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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION

WCC FILE NUMBER: 1403134
APPELLATE CASE NO. 2015-002300

Clyde Williams.....

Appellant

v.

Bowman Gin Co., Employer, and American Interstate Ins. Co., d/b/a Amerisafe Risk Services,
Carrier of whom Bowman Gin Co., is the.....

Respondent

RECORD ON APPEAL
VOLUME I

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DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1403134

Clyde O. Williams,	)	
Employee,	)	
Claimant,	)	
	)	
vs.	)	DECISION AND ORDER
	)	
Bowman Gin Company,	)	
	)	
Employer,	)	
and	)	
	)	
American Interstate Insurance Company d/b/a	)	
Amerisafe Risk Services,	)	
	)	
Carrier,	)	
Defendants.	)	

HEARING: Held in St. Matthews, South Carolina on September 25, 2014.

APPEARANCES: Claimant represented by Lewis C. Lanier, Esquire of Orangeburg, South Carolina.

Defendants represented by Anne Veatch Noonan, Esquire of Willson Jones Carter & Baxley, P.A., Mount Pleasant, South Carolina.

PURPOSE OF HEARING: To determine the issues as set forth on the Forms 50 and 51.

DECISION AND ORDER: By Avery Wilkerson, Commissioner

FILED: January 14, 2015

I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

Claimant's:

- APA #1: Records of Orangeburg EMS, dated 3/27/14, consisting of pages 1-4.
- APA #2: Records of Rocky Mountain Holdings Invoice, dated 3/27/14, consisting of page 5.
- APA #3: Records of Palmetto Health Richland Emergency Room, dated 3/27/14, consisting of pages 6-26.
- APA #4: Records of Medical University of South Carolina, dated 3/27/14 – 4/17/14, consisting of pages 27-163.
- APA #5: Records of Report of Woodward Dixon, dated 6/2/14, consisting of page 164.
- APA #6: Records of Woodward Dixon, MD, dated 5/12/14 – 8/12/14, consisting of pages 165-191.
- APA #7: Records of Deposition of Thad Wimberly, dated 7/14/14, consisting of pages 192-220.
- APA #8: Records of Deposition of Harry Wimberly, dated 7/14/14, consisting of pages 221-245.
- APA #9: Records of two photographs of Claimant, consisting of page 246.
- APA #10: Records of IME report of Marshall Allyn White, MD, dated 9/4/14, consisting of page 247.

Defendant's:

- APA #10: Records of Bamberg County Hospital, dated 1/29/12, consisting of pages 247-252.
- APA #11: Records of Edisto Regional Health Service/RMC Primary Care, dated 8/25/03 – 7/18/14, consisting of pages 253-386.
- APA #12: Records of Paul Pritchard, III, MD, dated 9/11/14, consisting of pages 387-389.
- Exhibit A: Records of Photograph of Claimant, consisting of page 390.

- Exhibit B: Records of Deposition of Claimant, dated 9/2/14, consisting of pages 391-426.
- Exhibit C: Records of De Benne Esse deposition of Jeff Ruff, dated 9/17/14, consisting of pages 427-449.
- Exhibit D: Records of Prescription records from Walgreens.

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on March 27, 2014;
3. The Claimant's average weekly wage was \$976.10 with a corresponding compensation rate of \$650.77;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in ORANGEBURG, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issue for determination is whether Claimant suffered a compensable injury by accident arising out of the course and scope of his employment.

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

III. STATEMENT OF THE CASE

This is a denied claim for an injury which occurred on March 27, 2014. The Claimant contends that on this date he was at the Love's Truck Stop in Orangeburg County while performing his job duties for Bowman Gin Company. It is the Claimant's contention that after

cleaning the passenger side windshield, he fell off his truck for unknown reasons. He then moved to the driver's side and was standing on a tire to clean the windshield when he again fell off the truck, striking his head and suffering a traumatic brain injury. The Claimant contends he has suffered a traumatic brain injury as a result of this accident and that the fall causing his brain injury was causally related to his employment with Bowman Gin. The Claimant admits there was no witness to the fall and he does not recall the fall or accident.

The Claimant contends that the most likely conclusion in viewing the evidence is that Claimant suffered a fall which arose out of and in the course of his employment, causing him to suffer brain damage. The Claimant contends he is permanently and totally disabled and is entitled to lifetime medical treatment and lifetime benefits. It was determined in opening statements by Commissioner Wilkerson that there is no evidence to show that Claimant is at maximum medical improvement and that this hearing is for compensability.

The Claimant's rely on the medical report from Dr. Marshall White indicating that Claimant fell six to eight feet striking his head. Dr. White's report indicates that he bases his opinion on the emergency room records and indicated that he obtained a history of accident including the fall from those reports. The emergency room reports do not match the history quoted from them by Dr. White.

It was also discussed by both parties that there is no video of the incident though Love's Truck Stop was subpoenaed for all video surveillance. Both parties agree they have received only a partial video which does not show the time of injury. Also, both parties agree that there was no witness to the accident and that the Claimant, Mr. Williams, does not remember the accident.

The Defendants contend that Claimant did not suffer a compensable workers' compensation claim under the Workers' Compensation Act. Defendants contend the Claimant

suffered an idiopathic injury and that the evidence does not support a finding of compensability. Defendants further contend that there is not a scintilla of evidence to show that the Claimant fell off the truck and struck his head. The Claimant was found on the concrete ground passed out/unconscious after hitting his head. There were no witnesses to the injury and there is no evidence to determine whether he fell while standing flat footed on the ground or whether he fell from the truck. The Claimant himself testified that the last thing he remembers is cleaning the windshield with a long brush in his hand. He does not remember falling. He woke up in the hospital in Charleston, SC. Furthermore, Claimant agrees he is a Type II diabetic and he went off of his diabetes medication. He also has a long standing history of chronic hypertension and is a heavy smoker. Dr. Pritchard, neurologist from MUSC, found that Claimant suffered a syncope episode.

Defendants further contend that the evidence reflects the Claimant was found on the ground, lying on the concrete, and the brushes used for cleaning windshields were not in use and were standing/leaning against the gas pumps. This is evidenced by the pictures taken at the accident scene by the witnesses who found him. This was also supported by the testimony of Mr. Jeffrey Ruff and Mr. Tyrone Johnson. Defendants further rely on the EMS report which indicates Claimant reported to them at the scene that he remembers stopping to fuel his truck and feeling weak.

In regards to the independent medical evaluation by Dr. Marshall White, he indicates that the Claimant fell six to eight feet and that he obtained this information from the emergency room records. However, the emergency room records show that Claimant could not tell them what happened and that he may have fallen. Dr. White's indication and summation that Claimant fell six to eight feet off of a truck based on the emergency room records is therefore incorrect and

invalid. Defendants further rely on Claimant's own deposition testimony, page 28, that when asked whether he had any recollection of how he got off the tire on the driver's side he responded "None. None whatsoever." (Claimant's deposition p.28). Lastly, Defendants rely on the photographs submitted into evidence by both the Defendant and the Claimant. These photographs taken immediately following the finding of the Claimant unconscious show him lying on the concrete ground next to a bucket. The brushes used to clean windshields are leaning against the gas pump. One of the brushes is actually inside the bucket and leaning on the gas pump. There are no brushes around the Claimant or laying on the ground.

IV. EVIDENCE OF THE CASE

The Claimant testified he is 59 years of age, was born on August 19, 1955 and went through one and a half years of college at Brunswick Junior College in Brunswick, GA. He testified he has been working as a truck driver for 20 to 21 years. His only other employment has been at a grocery store as assistant manager and doing carpentry work for 3 to 4 years. He also testified is married to Anita Faye Williams and he has been married for 8 or 9 years. He testified that they have been together for 23 years. He testified that they do not have children together.

The Claimant testified that he has been working for Bowman Gin for 13 or 14 years. He has a prior workers' compensation claim which involved a chemical burn to his hands where he treated at the Burn Center of Charleston. The Claimant testified that while treating for his burns, he had to go to Dr. Brunson as he was light headed as he was on too strong a pain medicine. (Hrg. Tr. p. 28, lines 2-9).

The Claimant testified on the morning of March 27, 2014 he cranked his truck up, warmed the truck, and drove to Gulbrandsen to pick up his load. He indicated he picked up chemicals and

then went to Love's Truck Stop. While at Love's, he went to the fuel island but the credit card he uses to pay for gas would not read. He took the card inside to the cashier to swipe it and punch it in for authorization. He testified he then got a couple of snacks for later in the morning and went back out and started fueling. The Claimant testified he raised the hood and started cleaning the windshield. He testified he did the right side (passenger side) first.

The Claimant indicated that the next thing he knew, he was on the ground and all wet. He was wearing rubber sole shoes. He testified that to clean the windshield, he opens the hood of the truck and then stands on the front tire. He was washing the right (passenger) side of the windshield. The Claimant testified that the next recollection he had "I was over there sitting on the ground." (Hrg. Tr. p. 32, line 4).

The Claimant testified he got up and went around the hood to the driver's side and climbed up on the tire. He then started washing the windshield on that side. The Claimant was then asked "and then what happened?" (Hrg. Tr. p.33, line 25). The Claimant responded "Then, I don't know." (Hrg. Tr. p.34, line 1). He was then asked "Do you remember anything else about this incident?" (Hrg. Tr. p.34, lines 2-3). His response was: "No." (Hrg. Tr. p.34, line 4).

The Claimant was then asked about the emergency room medical report showing that he stated he felt dizzy. He was asked whether he recalled telling the emergency room people that information. The Claimant responded "no, I don't." The Claimant was asked if he remembered telling them that he became weak. He responded "no." (Hrg. Tr. p.34, line 22-23). The Claimant was then asked "do you know when you became weak, if you became weak?" He responded "no." (Hrg. Tr. p.35, line 1).

The Claimant was able to testify that it had been probably an hour to an hour and a half between the time he cranked the truck and the time he was injured. (Hrg. Tr. p.36, lines 1-3).

The Claimant was then asked about the scrub brushes used to clean windshields at Love's Truck Stop. The Claimant testified that most truck stops have them on both sides but he does not recall them being on both sides at this location. The Claimant then gave the following testimony on direct examination:

Q: Do you have any recollection of the brush?

A: I used the brush on the windshield.

Q: Ok. Do you know what happened to the brush?

A: No, I don't remember.

Q: Do you know long you were unconscious?

A: No.

Q: Do you know whether or not the bucket turned over?

A: No. I - - I don't know that it turned over but I am assuming it did since I was all wet.

(Hrg. Tr. p.37, lines 9-17).

The Claimant then testified in regards to the things he can no longer do since this incident in March, 2014. He testified he cannot concentrate and he cannot dress himself properly. He now has a chair in the shower as the doctor and his wife are worried he will lose his balance and fall. The Claimant states he now needs a cane to walk due to his balance.

The Claimant was then asked regarding his medication prior to the accident. Claimant testified "Now, I had had a talk with my doctor about coming off some of my - - I was diabetic and my diabetes with my blood test every morning had been so - - so normal for a - - a long period of time. And me and Dr. Brunson had been talking about me coming off my medicine and - - just to see what my blood would do over a period - - a short period of time. And he wasn't - - he wasn't

too - - too for it but he said I could try it for a week. And so, I did and the blood - - the blood level stayed like it normally did.” (Hrg. Tr. p.38, lines 23 through p. 39 line 7). The Claimant further testified that he checks his blood levels every morning. When asked if he checked his blood levels on the morning of this accident, he stated that he did. When asked the result of the blood test, the Claimant testified “I just can’t remember; I’ll have to get my notebook to know.” (Hrg. Tr. p.39, lines 14-15). The Claimant was then asked if he recalls whether it was normal or abnormal. The Claimant responded “No, it - - no, it was never - - it was close to normal.” (Hrg. Tr. p.39, lines 16-18).

The Claimant then testified he has seen Dr. Brunson for 3 or 4 years. He has never had a seizure nor felt like he was having a stroke. He felt lightheaded before this accident and that was when he checked himself into Bamberg Hospital. He was passing a kidney stone. The Claimant was then asked whether it was due to changing his medication as he indicated earlier in his testimony. The Claimant then testified that “no, matter of fact, when I was passing the medication - - I mean, when I was passing the kidney stone I was on the medication.” (Hrg. Tr. p.41, lines 11-13).

The Claimant’s attorney then made a request for the exception to be used for leading questions for when a person is obviously impaired. Counsel for Defendants objected to leading on the grounds that the Claimant has been able to recall the answers to each and every question asked by the Claimant all the way back through 2011. He also gave all of his background information and had not given any indication that he was impaired during his testimony at this hearing nor was any evidence provided that he was unable to testify in his deposition or at the hearing. Commissioner Wilkerson indicated that the Claimant had provided information about what happened in Bamberg and information regarding his doctors. The Claimant’s attorney then

indicated he had no further questions. (Hrg. Tr. p.43, lines 2-3).

On cross examination, the Claimant indicated he did remember having the conversation with Dr. Brunson on February 25, 2014 that he wanted to go off his diabetes medication. The Claimant was asked if he recalled the conversation with Dr. Brunson that he would have to be really careful about what he ate. The Claimant agreed. The Claimant was then asked whether he told any of his doctors that he remembered what happened to him on March 27, 2014. The Claimant responded "I don't believe I did, no." (Hrg. Tr. p.44, line 25). The Claimant then testified that he did not tell any doctors that his memory of that morning had come back to him. However, he stated that his memory came back in bits and pieces while he laid in his hospital bed. The Claimant agreed that he checked out of the hospital in Charleston on April 17, 2014. When asked again if he told any of his physicians that his memory had come back before or after that time he stated "no." (Hrg. Tr. p.45, lines 21-24). When asked whether he thought it would be important to tell his physicians that he now remembers washing windshields on the passenger side and passing out , he stated "no, they never asked that." (Hrg. Tr. p.46, line 2). He again later stated "So, no. I didn't - - I didn't see no importance in that." (Hrg. Tr. p.46, lines 4-5). When asked if the first time he told somebody that his memory had come back and he recalled washing the windows on the truck was when he gave his deposition, Claimant responded, "No, that wasn't the first time. I told my wife and I told Mr. Lewis." When asked whether he told anybody that was actually treating him he responded "no." (Hrg. Tr. p.46, lines 6-12).

The Claimant testified that on March 27, 2014, the date of his accident, he was not taking any medication for his Type II diabetes. He also testified that he had probably five to seven cartons of cigarettes in his truck on the morning of his accident. (Hrg. Tr. p.47, lines 5-9).

In regards to the events on the date of accident, the Claimant testified that he was washing

the windshield on the passenger side and then all of a sudden he was sitting on the ground soaking wet. He indicated he had no idea why he was wet. When asked if he remembered how he got to the ground and why he was sitting there he indicated that he assumed he fell. When asked not to assume but to describe what he remembers as to how he got on the ground, Claimant testified as follows:

A: If you - - If you are asking me if I remember falling, specifically, I can't say I specifically remember falling; I just know I did. The next thing I remember is I - - and I'm the ground wet.

Q: Okay. But - - but it's also possible that you could have gotten down and then all of a sudden ended up sitting on the ground because you don't remember what happened between the time you were cleaning your windshield and all of sudden you were on the ground; is that right?

A: Possibly, yeah. I - - I guess you could say it's possible but not likely though. You don't sit down on the concrete by a diesel pump.

Q: But you don't know why you sat down on the ground by a diesel pump; is that right?

A: Well, you would never to sit down there.

Q: Okay. And - -

A: It's just - - just too nasty.

Q: - - and when you realized you were sitting on the ground on the passenger side, is that when everything was kind of hazy to you?

A: I guess hazy would be the right word.

Q: Okay. And I'm taking this from your prior deposition, you said you were feeling lightheaded and hazy while you were sitting on the ground; is that how you were feeling?

A: Right.

Q: Okay. And then you got up and decided to go wash the other side?

A: Right.

Q: Okay. Now, what is the very last thing you remember?

A: Being up on the driver's side tire washing the driver's side windshield.

Q: So, the very last thing you remember is you were standing on the tire and you were holding the scrub brush for the windshield?

A: Holding the brush yes.

Q: And that's - - that's where your memory ends?

A: Yes.

Q: Okay. So in reality you could have gotten off of the tire, put your brush up where it is shown in the pictures, and then you could have passed out?

A: Yeah, I mean, you know, there is a lot of possibilities there.

(Hrg. Tr. p.48, line 4 – p. 49, line 23).

The Claimant's wife, Faye Williams, was present to testify. The parties stipulated that Mrs. Faye Williams would corroborate the Claimant's testimony as to how he is doing now. The parties agreed she was not a fact witness on the issue of compensability as she was not present.

Defendants then called Mr. Tyrone Johnson as a witness. Mr. Johnson testified that he currently lives in Bamberg, SC and was present today under subpoena from the Defendants. He is still an employee at Love's Truck Stop as a tire technician and in maintenance. Mr. Johnson testified that in the mornings he is usually in the area where the trucks fuel. He testified he is usually outside from 4:00am until 7:00am.

Mr. Johnson testified that on March 27, 2014 he was at work at Love's Truck Stop. He went outside and started his "oil try." He got done at approximately 6:30am. He then went around to the back to get the trash and fill up the water buckets. He testified he was probably at pump 21, 22 when he heard a water bucket noise. He walked up to the front and saw somebody laying on the ground. (Hrg. Tr. p.55, lines 14-20).

Mr. Johnson identified the man who had been lying on the ground as the Claimant, Clyde Williams. Mr. Johnson was shown the photograph that was Defendant's Exhibit A. He was asked if that was an accurate reflection of how he found Mr. Williams on the morning of March 27, 2014. Mr. Johnson testified "yes, it is." (Hrg. Tr. p.56, line 5). Mr. Johnson was asked if anything had been moved in the picture. He responded "no." Mr. Johnson testified that he did not pick up the scrub brushes that are shown leaning against the concrete in the photograph. Mr. Johnson testified that he did not move anything. After he saw Mr. Williams on the ground, he went inside and called 911 and told the manager. He and the manager, Jeff Ruff, went straight back outside and that is when the pictures shown in the exhibits were taken. He testified that when he and Jeff got back outside, the scene around Mr. Williams was no different. Mr. Johnson testified he is not aware of any witness to the incident or any other drivers that saw Mr. Williams fall.

