

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Hon. Alison R. Lee, Circuit Court Judge

Case No. 2011-CP-40-03561

RECEIVED

AUG 06 2015

SC Court of Appeals

Gertrude Shiver,.....Claimant, Appellant,

v.

Palmetto Health Richland, Employer,
Key Risk Management Services, Inc., TPA
Palmetto Hospital Trust Services, Carrier,
Trident Regional Medical Center, Employer,
Zurich American Insurance Company, Carrier,.....Respondents,

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VOLUME I

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**ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**
WCC CLAIM NOs: 9503744; 0126962; 0217755; 0227098;
0321756; 0322274; 0616756

GERTRUDE SHIVER, Employee/Claimant,

vs.

PALMETTO HEALTH RICHLAND, Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES, TPA/Defendant,

AND

PALMETTO HOSPITAL TRUST, Carrier/Defendant,

AND

TRIDENT REGIONAL MEDICAL CENTER, Employer/Defendant,

AND

ZURICH AMERICAN INSURANCE COMPANY, Carrier/Defendant.

Hearing:

Held on 9/04/07 in Columbia, South Carolina

Appearances:

Employee, Gertrude Shiver, appearing *Pro Se*

Defendants Trident Regional Medical Center and Zurich American Insurance Company represented by Allison M. Carter, Esquire of Willson Jones Carter & Baxley, P.A.

Defendants Palmetto Hospital Trust represented by Lana H. Sims, Esquire of Ellis Lawhorne & Sims, P.A.

Defendants Palmetto Health Richland and Key Risk represented by Michael E. Chase, Esquire, of Turner Padgett Graham & Laney P.A.

Purpose of Hearing:

To determine issues as set forth in the Forms 50 and 51 and any other issues that may have timely come before the Commission

Decision and Order:

By David W. Huffstetter, Commissioner

Filed: October 23, 2007

Cola 795834v1

(9)

APA SUBMISSIONS

The following medical reports were submitted by Defendants Trident Regional Medical Center and Zurich American in **WCC No. 9503744**:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Ashley River Ob/Gyn	2/14/95 – 7/31/95	1 – 7
2. James McCoy, MD	8/10/95	8
3. Jeffrey D. Hook, MD	2/12/03 – 9/03/03	9 – 21
4. Gregory M. Jones, MD	6/10/02 – 7/01/03	22 – 38

The following exhibits were submitted by Defendants Trident Regional Medical Center and Zurich American in **WCC No. 9503744**:

A. Consent Order	8/24/95	9 – 41
B. Form 15	8/22/95	42
C. Form 17	8/22/95	43
D. Deposition of Gertrude Shiver	5/31/95	44 – 71
E. Deposition of Gertrude Shiver	8/24/07	

Claimant submitted the following documents in **WCC No. 9503744**:

1. Letter to Commission Huffstetler	8/31/2007	Not numbered
2. M.A. Metcalf, MD	10/14/96 – 8/12/97	-
3. W.E. Crouch, MD	3/01/94 – 6/09/97	-
4. Letter of claimant	9/05/95	-
5. Gregory M. Jones, MD	7/26/98	-
6. Request for Hearing	2/23/95	-
7. Letter from Revco	undated	-
8. Order	4/19/00	-
9. Letter from Douglas Pratt-Thomas	4/20/00	-
10. Letters from Dr. Crouch	3/03/95, 10/16/95	-
11. Letter from claimant	12/10/95	-

STATEMENT OF THE CASE FOR WCC NO. 9503744

The Claimant alleged she was in a work-related accident on January 23, 1995, when she slipped and fell at work. The Claimant entered into a Consent Order dated August 24, 1995, in which the Defendants admitted the accident of January 23, 1995 and the Claimant withdrew with prejudice any claims other than to her right shoulder and right foot. (Def. Trident's APA p. 39). She further agreed that she was only entitled to temporary total disability from January 23, 1995, through February 12, 1995, and that she returned to work at that time. The only issue left open at that time was permanent disability, if any.

The Claimant then filed a Form 50 on November 22, 1999, alleging that as a result of her accident on January 23, 1995, she sustained injuries to both feet, her right shoulder and arm, right chest area, neck, both knees, right breast, sternum area, right elbow, both ankles, both wrists, pelvic area, and the right scapula and clavicle. The Claimant then withdrew her Form 50 prior to the hearing in this matter before Commissioner Mickle on April 12, 2000.

The Claimant again filed a Form 50 in 2007 requesting a hearing in this matter. The Defendants filed a Form 51 in August 2007, denying the current allegations. At the hearing held on September 4, 2007, the Claimant agreed that she was not seeking additional medical treatment, temporary total compensation, or permanency. The Defendant, Trident, denied at the hearing that the Claimant should be entitled to seek any benefits for any body part other than the right shoulder and right foot pursuant to the previous Consent Order. The Defendant, Trident, also asserted that there was no evidence that the Claimant's current condition is related to the 1995 accident or that she

has sustained any permanent disability as a result of the 1995 accident.

EVIDENCE OF THE CASE FOR WCC NO. 9503744

The Claimant testified at the hearing in this matter, and her testimony allowed the Commissioner to observe the Claimant, to ask questions to the Claimant, and to judge her credibility as a witness.

The Claimant is well educated and holds a Bachelor of Science in Nursing, an Associates degree in Health Information Management and a certificate as a Paralegal. She is fifty-three years old and currently works as a cashier at K-Mart. She is also attending ECPI College of Technology where she is studying medical administration. At the time of the 1995 accident, the Claimant was a nurse at Trident Regional Medical Center.

In regard to the accident on January 23, 1995, the Claimant testified that she fell on a wet floor while getting a sandwich and that housekeeping had failed to place a sign out. She testified that as a result of the fall she suffered injuries to her feet, right shoulder and arm, right chest, neck, back, both knees, right breast, and pelvic area. The Claimant had previously hired Thomas White as her attorney for this claim and on August 24, 1995, she entered into a Consent Order in which she withdrew with prejudice all of her alleged injuries except for her right shoulder and right foot. The Claimant admitted that she looked over the Consent Order and that it was her signature on it. The Claimant testified that Mr. White yelled at her and forced her into signing this Consent Order. She testified that Mr. White was verbally abusive to her and had thrown a check at her. Additionally, the Claimant testified that at the time of her signing the Consent Order she was sick and mentally deficient, however, she brought no evidence

to substantiate this allegation. The Claimant also testified that Douglas Pratt-Thomas, the previous defense attorney for Trident, had somehow illegally "lumped" all of her claims into one claim, although there was no evidence of this 1995 claim involving any incident but the accident of January 23, 1995. The Claimant also testified that Commissioner Mickle forced her to withdraw her request for a hearing in April 2000, yet she again provided no evidence to substantiate this claim.

The Claimant testified that she was paid temporary total disability benefits but that her average weekly wage should have been higher due to her working a second job; she failed to produce any evidence of this second job. Nonetheless, she admitted that all temporary total disability benefits had been paid to her by the Defendant, Trident. She further admitted that she received all necessary medical treatment in regards to her injuries as a result of the January 23, 1995, accident and that she was not seeking any additional medical treatment. Furthermore, the Claimant presented no evidence of permanent partial disability nor was she seeking a ruling on such.

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, findings of fact are accordingly made as set forth below.

The following medical reports were submitted by Defendants Palmetto Richland Memorial Hospital and Palmetto Hospital Trust in WCC No. 0126962:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Martin Durkin MD/HealthWorks	11/15/01 – 7/25/02	1 – 24
2. Angus McBryde, Jr., MD	9/04/03 – 11/10/03	25 – 28

The Defendants did not submit any exhibits in WCC No. 0126962.

The Claimant submitted the following documents in WCC No. 0126962:

- | | | | |
|----|------------------------------------|--------------------|--------------|
| 1. | Letter to Commissioner Huffstetter | 8/30/07 | not numbered |
| 2. | D.B. Minter, MD | 10/15/03 | - |
| 3. | Miller Orthopaedic Clinic | 12/05/03 - 9/03/04 | - |
| 4. | HealthWorks | 11/15/01 - 5/02/02 | - |
| 5. | Devin Troyer, MD | 11/28/05 | - |

STATEMENT OF THE CASE FOR WCC NO. 0126962

This claim arises from an admitted accident which occurred on November 15, 2001 and resulted in a minor injury to the Claimant's left Achilles tendon. A metal cart struck the back of the Claimant's left heel while she was exiting the elevator at Palmetto Richland Hospital. According to the Form 50, the Claimant does not seek temporary total damages or additional medical treatment, but does seek permanent partial disability.

Defendants admit the Claimant suffered a minor injury to her left Achilles tendon and have paid Claimant's authorized medical bills accordingly. Defendants provided the Claimant with medical care, but the Claimant sought unauthorized treatment from the Miller Orthopedic Clinic and Dr. Minter. Defendants contend that the Claimant has not suffered permanent partial disability.

EVIDENCE OF THE CASE FOR WCC NO. 0126962

The Claimant testified that she suffered an injury to the back of her heel while exiting the elevator at Palmetto Richland Hospital. (T. p. 31, lines 16-24). The Claimant testified Barrington Wint referred her first to Healthworks, where Barbara Griffin, the

occupational health nurse, Colleen Collins, the nurse practitioner, and Dr. Martin Durkin, the neurologist, each treated her. (T. p. 32, lines 2-8). She testified that no one prescribed her medication, but Dr. Durkin referred her to physical therapy after she "begged to see an orthopedic." (T. p. 32, lines 9-18). The Claimant testified she is entitled to permanent partial disability because she continues to suffer from pain, and wears an ankle brace, foot inserts, and orthopedic shoes. (T. p. 33, lines 3-6). The Claimant saw two doctors, not authorized by the carrier, who prescribed the ankle brace and orthopedic shoes, but did not assign an impairment rating to her leg. (T. p. 33, line 9 – p. 35, line 25). On cross-examination, the Claimant testified to falling on the stairs at her home the day after the accident at the hospital. (T. p. 38, lines 15-25).

MEDICAL EVIDENCE FOR WCC NO. 0126962

Dr. Martin Durkin of Healthworks reported performing an EMG of both gastrocnemius muscles and the left lower extremity, bilateral tibial motor and sensory nerve conductions, and x-rays of the left ankle, lower leg and calcaneum. Each of these had normal results. (APA 1, p. 19). On July 1, 2002, Dr. Martin Durkin released the Claimant to regular duty. (APA 1, p. 21). Dr. Durkin stated in his medical records of August 2, 2002, "I really do not have anything more to offer this lady. I do not detect any definite permanent impairment." (APA 1, p. 24).

Dr. Angus McBryde of the University Specialty Clinics reported on November 10, 2003 that, based upon review of the Claimant's MRI, "it is clear that this is not a surgical situation, that this is not a posttraumatic problem, and that there is no further diagnostic or procedural study and/or treatment that needs to be done. My previous notes related to her final diagnosis and lack of permanent impairment stand." (APA 2, p. 28).

Dr. Robert Belding with Midlands Orthopaedics, PA reported on February 14, 2002, "I think that the patient has been thoroughly evaluated. I find no permanent physical impairment. I think there is no other treatment needed at this point and she can be at full activity." (APA 3, p. 30).

The following medical reports were submitted by Defendants Palmetto Richland Memorial Hospital and Palmetto Hospital Trust in WCC No. 0217755:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Gregory M. Jones, MD	6/10/02 – 6/04/03	2 – 15
2. HealthWorks	3/26/02 – 4/10/02	16 – 17

The following exhibits were submitted by Defendants in WCC No. 0217755:

A. Payment History for Related Bills	Various Dates	1
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The Claimant submitted the following documents in WCC No. 0217755:

1. Letter to Commissioner Huffstetler	8/28/07	not numbered
2. Midlands Internal Medicine	3/25/02 – 6/04/03	-

STATEMENT OF THE CASE FOR WCC FILE NO. 0217755

This claim arises from an accident which occurred on March 23, 2002 and resulted in injuries to the Claimant's back and right side. The Claimant fell out of her chair while reaching for a pen on the ground and the chair fell on top of her. Defendants admit the Claimant suffered a minor injury to her lower back. The Claimant seeks and Defendants do not contest paying temporary total disability from March 23, 2002 through April 8, 2002 and all authorized medical treatment. The Claimant's Form 50 does not seek permanent disability or additional medical treatment.

EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

The Claimant testified that although she failed to request permanent partial disability on her Form 50, she was suffering from continued pain in her lower back down to her right hip and sciatica. (T. p. 43, line 10 – p. 44, line 13).

The Defendants do not contest the payment of temporary total benefits from March 23, 2002 through April 8, 2002 at this time. (T. p. 39, lines 20-23). Additionally, the Defendants agree to pay all authorized medical treatment and submitted Exhibit A, Payment History for Related Bills, showing the Employer has paid all authorized medical costs. (T. p. 42, lines 6-20; Exhibit A).

MEDICAL EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

Dr. Timothy Zgleszewski of Charleston Spine and Physical Medicine, PA reported on June 6, 2002 that the Claimant reported x-rays of her lower back were normal, she had some paresthesias in the left lower leg, which predated her injury and she reported her electrodiagnostic evaluation was normal. (APA 1, p. 2). The Claimant reported to Dr. Zgleszewski that her left leg symptoms had not worsened since the accident. (APA 1, p. 2). Dr. Zgleszewski reported, "there is no aggravation of that pre-existing condition with this most recent injury in March of 2002." (APA 1, p. 3).

Dr. Zgleszewski reported that the Claimant responded affirmatively that she has complained of low back previously and had been involved in two motor vehicle accident in the years 1997 and 2000. (APA 1, p. 2). He further reported that the Claimant's gait is normal and non antalgic and that she may continue to work. (APA 1, p. 3, 4).

Dr. Jones notes on May 9, 2003 that "patient has achieved 'baseline' level in relation to the flaring of low back and leg/buttock symptoms following work-related fall

out of chair onto lower back 3/22/02." (APA 1, p. 14). He further reports his opinion is that the "patient can be considered at MMI regarding injuries sustained on the job to lumbar spine 3/22/02, and based on *AMA Guides to Evaluation of Permanent Impairment*, 5th edition, patient has likely suffered no additional impairment to lumbar spine relating to those injuries, to a reasonable degree of medical certainty." (APA 1, p. 14).

The following medical reports were submitted by Defendants Palmetto Richland Memorial Hospital and Palmetto Hospital Trust in WCC No. 0227098:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Gregory M. Jones, MD	5/13/03 – 7/01/03	1 – 3
2. Palmetto Richland Memorial Hospital	10/24/02	4 – 8

The Defendants did not submit any exhibits in WCC No. 0227098.

The Claimant submitted the following documents in WCC No. 0227098:

1. Letter Commissioner Huffstetler	8/28/07	not numbered
2. Gregory M. Jones, MD	5/09/02 – 7/01/03	-
3. Jeffrey D. Hook, MD	10/29/02 – 11/06/02	-
4. Human Performance & Rehabilitation	11/13/02 – 12/04/02	-
5. Palmetto Richland ER	10/24/02	-

STATEMENT OF THE CASE WCC FILE NO. 0227098

This claim arises from an accident which occurred on October 24, 2002 when a chart fell onto and caused minor injuries to the Claimant's left shoulder, which the Defendants have admitted. The Claimant has not claimed temporary total disability, medical benefits or permanent disability on her Form 50.

MEDICAL EVIDENCE OF THE CASE WCC FILE NO. 0227098

Dr. Mike Wade reported in the emergency room records on October 24, 2002 that the patient has "full range of motion all extremities actively without pain including [the] left shoulder." (APA 2, p. 5). Dr. Wade further noted the patient had "full range of motion of the neck without any pain." (APA 2, p. 5).

Dr. Jones reported on July 1, 2003 that the Claimant reached MMI with no impairment rating. (APA 1, p. 3). His notes state, "...based on recommendations per *AMA Guides to the Evaluation of Permanent Impairment*, 5th edition, it is inappropriate to add further impairments for this type of injury, particularly when impairments have addressed myofascial injuries in this region previously." (APA 1, p. 3). Dr. Jones released the Claimant from active care on July 1, 2003 and provided no additional restrictions due to the injury of October 24, 2002. (APA 1, p. 3).

The following medical reports were submitted by Defendants Palmetto Richland Memorial Hospital and Palmetto Hospital Trust in **WCC No. 0322274**:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. HealthWorks	1/24/03 – 2/28/03	2 – 4
2. Jeffrey Hook, MD	2/12/03 – 9/03/03	5 – 17

The Defendants submitted the following exhibit in **WCC No. 0322274**:

A. Supervisor's Report of Employee Occurrence	1/20/03	1
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The Claimant submitted the following documents in **WCC No. 0322274**:

1. Letter to Commissioner Huffstetler	8/30/07	not numbered
2. Disciplinary Action Report	1/23/03	-
3. Letter from Claimant	2/17/03	-

- | | | |
|----|-------------------------|----------|
| 4. | Drug Testing Forms | 1/24/03 |
| 5. | Palmetto Health Baptist | 1/25/03 |
| 6. | Devin Troyer, MD | 11/28/05 |

STATEMENT OF THE CASE WCC FILE NO. 0322274

The Claimant alleges she injured her neck, back, side, left leg, both wrists and feet, vaginal and perineum areas, and all body as a result of slipping on a wet floor on January 20, 2003. The Claimant made no request for temporary total, additional medical treatment or permanent disability in her Form 50. She seeks payment of her past medical treatment from her own physician, who was not authorized by her Employer. Defendants deny her injury is compensable and accordingly assert they are not obligated to pay her past medical expenses.

EVIDENCE OF THE CASE FOR WCC FILE NO. 0322274

The Claimant testified that Ms. Parham, a nurse practitioner at Healthworks, instructed her to go to her own doctor. (T. p. 50, lines 12-19). On cross-examination, defense counsel read from the APA Submission 2 that the Claimant called Healthworks and stated that she refused to appear in-person to be examined by Dr. Durkin or any nurse practitioner at Healthworks. (T. p. 51, line 14 – p. 52, line 1).

The Claimant first testified that this was a "slip and fall" case. (T. p. 47, line 1; APA 2, p. 5). She testified "the floor was wet and they had a sign on one side. And I went on the other side, but it was wet on there too." (T. p. 47, lines 1-4). She later denied that she reported having tripped and fallen over a chair at a hotel to Dr. Hook as he recorded in his notes of August of 2003. (T. p. 55, lines 11-18; APA 2, p. 15). The Claimant did admit that Dr. Hook's notes of September 3, 2003 were accurate where they reported that she "slipped on a carpet at a conference and landed quite violently on

her buttocks." (T. p. 55, line 24 – p. 56, line 4; APA 2, p. 16).

The Claimant testified that she has continuing pain in the vaginal and perineum area, and is entitled to permanent partial disability in spite of not requesting it on her Form 50. (T. p. 46, lines 5-8). The Claimant was unable to produce any medical evidence to support that she has permanent partial disability to her vaginal or perineum areas.

MEDICAL EVIDENCE OF THE CASE FOR WCC FILE NO. 0322274

Ms. Stafford reported on January 22, 2003 that she "repeatedly offered to see her in Healthworks for care. She refused to come stating that we couldn't help her and she did not want any part of Dr. Durkin." (APA 1, p. 3). Ms. Parham's notes from January 24, 2003 state, "when I repeatedly offered to see her in the office, she refused to discuss in any detail what happened to her 1/21/03 [sic]...." (APA 1, p. 2).

Dr. Hook performed a CT Scan of her pelvic area on February 26, 2003 and the results were normal. (APA 2, p. 8). He stated, "the pelvic structure and adnexal regions appear to be clear. The uterus and bladder appear unremarkable. The Inguinal regions appear unremarkable." (APA 2, p. 8). Dr. Hook also performed a CT Scan on her abdominal area on the same day and the results were also normal. (APA 2, p. 9). The Claimant did not provide any other medical evidence at the hearing of permanent disability to her vaginal or perineum areas.

The following medical reports and exhibits were submitted by Defendants
 Palmetto Health Richland and Key Risk in WCC No. 0321756:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Imagecare	8/17/04	1
2. Palmetto Health Richland Radiology	4/21/06	2
3. Center for Pain Management	2/04/05 – 4/25/05	3 – 11
4. Palmetto Health Richland ER	10/24/03	12 – 16
5. Gregory M. Jones, M.D.	4/23/04 – 7/07/04	17 – 22
6. The Center for Pain Control	11/15/05 – 3/22/06	23 – 32
7. Jeffrey Hook, MD	8/14/03 – 4/21/06	33 – 62
8. Employee Occurrence Report	10/23/03	63
9. Correspondence from Claimant	3/2/04 – 12/17/06	64 – 109
10. Claimant's Deposition Responses	8/8/06	1 – 105

The Claimant submitted the following documents in WCC No. 0321756:

1. Letter to Commissioner Huffstetler	8/30/07	not numbered
2. Gregory M. Jones, MD	4/23/04 – 7/08/04	-
3. Thomas E. Brandt, Jr.	2/04/05 - 2/08/07	-
4. Devin Troyer, MD	11/28/05	-
5. Palmetto Imaging	2/15/05	-
6. ImageCare	8/17/04	-
7. Timothy Zgleszewski	4/25/05	-

STATEMENT OF THE CASE FOR WCC NO. 0321756

Claimant asserted she tripped over a phone cord and fell at work on 10/23/03. She contends she injured her back, left side and knees. She reported to the Emergency Room that date and then sought treatment from unauthorized providers. Based on her Request for Hearing (Form 50), she is not requesting medical benefits,

temporary disability, or permanent disability. She is requesting reimbursement for the unauthorized medical providers. Defendants have denied that benefits are due based on Claimant's refusal to accept authorized medical care and lack of impairment.

EVIDENCE OF THE CASE FOR WCC NO. 0321756

Claimant admitted on the stand that she did not accept medical treatment as directed by her employer. (Tr. p. 60, lines 1-7; p. 63, lines 16-22.) Nor did she request medical treatment from her employer. (Tr. p. 58, lines 10-12; p. 58, line 25 – p. 59, line 3.) She did not bring the medical bills for which she was requesting payment to the hearing. (Tr. p. 59, lines 8-20.) Shortly before the alleged accident, Claimant had been to see Dr. Hook after falling at an Embassy Suites. (Tr. p. 64, line 21 – p. 65, line 1.) She did not see Dr. Hook after the alleged work injury until 11/25/03. (Tr. p. 64, lines 10-19; APA p. 35.) Claimant had previously injured the same body parts in "numerous falls and stuff." (Tr. p. 67, lines 5-15.) She also had another fall at her church on 5/20/06. (Tr. p. 67, lines 16-21.) Claimant is currently working 15 hours per week at K-Mart. She works more than that when she can. She is a cashier and sometimes restocks items. (Tr. p. 72, line 7 – p. 73, line 2.) Claimant testified earlier at the hearing that she felt she had a mental health problem when dealing with Attorney Tom White. (Tr. p. 17, lines 1-4.) When specifically asked, she stated that it was something that had to do with her childhood and that it might not be mental. She denied taking any medication for a mental health condition. (Tr. p. 73, lines 3-18.) Claimant stated that she submitted 161 pages of Errata to the Court Reporter for her deposition because she did not "talk like no street person." (Tr. p. 74, lines 9-25.)

On cross-examination, Claimant admitted that she had received \$10,000 from a 1997 claim against Trident Hospital, \$7,500 from her first car accident, and a total of \$14,000 from her second car accident. (Tr. p. 70, line 1 – p. 71, line 8.)

MEDICAL EVIDENCE FOR WCC NO. 0321756

Both Claimant and Defendants submitted the records of Gregory M. Jones, MD. These records establish that Claimant saw Dr. Jones on 4/23/04 with continued, significant flaring of low back pain. Dr. Jones provides a history of Claimant's accidents for which he provided treatment and mentions that Claimant is there to see him for the incident in which she tripped over the phone cord. He recommended epidural blocks if her symptoms continued and follow up as needed. On May 13, 2004, Claimant received a translaminar lumbar epidural steroid injection. On June 8, 2004 Claimant reported significant relief from the injection. She also received lumbar facet/SI joint blocks at that time. On July 7, 2004, Claimant noted significant benefit from her blocks and received injections on the other side of her back. She was noted to be at MMI without additional impairment. (Defendants' APAs, pp. 18-22; Claimant's APAs, not numbered.)

Claimant reported to Dr. Thomas E. Brandt, complaining of chest wall pain on 2/04/05. The origin of her pain was unknown, as MRIs and x-rays had revealed nothing. (Defendants' APAs, pp. 3-11.) Claimant received Gabitril, Lyrica and nerve blocks in treatment of her chest wall pain, which was diagnosed as intercostal neuralgia. (Defendants' APAs, pp. 12-31.)

Claimant saw Jean Massey, RN, at Dr. Hook's office on 8/14/03, complaining of a fall at a hotel. She was told to follow up if conservative measures did not help.

(Defendants' APAs, p. 32.) She received Medrol Dosepak from Dr. Hook on 9/03/03. (Defendants' APAs, p. 33.) On 11/25/03, Dr. Hook noted that Claimant had fallen over a phone cord on 10/23/03. He noted that she had left chest wall pain and recent unremarkable rib films. (Defendants' APAs, pp. 36, 37.) She did not complain of rib pain again until 08/16/04, although she had returned to see Dr. Hook on several occasions. (Defendants' APAs, pp. 38-46.) During that time she also complained of back pain (improved with injections), ovarian cysts, rash, headaches, reflux, tachycardia, and left ankle pain. On 12/20/04, Dr. Hook noted that Claimant's rib pain was worsening but that new x-rays were negative. (Defendants' APAs, p. 49, 50.) On 4/15/05, Dr. Hook noted that Claimant followed with Dr. Brandt for her costochondral rib pain, and noted: "Full work-ups, including multiple MRI's, bone scans, etc. have been negative." (Defendants' APAs, pp. 51-54.)

The EMG report of Dr. Troyer concerns Claimant's left lower extremity.

Claimant did not submit any medical invoices or bills.

The following medical reports and exhibits were submitted by Defendants Palmetto Health Richland and Key Risk in WCC No. 0616756:

<u>NAME OF PROVIDER(S)</u>	<u>DATE</u>	<u>PAGES</u>
1. Midlands Internal Medicine Assocs.	6/21/06	1
2. Frank K. Noojin, MD	7/21/06 – 1/17/07	2 - 15
3. HealthWorks	9/07/06	16
4. Letter from Claimant	10/07/06	17 - 18
5. Article from The State.com	3/09/07	19 - 21
6. Correspondence from Claimant	3/2/04 – 12/17/06	64 - 109

The Claimant submitted the following document in WCC No. 0616756:

1. Letter to Commission Huffstetter 8/30/07 not numbered

STATEMENT OF THE CASE FOR WCC NO. 0616756

Claimant alleges she hurt her right wrist after using a hole puncher repetitively at work on 7/16/06. She did not pursue medical care through her Employer but sought treatment on her own. She seeks payment for medical services and orally added permanent disability at the hearing. Defendants denied the claim based on Claimant's refusal of medical care and lack of proof of injury by accident arising out of and in the course and scope of her employment.

EVIDENCE OF THE CASE FOR WCC NO. 0616756

Claimant testified that she injured her right wrist using a hole punch at work. (Tr. p. 77, lines 9-11.) She was evasive in responding to questions concerning the amount of times she used it per minute or per hour. (Tr. p. 77, line 12 – p. 78, line 9.) She testified that she did report to the Coordinator at HealthWorks as instructed and that the Coordinator told her she was not going to make her change doctors, since she was already seeing Dr. Noojin due to the fall at her church. (Tr. p. 80, lines 1-14.) She stated she was instructed to bring her records from Dr. Noojin to HealthWorks, which she never did. (Tr. p. 80, lines 13-14; p. 84, lines 14-25.) Claimant's job also consisted of using a computer, putting files together, filing, and stapling. The majority of her time was spent at the computer. (Tr. p. 85, lines 5-23.)

MEDICAL EVIDENCE FOR WCC NO. 0616756

Medical evidence establishes that Claimant saw Dr. Noojin on 7/21/06 after her alleged injury at church. At that time she did not complain of her right wrist, rather she only sought treatment for her left wrist due to the fall. Although her work injury allegedly occurred on 7/16/06, a work injury was not mentioned at all. (Defendants' APAs pp. 6, 7.) It was not until 9/01/06 that she sought treatment for her right wrist. The medical records do not describe an accident at work. (Defendants' APAs pp. 9, 11, 12, 14.) Claimant was released by Dr. Noojin on 1/17/06 with a 2% impairment rating to each wrist and a 10% impairment rating to her right knee. She had no work restrictions. (Defendants' APAs p. 15.)

A report of Midlands Internal Medicine dated 6/21/06 shows that Claimant reported her fall at church to Jean Massey, RN, but did not mention any problems from work. (Defendants' APAs, p. 1.)

No medical evidence was submitted by Claimant.

FINDINGS OF FACT FOR ALL CLAIMS

Based on the evidence and testimony presented and specifically cited herein, I make the following Findings of Fact:

1. That Employee, Employers and Carriers are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Gertrude Shiver as Employee-Claimant and Trident Regional Medical Center as Employer and Zurich American Insurance Company as Carrier in WCC No. 9503744; and Palmetto Health Richland as Self-Insured Employer and Palmetto Hospital Trust as

Administrator in WCC Nos. 0126962, 0217755, 0227098, and 0322274; and Palmetto Health Richland as Self-Insured Employer and Key Risk Management Services as Administrator in WCC No. 0321756.

2. Notice of the hearing was timely and properly served upon all parties of interest.

3. Venue, set in Richland County, is proper based on the location of the majority of the accidents and consent of the parties.

4. No objection was issued regarding the hearing of the cases at one time.

5. Claimant was advised regarding her right to counsel and warned regarding proceeding *pro se*; however, she elected to go forward with the hearing *pro se*.

6. Claimant is well-educated; she has a BS in Nursing, and associate's degrees in Health Information Management and Paralegal Studies. She is currently studying Medical Administration.

7. Claimant has worked the majority of her career in the medical field, either as a nurse or administrator; however, she testified that she lost at least 4 jobs due to accusations of mistreating patients.

8. Claimant is 53 years old, has never married, and has a long history of alleged victimization.

9. Claimant has extensive experience with the Workers' Compensation system, having the 7 cases under consideration here and 3 others. She has recovered money on at least one of the other cases and has successfully sought recovery due to two motor vehicle accidents.

10. Claimant filed submissions with the Commission but did not serve defendants; however, Defendants reviewed the submissions at the hearing and had no objections.

(For ease of reference, all Findings will be numbered sequentially and not serially.)

FINDINGS OF FACT FOR WCC NO. 9503744

11. The average weekly wage of Employee at the time of the above-described accident was \$825.09 with a corresponding compensation rate of \$422.48.

12. Attorney Thomas White has appeared before this Commissioner on numerous occasions and I find the assertion that he yelled at the Claimant and forced her into the Consent Order to be unbelievable.

13. The Claimant presented no evidence to support her testimony of having suffered from a mental deficiency or sickness at the time she signed the Consent Order.

14. The Consent Order dated August 24, 1995, is binding, and the Claimant is limited to claims to the right foot and right shoulder as a result of the January 23, 1995 accident.

15. The Claimant presented no evidence to support her testimony that she worked a second job prior to the 1995 accident and therefore the original average weekly wage and compensation rate are correct.

16. The Claimant testified that Commissioner Mickle forced her to withdraw her request for a hearing on this claim in 2000, an allegation which I find equally as difficult to believe as the assertions against Mr. White.

17. All appropriate temporary total disability benefits and medical treatment have been provided.

18. The Claimant seeks no additional medical treatment and she brings no evidence of permanent partial disability.

19. Claimant has failed to prove that she is entitled to any award for serious disfigurement or any other compensable element under the law.

20. As the Claimant has failed to prove that she is entitled to additional temporary total benefits, medical treatment and there is no evidence of permanent partial disability to the right foot or right shoulder, no further benefits are due on this claim.

FINDINGS OF FACT FOR WCC NO. 0126962

21. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

22. Defendants have paid all medicals for which they are responsible;

23. The Claimant has made no request for temporary total disability or additional medical treatment;

24. The medical evidence supports that the Claimant has not suffered a permanent partial disability;

25. The Claimant's average weekly wage is Four Hundred Fifty-Five and 11/100 (\$455.11) Dollars with a resultant compensation rate of Three Hundred Three and 42/100 (\$303.42) Dollars.

FINDINGS OF FACT FOR WCC NO. 0217755

26. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

27. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

28. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

29. The Claimant's average weekly wage is Five Hundred Twenty-Six and 11/100 (\$526.11) Dollars with a resultant compensation rate of Three Hundred Fifty and 76/100 (\$350.76) Dollars.

FINDINGS OF FACT FOR WCC NO. 0227098

30. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

31. Defendants have paid for all authorized medical treatment;

32. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

33. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

34. The Claimant's average weekly wage is Five Hundred Forty-Seven and 60/100 (\$547.60) Dollars with a resultant compensation rate of Three Hundred Sixty-Four and 68/100 (\$364.68) Dollars.

FINDINGS OF FACT FOR WCC NO. 0322274

35. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

36. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

37. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

38. The Claimant's average weekly wage is Four Hundred Eighty-Eight and 77/100 (\$488.77) Dollars with a resultant compensation rate of Three Hundred Twenty-Five and 86/100 (\$325.86) Dollars.

FINDINGS OF FACT FOR WCC NO. 0321756

39. Claimant alleged she tripped over a phone cord and fell on 10/23/03, injuring multiple body parts.

40. Claimant made no claim for temporary or permanent disability.

41. Dr. Gregory M. Jones determined that Claimant suffered no additional impairment as a result of the fall.

42. The only request for benefits appears to be for reimbursement for the cost of unauthorized medical treatment.

43. Claimant sought treatment on her own and admitted that she did not request treatment from her Employer or follow her Employer's guidelines for obtaining treatment.

44. Claimant did not submit any bills or invoices documenting her claim for

reimbursement for medical treatment.

45. The average weekly wage and compensation rate are, respectively, \$409.99 and \$273.34.

FINDINGS OF FACT FOR WCC NO. 0616756

46. Claimant alleged an injury by accident to her right wrist on 7/16/06 as a result of using a hole puncher at work.

47. Claimant was evasive in answering questions regarding how often she uses the hole puncher.

48. Claimant did not report any type of work injury to Dr. Noojin.

49. Claimant submitted no medical evidence supporting her claim of an injury at work to her right wrist.

50. Claimant's average weekly wage and compensation rate are, respectively, \$730.43 and \$486.98.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Claimant and Employer are subject to the Workers' Compensation Act. This Conclusion of Law is based upon S.C. Code Ann. §§ 42-1-130, -150 and -310.
2. Pursuant to S.C. Code Ann. § 42-1-140, all Defendants/Employers are covered under the Act.
3. Defendants have the right to direct medical treatment pursuant to S.C. Code Ann. § 42-15-60.
4. Injury by accident is defined by S.C. Code Ann. § 42-1-160.

5. The burden of proving entitlement to benefits is upon the claimant. Mims v. Nehi Bottling Co., 218 S.C. 513, 63 S.E.2d 605 (1951); Kennedy v. Williamsburg County, 242 S.C. 477, 131 S.E.2d 512 (1963).

6. In WCC. No. 9503744, the Claimant entered into a Consent Order dated August 24, 1995, in which she withdrew with prejudice all claims other than those to her right foot and right shoulder. This Consent Order is binding.

7. With regard to WCC. No. 9503744, there is no evidence that the Claimant is entitled to additional medical treatment to the right shoulder or right foot pursuant to S.C. Code Ann. § 42-15-60.

8. With regard to WCC. No. 9503744, Claimant has not sustained any permanent partial disability to the right shoulder or right foot as a result of the alleged accident, pursuant to S.C. Code Ann. § 42-9-30.

9. With regard to WCC No. 0126962, Defendants have provided all necessary medical treatment under Section 42-15-60;

10. With regard to WCC No. 0126962, Defendants are not responsible for temporary total disability under Section 42-9-10 and *Hendricks v. Pickens County*, 335 S.C. 405, 517 S.E.2d 698 (Ct. App. 1999);

11. With regard to WCC No. 0126962, the Claimant has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

12. With regard to WCC No. 0217755, Defendants do not contest the payment of temporary total disability from March 23, 2002 through April 8, 2002 pursuant to Section 42-9-10 and agree to pay all authorized medical treatment pursuant to Section

42-15-60;

13. With regard to WCC No. 0217755, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

14. With regard to WCC No. 0217755, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

15. With regard to WCC No. 0227098, Defendants have provided all necessary medical treatment under Section 42-15-60;

16. With regard to WCC No. 0227098, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

17. With regard to WCC No. 0227098, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

18. With regard to WCC No. 0322274, Defendants provided the Claimant with medical treatment at Healthworks and are not responsible for unauthorized medical treatment under Section 42-15-60;

19. With regard to WCC No. 0322274, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

20. With regard to WCC No. 0322274, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco*

Group, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

21. With regard to WCC No. 0321756, Claimant suffered an injury by accident when she tripped over a phone cord on 10/23/03.

22. With regard to WCC No. 0321756, Claimant did not suffer any additional impairment to her spine, nor did she suffer any other injury.

