler v. Abbott Motor Co.*, 236 S.C. 226, 113 S.E.2d 737 (1960) ("The burden rests upon claimants to show by competent testimony, not only the fact of injury, but that it occurred in connection with the employment of the deceased, and to furnish evidence from which the inference can logically be drawn that the injury arose out of and in the course of the employment." (*Internal citations omitted*)); *S.C. Second Injury Fund v. Luberty Mut. Ins. Co.*, 353 S.C. 117, 576 S.E.2d 119 (S.C. App. 2003) ("The burden lies with the workers' compensation claimant to demonstrate causation by a preponderance of the evidence.").
  - f. Therefore, a belief of Defendants formed following a good faith investigation that Claimant had not met his burden of proving compensability is adequate grounds for denial of the claim by the Defendants.
3. § 42-9-260(C) and R.67-504(C) provide a mechanism for a Claimant whose temporary disability benefits have been terminated by action of § 42-9-260(B)(3) to have an Order issued reinstating benefits following a Hearing held pursuant to a request made by Claimant on a Form 15, Section III. Counsel for Claimant stipulated on the record that

the sole purpose of the Hearing he had requested was to determine whether Defendants properly stopped benefits under § 42-9-260.

4. Based on the foregoing, I find that Defendants properly stopped benefits under § 42-9-260 on September 12<sup>th</sup>, 2013. Defendants terminated benefits on the justification that a good faith investigation reveals grounds for the denial of the claim. *See* Finding of Fact # 8. This is a permissible ground for termination under the statute. *See* § 42-9-260(B)(3). At the time Defendants terminated Claimant's benefits on September 12<sup>th</sup>, 2013, Defendants had access to Claimant's medical records by operation of § 42-15-95 and had knowledge of the course of Claimant's treatment through its Nurse Case Manager. *See* Claimant's APA Submission # 5, p. 17. It is possible for Defendants to have drawn a conclusion in good faith based on Claimant's medical records that he suffered from pre-existing medical conditions unrelated to his employment that could be contributing to his current symptoms that would justify denying the claim. *See e.g.* Claimant's APA Submission #3, p.4 ("Discharge Diagnosis(es) . . . 3. Coronary artery disease[,] . . . 5. Hypertension[,] 6. Congestive heart failure."). The fact that there also exists evidence that was available to Defendants that could lead to the conclusion that Claimant's current condition is causally related to a compensable injury by accident does not lead me to conclude that Defendant's termination of benefits was improper. Claimant bears the ultimate burden of proving his claim is compensable and he has requested the Commission provide him an opportunity to do so.
5. Specifically, Claimant has requested a Hearing on the merits of whether Claimant sustained a compensable injury by accident and is entitled to benefits by operation of the Form 50 Employee's Request for Hearing filed on October 21<sup>st</sup>, 2013. Therefore, the question of whether Claimant sustained a compensable injury by accident and is entitled to benefits under the Act will be decided by the Commission at the Hearing set pursuant to Claimant's Form 50 Request for Hearing.
6. Claimant has availed himself of all relief available under § 42-9-260 and R.67-504 and, therefore, these provisions of the Workers' Compensation Act are no longer in contention in Claimant's claim for benefits against Defendants.

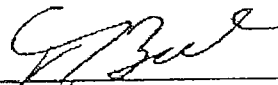
#### ORDER

**IT IS THEREFORE ORDERED** that Defendants properly terminated benefits under § 42-9-260 on September 12<sup>th</sup>, 2013.

**IT IS FURTHERMORE ORDERED** that Claimant's request for sanctions against Defendants under § 42-9-260(G) for failure to comply with the provisions of that statute is **DENIED**.

**IT IS FURTHERMORE ORDERED** that all other issues in contention, specifically including the question of whether Claimant sustained an injury by accident arising out of and in the course of his employment with Defendants resulting on compensable disability is preserved for adjudication at the Hearing set pursuant to Claimant's October 21<sup>st</sup>, 2013 Form 50 Employee's Request for Hearing.

**AND SO IT IS ORDERED!**

  
\_\_\_\_\_  
T. Scott Beck, Commissioner

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

December 5, 2013

By: Amy Bracy, Administrative Assistant to Commissioner Beck

**South Carolina Workers' Compensation**

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675 www.wcc.sc.gov



WCC File #: 1306305  
Carrier File #: 22209963  
Carrier Code #: 00475  
Employer FEIN #: 510663955

Claimant's Name: Clarence Winfrey SSN: \_\_\_\_\_ Employer's Name: Archway Services Inc  
Address: Columbia, South Carolina Address: 2316 Kings Road Ext.  
Shelby, North Carolina 28152  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: American Fire & Casualty Insurance  
Company c/o Liberty Mutual Group  
Preparer's Name: Landon Hughey Law Firm: McAngus Goudelock & Courie Preparer's Phone Number: (803) 227-2261

**REQUEST FOR COMMISSION REVIEW**

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: May 22, 2013 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

SEE ATTACHED

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

**☐ Mediation**

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to

Preston F. McDaniel, Esquire, The  
McDaniel Law Firm

1315 Elmwood Avenue  
Address Columbia, South Carolina 29201

on the 6th day of March 20 14

by ☒ first class postage ☐ certified mail ☐ personal service.

BWA B  
Preparer's Signature

rhughey@mgclaw.com  
Attorney for Employer/Carrier  
Title

rhughey@mgclaw.com  
Email

March 6, 2014  
Date

Check this box if you are not represented by an attorney. ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or [appeals@wcc.sc.gov](mailto:appeals@wcc.sc.gov). If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

WCC FORM #30  
Revised 7/13

30

REQUEST FOR COMMISSION REVIEW

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1306305

C LARENCE WINFREY,

Employee,

Claimant,

vs.

ARCHWAY SERVICES INC,

Employer,

AND

AMERICAN FIRE & CASUALTY  
INSURANCE COMPANY C/O LIBERTY  
MUTUAL GROUP

Carrier,

Defendants.

**FORM 30 EXCEPTIONS TO SINGLE  
COMMISSIONER'S DECISION AND  
ORDER**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PRESTON  
F. MCDANIEL, ESQUIRE:

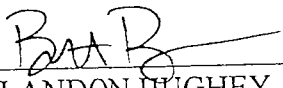
1. Did the Single Commissioner err in holding the hearing over Defendants' objections because, by conducting the hearing and ruling on material compensability issues, the Single Commissioner operated in an appellate capacity without proper jurisdiction?
2. Did the Single Commissioner err in holding the hearing over Defendants' objections when specific rulings from a prior Single Commissioner Decision and Order may become the law of the case and, if upheld in that proceeding, would render any decision by the Single Commission to be in error?
3. Did the Single Commissioner err in failing to find a date on which Claimant suffered a plaque rupture in Claimant's heart?

4. Did the Single Commissioner err in failing to find what caused the plaque rupture in Claimant's heart?
5. Did the Single Commissioner err in failing to find a date on which Claimant suffered a myocardial infarction?
6. Did the Single Commissioner err in relying on Dr. Travis' written medical opinion ~~when~~ the evidence presented at the hearing and deposition testimony directly contradicts ~~his~~ written medical opinion?
7. Did the Single Commissioner err in relying on Dr. Lide's written medical opinion ~~when~~ the evidence presented at the hearing and deposition testimony directly contradicts ~~his~~ written medical opinion?
8. Did the Single Commissioner err in relying on Dr. Greenfield's written medical opinion ~~when~~ when the evidence presented at the hearing and deposition testimony directly contradicts ~~her~~ her written medical opinion?
9. Did the Single Commissioner err in failing to deny compensability for a brain injury because Claimant presented no evidence of any brain injury even though Claimant specifically included a brain injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner? -
10. Did the Single Commissioner err in failing to deny compensability for a head injury because Claimant presented no evidence of any head injury even though Claimant specifically included a head injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
11. Did the Single Commissioner err in failing to deny compensability for a left hand injury because Claimant presented no evidence of any left hand injury even though Claimant

specifically included a left hand injury on his Form 50 and Form 58 as an issue ~~to be~~ determined at the hearing before the Single Commissioner?

12. Did the Single Commissioner err in failing to deny compensability for a left arm ~~injury~~ because Claimant presented no evidence of any left arm injury even though Claimant specifically included a left arm injury on his Form 50 and Form 58 as an issue ~~to be~~ determined at the hearing before the Single Commissioner?
13. Did the Single Commissioner err in failing to deny compensability for all other ~~organs~~, members, and bodily parts because Claimant presented no evidence of any injury ~~to any~~ organs, members, or bodily parts even though Claimant specifically included ~~other~~ organs, members, and bodily parts on his Form 50 and Form 58 as an issue ~~to be~~ determined at the hearing before the Single Commissioner?
14. Did the Single Commissioner err in Finding of Fact #1 in that the Finding is limited ~~only~~ to Claimant alleging an injury to his heart when the record is clear that Claimant ~~alleged~~ injuries to his head, brain, left hand, left arm, and all other organs, members, and ~~bodily~~ parts?
15. Did the Single Commissioner err in Finding of Fact #6 by finding that Claimant believed the actual voltage to be 480 volts when Claimant's own testimony refutes that finding?
16. Did the Single Commissioner err in Finding of Fact #6 that Defendants had access to the rotisserie oven when the record is clear that the oven belonged to a third party and Defendants did not own or control the oven?
17. Did the Single Commissioner err in Finding of Fact #7 by finding that Claimant began sweating the night of the electrical shock when Claimant's own testimony refutes that finding?

18. Did the Single Commissioner err in Finding of Fact #9 that three physicians have opined the electrical shock resulted in Claimant's heart attack regardless of the date on which the heart attack occurred?
19. Did the Single Commissioner err in Finding of Fact #14 that Claimant specifically requested a finding of compensability for the heart when there is no evidence in the record the hearing was limited in scope to the heart, when Claimant's own Form 50 and Form 58 demanded a hearing on compensability of the left hand, arm, shoulder, neck, head, brain, chest, and all organs, members, and bodily parts determined to be related and when the Notice of Hearing from the Commission included a determination of compensability for the left hand, arm, shoulder, neck, head, brain, chest and all organs, members, and bodily parts determined to be related?
20. Did the Single Commissioner err by not making any findings of fact or conclusions of law related to an aggravation of a pre-existing heart condition as alleged by Claimant?

  
\_\_\_\_\_  
LONDON HUGHEY  
BRETT H. BAYNE  
MCANGUS GOUDELOCK & COURIE, L.L.C.  
Post Office Box 12519, Capitol Station  
Meridian, 1320 Main Street, 10<sup>th</sup> Floor  
Columbia, South Carolina 29211-2519  
(803) 779-2300  
Attorneys for the Employer/Carrier

Columbia, South Carolina  
March 6, 2014

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 5/22/2013

C LARENCE WINFREY,

Employee,

Claimant,

vs.

ARCHWAY SERVICES INC,

Employer,

AND

AMERICAN FIRE & CASUALTY  
INSURANCE COMPANY C/O LIBERTY  
MUTUAL GROUP

Carrier,

Defendants.

**DEFENDANT-APPELLANTS' BRIEF  
TO THE FULL COMMISSION**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PRESTON  
F. MCDANIEL, ESQUIRE:

**STATEMENT OF THE CASE**

This claim arises out of an alleged accident on May 22, 2013. On that date, Claimant contends he was momentarily shocked by a rotisserie oven he was working on. Following the accident, Claimant continued to work for the remainder of the day and the following day. Claimant had scheduled time off after May 23, 2013. On May 28, 2013—six days after the accident—Claimant presented to Doctor's Care and Lexington Medical Center with severe three vessel coronary disease as well as an acute myocardial infarction which caused an acute ventricular septal defect. At Doctor's Care, Claimant reported he was having no chest pressure and had started sweating that morning (May 28th). At Lexington Medical Center, Claimant

indicated he was not having chest pain but had been sweating. Following the diagnosis, Claimant underwent surgery to repair the ventricular septal defect caused by the myocardial infarction. The medical records in the case revealed that Claimant has a distinct family history of coronary disease with his father passing away at a similar age from coronary disease and a myocardial infarction. Further, the medical records indicated that Claimant was a 35 year pack-a-day smoker and drank a case of beer per week. Based on all of the medical records available to Carrier, this claim was ultimately denied by verbal communication to Claimant on September 13, 2013.

Immediately following the denial of benefits, Claimant filed a Form 15, Section III requesting a hearing as well as a Summons and Complaint in Richland County Circuit Court alleging a bad faith denial of benefits, alleging that S.C. Code Ann. § 42-9-260 is unconstitutional, seeking a temporary restraining order to stop Defendants from denying the claim, and seeking an Order from Judge Lee finding the claim compensable and awarding benefits. Judge Lee issued and then rescinded the temporary restraining order sought by Claimant. A hearing on the merits of Claimant's Complaint has not been set by the Court. After the temporary restraining order was rescinded, the Commission set Claimant's Form 15, Section III for a hearing before Commissioner Beck. In addition, Defendants filed several motions with the Commission including a Motion to Quash the deposition of the adjuster, a Motion to Quash discovery of the adjuster's claim file, and a Motion to Postpone the Hearing.

A hearing on all of the motions and on Claimant's Form 15, Section III was set on September 30, 2013 for November 11, 2013. Prior to the hearing, Commissioner Beck conducted a standard pre-hearing conference as well as a Motions Hearing wherein Commissioner Beck ruled on all outstanding issues raised by the motions including Defendants' Motion to Postpone. Each of these motions affected the ability to conduct the Form 15 hearing and were necessary to

have prior to the hearing. Commissioner Beck gave Claimant the opportunity to postpone the Form 15 hearing in order to spend time preparing for each of the motions that were timely served. Claimant turned down that opportunity. At the hearing, all parties agreed that the only issue for Commissioner Beck was to determine whether or not Defendants had conducted a good faith investigation. In order to make that determination, Commissioner Beck limited the review of evidence to only those documents produced prior to the date of denial – September 13, 2013. Following the hearing, Commissioner Beck issued a Decision and Order on December 5, 2013 finding that Defendants had conducted a good faith investigation. Thereafter, Claimant timely filed a Form 30 and that portion of the claim is currently before the Full Commission.

On October 22, 2013, after the Form 15 hearing was set by the Commission, Claimant filed a Form 50 requesting a hearing on compensability for alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. A hearing notice for the Form 50 hearing was sent by the Commission on December 6, 2013 with explicit instructions that the hearing would be to determine compensability of Claimant's alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. The Form 50 hearing was held before the Single Commissioner on January 13, 2014. Following the hearing, the Single Commissioner issued a Decision and Order on February 27, 2014. Defendants timely filed a Form 30 based on legal errors contained in the Single Commissioner's Decision and Order.

#### **LEGAL ISSUES RAISED BY DEFENDANT-APPELLANTS**

- I. Did the Single Commissioner err in holding the hearing over Defendants' objections because, by conducting the hearing and ruling on material compensability issues, the Single Commissioner operated in an appellate capacity without proper jurisdiction?