On cross examination, Mr. Johnson testified he has been with Love's Truck Stop for 2 years as of November 8, 2014. Mr. Johnson testified that he was unaware of how long it was

between the time Mr. Williams fell and the time that he saw him. Mr. Johnson testified that he was approximately two pumps away from Mr. Williams when he heard the water bucket noise. He described it as sounding like somebody kicked it and you could hear water going around it. (Hrg Tr. p.58, lines 18-19). Mr. Johnson then testified that he felt like the sound of the bucket came from the direction of pump 23. He testified Mr. Williams was completely unconscious and did not say anything to him. He testified that it looked like Mr. Williams was bleeding from the nose.

Mr. Johnson was then asked whether there was water around him. He testified "no." (Hrg Tr. p.59, lines 21-23). Mr. Johnson then testified that it looked like Mr. Williams had on a pair of deck shoes. He also testified he did not touch Mr. Williams in any way. Mr. Johnson testified he has never been under subpoena and has never had to come to a hearing before.

On re-direct examination, Mr. Johnson was asked if Mr. Williams was wet when he found him. Mr. Johnson testified "no." He was then asked was he soaking wet on the front of him? Mr. Johnson responded "no." He was then asked whether there was water anywhere around him. Mr. Johnson responded "no." On re-cross examination, Mr. Johnson testified he did not touch him so would not be able to tell whether he was in fact wet.

Defendants then called Thad Wimberly as a witness. Mr. Wimberly testified he is the vice president of Bowman Gin and his father is the controlling stock owner. He testified he runs the day to day operations. He is a graduate of Clemson University and has a BS in AG and Business. Mr. Wimberly also testified he is a forest ranger for the South Carolina Forestry Commission.

Mr. Wimberly testified that on March 27, 2014 he received a call about the Claimant being injured. He went to Love's Truck Stop. At the time he arrived, the Claimant was no longer there and had already been taken by ambulance to the hospital. Mr. Wimberly began inspecting the vehicle to make sure everything was still there and intact.

Mr. Wimberly indicated that someone from Love's Truck Stop moved the truck to a different area so it was no longer blocking the fuel pump. He testified he is not sure who moved the truck. He went inside to make sure that the fuel was paid for and then inspected the outside of the truck by doing a full walk around the vehicle. In regards to the windshield, he testified "I won't say it was not visible but it was not like it had just been cleaned." He testified there was some dirt on the windshield and it had not been cleaned by the "bug juice or whatever you put on the window, you know, to clean the bugs or whatever." (Hrg. Tr. p.67, lines 1-4). He testified that there were some bugs on the windshield.

Mr. Wimberly testified that he then inspected the inside of the truck. He testified "I noticed his belonging there, you know, his clothes and stuff and his medication bag was still right there in the floor and a cup of coffee was already inside the truck: one of those big travel mugs was inside there." (Hrg. Tr. p.67, lines 12-16). He then testified that he found seven cartons of cigarettes laying on the top bed in the truck. In regards to the bag of medicine, Mr. Wimberly testified that it was "like a small cooler, like you would tote - - like a little small zip up type cooler." (Hrg. Tr. p.68, lines 11-12). Mr. Wimberly testified he opened the cooler to see what was inside. He found "a lot of medicine in there, yes. It was probably 10 bottles, maybe, of different types of medication." (Hrg. Tr. p.68, lines 17-19).

On cross examination, Mr. Wimberly admitted that he is not an expert of windshield cleaning. He also testified that he is not an executive and that he does clean windshields. He did agree that he did not clean the windshield on the Claimant's truck. Mr. Wimberly agreed that the truck was not in the same location that it was when Mr. Williams got hurt. It had been moved about 50 feet and it was unknown who moved the truck.

Mr. Wimberly testified on cross examination that he does not know of any prior episodes

of fainting for the Claimant and that the Claimant never complained to him of lightheadedness. He also testified he has his regular CD license and that he would not be driving if he didn't.

Mr. Wimberly further testified that the Claimant was driving a new truck for Bowman Gin. When asked how far a man would fall standing on the wheel of that truck, Mr. Wimberly testified approximately 2 feet. He also testified he would not stand on the wheel to wash a truck. He also agreed that the tires were 24.5 inches. Mr. Wimberly agreed in his testimony that the Claimant was where he should have been while working for Bowman Gin after picking up his load at Gulbrandsen. He also testified that they do give drivers a credit card for fuel.

On re-direct examination, Mr. Wimberly testified that he has cleaned windshields of these size trucks in the past. They use a long handle brush so that they do not have to climb on the tires. Mr. Wimberly also testified that if any of his drivers told him that he was dizzy or lightheaded, he would not be able to drive until he had been checked or cleared by a doctor.

Defendants submitted the *de benne esse* deposition of Jeffrey D. Ruff. Mr. Ruff testified that he is the former manager of Love's Truck Stop at the time of this incident. He testified that Tyrone Johnson came inside and got him and told him that there was a man injured laying on the concrete. Mr. Ruff came to the scene and took photographs with his cell phone. Mr. Ruff did identify the photographs attached to his deposition (also included in the APA Submissions) as an exact representation of how they found Mr. Williams. To his knowledge, nothing had been touched at the scene. He stated that the long handled brushes used to wash the windshield were already propped up and leaning against the gas pump when he first came out to find the Claimant. Mr. Ruff testified that once he was told by his employee that there was a man outside laying on the ground, he went outside to see what was going on immediately. He then took the pictures and came back inside to have his tire technician call 911. He did not touch or move the Claimant or

any of the items shown in the picture.

The medical evidence presented shows that Claimant has a chronic history of hypertension, hyperlipidemia, and diabetes mellitus Type II. He has treated with Dr. Brunson for these conditions. Prior to this incident, he reported to Bamberg County Hospital in January, 2012 for his diabetes and indicated he was lightheaded and dizzy. He was to follow up with Dr. Brunson and follow a diabetic diet. Dr. Brunson saw him on January 31, 2012 and cautioned him regarding his diet and to adjust his medication. The Claimant continued to treat with Dr. Brunson for these conditions throughout 2012 and 2013. On February 25, 2014, he reported increased problems sleeping and asked to go off of his medication for diabetes mellitus Type II. He was warned to watch his diet and carbs very closely and to continue his other medication.

On March 27, 2014, the Claimant was then found lying unconscious on the concrete and bleeding from his head. He was originally evaluated by West Middle Fire Department and it was noted he had open trauma to his face and head. He was released to EMS. The Orangeburg County EMS report also dated March 27, 2014 shows he was unconscious and bleeding. He was found near the cab of the 18 wheeler and fuel pump island. Per bystanders noted in the report, he was unconscious for several minutes and witnesses were unsure how he fell. It was also indicated that no one saw him fall so he was placed in full spinal precautions. The EMS report further notes the Claimant did state that the last thing he remembers is stopping to fuel when he became weak. The Claimant was then taken by LifeNet to Palmetto Health Richland Hospital.

The medical records from March 27, 2014 from Palmetto Health Richland show the Claimant was found down beside his truck and was unresponsive. He was diagnosed with an extensive fracture of the skull base. The medical records from Palmetto Health state that he was found unconscious on the ground and he was unable to describe what happened to him. He was

diagnosed with a possible subarachnoid hemorrhage. He was then immediately transferred to MUSC on the same day.

The medical records from MUSC from March 27, 2014 indicate the Claimant was found down this morning near an 18 wheeler in a puddle of blood. His mental status had declined and a CT scan showed a large intracranial hemorrhage and skull fracture. It was unknown if the patient fell or was assaulted. The Claimant underwent a right sided craniotomy for resection of the right frontal intra cerebral hemorrhage performed by Dr. Varma on March 27, 2014.

The Claimant was seen in follow up as an in-patient at MUSC where he was treated for post decompressive craniotomy. He had impaired motor function and sensory integrity. It was noted that he had chronic changes or plural effusion, was a heavy smoker, and was using a hand held nebulizer.

The Claimant was treated at MUSC until he was released to the Regional Medical Center for therapy. He was treated for a traumatic brain injury, recent pneumonia treated, hypertension, diabetes mellitus Type II controlled, and hyperlipidemia. It was noted on May 2, 2014 he was ambulating 250 feet with a rolling walker and encouraged to abstain from smoking. The Claimant verbalized he anticipated noncompliance. He was released home. Home care was provided by RMC Primary Care.

The Claimant was treated in follow up in May, 2014 by Dr. Varma at MUSC for no evidence of new hemorrhage and a healing skull based fracture.

The Claimant was continuing to treat with MUSC, the Regional Medical Center and RMC Primary Care. The APA Submissions reflect he was seen August 30, 2014 by Dr. Varma at MUSC for post evacuation of right frontal hematoma with cognitive impairment. A referral was made for physical therapy for range of motion of the left shoulder and he was returned to the

neurologist when necessary and was to continue on medication. He was not released at maximum medical improvement.

The Claimant was then seen by Dr. White at his attorney's office on September 4, 2014. Dr. White indicated the Claimant was fueling his truck and washing windows when he fell from his truck, approximately six to eight feet, striking his head on the concrete bolster protecting the pumps. He was diagnosed with a traumatic brain injury and behavioral and cognitive abnormalities. Dr. White indicated that Claimant's injury was consistent with a severe brain trauma associated with skull fracture and that he would never return to gainful employment. It is important to note that the medical records from the date of accident are not consistent with Dr. White's report and the description of accident used by Dr. White was not factual. The emergency room records did not report Claimant fell six to eight feet from his truck as indicated by Dr. White.

All medical records, photographs of the scene, and deposition testimony were reviewed by Dr. Pritchard, III, of MUSC on September 11, 2014. Dr. Pritchard indicated there was a long standing history of hypertension and diabetes mellitus Type II. The Claimant reported immediately preceding this incident to feeling "hazy and lightheaded." Dr. Pritchard indicated that Claimant lost consciousness before this actual accident occurred and then got up and moved to the driver's side where he again suffered a second loss of consciousness consistent with a syncope episode. This is supported by the Claimant's own testimony regarding his passing out and waking up sitting on the concrete, not knowing how he got there or why he was wet. Dr. Pritchard also noted his prior history of Type II diabetes mellitus (for which he had just stopped taking his medication) and his chronic history of hypertension which put him at risk.

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

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Clyde O. Williams as Employee-Claimant and Bowman Gin Company as Employer and American Interstate Insurance Company d/b/a Amerisafe Risk Services as Carrier, Defendants.
2. That the average weekly wage of Employee at the time of the above-described accident was \$976.10, and his compensation rate was \$650.77.
3. A decision by Commissioner Wilkerson with findings of fact was made and sent to the parties on October 8, 2014 by e-mail.
4. Claimant specifically testified at the hearing and in his deposition that he does not remember falling. He testified he does not know how his accident occurred and does not know how he ended up laying on the concrete. The Claimant's wife would corroborate this testimony as well as there were no witnesses to the incident.
5. Tyrone Johnson testified he is an employee of Love's Truck Stop. On the date of the incident, he heard the noise of a bucket and walked over to inspect. He found Clyde Williams laying on the ground. He indicated that Mr. Williams was found in the exact same way as that reflected in the photographs submitted as exhibits. Mr. Williams was laying on the concrete next to the water bucket. The washing brushes used to clean windshields were lined up and leaning against the gas pump. Mr. Johnson testified that to his knowledge no one touched anything at the scene nor were there any witnesses to the incident.
6. Brad Wimberly testified he is the Vice President and co-owner of Bowman Gin Company. Mr. Wimberly also did not know how the incident with Mr. Williams occurred as he

arrived after the Claimant was taken to the hospital. He testified that you normally would not have to stand on the wheel of a truck to clean its windshield due to the long handled brushes. He also testified that it did not appear that the Claimant's windshield had been cleaned. He testified that the truck was moved before he got there by an employee of Love's Truck Stop. He found personal items in the truck along with a bag of Claimant's personal medication.

7. Jeffrey D. Ruff testified by deposition that he is the former manager of Love's Truck Stop at the time of this incident. He testified that Tyrone Johnson came inside and got him and told him that there was a man injured laying on the concrete. Mr. Ruff came to the scene and took photographs with his cell phone. Mr. Ruff did identify the photographs attached to his deposition (also included in the APA Submissions) as an exact representation of how they found Mr. Williams. To his knowledge, nothing had been touched at the scene. He stated that the long handled brushes used to wash the windshield were already propped up and leaning against the gas pump when he first came out to find the Claimant. Mr. Ruff testified that once he was told by his employee that there was a man outside laying on the ground, he went outside to see what was going on immediately. He then took the pictures and came back inside to have his tire technician call 911. He did not touch or move the Claimant or any of the items shown in the picture.

8. The Claimant is a Type II diabetic and the medical records do reflect a prior history of dizziness and lightheadedness. The records also reflect that on February 25, 2014, the Claimant went to see Dr. Brunson and requested to stop his diabetes medication. It was the Claimant's own testimony that while he was cleaning the windshield on the passenger side of the vehicle, he does not know what happened to him and he all of a sudden realized he was sitting on the ground soaking wet. The Claimant himself testified he was feeling faint and dizzy at that time with no idea how he got to the ground. Subsequent to that incident, he then got up and went to the driver's

side of the truck to wash that side of the windshield. He remembers climbing up on the truck but has no other memory. The Claimant testified he does not know what happened. The Claimant did not say he slipped, tripped, or fell off the truck. He does not remember anything else until waking up in a hospital bed.

9. The photographs show the Claimant to be lying in an unusual position with his head between the bucket and a fuel pump. The brushes used to wash the windshield are clearly standing up leaning against the platform/fuel pump. The bottom of one brush is inside the bucket and the bottom of the second brush is on the concrete. There is no sign of a brush used to clean windshields on the ground or near the Claimant.

10. The medical records from MUSC found in APA #4 indicate the Claimant was found down on the morning of March 27, 2014 near his 18 wheeler in a puddle of blood. A CT scan of the head showed a large intracranial hemorrhage and basilar skull fractures. He was then transferred for neurosurgical evaluation and a de-compressive craniotomy was performed. The medical records from the emergency department state the Claimant was brought by LifeNet and that he is unable to describe what happened. He further denied any memory of the incident. APA #3, p. 10.

11. The Claimant was seen on June 20, 2014 wherein it was noted that he was disabled and unable to work due to his injury.

12. The EMS report dated March 27, 2014 indicates medic units was dispatched for an unconscious patient bleeding from a laceration. It was determined on scene that patient had been unconscious for several minutes not responding to anyone. Witnesses were unsure how he fell and it was noted "no one saw the pt fall." It was also noted that "pt states that last thing he remembers is stopping to fuel when he became weak." APA #1, p. 1.

13. In personally reviewing the photographs taken at the scene of this incident, I give great weight to these photographs and the testimony of both Mr. Johnson and Mr. Ruff regarding that they had not touched anything shown in the photograph and that they reflect how Mr. Johnson found the Claimant upon hearing a noise on a nearby pump and immediately going to investigate. The Claimant's glasses were approximately one and a half to two feet from him on the ground. The water bucket is still standing up and was not turned over. There is also what appears to be a pack of crackers or a candy bar with red wrapping lying approximately one and a half to two feet from Claimant's left arm. Also, from the direction and position of the glasses and the candy bar, it appears that these could have easily been dropped when the Claimant fell as they are both in the direction of the Claimant's outstretched hands/arms. Most importantly, it is clear that the brushes used to wash the windshield have already been placed back in their appropriate positions and therefore would not have been involved in any type of fall from the truck.

14. The Claimant denies any prior problems or issues with dizziness or lightheadedness. The medical evidence from Bamberg County Hospital dated January 29, 2012 shows Claimant reported to the hospital with a chief complaint of not feeling well for a few days and complaining of lightheadedness and dizziness.

15. I give great weight to the report of Dr. Paul A. Pritchard, III, neurologist at MUSC. Dr. Pritchard reviewed all relevant medical records, the EMS report, deposition of the Claimant, and photographs of the Claimant from the scene of his injury. Dr. Pritchard notes that a review of his medical records prior to this injury show that he had a long standing history of hypertension and diabetes mellitus, type II. Dr. Pritchard discussed Claimant's recounting of the circumstances of his fall while refueling his vehicle. Initially on the passenger side, he suddenly found himself soaked and lying on the concrete. The Claimant noted that he was "hazy" and "lightheaded." He

did not observe any injury at that point. He then proceeded to the driver's side of the vehicle to wash that side of the windshield but does not recall anything further until waking up under medical care. Dr. Pritchard opined that the medical records prior to this date of incident are revealing and also that Claimant actually lost consciousness at the scene of the accident not once but twice. Prior to this incident, the Claimant described himself as wet, hazy, and lightheaded with no physical injury. He was subsequently found unconscious and bleeding on the driver's side of the vehicle. Dr. Pritchard opined that the initial loss of consciousness had no relationship to the physical trauma, and the circumstances are more consistent with syncope, for which his prior history of Type II diabetes and hypertension put him at risk. Based on the circumstances of his past medical history with ongoing treatment of hypertension and diabetes at the time of his injury and the account/testimony Mr. Williams provided, it was his conclusion that he had two syncope events which caused his fall and head injury. This opinion was given within a reasonable degree of medical certainty. I give greater weight to the opinion of Dr. Pritchard who reviewed all of the records, photographs and deposition.

16. I find the photographs taken of the Claimant lying on the ground, the location of his personal items such as his glasses and a possible candy bar, and the fact that the windshield washing brushes were not in use to carry significant weight and prove that Claimant was not washing his windshield at the time of his fall and that his fall with idiopathic.