23. With regard to WCC No. 0321756, there is no medical evidence of a causal relationship between Claimant's rib pain and the accident of 10/23/03.

24. With regard to WCC No. 0321756, Claimant did not meet her burden of proof with regard to reimbursement of medical expenses due to her failure to submit any evidence of same.

25. With regard to WCC No. 0321756, I conclude that Claimant is not entitled to any benefits as a result of the accident occurring on 10/23/03.

26. With regard to WCC No. 0616756, Claimant did not meet her burden of proof with regarding to the allegation of a right wrist injury due to repetitive trauma on 07/16/06.

27. With regard to WCC No. 0616756, Claimant is, therefore, not entitled to any benefits under the Act for claim number 0616756.

ORDER

IT IS, THEREFORE, ORDERED that Defendants have provided appropriate medical treatment and paid temporary total disability benefits where due Claimant and, as such, are not liable for any additional medical treatment or temporary compensation.

IT IS FURTHER ORDERED, with regard to WCC No. 9503744, that the Claimant entered into a Consent Order dated August 24, 1995 in which she withdrew with

prejudice all claims other than to her right foot and right shoulder. This Consent Order is binding.

IT IS FURTHER ORDERED that the Claimant has not sustained any permanent partial disability to the right foot and right shoulder as a result of WCC Claim No. 9503744, and, therefore, the Defendant, Trident is not liable for such.

IT IS FURTHER ORDERED that no benefits are due for any of the above-referenced claims and each is dismissed with prejudice.

No hearing costs are assessed in this matter.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

BY: 

David W. Huffstetler, Chairman

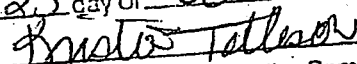
October 23, 2007

Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 23 day of October, 2007

By 
Administrative Assistant to the Commissioner

GS-C
AMC
LHS
MEC

FULL COMMISSION ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

**W.C.C. FILES NO. 9503744, 0126962, 0217755,
0227098, 0321756, 0322274, & 0616756**

GERTRUDE SHIVER,

EMPLOYEE/CLAIMANT,

- V. -

PALMETTO HEALTH RICHLAND,

Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES,

TPA/Defendant,

And

PALMETTO HOSPITAL TRUST,

Carrier/Defendant,

And

TRIDENT REGIONAL MEDICAL CENTER,

Employer/Defendant

And

ZURICH AMERICAN INSURANCE COMPANY,

Carrier/Defendant.

ORDER

(38)

Claimant proceeding pro se.

Defendants/Trident Regional Medical Center/Zurich American Insurance Company represented by Allison M. Carter, Esquire, of Charleston, South Carolina.

Defendants/Palmetto Hospital Trust represented by Lana H. Sims, Esquire, of Columbia, South Carolina.

Defendants/Palmetto Health Richland/Key Risk represented by Michael E. Chase, Esquire, of Columbia, South Carolina.

(39)

This matter came before the South Carolina Workers' Compensation Full Commission on November 26, 2007 on the *pro se* Claimant's Motion to Admit Additional Evidence into the record pursuant to 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006). The regulation provides the criteria for admitting new evidence and requires a showing the new evidence is of the same nature and character required by the common law governing the admission of newly discovered evidence in the application for a new trial. In Re: Crawford, 205 S.C. 72, 30 S.E.2d 841 (1944).

The Commission has reviewed the Motion to Admit Additional Evidence and the entire record in this matter. Based on this review, we enter the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. This matter was heard on September 4, 2007, and an Order was issued on October 23, 2007. The Claimant had seven (7) claims that were consolidated for the hearing. In claim 9503744, Claimant signed a Consent Order withdrawing, with prejudice, all claims other than to her right foot and right shoulder. As to claim 9503744, Claimant did not sustain any permanent partial disability to the right foot and right shoulder. No benefits are due for any of the other claims and each is dismissed with prejudice.

2. On or about November 5, 2007, Claimant filed her Form 30 and a Motion to Admit Additional Evidence and clarification of the Decision and Order. The evidence Claimant seeks to have admitted, or considered, consists of attachments and addendums already in her file. The grounds for the Motion are as follows:

a) Claimant wishes to amend her Forms 50 and 58's in order to ask for some disability and all monetary compensation and any and all things that are due under the law including a loss of earning capacity because of multiple trauma to multiple body parts.

(40)

b) Some things were asked for in the attachments and addendums but because of the way Claimant was treated during the hearing she became confused, anxious, nervous, and forgetful. She couldn't tell the Commissioner because of the way he was treating her.

c) She did not have any protection against the Commissioner and the defense attorney.

d) The Commissioner must not have thoroughly reviewed her file.

e) Claimant would like to have a Motion granted so that her right to her claims are not taken away from her via the concept of "with prejudice."

f) The injury to Claimant's Achilles tendon and heel should not be considered as a separate injury from her prior left foot injury.

g) The Commissioner should have awarded her something for the injury because the carrier had offered her a settlement.

h) The hospital should have to pay for her additional care since they had a nurse practitioner take care of her orthopedic injury.

3. Defendants did not respond to the Motion to Admit Additional Evidence.

4. The evidence sought to be entered into the record does not meet the criteria for after discovered evidence. The evidence is already in the file in one form or another.

5. If the evidence, in its current form, was a part of the Commission's file and it would not have changed the outcome of the hearing.

6. Claimant was aware of the existence of the evidence prior to the hearing and could have submitted it prior to the hearing.

Based upon the findings of fact are the following:

(41)

CONCLUSIONS OF LAW

1. The moving party must establish the new evidence is of the same nature and character required for granting a new trial. 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006).

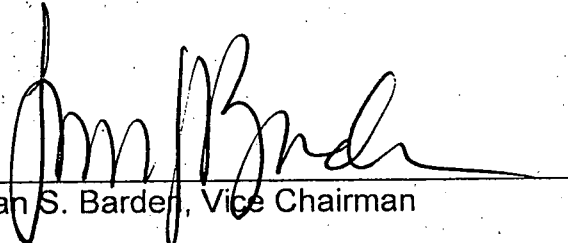
2. The evidence sought to be introduced is not evidence of a cumulative or impeaching character but would likely have produced a different result had the evidence been procurable at the first hearing. 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006).

3. The evidence sought to be admitted does not meet the criteria for newly or after discovered evidence. 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006).

ORDER

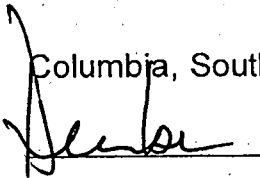
IT IS, THEREFORE, ORDERED the Motion to Admit Additional Evidence be, and hereby is, denied.

AND IT IS SO ORDERED.



Susan S. Barden, Vice Chairman

Columbia, South Carolina

 6, 2007

CONCURRING:

Commissioner George N. Funderburk
Commissioner G. Bryan Lyndon
Commissioner J. Alan Bass
Commissioner Andrea Pope Roche
Commissioner Derrick L. Williams

NOT PARTICIPATING:

Commissioner David W. Huffstetler

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 3 day of January, 2008.

By Kim Williams
Administrative Assistant to the Commissioner

CS-6
AC
LS
MC

(42)

(a:\0616756.fc)

ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC CLAIM NOs: 9503744; 0126962; 0217755; 0227098;
0321756; 0322274; 0616756

GERTRUDE SHIVER, Employee/Claimant,

vs.

PALMETTO HEALTH RICHLAND, Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES, TPA/Defendant,

AND

PALMETTO HOSPITAL TRUST, Carrier/Defendant,

AND

TRIDENT REGIONAL MEDICAL CENTER, Employer/Defendant,

AND

ZURICH AMERICAN INSURANCE COMPANY, Carrier/Defendant.

Appellate Panel Review held on the Record
in Columbia, South Carolina on February 24, 2011
per notices timely and properly served
on all parties of interest.

Appellate Panel Decision and Order filed
3/3, 2011.

APPEARANCES: Employee, Gertrude Shiver, appearing *Pro Se*

Defendants Trident Regional Medical Center and Zurich American Insurance Company represented by Allison M. Carter, Esquire of Willson Jones Carter & Baxley, P.A.

Defendants Palmetto Hospital Trust represented by Lana H. Sims, Esquire of Ellis Lawhorne & Sims, P.A.

Defendants Palmetto Health Richland and Key Risk represented by Michael E. Chase, Esquire, of Turner Padgett Graham & Laney P.A.

(43)

STATEMENT OF CASE

The parties were heard by Commissioner David W. Huffstetler on September 4, 2007 in Columbia, South Carolina. On October 23, 2007, he issued the following Order:

IT IS, THEREFORE, ORDERED that Defendants, have provided appropriate medical treatment and paid temporary total disability benefits where due claimant and as such are not liable for any additional medical treatment or temporary compensation.

IT IS FURTHER ORDERED, with regard to WCC No. 9503744, that the Claimant entered into a Consent Order dated August 24, 1995 in which she withdrew with prejudice all claims other than to her right foot and right shoulder. This Consent Order is binding.

IT IS FURTHER ORDERED that the Claimant has not sustained any permanent partial disability to the right foot and right shoulder as a result of WCC Claim No. 9503744, and, therefore, the Defendant, Trident is not liable for such.

IT IS FURTHER ORDERED that no benefits are due for any of the above-referenced claims and each is dismissed with prejudice. No hearing costs are assessed in this matter.

Within the statutory period, Claimant, appearing *pro se*, submitted a document to the Commission entitled,

Motion to Accept New Evidence to Include All Information in Folder, Addenda, and Attachments to Forms 50, 58, My Book which Commissioner Huffstetler has a Copy and Clarifications of Misinformation that Pertains to this Case Partly Due to the Commissioner's Unfamiliarity with the Case and His Failure to See that All Claims in this Case are a Continuum.

The Commission interpreted the Motion to constitute both a Motion for Additional Evidence and an Appeal on the Merits. The Full Commission denied the Motion for Additional Evidence, but did not hear the Claimant's Appeal on the Merits.

Following the denial of Claimant's Motion for Additional Evidence, Claimant appealed to the Circuit Court. The Circuit Court dismissed the appeal as interlocutory and remanded to the Full Commission for the Merits Appeal.

The Appellate Panel has accepted the appeal to be heard on the record. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered on the

record to the individual members of the Full Commission and has since been under study and consideration. The Appellate Panel has reviewed the record in its entirety, including the thirty-four page Motion submitted by the Claimant, as well as Respondent Briefs submitted by each of the Defendants.

By appeal, the Claimant respectfully submits the following:

WCC No.: 0126962

1. Did Commissioner Huffstetler deliberately err by considering the end result of this injury to my Achilles tendon and heel as a separate and distinct injury from my prior left foot injury from Trident Hospital which has left me with residual pain and a disability?

2. Did the Commissioner err in not awarded me anything for this injury where as the insurance had offered me a settlement?

3. Shouldn't the hospital have to pay for my additional care since they had a nurse practitioner Coleen Collins taken care of an orthopedic injury?

4. Should a Commissioner take his anger out on an injured Claimant?

WCC No.: 0217755

5. Did Commissioner Huffstetler deliberately not aware me compensation for my sciatica and disc(s) even though I had asked for compensation on the attachment sheet for WCC File # 0217755 that was in my files dated and stamped on November 22, 2006 by the Judicial Department?

6. Since I received order from the emergency room physician to follow-up with my private physician, shouldn't the insurance company be reimbursed for paying for my care and the MRI ordered by Dr. Jones?

7. Shouldn't I receive some compensation for the aggravation of my prior herniated disc at the L4-5 level?

WCC No.: 02227098

8. Was this a minor accident to the neck and shoulder?

9. Should my physicians be paid since the emergency room physician wrote an order for me to follow up with him?

10. Shouldn't Dr. Jones be paid for his services Lori Sharpe had authorized the treatment and later changed her mind after he had started treating me?

11. Because of his anger with me and being in a hurry, did Commissioner Huffstetler deliberately would not aware me anything for this injury?

12. Was the deletion of the rest of Dr. Jones notes of 7/1/03 done to prejudice the injured worker?

WCC No.: 0322274

13. Is a slip and fall accident compensable under worker's compensation?

14. Shouldn't the hospital be made to pay for the injured worker's care if a doctor is not provided for the injured employee?

15. Under the Nurse Practice Act, are the nurse practitioners taking care of the injured workers under worker's compensation at Health Works independent contractors under the Worker's Compensation Laws and the Nurse Practice Act of south (sic) Carolina?

16. Does the Nurse Practitioner take precedent over the physician in taking care of the injured worker?

17. Under the Nurse Practice Act, are the nurse practitioners taking care of the injured workers under worker's compensation at Health Works considered independent contractors?

18. What type and schedule of narcotics were the nurse practitioners allowed to prescribe for the injured worker under the Nurse Practice Act at the time of this accident?

19. Is the ordering of pain medication part of the employer duty toward the care of the injured worker?

(46)

WCC No.: 0321756

20. Should the Claimant be denied an award for his bills simply because she did not bring the invoices even though she had tallied the amount on the attachment sheet?

21. Should the claimant be denied compensation simply because she was on pain medications and the pain in her side did not hurt the same all the time?

22. Was the origin of claimant pain unknown when it was documented in the record?

23. Should the injured worker be made to leave a physician and go to a nurse practitioner for care?

24. Did Commissioner Huffstetler err by not seeing the connection of the fall on the cement floor with pain in the right side (rib pain) of the claimant at the time of the accident to continue until treated by Dr. Brandt?

25. Is it acceptable for a Worker's Compensation Commissioner to cater to the defense attorney and employer against the injured claimant?

26. Are the emergency room physicians of Palmetto Health Alliance considered and/or agents, employees or independent contractors as it relates to giving care to injured workers and referrals of these patients under worker's compensation?

27. Did Commissioner Huffstetler conducted (sic) this hearing properly and legally by not asking me anything about my rib pain and how it was being managed?

WCC No.: 0616756

28. What type of injury did the Claimant have?

29. Was this a repetitive injury, a gradual onset, or a one time instant injury?

30. Is Commissioner Huffstetler wrong by not awarding me any benefits for the injury to my right wrist?

(47)

31. Is the physician forgetting to document the patient's complaint as it related to the right wrist and the fact that the pain developed while using the hole puncher at work constituted the fact that the physician wasn't told?

32. Was Palmetto Health Richland prejudiced because Dr. Noojin didn't document in his notes as the claimant told him that the pain in the right wrist developed while she was using the hole puncher at work?

33. If an injured workers is going to an orthopedic specialist for injuries to both knees and left wrist, should she be required to go to a nurse practitioner for an on-the-job-injury to her right wrist when the physician is already affiliated with her employer?

As to all claims:

34. Should Commissioner dismissed (sic) all of my claims with prejudice even though I have permanent injuries to my tendons, ligaments, and joints, and it is easy for these member (sic) of my body to be injured again because of multiple trauma?

STANDARD OF REVIEW

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. § 42-17-50(1985), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are correct as stated. Accordingly, they shall become, and hereby are, the law of the case, and therefore, the Order is sustained in its entirety.

FINDINGS OF FACT FOR ALL CLAIMS

Based on the evidence and testimony presented and specifically cited herein, the Panel makes the following Findings of Fact:

(48)

1. That Employee, Employers and Carriers are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Gertrude Shiver as Employee-Claimant and Trident Regional Medical Center as Employer and Zurich American Insurance Company as Carrier in WCC No. 9503744; and Palmetto Health Richland as Self-Insured Employer and Palmetto Hospital Trust as Administrator in WCC Nos. 0126962, 0217755, 0227098, and 0322274; and Palmetto Health Richland as Self-Insured Employer and Key Risk Management Services as Administrator in WCC No. 0321756.

2. Notice of the hearing was timely and properly served upon all parties of interest.

3. Venue, set in Richland County, is proper based on the location of the majority of the accidents and consent of the parties.

4. No objection was issued regarding the hearing of the cases at one time.

5. Claimant was advised regarding her right to counsel and warned regarding proceeding *pro se*; however, she elected to go forward with the hearing *pro se*.

6. Claimant is well-educated; she has a BS in Nursing, and associate's degrees in Health Information Management and Paralegal Studies. She is currently studying Medical Administration.

7. Claimant has worked the majority of her career in the medical field, either as a nurse or administrator; however, she testified that she lost at least 4 jobs due to accusations of mistreating patients.

8. Claimant is 53 years old, has never married, and has a long history of alleged victimization.

9. Claimant has extensive experience with the Workers' Compensation system, having the 7 cases under consideration here and 3 others. She has recovered money on at least one of the other cases and has successfully sought recovery due to two motor vehicle accidents.

10. Claimant filed submissions with the Commission but did not serve defendants; however, Defendants reviewed the submissions at the hearing and had no objections.

(For ease of reference, all Findings will be numbered sequentially and not serially.)

FINDINGS OF FACT FOR WCC NO. 9503744

11. The average weekly wage of Employee at the time of the above-described accident was \$825.09 with a corresponding compensation rate of \$422.48.

12. Attorney Thomas White has appeared before this Commissioner on numerous occasions and I find the assertion that he yelled at the Claimant and forced her into the Consent Order to be unbelievable.

13. The Claimant presented no evidence to support her testimony of having suffered from a mental deficiency or sickness at the time she signed the Consent Order.

14. The Consent Order dated August 24, 1995, is binding, and the Claimant is limited to claims to the right foot and right shoulder as a result of the January 23, 1995 accident.

15. The Claimant presented no evidence to support her testimony that she worked a second job prior to the 1995 accident and therefore the original average weekly wage and compensation rate are correct.

16. The Claimant testified that Commissioner Mickle forced her to withdraw her request for a hearing on this claim in 2000, an allegation which I find equally as difficult to believe as the assertions against Mr. White.

17. All appropriate temporary total disability benefits and medical treatment have been provided.

18. The Claimant seeks no additional medical treatment and she brings no evidence of permanent partial disability.

19. Claimant has failed to prove that she is entitled to any award for serious disfigurement or any other compensable element under the law.

(50)

20. As the Claimant has failed to prove that she is entitled to additional temporary total benefits, medical treatment and there is no evidence of permanent partial disability to the right foot or right shoulder, no further benefits are due on this claim.

FINDINGS OF FACT FOR WCC NO. 0126962

21. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

22. Defendants have paid all medicals for which they are responsible;

23. The Claimant has made no request for temporary total disability or additional medical treatment;

24. The medical evidence supports that the Claimant has not suffered a permanent partial disability;

25. The Claimant's average weekly wage is Four Hundred Fifty-Five and 11/100 (\$455.11) Dollars with a resultant compensation rate of Three Hundred Three and 42/100 (\$303.42) Dollars.

FINDINGS OF FACT FOR WCC NO. 0217755

26. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

27. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

28. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

29. The Claimant's average weekly wage is Five Hundred Twenty-Six and 11/100 (\$526.11) Dollars with a resultant compensation rate of Three Hundred Fifty and 76/100 (\$350.76) Dollars.

(50)

FINDINGS OF FACT FOR WCC NO. 0227098

30. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

31. Defendants have paid for all authorized medical treatment;

32. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

33. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

34. The Claimant's average weekly wage is Five Hundred Forty-Seven and 60/100 (\$547.60) Dollars with a resultant compensation rate of Three Hundred Sixty-Four and 68/100 (\$364.68) Dollars.

FINDINGS OF FACT FOR WCC NO. 0322274

35. The Claimant sought out unauthorized medical treatment, for which the Defendants are not responsible;

36. The Claimant failed to request permanent partial disability on her Form 50 and may not now seek permanent partial disability as the parties are entitled to notice of the issues to be argued at the hearing prior to the date of the hearing;

37. Nevertheless, the medical evidence supports that the Claimant has not suffered a permanent partial disability;

38. The Claimant's average weekly wage is Four Hundred Eighty-Eight and 77/100 (\$488.77) Dollars with a resultant compensation rate of Three Hundred Twenty-Five and 86/100 (\$325.86) Dollars.

(52)

FINDINGS OF FACT FOR WCC NO. 0321756

39. Claimant alleged she tripped over a phone cord and fell on 10/23/03, injuring multiple body parts.

40. Claimant made no claim for temporary or permanent disability.

41. Dr. Gregory M. Jones determined that claimant suffered no additional impairment as a result of the fall.

42. The only request for benefits appears to be for reimbursement for the cost of unauthorized medical treatment.

43. Claimant sought treatment on her own and admitted that she did not request treatment from her employer or follow her employer's guidelines for obtaining treatment.

44. Claimant did not submit any bills or invoices documenting her claim for reimbursement for medical treatment.

45. The average weekly wage and compensation rate are, respectively, \$409.99 and \$273.34.

FINDINGS OF FACT FOR WCC NO. 0616756

46. Claimant alleged an injury by accident to her right wrist on 7/16/06 as a result of using a hole puncher at work.

47. Claimant was evasive in answering questions regarding how often she uses the hole puncher.

48. Claimant did not report any type of work injury to Dr. Noojin.

49. Claimant submitted no medical evidence supporting her claim of an injury at work to her right wrist.

50. Claimant's average weekly wage and compensation rate are, respectively, \$730.43 and \$486.98.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Appellate Panel that:

1. Claimant and employer are subject to the Workers' Compensation Act. This Conclusion of Law is based upon S.C. Code Ann. §§ 42-1-130, -150 and -310.
2. Pursuant to S.C. Code Ann. § 42-1-140, all Defendants/Employers are covered under the Act.
3. Defendants have the right to direct medical treatment pursuant to S.C. Code Ann. § 42-15-60.
4. Injury by accident is defined by S.C. Code Ann. § 42-1-160.
5. The burden of proving entitlement to benefits is upon the claimant. Mims v. Nehi Bottling Co., 218 S.C. 513, 63 S.E.2d 605 (1951); Kennedy v. Williamsburg County, 242 S.C. 477, 131 S.E.2d 512 (1963).
6. In WCC. No. 9503744, the Claimant entered into a Consent Order dated August 24, 1995, in which she withdrew with prejudice all claims other than those to her right foot and right shoulder. This Consent Order is binding.
7. With regard to WCC. No. 9503744, there is no evidence that the Claimant is entitled to additional medical treatment to the right shoulder or right foot pursuant to S.C. Code Ann. § 42-15-60.
8. With regard to WCC. No. 9503744, Claimant has not sustained any permanent partial disability to the right shoulder or right foot as a result of the alleged accident, pursuant to S.C. Code Ann. § 42-9-30.
9. With regard to WCC No. 0126962, Defendants have provided all necessary medical treatment under Section 42-15-60;

(54)

10. With regard to WCC No. 0126962, Defendants are not responsible for temporary total disability under Section 42-9-10 and *Hendricks v. Pickens County*, 335 S.C. 405, 517 S.E.2d 698 (Ct. App. 1999);

11. With regard to WCC No. 0126962, the Claimant has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

12. With regard to WCC No. 0217755, Defendants do not contest the payment of temporary total disability from March 23, 2002 through April 8, 2002 pursuant to Section 42-9-10 and agree to pay all authorized medical treatment pursuant to Section 42-15-60;

13. With regard to WCC No. 0217755, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

14. With regard to WCC No. 0217755, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

15. With regard to WCC No. 0227098, Defendants have provided all necessary medical treatment under Section 42-15-60;

16. With regard to WCC No. 0227098, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

17. With regard to WCC No. 0227098, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

(55)

18. With regard to WCC No. 0322274, Defendants provided the Claimant with medical treatment at Healthworks and are not responsible for unauthorized medical treatment under Section 42-15-60;

19. With regard to WCC No. 0322274, the Claimant has not properly raised the issue of permanent partial disability under Section 42-9-20;

20. With regard to WCC No. 0322274, even if the Claimant had properly raised the issue of permanent partial disability, she has failed to uphold her burden of proof for establishing permanent partial disability under Section 42-9-20 and *Bass v. Kenco Group*, 366 S.C. 450, 622 S.E.2d 577 (Ct. App. 2005).

21. With regard to WCC No. 0321756, Claimant suffered an injury by accident when she tripped over a phone cord on 10/23/03.

22. With regard to WCC No. 0321756, Claimant did not suffer any additional impairment to her spine, nor did she suffer any other injury.

23. With regard to WCC No. 0321756, there is no medical evidence of a causal relationship between claimant's rib pain and the accident of 10/23/03.

24. With regard to WCC No. 0321756, Claimant did not meet her burden of proof with regard to reimbursement of medical expenses due to her failure to submit any evidence of same.

25. With regard to WCC No. 0321756, I conclude that claimant is not entitled to any benefits as a result of the accident occurring on 10/23/03.

26. With regard to WCC No. 0616756, Claimant did not meet her burden of proof with regarding to the allegation of a right wrist injury due to repetitive trauma on 07/16/06.

27. With regard to WCC No. 0616756, Claimant is, therefore, not entitled to any benefits under the Act for claim number 0616756.

(56)

ORDER

IT IS, THEREFORE, ORDERED the Order of the Single Commissioner filed in the above-captioned matter on October 23, 2007 is hereby affirmed by the Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

IT IS FURTHER ORDERED that Defendants, have provided appropriate medical treatment and paid temporary total disability benefits where due claimant and as such are not liable for any additional medical treatment or temporary compensation.

IT IS FURTHER ORDERED, with regard to WCC No. 9503744, that the Claimant entered into a Consent Order dated August 24, 1995 in which she withdrew with prejudice all claims other than to her right foot and right shoulder. This Consent Order is binding.

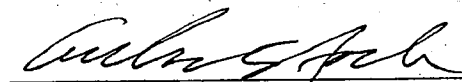
IT IS FURTHER ORDERED that the Claimant has not sustained any permanent partial disability to the right foot and right shoulder as a result of WCC Claim No. 9503744, and, therefore, the Defendant, Trident is not liable for such.

IT IS FURTHER ORDERED that no benefits are due for any of the above-referenced claims and each is dismissed with prejudice.

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION


Andrea C. Roche, Commissioner

FULL AFFIRMATION

CONCUR:

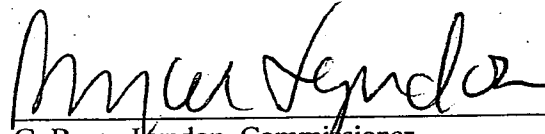
CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 3rd day of May, 2011
By Valerie D. Deller

Administrative Assistant to the Commissioner

Gertrude Shiver (Reg: cert)
Allison M. Carter
Lana H. Sims
Michael E. Chase


G. Bryan Lyndon, Commissioner


Derrick L. Williams, Commissioner

(57)

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

IN THE COURT OF COMMON PLEAS
CASE NO.: 2008-CP-40-00703

Gertrude Shiver,
Employee/Appellant,
vs.

Palmetto Health Richland,
Employer/Respondent,
and

Key Risk Management,
TPA/Respondent,
and

Palmetto Hospital Trust,
Carrier/Respondent,
and

Trident Regional Medical Center,
Employer/Respondent,
and

Zurich American Insurance Company,
Carrier/Respondent.

ORDER OF DISMISSAL
AND REMAND

RICHLAND COUNTY
FILED
2010 JUL 22 AM 8:47
JEANETTE W. McBRIDE
C.C.P. & G.S.

This matter comes before the Court upon Appellant's Petition for Review of the Workers' Compensation Commission's denial of Appellant's Motion for Additional and New Evidence and Respondent's Motion to Dismiss the Interlocutory Appeal.

The Single Commissioner heard Appellant's case on September 4, 2007 and issued an Order on the merits dated October 23, 2007. On November 5, 2007, Appellant mailed a letter to the Commission stating, "I would like to make a motion for the Workers' Compensation Commission to consider my attachments and addendums that are already in my files..." (R. p. 8). The letter also included lengthy arguments addressing the merits of the claim. (R. pp. 9-34). The Workers' Compensation Commission has taken the position that Appellant's letter constituted a Motion to Admit Additional Evidence as well as an Appeal on the Merits.

On December 6, 2007, the Full Commission issued an Order denying Appellant's Motion to Admit Additional Evidence. The Full Commission did not and has not yet addressed Appellant's Appeal of the Merits.

Following the denial of the Motion to Admit Additional Evidence, Appellant filed an appeal of that decision before this Court on January 30, 2008. In Appellant's brief to this Court, she states that after the merits hearing, she "commenced to appeal the decision and to add new and additional information and clarification so that the untruths could be corrected and that she could appeal the decision." (R. p. 5).

Accordingly, the Appeal of the Merits is currently pending before the Workers' Compensation Commission.

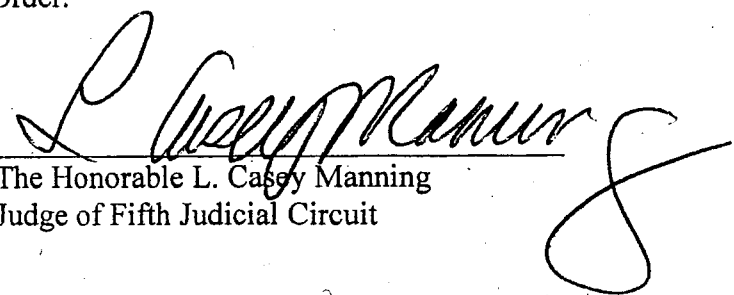
An appeal from an interlocutory order of the Workers' Compensation Commission to the Circuit Court will not lie unless such order affects the merits or deprives the appellant of a substantial right. Green v. City of Columbia, 311 S.C. 78, 79-80, 427 S.E.2d 685, 687 (Ct. App. 1993). An Order denying a Motion to Admit Additional Evidence is not a final judgment on the merits and should be dismissed for lack of finality. Hunt v. Whitt, 279 S.C. 343, 306 S.E. 2d 621, 622 (1983).

IT IS THEREFORE, ORDERED that Appellant's Motion to Appeal shall be dismissed for lack of finality and the case remanded to the Workers' Compensation Commission for the Appeal on the Merits of the Single Commissioner's Order.

AND IT IS SO ORDERED.

Columbia, South Carolina

July 21, 2010


The Honorable L. Casey Manning
Judge of Fifth Judicial Circuit

(59)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
COUNTY OF CHARLESTON
W.C.C. FILE NUMBER: 9503744

Gertrude Shiver,
Employee/Claimant,

vs.

Trident Regional Medical Center,
Employer,

and

Alexsis Risk Management Services,
Carrier,
Defendants.

CONSENT ORDER

This claim was scheduled for a hearing on Friday, August 11, 1995, at 4:30 p.m., in North Charleston, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement to resolve the outstanding issues in controversy and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. Claimant sustained an injury to her right shoulder and right foot by accident arising out of and in the course of her employment with Employer on January 23, 1995.

2. Claimant withdraws, with prejudice, any claim for injuries sustained in the accident of January 23, 1995, other than an injury to her right shoulder and right foot.

3. Employer and Carrier will be liable for the payment of medical expenses incurred for treatment to Claimant's right shoulder and right ankle prior to the date of this agreement by Trident Regional Medical Center Sports Medicine & Rehabilitation

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Center; Trident Regional Medical Center Emergency Room; and Trident Industrial Medicine.

4. Employer and Carrier have authorized additional evaluation, and treatment if necessary, to the Claimant's right shoulder and right foot by James J. McCoy, M.D., Lowcountry Orthopaedics, P.A., Charleston, South Carolina; Employer and Carrier will be responsible for the payment of medical bills incurred for said evaluation and treatment, which bills are in accordance with fee schedules promulgated by the South Carolina Workers' Compensation Commission.

5. Claimant is entitled to the maximum compensation rate of \$422.48 and is entitled to three (3) weeks of temporary total compensation for the period of January 23, 1995, to February 12, 1995. The parties will submit to the Commission duly-executed Forms 15 and 17 reflecting the above payments. As part of this agreement, Claimant acknowledges that she had returned to work as of February 12, 1995.

6. The issues of permanent impairment, if any, to the right shoulder and right ankle are premature at this time. Those issues are reserved until a future hearing, if necessary.

I find the agreement among the parties set forth above to be reasonable. NOW, THEREFORE,

IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission.

AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission

By: Bryan Lyndon

Bryan Lyndon, Commissioner

Dated: August 24, 1995
Columbia, South Carolina

WE HEREBY CONSENT:

Steinberg, Spitz, Goldberg
Pearlman, Holmes, White & O'Neill

By: Thomas M. White

Thomas M. White, Esquire
P.O. Box 1028
Goose Creek, SC 29445
(803) 572-0700

Attorneys for Claimant

CERTIFICATE OF SERVICE
I hereby certify that the undersigned has this day
served this order in the above captioned action upon all
parties to this cause by depositing a copy hereof
postage paid, in the United States Post Office at Columbia, South Carolina,
the attorney of this cause.

This 24th day of August, 1995

By: Gertrude Shiver

Administrative Assistant to the Commissioner

Gertrude Shiver
Claimant

T.M. W
E.D. O

Wise & Cole, P.A.

By: E. Douglas Pratt-Thomas

E. Douglas Pratt-Thomas
P.O. Drawer 0
Charleston, SC 29402
(803) 727-2200

Attorneys for Defendants

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

SHIVER GERTRUDE

Employee-Claimant,

vs.

TRIDENT REGIONAL MED CTR

Defendant

SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION

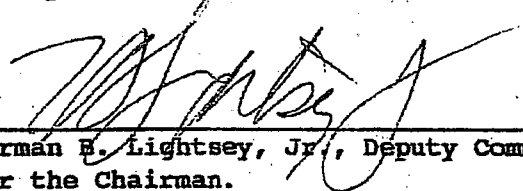
W.C.C. FILE NO. 9457677

ORDER RELIEVING COUNSEL

This matter comes before me by request of Gertrude Shiver that
Thomas M. White be relieved as Counsel for the Claimant
in above named file.

~~IT IS HEREBY ORDERED that the above named attorney be relieved as~~
Counsel for the Claimant. It is further ordered that the above named
attorney shall not represent the Claimant in any matters concerning the
above named Workers' Compensation claim which arise after the date of
this Order.

Pursuant to R.67-1203, the above named Attorney may request approval
of attorney's fees, if any, by filing a Form 61 (Attorney Fee Petition),
which will be considered upon the final resolution of the claim.


Herman B. Lightsey, Jr., Deputy Commissioner,
For the Chairman.
S. C. Workers' Compensation Commission

Date: 11/14/55
Columbia, S.C.

(63)

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Gertrude Shiver,

Claimant/Appellant,

v.

Palmetto Health Richland,

Employer,

Key Risk Management Services, Inc.,

TPA,

Palmetto Hospital Trust Services,

Carrier,

Trident Regional Medical Center,

Employer,

Zurich American Insurance Company,

Carrier,

Respondents.

IN THE COURT OF COMMON PLEAS
FOR THE FIFTH JUDICIAL CIRCUIT

Civil Action No.: 2011-CP-40-03561

ORDER

RICHLAND COUNTY
FILED
2013 MAR 26 AM 9:22
JEANETTE W. McBRIDE
C.C.P. & G.S.

This matter came before the Court for a hearing on November 1, 2012 on an appeal filed by Claimant Gertrude Shiver ("Claimant"). Present at the hearing were Michael Chase, Esquire, counsel for Palmetto Health Richland and Key Risk Management Services; Mary Sowell League, Esquire, counsel for Palmetto Hospital Trust Services and Palmetto Health Richland; and Allison Carter, Esquire, counsel for Trident Regional Medical Center and Zurich American Insurance Company (collectively "the Respondents"). Claimant appeared pro se. After considering the law, the South Carolina Workers' Compensation Commission's (WCC) records, and the submissions and arguments of all parties, the decision of the WCC is **AFFIRMED**.

FACTS

This appeal from the WCC arises out of seven claims made by Claimant, dating from 1995 to 2006, all of which were joined and heard together. The claims involve a number of different employers and workers' compensation insurance carriers. Commissioner David Huffstetler issued a single Order addressing each claim on October 23, 2007. Claimant subsequently sent a letter to Commissioner Huffstetler dated November 5, 2007 asking to submit additional evidence and addressing the merits of the Order. The Commissioner treated the letter as a Motion for Additional Evidence and a Form 30 appeal to the Order. The Full Commission denied Claimant's Motion to Include Additional Evidence in an Order dated December 6, 2007, but did not address Claimant's appeal on the merits. Claimant subsequently filed a Petition for Appeal to Circuit Court. On July 9, 2010, Claimant's appeal was dismissed as interlocutory and the matter was remanded to the Full Commission for an appeal on the merits of the October 23, 2007 Order. On November 2, 2010, Claimant made a second motion to include additional documents and the Full Commission denied this motion. The Full Commission considered the appeal without oral argument on February 24, 2011 and affirmed Commissioner Huffstetler's Order in its entirety on May 3, 2011. On May 28, 2011, Claimant sent a letter to the WCC indicating her intent to appeal the Full Commission's decision to the Circuit Court. On June 1, 2011, Claimant filed her appeal in this Court.