- II. Did the Single Commissioner err in holding the hearing over Defendants' objections when specific rulings from a prior Single Commissioner Decision and Order may become the law of the case and, if upheld in that proceeding, would render any decision by the Single Commission to be in error?
- III. Did the Single Commissioner err in failing to find a date on which Claimant suffered a plaque rupture in Claimant's heart?
- IV. Did the Single Commissioner err in failing to find what caused the plaque rupture in Claimant's heart?
- V. Did the Single Commissioner err in failing to find a date on which Claimant suffered a myocardial infarction?
- VI. Did the Single Commissioner err in relying on Dr. Travis' written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts his written medical opinion?
- VII. Did the Single Commissioner err in relying on Dr. Lide's written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts his written medical opinion?
- VIII. Did the Single Commissioner err in relying on Dr. Greenfield's written medical opinion when the evidence presented at the hearing and deposition testimony directly contradicts her written medical opinion?
- IX. Did the Single Commissioner err in failing to deny compensability for a brain injury because Claimant presented no evidence of any brain injury even though Claimant specifically included a brain injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?

- X. Did the Single Commissioner err in failing to deny compensability for a head injury because Claimant presented no evidence of any head injury even though Claimant specifically included a head injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XI. Did the Single Commissioner err in failing to deny compensability for a left hand injury because Claimant presented no evidence of any left hand injury even though Claimant specifically included a left hand injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XII. Did the Single Commissioner err in failing to deny compensability for a left arm injury because Claimant presented no evidence of any left arm injury even though Claimant specifically included a left arm injury on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XIII. Did the Single Commissioner err in failing to deny compensability for all other organs, members, and bodily parts because Claimant presented no evidence of any injury to any organs, members, or bodily parts even though Claimant specifically included other organs, members, and bodily parts on his Form 50 and Form 58 as an issue to be determined at the hearing before the Single Commissioner?
- XIV. Did the Single Commissioner err in Finding of Fact #1 in that the Finding is limited only to Claimant alleging an injury to his heart when the record is clear that Claimant alleged injuries to his head, brain, left hand, left arm, and all other organs, members, and bodily parts?
- XV. Did the Single Commissioner err in Finding of Fact #6 by finding that Claimant believed the actual voltage to be 480 volts when Claimant's own testimony refutes that finding?

- XVI. Did the Single Commissioner err in Finding of Fact #6 that Defendants had access to the rotisserie oven when the record is clear that the oven belonged to a third party and Defendants did not own or control the oven?
- XVII. Did the Single Commissioner err in Finding of Fact #7 by finding that Claimant began sweating the night of the electrical shock when Claimant's own testimony refutes that finding?
- XVIII. Did the Single Commissioner err in Finding of Fact #9 that three physicians have opined the electrical shock resulted in Claimant's heart attack regardless of the date on which the heart attack occurred?
- XIX. Did the Single Commissioner err in Finding of Fact #14 that Claimant specifically requested a finding of compensability for the heart when there is no evidence in the record the hearing was limited in scope to the heart, when Claimant's own Form 50 and Form 58 demanded a hearing on compensability of the left hand, arm, shoulder, neck, head, brain, chest, and all organs, members, and bodily parts determined to be related and when the Notice of Hearing from the Commission included a determination of compensability for the left hand, arm, shoulder, neck, head, brain, chest and all organs, members, and bodily parts determined to be related?
- XX. Did the Single Commissioner err by not making any findings of fact or conclusions of law related to an aggravation of a pre-existing heart condition as alleged by Claimant?

#### **MEDICAL EVIDENCE OF THE CASE**

Claimant notified Employer he was shocked while working on a rotisserie oven on May 22, 2013. (Def. APA p. 8). Employment records of Claimant indicate that he continued working the remainder of the day and the entire following day. (Def. APA p. 10-11). An email from

Claimant to Employer indicates that he was experiencing **only** neck pain on May 27, 2013 (6 days post-accident). (Def. APA p. 9). Claimant first presented to Doctor's Care on May 28, 2013 (6 days post-accident) complaining that he woke up sweating that morning (6 days post-accident). (Def. APA p. 1). Doctor's Care noted that Claimant had some tenderness in his shoulder and neck area. *Id.* Further, Doctor's Care noted that Claimant did **not** complain of any chest pressure. *Id.* Claimant was referred to and saw Dr. Dasgupta at the South Carolina Heart Center. Dr. Dasgupta also noted sweating and noted that Claimant **denied** chest pain but ~~did~~ have minimal left shoulder pain. (Def. APA p. 2). Dr. Dasgupta diagnosed Claimant with an acute myocardial infarction. *Id.* Dr. Dasgupta indicated that Claimant had a prior history of hypertension, tobacco abuse, as well as a significant family history for heart disease (Claimant's father passed away from coronary disease and myocardial infarction). (Def. APA p. 2-3). Dr. Dasgupta also noted that Claimant appeared to have a ventricular septal defect as a possible completion of his myocardial infarction. (Def. APA p. 2). Dr. Dasgupta referred Claimant to Lexington Medical Center where he underwent surgery to repair an acute ventricular septal defect that formed following the myocardial infarction. (Def. APA p. 5-7).

### LEGAL ANALYSIS

**I. THE SINGLE COMMISSIONER ERRED BY HOLDING THE HEARING OVER DEFENDANTS' OBJECTIONS BECAUSE, BY CONDUCTING THE HEARING AND RULING ON MATERIAL COMPENSABILITY ISSUES, THE SINGLE COMMISSIONER OPERATED IN AN APPELLATE CAPACITY WITHOUT PROPER JURISDICTION.**

Claimant has alleged an injury arising out of an electrical shock accident on May 27, 2013. Prior to the hearing held by the Single Commissioner, Commissioner Beck issued a Decision and Order on December 5, 2013 finding that Defendants had conducted a good faith investigation. In addition, in that Decision and Order, Commissioner Beck made a correct

finding based on the medical evidence submitted that Claimant suffered a myocardial infarction on May 28, 2013 (6 days post-accident). That finding, along with many others from that order, was appealed by Claimant in a properly filed Form 30. At the time of this underlying hearing before the Single Commissioner, the Full Commission had not yet conducted a hearing on Commissioner Beck's Decision and Order and, therefore, each of the exceptions to his order were on appeal—including the May 28, 2013 date of the myocardial infarction.

A review of the medical evidence and deposition testimony reveals that Claimant's ventricular septal defect was caused by his acute myocardial infarction/plaque rupture<sup>1</sup>. In other words, the medical evidence is clear that the electrical shock did not directly cause the ventricular septal defect. Rather, the acute myocardial infarction caused the ventricular septal defect. Further, there is no dispute between the parties that the cause of the ventricular septal defect is the acute myocardial infarction. The question of compensability before the Single Commissioner for Claimant's chest and/or heart condition therefore was simply "what caused Claimant's acute myocardial infarction?"

In order to make that determination and answer that question, the Single Commissioner was required to make findings related to when the acute myocardial infarction occurred. The Single Commissioner expressly refused to make that finding. It was Defendants position—that an acute myocardial infarction occurring 6 days post-accident cannot be causally related to the work-accident itself. Defendants' position is that Claimant's pre-existing conditions, family history, lifestyle choices, and mere coincidence in time are the causative factors of his acute myocardial infarction occurring 6 days post-accident. When all of Claimant's conditions are

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<sup>1</sup> The medical records and testimony indicate the plaque rupture was contemporaneous with the acute myocardial infarction and that it was either caused by the acute myocardial infarction or the acute myocardial infarction was caused by the plaque rupture. The doctors' testimony indicates that it is not possible to know which occurred first. For continuity and clarity throughout, acute myocardial infarction will be used in this brief.

viewed together, the evidence clearly supports a finding that the acute myocardial infarction in relation to the work-accident is nothing more than an unfortunately timed coincidence.

However, Defendants' position as to compensability aside, the Single Commissioner ~~was~~ required to make a finding indicating when Claimant suffered an acute myocardial infarction in order for there to be legal support for a finding of a causal connection between the ~~acute~~ ventricular septal defect and the electrical shock<sup>2</sup>. Absent a requirement to make a finding of when the causative injury occurred (in this case the acute myocardial infarction), the door ~~would~~ be opened to find compensability for injuries that occur 1 month, 6 months, 1 year or more ~~from~~ the date of an alleged accident.

In the Decision and Order, the Single Commissioner, by choosing to expressly refuse to find the date on which the acute myocardial infarction occurred, implicitly made findings that result in one of two things: (1) an affirmation of Commissioner Beck's finding of the May 28, 2013 date of acute myocardial infarction or (2) a reversal of Commissioner Beck's finding of the May 28, 2013 date of acute myocardial infarction<sup>3</sup>. Either way, the Single Commissioner sat in an unlawful appellate capacity when she both heard this claim and rendered her Decision and Order by either implicitly affirming or reversing Commissioner Beck's findings as compensability of the acute ventricular septal defect cannot be determined absent a finding of when the acute myocardial infarction occurred.

For the foregoing reasons, the Single Commissioner's Decision and Order should be vacated in its entirety as the underlying hearing could not have been held and by holding the

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<sup>2</sup> As noted throughout, the causative chain at issue is whether the (1) Electrical Shock caused the (2) Acute Myocardial Infarction/Plaque Rupture which then caused the (3) Ventricular Septal Defect. If the acute myocardial infarction was not caused by the electrical shock then the ventricular septal defect is not compensable.

<sup>3</sup> In other words, the Single Commissioner, by not ruling on the timing of the acute myocardial infarction, either acknowledges the acute myocardial infarction occurred May 28 (6 days post-accident) and finds that it is still causally related to the electrical shock (which is addressed below) OR the Single Commissioner determined the acute myocardial infarction occurred earlier in time and simply refused to enumerate that finding of fact so as to

hearing the Single Commissioner sat in an unlawful appellate capacity. Further, this claim should be remanded for a new hearing at the Single Commissioner level with instructions that the hearing cannot be conducted until the first appeal of Commissioner Beck's Decision and Order has been allowed to run its course and the issues related to the date of the acute myocardial infarction are resolved.

**II. THE SINGLE COMMISSIONER ERRED BY HOLDING THE HEARING OVER DEFENDANTS' OBJECTIONS WHEN SPECIFIC RULINGS FROM A PRIOR SINGLE COMMISSIONER DECISION AND ORDER MAY BECOME THE LAW OF THE CASE AND, IF UPHOLD IN THAT PROCEEDING, WOULD RENDER ANY DECISION BY THE SINGLE COMMISSION TO BE IN ERROR.**

This exception tracks closely with the previous exception. Defendants contend that the Single Commissioner erred by conducting the hearing because, if Commissioner Beck's Decision and Order is upheld, the Single Commissioner's Decision and Order will be in error and the Full Commission will be required to remand the claim for a new hearing consistent with findings in Commissioner Beck's Decision and Order. Defendants contend the Form 50 hearing conducted by the Single Commissioner was premature in light of judicial economy when certain merits of the claim directly affecting compensability were already on appeal to the Full Commission.

For the foregoing reasons, the Single Commissioner's Decision and Order should be vacated in its entirety as the underlying hearing should not have been held based on the underlying ongoing appeal to the Full Commission on issues that directly affect compensability of the claim. Further, this claim should be remanded for a new hearing at the Single Commissioner level with instructions that the hearing cannot be conducted until the first appeal of Commissioner Beck's Decision and Order has been allowed to run its course and the issues related to the date of the acute myocardial infarction are resolved.

### III. THE SINGLE COMMISSIONER ERRED BY FAILING TO FIND A DATE ON WHICH CLAIMANT SUFFERED A PLAQUE RUPTURE IN CLAIMANT'S HEART.

The sequence of medical events in this claim is not disputed. Claimant suffered an electrical shock at work on May 22, 2013. Sometime between May 23, 2013 and May 28, 2013 Claimant suffered an acute myocardial infarction/plaque rupture<sup>4</sup>. The acute myocardial infarction/plaque rupture led to Claimant developing an acute ventricular septal defect. The ventricular septal defect developed as a result of the acute myocardial infarction/plaque rupture required surgical intervention on May 29, 2013.

As previously noted, the key to determining whether or not Claimant's ventricular septal defect is compensable is determining whether or not the plaque rupture was caused by the electrical shock. If the electrical shock did not cause the plaque rupture then the ventricular septal defect cannot be found to be compensable as it was directly caused by the plaque rupture. In order to find that the plaque rupture was caused by the electrical shock, the Single Commissioner must find the date on which the plaque rupture occurred. Absent a finding of when Claimant suffered the injury (the plaque rupture) that led to his ventricular septal defect, the Single Commissioner's Decision and Order is speculative, conjecture, and without any support in the evidence.

In Cross v. Concrete Materials, 236 S.C. 440, 114 S.E.2d 828 (1960), the Supreme Court stated that "Under other authority, the rule of liberal construction of the compensation acts in favor of the employee...does not dispense with the necessity of evidence to support the award, or of making proof prerequisite to recovery, **does not permit a court to award compensation where the requisite proof is lacking**, and...does not to apply to the evidence offered, or

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<sup>4</sup> Defendants position, consistent with the medical records and Commissioner Beck's Decision and Order is that the acute myocardial infarction/plaque rupture occurred on May 28, 2013.

required, to establish the claim, or to the function of the commission in hearing evidence ~~or in~~ resolving conflicts in the testimony, and does not operate to distort the proofs or to make ~~the~~ facts other than as they are. A liberal construction of the evidence cannot be substituted ~~for~~ failure of proof of any essential element of the claim..." (emphasis added). The Supreme Court went on to state "It has been mistakenly said in one or more of our decisions...that doubt of causal connection between injury and death or disability should be resolved in favor of compensability. That is error because it would found a conclusion of fact upon doubt whereas **such finding must be upon evidence, not doubt**...There is no sound reason for the translation of the rule of liberal construction of the law to the finding of the facts to the end that doubt ~~with~~ respect to the latter shall be resolved in favor of the claimant. Doubt, as the foundation of a factual finding, can hardly be distinguished from surmise, speculation and conjecture ~~which~~ countless cases have condemned as a substitute for facts and legitimate inferences. **Conviction, not doubt, is the proper basis of a conclusion of fact.**" (emphasis added).

A finding of compensability for the ventricular septal defect without first finding ~~when~~ the plaque rupture occurred in relation to the electrical shock constitutes a finding that is based on surmise, conjecture, and speculation. Pursuant to Cross, the Single Commissioner must make findings based upon "evidence, not doubt." The Single Commissioner was required to make findings of fact based on the evidence of when the plaque rupture occurred and that the plaque rupture was caused by the electrical shock. Absent these findings, the Single Commissioner cannot make a finding that the ventricular septal defect is a compensable injury.

Therefore, the Single Commissioner's Decision and Order should be reversed. The Full Commission should either enter a finding that the ventricular septal defect is not compensable based on the evidence presented or this claim should be remanded for a new hearing with

instructions that the Single Commissioner shall enter findings not inconsistent with a finding that the ventricular septal defect is not compensable. Alternatively, this claim should be remanded for a new hearing on the merits of compensability.

#### **IV. THE SINGLE COMMISSIONER ERRED BY FAILING TO FIND WHAT CAUSED THE PLAQUE RUPTURE IN CLAIMANT'S HEART.**

The sequence of medical events in this claim is not disputed. Claimant suffered an electrical shock at work on May 22, 2013. Sometime between May 23, 2013 and May 28, 2013 Claimant suffered an acute myocardial infarction/plaque rupture<sup>5</sup>. The acute myocardial infarction/plaque rupture led to Claimant developing a ventricular septal defect. The ventricular septal defect developed as a result of the acute myocardial infarction/ plaque rupture required surgical intervention on May 29, 2013.