17. I have reviewed the report of Dr. Marshall White, neurologist, dated September 4, 2014. Dr. White bases his opinion on information that Mr. Williams was "fueling up his 18 wheel truck and washing the windows on the truck when he apparently fell from the truck, striking his head on the concrete bolster protecting the pumps.". This was not proven by the evidence as there were no witnesses to the incident and the Claimant, by his own testimony, does not know what

happened to him. Dr. White went further to note that the emergency room records from Palmetto Richland indicated that the patient fell from his truck approximately six to eight feet. However, this is incorrect and is not consistent with the records from Palmetto Richland. Those records indicate that Claimant did not know what happened to him. Dr. White's report indicates the Claimant continues to have problems with agitation and confusion at home along with delusional thought. He attempted to stab his wife, and attempted to set her on fire. He also locked her out of the house and was re-admitted to MUSC in July, 2014. He was diagnosed with traumatic brain injury and medications were changed. This did somewhat improve his behavior. Dr. White evaluated the Claimant in the presence of his wife, Anita. He reviewed medical records from the Regional Medical Center in Orangeburg as well as MUSC. He found if Mr. Williams continues to exhibit signs of severe traumatic brain injury that would render him totally incapable of work as a result of emotional, cognitive and physical problems arising from these injuries. Dr. White's assessment of how the accident occurred is based on incorrect information or an incorrect reading of the emergency room records and is not consistent with the evidence of the case.

18. The Claimant was treated by both Dr. Varma at MUSC and Dr. Dixon at RMC Primary Care for right frontal lobe hemorrhage, hypogonadism, hypertension, hypernatremia, hyperlipidemia, HTN dysphagia, DM type II with craniotomy, cerebral edema, anxiety, agitation, acute respiratory failure, and loss of appetite.

19. Dr. Brunson of RMC Primary Care was Claimant's family physician. He has treated the Claimant since 2003. The medical records that are APA #10 show Claimant has consistently been treated for ongoing chronic hypertension, hyperlipidemia, and diabetes mellitus Type II. It was noted on January 1, 2012 that his blood pressure was elevated and he was not feeling well. It was noted he quit eating sweets but had been eating a lot of starches. Medication

was changed . It was noted in follow up by Dr. Brunson that he was to continue his medication and to maintain a good diet. He was to stay away from starches and sugar. He was treated throughout 2013 for arterial hypertension, combined hyperlipidemia, and was noted as had control of his Type II diabetes mellitus and anxiety. This was the notation on September 27, 2013. However, on February 25, 2014, it was noted that he was seen in follow up having problems sleeping. He was not able to sleep more than five hours without Ativan. At this appointment, the Claimant told Dr. Brunson he would like to come off of his diabetes mellitus Type II medication. Dr. Brunson indicated that he must watch his carbs very closely, continue his other medication, and change his Ativan to Xanax. The Claimant's request to come off of his medication for his diabetes is located on page 353 of the APA submissions.

20. Based on the greater weight of evidence, I would give Dr. Paul A. Pritchard, III, MD, greater weight as he reviewed the entire record to include Claimant's recollection of the moments immediately preceding this incident as Claimant has no recollection of the fall.

21. I find this to be an unexplained idiopathic fall as no evidence exists as to what caused the fall. To find otherwise would require me to speculate as to what happened to the Claimant. Also, the photographic evidence shows that the Claimant was in fact not washing his windshield at the time of his fall as was his speculation. Also, by the Claimant's own testimony, he admits that he was already feeling hazy and dizzy before this incident occurred of which he has no memory.

22. This claim is denied under the South Carolina Workers' Compensation Act. The Claimant suffered an idiopathic fall that did not arise out of his employment.

VI. 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. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. The Claimant did not suffer a compensable injury by accident which arose out of his employment pursuant to the Workers' Compensation Act.

3. The Claimant's injury was idiopathic in nature and there was no work related reason for the fall.

4. The Claimant could not meet his burden of proof to show that he suffered an injury by accident arising out of and within the course of his employment. No evidence was presented to show how or why the Claimant fell. The Claimant's own testimony indicated that he does not recall the event and that he had a syncopal episode and was feeling hazy and lightheaded immediately preceding the incident which caused him to strike his head. He also personally testified that the last thing he remembers is cleaning a windshield with a long handled brush. When the Claimant was found lying unconscious on the ground, the windshield cleaning brushes were back in their proper place leaning against the fuel pump.

5. The greater weight of evidence supports a finding that Claimant's physical injury to his head arose from some physical condition personal to the Claimant and was therefore idiopathic. The Claimant had stopped taking his medication for diabetes mellitus Type II the month before this accident, was a habitual smoker, and suffered from chronic hypertension and hyperlipidemia. This conclusion is also supported by the fact that Claimant admits to an unrelated syncopal episode immediately preceding this alleged injury by accident of which the Claimant has no recollection.

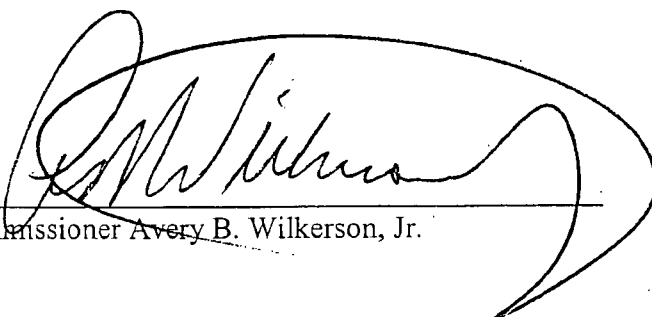
VII. ORDER/AWARD

IT IS HEREBY ORDERED that this claim is denied in full.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

This is to certify 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).

January 14, 2015

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1403134

RECEIVED

NOV 10 2015

SC Court of Appeals

CLYDE WILLIAMS,

vs.

BOWMAN GIN CO.,

AND

AMERICAN INTERSTATE INS. CO.
d/b/a AMERISAFE RISK SERVICES,

EMPLOYEE,
CLAIMANT/APPELLANT,

EMPLOYER,

CARRIER,
DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South Carolina
on April 21, 2015, upon notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

October 12, 2015

AFFIRMS WITH AMENDMENTS

APPEARANCES:

Claimant represented by Lewis C. Lanier, Esquire,
of Lanier & Burroughs, LLC, Orangeburg, South
Carolina.

Defendants represented by Anne Veatch Noonan,
Esquire, of Willson Jones Carter & Baxley, P.A.,
Mount Pleasant, South Carolina.

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

This is a denied claim for an injury which occurred on March 27, 2014. The Claimant contends that on this date he was at the Love's Truck Stop in Orangeburg County while performing his job duties for Bowman Gin Company. It is the Claimant's contention that after cleaning the passenger side windshield, he fell off his truck for unknown reasons. He then moved to the driver's side and was standing on a tire to clean the windshield when he again fell off the truck, striking his head and suffering a traumatic brain injury. The Claimant contends he has suffered a traumatic brain injury as a result of this accident and that the fall causing his brain injury was causally related to his employment with Bowman Gin. The Claimant admits there was no witness to the fall and he does not recall the fall or accident.

The Claimant contends that the most likely conclusion in viewing the evidence is that Claimant suffered a fall which arose out of and in the course of his employment, causing him to suffer brain damage. The Claimant contends he is permanently and totally disabled and is entitled to lifetime medical treatment and lifetime benefits. It was determined in opening statements by Commissioner Wilkerson that there is no evidence to show that Claimant is at maximum medical improvement and that the hearing was for compensability.

The Claimant relied on the medical report from Dr. Marshall White indicating that Claimant fell six to eight feet striking his head. Dr. White's report indicates that he bases his opinion on the emergency room records and indicated that he obtained a history of accident including the fall from those reports. The emergency room reports do not match the history quoted from them by Dr. White.

It was also discussed by both parties that there is no video of the incident though Love's

Truck Stop was subpoenaed for all video surveillance. Both parties agree they have received only a partial video which does not show the time of injury. Also, both parties agree that there was no witness to the accident and that the Claimant, Mr. Williams, does not remember the accident.

The Defendants contend that Claimant did not suffer a compensable workers' compensation claim under the Workers' Compensation Act. Defendants contend the Claimant suffered an idiopathic injury and that the evidence does not support a finding of compensability. Defendants further contend that there is not a scintilla of evidence to show that the Claimant fell off the truck and struck his head. The Claimant was found on the concrete ground passed out/unconscious. There were no witnesses to the injury and there is no evidence to determine whether he fell while standing flat footed on the ground or whether he fell from the truck. The Claimant himself testified that the last thing he remembers is cleaning the windshield with a long brush in his hand. He does not remember falling. He woke up in the hospital in Charleston, SC. Furthermore, Claimant agrees he is a Type II diabetic and he went off of his diabetes medication. He also has a long standing history of chronic hypertension and is a heavy smoker. Dr. Pritchard, neurologist from MUSC, found that Claimant suffered a syncope episode.

Defendants further contend that the evidence reflects the Claimant was found on the ground, lying on the concrete, and the brushes used for cleaning windshields were not in use and were standing/leaning against the gas pumps. This is evidenced by the pictures taken at the accident scene by the witnesses who found him. This was also supported by the testimony of Mr. Jeffrey Ruff and Mr. Tyrone Johnson. Defendants further relied on the EMS report which indicates Claimant reported to them at the scene that he remembers stopping to fuel his truck and feeling weak.

In regard to the independent medical evaluation by Dr. Marshall White, he indicates that the Claimant fell six to eight feet and that he obtained this information from the emergency room records. However, the emergency room records show that Claimant could not tell them what happened and that he may have fallen. Dr. White's indication and summation that Claimant fell six to eight feet off of a truck based on the emergency room records is therefore incorrect and invalid. Defendants further rely on Claimant's own deposition testimony, page 28, that when asked whether he had any recollection of how he got off the tire on the driver's side he responded "None. None whatsoever." (Claimant's deposition p.28). Lastly, Defendants relied on the photographs submitted into evidence by both the Defendant and the Claimant. These photographs taken immediately following the finding of the Claimant unconscious show him lying on the concrete ground next to a bucket. The brushes used to clean windshields are leaning against the gas pump. One of the brushes is actually inside the bucket and leaning on the gas pump. There are no brushes around the Claimant or lying on the ground.

A hearing set on Claimant's Form 50 was held before the Single Commissioner on September 25, 2014. By way of a Decision and Order dated January 14, 2015, the single Commissioner issued the following Findings of Fact, Conclusions of Law, and Order/Award:

FINDINGS OF FACT

1. *That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Clyde O. Williams as Employee-Claimant and Bowman Gin Company as Employer and American Interstate Insurance Company d/b/a Amerisafe Risk Services as Carrier, Defendants.*

2. *That the average weekly wage of Employee at the time of the above-described accident was \$976.10, and his compensation rate was \$650.77.*

3. A decision by Commissioner Wilkerson with findings of fact was made and sent to the parties on October 8, 2014 by e-mail.

4. Claimant specifically testified at the hearing and in his deposition that he does not remember falling. He testified he does not know how his accident occurred and does not know how he ended up laying on the concrete. The Claimant's wife would corroborate this testimony as well as there were no witnesses to the incident.

5. Tyrone Johnson testified he is an employee of Love's Truck Stop. On the date of the incident, he heard the noise of a bucket and walked over to inspect. He found Clyde Williams laying on the ground. He indicated that Mr. Williams was found in the exact same way as that reflected in the photographs submitted as exhibits. Mr. Williams was laying on the concrete next to the water bucket. The washing brushes used to clean windshields were lined up and leaning against the gas pump. Mr. Johnson testified that to his knowledge no one touched anything at the scene nor were there any witnesses to the incident.

6. Brad Wimberly testified he is the Vice President and co-owner of Bowman Gin Company. Mr. Wimberly also did not know how the incident with Mr. Williams occurred as he arrived after the Claimant was taken to the hospital. He testified that you normally would not have to stand on the wheel of a truck to clean its windshield due to the long handled brushes. He also testified that it did not appear that the Claimant's windshield had been cleaned. He testified that the truck was moved before he got there by an employee of Love's Truck Stop. He found personal items in the truck along with a bag of Claimant's personal medication.

7. Jeffrey D. Ruff testified by deposition that he is the former manager of Love's Truck Stop at the time of this incident. He testified that Tyrone Johnson came inside and got him and told him that there was a man injured laying on the concrete. Mr. Ruff came to the scene and took

photographs with his cell phone. Mr. Ruff did identify the photographs attached to his deposition (also included in the APA Submissions) as an exact representation of how they found Mr. Williams. To his knowledge, nothing had been touched at the scene. He stated that the long handled brushes used to wash the windshield were already propped up and leaning against the gas pump when he first came out to find the Claimant. Mr. Ruff testified that once he was told by his employee that there was a man outside laying on the ground, he went outside to see what was going on immediately. He then took the pictures and came back inside to have his tire technician call 911. He did not touch or move the Claimant or any of the items shown in the picture.

8. The Claimant is a Type II diabetic and the medical records do reflect a prior history of dizziness and lightheadedness. The records also reflect that on February 25, 2014, the Claimant went to see Dr. Brunson and requested to stop his diabetes medication. It was the Claimant's own testimony that while he was cleaning the windshield on the passenger side of the vehicle, he does not know what happened to him and he all of a sudden realized he was sitting on the ground soaking wet. The Claimant himself testified he was feeling faint and dizzy at that time with no idea how he got to the ground. Subsequent to that incident, he then got up and went to the driver's side of the truck to wash that side of the windshield. He remembers climbing up on the truck but has no other memory. The Claimant testified he does not know what happened. The Claimant did not say he slipped, tripped, or fell off the truck. He does not remember anything else until waking up in a hospital bed.

9. The photographs show the Claimant to be lying in an unusual position with his head between the bucket and a fuel pump. The brushes used to wash the windshield are clearly standing up leaning against the platform fuel pump. The bottom of one brush is inside the bucket and the bottom of the second brush is on the concrete. There is no sign of a brush used to clean

windshields on the ground or near the Claimant.

10. The medical records from MUSC found in APA #4 indicate the Claimant was found down on the morning of March 27, 2014 near his 18 wheeler in a puddle of blood. A CT scan of the head showed a large intracranial hemorrhage and basilar skull fractures. He was then transferred for neurosurgical evaluation and a de-compressive craniotomy was performed. The medical records from the emergency department state the Claimant was brought by LifeNet and that he is unable to describe what happened. He further denied any memory of the incident. APA #3, p. 10.

11. The Claimant was seen on June 20, 2014 wherein it was noted that he was disabled and unable to work due to his injury.

12. The EMS report dated March 27, 2014 indicates medic units was dispatched for an unconscious patient bleeding from a laceration. It was determined on scene that patient had been unconscious for several minutes not responding to anyone. Witnesses were unsure how he fell and it was noted "no one saw the pt fall." It was also noted that "pt states that last thing he remembers is stopping to fuel when he became weak." APA #1, p. 1.

13. In personally reviewing the photographs taken at the scene of this incident, I give great weight to these photographs and the testimony of both Mr. Johnson and Mr. Ruff regarding that they had not touched anything shown in the photograph and that they reflect how Mr. Johnson found the Claimant upon hearing a noise on a nearby pump and immediately going to investigate. The Claimant's glasses were approximately one and a half to two feet from him on the ground. The water bucket is still standing up and was not turned over. There is also what appears to be a pack of crackers or a candy bar with red wrapping lying approximately one and a half to two feet from Claimant's left arm. Also, from the direction and position of the glasses and the candy bar, it

appears that these could have easily been dropped when the Claimant fell as they are both in the direction of the Claimant's outstretched hands/arms. Most importantly, it is clear that the brushes used to wash the windshield have already been placed back in their appropriate positions and therefore would not have been involved in any type of fall from the truck.

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15. I give great weight to the report of Dr. Paul A. Pritchard, III, neurologist at MUSC. Dr. Pritchard reviewed all relevant medical records, the EMS report, deposition of the Claimant, and photographs of the Claimant from the scene of his injury. Dr. Pritchard notes that a review of his medical records prior to this injury show that he had a long standing history of hypertension and diabetes mellitus, type II. Dr. Pritchard discussed Claimant's recounting of the circumstances of his fall while refueling his vehicle. Initially on the passenger side, he suddenly found himself soaked and lying on the concrete. The Claimant noted that he was "hazy" and "lightheaded." He did not observe any injury at that point. He then proceeded to the driver's side of the vehicle to wash that side of the windshield but does not recall anything further until waking up under medical care. Dr. Pritchard opined that the medical records prior to this date of incident are revealing and also that Claimant actually lost consciousness at the scene of the accident not once but twice. Prior to this incident, the Claimant described himself as wet, hazy, and lightheaded with no physical injury. He was subsequently found unconscious and bleeding on the driver's side of the vehicle. Dr. Pritchard opined that the initial loss of consciousness had no relationship to the physical trauma, and the circumstances are more consistent with syncope, for which his prior

history of Type II diabetes and hypertension put him at risk. Based on the circumstances of his past medical history with ongoing treatment of hypertension and diabetes at the time of his injury and the account testimony Mr. Williams provided, it was his conclusion that he had two syncope events which caused his fall and head injury. This opinion was given within a reasonable degree of medical certainty. I give greater weight to the opinion of Dr. Pritchard who reviewed all of the records, photographs and deposition.

16. I find the photographs taken of the Claimant lying on the ground, the location of his personal items such as his glasses and a possible candy bar, and the fact that the windshield washing brushes were not in use to carry significant weight and prove that Claimant was not washing his windshield at the time of his fall and that his fall with idiopathic.