STANDARD OF REVIEW

In workers' compensation cases, the South Carolina Workers' Compensation Commission is the ultimate finder of fact. See *Shealy v. Aiken County*, 341 S.C. 448, 535 S.E.2d 438 (2000). A Circuit Court's review of the Commission's findings of fact is limited to determine whether the findings are clearly supported by substantial evidence in the record. See *Johnson v. Rent-A-Center, Inc.*, 398 S.C. 595, 730 S.E.2d 857 (2012). "When the evidence is conflicting over a factual issue, the findings of the [Commission] are conclusive." *McCuen v. BMW Manufacturing Corp.*, 383 S.C. 19, 24, 677 S.E.2d 28, 31 (Ct. App. 2009). A Circuit Court is prohibited from overturning findings of fact of the Commission "unless there is no reasonable probability the facts could be as related by a witness upon whose testimony the finding was based." *Etheredge v. Monsanto Co.*, 349 S.C. 451, 456, 562 S.E.2d 679, 681 (Ct. App. 2002).

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DISCUSSION

Claimant makes several arguments about her individual workers' compensation claims and also argues that the Commission erred in denying her Motion to Submit Additional Evidence. This Court finds that the Commission properly denied Claimant's Motion and reviewed the merits of the appeal without oral argument. While either party can make a motion to admit additional evidence, the admission or exclusion of evidence is within the sound discretion of the Commission. See S.C. Code of Regulations R. 67-707 (Supp. 2010); *Wilkinson v. Palmetto State Transp.*, 371 S.C. 365, 638 S.E.2d 109 (Ct. App. 2006). Pursuant to Regulation 67-707(C), a party that files a motion to admit additional evidence must establish that the new evidence is of the same nature and character for granting a new trial. The evidence sought to be introduced cannot be of a cumulative or impeaching character and the moving party must demonstrate that the evidence "would likely have produced a different result had the evidence been procurable at the first hearing." S.C. Code Reg. 67-707(C)(1).

Claimant has not met the requirements of Regulation 67-707 for the admission of additional evidence. Claimant's November 5, 2007 letter, in which she requests to submit additional evidence, acknowledges that she has included "attachments and addendums that are already in my files." The attachments and addendums discuss each claim in depth, but do not include any new evidence. Furthermore, Claimant had knowledge of the evidence prior to the hearing, and has failed to demonstrate or argue that the admission of the evidence would have resulted in a different outcome. Claimant submitted the evidence at the hearing before the Commissioner on October 23, 2007. Although the evidence was untimely, Respondents consented to the introduction of the evidence. Therefore, the evidence is already a part of the record and is cumulative.

In addition, Claimant argues that the Commission erred in ruling on the merits of her claims without oral argument. To request oral argument, a party must indicate this request on their Form 30. See S.C. Code Reg. 67-701. "If the space provided on the Form 30 requesting oral argument is not marked, oral argument is waived." *Id.* Claimant did not file a Form 30 requesting oral argument. Rather, she sent a letter addressing the merits of the Order. Under the circumstances, there is no requirement that the Commission hear oral arguments. Before the hearing, which was scheduled for February 24, 2011, Claimant wrote the Commission asking for

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the hearing to be rescheduled because she had a cold. Instead, the Commission took all proffered testimony and evidence and considered the appeal without oral arguments. Claimant's contentions were well documented and argued in her thirty four page motion with supporting documents and her position regarding each workers' compensation claim was individually described. A review of the Commission on the record was not prejudicial or incomplete. Therefore, there is no error in regards to this matter.

Claimant has also appealed the Commission's findings on each of the seven workers' compensation claims. As discussed herein, there is substantial evidence to support to the Commission's findings as to each claim.

1. WCC No. 9503744 (DOA 1/23/1995)

This claim arose out of an alleged injury on January 23, 1995 when Claimant slipped and fell at work. Claimant received treatment from Dr. James McCoy of Lowcounty Orthopaedics, P.A. Dr. McCoy noted that Claimant's subjective complaints concerning her right shoulder and right ankle far outweighed the objective findings and there was nothing to lead him to believe that Claimant had any permanent impairment. On August 24, 1995, Claimant entered into a Consent Order in which she withdrew with prejudice any claims other than to her right shoulder and right foot. She further agreed that she was only entitled to temporary total disability from January 23, 1995 through February 12, 1995, when she returned to work. Permanent impairment to the right foot and right shoulder was not discussed in the Consent Order as it was determined to be a premature issue at the time.

On November 22, 1999, Claimant filed a Form 50 alleging that she sustained compensable injuries in the January 23, 1995 accident including injuries to both feet, her right shoulder, right arm, right chest area, both knees, right breast, sternum area, right elbow, both ankles, both wrists, pelvic area, and right scapula and clavicle. On April 12, 2000, prior to the scheduled hearing, Claimant withdrew her hearing request. Seven years later, on July 21, 2007, Claimant filed a second Form 50 alleging injuries to her "left side, left wrist, knees, feet, [and ankles]." Trident Regional Medical Center and Zurich American Insurance Company filed a Form 51 denying any and all benefits. Commissioner Huffstetler consolidated this claim with Claimant's six other pending workers' compensation claims.

Claimant argues that she should not be bound by the Consent Order because her former attorney forced her to sign it and she suffered from a mental deficiency or sickness at the time

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she entered the agreement. Claimant further alleges that the Commissioner forced her to withdraw her hearing request prior to her April 2000 hearing.

In the October 23, 2007 Order, the Commissioner Huffstetler rejected Claimant's allegations that her attorney forced her to sign the Consent Order, she lacked the capacity to enter into the agreement, and the hearing Commissioner forced her to withdraw the hearing request. The Commissioner found that Claimant's claims were limited to the right foot and right shoulder and that no further benefits were due based on these injuries.

Claimant failed to present any evidence that she sustained permanent partial disability or that she was entitled to any additional temporary total disability benefits or medical benefits. Claimant admitted that she received all necessary medical treatment in regards to the injuries sustained in the 1995 accident. Trident Regional Medical Center submitted medical records for Claimant's treatment in subsequent matters from 1995 through 2003. In none of these records did Claimant ever complain of problems with her right shoulder or right ankle.

Based on the evidence presented, the decision of the Commission is affirmed.

2. WCC No. 0126962 (DOA 1/15/01):

On January 15, 2001, Claimant sustained an injury to her left Achilles tendon when a metal cart struck the back of her left heel while she was exiting an elevator at Palmetto Health Richland Hospital. Palmetto Health Richland and Palmetto Hospital Trust Services admitted the claim and provided all necessary medical treatment. Claimant filed a Form 50 requesting permanent partial disability.

There is substantial evidence to support Commissioner Huffstetler's finding that Claimant is not entitled to permanent partial disability. Following the January 15, 2001 accident, Claimant treated with Dr. Martin Durkin, a neurologist at Healthworks, who conducted a bilateral Electromyography (EMG), bilateral nerve conduction studies (NCS), and x-rays of the left lower extremity, each was returned with normal results. Dr. Durkin released Claimant on August 2, 2002, stating: "I really do not have anything more to offer [her]. I do not detect any definite permanent impairment." Claimant also saw two doctors, not authorized by the carrier, who prescribed an ankle brace and orthopedic shoes, but did not assign an impairment rating.

Dr. Angus McBryde of University Specialty Clinics provided a second opinion on September 4, 2003. Dr. McBryde recommended an MRI in order to assess any injury to Claimant's Achilles tendon. After reading the MRI on November 10, 2003, Dr. McBryde noted

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that "it is clear that this is not a surgical situation, that this is not a posttraumatic problem, and that there is no further diagnostic or procedural study or treatment that needs to be done. My previous notes related to her final diagnosis and lack of permanent impairment stand." Claimant also saw another physician, Dr. Belding at Midlands Orthopaedics. He agreed with the prior opinions finding no permanent physical impairment and stated that "no other treatment is needed . . . and she can be at full activity."

Accordingly, the sum of the evidence supports the Commissioner's finding that Claimant failed to raise or prove the issue of temporary total disability and failed to establish a permanent impairment as a result of the minor heel contusion on January 15, 2001. The Commissioner's Order on this claim is affirmed.

3. WCC No. 0217755 (DOA 3/23/02)

On March 23, 2002, Claimant sustained a minor injury to her lower back when she leaned over a chair to reach a pen and the chair turned on top of her. Palmetto Health Richland and Palmetto Hospital Trust Services provided temporary total disability benefits from March 23, 2002 through April 8, 2002 and all necessary medical treatment. Claimant filed a Form 50 but failed to request permanent disability or additional medical treatment. Claimant testified at the October 2007 hearing that she continued to experience pain in her lower back and down her right hip and sciatica.

Dr. Timothy Zgleszewski of Charleston Spine and Physical Medicine, PA indicated that Claimant had low back pain from prior motor vehicle accidents in 1997 and 2000 and that "there is no aggravation of that preexisting condition with the most recent injury" On May 9, 2003, Dr. Gregory Jones of Charleston Spine noted that Claimant had reached her "baseline level" for both her back and leg/buttock symptoms, she had reached her maximum medical improvement (MMI), and suffered no impairment as a result of the work injury.

Accordingly, substantial evidence supports the Commissioner's finding that Claimant failed to establish any permanent impairment as a result of the March 23, 2002 accident or that any additional medical treatment was warranted. The Commissioner's Order on this claim is affirmed.

4. WCC No. 0227098 (DOA 10/24/02)

On October 24, 2002, Claimant sustained a minor injury to the left shoulder when a chart fell on her. Palmetto Health Richland and Palmetto Hospital Trust Services provided all

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necessary medical treatment and Claimant did not miss any work as a result of the injury. Claimant filed a Form 50 requesting a hearing, but failed to file for temporary total disability, additional medical treatment, or permanent disability.

The medical evidence shows that when Claimant reported to the emergency room of Palmetto Health Richland on the date of the injury, Dr. Mike Wade noted that she had full range of motion of her neck and extremities without pain, including her left shoulder. Claimant followed up with Dr. Jones at Charleston Spine. Dr. Jones found the Claimant had reached MMI on July 1, 2003 with no permanent impairment or restrictions. Dr. Jones reported: "I can assess no additional impairment for this injury, as previous impairments have been assessed for both myofascial and cervical facet-generated pain, which was present in this patient to a great extent even prior to the 10/24/02 injury."

Accordingly, there is substantial evidence to support the Commissioner's finding that Claimant failed to establish any permanent impairment as a result of the left shoulder injury on October 24, 2002 and the Commissioner's Order is affirmed.

5. WCC No. 0322274 (DOA 1/20/03)

Claimant slipped and fell on January 20, 2003, which resulted in alleged injuries to her neck, back, side, left leg, both wrists, both feet, vaginal and perineum areas, and "all body." Claimant filed a Form 50 but failed to request temporary total benefits, additional medical treatment, or permanent disability. Claimant seeks payment for past medical treatment by her own physician, who was not authorized by her Employer.

At the October 2007 hearing, Claimant testified that she was told by a nurse practitioner at Healthworks to seek treatment from her own doctor. However, the note from Healthworks indicates that Claimant refused to be examined by Healthworks and requested instead that someone "call in" narcotics for her.

Claimant received treatment from Dr. Jeffrey Hook in the months following the January 2003 accident. Claimant reported the January 20, 2003 fall to Dr. Hook during a visit on February 12, 2003. Claimant complained of left-sided rib and abdominal discomfort and also an exacerbation of her neck and back pain. Dr. Hook's records indicate that Claimant was actually diagnosed with a urinary tract infection in the weeks following the alleged injury, explaining the Claimant's abdominal and perineum discomfort. At a visit on August 14, 2003, Jean Massey, ANP, Ph.D., noted that Claimant tripped over a chair at a hotel on August 13, 2003. Dr. Hook

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noted that Claimant relayed to him during a visit on September 3, 2003 that she tripped over a chair at a hotel in August 2003. Claimant later denied this incident. Dr. Hook's notes indicate that Claimant told him that she "slipped on carpet at a conference and landed quite violently on her buttocks." Dr. Hook reported that since slipping on the carpet, she has had a "moderate amount of low back pain" and had "recently begun to feel a 'pop' in her back" and at times a "radiating pain down in her left leg." Dr. Hook further recites that Claimant has had disc problems in the past, and has had "numerous falls and various traumas" Dr. Hook performed a CT scan of Claimant's pelvic area on February 26, 2003 and the results were normal.

There is substantial evidence to support the Commissioner's findings that Palmetto Health Richland and Palmetto Hospital Trust Services were not responsible for unauthorized medical care, as medical care had been offered through Healthworks. In addition, Claimant presented no evidence to establish any permanent injury related to this claim. The Commissioner's Order as to this claim is affirmed.

6. WCC No. 0321756 (DOA 10/23/2003)

Claimant filed a Form 50 alleging injuries to her back, left side, and knees after tripping over a phone cord at work on October 23, 2003. Claimant reported to the emergency room on that date and sought treatment from unauthorized providers. Claimant's Form 50 did not request medical benefits; temporary disability, or partial disability. The Commissioner held that Claimant did not meet her burden of proof with regard to reimbursement of medical expenses. Substantial evidence supports this finding. First, Claimant did not request treatment from her employer or follow her employer's guidelines for obtaining treatment. Second, Claimant failed to prove that reimbursement was needed for the unauthorized medical treatment because she did not submit any bills or invoices documenting her claim of medical treatment. Claimant's only request for benefits was reimbursement for the cost of treatment which was unauthorized.

Further, substantial evidence supports the Commissioner's finding that there is no medical evidence of a causal relationship between Claimant's complaints of rib pain and the incident on October 23, 2003. Prior to the October 23 incident Claimant sought treatment from Dr. Hook for previous injury to these same body parts in other incidents. Claimant saw Nurse Massey at Dr. Hook's office on August 14, 2003. She complained about injuries to her buttocks, legs, and hands after she tripped over a chair at a conference in August 2003. On September 3,

2003 Dr. Hook reported that since slipping on the carpet, Claimant had worsening lower back pain and had "recently begun to feel a 'pop' in her back" and at times a "radiating pain down in her left leg." On November 25, 2003 Dr. Hook noted that Claimant had fallen over the phone cord at work and had left chest wall pain. Recent x-rays of the ribs were unremarkable. Claimant did not complain of rib pain again until August 16, 2004, although she returned to see Dr. Hook on several occasions. Dr. Hook noted on December 20, 2004 that Claimant's rib pain had worsened, but new x-rays were negative.

Claimant saw Dr. Jones on April 23, 2004 with continued flaring lower back pain. Claimant received epidural steroid injections and lumbar facet/SI joint blocks. Dr. Jones noted that Claimant reached MMI without additional impairment on July 7, 2004. On February 4, 2005, Claimant saw Dr. Thomas E. Brandt complaining of chest wall pain of an unknown origin. The MRIs and x-rays revealed nothing. Claimant was diagnosed with intercostal neuralgia and received Gabitril, Lyrica and nerve blocks for treatment of her chest wall pain.

Claimant has not provided any evidence to show that the rib pain was related to the October 23, 2003 incident. In addition, Claimant's only request for benefits was for reimbursement of the cost of treatment. Thus, the Commissioner's Order as to this claim is affirmed.

7. WCC No. 0616756 (DOA 7/16/2006)

Claimant alleges that she injured her right wrist after using a hole punch at work on July 16, 2006. Claimant did not pursue medical care through her employer, but sought treatment on her own. With regard to this claim, the Commissioner held that Claimant did not meet her burden of proof regarding the allegation of a right wrist injury due to repetitive trauma. Therefore, Claimant was not entitled to benefits. Palmetto Health Richland and its carrier, Key Risk Management Services, deny that benefits are due based on Claimant's lack of impairment.

There is substantial evidence to support the Commissioner's finding as to this claim. Claimant testified that when she reported to the Coordinator at Healthworks as instructed, she told the Coordinator that she would not change doctors since she was currently seeing Dr. Noojin due to a fall at her church. On July 21, 2006 Claimant told Dr. Noojin that she fell on May 20, 2006, landing on both knees and both wrists. Dr. Noojin's impression was that Claimant had left wrist tendinitis and bilateral wrist sprains. He noted that Claimant had pain in both wrists after extension and placed her in wrist braces. However, Claimant did not mention the hole punch.

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injury to Dr. Noojin. At Claimant's request Dr. Noojin added an addendum in March 2010 that referenced the hole punch incident. There is no evidence in the medical records that Claimant's right wrist injury was due to a work-related injury. On October 12, 2006 Dr. Noojin examined Claimant and noted wrist tendinitis with possible mild carpal tunnel syndrome. By November 22, 2006, the bilateral wrist pain had improved and Claimant had a full range of motion in both wrists. Claimant was ultimately released by Dr. Noojin on January 17, 2007 with an impairment rating for each wrist related to the injury she sustained at church.

The evidence supports that Claimant did not meet her burden of proof regarding the allegation of a right wrist injury due to repetitive trauma. Therefore, the Commissioner's Order is affirmed.

ORDER

After careful review of the Commission's records and the submissions of the parties, it is clear that the Commission's findings are supported by substantial evidence. Therefore, the Commission's Order is **AFFIRMED**.


ALISON RENEE LEE
Presiding Judge

Columbia, South Carolina
March 25, 2013

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BEFORE THE
SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Gertrude Shiver,
Claimant,

vs.

Palmetto Health Richland,
Employer,

and

Palmetto Health Trust,
Carrier,
Defendants.

WCC No.: 0217755

MOTION ORDER

STATEMENT OF THE CASE

This matter is before upon the Claimant's filing a Motion for Sanctions in the above referenced claim for non-compliance with payment of statutory benefits. She further alleges she is entitled to the following benefits pursuant to the South Carolina Workers' Compensation Act:

(1) payment of all causally related medical bills; (2) temporary total disability compensation; (3) prescription expense; (4) reimbursement for out of pocket personal medical expense and days missed from work after each steroid injection) and; (5) sanctions as further directed by the Commission as may be deemed appropriate.

The Defendants replied with a Motion to Dismiss for lack of subject matter jurisdiction in the South Carolina Workers' Compensation Commission because Ms. Shiver has appealed the above referenced claim to the South Carolina Court of Appeals where it remains to date.

The Claimant, Gertrude Shiver, sustained an admitted injury by accident to her lower back on March 23, 2002. This claim was consolidated with six (6) additional claims for hearing before the South Carolina Workers' Compensation Commission ("the Commission"). On September 4,

2007, the Honorable David W. Huffstetler, Commissioner, South Carolina Workers' Compensation Commission, heard the aforementioned consolidated hearing. By Order dated October 23, 2007, Commissioner Huffstetler separately addressed each claim heard before him.

Regarding the above referenced claim, WCC File No.: 0217755, Commissioner Huffstetler found that the Claimant had sought out unauthorized medical treatment, for which the Defendants were not responsible; that the Claimant did not suffer any permanent disability; that the Defendants did not contest the payment of temporary total disability benefits from March 23, 2002 through April 8, 2002; and that the Defendants had submitted evidence showing they had paid all authorized medical costs. This Order did not command the Defendants to pay any temporary total disability at that time.

At oral argument before the undersigned Commissioner, the Claimant indicates she has never been paid for the temporary total disability benefits the Defendants acknowledged a willingness to pay for at the 2007 hearing (the period from 3/22/02 through 4/8/02 for a period of 17 days at the Claimant's compensation rate of \$350.76 totaling \$851.68). The attorney for the Defendants acknowledged a continued voluntary willingness to pay for these TTD benefits, if in fact they have not already been paid to the Claimant. The Defendants are checking their records from 7 years prior to determine if any TTD payment has been made pursuant to their willingness to do so. The Defendants indicated a continued willingness to make payments for TTD benefits if those benefits have not heretofore already been paid to the Claimant.

FINDINGS OF FACT

1. I find that Commissioner Huffstetler's September 4, 2007 Order does not command the Defendants in this claim to pay any temporary total disability benefits and therefore, the appeal of that Order to the South Carolina Court of Appeals does not remove this issue from the South Carolina Workers' Compensation Commission.
2. The Defendants have again indicated a voluntary willingness to make certain that temporary total disability benefits from March 23, 2002 through April 8, 2002 at the Claimant's applicable compensation rate of \$350.76 has either already been paid or will be paid to the Claimant in order to put this issue to rest.
3. The Defendants further confirm that all authorized medical treatment has been paid for in this claim.
4. Since there has never been an Order compelling the Defendants to pay any temporary total disability benefits in this claim, it is inappropriate to award any sanctions or penalties against the Defendants in this case.

RULINGS OF LAW

1. Under Section 42-9-260, of the South Carolina Workers' Compensation Act, an employer may make temporary total disability payments to an injured worker with a compensable workers' compensation claim.
2. Under Section 42-15-60 of the South Carolina Workers' Compensation Act, an employer shall provide authorized causally related medical care for a compensable workers' compensation claim.

ORDER

IT IS THEREFORE ORDERED that no penalties or sanctions are to be awarded in this claim.

IT IS FURTHER ORDERED that the Defendants have fourteen (14) days from the date of this Order to provide evidence to the Commission that temporary total disability benefits from March 23, 2002 until April 8, 2002, totaling \$851.68 has either already been paid to the Claimant, providing appropriate documentary evidence of such payment, or providing current evidence that this amount of temporary total disability benefits has currently been paid to the Claimant.

IT IS FURTHER ORDERED that the Defendants have fourteen (14) days to resubmit evidence submitted at the 2007 hearing before Commissioner Huffstetler in then Exhibit A, Payment History for Related Bills, showing the employer has paid all authorized medical costs related to this claim. It is further ordered that all other issues in the above referenced claim remain on appeal to the South Carolina Court of Appeals and the undersigned Commissioner lacks subject matter jurisdiction to address any of those issues. No hearing costs are assessed in this matter.

AND IT IS SO ORDERED.


South Carolina Workers'
Compensation Commissioner

Columbia, South Carolina
June 20, 2014

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 Barbara Cheeseboro on June 20, 2014

South Carolina Workers' Compensation Commission
O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 9503744
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gertrude Shiver
Claimant's Name
1100 Congaree Church Rd. Gadsden, S. C. 29052
Address City State Zip
803) 353-0598 (803) 776-4484
Home Phone # Work Phone #
Gertrude Shiver
Preparer's Name

Trident Regional Medical Center (TRMC)
Employer's Name 9330 Medical Plaza Drive
Charleston, S. C. 29406
Address City State Zip
Alexsis
Insurance Carrier
(804) 281-0440
Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

Claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to See attached Sheet on January 23, 1995 in Charleston ^{part of body hurt} County, State of South Carolina ^{month day year}
- 1 b. Describe briefly how the accident occurred I fell on the first floor when I went downstairs to the Pharmacy to pick up some medication for a patient.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on January 23, 1995 in the following manner: Karen Shanshala, Nsg Supervisor was called to the scene. An incident report was filled out
6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for
☒ (b) additional medical examination and treatment for feet, rt. shoulder, whole chest area and neck.
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: This was paid previously.
8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☒ (2) Specific Disability: ☐ Total ☒ Partial
Body part(s) affected are: Feet, cervico-thoracic area, rt shoulder and arm, and neck.
9. Due to the injury, the claimant has a serious bodily disfigurement consisting of Scars to both breast and abdomen from surgery as a result of fall. Both feet are flat and some enlarged areas near ankle
- 10 a. At the time of injury, the claimant was paid weekly wages of \$ 11.97/hr (base) and demands accounting of days worked and wages earned as provided by law. 575.68 + 48.00 = 623.68 per week
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. See attached sheet.
- 11 a. Further grounds of claim: My handwriting has gotten worse since the accident to my right shoulder I can't walk or run fast or stand long periods on my feet. Two causes of my termination.
- 11 b. 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 Sheet.
- 11 c. To the best of your knowledge, did you have any prior permanent disability? Yes
If yes, describe: Injuries to both feet and right upper arm from three prior accidents at TRMC.
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.
- 13 a. I am filing a claim. I am not requesting a hearing at this time.
- 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

(78)

SCWCC
NOV 22 1999
JUDICIAL

11-22-99
Date

ATTACHMENT SHEET
Refiling of Previous Case No. 9457677

- 1a. The claimant sustained an accidental injury to both feet, right shoulder and arm, my right chest area, neck, both knees, right breast, my sternum area, right elbow, both ankles, both wrists, pelvic area, and the right scapula and clavicle.
- 10b. Give name and addresses of all employers for whom the claimant has worked since the date of the accident:
1. Stanton Pines Nursing (Ridgeview Manor)
124 Ridge Rd
Hopkins, S. C. 29061
(803) 776-4484
I only work two days a week.
 2. Florence Nursing Services
1113 Broad River Rd
Columbia, S. C. 29210
I work as an independent contractor whenever they can find an assignment that is not too difficult for me.
 3. Hermina Traeye Memorial Nursing Home
3627 Maybank Highway
Johns Island, S. C.
(843) 559-5505
I only worked here 2 ½ days. I was terminated after developing severe pain on the left side of my neck going down my left shoulder and left side of my back. The Nursing home has since closed.
 4. Trident Regional Medical Center
9330 Medical Plaza Drive
Charleston, S. C. 29601
(843) 797-7000
- 11a. Further grounds of claim: Continues. I had to pay for both of my prescriptions from Revco Drugs that Dr. Cook had prescribed for me. Worker's comp. refused to pay for the prescriptions even though Dr. Cook had prescribe them and Anita Korbe told me to go to Revco Drugs and pick up the medication. Because of the accident, I was unable to return to my part time job at Charleston Memorial Hospital and I was subsequently terminated. In addition, I believe my heart condition and my hypertension developed as a result of the injury to my chest.

**ATTACHMENT SHEET CONTINUES
BEFORE THE FIRST HEARING**

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident.

1. Trident Regional Medical Center Emergency Room Physician
9330 Medical Plaza Drive
Charleston, S. C. 29406
2. C. T. Cook, M.D.
Trident Industrial Medicine
9231-F Medical Plaza Drive
North Charleston, S. C. 29406
3. Dr. Charles Andrus
Trident Industrial Medicine
9231-F Medical Plaza Drive
North Charleston, S. C. 29406
4. Dr. William E. Crouch
114 Ashley Ave.
Charleston, S. C. 29401
5. Robert H. Bowles
112 Bull Street
Charleston, S. C. 29401
6. Bon Secours-St. Francis Hospital Emergency Room and Physical Therapy
Department
Calhoun Street
Charleston, S. C.
7. Victor J. Weinstein, M. D.
1364 Ashley River Rd
Charleston, S. C. 29407
8. James J. McCoy, MD **
9300 Medical Plaza Dr.
North Charleston, S. C. 29406

ATTACHMENT SHEET CONTINUES

I was sent to this physician, Dr. McCoy, by Attorney Thomas M. White upon Douglas Pratt-Thomas urging. He took my right arm and pushed it up hard behind my back and caused my chest to start back hurting by stretching the muscles in my chest and back. I started back to having moderate to severe pain in my chest afterward. After he reinjured my chest, he told me never to come back to his office again. He subsequently lied on the medical record about my feet and right shoulder. He never mentioned anything about my feet being flat nor about the enlarged areas near my ankles. He was angry with me the whole time while he was doing his so called examination. First, he grabbed my hands and squeezed them real tight. **

TREATING PHYSICIANS AFTER THE FIRST HEARING

1. Dr. William E. Crouch
114 Ashley Avenue
Charleston, S. C. 29401
His office is now closed. My records are now at Lowcountry Medical Associates, 2270 Ashley Crossing Drive, Suite 170, Charleston, S. C. 29414.
2. Dr. Margaret A. Metcalf
44 Folly Rd. Suite C
Charleston, S. C. 29407
3. Dr. James C. McIntosh, Jr.
Charleston Bone and Joint
255 East Bay Street
Charleston, S. C. 29401
4. Bon Secours- St. Francis Physical Therapy Department
2095 Henry Tecklenburg Dr.
Charleston, S. C. 29414
5. Dr. Gregory M. Jones, MD
Charleston Spine and Physical Medicine
Suite 300, East MOB
2093 Henry Tecklenburg Drive
Charleston, S. C. 29414

Note: I was in an automobile accident on April 29, 1997, with a resulting whip-lash typed injury.

(81)

Gertrude Shiver 249-98-2546
 Claimant's Name SSN
 1026 Congaree Church Rd. 29052
 Address City State Zip
 (803) 353-3892 ()
 Home Phone # Work Phone #
 Gertrude Shiver
 Preparer's Name

Trident Regional Medical Center
 Employer's Name 9330 Medical Plaza Drive
 Charleston, S. C. 29406
 Address City State Zip
 Alexis
 Insurance Carrier
 (803) 353-3892
 Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed b checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to See attached sheet on 1/23/1995 in
part of body hurt month day year
Charleston County, State of South Carolina
- 1 b. Describe briefly how the accident occurred I fell on the first floor when I went downstairs to the pharmacy to pick up some medication for a patient.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 1/23/1995 in the following manner:
month day year
Karen Shanshala, Nsg Supervisor was called to the scene. An incident report was filled out.
- ☐ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for
☒ (b) additional medical examination and treatment for See Attached sheet.
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work at wages for the period of: This was previous paid from Trident Hospital. My wages from my second job at Charleston Memorial Hospital was not figured in.
- ☐ 8. 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
- ☒ 9. Body part(s) affected are: Feet, cervico-thoracic area, rt. shoulders, arm, & neck
 Due to the injury, the claimant has a serious bodily disfigurement consisting of Scars to both breasts & abdomen from surgery as a result of fall. Both feet are flat & some enlarge
- 10 a. At the time of injury, the claimant was paid weekly wages of \$ See attached sheet and demands accounting days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
See attached sheet.
- 11 a. Further grounds of claim: See attached sheet
- 11 b. 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 sheet.
- 11 c. To the best of your knowledge, did you have any prior permanent disability? Uncertain
 If yes, describe: I fell twice before this fall at Trident Regional Medical Center
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.
- ☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13 b. I am requesting a hearing.

Gertrude Shiver
 Signature of Claimant/Representative

SCWCC

MAR 2 2 2007

3-21-07
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

EN

ATTACHMENT SHEET
Refiling of Case No. 9457677 For the accident of 1/23/1995

March 16, 2007

- 1a. The claimant sustained an accidental injury to both feet, right shoulder and arm, right chest area, neck, both knees, right breast, sternum area, right elbow, both ankles, both wrists, pelvic area, and the right scapula and clavicle.
- 6b. Dr. Gregory Jones has finished treating my chest area and neck for now. I have chronic pain in my right shoulder, arm, and feet. At this point, I really don't think anything else can be done for the chronic pain. I still don't know what is causing my handwriting to become worst after the fall. Nothing can be done about the tendons and ligaments in the shoulder. I never received an MRI to my right shoulder. I don't desire an arthroscopy to be done to my right shoulder or ankles at this present time. Maybe later on in the future. I probably will need some care to my feet, shoulder, and whole chest area and neck in the future.
9. See Form 50. (Continuation) Both feet are flat as a result of my ligaments falling after the fall. There are some enlarged areas near my ankles.
- 10a. I was paid \$17.99/hr at Trident Hospital. $\$575.68 + 48.00 = 623.68$ /week. Also I was working at Charleston Memorial Hospital on their nursing pool making \$22.00/hr. Before I went on the pool, I was making \$16.42/hr every other weekend Saturday & Sunday. This was not figured into my temporary total benefits when I was out for those days with the fall of January of 1995. I never was able to return to my second job because of the injuries from the fall. I subsequently was terminated. I am demanding some back paid for my job at Charleston Memorial Hospital.
- 10b. Give name and addresses of all employers for whom the claimant has worked since the date of the accident.
1. Target's
6090A Garner's Ferry Rd
Columbia, S. C. 29209
 2. Palmetto Health Richland
5 Medical Park Drive
Columbia, S. C. 29203

On 11-15-01, I had an injury to my left Achilles tendon, heel, ankle, and foot. On 1/21/03, I fell and hurt my neck, back, left side, left leg and foot.

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wrists and hands, feet, perineum area, lower abdomen, and all of body. On 10/24/2002, the supervisor dropped a heavy thick chart on the left side of my neck and shoulder. On 10/23/03, I fell and hurt both knees, both wrists, all of left side and back, and whole body except head. On 7/16/2006, I developed some moderate pain in right wrist while using the whole puncher.

3. Stanton Pines Nursing Home (Ridgeview Manor)
124 Ridge Rd.
Hopkins, S. C. 29061
(803)776-4484
I only work two days a week
4. Florence Nursing Services
1113 Broad River Rd.
Columbia, S. C. 29210
I worked as an independent contractor whenever they can find an assignment that is not too difficult for me.
5. Hermina Traeye Memorial Nursing Home
3627 Maybank Highway
Johns Island, S. C.
(843) 559-5505
I only worked here 2 ½ days. I was terminated after developing severe pain on the left side of my neck going down my left shoulder and left side of my back. The nursing home has since closed.
6. Trident Regional Medical Center
9330 Medical Plaza Drive
Charleston, S. C. 29601
(843) 797-7000

- 11a. Further grounds of claim: I had to pay for both of my prescriptions from Revco Drugs that Dr. Cook had prescribed for me. Worker's comp. refused to pay for the prescriptions even though Dr. Cook had prescribed them and Anita Korbe told me to go to Revco Drugs and pick up the medication. Because of the accident, I was unable to return to my part time job at Charleston Memorial Hospital and I was subsequently terminated. In addition, I believe my heart condition and my hypertension developed as a result of the injury to my chest.

Reimburse my insurance company Maginnis & Associates for paying my medical bills when I was deliberately kicked out of the worker's

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compensation system twice and never put back on although I continued to have problems with my injuries.

When I was kicked off of worker's compensation by the hospital after the letter from Robin Beaver dated February 14, 1995, I had to go to my own doctors and my private insurance company had to pay for my treatment and I had to pay the balances and I had to pay for my own medications to Revco Drugs and Phar-mor. I still have the majority of my receipts. I was never reimbursed and I don't think my insurance company was either. In addition, I had to have surgery where my condition worsened as a result of the fall. The total bill owed me is around \$5,853.20 if not more. This does not include the insurance company's share for the car accidents and the accident's at Palmetto Health and the Church.

In June of 1995, I had surgery on my uterus (myomectomy) because my uterus had been aggravated by the fall. My breasts were also aggravated by the fall and had enlarged. I was never compensated for this.

I never received mileage reimbursement.

In June of 1997, I had breast reduction surgery to help alleviate the pain in my shoulders under Dr. Metcalf. The pain originated from the fall that I had on January 23, 1995, at Trident Regional Medical Center. I never did receive any kind of care under the Consent Order that was issued by Commissioner Bryan Lyndon on August 24, 1995. I was again kicked out of the worker's compensation system by this Order.

My handwriting has gotten worse since the accident to my right shoulder and arm. I can't walk or run fast nor can I wear high heeled shoes or stand for long periods of times on my feet. I was made fun off by the nurses in 1997-1998 about my handwriting and my inability to move fast and subsequently terminated. I have never really been able to do full duty nursing any more.

I am unemployed at the present and I need a desk job because of my many injuries and falls. No one will hire me. This insurance company should pay some of my financial cost.

Punitive damages should be assessed as the court sees fit because I was abused and treated like an animal by the hospital, its agents, and the insurance company. Although I had some worker's compensation injuries, I was deliberately kicked out of the worker's compensation system twice and never brought back and deliberately deprived of care and compensation as an injured worker under the worker's compensation

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system. The Consent Order was drawn up as a weapon against me to prevent me from recovering anything against my employer for my injuries.

Since I had these accidents at Trident Hospital, no attorney will help me and therefore, I am losing my personal injury claims.

I had a car accident on 11/25/ 2000, which caused a herniated disk in my cervical spine.

I fell at the Embassy Suite Hotel on 8/13/2003, and hurt my back and left leg.

I fell at Red Hill Baptist Church on 5/20/2006, injuring both knees and left wrist.

I have never been compensated for the injuries to my feet, knees, wrist, ankles, shoulder, chest, etc.

Compensation for all known and unknown injuries that came as a result of this fall.

Compensation for Dr. McCoy hurting my chest and arm.

Compensation for the company's doctors for being bias and prejudice against me.

ATTACHMENT SHEET CONTINUES BEFORE THE FIRST HEARING

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident.

1. Trident Regional Medical Center Emergency Room Physician
9330 Medical Plaza Drive
Charleston, S. C. 29406
2. C. T. Cook, MD
Trident Industrial medicine
9231-F Medical Plaza Drive
North Charleston, S. C. 29406
3. Dr. Charles Andrus
Trident Industrial Medicine

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9231-F Medical Plaza Drive
North Charleston, S. C. 29406

4. Dr. William E. Crouch
114 Ashley Avenue
Charleston, S. C. 29401
(Old Address)
5. Robert H. Bowles
112 Bull Street
Charleston, S. C. 29401
(Old Address)
6. Bon Secours-St. Francis Hospital Emergency Room and Physical Therapy
Department
Calhoun Street
Charleston, S. C.
7. Victor J. Weinstein, MD
1364 Ashley River Rd.
Charleston, S. C. 29407
8. James J. McCoy, MD***
9300 Medical Plaza Dr.
North Charleston, S. C. 29406

***I was sent to this physician, Dr. McCoy, by Attorneys Thomas M. White upon E. Douglas Pratt-Thomas urging. He was the physician specified in the Consent Order of Commissioner Bryan London that was dated August 24, 1995. He took my right arm and pushed it up hard behind my back and caused my chest to start back hurting by stretching the muscles in my chest and back. I started back to having moderate to severe pain in my chest afterward. After he reinjured my chest, he told me never to come back to his office again. He subsequently lied on the medical record about my feet and right shoulder. He never mentioned anything about my feet being flat or about the enlarged areas near my ankles. He was angry with me the whole time while he was doing his so called examination. First, he grabbed my hands and squeezed them real tight. He kicked me out of worker's compensation again.