As previously noted, the key to determining whether or not Claimant's ventricular septal defect is compensable is determining whether or not the plaque rupture was caused by the electrical shock. If the electrical shock did not cause the plaque rupture then the ventricular septal defect cannot be found to be compensable as it was directly caused by the acute myocardial infarction and plaque rupture. The Single Commissioner failed to make a finding related to what caused the plaque rupture in Claimant's heart. Absent a finding of what caused Claimant's plaque rupture that led to his ventricular septal defect, the Single Commissioner's Decision and Order is speculative, conjecture, and without any support in the evidence.

In Cross v. Concrete Materials, 236 S.C. 440, 114 S.E.2d 828 (1960), the Supreme Court stated that "Under other authority, the rule of liberal construction of the compensation acts in favor of the employee...does not dispense with the necessity of evidence to support the award, or of making proof prerequisite to recovery, does not permit a court to award compensation

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<sup>5</sup> Defendants position, consistent with the medical records and Commissioner Beck's Decision and Order is that the

**where the requisite proof is lacking**, and...does not to apply to the evidence offered, ~~or~~ required, to establish the claim, or to the function of the commission in hearing evidence ~~or in~~ resolving conflicts in the testimony, and does not operate to distort the proofs or to make ~~the~~ facts other than as they are. A liberal construction of the evidence cannot be substituted ~~for~~ failure of proof of any essential element of the claim..." (emphasis added). The Supreme Court went on to state "It has been mistakenly said in one or more of our decisions...that doubt of causal connection between injury and death or disability should be resolved in favor of compensability. That is error because it would found a conclusion of fact upon doubt ~~whereas~~ **such finding must be upon evidence, not doubt**...There is no sound reason for the translation of the rule of liberal construction of the law to the finding of the facts to the end that doubt ~~with~~ respect to the latter shall be resolved in favor of the claimant. Doubt, as the foundation of a factual finding, can hardly be distinguished from surmise, speculation and conjecture ~~which~~ countless cases have condemned as a substitute for facts and legitimate inferences. **Conviction, not doubt, is the proper basis of a conclusion of fact.**" (emphasis added).

A finding of compensability for the ventricular septal defect without first finding what caused the plaque rupture in relation to the electrical shock constitutes a finding that is based on surmise, conjecture, and speculation. Pursuant to Cross, the Single Commissioner must make findings based upon "evidence, not doubt." The Single Commissioner was required to make findings of fact based on the evidence of what caused the plaque rupture and that the plaque rupture was caused by the electrical shock. Absent these findings, the Single Commissioner cannot make a finding that the ventricular septal defect is a compensable injury.

Therefore, the Single Commissioner's Decision and Order should be reversed. The Full Commission should either enter a finding that the ventricular septal defect is not compensable

based on the evidence presented or this claim should be remanded for a new hearing with instructions that the Single Commissioner shall enter findings not inconsistent with a finding that the ventricular septal defect is not compensable. Alternatively, this claim should be remanded for a new hearing on the merits of compensability.

**V. THE SINGLE COMMISSIONER ERRED BY FAILING TO FIND A DATE ON WHICH CLAIMANT SUFFERED A MYOCARDIAL INFARCTION.**

The sequence of medical events in this claim is not disputed. Claimant suffered an electrical shock at work on May 22, 2013. Sometime between May 23, 2013 and May 28, 2013 Claimant suffered an acute myocardial infarction/ plaque rupture<sup>6</sup>. The acute myocardial infarction/plaque rupture led to Claimant developing a ventricular septal defect. The ventricular septal defect developed as a result of the acute myocardial infarction required surgical intervention on May 29, 2013.

As previously noted, the key to determining whether or not Claimant's ventricular septal defect is compensable is determining whether or not the acute myocardial infarction was caused by the electrical shock. If the electrical shock did not cause the acute myocardial infarction then the ventricular septal defect cannot be found to be compensable as it was directly caused by the acute myocardial infarction and resulting plaque rupture. The Single Commissioner failed to make a finding related to what caused the acute myocardial infarction in Claimant's heart. Absent a finding of what caused Claimant's acute myocardial infarction that led to his ventricular septal defect, the Single Commissioner's Decision and Order is speculative, conjecture, and without any support in the evidence.

In Cross v. Concrete Materials, 236 S.C. 440, 114 S.E.2d 828 (1960), the Supreme Court stated that "Under other authority, the rule of liberal construction of the compensation acts in

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<sup>6</sup> Defendants position, consistent with the medical records and Commissioner Beck's Decision and Order is that the

favor of the employee...does not dispense with the necessity of evidence to support the award, ~~or~~ of making proof prerequisite to recovery, **does not permit a court to award compensation where the requisite proof is lacking**, and...does not to apply to the evidence offered, ~~or~~ required, to establish the claim, or to the function of the commission in hearing evidence ~~or in~~ resolving conflicts in the testimony, and does not operate to distort the proofs or to make ~~the~~ facts other than as they are. A liberal construction of the evidence cannot be substituted ~~for~~ failure of proof of any essential element of the claim..." (emphasis added). The Supreme Court went on to state "It has been mistakenly said in one or more of our decisions...that doubt of causal connection between injury and death or disability should be resolved in favor of compensability. That is error because it would found a conclusion of fact upon doubt whereas **such finding must be upon evidence, not doubt**...There is no sound reason for the translation of the rule of liberal construction of the law to the finding of the facts to the end that doubt ~~with~~ respect to the latter shall be resolved in favor of the claimant. Doubt, as the foundation of a factual finding, can hardly be distinguished from surmise, speculation and conjecture which countless cases have condemned as a substitute for facts and legitimate inferences. **Conviction, not doubt, is the proper basis of a conclusion of fact.**" (emphasis added).

A finding of compensability for the ventricular septal defect without first finding ~~what~~ caused the acute myocardial infarction in relation to the electrical shock constitutes a finding that is based on surmise, conjecture, and speculation. Pursuant to Cross, the Single Commissioner must make findings based upon "evidence, not doubt." The Single Commissioner was required to make findings of fact based on the evidence of what caused the acute myocardial infarction and that the acute myocardial infarction was caused by the electrical shock. Absent these findings, the Single Commissioner cannot make a finding that the ventricular septal defect is a

compensable injury.

Therefore, the Single Commissioner's Decision and Order should be reversed. The ~~Full~~ Commission should either enter a finding that the ventricular septal defect is not compensable based on the evidence presented or this claim should be remanded for a new hearing ~~with~~ instructions that the Single Commissioner shall enter findings not inconsistent with a finding ~~that~~ the ventricular septal defect is not compensable. Alternatively, this claim should be remanded ~~for~~ a new hearing on the merits of compensability.

**VI. THE SINGLE COMMISSIONER ERRED BY RELYING ON DR. TRAVIS' WRITTEN MEDICAL OPINION WHEN THE EVIDENCE PRESENTED AT THE HEARING AND DEPOSITION TESTIMONY DIRECTLY CONTRADICTS HIS WRITTEN MEDICAL OPINION.**

The Single Commissioner erred in relying on Dr. Travis' written medical opinion for ~~two~~ reasons: (1) Dr. Travis' opinion that the electrical shock caused Claimant's heart condition ~~is~~ based solely on the relationship in time between the shock and the acute myocardial infarction ~~as~~ well as the presence of a plaque on Claimant's heart; and (2) Dr. Travis' opinion is based on ~~the~~ fact that Claimant was shocked by 480 volts of electricity which is clearly contradicted by ~~the~~ evidence.

First, the extent of Dr. Travis' opinion is grounded solely in the relationship in ~~time~~ between the electrical shock and the heart condition as well as a plaque on Claimant's heart. Dr. Travis described the mechanism of Claimant's injury as being a plaque rupture that caused a myocardial infarction that caused the ventricular septal defect. (Dr. Travis Depo. Tr. 13:24-14:2). However, Dr. Travis indicated that plaque ruptures can be caused by many things including getting up the wrong way from a couch, strenuous activity, stressful events in your personal life, emotional stresses, and many other things. (Dr. Travis Depo. Tr. 14:3-11). Further, Dr. Travis was asked "...other than the timing of the heart attack...there's no way to know for

certain the plaque rupture was caused by the electrical shock, is that correct?” (Dr. Travis Depo. Tr. 14:12-15). Dr. Travis response was that “[i]s there a **definitive way to—collate one to another absolutely not**.” (Dr. Travis Depo. Tr. 14:16-18) (emphasis added). Dr. Travis also stated that “the [electrical shock] could<sup>7</sup> of started the whole domino effect.” (Dr. Travis Depo. Tr. 29:23-24). Finally, Dr. Travis indicated that the neck pain Claimant experienced—and that Claimant’s deposition testimony reveals was the only pain he experienced through at least two days post-accident—“could be just neck pain [unrelated to a heart condition]. (Dr. Travis Depo. Tr. 30:12-16).

Dr. Travis also indicated that part of his opinion formed because of the presence of a plaque on Claimant’s heart. However, Dr. Travis stated that this was his first open heart surgery on a patient who had received an electrical shock. (Dr. Travis Depo. Tr. 29:2-5). Further, Dr. Travis stated that **he had never “read about or seen anything” related to whether or not the plaque he observed is related to electrical shock** or whether or not the plaque he observed is common in electrical shock. (Dr. Travis Depo. Tr. 29:6-12). The testimony indicates that Dr. Travis essentially guessed that the plaque he observed was related to an electrical shock based solely on the fact that Claimant suffered an electrical shock a week prior. This is clearly an insufficient basis on which to ground a medical opinion as it related to causation under the Act.

Second, Dr. Travis’ written medical opinion should not be given weight because the specific underlying causation (e.g. 480 volts of electricity) in his written medical statement is clearly contradicted by the evidence. Dr. Travis’ written statement indicates that Claimant’s condition was caused by 480 volts of electricity. In his deposition, Dr. Travis was asked to confirm his written opinion about whether he believed that Claimant’s “...condition was brought about by electrical shock of 480 volts... .” (Dr. Travis Depo. Tr. 8:20-22). Dr. Travis answered

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<sup>7</sup> “Could” is insufficient to support a finding of medical causation under the Act.

“I believe it, absolutely, had cause (sic) the defect on presentation.” (Dr. Travis Depo. Tr. 8:23-24). However, **Dr. Travis admitted that he does not have any idea what amount of voltage actually shocked Claimant.** (Dr. Travis Depo. Tr. 9:3-4). Further, Dr. Travis admitted that the entire basis of his opinion related to voltage of the shock causing Claimant’s condition ~~came~~ from Claimant himself. (Dr. Travis Depo. Tr. 9:5-8).

At the Hearing, Claimant could not testify to the exact voltage of the machine. Claimant stated that the voltage into the machine “...was at 240. I mean, it’s 240 or above...” (Hr’g Tr. 24:25). Further, Claimant could only state the machine was “high voltage” and “at least 240 volts.” (Hr’g Tr. p. 54:16-24). Mark Warren also testified at the hearing. His testimony revealed that the machine Claimant was using was rated for a maximum 480 volts but that it could run on 208 volt. (Hr’g Tr. 58:24-25). Further, Mr. Warren testified that the machine should be running at 208 volts per leg. (Hr’g Tr. 59:2-4).

The evidence in the record clearly establishes that there is no basis for a finding by Dr. Travis, any other doctor, or the Commission that Claimant suffered a shock of 480 volts. Because Dr. Travis’ written opinion is based upon a shock of 480 volts, which is clearly contradicted by the evidence, weight cannot be given to his written medical opinion.

For the foregoing reasons, the Single Commissioner erred in giving any weight to Dr. Travis’ written medical opinions. It is clear from the evidence that Dr. Travis’ opinion is based on speculation, conjecture, surmise, and incorrect information. Further, Dr. Travis’ opinion is based solely on a time relationship inasmuch as Claimant suffered an electrical shock and 6 days later presented with an acute myocardial infarction. Additionally, Dr. Travis’ opinion related to plaque on Claimant’s heart amount to, at best, a guess and Dr. Travis readily indicated he had no idea whether or not the plaque he observed was caused by electrical shock. Because the Single

Commissioner clearly relied on this report in finding this claim to be compensable, the Full Commission must either enter new findings of fact finding this claim to be not compensable or remand this claim to the Single Commissioner with instructions that Dr. Travis' written opinion is to be given no weight and to enter findings of fact consistent with the testimony and medical evidence—namely that Claimant did not suffer a compensable injury to his chest and/or heart.

**VII. THE SINGLE COMMISSIONER ERRED BY RELYING ON DR. LIDE'S WRITTEN MEDICAL OPINION WHEN THE EVIDENCE PRESENTED AT THE HEARING AND DEPOSITION TESTIMONY DIRECTLY CONTRADICTS HIS WRITTEN MEDICAL OPINION.**

The Single Commissioner erred in relying on Dr. Lide's written medical opinion for two reasons: (1) Dr. Lide's opinion that the electrical shock caused Claimant's heart condition is based solely on the relationship in time between the shock and the acute myocardial infarction; and (2) Dr. Lide's opinion is based on the fact that Claimant was shocked by 480 volts of electricity which is clearly contradicted by the evidence.

First Dr. Lide bases his opinion on the relationship in time inasmuch as Claimant suffered an electrical shock and 6 days later presented with an acute myocardial infarction. In his deposition, Dr. Lide stated that no one knows what causes a plaque rupture in the heart. (Dr. Lide Depo. Tr. 17:13-15). Dr. Lide agreed with the statement that "...we don't really know what causes plaque rupture." (Dr. Lide Depo. Tr. 17:22). Dr. Lide also testified that **"I don't know whether the electrical shock caused the plaque rupture..."** (Dr. Lide Depo. Tr. 18:14-15). Further, Dr. Lide testified that **he is not familiar with any research and he has not conducted any research on whether an electrical shock can cause a myocardial infarction or a ventricular septal defect.** (Dr. Lide Depo. Tr. 22:13 – 23:1). Dr. Lide also indicated that the longer in time the heart condition develops from the precipitating event (in this case an electrical shock), the less likely it is the heart condition is related to the electrical shock. (Dr. Lide Depo.

Tr. 23:2-6). Finally, **Dr. Lide stated his overwhelming evidence that the electrical shock caused Claimant's condition was "proximity in time."** (Dr. Lide Depo. Tr. 24:20-21).

Second, Dr. Lide bases his opinion on the fact that Claimant was shocked by 480 volts of electricity. However, at his deposition, Dr. Lide stated "[t]he details of the shock are beyond me..." and "...I did not investigate the scene. I do not know what equipment he was working on...and **I certainly have no data to indicate to me whether 480 volts would be strong enough to cause the problem that 120 volts wouldn't cause...I have done no research on this.**"

At the Hearing, Claimant could not testify to the exact voltage of the machine. Claimant stated that the voltage into the machine "...was at 240. I mean, it's 240 or above..." (Hr'g Tr. 24:25). Further, Claimant could only state the machine was "high voltage" and "at least 240 volts." (Hr'g Tr. p. 54:16-24). Mark Warren also testified at the hearing. His testimony revealed that the machine Claimant was using was rated for a maximum 480 volts but that it could run on 208 volt. (Hr'g Tr. 58:24-25). Further, Mr. Warren testified that the machine should be running at 208 volts per leg. (Hr'g Tr. 59:2-4).