17. I have reviewed the report of Dr. Marshall White, neurologist, dated September 4, 2014. Dr. White bases his opinion on information that Mr. Williams was "fueling up his 18 wheel truck and washing the windows on the truck when he apparently fell from the truck, striking his head on the concrete bolster protecting the pumps." This was not proven by the evidence as there were no witnesses to the incident and the Claimant, by his own testimony, does not know what happened to him. Dr. White went further to note that the emergency room records from Palmetto Richland indicated that the patient fell from his truck approximately six to eight feet. However, this is incorrect and is not consistent with the records from Palmetto Richland. Those records indicate that Claimant did not know what happened to him. Dr. White's report indicates the Claimant continues to have problems with agitation and confusion at home along with delusional thought. He attempted to stab his wife, and attempted to set her on fire. He also locked her out of the house and was re-admitted to MUSC in July, 2014. He was diagnosed with traumatic brain injury and medications were changed. This did somewhat improve his behavior. Dr. White

evaluated the Claimant in the presence of his wife, Anita. He reviewed medical records from the Regional Medical Center in Orangeburg as well as MUSC. He found if Mr. Williams continues to exhibit signs of severe traumatic brain injury that would render him totally incapable of work as a result of emotional, cognitive and physical problems arising from these injuries. Dr. White's assessment of how the accident occurred is based on incorrect information or an incorrect reading of the emergency room records and is not consistent with the evidence of the case.

18. The Claimant was treated by both Dr. Varma at MUSC and Dr. Dixon at RMC Primary Care for right frontal lobe hemorrhage, hypogonadism, hypertension, hypernatremia, hyperlipidemia, HTN dysphagia, DM type II with craniotomy, cerebral edema, anxiety, agitation, acute respiratory failure, and loss of appetite.

19. Dr. Brunson of RMC Primary Care was Claimant's family physician. He has treated the Claimant since 2003. The medical records that are APA #10 show Claimant has consistently been treated for ongoing chronic hypertension, hyperlipidemia, and diabetes mellitus Type II. It was noted on January 1, 2012 that his blood pressure was elevated and he was not feeling well. It was noted he quit eating sweets but had been eating a lot of starches. Medication was changed. It was noted in follow up by Dr. Brunson that he was to continue his medication and to maintain a good diet. He was to stay away from starches and sugar. He was treated throughout 2013 for arterial hypertension, combined hyperlipidemia, and was noted as had control of his Type II diabetes mellitus and anxiety. This was the notation on September 27, 2013. However, on February 25, 2014, it was noted that he was seen in follow up having problems sleeping. He was not able to sleep more than five hours without Ativan. At this appointment, the Claimant told Dr. Brunson he would like to come off of his diabetes mellitus Type II medication. Dr. Brunson indicated that he must watch his carbs very closely, continue his other medication, and change his

Ativan to Xanax. The Claimant's request to come off of his medication for his diabetes is located on page 353 of the APA submissions.

20. *Based on the greater weight of evidence, I would give Dr. Paul A. Pritchard, III, MD, greater weight as he reviewed the entire record to include Claimant's recollection of the moments immediately preceding this incident as Claimant has no recollection of the fall.*

21. *I find this to be an unexplained idiopathic fall as no evidence exists as to what caused the fall. To find otherwise would require me to speculate as to what happened to the Claimant. Also, the photographic evidence shows that the Claimant was in fact not washing his windshield at the time of his fall as was his speculation. Also, by the Claimant's own testimony, he admits that he was already feeling hazy and dizzy before this incident occurred of which he has no memory.*

22. *This claim is denied under the South Carolina Workers' Compensation Act. The Claimant suffered an idiopathic fall that did not arise out of his employment.*

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. *Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant Employer was a covered employer under the Act.*

2. *The Claimant did not suffer a compensable injury by accident which arose out of his employment pursuant to the Workers' Compensation Act.*

3. *The Claimant's injury was idiopathic in nature and there was no work related reason for the fall.*

4. *The Claimant could not meet his burden of proof to show that he suffered an injury*

by accident arising out of and within the course of his employment. No evidence was presented to show how or why the Claimant fell. The Claimant's own testimony indicated that he does not recall the event and that he had a syncopal episode and was feeling hazy and lightheaded immediately preceding the incident which caused him to strike his head. He also personally testified that the last thing he remembers is cleaning a windshield with a long handled brush. When the Claimant was found lying unconscious on the ground, the windshield cleaning brushes were back in their proper place leaning against the fuel pump.

5. *The greater weight of evidence supports a finding that Claimant's physical injury to his head arose from some physical condition personal to the Claimant and was therefore idiopathic. The Claimant had stopped taking his medication for diabetes mellitus Type II the month before this accident, was a habitual smoker, and suffered from chronic hypertension and hyperlipidemia. This conclusion is also supported by the fact that Claimant admits to an unrelated syncopal episode immediately preceding this alleged injury by accident of which the Claimant has no recollection.*

ORDER/AWARD

IT IS HEREBY ORDERED that this claim is denied in full.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

Although Claimant argues numerous assignments of error on the part of the single Commissioner, his primary points on appeal are that the single Commissioner erred in (1) giving more weight to the opinion evidence of Dr. Paul A. Pritchard, III, a neurologist at MUSC, (2) finding that the Claimant did not fall from the truck while washing the windshield, and (3) finding that Claimant had an idiopathic fall that led to injury without any causal connection to his

employment.

All proffered testimony has been taken. Such, together with all documentary evidence and oral argument, has been delivered to the individual members of the Appellate Panel and has since been under careful consideration.

STANDARD OF REVIEW

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50, review the award, weigh the evidence as presented at the hearing and, if good grounds be shown therefore, make its findings of facts and reach its own conclusions of law consistent or inconsistent with those of the Hearing Commissioner. *See Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 156 S.E.2d 318 (1967); *see also Lowe v. An-Can Transport Services, Inc.*, 283 S.C. 534, 324 S.E.2d 87 (Ct. App. 1984).

STATEMENT OF THE FACTS

The Claimant testified he is 59 years of age, was born on August 19, 1955, and went through one and a half years of college at Brunswick Junior College in Brunswick, GA. He testified he has been working as a truck driver for 20 to 21 years. His only other employment has been at a grocery store as assistant manager and doing carpentry work for 3 to 4 years. He also testified is married to Anita Faye Williams and he has been married for 8 or 9 years. He testified that they have been together for 23 years. He testified that they do not have children together.

The Claimant testified that he has been working for Bowman Gin for 13 or 14 years. He has a prior workers' compensation claim which involved a chemical burn to his hands where he treated at the Burn Center of Charleston. The Claimant testified that while treating for his burns, he had to go to Dr. Brunson as he was light headed as he was on too strong a pain medicine. (Hrg. Tr. p. 28, lines 2-9).

The Claimant testified on the morning of March 27, 2014 he cranked his truck up, warmed the truck, and drove to Gulbrandsen to pick up his load. He indicated he picked up chemicals and then went to Love's Truck Stop. While at Love's, he went to the fuel island but the credit card he uses to pay for gas would not read. He took the card inside to the cashier to swipe it and punch it in for authorization. He testified he then got a couple of snacks for later in the morning and went back out and started fueling. The Claimant testified he raised the hood and started cleaning the windshield. He testified he did the right side (passenger side) first.

The Claimant indicated that the next thing he knew, he was on the ground and all wet. He was wearing rubber sole shoes. He testified that to clean the windshield, he opens the hood of the truck and then stands on the front tire. He was washing the right (passenger) side of the windshield. The Claimant testified that the next recollection he had "I was over there sitting on the ground." (Hrg. Tr. p. 32, line 4).

The Claimant testified he got up and went around the hood to the driver's side and climbed up on the tire. He then started washing the windshield on that side. The Claimant was then asked "and then what happened?" (Hrg. Tr. p.33, line 25). The Claimant responded "Then, I don't know." (Hrg. Tr. p.34, line 1). He was then asked "Do you remember anything else about this incident?" (Hrg. Tr. p.34, lines 2-3). His response was: "No." (Hrg. Tr. p.34, line 4).

The Claimant was then asked about the emergency room medical report showing that he stated he felt dizzy. He was asked whether he recalled telling the emergency room people that information. The Claimant responded "no, I don't." The Claimant was asked if he remembered telling them that he became weak. He responded "no." (Hrg. Tr. p.34, line 22-23). The Claimant was then asked "do you know when you became weak, if you became weak?" He responded "no." (Hrg. Tr. p.35, line 1).

The Claimant was able to testify that it had been probably an hour to an hour and a half between the time he cranked the truck and the time he was injured. (Hrg. Tr. p.36, lines 1-3).

The Claimant was then asked about the scrub brushes used to clean windshields at Love's Truck Stop. The Claimant testified that most truck stops have them on both sides but he does not recall them being on both sides at this location. The Claimant then gave the following testimony on direct examination:

Q: Do you have any recollection of the brush?

A: I used the brush on the windshield.

Q: Ok. Do you know what happened to the brush?

A: No, I don't remember.

Q: Do you know long you were unconscious?

A: No.

Q: Do you know whether or not the bucket turned over?

A: No. I - - I don't know that it turned over but I am assuming it did since I was all wet.

(Hrg. Tr. p.37, lines 9-17).

The Claimant then testified in regards to the things he can no longer do since this incident in March, 2014. He testified he cannot concentrate and he cannot dress himself properly. He now has a chair in the shower as the doctor and his wife are worried he will lose his balance and fall. The Claimant states he now needs a cane to walk due to his balance.

The Claimant was then asked regarding his medication prior to the accident. Claimant testified "Now, I had had a talk with my doctor about coming off some of my - - I was diabetic and my diabetes with my blood test every morning had been so - - so normal for a - - a long period of

time. And me and Dr. Brunson had been talking about me coming off my medicine and - - just to see what my blood would do over a period - - a short period of time. And he wasn't - - he wasn't too - - too for it but he said I could try it for a week. And so, I did and the blood - - the blood level stayed like it normally did." (Hrg. Tr. p.38, lines 23 through p. 39 line 7). The Claimant further testified that he checks his blood levels every morning. When asked if he checked his blood levels on the morning of this accident, he stated that he did. When asked the result of the blood test, the Claimant testified "I just can't remember; I'll have to get my notebook to know." (Hrg. Tr. p.39, lines 14-15). The Claimant was then asked if he recalls whether it was normal or abnormal. The Claimant responded "No, it - - no, it was never - - it was close to normal." (Hrg. Tr. p.39, lines 16-18).

The Claimant then testified he has seen Dr. Brunson for 3 or 4 years. He has never had a seizure nor felt like he was having a stroke. He felt lightheaded before this accident and that was when he checked himself into Bamberg Hospital. He was passing a kidney stone. The Claimant was then asked whether it was due to changing his medication as he indicated earlier in his testimony. The Claimant then testified that "no, matter of fact, when I was passing the medication - - I mean, when I was passing the kidney stone I was on the medication." (Hrg. Tr. p.41, lines 11-13).

The Claimant's attorney then made a request for the exception to be used for leading questions for when a person is obviously impaired. Counsel for Defendants objected to leading on the grounds that the Claimant has been able to recall the answers to each and every question asked by the Claimant all the way back through 2011. He also gave all of his background information and had not given any indication that he was impaired during his testimony at this hearing nor was any evidence provided that he was unable to testify in his deposition or at the hearing.

Commissioner Wilkerson indicated that the Claimant had provided information about what happened in Bamberg and information regarding his doctors. The Claimant's attorney then indicated he had no further questions. (Hrg. Tr. p.43, lines 2-3).

On cross examination, the Claimant indicated he did remember having the conversation with Dr. Brunson on February 25, 2014 that he wanted to go off his diabetes medication. The Claimant was asked if he recalled the conversation with Dr. Brunson that he would have to be really careful about what he ate. The Claimant agreed. The Claimant was then asked whether he told any of his doctors that he remembered what happened to him on March 27, 2014. The Claimant responded "I don't believe I did, no." (Hrg. Tr. p.44, line 25). The Claimant then testified that he did not tell any doctors that his memory of that morning had come back to him. However, he stated that his memory came back in bits and pieces while he laid in his hospital bed. The Claimant agreed that he checked out of the hospital in Charleston on April 17, 2014. When asked again if he told any of his physicians that his memory had come back before or after that time he stated "no." (Hrg. Tr. p.45, lines 21-24). When asked whether he thought it would be important to tell his physicians that he now remembers washing windshields on the passenger side and passing out, he stated "no, they never asked that." (Hrg. Tr. p.46, line 2). He again later stated "So, no. I didn't - - I didn't see no importance in that." (Hrg. Tr. p.46, lines 4-5). When asked if the first time he told somebody that his memory had come back and he recalled washing the windows on the truck was when he gave his deposition, Claimant responded, "No, that wasn't the first time. I told my wife and I told Mr. Lewis." When asked whether he told anybody that was actually treating him, he responded "no." (Hrg. Tr. p.46, lines 6-12).

The Claimant testified that on March 27, 2014, the date of his accident, he was not taking any medication for his Type II diabetes. He also testified that he had probably five to seven

cartons of cigarettes in his truck on the morning of his accident. (Hrg. Tr. p.47, lines 5-9).

In regard to the events on the date of accident, the Claimant testified that he was washing the windshield on the passenger side and then all of a sudden he was sitting on the ground soaking wet. He indicated he had no idea why he was wet. When asked if he remembered how he got to the ground and why he was sitting there he indicated that he assumed he fell. When asked not to assume but to describe what he remembers as to how he got on the ground, Claimant testified as follows:

A: If you - - If you are asking me if I remember falling, specifically, I can't say I specifically remember falling; I just know I did. The next thing I remember is I - - and I'm the ground wet.

Q: Okay. But - - but it's also possible that you could have gotten down and then all of a sudden ended up sitting on the ground because you don't remember what happened between the time you were cleaning your windshield and all of sudden you were on the ground; is that right?

A: Possibly, yeah. I - - I guess you could say it's possible but not likely though. You don't sit down on the concrete by a diesel pump.

Q: But you don't know why you sat down on the ground by a diesel pump; is that right?

A: Well, you would never to sit down there.

Q: Okay. And - -

A: It's just - - just too nasty.

Q: - - and when you realized you were sitting on the ground on the

passenger side, is that when everything was kind of hazy to you?

A: I guess hazy would be the right word.

Q: Okay. And I'm taking this from your prior deposition, you said you were feeling lightheaded and hazy while you were sitting on the ground; is that how you were feeling?

A: Right.

Q: Okay. And then you got up and decided to go wash the other side?

A: Right.

Q: Okay. Now, what is the very last thing you remember?

A: Being up on the driver's side tire washing the driver's side windshield.

Q: So, the very last thing you remember is you were standing on the tire and you were holding the scrub brush for the windshield?

A: Holding the brush yes.

Q: And that's - - that's where your memory ends?

A: Yes.

Q: Okay. So in reality you could have gotten off of the tire, put your brush up where it is shown in the pictures, and then you could have passed out?

A: Yeah, I mean, you know, there is a lot of possibilities there.

(Hrg. Tr. p.48, line 4 – p. 49, line 23).

The Claimant's wife, Faye Williams, was present to testify. The parties stipulated that Mrs.

Faye Williams would corroborate the Claimant's testimony as to how he is doing now. The parties agreed she was not a fact witness on the issue of compensability as she was not present at the time of injury.

Defendants then called Mr. Tyrone Johnson as a witness. Mr. Johnson testified that he currently lives in Bamberg, SC and was present today under subpoena from the Defendants. He is still an employee at Love's Truck Stop as a tire technician and in maintenance. Mr. Johnson testified that in the mornings he is usually in the area where the trucks fuel. He testified he is usually outside from 4:00am until 7:00am.

Mr. Johnson testified that on March 27, 2014 he was at work at Love's Truck Stop. He went outside and started his "oil try." He got done at approximately 6:30am. He then went around to the back to get the trash and fill up the water buckets. He testified he was probably at pump 21, 22 when he heard a water bucket noise. He walked up to the front and saw somebody lying on the ground. (Hrg. Tr. p.55, lines 14-20).

Mr. Johnson identified the man who had been lying on the ground as the Claimant, Clyde Williams. Mr. Johnson was shown the photograph that was Defendant's Exhibit A. He was asked if that was an accurate reflection of how he found Mr. Williams on the morning of March 27, 2014. Mr. Johnson testified "yes, it is." (Hrg. Tr. p.56, line 5). Mr. Johnson was asked if anything had been moved in the picture. He responded "no." Mr. Johnson testified that he did not pick up the scrub brushes that are shown leaning against the concrete in the photograph. Mr. Johnson testified that he did not move anything. After he saw Mr. Williams on the ground, he went inside and called 911 and told the manager. He and the manager, Jeff Ruff, went straight back outside and that is when the pictures shown in the exhibits were taken. He testified that when he and Jeff got back outside, the scene around Mr. Williams was no different. Mr. Johnson testified he is not

aware of any witness to the incident or any other drivers that saw Mr. Williams fall.

On cross examination, Mr. Johnson testified he has been with Love's Truck Stop for 2 years as of November 8, 2014. Mr. Johnson testified that he was unaware of how long it was between the time Mr. Williams fell and the time that he saw him. Mr. Johnson testified that he was approximately two pumps away from Mr. Williams when he heard the water bucket noise. He described it as sounding like somebody kicked it and you could hear water going around it. (Hrg. Tr. p.58, lines 18-19). Mr. Johnson then testified that he felt like the sound of the bucket came from the direction of pump 23. He testified Mr. Williams was completely unconscious and did not say anything to him. He testified that it looked like Mr. Williams was bleeding from the nose.

Mr. Johnson was then asked whether there was water around him. He testified "no." (Hrg. Tr. p.59, lines 21-23). Mr. Johnson then testified that it looked like Mr. Williams had on a pair of deck shoes. He also testified he did not touch Mr. Williams in any way. Mr. Johnson testified he has never been under subpoena and has never had to come to a hearing before.

On re-direct examination, Mr. Johnson was asked if Mr. Williams was wet when he found him. Mr. Johnson testified "no." He was then asked was he soaking wet on the front of him? Mr. Johnson responded "no." He was then asked whether there was water anywhere around him. Mr. Johnson responded "no." On re-cross examination, Mr. Johnson testified he did not touch him so would not be able to tell whether he was in fact wet.

Defendants then called Thad Wimberly as a witness. Mr. Wimberly testified he is the vice president of Bowman Gin and his father is the controlling stock owner. He testified he runs the day-to-day operations. He is a graduate of Clemson University and has a BS in AG and Business. Mr. Wimberly also testified he is a forest ranger for the South Carolina Forestry Commission.