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JUDICIAL

(87)

207-27-07

TREATING PHYSICIANS AFTER THE FIRST HEARING

1. Dr. William E. Crouch
114 Ashley Avenue
Charleston, S. C. 29401
(His office is now closed. My records are now at Low Country Medical Associates, 2270 Ashley Crossing Drive, Suite 170, Charleston, S. C. 29414.
2. Dr. Margaret A. Metcalf
44 Folly Rd. Suite C
Charleston, S. C. 29407
3. Dr. James C. McIntosh, Jr.
Charleston Bone and Joint
255 East Bay Street
Charleston, S. C. 29401
4. Bon Secours-St. Francis Physical Therapy Department
2095 Henry Tecklenburg Dr.
Charleston, S. C. 29414
5. Dr. Gregory M. Jones, MD
Charleston Spine and Physical Medicine
Suite 300, East MOB
2093 Henry Tecklenburg Drive
Charleston, S. C. 29414

Note: I was in an automobile accident on April 29, 1997, with a resulting whiplash typed injury. The Highway patrolman in Charleston falsified the accident report.

March 16, 2007

SOME BACKGROUND INFORMATION TO WCC FILE #9457677---9503744

As I said before, I found it difficult and painful to talk about the abuse, trauma, pain, and suffering that I went through with some of the white people in Charleston during this period in my life. I was having these accidents right during the time that there was so much commotion in this state about the proposed merger between the Medical University of South Carolina and Trident Regional Medical Center. I believed that a lot of the white people thought that I had something to do with the proposed merger. I chronologed the accidents and things that were happening to me in my book, "The Fall of a Nurse: What Is Wrong With Gerly. It is basically a story of what happened to me under worker's compensation to include some religion and some history. There could be some mistakes; I have not read the book since it was printed.

I am just going to touch on some highlights that happened. My first fall happened on September 25, 2004, when I fell over a blue chair onto the floor while going to check on a telemetry patient who was having some dysrhythmia. The second fall occurred on the morning of October 24, 2004, when I fell while going up the steps to the human resource office when I went to see Mrs. Korbe, the occupational health nurse. The third fall happened on January 23, 1995, when I fell on the first floor of the hospital while going to pick up some medications from the pharmacy for one of my patients. The floor was wet and it was being cleaned by some men in housekeeping.

During these times, I was writing letters about the accidents to the worker's compensation commission and sending in some handwritten claims. At this time, I didn't know what was happening to my letters and claims. I wasn't keeping a copy of the handwritten claims. I didn't know to keep them. It wasn't until the accident of 1997, that I found out that someone was messing with my claims.

During these times, I was also sick and I had to have surgery after I had fallen the third time. After I went to Attorney White after the third fall and after I had received the denial letter from Alexis the worker's compensation carrier for Trident Hospital, Attorney White started abusing me. Also, I was kick out of worker's compensation and I didn't have any doctor to go to but my own private physicians. Sometime during this period, I learned that there was something illegal going on with Attorneys White and Pratt-Thomas concerning the permanent injured workers at Trident Regional Medical Center and that they were not giving the injured workers' what was due them, especially, the ones that had shoulder injuries, injuries to the joints, ligaments, and tendons of the body. I didn't know exactly what they were doing or how they did it. In addition, the

legislature didn't assign a monetary value to the tendons, ligaments, and joints of the human body.

After a time when I was kicked out of worker's compensation, Attorney White was trying to come between me and my physician. On August 24, 1995, he made me sign the Consent Order without anything being explained to me. I later found out that Number 2 on the Consent Order that read, "Claimant withdraws, with prejudice, any claim for injuries sustained in the accident of January 23, 1995, other than the injury to her right shoulder and right foot, was barring me for claiming the injuries to my feet, ankle, chest, etc., and all of the injuries that I had incurred with the first two falls. In addition, I never received any care from Dr. McCoy who was stipulated in the Consent Order. Thereafter, I didn't know what to do and I wasn't given any guidance or anything by Attorney White.

Because of the way Attorney White was treating me, I wrote a letter around September of 1995, to the worker's compensation commission to remove him as my attorney. At that time, I didn't know that he had already ruined me. I also reported him to the Disciplinary Board for Lawyers. The complaint was dismissed and nothing was done to him.

Today, while looking through my papers, I found the hearing that I had with Commissioner Lyndon on March 14, 1996, and it had the WCC File Number 9457677 on it. Also on the notice that I had received from the worker's compensation commission on January 30, 1996, had the WCC File Number 9457677. Also, on the Form 58 that E. Douglass Pratt-Thomas had submitted, he had the WCC Filed Number 9503744 and the date of accident as 9/25/94. On number 6 of the Form 58 under unusual problems, he had made the statement that reads, "Claimant, thereafter, alleged another fall of January 23, 1995, and that claim was filed under WCC File Number 9503744.

Commissioner Lyndon didn't award me anything for my injuries, nor did I get reimbursed for the monies I spent for my own care when I was kicked out from under worker's compensation and I had to go to my own doctors for care. I wasn't reimbursed for my medications that I bought. Commissioner Lyndon addressed all three falls under the WCC number of 9457677. Commissioner Lyndon and Attorney Pratt-Thomas really messed up my claims. I really believe that it is true what I had heard about Attorneys White, Pratt-Thomas and Commissioner Lyndon in how they were treating the injured workers and that they were doing something illegal to them. All of these injuries that I had incurred and I never received anything under worker's compensation for them because of Bryan Lyndon. Attorney Pratt-Thomas and Commissioner Lyndon had clumped all of my injuries together under the claim and hearing of WCC 9457677, so that I would not received anything.

When I was terminated in 1998 because of the lies the white nurses had told on me, they also made fun of my handwriting because my handwriting had gotten worst because of the injury to my right shoulder and arm to include the upper arm. In addition, I never got

Page 3

any medical treatment under the Consent Order because the white physician Dr. James McCoy was very angry at me and lied as to my condition.

In the end, my private physician lost his practice and his license and I believed that Attorney Pratt-Thomas and Commissioner Bryan Lyndon had something to do with it.

I continued to have some problems with my right arm, shoulder, neck, feet, and ankles.

At the present time, I am without a job and I am limited in what I can do and where I can apply for employment. Also, I am limited in what doctor I can go to for care.

March 18, 2006

J. Alan Bass, Commissioner
SCWCC
1612 Marion Street
P.O. Box 1715
Columbia, S. C. 29202-1715

RE: Outstanding Worker's Compensation Case WCC #9457677-----9503744

Dear Commissioner Bass:

I am writing you to request if this outstanding claim of mine of January 1995, could be heard with WCC File Number 0126962 which involved my left foot, heel, ankle, and Achilles tendon and WCC File Number 2002062795 which involves my left shoulder and neck since this claim involves some of the same body areas. Also, I am requesting that the venue of the hearing be change to Columbia. This is very difficult and painful for me to write and talk about. I was again traumatized in Charleston when I went for the hearing on 4-12-2000. There is a mix-up in the claim number that was discovered on March 12, 2007. I have claim number 9457677 and the opposing attorney have claim number 9503744. I am going to keep my claim number 9457677.

I know that this is an old claim but I never neglected the claim or abandon it. I just didn't know what to do with it legally since I was barred from bringing it before the single commissioner and no attorney would help me because of the Consent Order that was written by Attorneys Thomas M. White and E. Douglas Pratt-Thomas and signed by Commissioner Bryan Lyndon which had the words, "With Prejudice" in it. Attorney White had forced me to sign this Consent Order when he was abusing me in Charleston in 1995, as well as some of the other white people in Charleston. I never received any care to my right shoulder and right foot under this Consent Order from Dr. McCoy. I could not claim any of my worker's compensation injuries that had occurred as a result of my three falls except my right shoulder and right foot. The Consent Order was deliberately written as a weapon to prevent me from recovering anything from my employer under worker's compensation.

At my workers compensation hearing claim number 9721145 that was held on 11/8/99 with Commissioner Holly Saleeby Atkins, she had told me to refile my claim of January 23, 2005, but she didn't give me a reason why. Dr. Gregory Jones had given me a disability rating of 3-5% whole body impairment which came as a result of my injuries in the fall of January of 1995, and a MVA in April of 1997. (I have to get him to make a correction to his notes) I followed her instructions and refile the claim under WCC File number 9457677. The hearing was supposed to have been held on April 12, 2000, but Commissioner Ann M. Mickle was very angry with me and she made me withdraw it. She took up for Attorney E. Douglas Pratt-Thomas, a well seasoned and experienced attorney, again a little peon like me. I wrote about this incident in my book, "The Fall of a Nurse: What is Wrong With Gerly."

Anyway, when I went to the hearing which was supposed to have been held on 4/12/2000, Commissioner Mickle was very angry and nasty with me. Her conduct toward me wasn't professional at all and I haven't been able to figure out what was the cause of her actions and behavior toward me. Our meeting was more of a confrontation than a conversation. She made me withdraw my Form 50, and she stated that no matter what commissioner heard my claim that it would be the same thing. I couldn't claim any of my injuries from my three falls except my right shoulder and right foot because of the Consent Order that Attorney White and Pratt-Thomas had drawn up and Commissioner Lyndon had signed. They had taken away all of my injuries that occurred in 1995, except my right shoulder and right foot. My left ankle had been injured with my two falls in 1994, and again with the fall in 1995. In 1995, the ligaments in both of my feet had dropped which left me flat footed. Also I had developed high blood pressure and heart palpitations which I believe were sequelae because of the injury to my right shoulder. I believed one of my heart vessels were damaged somewhat. Also, I couldn't claim the disability to my cervico-thoracic area. What she and Attorney Pratt-Thomas were doing against me was very egregious and unjust. This January 23, 2005, claim has not been settled because it is very unfair because what was done to me.

Commissioner Mickle even threatened to clinch up all of my claims, including the one to my back which Commissioner Atkins had left open for a while, if I had accepted the money that E. Douglas Pratt-Thomas had offered me. I didn't accept the \$7,400 because what she and Attorney Pratt-Thomas were doing to me was very illegal. I wasn't being reimbursed for the money I had paid toward my own care when I was kicked out twice off of worker's compensation. I never got any thing for my 1994 falls or my 1995 fall except some temporary total benefits where I had been out because of the fall in 1995. The check was thrown at me by Attorney Thomas White. At the time of the January 1995 accident, I was working at Charleston Memorial Hospital every other weekend at \$22.00 an hour although I had only worked one day on the weekend for two time periods before the accident. I had been making \$16.42/hr for every two weeks for the quarters before this accident. I don't know about Attorney White figuring my second job into my temporary total benefits. He never took the check stub from me that he told me to bring

to his office. For the year of 1994, I was making \$16.42/hour on the weekends for 16 hours every two weeks.

Furthermore, the Consent Order that Attorneys White and Pratt-Thomas had written and Commissioner Lyndon signed had gotten rid of all of my injuries including the one to my left foot and ankle and my cervico-thoracic area which I had the disability rating for. My left foot, Achilles tendon, heel, and ankle was again injured in the accident of November 15, 2001 at Palmetto Health Richland. The injury to my left foot and ankle that occurred with the accidents at Trident Medical Center had been deliberately taken away from me by the wording in the Consent Order that was written by Attorney Thomas M. White and E. Douglas Pratt-Thomas and signed by Commissioner Lyndon.

I had had two previous falls in 1994 and I was never compensated under worker's compensation for these two falls because Commissioner Lyndon didn't award me anything nor did I get reimbursed for my medications and my care that I had to pay for when I was kick out of worker's compensation twice and I didn't have anybody to go to but my own doctors for care. With my January 1995 accident, WCC File Number 9457677 (9503744), the insurance carrier for Trident Regional Medical Center had denied my claim after I had reported the occupational health nurse to the nursing board. As a result, Attorney White and Pratt-Thomas had gotten together and drew up the Consent Order and Commissioner Lyndon had signed it so that I would not go for a hearing. Attorney White had forced me to sign the order. During this time, I was sick physically and mentally because of the way that some of the white people in Charleston was abusing me. In addition, I had to have major surgery as a result of the fall and it happened around July of 1995.

Some of the white people were very angry with me because I had reported the hospital to the Worker's Compensation Commissioner because of the way the nurses and doctors were mistreating me as a result of the accidents. Also, around this time there was some commotion in Charleston and in the State of South Carolina about the proposed merger between the Medical University of South Carolina and Trident Regional Medical Center. Some of the people thought that I had something to do with the merger since I had been reporting Trident Regional Medical Center to the Worker's Compensation Commission.

There has been something illegal going on and I believe it is still going on in Charleston under worker's compensation with the permanent injured workers at Trident Regional Medical Center, especially the ones that have injuries to the shoulder, joints, ligaments, and tendons. I do know that the General Assembly didn't assign a monetary value to the joints, tendons, and ligaments of the human body. This illegal activity had been going on for about 15 years. I don't know exactly what it is or how it is being done because no one would tell me or explain anything to me. The attorneys involved with this are Attorney Thomas M. White and E. Douglas Pratt-Thomas. I think there may be some others. I don't think that there has ever been an investigation into the files of these

injured workers. I believe Commissioner Lyndon has been the commissioner on the majority of these hearings. I don't think these attorneys have been following the worker's compensation laws of this state.

After I returned home, I called several times and talked to several people at the Worker's Compensation Commission. One person told me that there was nothing the commission could do but I could write the Governor. I later wrote a letter to Governor Hodges about how I was treated and about how Commissioner Mickle had carried on toward me. I also included information about how the nursing board was threatening to take away my nursing license. I was left traumatized as a result of this encounter with her and E. Douglas Pratt-Thomas in Charleston. I later received an Order by mail from Commissioner Mickle dated April 19, 2000, which read that my file would be returned to central files and be rescheduled for hearing upon request of either party. A time limit wasn't given to me. It also stated that my Form 50 was voluntarily withdrawn which wasn't so.

In addition, I receive a letter from Attorney Pratt-Thomas dated April 20, 2000. I am going to include a copy of the Order and the letter. Some of the attorneys in Columbia seemed to be already aware of the Consent Order that Attorney White and Pratt-Thomas wrote and Commissioner Lyndon signed. I believed that the attorneys in Charleston are already aware of what is going on. They wouldn't talk about it with me nor would they help me. This is the same thing for the ones in Columbia. I don't know if the Consent Orders and their wordings are part of a scheme that has been used against other injured workers or not to deprive them of compensation that is due them. No attorney will help me. I don't know if this is what they have been doing to the permanent injured workers that worked at the hospital to deprive them of what is due them under the worker's compensation system in South Carolina or not. I believe this is what they have been doing and getting away with it. Therefore, I am requesting if this hearing could be heard with these claims with Palmetto Health Richland and the venue moved to Columbia, S. C.

Since I have received some more injuries, I don't know if this Consent Order will still stand in the way of me receiving what I should have received in the past under Worker's Compensation or what else to do about this situation. I know I didn't sign it willingly nor was the wording or any consequences told or explained to me. I didn't have but one witness to the fall and he was not with me in April of 2000. The only person E. Douglas Pratt-Thomas had with him was an occupational health nurse who never took care of me in the first place. In addition, I would like to be excused from going to Charleston to have a deposition with Attorney Pratt-Thomas. I don't feel comfortable around Pratt-Thomas, especially, downtown in his office by myself with him and his workers. I don't have anyone to accompany me to Charleston to see that I am not harmed physically or mentally by this attorney or some members of his staff or the community in general. Furthermore, I don't feel comfortable going back to Charleston. Thank you.

Page 5

Sincerely,

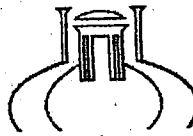
Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

Enclosure with letter: 2

PRATT-THOMAS, PEARCE, EPTING & WALKER

E. DOUGLAS PRATT-THOMAS
W. GREGORY PEARCE
ANDREW K. EPTING, JR.
G. TRENHOLM WALKER
W. ANDREW GOWDER, JR.
JON L. AUSTEN
ALLISON MOLONY CARTER
THOMAS H. HESSE (SC & GA)

SEAN K. TRUNDY
JOHNNIE W. BAXLEY III
DERWIN T. BRANNON
I. KEITH McCARTY (SC & TN)
LINDSAY K. SMITH-YANCEY (SC & NC)
MATTHEW D. HAMRICK
WILSON W. McDONALD



PROFESSIONAL
ASSOCIATION

16 CHARLOTTE STREET
CHARLESTON, SC 29403
P.O. DRAWER 22247
CHARLESTON, SC 29413-2247

TELEPHONE: (843) 727-2200
FAX: (843) 727-2238

<http://www.wiselaw.com>

ATTORNEYS AT LAW

April 20, 2000

(843) 727-2212 (direct dial)
(843) 727-2239 (direct fax)
dpt@wiselaw.com (e-mail)

The Honorable Ann McCrowey Mickel
S.C. Workers' Compensation Commission
1612 Marion Street
P.O. Box 1715
Columbia, SC 29202-1715

RE: Employer: Trident Regional Medical Center
Employee: Gertrude Shiver
Carrier: Alexsis Risk Management Services
D/A: 1/23/95 WCC File#: 9503744
Carrier File#: 47893
Our File#: 383-125

Dear Commissioner Mickel:

As you will recall I represent the Employer and Carrier in the above-referenced workers' compensation claim and this matter was, of course, set for a hearing on 4/12/00 here in Charleston. As you will recall at that time you had a long discussion with Ms. Shiver advising her of her options and as I understand it Ms. Shiver decided to withdraw her Form 50, with leave to refile if she so desires in the future. As such, the hearing did not take place.

At that time you also discussed with Ms. Shiver the possibility of resolving this claim and her outstanding 1997 claim with the Employer on a clincher if my clients were indeed interested in making an offer in the range of \$7,604.64, in return for a full release of all claimed injuries in her 1995 accident, as well as releasing any claims which may remain in her 1997 claim. Before I had an opportunity to discuss same with my clients, I received the enclosed letter from Ms. Shiver by certified mail. As you will see, it is dated 4/12/00 and, as such, was obviously written the same day as the scheduled hearing. Since Ms. Shiver is not interested in any settlement offer, my clients are not going to make one.

By copy of this letter to Ms. Shiver, I am informing her of the above and of the fact that I am providing to you a copy of her letter to me of 4/12/00.

Under these circumstances, I am assuming the Commission will issue an appropriate form order indicating that Ms. Shiver was allowed to withdraw her Form 50. Should you have any questions or should I need to take any further action, please do not hesitate to contact me.

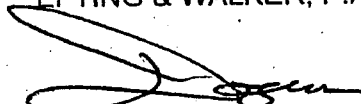
(97)

The Honorable Ann McCrowey Mickle
April 20, 2000
Pg. 2

With warmest regards, I am,

Sincerely,

PRATT-THOMAS, PEARCE,
EPTING & WALKER, P.A.



E. Douglas Pratt-Thomas

EDP-T:ksl
Enclosure
cc (w/enc.):

Gertrude Shiver, 1100 Congaree Church Road, Gadsden, SC 29052
Mr. Howard A. Levy
David W. Weeks, BSN, MA
Mr. Stan Cobb

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0126962

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Rd.
Gadsden, S C 29052
Address City State Zip
(803) 353-3892
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Drive
Columbia, S C 29202
Address City State Zip
PHTS
Insurance Carrier

Gertrude Shiver (803) 353-3892
Preparer's Name Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

1a. The claimant sustained an accidental injury to See sheet on 11-15-2001 in
part of body hurt month day year

Richland County, State of South Carolina

1b. Describe briefly how the accident occurred See attached Sheet

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on 11-15-2001 in the following manner:
month day year

Employer told verbally. Incident report filled out.

☐ 6. Due to injury, the claimant is in need of (check one): N/A.

☐ (a) medical examination and treatment for

☐ (b) additional medical examination and treatment for

☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: N/A

☐ 8. 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

Body part(s) affected are: left Achilles tendon, foot, heel, and ankle.

☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A

10 a. At the time of injury, the claimant was paid weekly wages of \$ See attached sheet and demands accounting of days worked and wages earned as provided by law.

10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
None except Richland

11 a. Further grounds of claim: PHTS did not pay for physical therapy nor my doctor bills

11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Blue Cross and Blue Shield and Companion Insurance company have to be reimbursed.
See attached Sheet.

11 c. To the best of your knowledge, did you have any prior permanent disability? yes

If yes, describe: Both feet became flat after a fall on 1-23-95. See sheet.

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.

☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.

☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

(99)

SCWCC

OCT 20 2006

JUDICIAL 10-18-06

Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC Form # 50.

Rev. Date 9/90

50

Employee's Notice of Claim and/or Request for Hearing.

October 17, 2006

RE: WCC File # 0126962

Dear Sir:

This is a refiling of my claim done by Attorney Paula Stewart of Suggs and Kelly Law Firm. I am now asking for a hearing. I wasn't satisfied with the care that I received from Angus McBryde, MD, because he didn't do anything for the problems that I was having, so I had to seek help elsewhere.

I didn't have the original Form 50 that she filled out. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(100)

ATTACHED SHEET FOR WWW FILE # 0126962

- 1a. Left Achilles Tendon, heel, ankle, foot.
- 1b. As I was getting off of the elevator to go to my job in the Medical Records Department, one of the male white employees, James McDonald, pushed a metal supply cart into the bottom part of my lower leg area in the area of my Achilles tendon and the top part of the heel of my left foot. He almost knocked me down with the force of the cart, and he didn't say excuse me until I started fussing at him in the hallway because I was angry.
5. I was sent over the HealthWorks to the occupational health nurse by the morning supervisor, Barrington Wint. There I had to fill out several papers.
8. I didn't know what to mark on this question, but I had to have some specially made insteps for my feet and I have to wear orthopedic shoes. I have to wear an ankle brace on my left ankle.
- 10 a. At the time of the accident, I was working a second job in addition to my main job in the Medical Records Department. I was doing various part-time hours in the Trauma Office and I lost my check stub. I don't know how much I was making an hour in the Trauma Office. I was making approximately \$8.84/hour base rate in the Medical Records Department.
- 11a. The last thing that I know, PHTS had never paid for my physical therapy for my left foot that I received at Palmetto Health Richland Rehab Center. It has not paid my doctor bills. Blue Cross and Blue Shield and Companion Health Care need to be reimbursed for paying for my medical care. I had to make an emergency room visit to Palmetto Baptist because I developed some swelling in the legs including my left leg concerning this accident. I had to have a test done to my legs. Blue Cross and Blue Shield have to be reimbursed.
- 11b. First, I was sent to HealthWorks by Barrington Wint where I saw Barbara Griffin, occupational health nurse. Then I saw Coleen Collins, the NP. Then I saw Dr. Martin Durkin, the neurologist and the Medical Director of Health Works.
1. Robert Belding, MD
Midlands Orthopedic

1910 Blanding Street
Columbia, S. C. 29201
(803) 256-4107

2. Palmetto Health Richland Rehab Center
14 Richland Medical Park
Columbia, S. C.
(803) 434-2500
3. Angus McBryde, MD
Two Richland Medical Park
Columbia, S. C.
(803) 434-6812
4. David B. Minter, MD
3624 Dewey Gray Circle South
Suite 308
Augusta, Georgia 30909
(706) 210-7529
5. Bruce Cohen, MD
Miller Orthopaedic Clinic
1001 Blythe Boulevard
Charlotte, NC 28203
(704) 373-0544
6. Thomas E. Brandt DO
The Center For Pain Control
1165 Hwy 1
South Suite 300
Lugoff, S.C. 29078
(803)408-3033
7. Devin J. Troyer, MD
Rehabilitation and Geriatric Specialist
2935 Colonial Dr.
Columbia, S. C.
(803) 401-1369
8. Columbia Rehabilitation Clinic, INC.
4350 St. Andrews Rd. /3000 Northeast Medical Park
Columbia, S. C. 29210/29223
(803) 772-2735/736-4845

Page 3

11 c.

Both of my feet became flat as a result of a fall on 1-23-95. I had prior problems with my ankle as a result of some falls in 1994 and 1995.

Pertude Shivers
10-19-06

103)

ADDENDUM TO FORM 50 WCC FILE #0126962
DOA 11-15-01

- 6a. I don't know what else can be done for my left foot, ankle, Achilles tendon, etc., at this point except an arthroscopy to the ankle sometimes in the future.
7. Although I was injured, no one at HealthWorks gave me any time off, although I had needed to be off of my feet during the time that I was first injured. I was already working light duty at the time. I was already doing desk work which is mostly a sedentary job. It was stated in their policy and procedure of the hospital that you couldn't be off unless an authorized health care provider gave you permission to be off. I was under the care of the nurse practitioner, Coleen Collins over at Health Works during the acute phase of my injury and she never gave me any time off so that I could be off of my feet.
10. At the time of the accident, I was working a second job in the trauma department making **\$10.85/hr base** + Shift Differential of \$1.00 for A, \$1.25 for B, and \$1.50 for C + WE diff 5 of \$1.00 and weekend Diff 6 of 1.25/hr. I could work from 12-25 hours a week. I worked mostly mornings, nights, and mornings and nights on Saturdays, and all three shifts on Sundays. I worked in the Medical Records Department at around **8.58/hr/base or 8.840** for second shift + Shift differential of 1.25 and part of night at shift differential of \$1.50/hr + weekend differential 5 of \$1.00 and weekend diff 6 of \$1.25/hr. All of my monies were tallied together on one check. In addition, I was paid overtime for anything over 80 hours for two weeks, or 40 hours in a week.
- 10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S. C. 29209
- Target Stores
6090 Garners Ferry Rd.
Columbia, S. C.
- 11a. Further grounds of claims.

I had to continue on Mobic, Bextra, and Mobic, etc for pain and pay my share for some bills. The total amount is approximately \$6,026.16. I reserve the right to amend this figure if there is a mistake.

SCW100

JUDICIAL

1104

206-30-07

I was terminated on October 6, 2006, with the pretense that I used derogatory and slanderous language in my book, "The Fall of a Nurse: What is Wrong With Gerly" against Palmetto Health Richland and its doctors and employees. I was really fired for the things I said about how I was treated under worker's compensation, especially Dr. Durkin and Dr. McBryde and how I was treated with my foot injury. All of this was focused on during the dispute resolution that was held. I haven't been able to find a decent well-paying job. I need a desk job because of all these worker's compensation injuries. This insurance need to contribute some toward my finances. In addition, I will soon not have any health insurance coverage.

Presently, I work at Kmart as a cashier with only 15 hours/week at \$6.50 an hour. This is the only place that would hire me. I need a desk job. I have some disabilities and I am not young anymore. I also would like to go to law school and I need financial help.

*I never received a letter stating that my physical therapy bill, my doctors' bills and reimbursement to Blue Cross and Blue Shield and Companion Health care had been reimbursed and all other bills had been paid and satisfied. Now there is a possibility that they may have to reimburse the AARP Insurance.

11b.

Human Performance & Rehabilitation, Center, Inc.
1910 Blanding Street
Columbia, S. C. 29201

Brace and Boot Orthopedics
1739 Blanding Street
Columbia, S. C. 29201

11c.

All of these falls happened at Trident Regional Center. My claim for 1995 is still pending because of an Order that I received from Commissioner Mickle. I learned on Wednesday, June 20, 2007, from Attorney Michael E. Chase that all of my prior claims at Trident Regional Medical Center are still pending.

Attorneys E. Douglas Pratt-Thomas and Thomas M. White of Charleston had tried to get rid of all my claims and injuries along with Commissioner Byron Lyndon. This was especially true with my left foot injury.

501-23-007

JUL 23 2007

JUDICIAL

26-36-07

(105)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #0126962

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver

Claimant's Name

1026 Congaree Church Rd.

SSN

Cadson, S.C.

City

State

Zip

(803) 353-3892

Home Phone #

Work Phone #

Gertrude Shiver

Preparer's Name

Palmetto Health Richland

Employer's Name

5 Medical Park Drive 29202

Address

City

State

Zip

PHTS

Insurance Carrier

(803) 353-3892

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident 11/15/2001

2. AWW:

Comp. Rate:

3. Type of injury and body part(s) I was hit with a metal supply cart by a male employee. See attached sheet.

4. Facts in controversy: Was this a minor injury?

5. Legal issues involved: See attached sheet.

6. Unusual problems: See attached sheet.

7. Witnesses (designate if expert)* None.

8. Exhibits: There was a film taken of my walking ability at the Human Performance & Rehab. Center., on Blanding Street. It is claimed that the film can't be found.

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)
Deposition and appearance.

10. Name, address, and specialty, if any, of the treating physician: See attached sheet.

11. Impairment rating(s); body part(s); physician and date of opinion: See attached sheet.

SIGNATURE

Gertrude Shiver

DATE OF HEARING:

Unknown

TIME OF HEARING:

Unknown

On behalf of ☒ Claimant ☐ Employer

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.

50
(406)

ATTACHMENT TO FORM 58 WCC FILE #0126962
DOA: 11/15/2001

- 1a. Left Achilles tendon, heel, ankle and foot.
3. I was hit with a metal supply cart by a male employee who almost knocked me down with the force of the cart. Traumatic blow to the heel and lower part of the Achilles tendon of the left leg and foot.
5. A. Does the nurse practitioner and occupational health nurse takes precedent over a specialist in caring for the injured worker with an orthopedic injury under worker's compensation?
- B. What is the role of the nurse practitioner and occupational nurse toward the injured worker under the Nurse Practice Act?
- C. What schedule of narcotics could the nurse practitioner order under the Nurse Practice Act at the time of this injury?
- D. Should the company physician be on site and readily available for the injured worker?
- E. What should the injured worker do if the company's physician or the referral physician won't take care of the injury or is otherwise incompetent to take care of the injury?
- F. Did the Legislature intended for the word "nurse" to be substituted for the word "physician" in Section 42-15-60?
- G. Did the Legislature intended for the word "nurse" to be substituted for the word "physician" in Section 42-15-70?
- F. Why didn't the Legislature assigned a monetary value to the tendons, ligaments, and joints of the human body?
- G. Should the nurse practitioner take sole care of an orthopedic injury of an injured worker for about four weeks who have had multiple traumas to the body and have gone through vocational rehabilitation?
- H. Under the Nurse Practitioner Act, should the nurse practitioner continue to take complete care of the injured worker when a referral is indicated?

(107)

206-30-2007

I. Should the company physician taking care of the injured orthopedic worker be the medical director of the clinic and a neurologist who only comes to the clinic a few hours on Wednesday?

6. When the accident first occurred, I was sent over to Health Works to the occupational health nurse for care by Barrington Wint. Even though this was an orthopedic injury, I wasn't sent to an orthopedic when the accident first occurred. The injury was taken care of by the Nurse Practitioner Coleen Collins until around 12/11/01, when she turned me loose because she stated that I had been under worker's compensation for about four weeks and it took a long time for an orthopedic injury to heal.

I wasn't given any narcotics for pain. I was still having problems so I subsequently called to the office and went back. After this I was seen by Dr. Durkin, who is the medical director of HealthWorks and a neurologist who is only available for a few hours on Wednesdays at Health Works. There is a question as to his competency.

It was my family physician who first prescribed something else for the pain and inflammation for the injury. Dr. Belding didn't do anything for my problems. Although Dr. McBryde ordered an MRI, he would not do anything else for the injury. There was also some confusion between him and the radiologist concerning my injury. In the end, I was forced to find my own physician for help in taking care of my orthopedic injury since Dr. McBryde wouldn't do anything for me other than order an MRI.

No monetary value was assigned to the tendons, ligaments, and joints of the human body by the General Assembly. (I don't think the muscles are included either.)

7. There were other people on the elevators at the time of the accident, but I didn't get their names.

10. Robert Belding, MD
Midlands Orthopedic
1910 Blanding Street
Columbia, S. C. 29201
(803) 256-4107

Angus McBryde, MD
Two Richland Medical Park
Columbia, S. C.
(803) 434-6812
(Old address)

David B. Minter, MD

(108)

DS 6-30-2007

3624 Dewey Gray Circle South
Suite 308
Augusta, GA 30909
(706) 210-7529

Bruce Cohen, MD
Miller Orthopaedic Clinic
1001 Blythe Boulevard
Charlotte, NC 28203

Thomas E. Brandt, DO
The Center For Pain Control
1165 Hwy 1
South Suite 300
Lugoff, S. C. 29078
(803) 408-3033

Devin J. Troyer, MD
Rehabilitation and Geriatric Specialist
2935 Colonial Dr.
Columbia, S. C.
(803) 401-1369

11. I never received an impairment rating from any of the physicians. I didn't receive any from Dr. Cohen after I had some trouble with his fellow physician, Matthew Hammit, and I had to report him. The trouble stated after he found out that I had a prior injury to my feet, especially the left foot from Trident Regional Medical Center. Even though I got orders for orthopedics shoes and some special insteps to be made for my foot, I didn't receive any ratings. In addition, I received two injections to my ankles. I was told that if I continue to have problems that I would have to have an arthroscopy done. I continued to have problems with my ankles but I didn't want an arthroscopy done at this time. In addition, the Legislature didn't assign a monetary value to the joints, tendons, and ligaments of the human body. I have some disability; I just don't have a rating because the physicians won't give me any.

Dr. Troyer is affiliated with Palmetto Health Richland and he didn't really do anything for me even though I paid him my money. His disposition changed toward me when he found out that I had been injured at Palmetto Health Richland.

No disability was given by Dr. Troyer for the intrinsic musculature weakness in my foot, the peripheral polyneuropathy or the axonopathy of the foot intrinsic musculature. He didn't seem willing to do anything for me when he found out it was a worker's compensation injury incurred at Palmetto Health Richland.

236-80-2017

6109

Dr. David B. Minter, fitted me with an ankle brace, but his office would never give me his notes. After fitting me with the brace, he sent me back to Dr. McBryde.

PAST HISTORY

I have an old worker's compensation injury to both feet especially the left foot and ankle which I never received any compensation for. The orthopedic physicians that I went to are aware of this old injury. The first injuries to my feet and ankle came as a result of the two falls I had in 1994, and the last fall in 1995, at Trident Regional Medical Center. I was told by Commissioner Mickle that I could never claim these injuries because of a Consent Order that was written by Attorneys Thomas M. White and E. Douglas Pratt-Thomas and issued by Commissioner Bryan Lyndon against me. Attorney White made me sign the Order without me reading it or explaining anything to me. The Consent Order was dated August 24, 1995. This was something that was deliberately done against me.

206-30-2017

(110)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803)737-5700

WCC File # 0217755
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gertrude Shiver 249-98-2546
Claimant's Name SSN
26 Congaree Church Rd.
Isden, S. C. S.C. 29052
Address City State Zip
03) 353-3892 _____
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Drive
Columbia, S.C. 29202
Address City State Zip
PHTS
Insurance Carrier

Gertrude Shiver (803) 353-3892
Preparer's Name Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

- 1a. The claimant sustained an accidental injury to Lower back, side on 3-23-2002 in Richland County, State of South Carolina
part of body hurt month day year
- 1b. Describe briefly how the accident occurred missed and dropped my marker. As I reached down to pick up the marker, the chair rolled out from under me and toppled over on my lower back.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 3-25-2002 in the following manner:
month day year
I told Alice Ammons. I believe an incident report was filled out.
6. Due to injury, the claimant is in need of (check one): N/A
☐ (a) medical examination and treatment for _____
☐ (b) additional medical examination and treatment for _____
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 3-23-02 through 4-8-2002.
8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one) N/A
☐ (1) General Disability: ☐ Total ☒ (2) Specific Disability: ☐ Total ☐ Partial
☒ Partial
- Body part(s) affected are: Lower back and side
9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A
- 10a. At the time of injury, the claimant was paid weekly wages of \$ Unknown, and demands accounting of days worked and wages earned as provided by law. See attached sheet.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
Only Richland
- 11a. Further grounds of claim: PHTS has not paid my doctors bills which they said that they would. See attached sheet.
- 11b. 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 sheet
- 11c. To the best of your knowledge, did you have any prior permanent disability? yes
If yes, describe: Herniated disc in lower back.
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.

Gertrude Shiver
Signature of Claimant/Representative

SCWCC

OCT 20 2006

JUDICIAL

10-19-06
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

NCC Form # 50. Rev. Date 9/90

50 Employee's Notice of Claim and/or Request for Hearing.

October 18, 2006

RE: WWW FILE # 0217755

Dear Sir:

This is a refiling of my original claim that was done by Attorney Paula Stewart of Suggs and Kelly where I am now asking for a hearing. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Gertrude Shiver".

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(112)

ATTACHED SHEET TO WCC FILE# 0217755

7. I wasn't paid for the days that I was out because I didn't go over to HealthWorks to the nurse practitioners. The ER physician at Palmetto Baptist Hospital ER had told me not to go to HealthWorks but to follow up with my private physician which was Dr. Jeffrey Hook. He gave me an excuse to be out for the injury. They would not pay for the days that I was out because Dr. Hook had given me an excuse.

10 a. At the time of the accident, I was working some part time hours in the Trauma Office and I lost my check stub and I cannot remember my hourly wages. I was making approximately \$8.840 base pay in the Medical Records Department.