The evidence in the record clearly establishes that there is no basis for a finding by Dr. Lide, any other doctor, or the Commission that Claimant suffered a shock of 480 volts. Because Dr. Lide's written opinion is based upon a shock of 480 volts, which is clearly contradicted by the evidence, weight cannot be given to his written medical opinion.

For the foregoing reasons, the Single Commissioner erred in giving any weight to Dr. Lide's written medical opinions. It is clear from the evidence that Dr. Lide's opinion is based on speculation, conjecture, surmise, and incorrect information. Dr. Lide indicated in his testimony that there is no known way to determine what causes a plaque rupture. Further, Dr. Lide

indicated that he knows of no research connecting an electrical shock to a myocardial infarction or a ventricular septal defect. Finally, Dr. Lide admitted that he based his opinion on proximity in time. In addition, Dr. Lide's written opinion related to the electrical shock is invalid based on the clear evidence presented by Claimant and Mr. Warren that the voltage of the machine was less than 480 volts. Because the Single Commissioner clearly relied on this report in finding this claim to be compensable, the Full Commission must either enter new findings of fact finding this claim to be not compensable or remand this claim to the Single Commissioner with instructions that Dr. Lide's written opinion is to be given no weight and to enter findings of fact consistent with the testimony and medical evidence—namely that Claimant did not suffer a compensable injury to his chest and/or heart.

**VIII. THE SINGLE COMMISSIONER ERRED BY RELYING ON DR. GREENFIELD'S WRITTEN MEDICAL OPINION WHEN THE EVIDENCE PRESENTED AT THE HEARING AND DEPOSITION TESTIMONY DIRECTLY CONTRADICTS HER WRITTEN MEDICAL OPINION.**

The Single Commissioner erred in relying on Dr. Greenfield's written medical opinion for two reasons: (1) Dr. Greenfield's opinion that the electrical shock caused Claimant's heart condition is based solely on the relationship in time between the shock and the myocardial infarction; and (2) Dr. Greenfield's opinion is based on the fact that Claimant was shocked by 480 volts of electricity which is clearly contradicted by the evidence.

Dr. Greenfield testified in her deposition that the testing she conducted could not give any indication as to when Claimant suffered the myocardial infarction. Specifically, Dr. Greenfield stated that the myocardial infarction "...could have been 5 days ago..." and further admitted that the acute myocardial infarction could have occurred the evening of May 27 or the morning of May 28. (Dr. Greenfield Depo Tr. 12:10 – 13:8). Further, Dr. Greenfield indicated that she based portions of her opinion on articles that she read relating to electrocution

from lightning strikes. When asked about these articles, Dr. Greenfield admitted the voltage involved in those articles was 10,000,000 volts—an amount that is 20,000-40,000 times higher than the voltage involved in this claim. (Dr. Greenfield Depo. Tr. 28:19 – 29:4). Additionally, Dr. Greenfield stated that Claimant presented without any chest pain. (Dr. Greenfield Depo. Tr. 16:5-9, 24:3-8). Dr. Greenfield also noted the pain in Claimant's arm and shoulder was not indicative of having sustained a myocardial infarction. (Dr. Greenfield Depo. Tr. 16:13-25).

Second, Dr. Greenfield bases her written opinion on the fact that Claimant was shocked by 480 volts of electricity. However, in her deposition, Dr. Greenfield was asked about this opinion and she stated “[Claimant] told me it was 480.” (Dr. Greenfield Depo. Tr. 7:11). Dr. Greenfield admitted that she did not run any tests to determine voltage and when asked if she had any personal knowledge of the actual voltage of the machine, she responded “I would not have the foggiest [idea].” (Dr. Greenfield Depo. Tr. 7:12-23).

At the Hearing, Claimant could not testify to the exact voltage of the machine. Claimant stated that the voltage into the machine “...was at 240. I mean, it's 240 or above...” (Hr'g Tr. 24:25). Further, Claimant could only state the machine was “high voltage” and “at least 240 volts.” (Hr'g Tr. p. 54:16-24). Mark Warren also testified at the hearing. His testimony revealed that the machine Claimant was using was rated for a maximum 480 volts but that it could run on 208 volt. (Hr'g Tr. 58:24-25). Further, Mr. Warren testified that the machine should be running at 208 volts per leg. (Hr'g Tr. 59:2-4).

The evidence in the record clearly establishes that there is no basis for a finding by Dr. Greenfield, any other doctor, or the Commission that Claimant suffered a shock of 480 volts. Because Dr. Greenfield's opinion is based upon a shock of 480 volts, which is clearly contradicted by the evidence, weight cannot be given to her written medical opinion.

For the foregoing reasons, the Single Commissioner erred in giving any weight to Dr. Greenfield's written medical opinions. It is clear from the evidence that Dr. Greenfield's opinion is based on speculation, conjecture, surmise, and incorrect information. She stated in her deposition that there was no way for her determine when the myocardial infarction occurred and that it was possible it occurred on the night of May 27—5 days post-accident—or the morning of May 28—6 days post-accident. Further, Dr. Greenfield based her opinion on articles that have no relevance to the claim at hand (namely an article about lightning strikes containing voltage over 20,000-40,000 times higher than the voltage in this claim).

In addition, Dr. Greenfield's written opinion related to the electrical shock is invalid based on the clear evidence presented by Claimant and Mr. Warren that the voltage of the machine was less than 480 volts. Because the Single Commissioner clearly relied on this report in finding this claim to be compensable, the Full Commission must either enter new findings of fact finding this claim to be not compensable or remand this claim to the Single Commissioner with instructions that Dr. Greenfield's written opinion is to be given no weight and to enter findings of fact consistent with the testimony and medical evidence—namely that Claimant did not suffer a compensable injury to his chest and/or heart.

**IX. THE SINGLE COMMISSIONER ERRED BY FAILING TO DENY COMPENSABILITY FOR A BRAIN INJURY BECAUSE CLAIMANT PRESENTED NO EVIDENCE OF ANY BRAIN INJURY EVEN THOUGH CLAIMANT SPECIFICALLY INCLUDED A BRAIN INJURY ON HIS FORM 50 AND FORM 58 AS AN ISSUE TO BE DETERMINED AT THE HEARING BEFORE THE SINGLE COMMISSIONER.**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his “heart, left hand/arm/shoulder, neck, head (brain), chest.” Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that “Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the

Act.” This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to “determine issues as set forth on Forms 50 and 51.” Claimant’s Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are “heart, left hand/arm/shoulder, neck, head (brain), chest.”

There is no question that Claimant alleged a brain injury on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for a brain injury. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to a brain injury prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged brain injury.

The Single Commissioner, in Finding of Fact #14, explicitly found that Claimant failed to present any evidence that he sustained or may have sustained a head or brain injury. However, the Single Commissioner indicated that benefits would only be denied “at this juncture.” This was improper. Claimant raised the issue of suffering a brain injury in every single one of his filings. Claimant chose to proceed at the hearing on his Form 50 without modification. Therefore, pursuant to the Act, Claimant had the absolute burden of proving the right to compensation for each and every injury alleged on the Form 50. If Claimant failed to present evidence, as he did in this claim, then his right to compensation for the alleged injury should be denied. To leave the claim open for possibly unlimited future hearings to determine

compensability of presently alleged body parts is grossly prejudicial to Defendants.

Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner's Decision and Order by removing the phrase "at this this point" and "at this juncture." Because Claimant failed to present any evidence of a brain injury, the proper course of action is a complete denial of any alleged brain injury.

**X. THE SINGLE COMMISSIONER ERRED BY FAILING TO DENY COMPENSABILITY FOR A HEAD INJURY BECAUSE CLAIMANT PRESENTED NO EVIDENCE OF ANY HEAD INJURY EVEN THOUGH CLAIMANT SPECIFICALLY INCLUDED A HEAD INJURY ON HIS FORM 50 AND FORM 58 AS AN ISSUE TO BE DETERMINED AT THE HEARING BEFORE THE SINGLE COMMISSIONER.**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left hand/arm/shoulder, neck, head (brain), chest." Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act." This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to "determine issues as set forth on Forms 50 and 51." Claimant's Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are "heart, left hand/arm/shoulder, neck, head (brain), chest."

There is no question that Claimant alleged a head injury on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for a head injury. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question

that Claimant did not withdraw his allegations related to a head injury prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged head injury.

The Single Commissioner, in Finding of Fact #14, explicitly found that Claimant failed to present any evidence that he sustained or may have sustained a head or brain injury. However, the Single Commissioner indicated that benefits would only be denied "at this juncture." This was improper. Claimant raised the issue of suffering a head injury in every single one of his filings. Claimant chose to proceed at the hearing on his Form 50 without modification. Therefore, pursuant to the Act, Claimant had the absolute burden of proving the right to compensation for each and every injury alleged on the Form 50. If Claimant failed to present evidence, as he did in this claim, then his right to compensation for the alleged injury should be denied. To leave the claim open for possibly unlimited future hearings to determine compensability of presently alleged body parts is grossly prejudicial to Defendants.

Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner's Decision and Order by adding a Finding of Fact denying compensability for an alleged head injury. In the alternative, this claim should be remanded to the Single Commissioner for additional findings consistent with Claimant's failure to present any evidence related to a head injury. Because Claimant failed to present any evidence of a head injury, the proper course of action is a complete denial of any alleged head injury.

**XI. THE SINGLE COMMISSIONER ERRED BY FAILING TO DENY COMPENSABILITY FOR A LEFT HAND INJURY BECAUSE CLAIMANT PRESENTED NO EVIDENCE OF ANY LEFT HAND INJURY EVEN THOUGH CLAIMANT SPECIFICALLY INCLUDED A LEFT HAND INJURY ON HIS FORM 50 AND FORM 58 AS AN ISSUE TO BE DETERMINED AT THE HEARING BEFORE THE SINGLE COMMISSIONER.**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left

hand/arm/shoulder, neck, head (brain), chest.” Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that “Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act.” This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to “determine issues as set forth on Forms 50 and 51.” Claimant’s Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are “heart, left hand/arm/shoulder, neck, head (brain), chest.”

There is no question that Claimant alleged a left hand injury on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for a left hand injury. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to a left hand injury prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged left hand injury.

The Single Commissioner failed to make any Findings of Fact related to an alleged left hand injury. Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner’s Decision and Order by adding a Finding of Fact denying compensability for an alleged left hand injury. In the alternative, this claim should be remanded to the Single Commissioner for additional findings consistent with Claimant’s failure to present any evidence related to a left hand injury. Because Claimant failed to present any evidence of a left hand

injury, the proper course of action is a complete denial of any alleged left hand injury.

**XII. THE SINGLE COMMISSIONER ERRED BY FAILING TO DENY COMPENSABILITY FOR A LEFT ARM INJURY BECAUSE CLAIMANT PRESENTED NO EVIDENCE OF ANY LEFT ARM INJURY EVEN THOUGH CLAIMANT SPECIFICALLY INCLUDED A LEFT ARM INJURY ON HIS FORM 50 AND FORM 58 AS AN ISSUE TO BE DETERMINED AT THE HEARING BEFORE THE SINGLE COMMISSIONER.**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his “heart, ~~left~~ hand/arm/shoulder, neck, head (brain), chest.” Thereafter, Defendants filed a Form 51 ~~on or~~ about November 19, 2013 denying every alleged injury and stated that “Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act.” This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued ~~on~~ December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to “determine issues as set forth on Forms 50 and 51.” Claimant’s Pre-Hearing Brief filed ~~on~~ December 23, 2013 clearly states that the types of injury and body parts to be determined ~~at the~~ January 13, 2013 hearing are “heart, left hand/arm/shoulder, neck, head (brain), chest.”

There is no question that Claimant alleged a left arm injury on his Form 50. There is ~~no~~ question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and ~~what~~ was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for a left arm injury. There is no question ~~that~~ Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to a left arm injury prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged left arm injury.

The only notations in the record related to a left arm injury are as a result of medical

records and deposition taken of Dr. Greenfield. Dr. Greenfield indicated that Claimant ~~had~~ tenderness in his left arm and shoulder. There was no medical evidence presented that indicated Claimant actually sustained any physical injury to his left arm or shoulder. In Schurlknight v. City of N. Charleston, 325 S.C. 175, 178, 574 S.E.2d 194, 195 (2002), the Supreme Court stated that “[n]othing in the Act suggests our legislature intended to compensate an employee for aches, pains, or other conditions that do not interfere with his ability to do his job, even if those conditions are work-related.” Simple aches and pains connected to the job do not constitute compensable injuries. In this case, tenderness in the arm and shoulder region following Claimant bumping into a rotisserie oven does not constitute a compensable injury by accident.

The Single Commissioner failed to make any Findings of Fact related to an alleged left arm injury other than the notations of Dr. Greenfield. Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner’s Decision and Order by adding a Finding of Fact denying compensability for an alleged left arm injury. In the alternative, this claim should be remanded to the Single Commissioner for additional findings consistent with Claimant’s failure to present any evidence related to a left arm injury. Because Claimant failed to present any evidence of a left arm injury, the proper course of action is a complete denial of any alleged left hand injury.

**XIII. THE SINGLE COMMISSIONER ERRED BY FAILING TO DENY COMPENSABILITY FOR ALL OTHER ORGANS, MEMBERS, AND BODILY PARTS BECAUSE CLAIMANT PRESENTED NO EVIDENCE OF ANY INJURY TO ANY ORGANS, MEMBERS, OR BODILY PARTS EVEN THOUGH CLAIMANT SPECIFICALLY INCLUDED OTHER ORGANS, MEMBERS, AND BODILY PARTS ON HIS FORM 50 AND FORM 58 AS AN ISSUE TO BE DETERMINED AT THE HEARING BEFORE THE SINGLE COMMISSIONER.**

Claimant filed a Form 50 on October 21, 2013 alleging injuries to his “heart, left hand/arm/shoulder, neck, head (brain), chest.” Thereafter, Defendants filed a Form 51 on or

about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act." This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to "determine issues as set forth on Forms 50 and 51." Claimant's Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are "heart, left hand/arm/shoulder, neck, head (brain), chest."

There is no question that Claimant alleged injuries to all other organs, members and bodily parts on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for injuries to all other organs, members and bodily parts. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to injuries to all other organs, members and bodily parts prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged injuries to all other organs, members and bodily parts.

There is only one mention in the record related to any other body parts, organs, or members. The Single Commissioner noted that Dr. Lide recorded numbness in Claimant's great toe and suggested that this was a neurologic symptom related to the electrical shock. However, every doctor denied that the electrical shock, if any passed through his body, ever exited through Claimant's foot and/or toe based on a lack of exit wound on the foot. Further, the Single Commissioner readily notes that Dr. Lide does not have the expertise to diagnose or evaluate any

neurologic symptoms. Claimant was clearly in possession of Dr. Lide's suggestion prior to the underlying hearing and chose not to seek evaluation, treatment, or other diagnoses. Claimant further failed to present any evidence linking an alleged numbness in the great toe to an alleged electrical shock at the hearing. The only evidence presented is a single note from Dr. Lide who lacks the experience or expertise to diagnose this type of injury.