Mr. Wimberly testified that on March 27, 2014 he received a call about the Claimant being

injured. He went to Love's Truck Stop. At the time he arrived, the Claimant was no longer there and had already been taken by ambulance to the hospital. Mr. Wimberly began inspecting the vehicle to make sure everything was still there and intact.

Mr. Wimberly indicated that someone from Love's Truck Stop moved the truck to a different area so it was no longer blocking the fuel pump. He testified he is not sure who moved the truck. He went inside to make sure that the fuel was paid for and then inspected the outside of the truck by doing a full walk around the vehicle. In regard to the windshield, he testified "I won't say it was not visible but it was not like it had just been cleaned." He testified there was some dirt on the windshield and it had not been cleaned by the "bug juice or whatever you put on the window, you know, to clean the bugs or whatever." (Hrg. Tr. p.67, lines 1-4). He testified that there were some bugs on the windshield.

Mr. Wimberly testified that he then inspected the inside of the truck. He testified "I noticed his belonging there, you know, his clothes and stuff and his medication bag was still right there in the floor and a cup of coffee was already inside the truck: one of those big travel mugs was inside there." (Hrg. Tr. p.67, lines 12-16). He then testified that he found seven cartons of cigarettes lying on the top bed in the truck. In regard to the bag of medicine, Mr. Wimberly testified that it was "like a small cooler, like you would tote - - like a little small zip up type cooler." (Hrg. Tr. p.68, lines 11-12). Mr. Wimberly testified he opened the cooler to see what was inside. He found "a lot of medicine in there, yes. It was probably 10 bottles, maybe, of different types of medication." (Hrg. Tr. p.68, lines 17-19).

On cross examination, Mr. Wimberly admitted that he is not an expert of windshield cleaning. He also testified that he is not an executive and that he does clean windshields. He did agree that he did not clean the windshield on the Claimant's truck. Mr. Wimberly agreed that the

truck was not in the same location that it was when Mr. Williams got hurt. It had been moved about 50 feet and it was unknown who moved the truck.

Mr. Wimberly testified on cross examination that he does not know of any prior episodes of fainting for the Claimant and that the Claimant never complained to him of lightheadedness. He also testified he has his regular CD license and that he would not be driving if he didn't.

Mr. Wimberly further testified that the Claimant was driving a new truck for Bowman Gin. When asked how far a man would fall standing on the wheel of that truck, Mr. Wimberly testified approximately 2 feet. He also testified he would not stand on the wheel to wash a truck. He also agreed that the tires were 24.5 inches. Mr. Wimberly agreed in his testimony that the Claimant was where he should have been while working for Bowman Gin after picking up his load at Gulbrandsen. He also testified that they do give drivers a credit card for fuel.

On re-direct examination, Mr. Wimberly testified that he has cleaned windshields of these size trucks in the past. They use a long handle brush so that they do not have to climb on the tires. Mr. Wimberly also testified that if any of his drivers told him that he was dizzy or lightheaded, he would not be able to drive until he had been checked or cleared by a doctor.

Defendants submitted the *de benne esse* deposition of Jeffrey D. Ruff. Mr. Ruff testified that he is the former manager of Love's Truck Stop at the time of this incident. He testified that Tyrone Johnson came inside and got him and told him that there was a man injured lying on the concrete. Mr. Ruff came to the scene and took photographs with his cell phone. Mr. Ruff did identify the photographs attached to his deposition (also included in the APA Submissions) as an exact representation of how they found Mr. Williams. To his knowledge, nothing had been touched at the scene. He stated that the long-handled brushes used to wash the windshield were already propped up and leaning against the gas pump when he first came out to find the Claimant.

Mr. Ruff testified that once he was told by his employee that there was a man outside lying on the ground, he went outside to see what was going on immediately. He then took the pictures and came back inside to have his tire technician call 911. He did not touch or move the Claimant or any of the items shown in the picture.

The medical evidence presented shows that Claimant has a chronic history of hypertension, hyperlipidemia, and diabetes mellitus Type II. He has treated with Dr. Brunson for these conditions. Prior to this incident, he reported to Bamberg County Hospital in January 2012 for his diabetes and indicated he was lightheaded and dizzy. He was to follow up with Dr. Brunson and follow a diabetic diet. Dr. Brunson saw him on January 31, 2012 and cautioned him regarding his diet and to adjust his medication. The Claimant continued to treat with Dr. Brunson for these conditions throughout 2012 and 2013. On February 25, 2014, he reported increased problems sleeping and asked to go off of his medication for diabetes mellitus Type II. He was warned to watch his diet and carbs very closely and to continue his other medication.

On March 27, 2014, the Claimant was then found lying unconscious on the concrete and bleeding from his head. He was originally evaluated by West Middle Fire Department, and it was noted he had open trauma to his face and head. He was released to EMS. The Orangeburg County EMS report also dated March 27, 2014 shows he was unconscious and bleeding. He was found near the cab of the 18-wheeler and fuel pump island. Per bystanders noted in the report, he was unconscious for several minutes and witnesses were unsure how he fell. It was also indicated that no one saw him fall so he was placed in full spinal precautions. The EMS report further notes the Claimant did state that the last thing he remembers is stopping to fuel when he became weak. The Claimant was then taken by LifeNet to Palmetto Health Richland Hospital.

The medical records from March 27, 2014 from Palmetto Health Richland show the

Claimant was found down beside his truck and was unresponsive. He was diagnosed with an extensive fracture of the skull base. The medical records from Palmetto Health state that he was found unconscious on the ground and he was unable to describe what happened to him. He was diagnosed with a possible subarachnoid hemorrhage. He was then immediately transferred to MUSC on the same day.

The medical records from MUSC from March 27, 2014 indicate the Claimant was found down this morning near an 18-wheeler in a puddle of blood. His mental status had declined and a CT scan showed a large intracranial hemorrhage and skull fracture. It was unknown if the patient fell or was assaulted. The Claimant underwent a right sided craniotomy for resection of the right frontal intra cerebral hemorrhage performed by Dr. Varma on March 27, 2014.

The Claimant was seen in follow up as an in-patient at MUSC where he was treated for post decompressive craniotomy. He had impaired motor function and sensory integrity. It was noted that he had chronic changes or plural effusion, was a heavy smoker, and was using a hand held nebulizer.

The Claimant was treated at MUSC until he was released to the Regional Medical Center for therapy. He was treated for a traumatic brain injury, recent pneumonia treated, hypertension, diabetes mellitus Type II controlled, and hyperlipidemia. It was noted on May 2, 2014, he was ambulating 250 feet with a rolling walker and encouraged to abstain from smoking. The Claimant verbalized he anticipated noncompliance. He was released home. Home care was provided by RMC Primary Care.

The Claimant was treated in follow up in May, 2014 by Dr. Varma at MUSC for no evidence of new hemorrhage and a healing skull based fracture.

The Claimant was continuing to treat with MUSC, the Regional Medical Center and RMC

Primary Care. The APA Submissions reflect he was seen August 30, 2014, by Dr. Varma at MUSC for post evacuation of right frontal hematoma with cognitive impairment. A referral was made for physical therapy for range of motion of the left shoulder and he was returned to the neurologist when necessary and was to continue on medication. He was not released at maximum medical improvement.

The Claimant was then seen by Dr. White at his attorney's office on September 4, 2014. Dr. White indicated the Claimant was fueling his truck and washing windows when he fell from his truck, approximately six to eight feet, striking his head on the concrete bolster protecting the pumps. He was diagnosed with a traumatic brain injury and behavioral and cognitive abnormalities. Dr. White indicated that Claimant's injury was consistent with a severe brain trauma associated with skull fracture and that he would never return to gainful employment. It is important to note that the medical records from the date of accident are not consistent with Dr. White's report, and the description of accident used by Dr. White was not factual. The emergency room records did not report Claimant fell six to eight feet from his truck as indicated by Dr. White.

All medical records, photographs of the scene, and deposition testimony were reviewed by Dr. Pritchard, III, of MUSC on September 11, 2014. Dr. Pritchard indicated there was a long standing history of hypertension and diabetes mellitus Type II. The Claimant reported immediately preceding this incident to feeling "hazy and lightheaded." Dr. Pritchard indicated that Claimant lost consciousness before this actual accident occurred and then got up and moved to the driver's side where he again suffered a second loss of consciousness consistent with a syncope episode. This is supported by the Claimant's own testimony regarding his passing out and waking up sitting on the concrete, not knowing how he got there or why he was wet. Dr. Pritchard also noted his prior history of Type II diabetes mellitus (for which he had just stopped taking his

medication) and his chronic history of hypertension which put him at risk.

DECISION/ANALYSIS

The parties do not dispute that Claimant was injured while in the course of his employment, so the primary issue is whether Claimant sustained an injury by accident that *arose* out of his employment. An accidental injury is compensable if it arises out of *and* in the course of employment. S.C. Code § 42-1-160(A). An injury arises out of employment if it is proximately caused by the employment. *Douglas v. Spartan Mills, Startex Div.*, 245 S.C. 265, 269, 140 S.E.2d 173, 175. The burden of proof is on the claimant to prove such facts as will render the injury compensable, and such an award must not be based on surmise, conjecture or speculation. *Crosby v. Walmart*, 330 S.C. 489, 496 (1998).

At the hearing, the single Commissioner was presented with two factually competing theories of injury. The first theory, urged by Claimant, is that he was standing up on the left/driver's side tire of his truck and engaged in washing the windshield when he fell to a concrete surface sustaining a serious head injury, and therefore his injury arose out of his employment. The second theory, which was supported by the greater weight of evidence, is that Claimant's fall was idiopathic in nature and the injury resulting therefrom had no causal connection with Claimant's employment.

An idiopathic fall is one that is "brought on by a purely personal condition unrelated to employment, such as a heart attack or a seizure." 2 Modern Workers' Compensation 110:8 (quoted in *Barnes v. Charter I Realty*, Op. No. 27479, (S.C. Sup. Ct. filed Jan. 14, 2015)). In *Barnes*, the South Carolina Supreme Court stated "[t]he idiopathic fall doctrine is based on the notion that an idiopathic injury does not stem from an accident, but is brought on by a condition particular to the employee that could have manifested itself anywhere." *Id.* at pg. 3. Idiopathic

injuries are generally noncompensable absent evidence the workplace contributed to the severity of the injury. *Bagwell v. Ernest Burwell, Inc.*, 227 S.C. 444, 452, 88 S.E.2d 611, 614 (1955).

Contemporaneous to the *Barnes* decision, the South Carolina Supreme Court published another opinion expounding on the idiopathic fall doctrine in *Nicholson v. S.C. Dept. of Soc. Servs.*, Op. No. 27478 (S.C. Sup. Ct. filed Jan 14, 2015). In the *Nicholson* case, the Court discussed *Bagwell*, which involved a claimant that sustained an idiopathic fall and died as a result of a subdural hemorrhage when his head struck a concrete floor. Op. No. 27478 at pgs. 5-6 (citing 227 S.C. at 499). The Court's reading of the *Bagwell* case instructs that noncompensability in cases where an idiopathic fall is implicated hinges on two questions: first, whether the fall was idiopathic, and two, whether a special danger or hazard of a claimant's employment contributed to the resultant injury. See *Nicholson* at pg. 6. As the *Nicholson* Court observed, the Court in *Bagwell* ultimately held the concrete floor upon which claimant fell was not a hazard of employment capable of bringing his idiopathic fall within "the ambit of coverage." *Id.* The *Nicholson* Court did not disturb the holding in *Bagwell* in its analysis, but simply pointed out that *Bagwell* is not applicable to facts where a fall takes place at work that is *not* caused by a condition peculiar to the claimant. In other words, *Bagwell* only applies in cases that involve evidence of an idiopathic fall.

In the present case, *Bagwell* does apply, and because the single Commissioner was presented with evidence, the greater weight of which showed, that Claimant (1) suffered an idiopathic fall, and (2) no special danger or hazard of Claimant's employment contributed to the resultant injury. Accordingly, the single Commissioner's finding that Claimant's injury was not compensable should be upheld.

- I. The single Commissioner was correct in finding that Claimant was unable to meet his burden of proof in showing that he fell from his truck while washing**

the windshield thereby sustaining injury where Claimant cannot recall falling from the truck, and when other witness testimony and photographic evidence contradicts Claimant's contention that he was engaged in washing the truck windshield just prior to falling and sustaining injury.

In support of his contention that his injury arose out of his employment, Claimant alleges that he fell from his truck on the driver's side while attempting to wash the windshield, such fall causing his head injury. However, Claimant does not remember actually falling from the truck. Witness testimony and photographic evidence support a finding that Claimant was not up on the driver's side tire washing the windshield immediately before his fall, therefore Claimant's fall and subsequent injury did not arise out of his employment.

In his deposition, Claimant testified that while at a Love's Truck Stop, he remembers standing on the tire of the front *passenger-side* washing the windshield when he suddenly found himself on the ground. There is some confusion in the questioning as counsel for Respondent was not aware that Claimant essentially had suffered two falls. The exchange is as follows:

Q: That was after washing the --- I'm sorry I'm not trying to confuse you on this. Okay. So you were on the top of the passengers-side tire?

A: On the passenger tire washing the windshield.

Q: Were you wet at that point?

A: No.

Q: Then you got down?

A: No, I didn't even know I got down, I was down on the concrete like in a sitting position and all -- laying down and I was all wet. I said "Well damn" and I got up and went around to the driver-side and climb up on the tire and start washing the other side.

Q: Okay. So let me back up.

A: Okay.

Q: So you were washing the passenger-side and you don't know how you got down that time?

A: No. I have no idea how I got down.

Q: All of a sudden you were sitting on the ground on the passenger-side?

A: Pretty much laying down, yeah.

(Clmt. Dep. Tr. p. 25)

...

Q: Okay. And you get up from the passenger-side and do what?

A: I walk around the front of the truck to the driver tire climbed up on it start washing the driver-side and that was the last thing I remember.

Q: Okay. When you realize that you were sitting on the ground on the passenger-side, was there anything else wrong with you other than being soaking wet?

A: Everything was kind of hazy.

Q: Did you have any injuries or any problems?

A: I was like light-headed, hazy, you know what I mean, I hadn't had any problem that I can tell physically.

(Clmt Dep. Tr. pp. 26-7)

In sum, Claimant first attempted to wash the passenger-side windshield, and for some unknown reason, he ended up on the ground on the passenger side of the truck. He does not recall getting down from the truck, but when finding himself on the ground he recalled things being hazy. Then, he says he went to the driver's side, stood up on the tire and started washing that part of the windshield, and that is the last thing he remembers. Claimant does not remember falling off the truck.

Mr. Tyron Johnson, who was the first person to discover Claimant on the ground,

testified at the hearing. Mr. Johnson identified the man who had been lying on the ground as the Claimant, Clyde Williams. He was shown the photograph that was Defendant's Exhibit A and asked if it was an accurate reflection of how he found Mr. Williams on the morning of March 27, 2014, to which he replied "yes, it is." (Hrg. Tr. p.56, line 5). Mr. Johnson was asked if anything had been moved in the picture, and he responded "no." Mr. Johnson testified that he did not pick up the scrub brushes that are shown leaning against the concrete in the photograph nor did he move anything.

Mr. Thad Wimberly, vice president of the Employer, also testified at the hearing, as he was called to the scene upon being informed of Claimant's injury. In regards to the windshield, he testified "I won't say it was not visible but it was not like it had just been cleaned." He testified there was some dirt on the windshield and it had not been cleaned by the "bug juice or whatever you put on the window, you know, to clean the bugs or whatever." (Hrg. Tr. p.67, lines 1-4). Regarding the height of the tires, Mr. Wimberly testified the tires were 24.5 inches, so if someone fell from standing on one of the tires they would fall approximately 2 feet.

During the hearing, on cross-examination, Claimant conceded as follows:

Q: Okay. Now, what is the very last thing you remember?

A: Being up on the driver's side tire washing the driver's side windshield.

Q: So, the very last thing you remember is you were standing on the tire and you were holding the scrub brush for the windshield?

A: Holding the brush yes.

Q: And that's - - that's where your memory ends?

A: Yes.

Q: Okay. So in reality you could have gotten off of the tire, put your brush up where it is shown

in the pictures, and then you could have passed out?

A: Yeah, I mean, you know, there is a lot of possibilities there.

(Hrg. Tr. p. 49, lines 13-23).

Given this and other evidence, the single Commissioner justifiably and correctly found that Claimant had not met his burden of proof in showing that he fell from the truck thereby sustaining his injury. Claimant testified to ending up on the ground, without injury, on the passenger side of the truck just before going to the driver's side, for which he has no explanation as to how he got there, but he recalled feeling light-headed. The photographic evidence submitted clearly shows two long-handle cleaning brushes: one inside a bucket standing upright, and the other leaning upright against a concrete barrier. Claimant does not recall falling from the truck, nor were there any witnesses to the fall, and one witness testified that the windshield of the truck did not appear to be recently cleaned. Overall, taking into account all the evidence, the single Commissioner's finding that Claimant did not fall from the truck was supported by the greater weight of evidence.

- II. The single Commissioner properly gave greater weight to the medical opinion evidence of Dr. Pritchard, who reviewed Claimant's medical records, photographs of the scene of Claimant's fall, and Claimant's deposition testimony, and concluded that Claimant suffered not one, but two episodes of loss of consciousness, the second of which led to Claimant's injury-causing fall, and where the competing medical opinion evidence of Dr. White assumed facts not supported by the greater weight of evidence.

The opinions stated in Dr. Pritchard's report of Sept 11, 2014, were appropriately and justifiably given more weight than that of Dr. White. Dr. Pritchard based his opinion on pre-accident medical records, photographs of the scene, and Claimant's deposition testimony that recounts the fainting incident on the passenger side of the truck that immediately preceded the injury-causing fall on the driver's side. As further support that Claimant has had similar

symptoms in the past, among the prior medical records, there is a narrative from Bamberg County Hospital dated January 29, 2012, documenting that Claimant presented with a chief complaint of not feeling well for a few days and complaining of lightheadedness. (APA p. 247). In his report, Dr. Pritchard documented that Claimant has a longstanding history of hypertension and diabetes mellitus, Type II, and the circumstances as described by Claimant are more consistent with syncope, for which these diagnoses place him at risk. (APA pp. 387-389). Counter to Claimant's allegation that he must have slipped and fallen from the truck while washing the driver's side windshield, Dr. Pritchard opines to a reasonable degree of medical certainty that Claimant had two syncopal events, the second of which caused his fall and subsequent head injury.