11 a. PHTS had promised to pay Dr. Gregory Jones for treatment to my back if I would relinquish my rights to mileage. I had signed an agreement with Attorney Paula Stewart that I would relinquish my rights to mileage only if PHTS would pay for my treatment. They never paid for my treatment, so I want my rights to mileage reinstated. I want them to pay my doctors for taking care of me. I also had an MRI of my back done. Blue Cross and Blue Shield need to be reimbursed. I have another herniated disc from this fall that was found on the MRI of the sacral area at L5-S1 and possibly new-onset symptomatic disc bulge L3-4. Also, I developed some sacroiliitis and some sciatica complaints from this fall. I need to be compensated for this disc and the sciatica.

- 11 b.
1. Palmetto Health Baptist ER Physician
Taylor at Marion St.
Columbia, S. C.
(803) 296-5010
 2. Jeffrey Hook, MD
Midlands Internal Medicine Associates
3000 Northeast Medical Park
Suite 108
Columbia, S. C. 29223
(803) 462-9200
 3. Gregory Jones, MD
Charleston Spine and Physical Medicine

2093 Henry Tecklenburg Drive
Suite 310 East
Charleston, S. C. 29414
(843) 402-0111

4. Disc Imaging
1136 Bowman Road
Mount Pleasant, SC 29464
(800) 933-3472

11c.

I have a herniated disc at the L4-5 level that came from a previous worker's compensation injury.

Debra Shum
10-19-06

ADDENDUM TO WCC 0217755
DOA 03/23/2002

10a. At the time of the accident, I was working in the Trauma Department making \$11.28/hr and in the Medical Records Department making \$8.840/hr. I could work from 12-25 hours a week in the Trauma Department. I worked mostly mornings, nights, and mornings and nights on Saturdays, all three shifts on Sundays. I was paid some overtime hours. Also, I was paid shift diff A of \$1.00, Shift diff B of \$1.250, Weekend diff. 5 of \$1.000, and Weekend diff 6 of \$1.250. All monies were combined into one check.

10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S. C. 29209

Target Stores
6090 Garners Ferry Rd.
Columbia, S. C.

11a. Payment of my share that I paid for care that Blue Cross and Blue Shield didn't pay. Payment for my share of the doctor's bills, treatment, medications, etc connected with this injury. Mrs. Geneva Andrews from PHTS had given authorization for treatment with Dr. Jones previously. Mileage was forfeited. Reimbursement to Blue Cross and Blue Shield for payment of my bills.

The total of my share of the bill that I paid is around \$2,695.05 if no mistake. I reserve the right to amend this amount if necessary.

I never received a letter from PHTS stating that all of my doctors bills, etc. including payment to Dr. Jones had been satisfied.

11b. HPRC
1910 Blanding Street
Columbia, S. C. 29201

11c. I have a prior herniated disc at the L4-5 level that happened in 1997 while I was helping a patient up in bed at Trident Regional Medical Center.

SCW
JAN 29 2007
JUDICIAL

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 0227098
Carrier File #
Carrier Code #
Employer FEIN

Gertrude Shiver 249-98-2546
SSN
1026 Congaree
Church Rd. Gadsden, S. C. 29052
Address City State Zip
803 353-3892
Home Phone #
Work Phone #
Gertrude Shiver
Preparer's Name

Palmetto Health Richland
Employer's Name
5 Richland Medical Park Drive
Address City State Zip
PHTS Columbia, S.C.
Insurance Carrier
Palmetto Health Trust
(803) 353-3892
Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

Claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to left neck, shoulder on 10/24/2002 in
part of body hurt month day year
Richland County, State of South Carolina
- 1 b. Describe briefly how the accident occurred See attached sheet
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 10/24/2002 in the following manner:
month day year
Immediate supervisor notified, Beverly Fulton. Occurance Rpt. done
6. Due to injury, the claimant is in need of (check one): N/A
☐ (a) medical examination and treatment for
☐ (b) additional medical examination and treatment for
7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: None
8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☒ Partial
Body part(s) affected are: Left neck, shoulder. See Sheet
9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A
- 10 a. At the time of injury, the claimant was paid weekly wages of \$404.005; and demands accounting of days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
N/A.
- 11 a. Further grounds of claim: Payment to physicians and providers for care.
- 11 b. 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 sheet.
- 11 c. To the best of your knowledge, did you have any prior permanent disability? yes
If yes, describe: See attached sheet.
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.
- 13 a. I am filing a claim. I am not requesting a hearing at this time.
- 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

(116)

SCWCC

OCT 10 2006

JUDICIAL

10-09-06
Date

ADDENDUM TO FORM 50 WCC FILE #2002062795/0227098
DOA 10/24/2002

10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S. C. 29209

Target Stores
6090 Garners Ferry Rd.
Columbia, S. C.

11a. I haven't received a letter from PHTS that Dr. Jones has been paid in full or that BlueCross and BlueShield or Companion Health Care have been reimbursed for all of my doctor bills and treatments.

I have to be reimbursed for paying my share of my care of approximately \$1,917.42. I reserve the right to amend the figure if needed.

I was fired from my job on October 6, 2006. I only work at Kmart for 15 hrs/week at \$6.50 an hour without any benefits. This was the only place that would hire me. I need a desk job. My Cobra Insurance will run out in September 2007 and I won't have any insurance coverage for continued care for flare-ups in my conditions. I am having some flare- up now. My unemployment benefits ran out in May of 2007. The job at Kmart is the only one that I could find and it is the only source of income that I have which is really nothing. Mr. Gregory claimed he fired me because of my book, but I was under worker's compensation with a wrist injury at the time of my firing. I am going to need help in relocating to another state to find a decent job in my field of study.

I need help in going to law school.

11b. Jacquelyn A. Going, MD (Old address)
110 E. Medical Ln.
W. Columbia, S. C. 29169

Jacquelyn A. Going, MD (New Address)
Nine Richland Medical Park
Columbia, S. C.

Lexington Medical Center
811 West Main Street
Lexington, S. C. 29072

(112)

SCWCC
JUL 29 2007
JUDICIAL

25 7-5-07

Page 2

Gregory M. Jones, M. D.
Charleston Spine and Physical Medicine, PA
1930 Charlie Hall Blvd.
Charleston, S. C. 29414

11 c. I had a prior permanent impairment of 3-5% to my cervicothoracic spine from 4/20/97 (MVA) and prior work related injuries. Then an additional 3% for motor vehicle accident of 11/25/2000 for cervical area. This is a total of 8%. Dr. Jones had indicated in his medical notes that, "Although patient does have residual anterior shoulder and left upper chest wall pain and discomfort which has appeared as "new" myofascial injury following 10/24/02 accident on the job, this would require assessment for myofascial pain, and based on recommendations per AMA Guides to the Evaluation of Permanent Impairment, 5th edition interpretation, it is inappropriate to add further impairments for this type of injury, particularly when impairments have addressed myofascial injuries in this region previously. Although patient is released today from active care regarding injuries sustained 10/24/02, patient is candidate for intermittent use of cervical facet and/or trigger point management with focal injections for flares. I can address issues regarding future medical care via Life Care Plan if this becomes necessary.

(118)

October 9, 2006

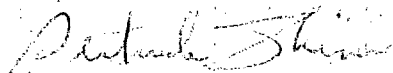
RE: WWW File #2002062795

Dear Sir:

This is a refiling of my claim dated 12/26/03. I am asking for a hearing although I don't have any legal representation. I have included the original correspondence of my claim of 12/26/03.

On October 6, 2006, I was fired from my job at Palmetto Health Richland, because of my book, "The Fall of a Nurse: What is Wrong with Gerly." Therefore, I am without any health insurance and no income in order to pay on my medical bills. Palmetto Health Trust never paid my doctors anything for my care. Therefore, I am refiling this claim asking for some help in paying my bills. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

C119

December 26, 2003

WCC File # WC2002062795

Dear Sir:

I was trying to avoid writing you this letter about my employer Palmetto Health Richland and it's worker's compensation carrier Palmetto Health Trust Services, but I find that I have no choice since Palmetto Health Trust Services refuses to pay for my medical care and neither will they answer my two correspondences that were sent to them. I find myself having to fight for what is right.

After visiting the emergency room at Palmetto Health Richland on 10/24/2002, I was instructed by the emergency room physician to follow up with my private physician concerning the injury to my neck and shoulder. I followed his instructions and followed up with my private physician. Management at Palmetto Health Richland was angry with me and said that they were going to make me pay for my own care since I didn't follow their worker's compensation policy and go over to HealthWorks to receive care. Around November 9, 2002, I received a letter from Lori Sharpe of Palmetto Health Trust Services dated November 7, 2002, notifying me that, "Please be advised that any medical care should be provided by authorized treating physicians only, as we will not pay for unauthorized medical care. To obtain authorization, please have the treating physician call our office prior to providing care.

After receiving some physical therapy treatments from a registered physical therapist, I was referred to my specialist by my private physician since I needed some specialized care. Before going to my specialist, his office had called Lori Sharpe and obtained authorization from Palmetto Health Trust Services to treat my injuries. Upon receiving an appointment, I went and my specialist did an X-Ray, assessed me, and developed a plan of treatment for me. Later on sometimes that week, I received a call from my specialist's office that Sandy Saukas from PHTS had called and stated that they weren't going to pay for any of my care. No reason was given for them not paying for my care. Since I never received another letter or anything from PHTS and no other physician was offered to me, I

(120)

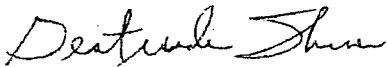
Page 2

continued with my appointments and treatments with my specialist until he turned me loose.

At HealthWorks at Palmetto Health Richland, I have only seen the occupational health nurses and the nurse practitioners. Even though they have the title of "Nurse Practitioners," they are still nurses. I have some prior disability and these nurses couldn't take care of me. Then, there is Dr. Martin Durkin, the neurologist, who is the Medical Director of HealthWorks. He only comes there for a few hours in the mornings on Wednesdays and he haven't shown me that his medical practice is up to par. I have not seen any other physicians there providing care at HealthWorks.

It has been well over a year now and PHTS has not paid anything toward my specialist bill or any of my other medical bills that I know of, nor have they answered my correspondences. Because of these Worker's Compensation Laws in the State of South Carolina, there is nothing legally I can do against Jason Morgan, the white supervisor who dropped the heavy thick chart on my neck and shoulder, nor can I make him pay for the treatments to my neck and shoulder. I have already suffered enough under the Worker's Compensation Laws of this state and I need some relief. Every time that I try to minimize some of my suffering, I always run into one obstacle or another whether it is the law or not. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(121)

1 b. On October 24, 2002, I was sitting at Mindy Scarborough's desk working on the computer in the Medical Record Department when the morning supervisor, Jason Morgan, came by with an arm load of charts and put them on the desk. He went and got another arm load of charts and when he got near me, one of the thick heavy charts that contained Neonatal Intensive Care papers fell out of his arms striking me on the left side of my neck and shoulder as it fell to the floor. I immediately felt some pain and I yelled out. This happened around 6:00 p. m. I don't know exactly how many inches thick this chart was, but it was a heavy thick chart. All of the charts that he had put on the desk both times were thick and heavy. I told my evening supervisor, Beverly Fulton, around 6:35 p. m., what had happened and she told me to go to the emergency room.

I didn't go right then to the emergency room because I told Ms. Fulton that the emergency room was crowded and that I wasn't going to get seen. I continued to work on my charts, but as the night progressed, the pain in the left side of my neck and shoulder got worse. When I finally finished up my charts, I put them on the shelf and then I went to the emergency room where I still had to wait a long time before I could be seen because the emergency room was crowded and a trauma patient came to the emergency room. Ms. Fulton was aware that I didn't go to the Emergency Room until I had finished my charts.

8. I have some prior disability to my neck and cervico-thoracic area. I think that I have reached the maximum amount of disability allowed for this type of injury. There is no other new different additional treatment that can be done for my neck that I am aware of. Only, intermittent use of cervical facet and/or trigger point management with focal injections for flare-ups. Also, I have a voice change after this accident, some continued throat pain, and I can't sing like I used to. I don't know for sure if this is a residual effect from the trauma of the thick heavy chart striking me on the left side of my neck and shoulder.

11 b. Palmetto Richland Emergency Room
5 Richland Medical Park Drive
Columbia, S. C. 29203

Jeffrey D. Hook, M.D.
Midlands Internal Medicine
3000 Northeast Medical Park, Suite 108
Columbia, S.C. 29223

Human Performance and Rehabilitation Center
1910 Blanding Street
Columbia, S. C. 29201

Page 2

Gregory M. Jones, M. D.
Charleston Spine and Physical Medicine, PA
1930 Charlie Hall Blvd.
Charleston, S. C. 29414

11 c. I had a prior permanent impairment of 3-5% to my cervicothoracic spine from 4/20/97 (MVA) and prior work related injuries. Then an additional 3% for motor vehicle accident of 11/25/2000 for cervical area. This is a total of 8%. Dr. Jones had indicated in his medical notes that, "Although patient does have residual anterior shoulder and left upper chest wall pain and discomfort which has appeared as "new" myofascial injury following 10/24/02 accident on the job, this would require assessment for myofascial pain, and based on recommendations per **AMA Guides to the Evaluation of Permanent Impairment, 5th edition** interpretation, it is inappropriate to add further impairments for this type of injury, particularly when impairments have addressed myofascial injuries in this region previously. Although patient is released today from active care regarding injuries sustained 10/24/02, patient is candidate for intermittent use of cervical facet and/or trigger point management with focal injections for flares. I can address issues regarding future medical care via Life Care Plan if this becomes necessary.

(123)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 2002062795/0227098

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver

1026 Congaree Church Rd.

SSN

Gadsden, S. C.

29052

Address

City

State

Zip

(803) 353-3892

Home Phone #

Work Phone #

Palmetto Health Richland

Employer's Name

5 Medical Park Drive

Columbia,

City

S. C. 29202

State

Zip

Palmetto Health Trust

Insurance Carrier

Gertrude Shiver

Preparer's Name

(803) 353-3892

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☐ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident 10/24/2002 2. AWW: _____ Comp. Rate: _____

3. Type of injury and body part(s) Trauma to the left neck & shoulder.

4. Facts in controversy: Was this a very minor injury to the left neck & shoulder?

5. Legal issues involved: See attached sheet.

6. Unusual problems: See attached sheet.

7. Witnesses (designate if expert)* No one was in the cubicle but Jason Morgan and myself when he dropped the heavy thick chart on my neck and shoulder.

8. Exhibits: none

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)
Appearance. No deposition was taken.

10. Name, address, and specialty, if any, of the treating physician: Gregory M. Jones, MD, Charleston Spine & Physical Medicine, PA, 2093 Henry Tecklenburg, 310, Suite 310, Charleston, S. C. 29414.

11. Impairment rating(s); body part(s); physician and date of opinion: See attached Sheet.

SIGNATURE Gertrude Shiver 7-7-09

DATE OF HEARING: _____ TIME OF HEARING: _____

On behalf of ☐ Claimant ☐ Employer

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 WCC FILE #2002062795/0227098
DOA 10/24/2002

5. Are the emergency room physicians of Palmetto Health Alliance considered and/or agents, employees, or independent contractors as it relates to giving care to injured workers and referrals of these patients under worker's compensation?

Should an injured worker with documented disabilities be forced to go a nurse practitioner for all of her medical care? No physician was ever offered to me.

What physician could Palmetto Health referred me to that would provide adequate care to my injuries?

Does the nurse practitioner take precedent over the physician and specialist in treating a worker's compensation injury of this nature?

Should the injured worker with disabilities be forced to go to a nurse practitioner when she/he has received instructions from her/his specialist to return to him for flare-ups, etc. to the neck and shoulder?

6. After the thick heavy chart was dropped on the left side of my neck and shoulder, I developed some moderate to severe hoarseness that lasted approximately 2 ½ months. I still have some residual throat pain and I can't sing like I used to. I had to go and see an EENT specialist, Jacquelyn Goings for this problem. This problem just developed after this trauma to my left shoulder and neck. Also, I continue to have left sided neck and shoulder pain.

I had recently been under my specialist care for an injury to my neck from a car accident that happened in November of 2000.

The General Assembly didn't assign a monetary value to the tendons, ligaments, joints, or muscles of the human body.

- 11c. I didn't get any additional impairment rating for this injury on July 1, 2003. I had a prior permanent impairment rating of 3-5% to my cervico-thoracic spine and area from 4/20/97 (MVA) and prior work related injuries. Then an additional 3% rating was given for motor vehicle accident of 11/25/2000 for the cervical area. This is a total of 8%. Dr. Jones had indicated in his medical notes that, "Although patient does have residual anterior shoulder and left upper chest wall pain and discomfort which has appeared as "new" myofascial injury following 10/24/02 accident on the job, this would require assessment for myofascial pain, and based on recommendations per **AMA Guides to the Evaluation of Permanent Impairment, 5th Edition** interpretation, it is inappropriate to add further impairments for this type of injury, particularly when impairments have addressed

myofascial injuries in this region previously. Although patient is released today from active care regarding injuries sustained 10/24/02, patient is candidate for intermittent use of cervical facet and/or trigger point management with focal injections for flares. I can address issues regarding future medical care via Life Care Plan if this becomes necessary.

PD-7-9-07

(126)

October 9, 2006

RE: WWW#0322274

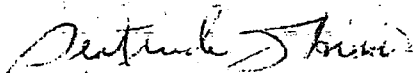
Dear Sir:

This is a refiling of my original claim dated 12/26/03 where I am now asking for a hearing. PHTS has not paid any of my doctor bills. I have no legal representation.

On October 6, 2006, I was fired from my job at Palmetto Health Richland because of my book entitled, "The Fall of a Nurse: What is wrong with Gerly." I was accused of derogatory and slanderous references to Palmetto Richland, employees, and physicians. Therefore, I was terminated from employment which left me without any medical insurance and no way to pay on my medical bills.

I am now requesting a hearing without an attorney because the attorneys will not help me. I am trying to avoid filing for bankruptcy. I am enclosing the original correspondence that was filed with my first claims of 12/26/03. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(127)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 0002214
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Gadsden, S.C. 29052
Church Rd. City State Zip
(803) 353-3892 (803) 434-2045
Home Phone # Work Phone #
Gertrude Shiver
Preparer's Name

Palmetto Health Richland
Employer's Name
5 Medical Park Drive Columbia, S.C.
Address City State Zip 29203
Palmetto Health Trust
Insurance Carrier
(803) 353-3892
Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to see attached sheet on 1/21/03 in Richland County, State of South Carolina month day year
- 1 b. Describe briefly how the accident occurred Fell on a waxy floor when my left foot went out from under me as I was trying to go to the time clock.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 1/21/03 in the following manner: month day year
Nsg Supervisor Mary Sas notified Occurrence report filled out on 1/22/03.
- ☐ 6. Due to injury, the claimant is in need of (check one): Unknown at present
☐ (a) medical examination and treatment for _____
☐ (b) additional medical examination and treatment for _____
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: none.
- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one) Unknown.
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
Body part(s) affected are: neck, back, side, and all body, lt. leg, wrists, feet.
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of NA
- 10 a. At the time of injury, the claimant was paid weekly wages of \$412.40; and demands accounting for _____ days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
None others except Palmetto Health Richland.
- 11 a. Further grounds of claim: Payment to physicians and providers for care.
Compensation for humiliation.
- 11 b. 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 sheet
- 11 c. To the best of your knowledge, did you have any prior permanent disability? To my neck, back, and
If yes, describe: Cervico-thoracic area.
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.
- ☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

(128)

SCWCC

OCT 10 2006

JUDICIAL

10-7-06
Date

**WORKER'S COMPENSATION ACCIDENT OF 1/21/03. NO WCC FILE
NUMBER KNOWN.**

0 322274

1 a. neck, back, left side, left leg and foot, both wrists and hands, feet, perineum area, lower abdomen, and all of body. I fell on a hard waxy floor and my body hit the floor in its entirety except my head.

1 b. On January 21, 2003, as I was going from the right side of the hall to the left side of the hall in front of the Medical Record Department at Palmetto Health Richland, my left foot went out from under me and I fell on the hard waxy floor. The housekeepers had the wet sign in the middle of the hall, but both sides of the hall was wet. There was some other people traveling on the left side of the hall. I was trying to reach the time clock to punch out on time because my manager had already gotten after me about having overtime.

11b. Palmetto Baptist Emergency Room
Taylor At Marion
Columbia, S. C. 29220

Jeffrey D. Hook, M. D.
Midlands Internal Medicine
3000 Northeast Medical Park, Suite 108
Columbia, S. C. 29223

Pitts Radiology Associates
1136 Washington Street
Columbia, S. C.

Carolina Medical Imaging
3010 Farrow Rd., Suite 100
Columbia, S. C. 29203

(129)

Debra Shum 12-26-03

ADDENDUM TO WCC FILE #0322274
DOA 1/21/03

10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S. C. 29209

Target Stores
6090 Garners Ferry Rd.
Columbia, S. C.

11a. Reimbursement to Blue Cross and Blue Shield and all providers and physicians for care. Reimbursement to me for approximately \$1,680.15 for my payment of care. I reserve the right to amend this figure if necessary.

Compensation for humiliation and emotional distress. Ms. Holland and Ms. Sullivan wouldn't let me leave HealthWorks to go to Baptist Hospital to have an X-ray done that my physician had ordered.

I was falsely accused of seeking drugs and using alcohol. I was placed on suspension for a week.

I was fired from my job on October 6, 2006. I only work at Kmart for 15 hrs/week at \$6.50 an hour without any benefits. This was the only place that would hire me. I need a desk job and I don't need to be on my feet for a very long period of time. My Cobra Insurance will run out in September 2007 and I won't have any insurance coverage for continued care for flare-ups in my conditions. I am having some flare-up now. My unemployment benefits ran out in May of 2007. The job at Kmart is the only one that I could find and it is the only source of income that I have which is really nothing. Mr. Gregory claimed he fired me because of my book, but I was under worker's compensation with a wrist injury at the time of my firing. I am going to need help in relocating to another state to find a decent job in my field of study.

I need help in going to law school.

Gertrude Shiver

1026 Congaree Church Rd.

Gadsden, S. C.

Address

City

State

29052

Zip

(803) 353-3892

Home Phone #

Work Phone #

Gertrude Shiver

Preparer's Name

Palmetto Health Richland

Employer's Name

5 Medical Park Drive

Columbia,

City

S. C. 29202

State

Palmetto Health Trust

Insurance Carrier

(803) 353-3892

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☐ Injury by Accident

☐ Occupational Disease

☐ Both Injury by Accident and Disease

☐ Other

1. Date of accident 1/21/03

2. AWW:

Comp. Rate:

3. Type of injury and body part(s) neck, back, left side, left leg & foot, both wrists & hands

4. Facts in controversy: see attached sheet.

Was this fall a compensatory injury?

5. Legal issues involved: See attached sheet.

6. Unusual problems: See attached sheet.

7. Witnesses (designate if expert)* I did not get the name of the house keeping staff involved.

An employee from the lab took me to the basement

and the incident was reported

8. Exhibits: none.

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)

Appearance.

10. Name, address, and specialty, if any, of the treating physician: I only went to Baptist ER and Dr. Hook.

11. Impairment rating(s); body part(s); physician and date of opinion: None given.

SIGNATURE Gertrude Shiver 7-6-07

DATE OF HEARING:

on behalf of ☐ Claimant ☐ Employer

TIME OF HEARING: 11:00 AM

File this form and proof of service on the opposing party according to R.67-611 and 67-612. Do not send medical reports.

WCC FORM # 58

REV DATE 3/96

50 (131)

PRE-HEARING BRIEF

ATTACHMENT TO WCC FILE #0322274

4. There is no way that I can prove continued pain in the vaginal, perineum, and lower abdominal area.
5. Under the Nurse Practice Act, are the nurse practitioners taking care of the injured workers under worker's compensation at Health Works considered independent practitioners?

Should the nurse practitioners taking care of the injured worker under workers' compensation at Health works be independent contractors under the Worker's Compensation Laws and the Nurse Practice Act of South Carolina?

What type and schedule of narcotics were the nurse practitioners allowed to prescribe for the injured worker under the Nurse Practice Act at the time of this accident?

Should the Medical Director over Health Works be assigned to take care of the injured worker under worker's compensation?

Is the occupational health nurse and health information manager allowed to keep the injured worker at health works against her will?

Does the nurse practitioner take precedent over the physician in taking care of the injured worker?
6. This accident happened in the night around 12:30 a.m. The nursing supervisor Mary Sas violated their own worker's compensation injury policy by not sending me to the emergency room that night to be evaluated.

In addition, I had already had some problems with the nurse practitioner Coleen Collins and Barbara Griffin, the occupational health nurse with my injury of 11/15/2001. Furthermore, Dr. Durkin, the neurologist and the director of health works, was taking care of me with an orthopedic injury and there were some questions as to his competency. Upon the instruction of the nursing supervisors, Mrs. Scaglione and Mrs. Lenora Bell, I called over to health work to speak with the nurse practitioner Mrs. Mary Kay Parham on Wednesday morning, January 22, 2003. She was not at work that day and she did not returned until Friday, January 24, 2003.

I was told on Friday, January 24, 2003, by the nurse practitioner Mrs. Parham to go to my own physician with the problems that I was having. The problems that I was having came from the fall. I went to my own doctor as she instructed me to.

JUDICIAL

(132)

3 7-6-07

do. Palmetto Health Richland didn't offer me any physician for care, only a nurse practitioner even though they were well aware of my documented disabilities.

PHTS claims that they didn't know what happened to me. I went to my own doctor as Mrs. Parham instructed me to. In addition, Mrs. Parham tried to get me fired from my job by Ms. Annette Sullivan. As a matter of fact, I was placed on suspension for a week until the results of my urine test came back. I was accused of seeking narcotics and using alcohol. Since Mrs. Parham had tried to get me fired, I didn't go around her seeking for any care.

Ms. Annette Sullivan and Mrs. Elizabeth Holland had humiliated me during the time when I had to submit to a urine drug screen and at the time that I was trying to do the breathalyzer test for alcohol. Events of the incident is included with Form 50.

I continue at present to have pain in the vaginal, perineum, and lower abdominal area.

The General Assembly didn't assign a monetary value to the tendons, ligaments, and joints of the human body.

The emergency room physician over at Baptist Hospital had told me on a prior occasion not to go back over to Health work. In addition, I had had some prior problems with the nurse practitioner taking care of me with an orthopedic injury.

The nurse practitioner, Ms. Mary Kay Parham told me to go to my own physician for care.

I was only offered a nurse practitioner for care at Health Works.

11. No impairment rating is given for continued pain in the vaginal, perineum, and lower abdominal area. There is no impairment rating with problems with the ligaments, tendons, and joints.

PJ 7-6-07

SEY 22

JUL 29 2007

JUDICIAL

(133)

December 26, 2003

Worker's Compensation Injury of January 21, 2003. No WCC File Number given by Palmetto Health Trust Services, the worker's compensation carrier for Palmetto Health Richland.

Dear Sir:

On January 21, 2003, around 12:30 a.m., I fell at Palmetto Health Richland on a hard waxy floor when my left foot went out from under me. Since management at my place of employment was already angry with me because they said that I was not following their worker's compensation policy and procedure with the accident of October 24, 2002, when I went to the emergency room at Palmetto Health Richland, I followed the policy and call the night Nursing Supervisor Mary Sas around 12:45 a. m., and notified her of the fall and the circumstances behind the fall. She stated that she was very busy with a situation upstairs and she could not come. She asked me was I hurt. I told her that I didn't know, but that I had fallen and the whole floor was wet. She did not follow their policy and procedure and told me to go to the emergency room that night to get seen. Instead, she told me when I came back to work the next day that she would leave the accident report and a note with the evening supervisor and that I must go by the office and fill out the form.

I went to work the next day in the Medical Record Department until the nursing supervisor, Pam Schglione called and told me to come to the office and fill out the form. She instructed me to let her know if during the night if I had anymore problems because my whole body was hurting. Around 11:10 p. m. that night, I went back to the nursing supervisor's office where I spoke with Ms. Schglione and Mrs. Lenora Bell because my body still hurt all over and the pain in my perineum area was getting worst. I was instructed to call Ms. Mary Kay Parham that Wednesday morning and talk with her because I had already had a bad experience with Dr. Durkin, Coleen Collins, the nurse practitioner, and Barbara Griffin, the occupational health nurse over at HealthWorks. Also, I had had a bad experience with Dr. Beldin, the orthopedist whom they sent me to.

When I called HealthWorks on Wednesday morning, January 22, 2003, Ms. Parham wasn't there and I was told by one of the employees that she would not be in the office until Friday, January 24, 2003.

Around 11 a. m., on January 24, 2003, I got up and called Ms. Parham. Someone else in the office who said she was the coordinator of worker's compensation spoke to me. She said, "You didn't go to the ER." I replied, "The nursing supervisor didn't tell me to go to the ER. I want to speak to Ms. Parham because the nursing supervisors told me to speak specifically to her. She replied, "I'll go and get her." Ms. Parham said to me over the telephone, "What do you want Ms. Shiver." I replied, "Are you all still working under Dr. Durkin or is there another doctor working over there?" Ms. Parham stated, "I am an independent practitioner. If I have a question, I will ask another nurse practitioner or call a physician. Dr. Durkin is only the medical director and I will tell Jim Lathern that." Then I asked, "What kind of medication can you order?" Ms. Parham replied, "I can order Motrin, Naprosyn, and other medications like that." "Can you order any narcotics?" Ms. Parham said in an angry voice, "No, we are not allowed to order narcotics." I said, "I can buy motrin over the counter and I am not supposed to take Naprosyn because I have had two esophageal dilatations in the past. Naprosyn doesn't work for me." Ms. Parham said, "Gertrude, I don't have time to talk to you about narcotics over the phone and I haven't seen you yet. What problems are you having that is worker's comp. related." I replied, "My whole body is hurting, I have left sided pain, I am nauseated and having dry heaves, and my perineum hurts. The doctor in the ER ordered some narcotics and flexeril when I was last injured." Ms. Parham replied, "Ms. Shiver, if you are having other problems, you need to see your own physician." "Okay, I will tell him about the other problems that I am having, too." After this, Ms. Parham hung up the phone.

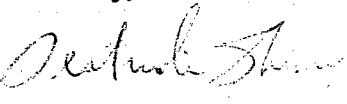
Around 1:15 p.m., on January 24, 2003, I received a telephone call from Ms. Annette Sullivan, the manager from the Medical Record Department. She sounded angry over the phone. "I need you to come in here around 2 O'clock, can you come." I replied, "I will try. I'm still in bed and I have to wash up and get dressed. Is this about the fall?" Ms. Sullivan said, "Yes, and I need to talk to you about it that's all." Around 1:30 p.m., I called Ms. Sullivan back and told her that I couldn't come that I had to go to Palmetto Baptist and have some X-rays done. She still insisted that I come to the office. It was after 3 p. m., when I arrived to the office and she handed me a disciplinary action report. She told me that I had to sign it or that I couldn't work. Then she told me that she didn't want to hear anything from me. In the meantime, she had gone outside and gotten Jason Morgan, the white supervisor who had dropped the heavy chart on the left side of my neck and shoulder. I told her that I wasn't going to sign the disciplinary action report so I had to make a statement on the back. The staff at HealthWorks had made up some accusations on me, and they along with the management in the Medical Record Department had accused me of seeking narcotics and using alcohol. I don't drink alcohol

or beer, and neither do I do drugs. I had needed something for pain with a previous injury, and I didn't received anything.

Afterward, Ms. Sullivan and Mr. Morgan marched me over to HealthWorks where I had to submit to a urine drug screen test after trying to do the breath analysis test for alcohol. Even though I tried many times, I was unable to do blow enough air to do the breath analysis test. I was still sick with the hoarseness and throat pain that I had gotten on December 25, 2002, and my voice had not returned yet. Even though I told the occupational health nurse, Ms. Elizabeth Holland, and Ms. Sullivan that I had to go to Palmetto Baptist and get some X-rays done, I was told that I couldn't leave until I had performed the breath analysis test. I never was able to blow enough air to perform the test, though. Since I couldn't do the breath analysis test, they humiliated me by telling me that I had to catch a taxi home or have someone pick me up since I was under suspicion for narcotics and alcohol. I had to sign a statement that I release Palmetto Health Richland from all liabilities before they would let me go so that I could get my X-Rays done at Palmetto Health Baptist. After this, Ms. Sullivan told me that I couldn't come back to work until she told me to.

On Friday, January 31, 2003, around 4:30 p. m., Ms. Sullivan called and stated that my urine test was negative. I could return to work Saturday or Monday and that she would pay me for the days that I was off and that none of my paid time off days would be used. Since I was on probation and for fear of some other repercussion, I went back to work on Saturday, February 1, 2003, even though my body wasn't really up to it. Although I was paid for the days that I was barred from returning to work, this still has not taken away the continued humiliation and suffering that I am still enduring. In addition, I never did hear anything or received a letter from their worker's compensation carrier PHTS notifying me of my worker's compensation number although it has been nearly a year. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 0321756

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Gadsden S.C. 29052
Address City State Zip
(803) 353-3892 (803) 434-2045
Home Phone # Work Phone #

Palmetto Health Richland
Employer's Name
5 Medical Park Drive Columbia, S.C.
Address City State Zip
Key Risk Management Ser. Inc.
Insurance Carrier
(803) 353-3892
Phone #

Gertrude Shiver
Preparer's Name

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to See attached sheet on 10/23/03 in
part of body hurt month day year
- 1 b. Richland County, State of South Carolina
Describe briefly how the accident occurred I fell on the hard floor after my right foot became caught in the telephone cord that some of the workers left in aisle
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 10/23/03 in the following manner:
Nsg. Supervisor Lenora Bell notified. month day year
HIM supervisor Heather Doyle notified. Occurrence rpt filled out.
- ☐ 6. Due to injury, the claimant is in need of (check one): Continued treatment for left side.
☐ (a) medical examination and treatment for
☐ (b) additional medical examination and treatment for
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work at wages for the period of: None
- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one) Unknown
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ Partial ☐ Partial
Body part(s) affected are: back, left side, knees, wrists, all of body.
- ☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of N/A
- 10 a. At the time of injury, the claimant was paid weekly wages of \$ 412.40; and demands accounting days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
None except Palmetto Health Richland.
- 11 a. Further grounds of claim: To determine if this was a compensatory accident.
Payment to physicians and providers for care.
- 11 b. 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 sheet
- 11 c. To the best of your knowledge, did you have any prior permanent disability? Yes. Two herniated discs
If yes, describe: in back and one in the neck. Disability to back, neck and cer
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. vico-thoracic area.
- ☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

10-18-03
Date

October 18, 2005

**WORKER'S COMPENSATION ACCIDENT OF 10/23/03. WCC FILE NO.
0321756.**

1 a. both knees, both wrists, all of left side and back, and whole body except head. I
fell on the hard floor in the Medical Records Department.

11 a. Palmetto Health Emergency Room
5 Richland Medical Park Drive
Columbia, S. C. 29203

Dr. Jeffrey Hook
Midlands Internal Medicine
3000 Northeast Medical Park, Suite 108
Columbia, S. C. 29223
(803) 462-9200

Dr. Gregory M. Jones
Charleston Spine & Physical Medicine, PA
1930 Charlie Hall Blvd.
Charleston, S. C. 29414
(843) 402-0111
(800) 393-7008

Dr Albert Odom (for left sided pain)
1301 Taylor St.
Columbia, S. C. 29201
(803) 254-3230

Dr. Thomas E. Brandt

New Address:

Center for Pain Controlled

Page 2

West Wateree Medical Complex
1165 Highway 1
Suite 300
Lugoff, S. C. 29078
(803) 408-3033

Old Address:
Center for Pain Management
223 Stoneridge Drive
Columbia, S. C. 29210
(803) 296-5990

Dr. Timothy Zgleszewski
Center for Pain Management
223 Stoneridge Drive
Columbia, S. C. 29210
(803) 296-5990

(139)

ADDENDUM TO FORM 50 WCC FILE # 0321756
DATE OF ACCIDENT 10/23/03

10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S. C. 29209

Target Stores
6090 Garners Ferry Rd.
Columbia, S. C. 29209

11a. Reimbursement to Blue Cross and Blue Shield, Companion Health Care, AARP Insurance and all other payers to all physicians and all providers of care including physical therapy.

Tentative to AARP Insurance=\$375.00.

Reimbursement for bills that I paid to doctors, physical therapy, providers of care, medications, ect., of approximately \$8,170.12. In addition, reimbursement for pending bills to be paid for 2006 and 2007 for outstanding medical claims plus bills that I have not paid yet. Everything else that is allowed under the law.

I reserve the right to change or modify the amount of monies for reimbursement.

Payment for mileage to all doctor, physical therapists, all providers of care etc. (I don't know how to compute payment for mileage.)

I have problems with my tendons, ligaments, muscles, joints, and myofascial pain which are a hindrance to me being employed because of all these falls and accidents. I need assistance in finding a desk job.