The Single Commissioner failed to make any Findings of Fact related to any other alleged injuries to all other organs, members and bodily parts. Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner's Decision and Order by adding a Finding of Fact denying compensability for alleged injuries to all other organs, members and bodily parts. In the alternative, this claim should be remanded to the Single Commissioner for additional findings consistent with Claimant's failure to present any evidence related to injuries to all other organs, members and bodily parts. Because Claimant failed to present any evidence of injuries to all other organs, members and bodily parts, the proper course of action is a complete denial of any alleged injuries to all other organs, members and bodily parts.

**XIV. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #1 IN THAT THE FINDING IS LIMITED ONLY TO CLAIMANT ALLEGING AN INJURY TO HIS HEART WHEN THE RECORD IS CLEAR THAT CLAIMANT ALLEGED INJURIES TO HIS HEAD, BRAIN, LEFT HAND, LEFT ARM, AND ALL OTHER ORGANS, MEMBERS, AND BODILY PARTS.**

This issue has been thoroughly briefed above, but for the purpose of preserving this exception, it will be briefed again here. Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left hand/arm/shoulder, neck, head (brain), chest." Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or

illness pursuant to the Act.” This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to “determine issues as set forth on Forms 50 and 51.” Claimant’s Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January 13, 2013 hearing are “heart, left hand/arm/shoulder, neck, head (brain), chest.”

There is no question that Claimant alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged injuries to his heart, left hand/arm, head (brain), chest, and all other organs, members and bodily parts.

Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner’s Decision and Order in Finding of Fact #1 by including all the body parts alleged by Claimant for the purposes of the Form 50 hearing.

**XV. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #6 BY FINDING THAT CLAIMANT BELIEVED THE ACTUAL VOLTAGE TO BE 480 VOLTS WHEN CLAIMANT'S OWN TESTIMONY REFUTES THAT FINDING.**

At the Hearing, Claimant could not testify to the exact voltage of the machine. Claimant stated that the voltage into the machine "...was at 240. I mean, it's 240 or above..." (Hr'g Tr. 24:25). Further, Claimant could only state the machine was "high voltage" and "at least 240 volts." (Hr'g Tr. p. 54:16-24). Mark Warren also testified at the hearing. His testimony revealed that the machine Claimant was using was rated for a maximum 480 volts but that it could run on 208 volt. (Hr'g Tr. 58:24-25). Further, Mr. Warren testified that the machine should be running at 208 volts per leg. (Hr'g Tr. 59:2-4).

This finding is clearly in error based on the testimony presented at the hearing. Because this erroneous finding of 480 volts not only factored into the Single Commissioner's Decision and Order but also underlies every physician's written medical opinion, the Full Commission must either enter findings of fact consistent with the evidence and determine Claimant's chest and/or heart condition is not compensable or it must remand this claim to the Single Commissioner with instructions to render new findings of fact based on the evidence that would result in a denial of compensability for the alleged chest and/or heart condition.

**XVI. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #6 THAT DEFENDANTS HAD ACCESS TO THE ROTISSERIE OVEN WHEN THE RECORD IS CLEAR THAT THE OVEN BELONGED TO A THIRD PARTY AND DEFENDANTS DID NOT OWN OR CONTROL THE OVEN.**

There is no evidence in the record to support a finding that Defendants had access or control of the oven which Claimant alleges shocked him. The record establishes that the premises where Claimant alleges his injuries occurred is a Publix Supermarket that is not owned by Defendants. Further, the record establishes that the machine Claimant alleged shocked him is

not owned by Defendants. There is absolutely no evidence in the record to support Finding of Fact #6.

Because the Single Commissioner based her entire Decision and Order, in part, on ~~the~~ Defendants ability to investigate the machine that Claimant alleged shocked him—and because that Finding of Fact is clearly in error—the entire Decision and Order must be vacated and ~~this~~ claim must be remanded for a new hearing on the evidence previously submitted. There is ~~no~~ way to know from the Decision and Order what weight the Single Commissioner gave to ~~this~~ evidence and therefore allowing the Decision and Order to stand would be prejudicial to Defendants.

**XVII. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #7 BY FINDING THAT CLAIMANT BEGAN SWEATING THE NIGHT OF THE ELECTRICAL SHOCK WHEN CLAIMANT'S OWN TESTIMONY AND THE MEDICAL EVIDENCE REFUTES THAT FINDING.**

The medical and testimonial evidence clearly do not support a finding that Claimant began sweating the night of the electrical shock.

Claimant notified Employer he was shocked while working on a rotisserie oven on May 22, 2013. (Def. APA p. 8). Employment records of Claimant indicate that he continued working the remainder of the day and the entire following day. (Def. APA p. 10-11). An email from Claimant to Employer indicates that he was experiencing only-neck pain on May 27, 2013 (5 days post-accident). (Def. APA p. 9). Claimant first presented to Doctor's Care on May 28, 2013 (6 days post-accident) complaining that **he woke up sweating that morning (6 days post-accident)**. (Def. APA p. 1). Doctor's Care noted that Claimant had some tenderness in his shoulder and neck area. Id. Further, Doctor's Care noted that Claimant did not complain of any chest pressure. Id. Claimant was referred to and saw Dr. Dasgupta at the South Carolina Heart Center. Dr. Dasgupta also noted sweating and noted that Claimant denied chest pain but did have

minimal left shoulder pain. (Def. APA p. 2). Dr. Dasgupta diagnosed Claimant with an acute myocardial infarction. Id. Dr. Dasgupta indicated that Claimant had a prior history of hypertension, tobacco abuse, as well as a significant family history for heart disease (Claimant's father passed away from coronary disease and myocardial infarction). (Def. APA p. 2-3). Dr. Dasgupta also noted that Claimant appeared to have a ventricular septal defect as a possible completion of his myocardial infarction. (Def. APA p. 2). Dr. Dasgupta referred Claimant to Lexington Medical Center where he underwent surgery to repair an acute ventricular septal defect that formed following the myocardial infarction. (Def. APA p. 5-7). Further, even in light of the medical records, Claimant testified at the hearing that he actually began sweating the morning after the electrical shock. (Hr'g Tr. 49:21-24).

The testimony and medical records are clear that Claimant did not begin sweating the night of the electrical shock. The Single Commissioner clearly relied on this fact in forming her Decision and Order related to compensability of the chest and/or heart condition. Because this basis of her Decision and Order is clearly erroneous in light of the evidence and testimony, the Full Commission should enter its own finding of facts denying compensability for the chest and/or heart condition. In the alternative, this claim should be remanded to the Single Commissioner for findings not inconsistent with this evidence and entry of a denial of compensability for the chest and/or heart condition.

**XVIII. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #9 THAT THREE PHYSICIANS HAVE OPINED THE ELECTRICAL SHOCK RESULTED IN CLAIMANT'S HEART ATTACK REGARDLESS OF THE DATE ON WHICH THE HEART ATTACK OCCURRED.**

The Single Commissioner erred by ignoring the issue of when the acute myocardial infarction occurred and, instead, relying solely on a portion of the written opinions in finding this claim to be compensable. The date and/or timing of the acute myocardial infarction is

paramount to the compensability of the acute myocardial infarction. If the timing of an injury ~~can~~ be ignored and otherwise considered not relevant to the inquiry of compensability, then the ~~door~~ is open to allow any injury from any time following a work-related accident to be ~~found~~ compensable simply because the injury happened after the work-related accident. Each of ~~the~~ doctors' opinions as set out previously in this brief—and the Single Commissioner's Findings of Fact—can be boiled down as follows: A is followed by B, therefore A caused B. The Workers' Compensation Act requires more than just a sequence of events or coincidence in time ~~for a~~ claim to be found compensable. The Act specifically requires a distinct causal relationship between events. Absent that causal relationship, there can be no compensable claim. ~~The~~ doctors' written opinions all follow the formula laid out above. Each of their deposition transcripts reveal that their main basis for determining compensability is that an electrical shock (A) happened and, sometime after the electrical shock happened, an acute myocardial infarction (B) happened, therefore the electrical shock (A) caused the acute myocardial infarction (B)—~~that~~ is simply insufficient to support a finding of compensability under the Act. It is particularly insufficient when there is no evidence to determine and no medical testimony to support ~~when~~ the acute myocardial infarction even occurred<sup>8</sup>.

To make a finding that the alleged injuries are compensable regardless of when ~~the~~ alleged injuries occurred in relation to the alleged causative event would be improper and grounds for reversal. Therefore, the Full Commission should enter its own findings of facts denying compensability for the chest and/or heart condition. In the alternative, the Full Commission should remand this claim to the Single Commissioner for additional findings ~~not~~ inconsistent with this evidence and an order to deny compensability for the chest and/or heart

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<sup>8</sup> With the exception of the hospital admittance records on May 28 showing Claimant was admitted with an acute myocardial infarction. In other words, the most likely date of the myocardial infarction is the May 28 date of

conditions.

- XIX. THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #14 THAT CLAIMANT SPECIFICALLY REQUESTED A FINDING OF COMPENSABILITY FOR THE HEART WHEN THERE IS NO EVIDENCE IN THE RECORD THE HEARING WAS LIMITED IN SCOPE TO THE HEART, WHEN CLAIMANT'S OWN FORM 50 AND FORM 58 DEMANDED A HEARING ON COMPENSABILITY OF THE LEFT HAND, ARM, SHOULDER, NECK, HEAD, BRAIN, CHEST, AND ALL ORGANS, MEMBERS, AND BODILY PARTS DETERMINED TO BE RELATED AND WHEN THE NOTICE OF HEARING FROM THE COMMISSION INCLUDED A DETERMINATION OF COMPENSABILITY FOR THE LEFT HAND, ARM, SHOULDER, NECK, HEAD, BRAIN, CHEST AND ALL ORGANS, MEMBERS, AND BODILY PARTS DETERMINED TO BE RELATED.**

This issue has been thoroughly briefed above, but for the purpose of preserving this exception, it will be briefed again here. Claimant filed a Form 50 on October 21, 2013 alleging injuries to his "heart, left hand/arm/shoulder, neck, head (brain), chest." Thereafter, Defendants filed a Form 51 on or about November 19, 2013 denying every alleged injury and stated that "Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act." This matter was set for a hearing on January 13, 2013 by a Notice of Hearing issued on December 6, 2013. That Notice of Hearing specifically stated that the purpose of the hearing was to "determine issues as set forth on Forms 50 and 51." Claimant's Pre-Hearing Brief filed on December 23, 2013 clearly states that the types of injury and body parts to be determined at the January-13, 2013 hearing are "heart, left hand/arm/shoulder, neck, head (brain), chest."

There is no question that Claimant alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts on his Form 50. There is no question that the Notice of Hearing indicated that all issues on the Form 50 would be determined at the hearing. There is no question that Claimant had sufficient notice of this hearing

and what was contained on his Form 50. There is no question that Claimant filed a Pre-Hearing brief indicating that he was seeking compensation for alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts. There is no question that Defendants filed a Pre-Hearing Brief denying compensability of this claim. There is no question that Claimant did not withdraw his allegations related to alleged injuries to his heart, left hand/arm/shoulder, neck, head (brain), chest, and all other organs, members and bodily parts prior to or at the hearing. And, likewise, there is no question that Claimant did not present any evidence at the hearing to substantiate his alleged injuries to his heart, left hand/arm, head (brain), chest, and all other organs, members and bodily parts.

Therefore, for the foregoing reasons, the Full Commission should alter or amend the Single Commissioner's Decision and Order in Finding of Fact #14 by including all the body parts alleged by Claimant for the purposes of the Form 50 hearing. Further, the Full Commission should add a Finding of Fact denying compensability for all body parts for which no evidence was presented at the hearing pursuant to Claimant's Form 50, Form 58, and the Notice of Hearing.

**XX. THE SINGLE COMMISSIONER ERRED BY NOT MAKING ANY FINDINGS OF FACT OR CONCLUSIONS OF LAW RELATED TO AN AGGRAVATION OF A PRE-EXISTING HEART CONDITION AS ALLEGED BY CLAIMANT.**

The Single Commissioner, in Finding of Fact #17, finds that Claimant alleges an "aggravation" of his pre-existing conditions resulting in an injury to his heart. There is absolutely no medical evidence in the record that indicates any of the events Claimant alleges happened resulted in an aggravation of the pre-existing condition of his heart. Claimant presented absolutely no evidence to support a finding of an "aggravation" of a pre-existing condition. Because no evidence was presented related to an aggravation of a pre-existing condition, the

Single Commissioner's Decision and Order should be reversed and the Full Commission should enter findings of facts consistent with the evidence—namely that Claimant's alleged injuries are not compensable. In the alternative, this claim should be remanded to the Single Commissioner for further findings related to an alleged "aggravation" and any reference to the pre-existing conditions being aggravated should be removed from the Single Commissioner's Decision and Order as there is no evidence in the record to support it.

### CONCLUSION

For all the foregoing reasons, the Single Commissioner's Decision and Order should be altered or amended to reflect that Claimant did not sustain any compensable injuries to his head, brain, left arm, left hand, chest, heart, and all other organs, members or bodily parts. In the alternative, this claim should be remanded for a new hearing with instructions for the Single Commissioner to issue a new Decision and Order not inconsistent with those findings.

Additionally, the Decision and Order should be vacated in its entirety because the Single Commissioner lacked jurisdiction to sit and hear the claim while key compensability issues were on appeal to the Full Commission.

  
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Columbia, South Carolina  
April 23, 2014

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 5/22/2013

|                                    |   |  |
|------------------------------------|---|--|
| CLARENCE WINFREY,                  | } |  |
|                                    | } |  |
| Employee,                          | } |  |
|                                    | } |  |
| Claimant,                          | } |  |
|                                    | } |  |
| vs.                                | } |  |
|                                    | } |  |
| ARCHWAY SERVICES INC,              | } |  |
|                                    | } |  |
| Employer,                          | } |  |
|                                    | } |  |
| AND                                | } |  |
|                                    | } |  |
| AMERICAN FIRE & CASUALTY INSURANCE | } |  |
| COMPANY C/O LIBERTY MUTUAL GROUP,  | } |  |
|                                    | } |  |
| Carrier,                           | } |  |
|                                    | } |  |
| Defendants.                        | } |  |
|                                    | } |  |

**CERTIFICATE  
OF  
SERVICE.**

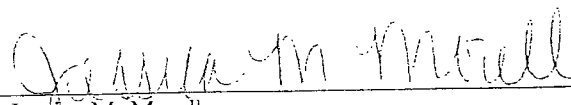
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of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

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

**VIA HAND DELIVERY**

South Carolina Worker's Compensation Commission  
1333 Main Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715

DOCUMENT: Other - Defendant/Appellants' Brief to The Full Commission  
DATE OF Mailing: April 23, 2014

  
\_\_\_\_\_  
Jessica M. Morell  
Legal Assistant to Brett H. Bayne

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF RICHLAND )

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
WCC FILE NO: 1306305

CLARENCE B. WINFREY, JR. )  
 )  
Employee-Claimant, )  
 )  
v. )  
 )  
ARCHWAY SERVICES, INC. )  
 )  
As Employer, and )  
 )  
AMERICAN FIRE & CASUALTY CO., )  
 )  
as Carrier, )  
 )  
Defendants. )  
\_\_\_\_\_ )

CLAIMANT/RESPONDENT'S BRIEF TO  
THE FULL COMMISSION

STATEMENT OF THE CASE

While in the Form 51, the Defendants denied injury by accident and compensable injury; at the Hearing they admitted both. [Commissioner Barden Tr. p. 9, l. 1 and l. 9: "his left shoulder and arm, which are admitted body parts . . . (and) - so he seeks a finding of compensability of not only the neck and the left shoulder, which the Defendants admit . . ."] As to the accident that occurred on May 22<sup>nd</sup> and the body parts affected, from the Transcript:

By the witness: (the Claimant Clarence Winfrey)

"And when I was moving the wires, that wire moved, and I mean it blew up. I mean not no pow, it went kaboom. And that is when I snatched back real hard, but I would feel it from here (indicated) my neck.