Claimant points to the report of Dr. White to support his theory that he fell from the truck. In his report, which relates to a visit he had with Claimant on September 4, 2014, which was only two days after Claimant's deposition, Dr. White documents that emergency room records from Palmetto Richland indicate Claimant fell from his truck about six to eight feet. (APA p. 247). Given that this was Dr. White's understanding of Claimant's fall, the single Commissioner was justified in giving less weight to Dr. White's opinions about the mechanism of injury. A close reading of the emergency room records reveal how the "fall from six to eight feet" claim originated: "Bystanders on the scene told Lifenet they think he *could* have fallen out of his truck cab which is about 6-8 feet off the ground (emphasis added)." (APA p. 10)

In contrast, other evidence establishes that Claimant did not fall from his cab, including Claimant's own testimony about the contemporaneous fainting incident, the testimony establishing the tire from which he alleges falling is only about 2 feet high, and the photographs of the scene showing the undisturbed long-handled cleaning brushes standing upright indicating

they were not in use at the time Claimant fell. Furthermore, Dr. White's opinion was apparently rendered without any knowledge of the fainting incident that took place on the opposite side of the truck almost immediately before the injury causing fall. At the hearing, when asked whether he thought it would be important to tell his physicians that he now remembers washing the windshield on the *passenger* side and passing out, Claimant stated "no, they never asked that." (Hrg. Tr. p.46, line 2). He again later stated "So, no. I didn't - - I didn't see no importance in that." (Hrg. Tr. p.46, lines 4-5).

In sum, in rendering his opinion to a reasonable degree of medical certainty, Dr. Pritchard benefited from a key piece of information that came from the Claimant, namely that he experienced a syncopal episode on the passenger side of the truck before being found on a flat, dry concrete surface on the driver's side of the truck. This critical piece of causation evidence was not available or told to Dr. White. Accordingly, it was proper for the single Commissioner to give greater weight to the opinion of Dr. Pritchard.

III. The single Commissioner properly concluded that Claimant's injury arose from some physical condition personal to Claimant and was therefore idiopathic in nature, without any causal relationship to Claimant's employment.

Based on the evidence as discussed above, the single Commissioner correctly found that Claimant did not meet his burden of proof with respect to showing that he fell from the truck, and the Single Commissioner's decision to give more weight to Dr. Pritchard's opinion was also firmly supported by the evidence. Accordingly, the single Commissioner's decision that Claimant's injury was not compensable was correct.

Importantly, this decision is also consistent with the Court's recent decisions in *Nicholson* and *Barnes*, in that the facts and evidence in this case support the conclusion that Claimant fell because of a condition peculiar to him, namely that he had a syncopal episode, and

the resulting injury had no causal connection to his employment.

In *Nicholson* and *Barnes*, there was no evidence to support a finding that either claimant suffered some internal breakdown, i.e. an idiopathic event that led to their falls and subsequent injuries. Here, we have a situation that falls squarely in line with *Bagwell*, where the claimant was found to have suffered an idiopathic fall onto a flat, dry concrete surface suffering a head injury, which was ultimately determined noncompensable. However, unlike in *Bagwell*, where the claim was found not compensable even though claimant in that case could not provide any information about his fall because he died from his injuries, Claimant here fortunately survived his fall and was able to provide critical information about events that took place just before his injury that gives the single Commissioner even greater justification for a finding of noncompensability. In particular, Claimant's deposition and hearing testimony make it clear that he had a syncopal episode that could have accounted for falling on the concrete in and of itself without the added risk of standing up on a truck tire. The evidence of a prior syncopal episode, together with the photographs and witness testimony proving that Claimant was not engaged in cleaning the truck windows when he fell onto a flat, dry concrete surface, further bolsters the single Commissioner's conclusion that Claimant suffered an idiopathic fall, which resulted in an injury that was not causally related to his employment.

In sum, the single Commissioner considered Claimant's testimony, medical evidence, photographic evidence, and other witness testimony, all of which supported the conclusion that Claimant's injury is not compensable. Accordingly, we find the single Commissioner's Decision and Order should be affirmed in full, subject to amendments as indicated below.

FULL COMMISSION APPELLATE PANEL FINDINGS OF FACT

After a thorough review of the evidence, including the hearing testimony, medical evidence, exhibits, other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission File in this matter, and arguments of counsel, WE, THE APPELLATE PANEL, AFFIRM THE FINDINGS OF FACT OF THE SINGLE COMMISSIONER, WITH AMENDMENTS:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Clyde O. Williams as Employee-Claimant and Bowman Gin Company as Employer and American Interstate Insurance Company d/b/a Amerisafe Risk Services as Carrier, Defendants.

2. That the average weekly wage of Employee at the time of the above-described accident was \$976.10, and his compensation rate was \$650.77.

3. A decision by Commissioner Wilkerson with findings of fact was made and sent to the parties on October 8, 2014 by e-mail.

4. Claimant specifically testified at the hearing and in his deposition that he does not remember falling. He testified he does not know how his accident occurred and does not know how he ended up lying on the concrete. The Claimant's wife would corroborate this testimony as well as there were no witnesses to the incident.

5. Tyrone Johnson testified he is an employee of Love's Truck Stop. On the date of the incident, he heard the noise of a bucket and walked over to inspect. He found Clyde Williams lying on the ground. He indicated that Mr. Williams was found in the exact same way as that reflected in the photographs submitted as exhibits. Mr. Williams was lying on the concrete next to the water bucket. The washing brushes used to clean windshields were lined up and leaning against the gas pump. Mr. Johnson testified that to his knowledge no one touched anything at the

scene nor were there any witnesses to the incident.

6. Brad Wimberly testified he is the Vice President and co-owner of Bowman Gin Company. Mr. Wimberly also did not know how the incident with Mr. Williams occurred as he arrived after the Claimant was taken to the hospital. He testified that you normally would not have to stand on the wheel of a truck to clean its windshield due to the long handled brushes. He also testified that it did not appear that the Claimant's windshield had been cleaned. He testified that the truck was moved before he got there by an employee of Love's Truck Stop. He found personal items in the truck along with a bag of Claimant's personal medication.

7. Jeffrey D. Ruff testified by deposition that he is the former manager of Love's Truck Stop at the time of this incident. He testified that Tyrone Johnson came inside and got him and told him that there was a man injured lying on the concrete. Mr. Ruff came to the scene and took photographs with his cell phone. Mr. Ruff did identify the photographs attached to his deposition (also included in the APA Submissions) as an exact representation of how they found Mr. Williams. To his knowledge, nothing had been touched at the scene. He stated that the long handled brushes used to wash the windshield were already propped up and leaning against the gas pump when he first came out to find the Claimant. Mr. Ruff testified that once he was told by his employee that there was a man outside lying on the ground, he went outside to see what was going on immediately. He then took the pictures and came back inside to have his tire technician call 911. He did not touch or move the Claimant or any of the items shown in the picture.

8. The Claimant is a Type II diabetic and the medical records do reflect a prior history of dizziness and lightheadedness. The records also reflect that on February 25, 2014, the Claimant went to see Dr. Brunson and requested to stop his diabetes medication. It was the Claimant's own testimony that while he was cleaning the windshield on the passenger side of the vehicle, he does

not know what happened to him and he all of a sudden realized he was sitting on the ground soaking wet. The Claimant himself testified he was feeling faint and dizzy at that time with no idea how he got to the ground. Subsequent to that incident, he then got up and went to the driver's side of the truck to wash that side of the windshield. He remembers climbing up on the truck but has no other memory. The Claimant testified he does not know what happened. The Claimant did not say he slipped, tripped, or fell off the truck. He does not remember anything else until waking up in a hospital bed.

9. The photographs show the Claimant to be lying in an unusual position with his head between the bucket and a fuel pump. The brushes used to wash the windshield are clearly standing up leaning against the platform/fuel pump. The bottom of one brush is inside the bucket and the bottom of the second brush is on the concrete. There is no sign of a brush used to clean windshields on the ground or near the Claimant.

10. The medical records from MUSC found in APA #4 indicate the Claimant was found down on the morning of March 27, 2014 near his 18-wheeler in a puddle of blood. A CT scan of the head showed a large intracranial hemorrhage and basilar skull fractures. He was then transferred for neurosurgical evaluation and a de-compressive craniotomy was performed. The medical records from the emergency department state the Claimant was brought by LifeNet and that he is unable to describe what happened. He further denied any memory of the incident. APA #3, p. 10.

11. The Claimant was seen on June 20, 2014, wherein it was noted that he was disabled and unable to work due to his injury.

12. The EMS report dated March 27, 2014 indicates medic units was dispatched for an unconscious patient bleeding from a laceration. It was determined on scene that patient had been

unconscious for several minutes not responding to anyone. Witnesses were unsure how he fell and it was noted "no one saw the pt fall." It was also noted that "pt states that last thing he remembers is stopping to fuel when he became weak." APA #1, p. 1.

13. In personally reviewing the photographs taken at the scene of this incident, we give great weight to these photographs and the testimony of both Mr. Johnson and Mr. Ruff regarding that they had not touched anything shown in the photograph and that they reflect how Mr. Johnson found the Claimant upon hearing a noise on a nearby pump and immediately going to investigate. The Claimant's glasses were approximately one and a half to two feet from him on the ground. The water bucket is still standing up and was not turned over. There is also what appears to be a pack of crackers or a candy bar with red wrapping lying approximately one and a half to two feet from Claimant's left arm. Also, from the direction and position of the glasses and the candy bar, it appears that these could have easily been dropped when the Claimant fell as they are both in the direction of the Claimant's outstretched hands/arms. Most importantly, it is clear that the brushes used to wash the windshield have already been placed back in their appropriate positions and therefore would not have been involved in any type of fall from the truck.

14. The Claimant denies any prior problems or issues with dizziness or lightheadedness. The medical evidence from Bamberg County Hospital dated January 29, 2012 shows Claimant reported to the hospital with a chief complaint of not feeling well for a few days and complaining of lightheadedness and dizziness.

15. We give great weight to the report of Dr. Paul A. Pritchard, III, neurologist at MUSC. Dr. Pritchard reviewed all relevant medical records, the EMS report, deposition of the Claimant, and photographs of the Claimant from the scene of his injury. Dr. Pritchard notes that a review of his medical records prior to this injury show that the Claimant had a long standing

hypertension and diabetes mellitus, type II. Dr. Pritchard discussed Claimant's recounting of the circumstances of his fall while refueling his vehicle. Initially on the passenger side, he suddenly found himself soaked and lying on the concrete. The Claimant noted that he was "hazy" and "lightheaded." He did not observe any injury at that point. He then proceeded to the driver's side of the vehicle to wash that side of the windshield but does not recall anything further until waking up under medical care. Dr. Pritchard opined that the medical records prior to this date of incident are revealing and also that Claimant actually lost consciousness at the scene of the accident not once but twice. Prior to this incident, the Claimant described himself as wet, hazy, and lightheaded with no physical injury. He was subsequently found unconscious and bleeding on the driver's side of the vehicle. Dr. Pritchard opined that the initial loss of consciousness had no relationship to the physical trauma, and the circumstances are more consistent with syncope, for which his prior history of Type II diabetes and hypertension put him at risk. Based on the circumstances of his past medical history with ongoing treatment of hypertension and diabetes at the time of his injury and the account/testimony Mr. Williams provided, it was his conclusion that he had two syncope events which caused his fall and head injury. This opinion was given within a reasonable degree of medical certainty. We give greater weight to the opinion of Dr. Pritchard who reviewed all of the records, photographs and deposition.

16. We find the photographs taken of the Claimant lying on the ground, the location of his personal items such as his glasses and a possible candy bar, and the fact that the windshield washing brushes were not in use to carry significant weight and prove that Claimant was not washing his windshield at the time of his fall and that his fall was idiopathic.

17. We have reviewed the report of Dr. Marshall White, neurologist, dated September 4, 2014. Dr. White bases his opinion on information that Mr. Williams was "fueling up his 18"

wheel truck and washing the windows on the truck when he apparently fell from the truck, striking his head on the concrete bolster protecting the pumps.” This was not proven by the evidence as there were no witnesses to the incident and the Claimant, by his own testimony, does not know what happened to him. Dr. White went further to note that the emergency room records from Palmetto Richland indicated that the patient fell from his truck approximately six to eight feet. However, this is incorrect and is not consistent with the records from Palmetto Richland. Those records indicate that Claimant did not know what happened to him. Dr. White’s report indicates the Claimant continues to have problems with agitation and confusion at home along with delusional thought. He attempted to stab his wife, and attempted to set her on fire. He also locked her out of the house and was re-admitted to MUSC in July, 2014. He was diagnosed with traumatic brain injury and medications were changed. This did somewhat improve his behavior. Dr. White evaluated the Claimant in the presence of his wife, Anita. He reviewed medical records from the Regional Medical Center in Orangeburg as well as MUSC. He found if Mr. Williams continues to exhibit signs of severe traumatic brain injury that would render him totally incapable of work as a result of emotional, cognitive and physical problems arising from these injuries. Dr. White’s assessment of how the accident occurred is based on incorrect information or an incorrect reading of the emergency room records and is not consistent with the evidence of the case.

18. The Claimant was treated by both Dr. Varma at MUSC and Dr. Dixon at RMC Primary Care for right frontal lobe hemorrhage, hypogonadism, hypertension, hypernatremia, hyperlipidemia, HTN dysphagia, DM type II with craniotomy, cerebral edema, anxiety, agitation, acute respiratory failure, and loss of appetite.

19. Dr. Brunson of RMC Primary Care was Claimant’s family physician. He has treated the Claimant since 2003. The medical records that are in APA #10 show Claimant has

consistently been treated for ongoing chronic hypertension, hyperlipidemia, and diabetes mellitus Type II. It was noted on January 1, 2012, that his blood pressure was elevated and he was not feeling well. It was noted he quit eating sweets but had been eating a lot of starches. Medication was changed. It was noted in follow up by Dr. Brunson that he was to continue his medication and to maintain a good diet. He was to stay away from starches and sugar. He was treated throughout 2013 for arterial hypertension, combined hyperlipidemia, and was noted as had control of his Type II diabetes mellitus and anxiety. This was the notation on September 27, 2013. However, on February 25, 2014, it was noted that he was seen in follow up having problems sleeping. He was not able to sleep more than five hours without Ativan. At this appointment, the Claimant told Dr. Brunson he would like to come off of his diabetes mellitus Type II medication. Dr. Brunson indicated that he must watch his carbs very closely, continue his other medication, and change his Ativan to Xanax. The Claimant's request to come off of his medication for his diabetes is located on page 353 of the APA submissions.

20. Based on the greater weight of evidence, we give the opinion of Dr. Paul A. Pritchard, III, MD, greater weight as he reviewed the entire record to include Claimant's recollection of the moments immediately preceding this incident as Claimant has no recollection of the fall.

21. We find this to be an unexplained idiopathic fall as no evidence exists as to what caused the fall. To find otherwise would require us to speculate as to what happened to the Claimant. Also, the photographic evidence shows that the Claimant was in fact not washing his windshield at the time of his fall as was his speculation. Also, by the Claimant's own testimony, he admits that he was already feeling hazy and dizzy before this incident occurred of which he has no memory.

22. This claim is denied under the South Carolina Workers' Compensation Act. The Claimant suffered an idiopathic fall that did not arise out of his employment.

FULL COMMISSION APPELLATE PANEL CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Law, WE, THE APPELLATE PANEL, AFFIRM THE CONCLUSIONS OF LAW OF THE SINGLE COMMISSIONER, IN FULL:

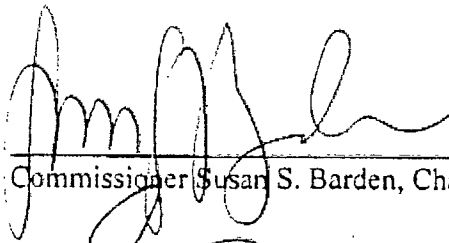
1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. The Claimant did not suffer a compensable injury by accident which arose out of his employment pursuant to the Workers' Compensation Act.
3. The Claimant's injury was idiopathic in nature and there was no work-related reason for the fall.
4. The Claimant could not meet his burden of proof to show that he suffered an injury by accident arising out of and within the course of his employment. No evidence was presented to show how or why the Claimant fell. The Claimant's own testimony indicated that he does not recall the event and that he had a syncopal episode and was feeling hazy and lightheaded immediately preceding the incident which caused him to strike his head. He also personally testified that the last thing he remembers is cleaning a windshield with a long handled brush. When the Claimant was found lying unconscious on the ground, the windshield cleaning brushes were back in their proper place leaning against the fuel pump.
5. The greater weight of evidence supports a finding that Claimant's physical injury to his head arose from some physical condition personal to the Claimant and was therefore idiopathic. The Claimant had stopped taking his medication for diabetes mellitus Type II the month before this

accident, was a habitual smoker, and suffered from chronic hypertension and hyperlipidemia. This conclusion is also supported by the fact that Claimant admits to an unrelated syncopal episode immediately preceding this alleged injury by accident of which the Claimant has no recollection.

ORDER/AWARD

IT IS HEREBY ORDERED that Commissioner Avery Wilkerson's Decision and Order dated January 14, 2015, is affirmed subject to the amendments of the Full Commission.

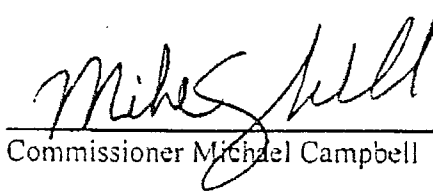
IT IS SO ORDERED.