I gave Attorney Michael E. Chase a copy of my book, "The Fall of a Nurse: What is Wrong With Gerly," as part of my worker's compensation deposition because he said that he was confused about what went on in the past. He gave the book to Palmetto Health Richland which in turn caused them to fire me from my job and took away all of my vacation money. I don't know what else he told them about me that he had learned from my worker's compensation deposition which influenced their disposition toward me.

In addition, after I was fired from Palmetto Health Richland on October 6, 2006, I found out that Barnes and Noble Bookstore on Forest Drive were refusing to sell any more of my books and they refused to order any for my customers.

SCW 22
MAY 20 2007
JUDICIAL

I need a job in medical records since I was fired and no one will hire me with all of my injuries except Kmart store for only fifteen scheduled part-time hours per week. I am going to have to relocate to another state to find a job in my field if anyone will hire me. All of my unemployment benefits have run out.

I need some help in going to Law School.

- 11b. 7. Bruce Cohen, MD.
OrthoCarolina
1001 Blythe Boulevard
Charlotte, NC 28203
8. HRCF
1910 Blanding Street
Columbia, S. C. 29201
9. Brace and Boot Orthopedics
1739 Blanding Street
Columbia, S. C. 29201
10. Devin J. Troyer, MD
Rehabilitation and Geriatric Specialist
2935 Colonial Drive
Columbia, S. C.
11. Columbia Rehabilitation Clinic, Inc.
4350 St. Andrews Rd./3000 Northeast Medical Park
Columbia, S. C. 29210/29223
12. CPO
1901 Blanding Street
Columbia, S. C.

- 11c. I have one disc protrusion and an annular tear at L4-5 impinging bilaterally on transiting L5 nerve roots, right paracentral and central disc protrusion noted at L5-S1 with contained herniation/annular tear noted, with displacement of transiting right S1 nerve root, and a disc bulge with no compressive sequelae at L3-4.

JUDICIAL

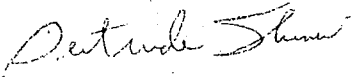
(140)

Page 3

ADDENDUM TO FORM 50 WCC FILE # 0321756
DATE OF ACCIDENT 10/23/03

There is some disc protrusion at C4-5 with broad based protrusion, desiccation with bulging at C6-7, and anterior herniations noted at C3-4 and C4-5 through C5-6 disc levels.

I have a prior 8% disability rating to my lower back and an 8% disability rating to cervical thoracic area. (Spinal damage)



Gertrude Shiver
May 18, 2007

(142)

SCWCC
MAY 20 2007
JUDICIAL

ADDENDUM TO WCC FILE #0321756
DOA 10/23/03

- 11A. An addition of \$325.00 added on to the amount owed me of \$8,170.12 for a total of \$8,495.12.

(9/93)

SCW

ALL 28-0007

JUDICIAL

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

File # 0321756

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver

Claimant's Name

1026 Congaree

SSN

Church Rd.

Gadsden

S.C.

29052

Address

City

State

Zip

(803) 353-3892

Home Phone #

(803) 434-2045

Work Phone #

Gertrude Shiver

Preparer's Name

Palmetto Health Richland

Employer's Name

29203

5 Medical Park Drive

Columbia, S.C.

Address

City

State

Zip

Key Risk Management Ser INC

Insurance Carrier

(803) 353-3892

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident 10/23/03

2. AWW:

Comp. Rate.

3. Type of injury and body part(s) Chronic pain on the left side. See attached sheet.

4. Facts in controversy: Was the fall of 10/23/03 a compensatory accident?

5. Legal issues involved: Refusal of the insurance company to pay for medical care as a punishment for me not going over to Health Works. See attached sheet.

and not following the Hospital's Injury Policy.

6. Unusual problems: See attached sheet.

7. Witnesses (designate if expert)* None.

8. Exhibits: None

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)

Appearance. Physicians notes have to be obtained.

10. Name, address, and specialty, if any, of the treating physician: See attached sheet.

11. Impairment rating(s); body part(s); physician and date of opinion: Unknown as of 5/29/06. I have not finished with the present treating physician yet. See attached sheet.

SIGNATURE

Gertrude Shiver 5/29/06

DATE OF HEARING:

TIME OF HEARING:

On behalf of

☒ Claimant

☐ Employer

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

Number 3.

I have chronic pain on the left side especially in and around the rib cages and left breast. The pain in and around the rib cages is something new that occurred with this accident.

Also, I have some prior disability to my cervico-thoracic area that occurred from some prior worker's compensation injuries and car accidents. (See Dr. Gregory Jones notes.)

In addition, I have some conditions, some from workers compensation injuries that were aggravated by this fall. I had to have some surgery around June of 2004. I have some prior disability in my back that occurred from some worker's compensation injuries and car accidents. (See Dr. Gregory Jones notes and prior worker's compensation hearing with Commissioner Holly Saleeby Atkins.)

I continue to have some chronic pain in the left leg, heel, and foot. This accident helped contribute to some of the pain in the left leg. The pain, tingling, stinging, and numbness, in the left leg, heel, and foot first started with the worker's compensation injury at Palmetto Health Richland on 11/15/01. I had some pain in the feet occasionally because of some prior worker's compensation injuries in 1994 and January of 1995. With the accident of January 1995, the tendons and ligaments dropped in both of my feet where by my feet became flat.

Number 5.

Key Risk Insurance Company refused to pay for some of my medical care as punishment for me not going over to HealthWorks. Administration, the occupational health nurse, and the nurse practitioner were angry at me for not following their hospital's injury policy that pertained to the workers compensation injured employee. In addition, Sandy Sullivan of Key Risk Company stated that she was not going to pay for me going to Dr. Hook.

Subsequently, she sent me a denial letter concerning my injury. Therefore, I along with Blue Cross and Blue Shield Insurance Company had to pay for my medical care. After 2003, I was insured with Companion Health Care.

SCWCC
JUN 06 2006
JUDICIAL

(145)

In addition, administration along with the nurse practitioners and occupational health nurses, etc became angry with me with the accident of 3/23/02. Their anger and resentment toward me escalated with this accident of 10/23/03.

At the time of the accident of 10/23/03 at HealthWorks, there were only occupational health nurses and nurse practitioners to take care of the injured worker. The only doctor that I ever saw was Dr. Martin Durkin who I found out was the medical director and he only came on Wednesdays. By his action with a previous injury that I had at Palmetto Health, he seemed to be incompetent to take care of me. At least that is what happened with a prior accident of 11/15/01. Also, I had some problems with the nurse practitioners with this accident as well as the accident of 11/15/01 and the accident of 1/20/03. With all of my following accidents including the accident of 10/23/03, the emergency physician told me to follow up with my private physician. With my second accident of 3-23-02, the emergency room physician at Baptist Hospital had told me not to go back over to HealthWorks.

In addition, I had been mistreated at HealthWorks. As recent as May 19, 2006, I had some trouble with Libby Holland and another one of the office staff. Also, the nurse practitioners does not always referred the injured worker out to a specialist when warranted. Furthermore, I can only go to a few physicians without being mistreated, or not getting the proper treatment, or no treatment at all. There is no way that the Worker's Compensation Laws or a Commissioner can make a physician, nurse practitioner, or occupational nurse take care of me.

In addition, The Codes of Laws didn't saw anything about the occupational health nurse and nurse practitioners being substituted for the physician in taking total care of the injured worker.

Number 6.

As a result of Key Risk Company along with the other insurance companies not paying any on my medical bills, I was forced to obtain a prn job in another department to continue paying on my medical bills. In addition, I had to struggle to write and publish a book in order to generate some money in order to pay on my medical bills. In addition, I need an attorney to help me with my claim, but no attorney will help me. None of them would give me a reason why. I can't seem to find the time within working to study so that I can take the entrance exam for law school so that I can learn how to represent myself and file a law suit.

(146)

SCWCG
JUN 06 2008
JUDICIAL

I have some prior medical conditions, especially my back that was aggravated by the fall. With all of the workers' compensation injuries that I have had, I am a victim of the Worker's Compensation Laws of South Carolina, because I don't have an attorney and some prior things that were done to me by the Commissioners.

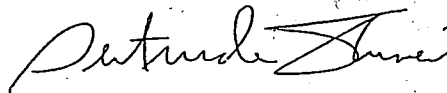
I have had four more worker's compensation accidents at Palmetto Health Richland and I believe that this one is only a continuation of the other four.

Number 10.

At the present time, I am being treated by Dr. Thomas E. Brandt. Jr. D. O. Address: The Center for Pain Controlled West Wateree Medical Complex, 1165 Highway 1, Suite 300, Lugoff, S. C. 29078. Telephone: (803) 408-3033. Fax: (803) 408-3011

Number 11.

This is unknown at present. I am still treating with my physician.



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803)353-3892

SCWCC
JUN 06 2006
JUDICIAL

(147)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0321756

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver 249 98 2546
Claimant's Name SSN
1026 Congaree Church Rd.
Gadsden, S. C. 29052 Zip
Address City State
(803) 353-3892
Home Phone #
Work Phone #
Gertrude Shiver
Preparer's Name

Palmetto Health Richland
Employer's Name
5 Medical Park Drive Columbia, S. C. 29
Address City State Zip
Key Risk Management Ser. Inc.
Insurance Carrier
(803) 353-3892
Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.
☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Other

1. Date of accident 10/23/03 2. AWW: Comp. Rate:
3. Type of injury and body part(s) Chronic pain on the left side Injury to both knees, both wrists, all of left side and back, and whole body except he
4. Facts in controversy: Was the accident of 10/23/03 a compensatory accident.
5. Legal issues involved: See attached sheet
6. Unusual problems: See attached sheet
7. Witnesses (designate if expert)* None.
8. Exhibits: None. See attached sheet.
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) Appearance and deposition.
10. Name, address, and specialty, if any, of the treating physician: See Form 58 dated 5/29/06
SEE ATTACHED SHEET
11. Impairment rating(s); body part(s); physician and date of opinion: See attached sheet.

SIGNATURE

Gertrude Shiver, 5-20-07

DATE OF HEARING: 6-20-07

TIME OF HEARING: 10Am

On behalf of ☐ Claimant ☐ Employer

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.

PRE-HEARING BF

(148)--

ADDENDUM TO FORM 58 WCC FILE # 0321756
DATE OF ACCIDENT 10/23/03

5. Should an injured worker with documented disability be forced to go to a Nurse Practitioner for care?

Should the injured worker disregard the emergency room physician's order to follow up with her physician and go to the nurse practitioner instead?

No physician was offered to me for care. (No physician is over at HealthWorks. Dr. Durkin is a neurologist and the Medical Director of HealthWorks. He is only at Health Works for a few hours on Wednesdays. I don't believe his competency is up to par.)

Should there be a limit on the type and number of questions asked by the opposing attorney during a worker's compensation deposition?

Is it illegal and unethical for the opposing attorney during a worker's compensation deposition to go back to the employer and divulge to the employer what he has learned from the injured worker during the worker's compensation deposition?

6. I gave Attorney Michael E. Chase a copy of my book as a part of my worker's compensation deposition since he said he was confused and he took the book and gave it to Palmetto Health Richland and they in turn fired me on October 2, 2006, and they claimed it was because of the book. I had another worker's compensation injury on July 16, 2006. In addition, I was scheduled for a worker's compensation deposition in December of 2006 with Attorney Sims.

I can only go to a few physicians because of abuse, ill-treatment, or no correct treatment at all.

7. A film of my walking ability was made at the HPRC, but the film cannot presently be found.

10. Bruce Cohen, MD
OrthoCarolina
1001 Blythe Boulevard
Charlotte, NC 28203

Devin J. Troyer, MD
Rehabilitation and Geriatric Specialist
2935 Colonial Dr.
Columbia, S. C.

(149)

Gregory M. Jones, MD
Charleston Spine and Physical Medicine, P.A.
2093 Henry Tecklenburg Drive, Suite 310 East
Charleston, S. C. 29414

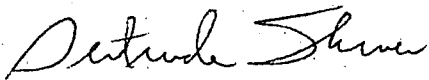
Thomas E. Brandt
Center for Pain Control
West Wateree Medical Complex
1165 Highway 1, Suite 300
Lugoff, S. C. 29078.

11. No disability for my left leg, foot, ankle, Achilles tendon, and heel given by Dr. Cohen, although I had special insteps made, wears an ankle brace, and wears orthopedic shoes. I had two injections in my ankle. I didn't return after the second injection because I didn't want an arthroscopy.

No disability given by Dr. Troyer for the intrinsic musculature weakness in my foot, the peripheral polyneuropathy or the axonopathy of the foot intrinsic musculature. He didn't seem willing to do anything for me when he found out it was a worker's compensation injury incurred at Palmetto Health Richland.

No additional disability given by Dr. Jones for my back and cervico-thoracic condition. It was noted in his notes that it was felt that I would be a candidate for inclusion in SC Second Injury Fund relating to this aggravation of lumbar symptoms with work injury of 10/23/03.

No addition disability given by Dr. Brandt for my chest wall condition, intercostals neuralgia, or my costochondritis. I have received a number of injections and nerve blocks for these conditions.



Gertrude Shiver
May 18, 2007

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715

WCC File # 0616750
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gertrude Shiver 249-98-2546
Claimant's Name SSN
1026 Congaree Church Rd Gadsden, S.C.
Address City State Zip 29052
(803) 353-3892 Work Phone #
Home Phone #
Gertrude Shiver
Preparer's Name

Palmetto Health Richland
Employer's Name
5 Medical Park Columbia, S.C.
Address City State Zip
Key Risk
Insurance Carrier
(803) 853-3892
Phone #

Complete each information blank. To request a hearing, check box 13 b., indicate the kinds of benefits claimed by checking the box(es) at lines 6, 7, 8, and 9, and file this form in duplicate.
A claim for worker's compensation benefits is made based on the following grounds:

- 1 a. The claimant sustained an accidental injury to right wrist on 7-16-06 in Columbia County, State of South Carolina
part of body hurt month day year
- 1 b. Describe briefly how the accident occurred I developed some moderate pain in right wrist while using the hole puncher. I started to drop things.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 7-17-06 in the following manner:
I sent an E-mail to Toni Pait, supervisor.
month day year
- ☐ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for _____
☒ (b) additional medical examination and treatment for pain and weakness.
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: none
- ☐ 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ Unknown ☐ (2) Specific Disability: ☐ Total ☐ Partial
☐ Partial
- ☐ 9. Body part(s) affected are: right wrist
Due to the injury, the claimant has a serious bodily disfigurement consisting of none
- 10 a. At the time of injury, the claimant was paid weekly wages of \$ app. \$500.00 ; and demands accounting c
days worked and wages earned as provided by law.
- 10 b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
- 11 a. Only Palmetto Health.
Further grounds of claim: See separate sheet
- 11 b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Frank Noojin, Md. Columbia Rehab Clinic.
- 11 c. To the best of your knowledge, did you have any prior permanent disability? I don't think so.
If yes, describe: I have hurt my wrists in past accidents.
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.
- ☐ 13 a. I am filing a claim. I am not requesting a hearing at this time.
☒ 13 b. I am requesting a hearing.

Gertrude Shiver
Signature of Claimant/Representative

(151)

OCT 10 2006
JUDICIAL

10-7-06
Date

October 7, 2006

Re: Injury to right wrist on July 16, 2006

Dear Sir:

On July 16, 2006, around 11:15 p. m., I developed some moderate pain in my right wrist while I was using the hole puncher. Also, I started to drop things and I had difficult removing staples.

On Monday morning, July 17, 2006, I sent Toni Pait, my supervisor an e-mail about the pain in my right wrist. I communicated with her via e-mail and verbally from then on. Also, Barrington Wint, manager of the medical records department was aware of the problems with my right wrist. Around June 21, 2006, I had visited Dr. Jeffrey Hook's office where I had seen Jean Massey, Adult Nurse Practitioner about some continued pain in both knees and left wrist where I had fallen on May 20, 2006, on the steps of Red Hill Baptist Church Fellowship hall.

During the time that the pain started in my right wrist, Mrs. Massey was in the process of referring me to an orthopedic for the pain in my left wrist and knees. I was waiting on the girls from the office to call me and tell me when the appointment was.

I had notified Mrs. Pait that I was going to ask the orthopedic doctor to check my right wrist also when I went to visit him. I didn't see any sense in going to the Nurse Practitioner at Health Work for pain in the right wrist when the Nurse Practitioner in Dr. Hook's office was already sending me to an orthopedic for the pain in my left wrist and knees.

I am still under the care of Dr. Frank Noojin and I am still taking some physical therapy. My medical care has been being paid for by my private insurance. The Worker's compensation carrier has not paid any thing.

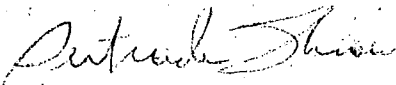
On October 6, 2006, I was terminated from my employment at Palmetto Health Richland by Barrington Wint and Annette Sullivan. They had found out about my book, "The Fall

Page 2

of a Nurse" and that it was posted on Amazon.com. They were very angry with me because I had written a book. They accused me of having written a book with very derogatory, slanderous references to Palmetto Health, several employees and physicians. They had only picked out the part where I told about how Palmetto Health was treating me while I was under The Worker's Compensation Laws of South Carolina. He used the book as an excuse to fire me with this worker's compensation injury. This book mainly was a testimony to my faith in God and the trials and tribulations that I have gone through for about 12 years in the State of South Carolina.

Since they have fired me with a worker's compensation injury, I have no insurance to pay for my treatments. Annette Sullivan, Barrington Wint, and another employee from personnel had ganged up on me in her office. Annette Sullivan had tried to fire me before with a worker's compensation injury. I am filing this claim because I need some help with my medical bills. Thank you.

Sincerely,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892

(153)

ADDENDUM TO FORM 50 WCC FILE# 0616756
DATE OF ACCIDENT 07/16/2006

10b. Kmart Stores
4400 Fort Jackson Blvd.
Columbia, S.C. 29209

Target Store
6090 Gamers Ferry Rd.
Columbia, S. C.

11a. Reimbursement to Blue Cross and Blue Shield, Companion Health Care, AARP Insurance, and all other payers to all physicians and all providers of care including physical therapy.

Tentative to AARP Insurance of \$184.60. (Subjected to change because of problems with physical therapy billing department.)

Tentative to Blue Cross and Blue Shield approximately \$219.46. (Subjected to change.)

Tentative to Blue Choice (Companion) of \$2,927.47. (Subjected to change.)

Reimbursement for bills that I paid to doctors, physical therapy, providers of care, ect. of approximately \$291.30. (Subjected to change.) Reimbursement for pending or outstanding bills for 2006 or 2007 if any. Everything else that is allowed under the law.

Pending amount still to be paid by me of approximately \$585.16 for physical therapy. (Subjected to change.)

Amount of insurance monies to be reimbursed for bills paid is to be proportionate between Red Hill Baptist Church and the worker's compensation company. The amount to be proportionate is approximately \$3,331.53. This figure is subjected to change.)

In addition, reimbursement for bills paid by me is to be proportionate between Red Hill Baptist Church and the worker's compensation company.

Also, reimbursement for mileage to doctors, physical therapy, etc. (?)

I reserve the right to change or modify the amount of monies, etc. for reimbursement.

11b. Jeffrey Hook, MD
Midlands Internal Medicine Associates

Page 2
ADDENDUM TO FORM 50 WCC FILE # 0616756
DATE OF ACCIDENT 7/16/06.

3000 Northeast Medical Park
Suite 108
Columbia, S. C. 29223

A handwritten signature in cursive script, appearing to read "Gertrude Shiver".

Gertrude Shiver
5/29/07

(155)

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0616756

Carrier File #

Carrier Code #

Employer FEIN

Gertrude Shiver

Claimant's Name

1026 Congaree Church
RD Gadsden

SSN

S.C. 29052

Address

City

State

Zip

(803) 353-3892

Home Phone #

Work Phone #

Palmetto Health Richland

Employer's Name

5 Medical Park Drive
Columbia S. C. 29202

Address

City

State

Zip

Companion Property & Casualty

Insurance Carrier

Gertrude Shiver

Preparer's Name

(803) 353-3892

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☐ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☒ Other

1. Date of accident 7/16/2006 2. AWW: _____ Comp. Rate: _____

3. Type of injury and body part(s) I developed some moderate pain in my right wrist. I started to dropped things while trying to pick them up.

4. Facts in controversy: Was this a compensatory injury? Was this considered an injury? The pain started while I was using the hole puncher. See attached sheet.

5. Legal issues involved: I had a prior worker's compensation injury to this part of the bo which hasn't been settled. (2) I was fired from my job with a worker's compensation injury.

6. Unusual problems: The General Assembly didn't assigned a monetary value to the tendon ligaments, and joints. Attorney Chase interfered with my care.

7. Witnesses (designate if expert)* None

8. Exhibits: None

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance)
Deposition and appearance.

10. Name, address, and specialty, if any, of the treating physician: Frank Noojin, MD Moore Orthopaedic Clinic, PA, 14 Medical Park, Suite 200. Columbia, S. C. 29203.

11. Impairment rating(s); body part(s); physician and date of opinion: None given. See attached sheet.

SIGNATURE

Gertrude Shiver

SCWCC

DATE OF HEARING: _____

TIME OF HEARING: 7:07 AM

On behalf of ☐ Claimant ☐ Employer

JUDICIAL

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 FOR WCC FILE# 0616756
DATE OF ACCIDENT 7/16/07

4. I developed some moderate pain in my right wrist on 7/16/2006, while I was at work using the hole puncher. I had visited HealthWorks around September of 2006 about this claim. The worker's compensation coordinator said that they were going to pay for my care and that she was not going to make me change doctors.

I had fallen at the Red Hill Baptist Church on May 20, 2006, and reinjured both knees and left wrist. Jean Massey, the nurse practitioner from Midland's Internal Medicine, had gotten me a referral to The Moore's Orthopaedic Clinic to see Dr. Noojin for these injuries.

It didn't make sense to go to HealthWorks to a nurse practitioner for this injury when I was already going to an orthopedist for my other orthopedic injuries. In addition, I didn't see what sense it made for the orthopedist to be treating my other injuries and the nurse practitioner to treat my right wrist just because it was a worker's compensation injury. Furthermore, it didn't make sense for me to be seeing two orthopedic physicians at the same time or a physician and a nurse practitioner just because one of the injuries was an on-the-job injury.

5. Should an injured worker be sent to a nurse practitioner for all care to her right wrist just because it was a worker's compensation injury, when she had already been referred to an orthopedist by her nurse practitioner for similar complaints in the opposite wrist and both knees?

I was fired on October 6, 2007, with a worker's compensation injury.

6. Dr. Noojin went ahead and turned me loose because of the worker's compensation letters he had received from Michael Chase even though I went to him with a personal injury of mine.
11. I was discharged on January 17, 2007, even though I am still having pain in both wrists and right knee. Dr. Noojin dismissed me because of the worker's compensation letters that Attorney Michael E. Chase had sent. His letters were influencing my care even though I didn't go to Dr. Noojin at first for a worker's compensation injury. There is no monetary value assigned to injuries to the tendons, ligaments, and joints of the body. My final diagnoses were (1) Resolving bilateral wrist sprain, and (2) Patellofemoral syndrome, right knee. No impairment rating was given.

Gertrude Shiver 5/29/2007

Gertrude Shiver

SCWCC

MAY 29 2007

JUDICIAL

ATTACHED SHEET TO ACCIDENT OF 7-16-06

6. Pain, weakness, and numbness and tingling in fingers.
- 11a. I was terminated from employment while still under worker's compensation and no way to finish paying for my medical treatments.
- Blue Choice Health Care and I believe Health Care Options have to be reimbursed.
- 11b. Frank K. Noojin, III, MD
The Moore Orthopaedic Clinic, P.A.
Suite 200
14 Medical Park
Columbia, S. C. 29203
(803) 227-8000
- Columbia Rehabilitation Clinic, Inc.
3000 Northeast Medical Pk.
Columbia, S.C. 29223
(803) 736-4845

Petrude Shum
10-19-2006

Attachment kth 672 previous 50
~~A Shriver~~

SCWCC

OCT 20 2006

(158)

2008 CP 4000703

**APPEAL FROM THE FULL COMMISSIONER OF THE WORKER'S
COMPENSATION COMMISSION FOR DENIAL OF MOTION FOR
ADDITIONAL AND NEW EVIDNCE AND CLARIFICATION OF ORDER AND
THE DISMISSAL OF THE CLAIMS UNDER THE CONCEPT OF "WITH
PREJUDICE."**

TO THE CIRCUIT COURT

GERTRUDE SHIVER

VS

**TRIDENT REGIONAL MEDICAL CENTER AND PALMETTO HEALTH
RICHLAND et al.**

**WCC FILE NUMBERS: 9503744; 0126962; 0217755; 0227098; 0321756; 03222
74; 0616756**

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C 29052
(803) 353-3892

The Full Worker's Compensation Commissioner
The Single Commissioner, David Huffstetler
1612 Marion Street
P.O. Box 1715
Columbia, S.C. 29202-1715
803-737-5675

(159)

FILED
2008 JAN 30 PM 4:19
DARDAIA A. SCOTT
C.C.C. & G.S.

Allison M. Carter
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, S. C. 29464
(843) 284-1083

Michael E. Chase
Turner Padgett Graham & Laney, P.A.
P.O. Box 1473
Columbia, S. C. 29202
(803) 254-2200

Attorney Lana H. Sims
Ellis, Lawhorne & Sims, P.A.
P.O. Box 2285
Columbia, S. C. 29202
(803) 212-4953

(160)

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Order from Single Commission.....	
Letter from Single Commissioner to Claimant.....	

2008 JUN 30 PM 4:45
C.C.C. & G.S.
S.D.T.

FILED

SOME OF THE STATEMENTS OF ISSUES ON APPEAL

1. Whether the single-commissioner conduct, questioning, treatment, anger, and attitude toward the claimant caused the claimant to become confused, forgetful, apprehensive, and caused anxiety in the claimant such that the claimant answered questions inappropriately; and whether additional or new evidence and clarifications of the Order should be included to correct the deliberately untruths about the claimant that is written in the Order.
2. Whether the clarifications of the Order should be admissible to shed light on the case more favorable to the abused claimant.
3. Whether the claimant should receive compensation for the exacerbation or her preexisting injuries and newly discovered bulging discs in the lower back and sacral area and for the sciatica and for her right wrist injury.
4. Should the additional evidence and clarification of the Order be admitted in order to preserve the claimant's credibility, honesty, integrity, and character and the concept of "with prejudice" be revoked and the claimant's claims be reinstated?
5. Should the Commissioner Bryan Lyndon have been allowed to participate on the full commission review and allowed to participate and contribute to the denial of the motion for new and additional evidence and the Clarification of the Order and the retaining of the dismissal of claims with the concept of "With Prejudice?"
6. Should the Full Commissioner uphold the Order of the single commissioner and dismissed all of the claims against the claimant with prejudiced and award her nothing knowing that the claimant was not compensated for the days she was out with the back injury of March of 2002, and had not been paid anything for her sciatica and aggravation of her back injury?
7. Should the insurance companies get away with not paying for the claimant medical bills, when the claimant was not provided with a physician, or the one that was provided was incompetent?
8. Should the physician bills be paid if the emergency room physician of the hospital and the alliance wrote orders for the injured worker to follow-up with her private physician?
9. Should this case be remanded to another single commissioner to be heard?
10. My substantial rights have been prejudiced by the single commissioner, the defense attorney, and the full commissioner.

11. Should the single commissioner had ignored the claimant's letter of September 4, 2007, that was delivered on September 5, 2007, and denied the claimant's request for an MRI to the right shoulder?
12. The Denial Order has deprived the appellant of her rights under the law for substantial compensation for aggravation of prior injuries and the furthering injury of her left neck.
13. Whether the substantial rights of the appellant was violated by the single commissioner not controlling the defense attorney.
14. Should some permanent disability should have been given to the patient's shoulder, feet, neck, the newly discovered discs in the lower back and the Achilles tendon?
15. Should not the disability in the right knee and left wrist be decided equally between worker's compensation the fall of October 23, 2003, and the fall of May 20, 2006?

BACKGROUND HISTORY TO THE CASE

The claimant has a history of multiple trauma to the body except the head from Trident Regional Medical Center and then from Palmetto Health Richland Hospital. A hearing was hurriedly conducted on September 4, 2007, where the single commissioner was very anger with the appellant after learning some of the history of the January 1995 claim and the conduct of several attorneys and two commissioners in regards to the claim and the prolongation of its history.

The single commissioner began very angry at the claimant after he was told what Attorneys Thomas M. White, E. Douglas Pratt-Thomas, and Commissioners Bryan Lyndon and Ann Mickle involvement in this particular claim had been. In addition, he didn't let the claimant speak very much to defend herself because he didn't want to hear any hearsay. The single commissioner kept badgering the claimant about covering up the microphone with her papers which made her more anxious and nervous. He didn't control the defense Attorney Michael E. Chase conduct toward the claimant.

The questioning of the single commissioner was geared toward the obtaining of untruths from the claimant after he had gotten her upset and confused. The untruths of the commissioner and the defense attorney concerning the claimant and each claim were subsequently written up in the Order against the claimant by the defense attorney and the single commissioner.

Prior to the hearing, a preconference was held where information as to why Palmetto Health Richland was denying the claim for injuries of October 2003, and July 2006 was withheld from the appellant. The appellant only became aware of the reasons of the denial at the end of the September 4, 2007, hearing when she was chided by the defense attorney Michael E. Chase. The attorney from the defendant hospital Trident Regional Medical Center wasn't present at the preconference.

STATEMENT OF THE CASE

This was a case held on September 4, 2007 which is believed to be a case of First Impression. It contained seven claims which more or less involved the same injured body parts under worker's compensation. The first claim in the case was an outstanding 1995 claim against Trident Regional Medical Center which had a long history of abuse and the use of trickery and fraud against the injured claimant. This was WCC Claim NO: 9503744. The claimant had asked that this claim be included with the other six claims since it involved the same injured body parts that were subsequently reinjured at Palmetto Health Richland Hospital.

Original, this claim of January 1995 was supposed to have been held in 2000, but the then defense attorney E. Douglas Pratt-Thomas had used the defense of "Res Judicata," and an Order that had been drawn up by the defense attorney Pratt-Thomas and claimant's attorney, Thomas M. White in 1995 which claimant was made to sign and Commissioner Bryan Lyndon signed. The Order contained a clause where all injuries were dismissed with prejudiced except the right shoulder and right foot. The claimant was made to withdrawal her Form 50 for a hearing and she was given an order to bring up this case whenever either party wanted to. The claimant didn't know what was wrong with the case and why Commissioner Mickle was so angry and upset with her in 2000, and why Attorney Pratt-Thomas was putting on such a show about the claim. The claimant knew that she had never received any treatment under this Order for her injuries, nor had an MRI been done on her right shoulder and arm to identify why she was still having pain and popping in the shoulder and why it had affected her handwriting. No one would tell the claimant what was wrong with this claim.

The claimant was offered a settlement for all of her outstanding claims and this one if she would agree for Commissioner Mickle to clinch up all of her claims. The claimant couldn't do that because she was not being compensated for all of her injuries and she had a herniated disc in her lumbar spine. Also the claimant had developed hypertension after this fall and a heart condition. The claimant never had an MRI and the Order that was written up had taken away her injuries to her left foot and ankle. In addition, the claimant had to have gyn surgery and breast reduction surgery as a direct result of this fall.

In 1996, a hearing was held in Charleston under Commissioner Bryan Lyndon for my claim of September of 1994. Unbeknownst to the claimant, Attorney Pratt-Thomas had clumped the remaining known injuries of October 1994 and January of 1995 under this September 1994 hearing so that Commissioner Bryan Lyndon could get ride of the claims. It wasn't until March of 1997, that the claimant found out that this claim of 1995 had never really been adjudicated. That is when the claimant resubmitted this 1995 claim again for it to be heard with these six claims from Palmetto Health Richland.

There was a prehearing conference before the hearing where I was not told by any of the defense attorneys nor the Judiciary Directory why the defendant hospital Palmetto Health Richland was denying my claims of October 23, 2003, and July 16 2006, even though they were offering me some money for the full release of Palmetto Health Richland. Along with this, I had never been paid for the days that I was out in 2002 with my back injury.

On September 4, 2007, this would have been the first time that this 1995 case would have been adjudicated. Commissioner Huffstetler started off the hearing by exclaiming that this claims were not a continuum but each case was separate and distinct. He never asked about the status of the 1995 claim. He also said to the claimant that he didn't want to hear any hearsay. He had read my letters that I had written to the commissioner about these claims, especially this one in particular. He was very angry and had raised his eyebrows up at me. He also made the remark that I had three more claims. During the proceedings, he wouldn't let me talk and he kept getting at me for putting my papers over the microphone. He geared his questions toward the defense of the hospitals, insurance companies, and the defense attorneys. In addition, he didn't control the defense attorneys' actions toward the claimant, especially the defense attorney Michael E. Chase.

The claimant didn't know why the commissioner asked her about being fired from her nursing jobs for mistreating patients. He also asked the claimant if she had asked for a doctor with her October 23, 2003, fall. By this time, the claimant didn't know what she thinking or understanding the questions that were being asked. The claimant had forgotten that she had been in a conversation with Mrs. Libby Holland and the insurance company about providing her with a physician with this fall. The claimant now believes that this was part of the conspiracy of Attorney Michael E. Chase and the commissioner. In the end, Attorney Chase chided the claimant about this and about her forgetting that she had asked Mrs. Holland about a physician and about her being firing from K-mart stores. Attorney Chase has contributed to my nervous state by standing up and waving the deposition papers in my face. He also contributed to me being forgetful, anxious, nervous, and confused.

Attorney Michael E. Chase head read the claimant's book and know about claimant past history and her relationship with some white men.

This made the claimant more upset, forgetful, and nervous and the claimant couldn't think rationally. The claimant has a history of trauma from white men. After the commissioner had hurried through this hearing, he was angry with the claimant and his

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secretary because the claimant was asking her what to do because she had forgotten some things and she wanted to clarify the trouble that she had had with Attorney White and Pratt-Thomas concerning this claim.

After going home, the claimant wrote the commissioner a letter which he didn't pay any mind to. The claimant had asked for an MRI of her right shoulder to determine what was still causing the pain and popping in her right shoulder. The claimant never did receive a MRI to the right shoulder. His mind was already made up about the claimant. The claimant next received a letter where he was asking the defense attorney to write an Order against the claimant knowing that this was the same attorney who had gotten the claimant fired from Palmetto Health Hospital.

When the claimant did received the Order, there were a lot of untruths in it. Some were deliberately put in there by the defense attorney Chase and Commissioner Huffstetler, and some were obtained by the way they were phrasing the questions to the claimant after they had gotten the claimant confused. The claimant later received the Order where she was not awarded anything and where the commissioner was binding up the Order of 1995 signed by Commissioner Bryan Lyndon, and dismissing all claims "with prejudice." By this time, the single commissioner had read my book where the claimant talked about her struggles and what had happened to her in the past with her worker's compensation claims.

After receiving the Order and seeing the untruths that were written in it, the claimant commenced to appeal the decision and to add new and additional information and clarification so that the untruths could be corrected and that she could appeal the decision.

After the Full Commission reviewed the papers, Commissioner Bryan Lyndon sat on the panel of the full Commission, my motion and the clarifications were denied. Therefore, the same Order contains the same untruth and the claimant was not awarded anything and all her claims have been dismissed with prejudice.

**APPEALS TO CIRCUIT COURT FROM THE WORKER'S COMPENSATION
COMMISSION FOR THE DENIAL OF MOTION FOR ADDITIONAL AND NEW
EVIDENCE AND DENIAL OF CLARIFICATIONS OF ORDER AND THE
DISMISSAL OF CLAIMS "WITH PREJUDICE"**

WCC FILE NUMBERS: 9503744; 0126962; 0217755; 0227098; 0321756; 0322274;
0616756

STATEMENT OF THE FACTS

1. There are untruths in the Order which darken my credibility. My credibility is the only thing that I have left.
2. If the additional evidence presented and clarifications of the lies in the Order of September 4, 2007 would be allowed to become part of the record, the outcome of the decision would be different if the single commissioner would deal with the issues fairly.
3. The matter of the permanency of injury to my tendons, ligaments, joints, and shoulder, were not addressed. This should be related to the whole person.
4. I wasn't awarded anything because of the commissioner's anger at me and my claims were dismissed with prejudice.
5. I was not paid for the days that I missed work with my back injury of March of 2002. Also, I was not paid for the sciatica and the subsequent herniated discs in my lower back and sacral area.
6. Because of conflict of interest and bias, Commissioner Bryan Lyndon should have not have sat on the review panel for the motion to admit the evidence and clarification of the information written in the original Order:
 - a. He was the Commissioner who signed the Consent Order in 1995 that was written by Attorney E. Douglas Pratt-Thomas and the one which Attorney Thomas M. White made me sign which deprived me of my rights under worker's compensation for the injuries to my left and right foot, left side, neck, knees, shoulder, and all other injuries sustained in my three fall at Trident Hospital except my right shoulder and right foot.
 - b. Commissioner Lyndon was the Commissioner who sat in at my hearing of 1996 and he knew that Attorney E. Douglas -Pratt Thomas had clumped all of my injuries from all three of my falls into this one hearing and he got rid of all of my injuries. I didn't ask for my injuries of the fall of October of 1994, and January of 1995 to be included with this hearing of September of 1994.