By Commissioner: (Commissioner Barden)

So you're use - - you are indicating your left arm all the way up?

Witness:

Yeah, I got a scar right there."  
(Tr. p. 26, ll. 8-17).

"And it went up my arm and from my ears down through my shoulder.

Commissioner:

Is that your middle finger the scar was on?

Witness:

Yes, ma'am.

Commissioner:

Ok. So it went up your arm into your neck?

Witness:

Right through here and run down through here.

Commissioner:

Ok. And you are indicating your chest and up into your head a little bit?

Witness:

Yeah.

Commissioner:

All right.

Witness:

And that's how - - when I called Bobby Ruppe and explained to him they got more problems than a - -

\* \* \*

- - well, first I had to go outside and get my composure back. Then I called Bobby Ruppe." (Tr. p. 27, l. 9 - p. 28, l. 1 and ll. 5-6).

"By Mr. McDaniel: (hereinafter McDaniel)

- - - Both the Defendants and we have put in Mr. Ruppe's statement confirming Mr. Winfrey's testimony about that - - that he called Mr. Ruppe.

Commissioner:

OK.

McDaniel:

Page 78.

Commissioner:

And that's R-U-P-P-E. "  
(Tr. p. 28, ll. 15-24).

"Q: Did you tell him about the shock?

A: Oh yeah. I told him I was hurt.

Q: Ok.

A: I told him I was hurt. I said, 'I've never been hit this hard before in my life.'  
(Tr. p. 29, ll. 8-12). (Emph. added).

After leaving the Publix, Mr. Winfrey tried to continue working but had to leave work after several hours at which time he called Bobby Ruppe and told him,

Witness:

"and told Bobby 'I can't - - I'm done' I couldn't do nothing else, and it was getting worse and worse."  
(Tr. p. 49, ll. 13-15).

"Witness:

Yeah. And the next morning when I got up I was just dripping sweat and I tried to work. I went to the Walmart on - - -

Commissioner:

When did the sweating occur, the next morning?

Witness:

I mean, I was dripping."  
(Tr. p. 31, 11.10-17).

"Commissioner:

That's ok.

Witness:

And I was laying on my back because that is the - - you know what I mean? It hurt if I stood up and then on my head so I laid down. I had to go to Whaley's to get some fuses. I drove to Whaley's. It's down the road, came back, put the fuses in. That's when I called Bobby Ruppe, and said, 'man, I can't do it. I am sorry.' I even apologized to the people in the Deli, but I was in too much pain and when I left that Walmart, Bobby had Peggy Duncan call me. She works for the company and said that they just called - - Walmart just called and said all the fryers are down. And I said, 'well, Peggy, I am severely hurt but I will go back because I just left there.' So I went back and they lost power to all the fryers. That's when I called Bobby back and said 'they lost power, and they need an electrician' and I told him 'I can't do nothing else. I have got to go home.' And that is what I did.

McDaniel:

Q: And then what did you do between then and - - we're going to talk about the 27<sup>th</sup> in just a minute, but between that - - the day that you called Bobby and said 'I can't do it anymore; I am going home' did you - - what did you do between then and when you finally went to I believe we are going to talk about the Minute Clinic in the second?

A: Yeah, that was a Monday. 'That was a holiday.'

Q: So what did you do - - over the weekend?

A: Oh, I had - - I went by Walgreen's and bought Motrin and Tylenol, you know, anything to what I thought would help."  
(Tr. p. 31, l. 25 - p. 33, l. 8).

"McDaniel:

Q: And it was - - it - - it was in the same place as it was from the - - from the minute of the shock?

A: Yes.

Q: Is that correct?

A: Yes, it was in my arm. It went up to my ear and it dropped like that (indicating). But I just ate Motrin and Tylenol and things like that. Ibuprofen. I was trying to get the pain to go away."  
(Tr. p. 33, ll. 18-25).

Finally, in reference to the voltage, the Claimant testified repeatedly that the voltage was at least 240 and as much as 480 volts. (Tr. p. 24, ll. 1-25; p. 54, ll. 14-24). Mr. Wesley Mark Warren who testified on behalf of the Defendants confirmed the Claimant's testimony about the voltage and stated that, "without checking with a meter, I couldn't tell you the actual voltage, but the machine is rated for 480 volt, - - -". (Tr. p. 58, ll. 23-25).

In a report dated September 30<sup>th</sup>, Dr. Jeffrey A. Travis, M.D., Board Certified Cardiovascular Surgeon (not just a cardiologist and as he testified, the only doctor in this case that actually held the Claimant's heart in his hands), stated:

"Mr. Winfrey is a patient who presented with a very unusual cardiac lesion after suffering a large electrical shock. The lesion, a ventricle septal defect, and normally only seen very rarely in a setting of an acute myocardial infarction. I believe that Mr. Winfrey's electrical shock caused his heart attack and his ventral septal defect.

\* \* \*

Operative photographs confirm a large white patch on both sides of his heart that were almost certainly entrance and exit wounds of the electricity. I have never seen anything like these patches in my 15 years of surgery. I have a photo of the anterior surface of the heart that demonstrates either the entrance or exit site.

\* \* \*

I find it quite unbelievable that his surgery and postoperative course have been considered separate from his electrical injury at work. I see almost no plausible explanation other than a direct cause and effect." (Claimant's APA Submissions, Section 1, p. 1).

In his deposition, Dr. Travis reaffirmed this opinion and also how the electrical shock in his opinion caused a plaque rupture that caused the myocardial infarction that lead to the ventral septal defect. (Highlighted pages of the Deposition Transcript, pp. 12-14; pp. 16-17; and pp. 23-25 are attached as Exhibit "A"). Dr. Lanneau Lide, the Claimant's Board Certified treating cardiologist stated his opinion to a reasonable degree of medical certainty that the symptoms and injuries to his heart stemmed from the electrical shock that he sustained to his left hand and arm on May 22, 2013. He unequivocally reaffirmed that

opinion at p. 39 of his deposition which is attached hereto as highlighted and incorporated herein by reference as Exhibit "B".

Dr. Karen Greenfield, Board Certified in family medicine and the initial treating physician at Doctor's Care stated that it was her opinion to a reasonable degree of medical certainty that the injuries and problems for which she treated him specifically in reference to the heart were caused by the electrical shock. She reaffirmed that opinion at p. 21 of her deposition.

From the Decision of the Hearing Commission in favor of the Claimant that the Claimant had proved by a preponderance of the evidence that he is entitled to the benefits sought which was for reinstatement of temporary compensation and treatment for all causally related medical care, this appeal follows.

#### ARGUMENTS

- I. THE HEARING COMMISSIONER DID NOT ERR BY HOLDING THE HEARING AND RULING ON THE ISSUES BEFORE HER FOR DECISION AND IN SO DOING DID NOT ACT IN AN APPELLATE CAPACITY.

While Claimant's Counsel is very confused over exactly what the Defendants are arguing under Argument I, wherein the Defendants appear to argue that Commissioner Beck's Order concerning a Form 15 Hearing in some way precludes a Hearing on compensability with which Commissioner Barden was charged with deciding but on the other hand or in some way connected, she should have addressed certain issues that they wanted addressed as part of her Decision which are not part of the issues that had to be addressed to reach a decision on compensability. Outside

of containing statements totally outside of the evidence before her, the Argument is like combining vinegar, banana pudding and oregano; they just don't mix and it is nonsensical to mix them. Regardless, the Hearing Commissioner properly heard the issues before her and ruled on those issues making Findings of Fact and Conclusions of Law on those issues in reaching her Decision.

After the Defendants denied compensability on a Form 15, the Claimant filed a Form 50 Request for Hearing requesting that the claim be determined to be compensable and awarding temporary compensation benefits and medical benefits for the injuries which needed treatment at the time of the hearing as stemming from the accident. The Defendants filed a Form 51 and the issues were joined. It was the Claimant's position that the severe injuries to the Claimant's heart for which he was being treated were caused by the electrocution injury that he sustained. Specifically in his Pre-Hearing Brief he delineated the factual issues and his request for benefits as follows:

- "b. The Claimant would submit that the evidence establishes that he sustained a compensable injury and is entitled to reinstatement of temporary compensation benefits . . . ;
- c. Medical care from the date that medical care was stopped being authorized and continuing until the Claimant reaches maximum medical improvement . . . ."

Therefore the issues before the Commissioner were whether or not the Claimant had sustained compensable injury, whether or not he was entitled to temporary total disability benefits and whether

or not he is entitled to medical care for all the injuries resulting from that accident. The Commissioner entered a decision appropriately on those issues.

When a claimant filed a request for benefits which is denied and is the moving party before the Commission, it is the law of our State that the Claimant has the burden of proof and must establish by a preponderance of the evidence (facts) that he is entitled to an Award under the Workers' Compensation Act. Walsh v. US Rubber Co., 238 S.C. 411, 120 S.E.2d 685 (1961). Further the Decision of the Commissioner must be based on the facts and cannot be based upon surmise, conjecture or speculation. Solar v. Sunny Slope Farms, 244 S.C. 6, 135 S.E.2d 321 (1964). In this case it was the Claimant's burden of proof to prove by a preponderance of the evidence that the injuries to the Claimant's heart stemmed from the electrocution injury thus entitling him to compensation. The Claimant testified to the facts of the electrocution injury and that from the very minute of that electrocution, he had severe pain in his neck, arm and shoulder than ran as far up as into his head and ear and into the front part of his chest over his collarbone area. His three (3) treating physicians (all treating physicians in fact) testified that in their opinions the injuries to his heart stemmed from the electrocution injury. Clearly there is a preponderance of the evidence to support the Commissioner's Decision finding that the Claimant has sustained compensable injury.

Further, the Hearing Commissioner's Decision had to be based on the evidence before her, and emphasis is placed on "before her", and based on the evidence before her, the Hearing Commissioner found that the Claimant had established a compensable injury stemming from the May 22<sup>nd</sup> electrocution injury.

In reference to the argument that the Commissioner in some way was acting in an appellate capacity, that is simply wrong. She was charged with the responsibility of hearing the issues and making a decision on the issues raised by the Forms 50 and 51 which she did; and she based that decision on the evidence before her and her analysis of the evidence.

Finally, there is no requirement that the Commissioner make a decision as to when the myocardial infarction occurred. The factual issue upon which she had to make a decision and which was submitted to her for decision was whether or not any and all of the Claimant's heart related problems stemmed from the accident, the electrocution injury that occurred on May 22<sup>nd</sup>. She appropriately made her Findings of Fact based on the law addressed to that issue.

Finally besides the fact that as to when the myocardial infarction specifically occurred was not paramount to the decision of the issues before the Commissioner, the Defendants while trying to bootstrap Commissioner Beck's dicta decision which is not the law of the case into establishing a fact as to

when the myocardial infarction occurred, the Defendants did not ask any one of the doctors involved as to when in their opinion the myocardial infarction occurred and also did not specifically ask the question "Doctor, in your opinion did the myocardial infarction occur on the 28<sup>th</sup>?" Having failed to ask that question or present evidence on that point, there was simply no evidence before the Hearing Commissioner, Commissioner Barden, on that issue and for her to make a decision in that regard specifically as to the position of the Defendants, would make her decision be the subject of and be based on surmise, conjecture or speculation. The issue is without merit.

II. THE HEARING COMMISSION DID NOT ERR BY HOLDING A HEARING OVER THE DEFENDANTS' OBJECTIONS ON THE BASIS THAT A SPECIFIC RULING OF A PRIOR SINGLE COMMISSIONER, "MAY" BECOME THE LAW OF THE CASE.

The answer to the Defendants' argument and question raised lies in the actual wording of the argument when the Defendants argue that the finding of Commissioner Beck, "may" become the law of the case. Quoting the black letter law of the State of South Carolina as to the doctrine of the law of the case from Bone v. US Food Service, 399 S.C. 566, 733 S.E.2d 200 (2012) quoting from the Supreme Court's decision in Sloan Constr. Co. v. SouthCo. Grassing, Inc., 395 S.C. 164, 717 S.E.2d 603 (2011):

"Under the law of the case doctrine, a party is precluded from re-litigating, after an appeal, matters that were either not raised on appeal, but should have been or raised on appeal, but expressly rejected by the Appellate Court."

As set forth in the law of the case doctrine and as argued to the Single Commissioner, the Decision by Commissioner Beck at the time this case was heard by Commissioner Barden was not the law of the case because that Decision had been appealed and thus is was not final. The law of the case doctrine does not apply unless and until such time as the case is over, concluded, finished, and all appeals are final. Therefore at the time this case was heard, that doctrine has absolutely no application to the case before Commissioner Barden. Further in the Bone case, supra, the Supreme Court rejected a similar position to the one raised here, that was taken by the employer's carrier in that case that a finding in an interlocutory Order under the Law of the Case doctrine would preclude a later determination of the compensability issue in a final decision in a hearing specifically on that point. Therefore and finally because the Finding was dicta and was an ancillary and irrelevant to the issue before Commissioner Beck and because the specific issue that Commissioner Barden had before her was the issue and a decision on compensability, she appropriately rejected the application of that decision for that reason also. The issue is without merit.

III. COMMISSIONER BARDEN DID NOT ERR BY FAILING TO MAKE A FINDING AS TO THE DATE THAT THE CLAIMANT SUFFERED A PLAQUE RUPTURE.

As is set out in Argument I, there is simply no requirement that the Commissioner make a Finding of Fact as to the time of

the plaque rupture. The Commissioner was charged with making Findings of Fact as to whether or not the Claimant's injuries to his heart stemmed from the work-related accident and as to whether he had sustained compensable injury by accident.

It is somewhat ironic that the Defendants would cite the case of Cross v. Concrete Materials, 236 S.C. 440, 114 S.E.2d 828 (1960) in support of this argument in that in the Cross case benefits were denied because there was simply a lack of medical opinion evidence stated to a reasonable degree of certainty that the Claimant's condition stemmed from the accident. The Cross case simply stated black letter law which is that, "when testimony of medical experts is relied upon to establish causal connection between an accident and subsequent disability or death, in order to establish such, the opinion of the experts must be at least that the disability or death 'most probably' resulted from accidental injury." In this case, not only one (1) but three (3) different doctors all testified that in their opinions to a reasonable degree of medical certainty the Claimant's injuries to his heart stemmed from the work-related electrocution injury. There is simply no requirement that the Commissioner make a Finding as to the time when the plaque rupture occurred. The Claimant would also point out that the Commission's review of the evidence before Commissioner Barden will establish that plaque rupturing resulting in a blockage and myocardial infarction which led to the septal defect is only one

of the scenarios that the doctors opined could have resulted from the electrical shock. However there is no question or difference of opinion in any of the doctors' minds, meaning the three (3) doctors who treated the Claimant, and particularly the doctor that did the heart surgery and held the Claimant's heart in hand who witnessed the entrance and exit wounds in his heart, that the electrical shock caused the injuries to his heart. The issue is without merit.