Commissioner Susan S. Barden, Chair



Commissioner T. Scott Beck



Commissioner Michael Campbell

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on October 12, 2015

South Carolina Workers' Compensation Commission

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Columbia, South Carolina 29202-1715

(803) 737-5723 www.wcc.sc.gov

WCC File #:

() File #:

Carrier Code #: **00495**

Employer FEIN #:

Claimant's Name: Clyde O. Williams SSN: 249-04-4888Employer's Name: Bowman Gin Co.Address: 532 Oakland RoadAddress: 2810 Cattle Creek RoadCity: Cope State: SC Zip: 29038City: Branchville State: SC Zip: 29432

Home Phone: () - Work Phone: () -

Insurance Carrier: American Interstate Insurance CompanyPreparer's Name: Lewis C. LanierLaw Firm: LANIER & BURROUGHS

Preparer's Phone #: (803) 268 - 9800

A claim for workers' compensation benefits is made based on the following grounds:**Date of Injury or Illness: 03/24/2014**☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☒ Physical Brain Injury ☐ Concurrent Jurisdiction1. The claimant sustained an injury to Face, Head and Brain (Part(s) of Body Injured) on 03/27/14 (Month/Day/Year) in Orangeburg county, state of South Carolina2. Body part(s) affected are: Face, Head and BrainBriefly describe how the accident occurred. Claimant was washing his windshield of his truck when he fell onto the concrete severely injuring his face and head, suffering a brain injury

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

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

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

6. Notice of the accidental injury was given to the Employer on 03/27/2014 (Month/Day/Year) in the following manner:Harry Wimberly, owner, was notified by EMS and/or employee of Love's Travel Stop☐ 7. Due to injury, the claimant is in need of (check one):☐ (a) medical examination and treatment for: _____☒ (b) additional medical examination and treatment for: facial injuries, head contusion, brain injury☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 03/27/2014 and continuing☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☐ (1) General Disability: ☐ Total ☐ Partial☒ (2) Specific Disability: ☒ Total ☐ Partial☐ (3) Wage Loss9a. ☒ A determination of permanent disability is premature at this time.☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: scarring10a. At the time of the injury, the Claimant was paid weekly wages of \$1,038.00, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: N/A11. Further grounds or unusual aspects of claim: Possible brain injury11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: MUSC, PO Box 250556, Charleston, SC 29425, The Regional Medical Center, 3000 Old St. Matthews Road, Orangeburg, SC 2911511b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____

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.14. Estimated time needed for hearing: 1 hour☒ 13b. I am requesting a hearing. A \$25 fee is required.☐ **Mediation**☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.☐ b. Mediation is required pursuant to Reg. 67-1802.☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.Questions regarding mediation may be submitted to mediation@wcc.sc.gov.I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to American Interstate Insurance Company,address 2301 Highway 190 West, Derrider, LA 70634 on the _____ day of _____ 20____, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature

Attorney

Title

Lewis@landblawfirm.com

Email

Date

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

WCC Form # 50

Revised 7/13

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

7 4

SEWEE**MAY 05 2014****JUDICIAL**



Claimant's Name: Clyde O. Williams SSN: 249-04-4888 Employer's Name: Bowman Gin Company
Address: PO Box 30 Address: 2810 Cattle Creek Road
City: Cordova State: SC Zip: 29039 City: Branchville State: SC Zip: 29432
Home Phone: (803) 747-3393 Work Phone: (803) 535-4588 Insurance Carrier: American Interstate Insurance Company
Preparer's Name: Anne Veatch Noonan Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1097

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment, pending investigation.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See No. 1.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
See No. 1.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
10. It is contended that an average weekly wage of \$ 976.10 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to amend and to assert defenses as they become aware of them.

☐ Mediation

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Lewis C. Lanier, 250 Gibson Street, P.O. Box 2789, Orangeburg, SC 29116 and
Name & Address
and Grand Duffield, Judicial Department, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 30th day of May, 2014 by ☒ first class mail ☐ personal service ☐
certified mail.

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

Preparer's Signature

Attorney for the Employer/Insurer
Title

avnoonan@wjlaw.net
Email

05/30/2014
Date

Certifier, Lauren M. Blanton

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1403114

CLYDE WILLIAMS	)	
	)	
CLAIMANT,	)	
	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
BOWMAN GIN COMPANY	)	
	)	CLYDE WILLIAMS
EMPLOYER,	)	
AND	)	VS
	)	
AMERICAN INTERSTATE	)	BOWMAN GIN COMPANY
INS. CO.	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Clyde Williams versus Bowman Gin Company, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 1:05 P.M., Thursday, September 25, 2014, at Calhoun County Courthouse Annex, 102 Court House Drive, St. Matthews, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

PALMETTO COURT REPORTING
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 (803) 358-0515
www.PalmettoCourtReporting.com

APPEARANCES

FOR THE CLAIMANT:

Lewis C. Lanier, Esquire
Lanier & Burroughs, LLC
250 Gibson Street
Orangeburg, SC 29115

FOR THE EMPLOYER/CARRIER:

Anne V. Noonan, Esquire
Willson Jones Carter & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mount. Pleasant, SC 29464

ALSO PRESENT:

Ms. Kim Hudson

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

**This is an Official Transcript governed by 25A S.C. Code ANN. Regs 67-615 D (Supp. 2000). The unauthorized copying of this document is deemed to be conversion of an asset belonging to the Court Reporter.

I N D E X

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1 STIPULATIONS

2 Commissioner Wilkerson: Today's date is
3 the 25th day of September, 2014. I've got
4 several dates on your file, I apologize; I
5 haven't changed them yet. The Workers' Comp
6 File Number is 1403134. The Claimant is
7 Clyde Williams represented by Lewis Lanier.
8 The Employer is Bowman Gin Company; the
9 carrier is American Interstate Insurance
10 Company represented by Anne Noonan. The date
11 of accident is 3/27/2014. The average weekly
12 wage, nine hundred and seventy-six dollars
13 and ten cents (\$976.10); thus the comp rate
14 would be six hundred and fifty dollars and
15 seventy-seven cents (\$650.77). We're here to
16 determine the issues as set forth on the Form
17 50 and 51. This is a denied case. Are there
18 any objections to the APAs, jurisdiction,
19 venue, or any other items by the moving
20 party, Mr. Lanier?

21 Mr. Lanier: None, Your Honor.

22 Commissioner Wilkerson: Ms. Noonan?

23 Ms. Noonan: None from the Defendants,
24 Your Honor.

25 Commissioner Wilkerson: Thank you both.

1 Without objection the Commission file becomes
2 a part of the record with the exception of
3 self-serving declarations and unstipulated
4 medical reports. We did have a brief
5 pre-hearing conference in reference to this
6 case just to make sure what I was looking at
7 would be what I thought I was looking at.
8 And I know both of you all are going to need
9 to put your positions on the record and it
10 may be lengthy and I understand why, because
11 of the nature of this type accident and/or
12 injury. So, Mr. Lanier, I'll have you put
13 your position on the record first as the
14 moving party then, likewise, I'll have Ms.
15 Noonan do the same.

16 Mr. Lanier: Thank you, Your Honor.

17 Commissioner Wilkerson: Thank you.

18 Yes, sir.

19 Mr. Lanier: It's my pleasure to
20 represent Clyde Williams; he's fifty-eight
21 (58) years old. This accident occurred on
22 March the 27th of 2014. The accident
23 occurred in Orangeburg County and at -- at
24 the Love's Truck Stop. Mr. Williams had been
25 a long time employee of Bowman Gin. He was

1 in route between Gulbrandsen, which was the
2 place he was to pick up his first load for
3 the day, and travel to Love's Truck Stop,
4 which just for benchmark purposes is off the
5 I-26 right there on the -- the 301 exit. He
6 was fueling his truck. He was where he was
7 supposed to be. He began to clean the right
8 side windshield, fell off the truck, tried to
9 get to the left side and according to his
10 partial recollection of the injuries fell off
11 that side of the truck and sustained, I
12 believe without question, a brain injury.
13 The medical records in the case indicate that
14 he had a significant brain injury, that he
15 has significant impairment, and we believe
16 the medical records show through Dr. White's
17 report that it was causally connected to his
18 employment, and that his brain injury was
19 related to him being in and about his
20 employer's business. There is no witness to
21 the fall.

22 Commissioner Wilkerson: One thing I
23 probably should have asked you all. There's
24 no video, no anything at Love's?

25 Mr. Lanier: No. And -- and, Your

1 Honor, as a side note --

2 Commissioner Wilkerson: I just thought
3 about that.

4 Mr. Lanier: -- I think Anne and I,
5 both, have requested -- in fact, I sent a
6 spoliation letter and we got a partial video
7 and it doesn't show the time of the injury.
8 Mr. Williams had placed his fuel card in the
9 pump, had gone in the station and got some
10 fruit; I think bananas and some snacks, and
11 the attendant registered and authorized his
12 card when he began pumping. He was found
13 beside the left side of his vehicle with his
14 -- with blood around him and on the ground
15 and he asserts that he -- when he fell on the
16 right hand side he was wet. It appears the
17 causal connection defense is that -- that Mr.
18 Williams had a syncopal episode, a -- a
19 fainting episode, while we believe that the
20 evidence does not support that; he had never
21 had such an episode in his entire life. He
22 does have some conditions of diabetes, and he
23 has hypertension, and he was off some
24 medication but he was being monitored by his
25 family physician. If the Defense is -- will

1 prevail, we'd have to believe that anybody
2 who fell off the truck while he was washing
3 the windows had a syncopal episode if he had
4 those pre-existing conditions; we don't
5 believe that's the case because it didn't
6 happen in the past and hasn't happened since.
7 He does say, after the accident to the EMS,
8 that he was dizzy. I think the most likely
9 conclusion in view of the evidence as to that
10 issue is he'd fallen six (6') to eight feet
11 (8') off the truck and had a concussion, and
12 -- and really had suffered a brain injury at
13 that time. We believe it is a total
14 permanent case and it's a brain injury case
15 that would prevail for him to have lifetime
16 medicals and lifetime benefits. Dr.
17 Pritchard who gave the opinion --

18 Commissioner Wilkerson: Let -- let me
19 tell you what I'll do. Let -- let's -- I --
20 I don't think we'll reach that today because
21 let's -- it -- let's say it -- it is up until
22 that point that's what happened, okay, and it
23 becomes compensable, whatever that means; I'm
24 not saying it is or is not. At that point in
25 time in order to move forward if the court,

1 whatever court that is, makes that final
2 determination, I think the law then kicks you
3 directly into mediation, okay?

4 Mr. Lanier: -- okay.

5 Commissioner Wilkerson: I -- I think
6 it's got to be found compensable first. And
7 then once everybody has exhausted, whatever
8 that means in the process, then at that point
9 in time I think it has to go to mediation for
10 the P&T aspect of the case. So, I think
11 today if we could totally concentrate on the
12 issue of accident, did it or did it not take
13 place. I don't know that there's a major
14 disagreement upon brain injury. I -- even
15 Anne said she thought probably based on what
16 the medical says that she's not agreeing at
17 all that it's compensable, but indeed if it
18 is, I think there's enough medical
19 information to get to that point. It's just
20 they don't think it's compensable.

21 Mr. Lanier: I -- I understand.

22 Commissioner Wilkerson: So, I think we
23 need to spend our time, if at all possible,
24 there. I don't want to spend time on --
25 because if it's compensable all the medicals

1 are going to be taken care -- that's the
2 issue.

3 Mr. Lanier: I understand.

4 Commissioner Wilkerson: And I -- I'm
5 just trying -- I'm not trying to cut you off.

6 Mr. Lanier: No.

7 Commissioner Wilkerson: It's just I
8 don't -- I don't want you to get too far into
9 it that --

10 Mr. Lanier: You -- you're trying --

11 Commissioner Wilkerson: -- wastes a lot
12 of your time.

13 Mr. Lanier: -- to focus us on the issues
14 before.

15 Commissioner Williams: Yes, sir.

16 Mr. Lanier: And -- and the only other
17 thing that I would say in that and I will end
18 with that is, what we have is a partial
19 recollection of the only witness and a
20 presumption that he was found injured in the
21 workplace.

22 Commissioner Wilkerson: Right.

23 Mr. Lanier: And under the relevant
24 cases I think the presumption with the
25 recollection should carry his burden of proof

1 as to the compensable nature of the event.

2 Commissioner Wilkerson: I understand.

3 I understand. I'm fine. Okay. Ms. Noonan.

4 Ms. Noonan: Yes, Your Honor. On behalf
5 of the Defense, I just want to first say that
6 there's a difference between brain injury and
7 brain damage, as we all know under the case
8 law. So, I --

9 Commissioner Wilkerson: No, no. But --
10 and that's why we're not going to get to that
11 --

12 Ms. Noonan: -- okay.

13 Commissioner Wilkerson: -- today.

14 Ms. Noonan: Right. I --

15 Commissioner Wilkerson: Because then we
16 get Crisp involved and then we get -- my,
17 gosh --

18 Ms. Noonan: -- yes, sir.

19 Commissioner Wilkerson: -- you all will
20 be tied up to the Supreme Court --

21 Ms. Noonan: I just didn't want there to
22 be any confusion --

23 Commissioner Wilkerson: -- until your
24 --

25 Ms. Noonan: -- on the record.

1 Commissioner Wilkerson: -- children get
2 through college.

3 Ms. Noonan: Right.

4 Commissioner Wilkerson: Okay?

5 Ms. Noonan: Where it looked like I was
6 agreeing to there was permanent brain damage.

7 Commissioner Wilkerson: No, no, no, no,
8 no, no.

9 Ms. Noonan: No.

10 Commissioner Wilkerson: No, no, no.
11 No, no. No.

12 Ms. Noonan: Okay.

13 Commissioner Wilkerson: Not at all.

14 Ms. Noonan: No, he did have a
15 craniotomy done. And, Your Honor, we do not
16 feel that this is a compensable claim. We
17 feel that this is idiopathic in nature and
18 that the evidence does not support a finding
19 of compensability. There is not a scintilla
20 of evidence to show he fell off a truck;
21 that's just what everybody is assuming. But
22 -- but in all fairness, Your Honor, we think
23 he passed out and hit his head on the
24 concrete and that that would make this
25 idiopathic under any circumstances. There

1 were no witnesses, whatsoever -- whatsoever,
2 to how he was injured; to whether he fell
3 standing flat-footed on the ground or whether
4 he fell from the truck. Mr. Williams even
5 testified that the last thing he remembers is
6 cleaning a windshield with a brush in his
7 hand; he does not remember falling. He just
8 knows he woke up in the hospital in
9 Charleston. He was found on the ground,
10 bleeding on the concrete. Now, right before
11 this he went off his diabetes medication.
12 Mr. Williams is a Type 2 diabetic. He has
13 longstanding hypertension and is a heavy
14 smoker. Dr. Pritchard, our expert, found that
15 he suffered a syncopal episode. And Mr.
16 Williams has no known memory until his
17 deposition on September 2nd, all the medical
18 records before that show that he could not
19 recall the events. He has said in his
20 deposition that he felt hazy and lightheaded
21 and found himself sitting on the ground all
22 wet, and this is right before this injury
23 occurred. So, he was already having a
24 syncopal episode by his own testimony. The
25 evidence will show that his windshield was

1 not cleaned, that the pictures will reflect
2 that he was found on the ground, lying on the
3 concrete with the brushes that you use to
4 clean your windshield not in use and actually
5 still standing leaning up against the -- I
6 guess the gas tanks or the -- the gas pumps.
7 We have evidence in -- in the deposition that
8 we submitted of Mr. Jeffrey Ruff, and of a
9 witness we have today that says no one
10 touched those brushes and put them back up;
11 that's how -- that's how the situation was
12 found.