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c. Commissioner Lyndon was talked about in my book, *The Fall of a Nurse: What is Wrong With Gerly*.

d. He is already familiar with me as a claimant and my history at Trident Regional Medical Center.

7. After I returned to work with my injured right arm in 1995, I had an incident where some urine ejected in my right eye and face, and another instance where some urine ejected in my face.
8. Attorney Michael E. Chase should not have been allowed to write up the Order against me knowing that it was he who was responsible for me being fired from Palmetto Health Hospital and he using trickery to obtain some lies to write in the Order and he deliberately added some lies.
9. My firing was not a normal firing. I was fired because of the book that I wrote.
10. I was never given the reasons why Attorney Michael Chase was denying my two worker's compensation injuries at the conference before the hearing. I only learned the reasons why at the hearing of September 4, 2007, when he chided me about what had happened and that he was going to make me sue the church. This was at the end of the hearing which Commissioner Huffstetler hurried through and he would not let me defend myself.
11. It was not known that Dr. Noojin had not stated in the medical records that my injury to my right wrist came from the accident at Palmetto Health Hospital.
12. The deliberately lies about me that were put in the Order by Attorney Michael E. Chase and through the phrasing of the questions by Commissioner Huffstetler for the defense of the attorneys and hospitals wasn't corrected with this new Order.
13. What was done by Attorneys E-Douglas Pratt-Thomas and Thomas M. White was the truth.
14. The lies in the original Order have not been eradicated.
15. I was only fired once from one nursing job because of accusations of mistreatment of patients. I am a former nurse and can still do desk work. This lie could interfere with me obtaining my RN license back. The Order states that I was fired four times.
16. Under the HIPPA Laws, I have a right to make an amendment to my medical record concerning my right wrist injury of 2007.

17. My left ribs injury and my subsequent gyn surgery resulted from the October fall of 2003. They were both connected to this worker's compensation fall.
18. Worker's compensation in Columbia is not like it is practiced in Charleston, S. C.
19. The injury to the right wrist that occurred on July 16, 2007 was never classified as a repetitive injury.
20. The Consent Order of 1995 was bound up and all my claims were dismissed "with Prejudice."
21. I wasn't awarded anything for the furthering of the injury of my left neck.
22. My tendons, ligaments, shoulder, and joints have been damaged for life.
23. A MRI was never done on my right shoulder.
24. I wasn't awarded anything for the aggravation of my prior injuries, especially, my back injury, my neck injury, and the cervico-thoracic disability that I have.
25. The single commissioner hurried through the claims and didn't try to get the facts.
26. The hypertension and heart condition occurred after the January fall of 2005.
27. With the January 1995 claim, my second job at Charleston Memorial Hospital wasn't factored in with the temporary total benefits that I received in 1995.
28. Medications and reimbursement to my insurance wasn't paid.
29. I did suffer further injury to my left neck and foot.
30. I did suffered an injury to right wrist, costal area, lower left side, perineum and vaginal area, left neck and shoulder.
31. I suffered an aggravation of injury to back, neck, side, pelvic, foot, ankle, knees, left wrist, and right wrist.
32. A summation can be amended to show further the causal relationship of the October 23, 2003, accident to the left costal injury, perineum area and lower abdomen, and the need for gyn surgery.

The hearing of September 4, 2007, was a continuum of seven claims that involved more or less injuries to the same body parts. It is also believed to be a case of first

impression. The defense attorneys had requested that the six claims against Palmetto Health Richland be combined into one. The claimant requested that the claim of 1995 at Trident Hospital be added because this claim was outstanding and it involved more or less the same body parts that were injured at Palmetto Health Richland Hospital. The claimant requested that the hearing be held for two days in view of all the information that needed to be addressed. Commissioner Huffstetler hurried through the hearing of each case and finished it within a matter of hours.

The adequate needed time was not spent on each case. Commissioner Huffstetler started off the hearing with an exclamation that the claims were not a continuum but each one was separate and distinct. He went and separated each case regardless of their connection. He was very angry at me because I said that Attorney Thomas M. White made me sign the Consent Order of 1995, Commissioner Mickle made me withdrawal my hearing of 2000, and Attorney E. Douglas Pratt-Thomas clumped the injuries of my fall of October of 1994, and the fall of 1995 under the hearing in 1996 for the fall of September of 1994 so that Commissioner Bryan Lyndon could rule on them and get rid of them. In addition, he was angry because I have three more pending claims. He geared his questions toward the defense of the said defendant hospitals, insurance companies, and attorneys. He was biased toward me.

The first claim of 1995 was a left over case from Trident Regional Medical Center which was never settled because of abuse and victimization of the claimant and the other six claims were a continuum of accidents that happened at Palmetto Health Richland Hospital that involved the same body parts that the Order of 1995 had been written to dispose of the injuries. The claimant had also been abused and mistreated with these claims. There was also fraud involved. The claimant also sustained injuries to the tendons, ligaments, shoulder, ect., ankles, and joints which are permanent. The Order is not complete because a lot of information has been left out. The lies in the Order were placed there to undermine facts that I had included in my book.

There was a prehearing conference held before this hearing where the appellant was never told the reasons why her accident of October of 2003 and the accident of July 16, 2006 were being denied. Trident Hospital wasn't included in this prehearing conference. This information was withheld from the appellant until at the very end of the hearing on September 4, 2007, where the appellant was chided by the defense Attorney Michael E. Chase. If the information had been revealed, the problems could have been corrected and a settlement perhaps could have been reached.

After the hearing of September 4, 2007, Commissioner Huffstetler was still angry with me and talked rough to me and his secretary. I already have a history of being traumatized by angry white men and white men in general in the past.

These claims involved a long history of trauma, abuse, and victimization of the injured worker.

FACTS OF EACH CLAIM

WCC CLAIM NO: 9503744 DOA 1/23/1995

This was a outstanding claim that involved a fall at Trident Hospital where the claimant sustained injuries to both feet, neck, right shoulder and arm , chest , left side, knees, ankles, and multiple other injuries. The claimant fell on a wet floor. This claim was never settled. The claimant had gyn surgery because of complications developing after this fall.

This claim has a long history of fraud and abuse against the claimant by the insurance carrier, defense and claimant attorneys, physicians, nurses, and etc.

Before this fall, the claimant fell in September and October of 1994. The claimant sustained injuries to both knees, feet, side, etc. There was a long history of abuse and fraud involving the insurance carrier, the defense attorney, the claimant attorney, nurses, and doctors, etc.

After the claim was denied in 1995, the claimant didn't have anyone to take care of her injuries but her private physician. After obtaining Attorney Thomas M. White for representation, an Order was written by the said attorney and the defense Attorney E. Douglas Pratt- Thomas where I was made to sign an Order where the words "With Prejudice" was used to get rid of all of my injuries except my right shoulder and right foot. The Order was signed by Commissioner Bryan Lyndon.

After claimant returned to work with her injured right arm, claimant had one incident were a patient's urine got into her eyes, face, and produced a rash on her face while she was emptying out a Foley catheter. In another instance when she was emptying out a patient's Foley catheter when urine ejected up into her face.

In 1996, the claimant requested that the claim for her fall of September 1994 be heard. Unknown to the claimant, the defense Attorney E. Douglas Pratt-Thomas clumped all of the injuries of the fall of October 1994, and January of 1995 under this hearing so that Commissioner Bryan Lyndon could rule on all of the claims and get rid of the injuries. Claimant never asked for this to be done.

The claimant never received any care medical under the Order of 1995. The claimant continued to have pain and popping in the right shoulder. The claimant subsequently had breast reduction surgery to alleviate some of the pain in the right shoulder. The claimant never received a rating for the injured shoulder, although she continued to have problems with it, including her hand writing.

In 1999, under the direction of Commissioner Atkins, claimant refiled this 1995 claim and the hearing was supposed to take place in 2000. The case was never heard because Commissioner Mickle made claimant withdraw the claim after she was mistreated before the hearing. Claimant never knew what was wrong with this claim. At that time, Trident Hospital was represented by Attorney E. Douglas Pratt-Thomas who used the defense of "Res Judicata" and the Order that he and Attorney White had written up where the words "withdraw with prejudice was used." Both of the claimant feet were flat because of injuries to the ligaments and tendons. The injuries that were gotten rid of by the Consent Order the Commissioner Lyndon signed, involved the same body parts that were subsequently injured at Palmetto Health Richland, especially the left foot.

Claimant had received an Order from Commissioner Mickle where she could bring up this case whenever either party wanted to since she was made to withdraw it and there was a question as to the legality of the Consent Order of 1995. Since this claim involved the same body parts that had been injured at Palmetto Health Richland, it was asked if this claim could be held the same time as the other, especially after the claimant learned what Attorney E. Pratt-Thomas had previously done to this claim. The claimant asked for two days of hearing so all points could be covered. Claimant had previously been offered a settlement of this claim if Commissioner Mickle could get rid of all of claimant claims with a clincher. This was not satisfactory to the claimant because she was not being compensated for all of her injuries and she had a herniated disc in her back.

At the time of the hearing of September 4, 2007, the defendant hospital had substituted another attorney who was not very familiar with the claim, the status of the claim, and what had happened with this claim in the past. Claimant had previously been offered an award for her right shoulder and right foot but the offer was not satisfactory because she had other injuries and all of her claims would have been clinched. After the single-commissioner became angry, he didn't award claimant anything with this claim. Claimant still have problems with her right shoulder and arm which affects her ability to lift heavy objects, her ability to adequately write, and some disability to her cervico-thoracic area. This also affected her ability to perform her job as a prior staff nurse which had been her occupation for over 10 years.

The Consent Order that Commissioner Bryan Lyndon signed that deprived me of my other known and unknown injuries; especially the injury to my left foot was bound up by the single-commissioner Huffstetler and the claimant was never awarded anything for any of her injuries that she had suffered.

WCC NO: 126962 DOA 11/15/2001

The single commissioner hurried through this claim also and didn't gathered or considered all of the facts. The appellant was hit with a metal supply cart on the Achilles tendon and left heel at Palmetto Health Hospital which subsequently aggravated the left ankle and foot which had been previously injured at Trident Hospital.

The appleealant was not provided an orthopedist at the onset of the injury, but a nurse practitioner to take care of the injury until she was turned loose by the nurse practitioner. Subsequently she was still having problems so she returned to HealthWorks. The orthopedist that she was sent to didn't do anything for the injury. Subsequently, the neurologist, who was the director of Health Works and was provided to the claimant by the defendant hospital, supposedly took care of the injury. There was a question as to his competency.

Claimant has a long history of problems with this injury. Claimant was never placed out of work with this injury, although she had needed to be. Claimant had to seek her own provider since she was not provided adequate care. She was provided an ankle brace and some specially made orthotics instep. Claimant received a prescription to purchase orthopedic shoes. Claimant also has some nerve damage. This injury was compounded with the previous foot and ankle from the accident, claim number 9503744.

Since this injury, claimant has sustained a number of falls. Nothing was awarded for the injury, lack of care to the injury by a nurse practitioner, and the combining of both injuries to the left foot. Nothing was awarded for the foot. The law has not addressed the tendons, ligaments, and joints as scheduled members as I know of. There is also some nerve damage to the left extremity and foot.

Claimant has to wear the ankle brace, orthotics, and orthopedic shoes for the rest of her life. Claimant was never allowed to be off from work with this injury.

WCC CLAIM NO: 0217755 DOA 3/23/02

This accident happened while claimant was working in the trauma department at Palmetto Health Richland Hospital and she fell out of a chair when she reached down to pick up her pen that she had dropped. The chair toppled over on top of her. During this time, the claimant was still being treated for her Achilles tendon, heel, and left foot. Claimant's left foot used to swell and become cold and there still was a lot of pain in the Achilles tendon and heel. The tendon was unsteady at times. The claimant aggravated her back and left sided injury.

Claimant was never paid for the days that she was out with her back injury because the administration of the medical records department was angry with her. The hospital was punishing the claimant because the emergency room physician had directed her to follow up with her private physician even though the physician knew that this was a worker's compensation injury. The claimant developed some sciatica from this accident, and about two more bulging discs were found on a MRI that was done. There was an aggravation of the prior herniated disc in the lumbar area.

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After this injury and when claimant felt better, she was not allowed to return to her job in the trauma department.

Claimant wasn't awarded anything for the days that she was out, the aggravation of her prior back injury, the sciatica, or the other bulging discs that were discovered on the MRI because of the commissioner's anger at me. Claimant continues to have problems with the sciatica and sometimes back pain.

WCC CLAIM NO: 02227098. DOA 10/24/2002

In this claim, the male supervisor dropped a thick heavy chart on the left side of claimant neck and shoulder. She developed some severe hoarseness around December of 2002, after the accident. She was subsequently diagnosis as having muscle tension dysphonia. Even though she wasn't able to get a copy of her medical records from the warehouse in Camden, the physician started that it was a long time ago and she couldn't remember the claimant. She had forgotten to include in the notes that the claimant told her about the chart being dropped on the left side of her neck and shoulder. Because the injury occurred before April 4, 2003, the HIPPA law does not apply as to an amendment being made. Dr. Goings states she don't recall the claimant and she does not have the record to make an addendum. Claimant continues to have a lot of pain in her neck and throat at present. This injury was more than a minor injury to the shoulder and neck.

There were inconsistencies as to what the claimant told the ER resident physician and what he wrote down. There was also an inconsistency between the triage nurse notes and the resident physician notes as to the injury at Palmetto Health Hospital.

The claimant had marked on her Form 50 partial specific disability. This was ignored by the single-commissioner as well as all the information in the chart that pertained to her defense. Dr. Jones had indicated in his notes that, "Assuming MMI as of today's date for work injury sustained 3/23/02 to cervical spine and left shoulder girdle, and based on **AMA Guides to the Evaluation of Permanent Impairment, 5th edition**, I can assess no additional impairment for this injury, as previous impairments have been assessed for both myofascial and cervical facet-generated pain, which was present in this patient to great extent even prior to 10/24/02 injury on the job. Although patient does have residual anterior shoulder and left upper chest wall pain and discomfort which has appeared as "new" myofascial injury following 10/24/02 accident on the job, this would require assessment for myofascial pain, and based on recommendations per **AMA Guides to the Evaluation of Permanent Impairment, 5th edition** interpretation, it is inappropriate to

add further impairments for this type of injury, particularly when impairments have addressed myofascial injuries in this region previously."

"Although patient is released today from active care regarding injuries sustained 10/24/02, patient is candidate for intermittent use of cervical facet and/or trigger point management with focal injections for flares. I can address issues regarding future medical care via Life Care Plan if this becomes necessary. Patient to continue with home exercise protocol life-long. Patient would also benefit from regular aerobic activity at least 3x weekly. Patient is allowed to continue with usual duties, as her work site requirements are primarily for sedentary work at desk/computer, where she is in health information management, working in Columbia for Palmetto Richland Memorial Hospital. There have been no additional restrictions regarding this patient relating to work injury 10/24/02. Follow up hereafter prn."

I still am not sure whether PHTS has ever paid this medical bill to Dr. Jones, or not. They said that they would and then they refused.

WCC NO: 0322274 DOA 01/21/03

This was a slip and fall accident where I fell on a wet waxy floor at Palmetto Health Hospital around 12:30 a.m., where I hurt my left side, neck, back, left leg and foot, both wrists and hands, feet, perineum area, lower abdomen, and my whole body except my head. The management at the said defendant hospital was angry at me for not following their worker's compensation policy and procedure. On this particular night, I followed the policy and call the night nursing supervisor but she did not send me to the emergency room. Instead, I followed her direction and nothing was done to me.

I was directed by the nursing supervisor Lenora Bell, and Ms. Schglione to call over to HealthWorks before going because I had been mistreated by Dr. Durkins, Ms. Barbara Griffin, and the nurse practitioner Coleen Collins.

On Friday, January 24, 2003, when I called Mrs. Parham about some narcotics for pain, she reported me to Ms. Annette Sullivan where I was made to come in and I was written up and placed on suspension for a week. I was taken to Health Works where I had to submit some urine for a drug screen and I was held at HealthWorks for me to do the breathe analysis test. I was never able to do the breathe analyzer test for alcohol. After this, I was humiliated by Ms. Annette Sullivan and Elizabeth Holland, and finally let go to go to Baptist Hospital to have some x-rays done. I was barred from returning to work.

I continue to have pain in my vaginal and perineum area which I should be compensated for.

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WCC FILE NO: 0321756 DOA 10/23/2003

This accident occurred when the claimant's right foot got caught in a telephone cord which a co-worker had left partly in the aisle in the medical records department. She fell on the hard cement floor. The claimant sustained injuries to both knees, both wrists, all of left side, back and whole body except head.

The claimant was sent to the emergency room for care and the physician there instructed her to follow-up with my physician. This incident also happened at night. None of the emergency room physicians ever told the claimant to follow-up with the occupational health nurse and nurse practitioner over at Health Works. No physicians are located on site at Health Works.

Claimant had to have gyn surgery as a result of this fall and treatment for left costal pain and continued pain in the left leg.

This was one of the claims that Palmetto Health Hospital denied. The defense attorney claimed that there was not a connection between the left side pain and the fall. The claimant's side was hurting after the onset of the fall. The insurance company refused to pay the physician after the emergency room physician told claimant to follow-up with her physician and the claimant was already under his care. The insurance company wanted the claimant to leave the physician and go to a nurse practitioner for care. A physician was never offered to the claimant, even after the claimant asked the occupational health nurse about one. The single commissioner said that this was not a worker's compensation injury upon the urging of the defense attorney Michael E. Chase.

WCC FILE NO: 0616756 DOA 7/16/06

This accident happened on 7/16/06 around 11:15 p.m. on a Sunday night. The claimant was using the hole puncher during this time when she developed some pain in my right wrist. The claimant was already going to an orthopedist because of a referral for some other orthopedic problems that she was having. Her immediate supervisor was e-mailed about the pain since it was at night. The talked with her immediate supervisor about the pain in her right wrist the next day and the fact that she was going to an orthopedist on a referral.

The majority of claimant's orthopedic problems were coming from another injury that involved both knees and the left wrist, but it did not involve the right wrist. Only the right wrist pain was due to claimant's work at the hospital. Neither the claimant's immediate supervisor Toni Pait, the manager Barrington Wint, nor the director of medical records Annette Sullivan, told claimant to go to Health Works to the nurse practitioner

instead of to the orthopedic physician so that he could check her right wrist. The pain in the claimant's right wrist felt the same as the pain in her left wrist.

The physician, Dr. Noojin, examined and treated both wrists on the initial visit, and the claimant was examined and received physical therapy for both wrists at the first visit that she went to physical therapy. As instructed by her immediate supervisor, the claimant would bring a note each time that she went to physical therapy and she gave it to the manager. The manager never told the claimant to stop going to the orthopedic physician and go to the nurse practitioner at HealthWorks for care to the right wrist. The claimant didn't refuse to go to HealthWorks because she was never told to go to HealthWorks.

The claimant received treatment from the orthopedic physician until she was finally turned loose. Upon the defense attorney's Michael E. Chase urging, the commissioner ruled that this wasn't a workers compensation injury. The defense attorney stated in the original Order that this was a repetitive injury and the commissioner questioned claimant as if this was repetitive injury. Claimant never classified or reported the injury as being repetitive.

ARGUMENT

The admission of the additional and new evidence and clarification of the Order should be allowed into the record. I have worked in the healthcare field and dealt with the public the majority of my employment years and the untruths that are written in the Order is detrimental to me. It can interfere with me obtaining my professional license back and me obtaining a suitable job. I was only accused of mistreatment of patients once after my worker's compensation of 1997. The complaint was thrown out by the Board of Nursing around 2000. I never refused to go to HealthWorks with my injury of July 16, 2006. This accident was not a repetitive injury. Attorney E-Douglass Pratt-Thomas did lump my injuries of all three falls under the hearing of 1996, which I didn't ask him to do. I was made to sign the Consent Order of 1995.

My truthfulness, integrity, honesty, and character are the only things that I have left after years of abuse under the Worker's Compensation System of South Carolina.

While some of the untruths in the Order were deliberately put there by the defense attorney, others were gotten there by how the questions were phrase to me by the defense attorney and the single commissioner after they had gotten me confused, upset, and forgetful.

If the Commissioner hadn't mistreated me and allowed me to defend myself, the Order may have been more accurate even though the defense attorney took a liberty in putting in the Order what he wanted to put in it. I was being treated more like a criminal than an injured worker. Also, I was treated like a well-seasoned attorney instead of an amateur claimant.

Unfortunately, I didn't find any case law dealing with the behavior of the defense attorney and the single commissioner toward the injured claimant. I have damage to my ankles, feet, joints, shoulder, neck, ligaments, tendons, wrists, and spine. Although the law now recognizes the shoulder as a scheduled member, it is not retroactive.

The new and additional evidence will help to shed some light on the fact that I indeed had ask for a physician with the accident of 10/23/03, and that Dr. Noojin was also taking care of the injury to my right wrist even though he didn't record in his notes that this was a worker's compensation injury. He was told on the first day of treatment that it was a worker's compensation injury. I never spoke of the right wrist injury as being a repetitive injury. This was something that the defense attorney took upon himself to describe the injury and put in the notes that it was repetitive injury. I never refused to go to HealthWorks with the injury of July 16, 2006.

There was a prehearing conference held before the hearing of September 4, 2007, but the judiciary directory, neither one of the insurance companies, and neither one of the defense attorneys would tell me why the hospital was denying my accident of October 23, 2003, and July 16, 2006. If this information hadn't been withheld from me, I could have postponed the hearing until I got the matter straightened out. I didn't see nowhere in the record where the attorney or commissioner couldn't see a causal connection between the fall of October 23, 2003, and the subsequent pain in the costal area and the gyn surgery that I had to have. Hopefully, there can be some adjustment to the medical records under HIPPA.

There were all kinds of excuses uses to deprive me of being compensated for my sciatica, injury to my neck, and the new bulging discs that were found in my back. In addition, I wasn't compensated for the days that I was out sick with my back injury. By law, I was supposed to have been compensated for the days that I was out sick because of the aggravation of a preexisting injury to my back and I was not able to work. The injury to my neck also aggravated a preexisting injury as well as a furtherance of that injury. I wasn't offered a physician according to the law but a nurse practitioner for care. The nurse practitioner didn't really take care of my Achilles tendon and heel properly.

I am not a young worker anymore and the jobs that I can apply for are limited because of the many workers' compensation injuries that I have sustained. I wasn't awarded anything for the aggravation of my preexisting injuries of my back, neck, ankle, side, foot, and all other injuries known and unknown. Also, I developed hypertension and a heart condition after the fall of January of 1995.

I am begging the court to unbind the Order of 1995 where Commissioner Lyndon signed that took away all of my injuries that occurred at Trident Hospital because I was made to sign the Order by Attorney Thomas White. This is also keeping me from claiming compensation for these many injuries. My body has been ruined for life. Also, my earning capacity has been decreased because of the traumas that I have sustained to my limbs, feet, shoulder, neck and spine. I will have these injuries for the rest of my life. I will also have the heart condition and the high blood pressure for the rest of my life. I am pleading with the court to take away the concept of "with drawing with prejudice" of all of my claims which have deprived me of just compensation. To me this is the same as a clincher which I am not agreeing to.

Perhaps the law will soon add the tendons, ligaments, and joints, as scheduled members. There is a great possibility that I will have recurrent injuries of these damaged body parts especially with lifting heavy objects. I wasn't given a disability rating for my right shoulder in 1995 nor was I given any care, because of the physician's anger and he told me to never come back to his office. No MRI or treatment was ever done although I was supposed to have gotten some under the Order of 1995. I am also begging the court for payment for my insurance companies for paying for my bill when I didn't have anyone to pay my bill and the insurance company of Palmetto Health not paying for me to go to a physician and when the emergency room physician told me to follow-up with my private physician instead of the nurse practitioners. I also have some disability to my cervico-thoracic area which I was never compensated for. This court can redress the wrong that has been done against me by the worker's compensation commission.

As a claimant, I was entitled to the submission of the evidence and clarification of the Order so that the Order could reflect the truth about me and what happened with my seven claims under this case and for how I was treated as an injured worker at these defendant hospitals. I am entitled to some compensation for my right shoulder, right and left foot, the aggravation of my prior existing injuries to my back, neck, left foot, and knees. I should be compensated for my gyn surgery of 1995, and 2004. In addition, I should be compensated for my breast reduction surgery which was done to relieve some of the pain and pressure in my right shoulder. An MRI should have been done by Trident Hospital to determine what was causing the continued pain and popping in my right shoulder and arm.

In light of my prior history with white men, the commissioner should have conducted himself more professionally toward me. The full commission denial of appellant's request for a motion to admit evidence and clarification of the Order was manifestly erroneous. To warrant denial of the motion, there should have been no wrong evidence to correct or no lies in the Order that needs to be eradicated and more to show that the appellant was entitled to an award for the injuries sustained in all seven claims that were combined into one case.

The single commissioner is not a good fact finder, in fact, lot of the facts he got mixed up and he wrote some wrong information down about me.

All findings of facts weren't considered and my substantial rights have been prejudiced.

CONCLUSION

I am requesting the Court to allow the submission of new and additional information and clarification of the Order so that the untruths can be eradicated against me and so that I will be allowed the compensation that is due me for aggravation of all my preexisting injuries, the furthering of my neck injury, injury to my Achilles tendon, heel, and the aggravation of my ankle, the new found bulging discs in my lower back and the aggravation of the old herniated disc in my back. Also I should be paid for my sciatica and consideration given to the fact that my earning capacity has been reduced by all of the workers compensation traumas that I have had. Also, I am asking that the hearing be reheard under another commissioner who is not biased and angry toward me as a claimant. I wasn't responsible for how I was treated in the past, or what was done to me by other people concerning my claims. I was only accused once of mistreating patients and this was used as an excuse to terminate me after my worker's compensation injury of 1997 where I sustained a herniated disc in my spine.

Also, that the Consent Order of 1995 be unbind, and all my claims are relieved from the concept of "withdrawing with prejudice" and I be compensated for all known and unknown injuries including my gyn and breast surgery connected with the January of 1995 accident and my heart condition and blood pressure elevation.

If I had known that Dr. Noojin had failed to state that my right wrist was injured at work, the hearing would have been postponed until this error was corrected or I was allowed to make an amendment to the medical record. If Commissioner Huffstetler hadn't become angry because of what I had said and written about my prior problems with the January 1995 accident, and let me defend myself during the hearing, the needed information that should have been in the record would have been. If he had asked for specific information at the hearing, I could have ran back to the car and gotten the majority of it.

Presently, I am still having to try to get Dr. Noojin to correct his error in my medical records according to HIPPA regulations. In addition, I will try to get the physicians to further show a causal connection between the fall of October 23, 2003 and my costal injury and gyn surgery. The defense attorney chose to say that there wasn't a connection to relieve the insurance company of paying for my injury.

By the Order, I was also expected to have functioned like a well-experienced and seasoned attorney who dealt with worker's compensation cases when I am only a claimant that has spent the majority of my life working in health care. I have never worked in the legal field before. I as a claimant was unable to obtain legal counsel or representation so I have been forced to represent myself. The law does not provide an

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attorney to those of us who can not obtain legal counsel in worker's compensation matters.

My claims should be reinstated and the evidence and clarifications allowed to be admitted. In addition, the case should be reheard under another commissioner. This single commissioner was not a good fact finder and he chose not to consider some findings. He did not find out all of the facts, nor did he considered and weighed all of the facts. He was looking only for some facts that would be detrimental to the claimant and protective of the defense attorneys, hospitals, and the insurance companies.

The Commissioner didn't allot the time needed for the hearing of these seven claims as I had previously asked for and one of the defense attorneys had asked for. If he had spent the time as was required to handle each claim and hear all of the right testimony, it would have taken two days.

Debra Shaver

COUNTY OF Richland

CIVIL ACTION COVER SHEET

Gertrude Shiver

Plaintiff(s)

vs.

Palmetto Health & Tr. Int. Hospital

Defendant(s)

2011 CP400352

(Please Print)

Submitted By: Gertrude Shiver
Address: 1026 Converse Church Rd
Spartanburg, S.C. 29402

SC Bar #:

Telephone #: (803) 353-3892

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Other: (803) 260-5115-2111

E-mail: s.shiver@palmettohealth.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☒ JURY TRIAL demanded in complaint. ☐ NON-JURY TRIAL demanded in complaint.
- ☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- ☐ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- ☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

- | | | | |
|---|---|---|--|
| Contracts | Torts - Professional Malpractice | Torts - Personal Injury | Real Property |
| ☐ Constructions (100) | ☐ Dental Malpractice (200) | ☐ Assault/Slander/Libel (300) | ☐ Claim & Delivery (400) |
| ☐ Debt Collection (110) | ☐ Legal Malpractice (210) | ☐ Conversion (310) | ☐ Condemnation (410) |
| ☐ Employment (120) | ☐ Medical Malpractice (220) | ☐ Motor Vehicle Accident (320) | ☐ Foreclosure (420) |
| ☐ General (130) | Previous Notice of Intent Case # | ☐ Premises Liability (330) | ☐ Mechanic's Lien (430) |
| ☐ Breach of Contract (140) | 20 -CP- | ☐ Products Liability (340) | ☐ Partition (440) |
| ☐ Other (199) | ☐ Notice/ File Med Mal (230) | ☐ Personal Injury (350) | ☐ Possession (450) |
| | ☐ Other (299) | ☐ Wrongful Death (360) | ☐ Building Code Violation (460) |
| | | ☐ Other (399) | ☐ Other (499) |
| Inmate Petitions | Judgments/Settlements | Administrative Law/Relief | Appeals |
| ☐ PCR (500) | ☐ Death Settlement (700) | ☐ Reinstate Driver's License (800) | ☐ Arbitration (900) |
| ☐ Mandamus (520) | ☐ Foreign Judgment (710) | ☐ Judicial Review (810) | ☐ Magistrate-Civil (910) |
| ☐ Habeas Corpus (530) | ☐ Magistrate's Judgment (720) | ☐ Relief (820) | ☐ Magistrate-Criminal (920) |
| ☐ Other (599) | ☐ Minor Settlement (730) | ☐ Permanent Injunction (830) | ☐ Municipal (930) |
| | ☐ Transcript Judgment (740) | ☐ Forfeiture-Petition (840) | ☐ Probate Court (940) |
| | ☐ Lis Pendens (750) | ☐ Forfeiture-Consent Order (850) | ☐ SCDOT (950) |
| | ☐ Transfer of Structured Settlement Payment Rights Application (760) | ☐ Other (899) | ☐ Worker's Comp (960) |
| | ☐ Other (799) | | ☐ Zoning Board (970) |
| Special/Complex /Other | | | ☐ Public Service Commission (990) |
| ☐ Environmental (600) | ☐ Pharmaceuticals (630) | | ☐ Employment Security Comm (991) |
| ☐ Automobile Arb. (610) | ☐ Unfair Trade Practices (640) | | ☐ Other (999) |
| ☐ Medical (620) | ☐ Out-of State Depositions (650) | | |
| ☐ Other (699) | ☐ Motion to Quash Subpoena in an Out-of-County Action (660) | | |
| | ☐ Sexual Predator (510) | | |

Submitting Party Signature: Gertrude ShiverDate: 6-1-11

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCF, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

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STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Gertrude Shiver,
Employee/Claimant,

-vs-

Palmetto Health Richland,
Self-Insured/Employer,

And

Key Risk Management Services,
TPA/Defendant,

And

Palmetto Hospital Trust,
Carrier/Defendant,

And

Trident Regional Medical Center,
Employer/Defendant,

And,

Zurich American Insurance Company,
Carrier/Defendant.

2011 CP4003561

IN THE COURT OF COMMON PLEAS

C.C.P. NO. _____

W.C.C. FILE NO. 9503744, 0126962,
0217755, 0227098, 0321756, 0322274,
0616756

RECORD

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1. Nurses' from Trident Hospital write-ups on me.
2. After the 1995 injury, I was unable to return to my job at Charleston Memorial Hospital
3. Credit Bureau Letters where Alexsis did not pay for my medications for 1995.

STATEMENT OF CASE (GROUNDS OF APPEAL)

1. The Appellant Panel of the Worker's Compensation Commission would not reschedule my oral argument, thus depriving me of due process of law.
2. The record is not accurate, especially the hearing with the single commissioner and the recording made thereof in the transcript.
3. Commissioner Bryan Lyndon was allowed to be part of the Appellant Panel of the Worker's Compensation Commission. He signed the Order of 1995, which deprived me of all of my injuries, although he was aware of them.
4. My motion for additional documents and an MRI of my right shoulder was denied.
5. I don't have any orthopedic medicals for my right shoulder and foot is because I was never given any orthopedic care by Trident Medical Center. I was deprived of this right as an injured worker.
6. The transcript is not correct as it relates to me being fired five times for mistreatment of patients and the fact that I didn't ask Palmetto Health Richland for a physician for my injuries. I have not mistreated any patients since I have been nursing.
7. All of my injuries were dismissed with prejudiced.
8. Did the Appellant err in finding that there was not a causal relationship between the fall of 2004 and my left side and rib injury?
9. I wasn't awarded anything for the aggravation of my back injury and sciatica, Achilles tendon and foot injury, neck injury, none of my surgeries, left sided injuries, etc. from the falls.

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10. The injury to my right wrist was not a repetitive injury. It was an injury by accident. I had tendonitis, it wasn't definitely carpal tunnel syndrome.
11. There is a conflict of interest with Commissioners Huffstetler and Lyndon as it relates to the insurance companies and the said hospitals.
12. I was never paid temporary total benefits for the days that I was out for the aggravation of my back injury at Palmetto Health Richland.
13. I have only worked as a floor nurse. The matter of me testifying that I had been fired from four jobs for mistreatment of patients is wrong. This line of questioning was deliberately done to me by Commissioner Huffstetler and Attorney Chase after Attorney Chase read in my book that I had been fired from Trident Hospital in 1998, after the nurses accused me of mistreatment of patients. This was the only time that I was accused of mistreatment of patients. I was cleared of these accusations by the Board of Nursing of South Carolina. The nurses fired me unjustly and I don't know whether I was to be compensated for them firing me unjustly or not.
14. I never received any orthopedic care for my right shoulder and right foot by Trident Hospital.
15. Commissioner Lyndon signed the Order although he knew that I had sustained other injuries as a result of the fall of 1995. He was part of the conspiracy along with Attorneys White and Pratt-Thomas during 1994 - 1997 to deprive me of my injuries that I had sustained as a result of the accidents at Trident hospital.
16. The injuries to my feet and the injury to my left Achilles tendon and the care that I received from Nurse Practitioner Coleen Collins at Palmetto Health caused a permanency to my right foot. The orthopedist would not give me a rating for my feet.

17. A letter was sent to Commissioner Huffstetler before the hearing of September of 2007 notifying him of the fact that I didn't have an attorney. (I believe I wrote several letters. At the present time, I haven't been able to find a copy in my clutter.) I didn't make Commissioner Huffstetler conduct the hearing. He could have refused to go on with the hearing as Commissioner Mickle did. He was angry with me because of the number of claims that I had and the number of claims that I still have.
18. I have some education, but my body is gone. I am unable to much physical work. All of this has affected me mentally and there at many times that I am unable to do critical thinking. At the time of the hearing, I had recently been fired from Palmetto Health Richland because of Attorney Chase where the hospital kept all of my PTO funds and I was still having some mental problems from this as well as finding a job that paid more than minimum wage. Because of my physical condition, I am unable to do floor nursing anymore. This was the reason why I was in Health Information Management. Since Attorney Chase got me fired from my Health Information Management job, I have been unable to find another light - duty job. Subsequently, I was forced to find work wherever I could subject me to the possibility of more bodily and mental injury.
19. The worker's compensation system does not afford me any protection from the attack of the defense attorney and the single commissioner.
20. I was prejudiced against by the single and well as the three man panel of the Worker's Compensation Commissioner.
21. There is a box of information at the Worker's Compensation Commissioner containing information about Claim no. 9503744 and other claims and information about abuse from 1994-1998 that I endured at Trident Regional Hospital. I was fired in 1998, after my back injury and the nurses reported me to the Board of Nursing for alleged patient abuse. The nurses had written up

some false write-ups about me mistreating patients and the Nurse Manager Bridget Denzik was making fun of my handwriting which came as a result of my right shoulder and cervico-thoracic injury which came as a result of the fall of January of 1995, Claim No. 9503744. As a result of the fall, I had gyn surgery, and I had to have a breast reduction to alleviate some of the pain in my right shoulder. I needed some orthopedic care and an MRI because my family physician had documented that I had a right rotator cuff tear.