IV. THE HEARING COMMISSIONER DID NOT ERR BY FAILING TO MAKE A FINDING OF WHAT CAUSED THE PLAQUE RUPTURE IN THE CLAIMANT'S HEART.

As set out in Argument I and III, the issue before the Commissioner was whether or not the Claimant proved by a preponderance of the evidence that he had sustained compensable injury by accident and that that injury resulted in the injuries to his heart. Quoting from Commissioner's Finding of Fact No. 9:

"three physicians have all opined to a reasonable degree of medical certainty that the electric shock ultimately resulted in Claimant's heart attack, regardless of the date on which the infarction occurred . . .".

She goes on to quote explicitly from all the doctors' depositions supporting that Finding. The issue is without merit.

V. THE HEARING COMMISSIONER DID NOT ERR BY FAILING TO FIND A DATE ON WHICH THE CLAIMANT SUFFERED A MYOCARDIAL INFARCTION.

For all the reasons as set forth in Argument I, III, and IV, the same legal arguments and factual arguments apply and the issue is without merit.

VI. THE HEARING COMMISSIONER DID NOT ERR BY RELYING ON DR. TRAVIS' MEDICAL OPINIONS AS EXPRESSED BOTH IN WRITTEN DOCUMENTS AND IN HIS DEPOSITION TESTIMONY.

This argument made by the Defendants by pulling "piece-mill" out of Dr. Travis' deposition does not reflect his opinions as expressed in the deposition and as previously expressed in his written report. On p. 22, ll. 20-25, the doctor specifically reiterated that his opinions as expressed in his letter of September 30<sup>th</sup> represented his opinions concerning the causation of the Claimant's problems. Then on p. 23, l. 1 - p. 25, l. 9, the doctor went through and specifically detailed the sequence of events that occurred and the problems that resulted from the electrical shock leading to all of the injuries to the heart and to his need for treatment, at the end of which on p. 25, l. 6 through l. 9, the doctor again stated his opinion specifically:

"But that electrical shock was the thing that pushed the first domino over and everything that we saw after that followed it. That's just my opinion."

Then again on p. 26, the doctor reiterated again:

"Q: Doctor, this is a report that was issued on September 30<sup>th</sup>. I believe you dictated that, does that represent your opinions in reference to the causation issue and your opinions about what caused Mr. Winfrey's condition?

A: That is correct.

Q: Is that your opinion to a reasonable degree of medical certainty?

A: It is."

Travis Depo. Tr., p. 26, ll. 6-11, marking  
of exhibit 9/30 report and quotation, ll.  
12-20.)

The issue is without merit and is a total misstatement of  
the doctor's testimony.

VII. THE HEARING COMMISSIONER DID NOT ERR IN RELYING ON THE  
WRITTEN MEDICAL OPINION AND THE TESTIMONY OF DR. LIDE IN  
MAKING HER FINDINGS AND RULING.

Quoting from Dr. Lide's deposition, p. 39, ll. 6-14:

Q: "But in your opinion, based on this history  
and everything you observed and your  
conversations with Mr. Winfrey and this  
history and development of his problems, is  
it your opinion that - - that this  
electrical shock, is it still your opinion  
that this electrical shock caused all the  
problems that lead to him coming to see  
you?

A: That is my opinion.

Q: Ok.

A: - - that - - that the electrical shock was  
the approximate cause of - - of all this  
illness.

Q: Ok and that is stated to a reasonable  
degree of medical certainty?

A: As certain as I can be."

The issue is without merit.

VIII. THE HEARING COMMISSIONER DID NOT ERR BY RELYING ON THE  
WRITTEN AND TESTIMONIAL OPINIONS EXPRESSED BY DR.  
GREENFIELD IN MAKING HER FINDINGS OF FACT THAT THE CLAIMANT  
HAD SUSTAINED COMPENSABLE INJURY.

Quoting from p. 21, ll. 2-6, Dr. Greenfield testified:

"Q: Ok. Alright. And the opinion that you were kind enough to write to us, you - - that still remains your opinion to a reasonable degree of medical certainty?

A: Right."

The Hearing Commissioner did not err by relying on the opinions of Dr. Greenfield. The issue is without merit.

IX. THE HEARING COMMISSIONER DID NOT ERR BY FAILING TO DENY COMPENSABILITY OF A BRAIN INJURY WHERE NEITHER THE MEDICAL TREATMENT NOR COMPENSATION BENEFITS REQUESTED AT THE TIME OF THE HEARING WERE BASED ON A BRAIN INJURY.

As is set forth in the Statement of the Case, quoting from the Claimant's Pre-Hearing Brief, the Claimant sought:

1) a determination that he had sustained compensable injury by accident since the injury, after initially being accepted, had been denied by the Defendants in their Form 51 and Pre-Hearing Brief; [Note: while denying an accident occurred in the Form 51, the Defendants actually at the hearing in the Pre-Hearing Conference admitted that an accident had occurred and admitted injury to two (2) body parts, the Claimant's neck and his shoulder. The Claimant would note this because there is a discrepancy between the Defendants' position going into the hearing and what their position actually was at the hearing but they seek to criticize this as to the Claimant]; and

2) the Claimant sought medical treatment for the injuries resulting from the accident until the Claimant reached maximum medical improvement; and 3) temporary compensation benefits to be reinstated.

On the Form 50, the Claimant is required to list all body parts that he believes may be, "affected" as a result of the injury. However, in the Pre-Hearing Brief, the Claimant is specially required to detail the issues that are before the Commission and in that, the Claimant simply asked for medical care for all injuries resulting from the accident. To make sure his position was clarified in the Pre-Hearing Conference as referred to in the Transcript by the Commissioner:

"It is the position of the Claimant that not only did he injure his neck and his left shoulder and arm, which are admitted body parts that he also sustained a myocardial infarction from the shock, which ultimately resulted in V.S.D., or a hole in his heart. He also contends that he suffered a head and possibly a brain injury. But because the focus of his treatment has been just about exclusively on the heart, his head and his - - and possible brain injury have not been explored or properly and thoroughly evaluated. So he seeks a finding a compensability of not only the neck and the left shoulder . . . BUT he also believes and contends and would contend that the medical evidence supports this Finding by more than a greater weight of the evidence standard. . . and he also injured his heart and his head." (Tr. p. 8, l. 24 - p. 9, l. 11; and ll. 13-18.) (Emph: added).

The Claimant was thus not requesting a determination of any compensable injury to the brain nor was he seeking benefits in any form, either temporary total or medical care, for injury to the brain at this time. The Commissioner appropriately did not address this in her Decision other than as she specifically did in Findings of Fact #14 and 15.

Further the Defendants claim that they are in some way

prejudiced by leaving the issue of these or any body parts open for later determination. The Commissioner specifically in her Findings of Fact noted that the Defendants could challenge the compensability and deny treatment for any conditions alleged to be related to the accidental injury. This is the same as it is in any case where an injury is found compensable and then additional body parts, organs or systems are added or are opined by medical professionals to be related and/or the Claimant seeks treatment for those body parts. The Commission at that point makes a determination as to whether or not those body parts, conditions or treatment are related to the original injury and its aftermath. The Commission would be called upon in this case like in every case to make a decision based on the facts and circumstances presented at the time that that issue is raised or becomes an issue. There is simply no justiciable issue or controversy between the parties at this time because no treatment and/or compensation for any such injuries has not been requested. See: Gattis v. Murrell's Inlet VFW No. 10420, 353 S.C. 100, 576 S.E.2d 191 (SC App. 2006) and Brayboy v. Clarke Hearing Co., Inc., 306 S.C. 56, 409 S.E.2d 767 (1991) for the proposition that medical care may be ordered for any condition found to have resulted from the compensable injury unless and until there is or has been a final adjudication on entitlement to compensation for that condition. Also see S.C. Code §42-1-700 requiring a claimant to list all body parts thought to be affected and the right of a

Commissioner to add a body part or condition and further under §42-9-10, 20 and 30 as to a request being made for an award for compensation for permanent disability or loss of use. Temporary compensation for disability and medical are totally different issues from permanency.

X. THE HEARING COMMISSIONER DID NOT ERR BY FAILING TO DENY COMPENSABILITY OF HEAD INJURY, INJURY TO THE LEFT HAND, LEFT ARM, OR ANY OTHER ORGANS, MEMBERS OR BODILY PARTS (ARGUMENTS X THROUGH XIII).

As set forth in the previous Argument IX, the Hearing Commissioner did not err by not addressing these issues since specific benefits for either compensation or medical care were being requested for injuries to the left arm, left hand, head or any other organs or bodily parts.

In the Form 50 in accordance with the Statute, the Claimant specifically listed all of the body parts, organs or members, "affected" by the injury and listed that this was a systemic electrical injury and there may be involvement of other organs, members, or bodily parts and sought only treatment for those members, organs, bodily parts, or conditions opined and determined by the doctors to be related to the injury. Therefore, since there was no request for a determination of benefits for compensation or medical treatment due to the injury to these members, organs or bodily parts, the Commissioner appropriately made no decision on those.

The Commissioner under Finding of Fact 15 reiterated some

of the evidence that indicated that these organs, members, or bodily parts were, "affected" by the electrical shock injury. For example, she reiterated the records and testimony of the Claimant concerning the problems with the left arm and shoulder and from Dr. Lide's notes, that he had tried the patient on Neurontin because of a possible peripheral neuropathy secondary to the electrocution injury at work and where he noted numbness in the Claimant's great toe and suggested this neurological symptom was due to the electrical shock. The Claimant testified to pain radiating up into his head and around his ear. His testimony reflects the burn injury to the left hand and again both the Claimant's testimony and the deposition testimony of Dr. Greenfield notes the weakness and problems that were probably more related to the electrocution injury than to the actual heart injuries stemming from the accident in reference to the pain and tenderness that he experienced in the left hand, arm and shoulder. The Commissioner then found appropriately that:

"Thus, if any problems are opined to have stemmed from the electrical shock injury which is outside of the area and expertise of Dr. Lide and Dr. Travis, those doctors may request referral for him to other physicians for evaluation and treatment but the Defendants retain the right to contest whether these are related to the accident and to select the physicians for treatment of any causal related problems."

This is in accordance with the dictates of the Act. Again, no treatment has been sought and no compensation has been sought for

any of these body parts, organs, or members and the Commissioner appropriately did not prematurely judge those, either one way or the other. The Defendants are not prejudiced in any way by a decision not being prematurely made on these issues which the Claimant would point out may never result in being issues at all. There is simply no controversy over any of these body parts at this point in time because the Claimant again has not sought any medical care or compensation for any of these members, organs or bodily parts.

XIV. THE HEARING COMMISSIONER DID NOT ERR IN MAKING FINDING OF FACT #1.

For all the reason as set forth previously, the Hearing Commissioner appropriately addressed in Finding of Fact #1 the injury for which compensation was requested at this hearing. The Defendants are quite disingenuous in making this argument in that in their Form 51, they denied that the Claimant had sustained compensable injury and then only allege that the Claimant alleges injury to his, "neck, left shoulder, and heart". They then state the reason for the denial is that, "Defendants have denied this claim as failing to meet the standards for being a compensable claim". Then under Facts in Controversy in their Form 58, the Defendants list the controversial issue(s) as being only, "The issue for this hearing is whether or not the Claimant can meet his burden of proving a compensable claim pursuant to the Act." Therefore in

neither the Form 51 nor in the Pre-Hearing Brief is there any contest to or issue that is raised and is merged as a controversy for decision by the Commissioner as to any of these body parts by the Defendants. They obviously recognize that the issue was whether or not the Claimant had sustained compensable injury and whether or not he is entitled to medical care and compensation benefits for any injuries stemming from that accident. Again, there has simply been no request for injuries to these various body parts for which the Defendants now want a decision being made. There is no ripe justiciable issue for decision.

XV. THE HEARING COMMISSIONER DID NOT ERR IN MAKING FINDING OF FACT #6.

When the Commission reads the Record, the Commission will find that everybody agrees that this machine was carrying between 240 and 480 volts. The Commissioner notes in the very beginning of Finding of Fact #6 that the Claimant was shocked with between 240 and 480 volts. She then notes appropriately that both the Claimant and the Defense Witness, Mr. Mark Warren, both noted that this machine was rated at 480 volts and that the only way that that could be confirmed would be by testing the machine with an amp meter.

Further, there is absolutely no evidence that the company does not continue to do the work on Publix's equipment. The truth of the matter is that the testimony of Mark Warren

confirms that of the Claimant as to the voltage of this machine. The Claimant would submit that the Commissioner's Finding of Fact #6 is an accurate reflection of the testimony and evidence presented before her. The issue is without merit.

XVI. THE HEARING COMMISSIONER DID NOT ERR IN MAKING FINDING OF FACT #6 AND SPECIFICALLY THAT THE DEFENDANTS HAVE ACCESS TO THE ROTISSERIE OVEN THAT RESULTED IN THE ELECTRICAL SHOCK.

While this issue is really irrelevant, the undisputed evidence is that the Claimant's employer had recently taken over maintenance of all the Publix's Delicatessen electrical equipment and that on the day of the accident he was sent to and was working on the rotisserie at one of the Publix locations. The Defendants' witness, Mr. Mark Warren, was called as a witness and at no time did he testify that they were no longer doing all the maintenance work on the Publix equipment at this location. There is no testimony that they do not have access to this equipment. The Commissioner's finding is a reasonable assumption based on the testimony and the circumstantial evidence in the Record.

XVII. THE HEARING COMMISSIONER DID NOT ERR IN FINDING OF FACT #7 BY FINDING THAT THE CLAIMANT BEGAN SWEATING THE NIGHT OF THE ELECTRICAL SHOCK.

While as set forth below the evidence supports the Commissioner's Finding, before addressing this issue by setting out the evidence that supports the Finding, according to the medical expert testimony whether or not and when the Claimant sweated is totally irrelevant and is absolutely unimportant in

reference to the issues before the Commissioner for decision or in reference to a myocardial infarction. Therefore, this issue is nothing but the Defendants trying to get the Commission to chase rabbits, which is an old saying that comes from fox hunting. When your dogs are on the scent of the fox and you are on the, "hunt", you don't want your dogs to start chasing rabbits and want them to keep their eye on the prize, the fox.

Dr. Lanneau Lide testified:

"Q: And that is a symptom of suffering from a myocardial infarction; is that right?

A: That is a symptom of suffering from illness. Period.

Q: Okay.

A: That is so non-specific a symptom that it doesn't tell you. It doesn't lead you in any - - any specific direction."

\* \* \*

"Q: His sweating didn't start until 24 hours after the electrical shock, would that be indicative of when the myocardial infarction occurred?

A: I don't think that - - I don't think you can time anything by the onset of sweating."

(Tr. p. 20, l. 25 - p. 21, l. 7; p. 21, ll. 19-24).

With that point made, in reference to the Commissioner's Finding, Dr. Karen Greenfield in her deposition at p. 8, ll. 15-18, gave the following answer:

"A: The only thing that I wrote down there was

- - I guess it was on Thursday when he was shocked. And he said he had some sweating issues that evening - - ."

In her report found at Claimant's APA Submissions, Tab 3, p. 66, she recorded:

"Rotisserie shock on Thursday, sweated Thursday PM."