22. I didn't mention any thing about the Nurse Practitioners being Independent Contractors because they are not. The Nurse Practitioners are employees of Palmetto Health Richland and they work at Health Works. They are hired and fired by Palmetto Health Richland. These are just advance practice nurses and they are subjected to the Nurse Practice Act of South Carolina.
23. I am just an injured worker who has never worked in the legal field. I don't know anything about objection, motions, and other legal procedure matters. I am only learning about these things as I go along. Isn't there a legal sanction against an injured worker who continuously files and cancels hearings, etc?
24. I don't have extensive experience with Worker's Compensation. I have been abused by the Worker's Compensation System. All of my previous worker's Compensation injuries were obtained at Trident Hospital. Worker's compensation is practice differently in Charleston than in Columbia. Each hospital (Trident Hospital and Palmetto Health treat their injured employee differently with there worker's compensation.) Each hospital substitutes their employee PTO days for the compensation that the insurance company should pay for the temporary total benefit days that the employee is out sick. I was mistreated at both hospital but to a lesser degree at Palmetto health Richland. I have never been treated solely by a Nurse Practitioner for an orthopedic injury.

25. The defense attorneys asked for the claims to all be held one time, and Commissioner Huffstetler agreed to it. The injured worker is not an attorney and she lacked knowledge of the Worker's Compensation rules and procedures. Claim No. 9503744 could take more than one setting to be heard if the single commissioner had taken time and conducted the hearing properly. The defense attorneys are all seasoned worker's compensation attorneys and they know the law inside and out. The unrepresented claimant does not.
26. I have some permanent injury to my right shoulder and feet. I just never was provided with any orthopedic care for my injuries per the Order signed by Commissioner Lyndon. The permanency has affected my ability to lift heavy objects and to turn, lift and carry patients. This along with my feet, back, and other injuries I have sustained, I am unable to do floor nursing anymore. Floor nursing is what I have done all of my life. I have never been an administrator of nursing. If I had, I wouldn't be living in abject poverty now depending on food stamps for sustenance.
27. Because of the all of the injuries, I need help with life skills. Since the hearing, I have been involved with Vocational Rehabilitation. I am in need of a light duty job. I had a light duty job at Palmetto Health Richland which Attorney Michael E. Chase caused me to lose. Although I had written a book about my worker's compensation injuries, etc., the book was never circulated.
28. Ms. Jennifer Neese told me that I couldn't cancel out of the hearing because I had cancelled out once before. There was a law written about cancelling out of the worker's compensation hearings. She told me to write a letter to Commissioner Huffstetler telling him that I didn't have an attorney and that is what I did. (Although I can't find a copy of my letters at present. I have a lot of clutter which I have to sort through.)
29. Oral argument was not done because I was sick. The commissioners would not reschedule me.

30. I don't have arthritis in my right knee. The document by Dr. Noojin submitted by Attorney Chase against me to Commissioner Huffstetler stated that I have patella-femoral syndrome in my knees which is arthritis. I don't have arthritis in my knees. I found this out in April of 2011.
31. Commissioner Huffstetler was prejudice against me. With all of his anger and aggravation of me. I didn't hear him give any warning if he did give any. He never told me about anything that would happen to my claims and that he would dismiss all of them with prejudice.
32. I never heard Commissioner Huffstetler give any warning about going pro se' with all of his anger about my claims and the remaining claims against Trident Regional Medical Center. Jennifer Neese said that I couldn't cancel out of the hearing. He kept repeating the number of claims that I still had against Trident Hospital.
33. I am being persecuted for the number of claims and accidents that I have. Worker's Compensation is being practice differently in Charleston than Columbia.
34. No orthopedic physician was appointed to give me a rating on my feet and right shoulder.
35. The Claimant was pre judged by the single commissioner.
36. Ignoring the days that I was out for my back and sciatica nerve which was more than seven days, the single commissioner and three man appellate panel erred in finding as a fact and concluding as a matter of law that I was not entitled to benefits under the South Carolina Worker's Compensation Act.
37. My substantial rights as an injured and abused worker have been prejudiced.

38. I never received any temporary benefits when I was out having abdominal surgery in 2004, after I fell at Palmetto Health Richland.
39. Commissioner Huffstetler was prejudiced against me because of the letters that I wrote him about my claims.
40. The Nurses at Health Work lied about me in their notes.

FACTS/PROCEDURAL HISTORY

This case contained seven claims with body parts that had been injured in each claim. The defense attorney had requested that these claims be held together. Although this case contained injuries that had been stacked on each other, the single commissioner separated each one and rule on them individually. Claim No. 9503744 required more than one setting to be heard, but the defense attorney from Palmetto Health Richland asked that the claims be held together because of the injuries to the same body parts.

The hearing before the single commissioner was held on September 4, 2007. I wouldn't call this an exact hearing because it was being domineered by Commissioner Huffstetler who was very angry with me about the number of claims that I had and what I told him about Attorney Thomas M. White and Commissioner Mickel concerning claim No. 9503744. He kept after me because of some papers on which I had information written on them. The hearing was done in a very hostile environment made so by Commissioner Huffstetler and the defense Attorney Michael E. Chase. Commissioner Huffstetler didn't do anything to control Attorney Chase actions toward me. I had written a book about my worker's compensation claims and what had happened to me over the years with these claims. I had given the book to Michael E. Chase as part of my deposition because it was too much for me to remember in an oral deposition. After reading the book, Attorney Chase twisted the information that was written and directed Commissioner Huffstetler on what questions to ask me so that he could elicit the wrong answer after deliberately

getting me confused when I was anxious and nervous. I was being attacked by Commissioner Huffstetler and Attorney Michael E. Chase.

He elicited the wrong information about me being fired from my job. At the time, he had twisted the information around concerning my firing from Trident Regional Medical Center in 1998, after the nursing staff falsely accused me of mistreating patients after I injured my back injury, although that claim was not part of this hearing. Then he elicited the wrong information about me not asking Palmetto Health Richland and Health Works about a physician to take care of my injuries. I had asked numerous times for a physician for my injuries but each time I was only offered a nurse practitioner from Palmetto Health Richland.

After this occurred, Commissioner Huffstetler hurried through the hearing and at the end Attorney stood over me waving his hand and told me that I would be fired from my job at k-mart. I wasn't allowed much time to speak. Even when I tried, I was cut off. I was essentially railroaded during the hearing with Commissioner Huffstetler. I wasn't awarded anything at the end and all of my claims were dismissed with prejudice.

Subsequently in December of 2007, I lost my job at K-Mart. Attorney Chase had already taken the book to Palmetto Health Richland causing me to be fired from my job knowing that it would very difficult for me to find another one. Commissioner Huffstetler indicated in the records that I was very educated. Even though I have some education, my body is gone and I am not very employable. I have never worked in Nursing Administration. I have worked as a staff nurse during my nursing career.

Oral argument was not heard on this case because I was sick with an upper respiratory infection and flulike symptoms which included hoarseness, diarrhea, fever, cough, vomiting, weakness, and malaise. The Appellant Panel would not reschedule me for another oral hearing even though this was the first time that I

had asked them to reschedule the hearing. They went ahead and used the record under the single commissioner even though it was inaccurate.

MATTER OF MY CREDIBILITY

My credibility under the single commissioner was destroyed when he became very angry with me and I became nervous, confused, and anxious and I forgot the correct answers to give. It was further destroyed when Attorney Michael E. Chase stood over me waving his hand and I stated that I hadn't asked Palmetto Health Richland and Health Work for a physician and that I had been fired from several jobs because of mistreatment of patients. These two untrue statements influenced Commissioner Huffstetler against me along with his anger toward me.

Attorney Chase had read my book but he had twisted the information that was contained in it. I had asked Health Works numerous times for a physician but I was only offered a nurse practitioner and I had been fired from Trident Regional Medical Center in 1998 because of alleged mistreatment of patients after my work injury to my back of 1997. I was subsequently cleared of all charges by the South Carolina Board of Nursing. It happened as I said about Attorney White making me sign the Consent Order of August 24, 1995.

I don't know about Attorney White's relationship and behavior with Commissioner Huffstetler. I only know about his behavior toward me when I was in his presence. I don't know about Commissioner Mickle's relationship or behavior with Commissioner Huffstetler. I only know about her behavior on the morning of April 12, 2000, toward me.

MATTER OF BEING MENTALLY DERANGED

I don't know where this came from, but I believe this is some abuse from Attorney Chase and Sims. I do have anxiety, nervousness, and sometimes situational depression but I wouldn't call this mentally deranged. I do suffer from a condition where I am afraid of white people at times, especially when I feel threatened or when I am closed in and especially when I am dealing with white men. The condition is made worst when the white man is angry. I have never discussed the origin of this condition with a psychiatrist but it is believed to have stemmed from an incident I had with a tall white man when I was I was about 4 ½ years old.

The incident happened during the Civil Rights Era when there was much chaos in this country, especially in the South between the blacks and whites. I was having a religious experience during the time in Charleston when I was dealing with Attorney Thomas M. White and Claim No. 9503744 and various agents of Trident Regional Medical Center. I was sick and I didn't know it.

During the time that Attorney White made me signed the Order of 1995, I was sick and I didn't know what was wrong with me. I was mentally and physically weak and I didn't have much strength to fight. I later found out that this was a religious experience dealing mostly with persecution that I was experiencing. I was also afraid of some tall white men. I was still recovering from major abdominal surgery at the signing of the Order. During that time, Attorney Thomas was very angry with me and he was taking his frustrations and anger out on me. He would take me in the room and close the door. I felt trapped and I was unable to get away from him when he made me sign the Order without explaining anything to me. His very anger frightened me.

I tried to get rid of Attorney White during the time that I had the abdominal surgery. He called and talked to my sister Ruth and persuaded her to let him continue as my attorney. In September of 1995, he threw the temporary total check at me in his downtown office in Charleston S. C., after he made me squeeze myself between the chairs in his downtown office. The chair seemed to be glued to the floor. I wrote the Worker's Compensation Commissioner and asked them to remove him from my claim. He also threw the partial disability check at me.

On September 4, 2007, with the hearing with Commissioner Huffstetler, he was very angry with me, especially what I said about Attorney White and Commissioner Mickle. The defense Attorney Michael E. Chase was very angry with me. The hearing was held in a room with the three defense attorneys and representatives from the various insurance companies. All of these individuals were white. I was the only black person there. I felt very threatened; especially when Commissioner Huffstetler kept aggravating me about the papers I had in my hand and about hearsay evidence.

MATTER OF THE DEFENSE ATTORNEY MICHAEL E. CHASE

Attorney Chase set me up with Commissioner Huffstetler to ruin my credibility and to get rid of my cases. He is very vindictive toward me. When I first was schedule to do a deposition with Attorney Chase, I cancelled out. I don't like doing oral depositions and I had tried to get out of doing a deposition with Attorney Chase. I get very anxious and nervous and I forget things. Because I had cancelled the first deposition, he reported me to Commissioner Childs who was commissioner during the times that I had filed for a hearing. I tried to get out of it a second time, but Ms. Jennifer Neese at the Worker's Compensation Commissioner said that I couldn't get out of it because the commissioner would refuse to hear the claim. So I went ahead with the deposition the second time.

When I went Attorney Michael E. Chase threatened me that I better tell him all about all the accidents and injuries that I had had and he better not find out any that I didn't tell him about. I took this as a threat. I didn't know what he was capable of as a white man. I did the oral deposition, but I couldn't remember everything since it was too much to remember and I was very anxious and nervous. Because of fear, I subsequently gave him a copy of my book as part of the deposition so that he could write out the accidents and injuries that I had had in Charleston and Columbia. He also told me that he was confused. I didn't thought at the time to write them out myself.

After reading my book, Attorney Chase became vindictive and he started attacking me. He took the book to Palmetto Health Richland and got me fired from my job. He also set up a scheme with the nurses and Doctor Noojin concerning my worker's compensation injury to my right wrist and the injuries to my knees. The church wasn't responsible for me falling. I believe my fall stemmed from the injury to my feet and left Achilles Tendon which happened as a result of the injury at Palmetto Health Richland Hospital.

He also set me up with Commissioner Huffstetler where he directed the Commissioner as to what questions to ask me. He told Commissioner Huffstetler to ask me about being fired from my previous jobs and the matter of asking the nursing staff at Palmetto Health Hospital for a physician for my injuries. Each time that I asked for a physician, I was only offered a nurse practitioner. I tried to tell them about some allege medication errors and the time I was fired from Trident Hospital. When Attorney Chase wrote up the first Order, he had written that I testified that I had been fired from my previous jobs for mistreatment of patients five times. **This is not the truth.**

Attorney Chase stood over me at the hearing because he knew that I was afraid of some white men after reading my book. He knew that I was already nervous and anxious and he got me confused. He knew that I would forget things. While he was standing over me, he showed me the e-mails that I had forgotten about where I had asked the nurses for a physician and he told me about a document that Doctor Noojin had written where he gave me a rating for worker's compensation for patella-femoral syndrome and my wrists. This is nothing more than arthritis of the knees which I don't have. Attorney Chase said that I did not tell Dr. Noojin about my right wrist on the day of my first visit which wasn't so. An Addendum was made to the fact that my right wrist was injured at Palmetto Health Richland after I had to get the Department of Civil Rights involved.

At that time, Attorney Chase told me that I would be fired from K-Mart where I was working, because this was the only other job I could find about being fired from Palmetto Health Richland. Attorney Chase also influenced Commissioner Huffstetler against me by showing him a newspaper clipping of March 9, 2007, where I talked to a newspaper

reporter while trying to obtain a cashier or retailer job at the new Wal-mart store in West Columbia after I had been terminated from Palmetto Health Richland. At that time I was under the Employment Security Commission and I was required to search for work. He also claimed that my left side and rib pain was not casually connected to the fall of 2004.

Attorney Chase wrote up the first document after the single commissioner hearing and he put in the document that I had been fired five times from jobs for mistreatment of patients. I was only fired once with allegations of mistreatment of patients in 1998 from Trident Medical Center after my back injury.

Attorney Chase has refused to give me my book back since he has used it to destroy me and influenced the Worker's Compensation Commissioners against me. I wrote him a letter in 2010 asking for my book back, but he refuses to give it back to me. He was the one who wrote up the single Commissioner's Order against me which included the false fact that I was fired from four or five jobs for mistreatment of patients.

FIRST APPEAL

The first appeal that I made to the Circuit Court was because of the Single Commissioner's award and he directed me to appeal to the Circuit Court. I was instructed by Commissioner Huffstetler to file the Appeal within ten days of the award notice of nothing.

THE ORDER

Commissioner Bryan Lyndon was well aware of the three falls that I had at Trident in less than six months and he was aware of the many injuries that I had sustained besides my right shoulder and right foot. Yet, he went and signed off on the Order written by Attorneys White and Pratt-Thomas depriving me of my rights as an injured worker. He was also on the three man panel to review the matter of the Order which he had participated in an approved and made binding against me. He knew that the

attorneys White and Pratt-Thomas had taken out all of my injuries and he approved of it. I never received any orthopedic care for my shoulder, right foot, and the other injuries that I sustained. I never received anything for my surgeries. Trident Hospital never took any responsibility for my second fall. I only received temporary total benefits for my right shoulder and no more care. They never paid for my medications that the doctors at Trident Industrial Medicine had given me a prescription to get.

This Order was signed by Commissioner Lyndon, and he was also part of the three member panel. The Order got rid of all injuries except my right shoulder and right foot. I couldn't get compensated for my disability to my chest, breast reduction surgery and uterus surgery because of the way the Order was worded. It also dismissed my injuries with "prejudiced."

When Bryan Lyndon signed the Order that was drawn up which removed all of my injuries, he knew all about my three falls. In fact, he resided over one hearing which is not part of these claims for one of my falls where Douglass-Pratt Thomas included all of the injuries from all three falls so that he and Bryan Lyndon could get rid of them.

THE BOOK

The Fall of a Nurse What is Wrong with Gerly, is a book written mostly about my life and the trouble that I was having in Charleston in 1994-1998, with my worker's compensation injuries and how I was being treated by the hospital and its worker's compensation carrier and various individuals during these times. It also included my accidents at Palmetto Health Richland and how I was being treated by various doctors in the Columbia area. It also included information about the trouble I was having with Attorney Thomas M. White and my worker's compensation claim of January 1995, Claim No. 9503744. This was the third of three falls that I had had in less than six months. The information in the book is all true to the best of my knowledge. I also gave a copy to the worker's compensation as part of the papers to my motion for addition evidence. I didn't know if this could be legally done. The book was a progression of

accidents, especially the ones that were work related that started at Trident Hospital and ended up at Palmetto Health Richland. I didn't know what was wrong with me or why I was having so many accidents. Every time an attorney or someone found out about my accidents, they would go back and try to change what was happening to me.

Subsequently, the accidents would start again.

After Attorney Chase read the book, he became angry at me for some of the accidents that I had won and about what I had said about Trident Hospital and Palmetto Health Richland. It was after this, that he came up with an elaborate scheme to destroy me and to change the outcome of what had happened to me. He also set out to get me fired from my employment that took me so long to find. I was being punished for writing the book and for having the accidents. Essentially, he is doing the exact same things that I had to deal with while living in Charleston.

The book was written to tell my story of my life. The injuries and accidents that was work related was part of this story. According to the law, Worker's Compensation was the only remedy I had against my employers. There is no remedy I have against Michael E. Chase as an injured worker.

PROBLEM 1.

The problem is that I never receive any orthopedic care for the injuries of the fall of January 1995. I never received any care for my right feet, right shoulder, left foot, right arm, and chest area from Trident Hospital. Attorneys White and Pratt-Thomas took out all of my injuries except my right shoulder and right arm and obtained an Order from Commissioner Bryan Lyndon. The doctor never did anything for me and I could not get an orthopedic physician to accept me as a patient to take care of my right shoulder and feet in Charleston nor could I get one in Columbia. The ones that I contacted in Columbia stated that I needed a referral from Trident Regional Center which I could not get.

Mrs. Virginia Crocker told me the later part of 2010 that I didn't

have any orthopedic medicals for my right shoulder and feet.

PROBLEM 2.

I don't understand the Worker's Compensation System. I know a minimal amount about it because I read some cases, but I don't know exactly how it operates. I didn't have much of it in paralegal school and it wasn't the same as when I went pro se' for my herniated disc. I had been trying to do something with my case, but no attorney would take my case. The ones that took it gave it back and no one would explain and tell me what was wrong with the cases.

After I was injured at Palmetto Health Richland the insurance companies wanted to give me some money, but I didn't understand how that worked. I tried to get the attorneys to help me because I didn't know what I was doing but I couldn't get any help. One male insurance agent told me that I could represent myself since it is on the pamphlet of the Worker's Compensation Commission of South Carolina. He talked me into going pro'se. I didn't know or understand what I was doing when I try to fill out the forms for the hearing. I still don't understand what I am doing. I believe he was from PHTS.

PROBLEM 3.

I was set up by Commissioner Huffstetler and Michael E. Chase. I had written a book about the troubles of my life and the troubles that I was having with my worker's compensation claims and about the injuries and accidents that I had had. I had the information published in book form because it was too much for me to remember.

Attorney Chase went around and got lot of information about me from different source in the name of worker's compensation. He didn't check with me to see if these things were true or not. He

found out that the things in my book were true. Before the hearing, I meet with Ms. Crocker and the attorneys for Palmetto Health Richland Memorial. Attorney Chase and some of the insurance agents were very angry with me. I didn't know why. One agent told me that they weren't going to pay all that money to Dr. Jones. I didn't know what they were talking about. I didn't accept the money that was offered, because I had fallen at the church and injured my knees and my left wrist. Also, Trident Hospital wasn't there. The tendons and ligaments had dropped in my right and left foot with the January 1995 fall at Trident Hospital. I went back and file the January 1995 claim after the girl in the office had told me something about the file number that had gotten mixed up.

I had injured my right wrist at Palmetto Health Richland. Attorney Chase had gotten the nurses and Dr. Noojin to change their notes against me. Before the hearing, I had a deposition with Attorney Carter. She started telling me some negative things about Commissioner Huffstetler. I got very upset and I started crying. Subsequently, I went down to the Worker's Compensation Office to cancel the hearing, but Ms. Neese and some of the girls in the office told me not to cancel out because I had already cancel out once. She told me to write several letters to Commissioner Huffstetler to let him know that I didn't have an attorney for representation. This is what I did, (Although I can't my copies of the letters now.)

When we went for the hearing, there was a man with a camera in the room. I didn't understand what was going on. Commissioner Huffstetler came into the room and he was very angry. He divided the cases up and commenced to hurry through each one. The case

contained my January 1995, claim at Trident Hospital and about 7 claims from Richland Memorial Hospital. The claims contained injuries to some of the same body parts. One claim around November 15, 2001, was where I was injured when one employee on the elevator push a metal supply cart into the back of my left Achilles tendon. I already had injured the left ankle and foot with three falls I had at Trident Regional Medical Center.

Commissioner Huffstetler kept after me saying that I had the papers in the way of the mic. He was very angry with me. He didn't do anything to control Attorney Chase's actions toward me. He stood over me with his hand waving. He told Commissioner Huffstetler to ask if I had ever been fired from my job. I started to tell him that I had been fired from some medications error (these were alleged errors), jealousy from the nurses, and an accusation of patient abuse. In 1998, I had been reported to the Board of Nursing by Trident Regional Medical Center where a group of nurses including the charge nurse, Bridget Denzik, had written up a lot of complaints about where I had mistreated some patients. I had been cleared of all charges by the State Board of Nursing. He also asked if I had asked for a doctor. By that time I was very anxious and nervous because the way that I was being treated. I think I said no. At that time Attorney Chase had me an e-mail where I had sent an e-mail requesting a physician. At the time, he told me that I would be fired from K-Mart. He had already taken the book and gotten me fired from Palmetto Health Richland in 2006. After December 25, 2007, I was let go from K-Mart.

I have a fear of some white men and Attorney Chase had learned this from reading my book. I had gotten anxious and nervous and

forgetful because of how I was being treated. I was already dealing with job loses.

I had to get the Office of Civil Rights to get Dr. Noojin to correct the record about my right wrist being hurt at Palmetto Health Richland. Also, the nurse practitioner, Colleen Collins and the occupational health nurse, Barbara Griffin was taking care of my orthopedic injury. At health works, you had to be taken care of by the Nurse practitioner for your workers compensation injury. Mrs. Collins had in fact turned me a loose after taking care of my orthopedic injury but I was still having problems. You were only offered a Nurse practitioner for your injuries. Each time, I ask for a doctor they said that I get a nurse practitioner. I was following the doctor's order each time they told me to follow up with my private physician. In the Code of Laws, section 42-15-60, there is nothing written about a nurse practitioner.

On the Order from Commissioner Huffstetler, he has it written that I was fired 5 times for mistreatment of patients. This is not so. I was only fired one time and I had been cleared by the Board of Nursing.

After the hearing with the single commission, I lost every thing. The two hospitals got away. I don't remember Huffstetler warning me about anything. Nothing was spelled out. I was anxious and nervous and it probably wouldn't have registered anyway. He kept saying how many claims that I had and how many that I had left. I didn't have any one to go with me for protection against the single commissioner and the male defense attorneys.

The case came back to worker's compensation commission a ruling on the merit of the case. An Oral argument was supposed to

have been on held on February 24, or 25. I became very ill on Friday, February 19, 2011. I had an upper respiratory infection with hoarseness, diarrhea, fever, nausea and vomiting, and malaise and flu-like symptoms. I told the commission that I could not come because of illness. I asked them to reschedule my oral argument, but they went ahead and decided the case against me.

Since Attorney Chase had me fired from Palmetto Health Richland and K-mart I have been living below the poverty level ever since. I have had odd jobs. I fell from a registered nurse to a health information manager to a substitute teacher. I have a very difficult time obtaining employment and sometimes keeping it. Presently, I am a substitute teacher. I have to have a light duty job because of all of my many injuries.

PROBLEM 4.

There was a communication barrier with Commissioner Huffstetler and myself. His anger and hostility didn't make the situation any better. He got very much irate with me when I used the word, "make."

PROBLEM 5.

As for Commissioner Mickle, she told me that I had to withdraw my claim of January 23, 1995, because she wasn't going to go on with it. She had been very angry with me, but I don't know why. No one would tell me what was wrong with my claim and why I couldn't get any help with it. Instead she told me that I would get around \$7,000 and that she was going to clinch up all of my accidents including my back injury of 2007. I told her yes. I soon as I could get out of the room with her and Attorney Thomas. I later wrote a letter that I wasn't going to accept the money amount. She sent me an Order where I could bring the January 23, 2005 claim any time. She told me that I had to get a definitive diagnosis for my right shoulder.

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I got never get an orthopedic for my right shoulder because I had to get a referral for my right shoulder because it was a worker's compensation injury. I couldn't get a referral from Trident Hospital.

Around the latter part of 2010 when I became a Vocational Rehabilitation client, I found that I might be able to get the Vocational Rehabilitation orthopedist to order an MRI for me but I would have to pay for it. It would cost about 1,300-1500. In Dr. Crouch's notes he have that I have a rotator cuff tear. I never had an MRI to make sure. I continue to have spasms of the right shoulder and arm and pain. I am unable to lift very heavy objects. I was a floor nurse all of my life so this was an impediment for me.

HISTORY OF CLAIM NO. 9503744

This January 23, 1995 accident was one of three that I had had in less than 6 months. I had a fall on September 25, 1994, and October 24, 1994. The hospital didn't take any responsibility for my October 24, 1994 injuries.

Trident Hospital provided some care for the September 25, 1994 injury, but I don't remember them providing any orthopedic care. In January 23, 1995, I fell again. The hospital had started providing me some care for the injuries. The occupational health nurse was abusing me so I reported her to the nursing board. As a consequent, she got the insurance company Alexsis to write me a letter dated 2/14/1995, denying me coverage.

I was receiving care at Trident Industrial Medicine under Dr. Andrus at the time of the letter. I was schedule to go back for an appointment for care. After this letter came, nursing administration told me that I was no longer under worker's compensation and I couldn't receive any more care.

After this I went to Attorney White to receive assistance with my worker's compensation. Attorneys White and Pratt-Thomas took out all of injuries except the right foot and shoulder. The last injury to the left foot occurred with the accident of January 23, 1995. That why this claim was included because I had an injury with the Achilles tendon at Palmetto Health Richland. I am confused on Worker's Comp. What ever is wrong with my left foot, all three injuries cost it. I have a brace on my left foot and I had to get insteps made for both feet. The doctor did not give me a rating. Mrs. Crocker had been working with the Commissioners with this but she was unable to help me.

Attorney White had me in the room and he made me sign the Order without explaining anything to me. They had fixed so that I could not recover anything from this injury. The doctor that they sent me to didn't do anything for me. Subsequently, I couldn't find another orthopedic doctor to take care of me. In 1997, I had a breast reduction done to relieve some of the pain in my shoulders. Some pain was relieved but not all. I continue to have spasms in my right shoulder.

In 2000, when I went before Commissioner Atkins for the herniated disc in my back, she told me to refile the January 1995 claim. I did this. Commissioner Mickle came and she was very angry with me. She and Attorney Pratt-Thomas carried on a show for me. She really fussed at me, but I didn't know why. No one

would ever explain anything to me about what was wrong with my claim. At this time, Attorney Pratt-Thomas said that they had never ordered an MRI on me. Commissioner Mickle told me that I needed to get a definitive diagnosis for my shoulder. She later sent me an Order to file this claim later for a hearing when needed.

I was fired from Trident Hospital in 2008 because of alleged mistreatment of patients. I was later cleared by the Board of Nursing. I don't know if the hospital should have been required to pay me for when the nurses fired me without justifiable reasons. The hospital wouldn't take care of my shoulder. I had to have surgery after I fell in 1995 and I had breast reduction to relieve the pain in my shoulder. I think they were supposed to pay for all of that. Since the attorneys but just shoulder and right foot in the Order, I think that this ruined me. Commissioner Bryan Lyndon signed the Order against me. Commissioner Bryan Lyndon sat on the three man panel against me. Know one will explain anything to me about these situations.

I had about 6 other claims with Palmetto Health Richland which was medical. I had to have surgery with the fall of 2004. The occupational health nurse took care of the injury to my Achilles tendon but I kept falling until I went to Miller Orthopedic Clinic where they fit me with a brace and orthotics. Each time that I ask for a doctor, I was only offered a Nurse Practitioner.

Commissioner Huffstetler got angry with me for this and he ruled badly against me. I didn't have any rating for my medical injuries. I thought that you supposed to get compensated for your injuries. The insurance companies had in fact offered me some money but the lawyers who I contacted said that that was not enough. I didn't

understand worker's commissioner and the exact role the commissioner played.

The insurance companies were angry because they said that that was too much money. I didn't know what they were talking about because no one would explain anything to me.

The commissioners are very angry at me for some reason but know one will tell me why.

I have to appeal the decisions of the Appellate Panel after it is finalized. I am being persecuted for not having an attorney to help me. I have only been fired one time for alleged mistreatment of patients. I did ask Palmetto Health Richland for a doctor for my care. Mrs. Mickle did make me withdraw my claim and Attorney White did make me sign the Order. In any rate, the hospital never provided any orthopedic care for my shoulder and right foot.

I am being penalized by having all of my claims dismissed with prejudice without receiving anything for my surgeries etc.

I had had a case because my left foot was being taken care of by Coleen Collins and Barbara Griffin when the Achilles Tendon was injured. I couldn't get an attorney to help me and then I let the adjusted talked me into going pro se.

**FOR THE CLAIMS NO. 0126962, 0217755, 0227098, 0321756,
03222274, 0616756 OF PALMETTO HEALTH RICHLAND**

For the first claim against Palmetto Health where my Achilles tendon was injured in the accident of 11/15/2001. This injury compounded with the injuries at Trident Hospital, the last injury

was in January 23, 1995, created some disability to my left foot but the doctors didn't give me a rating.

Colleen Collins, the nurse practitioner was taken care of my Achilles Tendon and they didn't give me an orthopedic doctor.

Each time that I asked for a physician, I was only offered a nurse practitioner for care. I was told by one paralegal that if the ER physician sent me to another physician, then the hospital supposed to pay for the care. The ER physicians told me to follow up with my primary physician even though they knew that the injuries occurred as a result of worker's compensation. They never told me to follow-up with the nurse practitioners. Palmetto Health Richland was angry because I followed up with my primary physician as ordered.

Also, there are only a few physicians that I can go to without being abused. This came as a result with the trouble that I had in Charleston with Trident Hospital.

CONCLUSION

I don't know of any case law that dealt with the maltreatment of the unrepresented claimant during the hearing with and by the single commissioner and the defense attorney. My substantial rights were compromised. The single commissioner never told me the consequences of going pro se' unless he later got the court reporter to fudge her documents. He was so busy being angry at me and angry for the number of claims that I had and the number of claims that I have left. I never was given any chance to defend myself. I am not an attorney and neither could I get any legal representation or any legal advice.

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As for the hearing being setup by Attorney Chase and Commissioner Huffstetler, after Attorney Michael E. Chase read my book, he went to Palmetto Health Richland and got me fired from my job. He also set up with the nurses and Dr. Noojin about my injuries where Dr. Noojin would not include in the first visit that I told him about my right hand being injured by a hole puncher at Palmetto Health Richland. He also got Dr. Noojin to give me a rating for patellar femoral syndrome which is nothing but arthritis. I don't have arthritis in my right knee. He also directed Commissioner Huffstetler what questions to ask me after he had read my book. He was angry about the things that happen to me when I was a nurse at Trident Regional Medical Center.

I am not an attorney and I only know very minimal about worker's compensation. I didn't get much of this in school and worker's compensation is practice differently in Charleston that it is practice in Columbia. I don't know anything about objections and motions. It was the defense attorneys who ask that all claims be held together since all involved some of the same body parts that were injured. Commissioner Huffstetler was the one who brought up the claims.

The nurses falsely accused me of mistreatment of patients and they were picking at my injury to my right shoulder and my penmanship in the right hand. This was the only time that I had been terminated from a nursing job for alleged mistreatment of patients. When Attorney Chase wrote up the document of the hearing he included in it that I had been fired five times from jobs for mistreatment of patients which is not so.

As for me asking the nursing staff at Palmetto Health Richland for a doctor, I did this with each of my injuries. At Health Works the injured does not get a physician for her injuries. She is only offered a nurse practitioner. I was ordered by the emergency room physician to follow up with my private physician to which I complied. In section 42-15-60 in the Codes of Laws of South Carolina he states that, "If in an emergency, on account of the employer's failure to provide the medical care as specified in this section, a physician other than provided by the employer is called to treat the employee, the

reasonable cost of the service must be paid by the employer, if ordered by the commissioner". The insurance company supposed to have paid for my care.

In addition to setting me up with the hospital and Commissioner Huffstetler, Attorney Chase also submitted a document to Commissioner Huffstetler against me where I was looking for work as a cashier at the new Wal-Mart on Bush River Road in West Columbia after he had gotten me fired from Palmetto Health Richland. The newspaper man did a little interview with me and he submitted this against me. I was and still am having a very difficult time with employment because of my many injuries and the herniated discs in my back. I was trying to find some employment somewhere which I was able to do since I was trying to avoid going on food stamps.

Because of Attorney Chase and Commissioner Huffstetler personal bias against me, I was never given a fair and just chance. Furthermore, Attorney Chase was making fun of my injuries to my left side and my religious believe that he had read about in my book. I was told by Jennifer Kneece that I could not cancel out of the hearings. Attorney Carter told me some negative things about Commissioner Huffstetler at the deposition and I had gotten upset and I had cried when I went to the Worker's Compensation Commissioner to cancel the hearing. I told by Ms. Kneece and several of the other girls that I couldn't cancel out because of the worker's compensation laws. I was told by Mrs. Kneece to write several letters to Commissioner Huffstetler alerting him to the fact that I couldn't find an attorney to represent me. This is what I did. I still tried to look for an attorney to go over the documents with me before the three man panel sign the Order, but they signed the Order before I could get anyone to help me. One attorney might would have considered helping me but the Order was already signed and the 30-days had started to run when I went and talked with him. Therefore, he was not able to help me with my appeal.

I have no control over the worker's compensation commission. They do what they want to against me. I could not make Commissioner Huffstetler continue with the hearing. He had the hearing because that is what he wanted to do. He wanted to punish

me for having so many claims. There was nothing that I could do against Michael E. Chase even if I was in the position to do something. I had no weapon to defend myself.

I am asking the courts for a new hearing because of the way that I have been treated by the defense Attorney Michael E. Chase, Commissioner Huffstetler, and Commissioner Lyndon concerning my claims and the awarding of nothing for my injuries, the paying of all of my medical bills myself, and the dismissal of all of my claims with prejudice. I know that I didn't have a rating, but it was the insurance adjusters that approach me with money and talked me into going pro se'. I believe he was an adjuster for PHTS. I didn't know what I was doing and I didn't have no one to represent me after my attorney dropped me and he never explained anything to me or gave me any legal advice. I believe in some cases that the commissioner can award a rating. The insurance companies paid you for your injuries without a rating. In Charleston, I was told that Attorney Pratt-Thomas gave ratings to the injured workers at Trident Hospital where I previously worked.

I am being persecuted by the Worker's Compensation Commissioner, the defense Attorney Michael E. Chase, and possibly the defense Attorney Lana H. Sims. The persecution is mostly instigated by Michael E. Chase because of what he found out in the deposition and what is written in my book. I don't understand Worker's Compensation and I never had an attorney or and legal person explain the process. There are brochures on the wall of some places of employment, but I never remember seeing one at Trident Hospital where I first was really exposed to worker's compensation. I wasn't taught much of worker's compensation in school. I didn't really know anything about filing a claim until I did some research. I just lately because to know some of the legal steps to follow, but I still am unknowledgeable about worker's compensation and what constitutes a claim and what to ask for on the claim forms. How worker's compensation is practice in Charleston and Columbia has gotten me very confused with little I did know.

I RESERVE THE RIGHT TO MAKE AN ADDEDEUM OR ADD ANY NECESSARY INFORMATION AND DOCUMENTS AS DEEMED NECESSARY. I

NEED TO ADD THE TRANSCRIPT OF THE WORKER'S COMPENSATION
HEARING WHEN IT IS OBTAINED AND TO ADD THE COPY OF THE LETTER
NOTFYING COMMISSIONER HUFFSTETLER THAT I DIDN'T HAVE AN
ATTORNEY WHEN I CAN EVER FIND THE LETTER.

Petrucci Shinn 6-1-11

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May 30, 2011

Ms. Jeannette W. McBride
Clerk of Court for Richland County
P.O. Box 2766
Columbia, S. C. 29202-2766

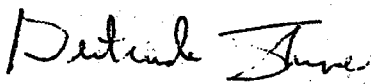
Dear Ms. McBride:

I am submitting my papers to appeal the decision of the Appellate Panel of the Worker's Compensation Commission.

Is there any legal way that I can request that I have no further contact with the defense Attorney Michael E. Chase? I am afraid of him. His retaliatory and abusive actions toward me have caused me much mental as well as physical anguish and have driven me into poverty.

Perhaps another attorney could be assigned to the case. A notice of intent to appeal the decision of the Appellate Worker's Compensation Commission Panel has been sent to Ms. Virginia Crocker, Attorneys Alison Carter, Lana H. Sims, and Michael E. Chase on May 31, 2011.

Sincerely,



Gertrude Shiver
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g.shiver@att.net

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