The testimony of the Claimant on sweating was to being drenching wet sweating on Friday morning. The issue is without merit.

XVIII. THE HEARING COMMISSIONER DID NOT ERR IN MAKING FINDING OF FACT #9 THAT ALL THREE (3) TREATING PHYSICIANS HAD OPINED THE ELECTRICAL SHOCK RESULTED IN CLAIMANT'S HEART ATTACHED (ACTUALLY HEART RELATED INJURIES) AND NOT INCLUDING A DATE ON WHICH THE, "HEART ATTACK" OCCURRED.

In this argument, the Defendants make another attempt to change the issue that was before Commissioner Barden and which is now before the Full Commission. The issue was and is did the Claimant sustain compensable injury to his heart as a result of the admitted electrocution injury by accident. The Commissioner properly addressed that in Finding of Fact #9 and one thing that can be said about the Hearing Commissioner is that she makes very copious and detailed reference to the testimony and evidence upon which she relies in making her Findings. The issue before her and her Finding are best summed up from the Commissioner's Order:

"After due and proper consideration of the testimony and evidence presented, I find that Mr. Winfrey has sustained his burden of proof by proving by a preponderance of the evidence that

he sustained compensable injury to include specifically injury to his heart as a result of the electrical shock that occurred on May 22, 2013, and specifically including that the electrical shock resulted in the Claimant's heart attack, myocardial infarction, and ventricular septal defect (VSD), and including the specific entrance and exit wounds and damage to the heart as described by Dr. Travis all being physical injuries to the heart stemming from this accident."

The Defendants again are simply trying to force the Commission into making a decision and a Finding that is not necessary nor required by law and in fact ignoring much of the damage done to the Claimant's heart as a result of the electrocution. Further, Finding of Fact #9 must be read in conjunction with all the other Findings and particularly Finding of Fact #10 where the Commissioner gave great weight to the opinions of Dr. Travis and Dr. Lide who, "both opined that the heart condition is causally related." The issue is patently without merit.

**XIX. THE HEARING COMMISSIONER DID NOT ERR IN MAKING FINDING OF FACT #14.**

The Defendants are correct in their opening statement of this argument that this issue been thoroughly briefed in the other issues in their Brief. The same arguments from the Claimant apply here, but again, in the Pre-Hearing Brief, the Claimant asked specifically for medical treatment for any and all injuries determined to be related to the accident. On p. 9 of the Transcript, the Full Commission will find that the

Commissioner recites the position of the Claimant and that the focus of his treatment has been almost exclusively on the heart which was the major injury sustained as a result of the injury and which had resulted in the denial by the Defendants. Further on that same page the Commissioner noted that Mr. Winfrey was seeking medical treatment and compensation for the injury to his heart and took the position that the greater weight of the evidence would sustain that position. In addition to these arguments, the Claimant would submit all the previous arguments made on this issue. But again, the issue on which the Defendants stopped payment and the issue that was in contention and the issue which was before the Commissioner for decision and the issue which in reality is the entire focus of this Brief, and which the Defendants that the Defendants are trying to morph is was the Claimant's injuries to his heart caused by the electrocution injury. Nothing more, nothing less. The issue is patently without merit.

XX. THE HEARING COMMISSIONER DID NOT ERR BY MAKING FINDINGS OF FACT AND CONCLUSIONS OF LAW RELATED TO AN AGGRAVATION OF A PRE-EXISTING HEART CONDITION AS ALLEGED BY CLAIMANT.

After reading the Defendants' argument and re-reading the Order of the Hearing Commissioner, Claimant's Counsel has a hard time understanding exactly what the Defendants are arguing the Commissioner did not include in reference to any pre-existing condition that existed in the Claimant's cardiovascular system.

Under Finding of Fact #1, after noting that the injury to

the heart resulted from the accident, she found that it aggravated a pre-existing condition and ultimately resulted in the myocardial infarction. Therefore this Finding of Fact refers to the pre-existing condition.

Then under Finding of Fact #17 she specifically notes and took into consideration the pre-existing conditions or factors that the Defendants had asked all of the treating physicians in their depositions to consider and raised at the hearing in reference to other possible causes which were simply rejected by the treating physicians. In the Finding she again specifically noted premature coronary artery disease and pre-existing severe three vessel disease on the date of the accident. She then makes the specific Finding in reference to the pre-existing disease and finds that the Claimant was not alleging that his pre-existing disease was caused by the accident; he only alleged that that pre-existing condition was aggravated by the accident resulting in the injury to the heart.

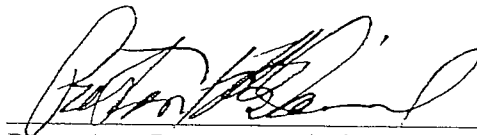
She then further makes the specific Conclusion of Law citing case references finding under that Conclusion of Law first that Claimant's disability and his medical problems stemmed from the physical injury of the electrical shock. Then she quotes the law that any medical condition or disability is compensable that either results directly from the physical injury or which is a, " pre-existing condition that is aggravated, accelerated or caused to become symptomatic by the

physical injury . . . ". Clearly the Hearing Commissioner considered the pre-existing conditions that the Claimant had, the medical and lay testimony on those issues and made Findings of Fact and Conclusions of Law in reference to those. The issue is patently without merit.

CONCLUSION

For all the foregoing reasons, the Decision of the Hearing Commissioner should be affirmed by the Full Commission.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Preston F. McDaniel', is written over a horizontal line.

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May 8, 2014

1 high blood pressure, diabetes, elevated cholesterol

2 family history, cigarette smoking.

3 Q. Pretty much the whole gamete.

4 A. Yeah.

5 Q. Okay. And someone -- so someone for example who

6 smoke a pack a day or a half a pack a day would be an

7 increase risk for that?

8 A. Absolutely.

9 Q. Someone who drank a case a beer a week would be an

10 increase risk to that.

11 A. In general drinking it's not directly correlated to

12 coronary disease.

13 Q. Okay. If someone had a family history of close

14 relatives who suffering from coronary artery disease

15 that would be a risk factor?

16 A. Most likely.

17 Q. Okay. In the medical records it also talks about a

18 occlusion I believe of the coronary artery, is that a

19 condition that resulted from the electrical shock or is

20 that part of the artery disease he had acquire over his

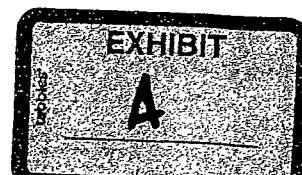
21 life time?

22 A. I think it was related to the electrical shock.

23 Let me explain that just a little bit, you have

24 arterosclerosis or the hardening of the arteries, so you

25 have plaque in your arteries, because there at a base



1 line, based on those things that we talked about and  
2 then some, every heart attack is caused by some process  
3 causing that plaque to rupture. And so what you have an  
4 injury or cut, basically, inside the artery and the body  
5 tries to heal that much as it tries to heal a cut on  
6 your skin it tries to form a scab, but instead it the  
7 scab is forming inside an artery, and so the scab forms  
8 and causes that artery to completely occlude . So it  
9 doesn't matter if the plaque was ten percent blockage,  
10 twenty, thirty, forty, whatever, it goes to 100 percent  
11 because the blood begins to clot within the artery. So  
12 that's why the artery becomes occluded, that's why  
13 people have heart attacks.

14 Q. Okay. And so the -- I guess the question is the  
15 plaque build up that was the occlusion. Was that plaque  
16 build up directly caused by the electrical shock or did  
17 the rupture of that plaque build up?

18 A. The rupture of the plaque is what causes the acute  
19 heart attack.

20 Q. Okay.

21 A. The build up happens over years and then it can be  
22 any sort of activity that can cause that to rupture.

23 Q. Okay. So for in this scenario if the electrical  
24 shock is what caused it, it would be the shock caused  
25 the rupture, that then caused the heart attack, and then

1 caused the VSD?

2 A. Correct.

3 Q. Okay. But that plaque rupture could occur as you  
4 said, it could occur for many things --

5 A. It can.

6 Q. -- from getting up the wrong way, strenuous  
7 activities something like that.

8 A. It can. A stressful event in your life. People  
9 that walk in and find a love one dead it can trigger  
10 that any type of stress. Or whether it be physical,  
11 emotional.

12 Q. And other than the timing of the heart attack, as far  
13 as, some time of last week, there's way to know for  
14 certain the plaque rupture was caused by the electrical  
15 shock, is that correct?

16 A. Is there any definitive way to --

17 Q. Correct.

18 A. -- collate one to another absolutely not.

19 Q. It's more likely not, I guess. This is your  
20 opinion on it?

21 A. Correct.

22 Q. Okay. As far as, his treatment goes, what is, I  
23 guess once he goes through -- going cardio  
24 rehabilitation right now, is that correct? As far as,  
25 that treatment goes once he's completed with that care,

1 would present with all the symptoms he had except for  
2 what you believed caused by the shock?

3 A. In general, no. In general there ventricular  
4 function can be anywhere, again there's a thousand  
5 different factors that go into that.

6 Q. In the medical reports I believe in the post  
7 surgical report you talked about seeing, I guess white  
8 marks on either other side of the heart --

9 A. Correct.

10 Q. -- what, I think your opinion was, that probably  
11 caused or most likely caused by an electrical shock,  
12 entering and exiting the heart, is that correct?

13 A. Correct.

14 Q. Have you've seen anything like that in your career  
15 prior to that point?

16 A. Not with the heart, I've certainly seen electrical  
17 injuries, when I took care of burn patients, you would  
18 see people that were burn electrically and you would see  
19 the type of changes as it entered or exited the  
20 extremity which is more common. I've never seen it on a  
21 heart, I've never seen anything that looked liked that  
22 on the heart.

23 Q. Okay.

24 A. That's what made me think this was related to his  
25 electrical injury, certainly, looked like a entry, exit

1 wound. It's shriveled, drawn up, kind of welded  
2 together around the tissues around it, so I have seen it  
3 in other locations. I've never seen it in the heart.

4 Q. Would the electricity if that -- if those marks are  
5 indicative of that, would that electricity, I guess,  
6 going through the heart had caused any issues other than  
7 it may have led to the infarction itself?

8 A. It could of rupture the plaque led to the  
9 infarction. I don't think it was directly related to  
10 the -- I don't think it made a hole in the heart,

11 Q. Okay.

12 A. -- I think the hole in the heart came from the  
13 infarction you know muscle dying over time and the hole  
14 developing. I do think it could relate to any  
15 electrical disturbance in the heart and ventricular  
16 function.

17 Q. Okay.

18 A. Those are the things that it could effect.

19 Q. And in examining Mr. Winfrey, I guess prior to and  
20 after surgery where you able to determine if there were  
21 any exit wounds from the body of the electricity other  
22 than what you observed in the heart, so did it come out  
23 of his hand, foot?

24 A. I didn't observe any. No, sir.

25 Q. And in your practice have you've been involved -- I

1 Q. I just want to ask you again. I know Mr. Bayne,  
2 went over this, but just in summary fashion would you  
3 just tell me -- I just hand you copy of your optative  
4 note, but just specifically -- just tell me -- and you  
5 already testified, you haven't seen anything like this  
6 before -- just tell me in your own words, basically,  
7 what you observed, and just tell me what formulated this  
8 opinion, that my opinion, my understanding, you believed  
9 everything that caused him, required treatment by you  
10 and the open heart surgery stemmed from this electrical  
11 shock.

12 A. Right. And so if you mean, your asking me to put  
13 together a time line of events. So he's working under  
14 goes electrical shock that causes a plaque rupture  
15 causing a heart attack. He feels bad all over has some  
16 chest pain, pain other places related to that would be  
17 typical, goes home and just tries to gut it out sort of  
18 speak doesn't get better, finally shows up to the  
19 emergency room or urgent care, the signs and symptoms in  
20 the EKG changes components is consistence with him  
21 having a heart attack. Brought over to the hospital,  
22 optimally taken to the CAT lab found that has blockage  
23 that we saw where there was 100 percent occluded artery,  
24 including VSD, so sometime along that time course this  
25 heart attack caused that muscle to die, the blood pushed

1 through that dead muscle caused the VSD. You know when  
2 I saw him it would seemed to me that, that was the  
3 typical course of what happened. That he had a plaque  
4 rupture, artery occluded, the muscle died, VSD presented  
5 in that time course, all of that seemed very normal to  
6 me. When we operate on him the thing that was different  
7 to me, made me think that this was directly related to ,  
8 the electrical shock and not just two events that happen  
9 to co-inside was the amount of change that I saw in his  
10 heart. Again what was definitely entry and exit wound  
11 where the Peri-cardiac was almost fused like you would  
12 weld something together and that was Per carditis. It's  
13 not a typical Per carditis that people have after a  
14 heart attack, that it's global it's every where, it's  
15 just kind of a general Per carditis, this was different  
16 these were specific areas interior, posterior. We  
17 really had to do a lot of work to clean those off to get  
18 the Pericardium which is the sack around the heart off  
19 the heart, off the heart proper, almost again, welded to  
20 it on the front and back so we can pick the heart up to  
21 actually work on it, it really took us thirty minutes to  
22 get that done before we really start the operation, so  
23 it was after operating on him that it seemed to me that  
24 this electrical shock was directly related to the  
25 primary problem that he presented with even though he

1 might of have a life long condition coronary disease,  
2 I'm sure he did or after arteriosclerosis, I'm sure he  
3 did, but I was fairly convinced this electrical shock  
4 passed through his heart, it was likely the causative  
5 event that started the domino effect. Again a lot of  
6 things were in place already, but that electrical shock  
7 was the thing that pushed the first domino over and  
8 everything that we saw after that followed it. That's  
9 just my opinion

10 Q. You also used the term soldier plaques.

11 A. Correct.

12 Q. And tell me about those.

13 A. We find sometimes on the heart what are called  
14 soldiers plaque again that just kind of a nomenclature  
15 that's been pasted down, they'll just be quarter size,  
16 silver dollar size, white areas on the heart. That  
17 don't have any type of reason or obvious you know  
18 causation you find them variable, I don't know one or  
19 two percent of hearts that you operate on, you just see  
20 this little white -- whitish plaque areas. They are not  
21 inflammatory they are not stuck to anything and they  
22 have just passed down through -- along people just  
23 called soldier plaques. We don't know what causes them,  
24 we don't know why they are there, there just there. And  
25 so, you know, I dictated that specifically because this

1 infarction leading to the VSD or the heart muscle,  
2 as you said, being damaged immediately from the  
3 electrical shock. Let's just refer to one of  
4 those as being absolutely direct and the other one  
5 being indirect cause.

6 But in your opinion, based on this  
7 history and everything you observed and your  
8 conversations with Mr. Winfrey and this history  
9 and development of his problems, is it your  
10 opinion that -- that this electrical shock, is it  
11 still your opinion that this electrical shock  
12 caused all the problems that lead to him coming to  
13 see you?

14 A. That is my opinion --

15 Q. Okay.

16 A. -- that -- that the electrical shock was  
17 the proximate cause of -- of all this illness.

18 Q. Okay. And that's stated to a reasonable  
19 degree of medical certainty?

20 A. As certain as I can be.

21 MR. MCDANIEL: Okay. All right. Doctor,  
22 I'm not going to belate anything any further.  
23 Thank you very much.

24

25

REEXAMINATION

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