13 Commissioner Wilkerson: And Mr. Ruff is
14 whom?

15 Ms. Noonan: He's the manager of Love's
16 Truck Stop.

17 Commissioner Wilkerson: Okay.

18 Mr. Lanier: Former manager.

19 Ms. Noonan: Former manager, yes. And
20 he's the one that came out and took the
21 pictures that are in evidence of how --

22 Commissioner Wilkerson: I know it's in
23 there.

24 Ms. Noonan: -- the Mr. Williams was
25 found.

1 Commissioner Wilkerson: This -- this is
2 -- okay.

3 Ms. Noonan: All right. Now,
4 furthermore, as I said, the -- the medical
5 records from MUSC specifically do not mention
6 anything about any recall of the event or the
7 day in question, none of the medical records
8 from the hospital in Columbia; nowhere is
9 that documented in the evidence. And -- and
10 as I stated, he -- Mr. Williams already
11 testified that the very last thing he
12 remembers is holding the brush in his hand.
13 He doesn't remember falling. He remembers
14 cleaning the windshield holding a brush. So,
15 there still is no evidence of any type of
16 fall. And as I said, the brushes were still
17 in their correct place when Mr. Williams was
18 found. And also, Your Honor, I'd draw your
19 attention --

20 Commissioner Wilkerson: But -- but
21 there's no doubt he fell?

22 Ms. Noonan: -- no there -- nobody knows
23 if he fell off the truck.

24 Commissioner Wilkerson: Oh, no -- okay.

25 Ms. Noonan: No -- there -- there's no

1 evidence to show he fell off a truck; that's
2 just what --

3 Commissioner Wilkerson: Well, I thought
4 they found him on --

5 Ms. Noonan: -- no. They found him on
6 the ground but they don't know if he was just
7 standing there and he fell --

8 Commissioner Wilkerson: -- oh, I see --

9 Ms. Noonan: -- and landed, and hit his
10 head on the ground --

11 Commissioner Wilkerson: -- I see what
12 you're saying. Okay.

13 Ms. Noonan: -- and that would have done
14 the same damage.

15 Commissioner Wilkerson: Okay. But --
16 but it -- okay. I see what --

17 Ms. Noonan: Yes.

18 Commissioner Wilkerson: -- you're
19 saying.

20 Ms. Noonan: No one knows what happened
21 including Mr. Williams; he was -- the last
22 thing he remembers he was cleaning a
23 windshield --

24 Commissioner Wilkerson: Okay. That's
25 fine.

1 Ms. Noonan: -- holding a brush and
2 that's his testimony as to his new --

3 Commissioner Wilkerson: Okay.

4 Ms. Noonan: -- recollection of the
5 accident.

6 Commissioner Wilkerson: Okay.

7 Ms. Noonan: But no, no one knows if --
8 if he fell standing up on his own two (2)
9 feet or if he was standing on the tire
10 cleaning -- cleaning the truck. But I would
11 call your attention to Claimant's page 59 in
12 the APAs; that is the EMS report and that, I
13 think, is the controlling evidence in this
14 case. That's the only piece of evidence of
15 anybody that actually says they know what
16 happened. And that is when they went and
17 picked up Mr. Williams, when he came back
18 into consciousness, he told them that he
19 remembers that he stopped to fuel and was
20 feeling weak. Now, with that said, I also
21 want to talk about the neurological reports
22 that we have in the file. Dr. Pritchard, who
23 is our expert, reviewed all of the medical
24 records and the deposition of Mr. Williams.
25 He found that he did have a loss of

1 consciousness twice per Mr. Williams' own
2 testimony at the scene, that he had a
3 longstanding history of hypertension and
4 diabetes type 2, and that he had a syncopal
5 episode, which would make this an idiopathic
6 case. Dr. White's medical report actually
7 states that he reviewed the records --

8 Commissioner Wilkerson: That's White;
9 is that right?

10 Ms. Noonan: -- Dr. White, Marshall
11 White; yes, sir.

12 Commissioner Wilkerson: Okay. Okay,
13 that's fine.

14 Ms. Noonan: And it states that he
15 actually reviewed the records from the
16 hospital, from the ER, and that those records
17 report that he fell six (6) to eight (8)
18 feet. But if you actually look at those ER
19 records, which are on page 10 of the APAs,
20 they don't say that he fell six (6) to eight
21 (8) feet; they say that they don't know what
22 happened to him, that Mr. Williams couldn't
23 tell them what happened, but there was not --
24 there were -- there was a bystander that said
25 he may have fallen from the truck, that's

1 where this all came from; it is just hearsay
2 in the medical records. But Dr. White
3 mistakenly indicated in his report that those
4 ER records said he fell six (6) to eight (8)
5 feet, but there's no evidence to support that
6 and that is not what those records say. Now,
7 also, Dr. White says that Mr. Williams has
8 had no prior problems, whatsoever, with any
9 type of light headedness or vertigo, but the
10 medical records that we have, that Dr.
11 Pritchard also reviewed, show on APA, page 10
12 -- excuse me -- APA 10, page 227, that he
13 reported in January of 2012, he checked
14 himself into the Bamberg County Hospital ER
15 for dizziness and light headedness and was
16 struggling with that. So -- so, he has had
17 syncope before. But we would dispute that
18 Dr. White's IME or medical records -- he did
19 not review all the medical records. The
20 reports he did review from the hospital in
21 Columbia he incorrectly stated their summary
22 and then he also stated that there were no
23 prior incidents, Your Honor. And we just ask
24 that this be found not to be a compensable
25 claim under 42-1-160 --

1 Commissioner Wilkerson: Okay.

2 Ms. Noonan: -- and a finding that it is
3 an idiopathic injury.

4 Commissioner Wilkerson: Okay. Anything
5 in reply? Are we ready to take testimony?

6 Mr. Lanier: Briefly, Your Honor.

7 Commissioner Wilkerson: Sure.

8 Mr. Lanier: Three (3) times there was
9 testimony -- there was summary of an argument
10 that there was no witness to the accident.
11 There was a witness to the accident; he's
12 sitting right there and he will testify. As
13 to the 2011 event, that was when he had a
14 reaction to the pain medicine that he --

15 Commissioner Wilkerson: Wait a minute.
16 Was it '11 or '12? She said '12.

17 Mr. Lanier: -- 2012.

18 Ms. Noonan: Yes, I'm not sure what he's
19 talking about.

20 Commissioner Wilkerson: Oh, okay.

21 Mr. Lanier: That was 2012. That --

22 Commissioner Wilkerson: Okay. I'm
23 sorry.

24 Mr. Lanier: -- there was an instance
25 where he reported to Dr. Brunson, I believe,

1 and indicating that he felt light headed and
2 that was not a syncopal episode because he
3 didn't faint, which -- which is required for
4 a syncopal episode. And also, he was -- they
5 later found out that was based upon a pain
6 medicine that he was being prescribed for a
7 previous compensable injury when he was
8 burned. And that's how they got those
9 records, I think, and -- and obviously that
10 was not a syncopal episode, and that there
11 was a witness to the accident. And clearly,
12 according to his testimony, once again the
13 only witness, he fell on the right hand side
14 of the truck and you can't say that no one
15 touched anything because no one got there for
16 five (5) or ten (10) minutes after the
17 accident. So, these are presumptions,
18 they're not evidence, in their argument.

19 Ms. Noonan: And, Your Honor, I would
20 just disagree as far as what the medical
21 evidence shows, and I don't think that it
22 shows that that was just some reaction to
23 medication but I would ask you, of course, to
24 review the medical records --

25 Commissioner Wilkerson: Yes.

1 Ms. Noonan: -- that are in the APA
2 submissions. And as far as a witness to the
3 accident, it is Mr. Williams' own testimony
4 at his deposition that he has no idea what
5 happened and that the last thing he remembers
6 is holding a brush in his hand standing on a
7 tire on the driver's side.

8 Commissioner Wilkerson: And I don't
9 have that deposition yet; is that fair? Is
10 it -- was it handed up?

11 Ms. Noonan: No, sir. You have --

12 Commissioner Wilkerson: Okay.

13 Ms. Noonan: -- Jeffrey Ruff.

14 Commissioner Wilkerson: Okay. That's
15 what I thought. I've got so much I want to
16 make sure I didn't have it. Okay.

17 Ms. Noonan: And I -- and I just want to
18 quote. On page 28 of the deposition that is
19 -- actually you do have it, I'm sorry. It's
20 in the --

21 Commissioner Wilkerson: I do?

22 Ms. Noonan: -- the APA --

23 Mr. Lanier: It's in the APAs.

24 Ms. Noonan: -- submissions. Yes, it
25 says, I asked him, "And you have no

1 recollection of how you got off the tire on
2 the driver's side?" And his response was,
3 "None. None whatsoever." So, I would
4 dispute that there is any witnesses,
5 whatsoever, as to how he actually got down
6 and when he got down. And if he was cleaning
7 the windshield then he put the brushes up and
8 fell later.

9 Commissioner Wilkerson: Your
10 submissions? Whose submission is it in, the
11 -- his deposition?

12 Mr. Lanier: I think it's in the
13 Defendant's submissions.

14 Ms. Noonan: It's mine, Your Honor,
15 under Exhibit B.

16 Commissioner Wilkerson: Oh, that's
17 okay. I just hadn't -- okay. Oh, I've got
18 you. I just -- it's hard to go through eight
19 hundred (800) pages to see what I've got, so.

20 Ms. Noonan: I know, it's a lot.

21 Commissioner Wilkerson: Anything else?
22 So, far this month five thousand (5,000)
23 pages; it's been one of those months. Yes.
24 And this will be one of the simple cases that
25 I've had this month. I'll give her a break,

1 yes.

2 (Off The Record)

3 Commissioner Wilkerson: Are you ready?

4 Court Reporter: I think so.

5 Commissioner Wilkerson: Okay. That's
6 why I was taking a break, just -- okay.

7 Court Reporter: I've got it.

8 Commissioner Wilkerson: Are you ready?

9 Court Reporter: Yes, sir.

10 Commissioner Wilkerson: Anything else
11 before we take the Claimant's testimony?

12 Mr. Lanier: Nothing further, Your
13 Honor.

14 Commissioner Wilkerson: Okay. Thank
15 you.

16 Ms. Noonan: Nothing, Your Honor.

17 Commissioner Wilkerson: Okay. Sir,
18 I'll get you to raise your right hand. I'm
19 going to have the Court Reporter swear you
20 in, okay?

21 Mr. Williams: Okay.

22 Commissioner Wilkerson: Thank you.

23 WHEREUPON

24 CLYDE WILLIAMS, being duly sworn and cautioned to
25 speak the truth, the whole truth, and nothing but the

1 truth, testified as follows:

2 Court Reporter: Please state your full
3 name for the record.

4 Witness: Clyde Williams.

5 Court Reporter: Thank you, sir.

6 Commissioner Wilkerson: Thank you, Mr.
7 Williams. Please.

8 Mr. Lanier: May it please the court,
9 Your Honor.

10 DIRECT EXAMINATION

11 By Mr. Lanier:

12 Q. Mr. Williams, how old are you?

13 A. Fifty-nine (59).

14 Q. Okay. What -- do you remember your birthday?

15 A. August 19, 1955.

16 Q. Okay. How far did you go in school?

17 A. I went through one and a half (1½) years of
18 college.

19 Q. Okay. And where did you go?

20 A. It used to be called Brunswick Junior College.

21 Q. Okay. Would you say that again?

22 A. Brunswick Junior College.

23 Q. Okay. And where was that?

24 A. Brunswick, Georgia.

25 Q. Okay. And how long have you been working as a

- 1 truck driver?
- 2 A. About twenty (20) -- twenty-one (21) years, I
- 3 guess, all together.
- 4 Q. Okay. Have you had any other training other than
- 5 driving a truck?
- 6 A. Training?
- 7 Q. Yes. Any other training or work experience other
- 8 than truck driving?
- 9 A. Yes, sir.
- 10 Q. And what else have you had?
- 11 A. Grocery store.
- 12 Q. Okay. And what did you do at the grocery store?
- 13 A. Assistant Manager.
- 14 Q. Okay. And what other employment, other than truck
- 15 driving?
- 16 A. Carpentry work.
- 17 Q. Okay. And how long did you do carpentry work?
- 18 A. Three (3) or four (4) years.
- 19 Q. Okay. Are you married?
- 20 A. Yes.
- 21 Q. What's your wife's name?
- 22 A. Anita Faye Williams.
- 23 Q. Okay. And you call her Faye don't you?
- 24 A. Right.
- 25 Q. Okay. And how long have you been married?

- 1 A. About eight (8) or nine (9) years.
- 2 Q. Okay. And how long have you been together?
- 3 A. About twenty-three (23).
- 4 Q. Okay. Do you have any children?
- 5 A. Me and her don't, no.
- 6 Q. Okay. And you previously were working for Bowman
- 7 Gin Company; is that correct?
- 8 A. Correct.
- 9 Q. And what did you do for them?
- 10 A. I drove a truck.
- 11 Q. Okay. And how long had you been working with them
- 12 before this accident?
- 13 A. About fourteen (14) -- thirteen (13), thirteen
- 14 (13) or fourteen (14) years.
- 15 Q. Okay. And was that in two (2) different intervals
- 16 or all at one time?
- 17 A. It was all at one time.
- 18 Q. Okay.
- 19 A. The only -- the only interval was when I got hurt
- 20 before when I got the chemical burns.
- 21 Q. Yes. Working for Bowman Gin Company?
- 22 A. Right.
- 23 Q. And you treated with Dr. Brunson for that?
- 24 A. I treated through the Burn Center at Charleston --
- 25 Q. Okay.

- 1 A. -- but through Dr. Brunson, yes.
- 2 Q. Okay. Did you have any problems with medication
- 3 with that injury?
- 4 A. Yeah. I was on too strong a pain medicine --
- 5 Q. Well, what did --
- 6 A. -- at the time.
- 7 Q. -- what, if any, impact did that have on you?
- 8 A. I had to go to him more often than what was normal
- 9 because I was -- I was light headed.
- 10 Q. Okay. When you changed your medication did --
- 11 what -- what, if anything, happened with the dizziness?
- 12 A. It was gone.
- 13 Q. Okay.
- 14 A. I didn't have it no more.
- 15 Q. Okay. Now, I want to take -- direct your
- 16 attention to the date of this injury in -- on March the
- 17 27th of this year.
- 18 A. Okay.
- 19 Q. Can you tell the Commissioner what you did first
- 20 thing in the morning before going to work?
- 21 A. I cranked the truck up, warmed the truck up, and
- 22 drove to Gulbrandsen to pick up my load.
- 23 Q. And that was Gulbrandsen, correct?
- 24 A. Gulbrandsen, yes.
- 25 Q. Is that a standard place you go?

- 1 A. That's about the only place I go to pick up my
2 loads, yes.
- 3 Q. Okay. And what did your -- what was your load?
4 What were you picking up from Gulbrandsen?
- 5 A. It was chemicals.
- 6 Q. Okay. And where did you go from there?
- 7 A. I went to Love's Truck Stop.
- 8 Q. Okay. Can you tell the Commission what you did
9 when you got to Love's Truck Stop?
- 10 A. I went to the fuel island --
- 11 Q. Okay.
- 12 A. -- to get fuel.
- 13 Q. And you said the fuel island?
- 14 A. Right.
- 15 Q. Okay. And what happened then?
- 16 A. The card wouldn't -- it wouldn't read the card; so
17 I had -- I took the card inside for the cashier to --
18 to swipe the card and punch it in to get it authorized.
- 19 Q. Okay. And did it work?
- 20 A. Yeah.
- 21 Q. Okay. And each card has a code for a -- for the
22 truck, correct?
- 23 A. Right.
- 24 Q. Is that the first time you ever had a problem with
25 the card at Love's?

- 1 A. No. No. Huh-uh.
- 2 Q. So, how often do you have to go in?
- 3 A. Usually about once a month.
- 4 Q. Okay. So, the other four (4) or five (5) times
5 you don't have a problem?
- 6 A. Yeah.
- 7 Q. Did you know the girl or the lady that -- that
8 fixed it for you?
- 9 A. I know a lot -- usually all of them --
- 10 Q. Okay.
- 11 A. -- by face, you know; not by name but by face I
12 know them.
- 13 Q. Okay. So, you got your card verified?
- 14 A. Yeah.
- 15 Q. And then what I happened?
- 16 A. I got me a couple of snacks for later in the --
17 the morning and I went back out and started fueling.
- 18 Q. Okay. Then what happened?
- 19 A. I raised the hood and started doing the
20 windshield.
- 21 Q. Which side of the windshield?
- 22 A. The right side first.
- 23 Q. Okay. Now, you recall that, doing the --
- 24 A. I always --
- 25 Q. -- windshield?

- 1 A. -- yeah, I always do the right side first.
- 2 Q. Okay. Now, are you recalling that or are you
- 3 saying that because you always do that?
- 4 A. I recall starting on the right side.
- 5 Q. Okay. And then what happened?
- 6 A. Then I was all wet.
- 7 Q. Okay.
- 8 A. I was all wet. I was on the ground and all wet.
- 9 Q. Okay. What kind of shoes were you wearing?
- 10 A. My house slippers.
- 11 Q. Okay. Are they rubber sole?
- 12 A. Yes.
- 13 Q. Okay. And so, you have to open the hood --
- 14 A. Right.
- 15 Q. -- of the truck --
- 16 A. Right.
- 17 Q. -- and then what do you stand on?
- 18 A. The front tire.
- 19 Q. Okay. And you were washing the right side of the
- 20 windshield?
- 21 A. Yeah.
- 22 Q. And then the next recollection you have you were
- 23 on the ground?
- 24 Ms. Noonan: Objection to leading.
- 25 Commissioner Wilkerson: Yes.

1 Q. All right. What is the next recollection --
2 Commissioner Wilkerson: Yes.
3 Q. -- you have?
4 A. I was -- I was over there sitting on the ground.
5 Q. Okay.
6 Commissioner Wilkerson: Let me get it
7 in my mind straight. When you say you're
8 washing the right hand window, okay, right
9 hand as you're facing the unit?
10 A. The right hand is the passenger side.
11 Commissioner Wilkerson: Okay.
12 Mr. Lanier: Maybe that's the best way.
13 Commissioner Wilkerson: I was going
14 there next because -- okay. Thank you.
15 Mr. Lanier: All right.
16 Commissioner Wilkerson: Because I --
17 Mr. Lanier: And thank you,
18 Commissioner.
19 Commissioner Wilkerson: -- my -- my
20 mind had shifted to the driver's side, okay?
21 Mr. Lanier: I -- I understand.
22 Commissioner Wilkerson: Okay. So --
23 Mr. Lanier: And I think it's a much
24 better designation.
25 Commissioner Wilkerson: -- no. That's

1 fine. So --

2 Mr. Lanier: And I think that's the term
3 we used in the discovery --

4 Commissioner Wilkerson: -- bingo.

5 Mr. Lanier: -- deposition.

6 Commissioner Wilkerson: You were
7 washing the passenger side, which you've
8 referred to as the right side --

9 A. Right.

10 Commissioner Wilkerson: -- at the
11 current time? Okay.

12 Q. Okay.

13 Commissioner Wilkerson: Bingo. Thank
14 you.

15 Q. Do you recall any episode that you were dizzy or
16 disoriented before you ended up on the ground?

17 A. No.

18 Q. Okay. Then what happened?

19 A. Then I -- I got up and went around the hood to the
20 driver's side --

21 Q. And --

22 Commissioner Wilkerson: Thank you.

23 A. -- and climbed up on the tire, then I started
24 washing the other side.

25 Q. -- okay. And then what happened?

- 1 A. Then, I don't know.
- 2 Q. All right. Do you remember anything else about
3 this incident?
- 4 A. No.
- 5 Q. Okay. Now, have you ever had an episode where you
6 fainted?
- 7 A. No.
- 8 Q. In your whole life?
- 9 A. No.
- 10 Q. Okay. In the medical records that we have
11 submitted to the Commissioner the emergency room report
12 indicates that you -- that you felt dizzy; do you
13 recall telling the ER people that?
- 14 A. No, I don't.
- 15 Q. That would have been after the fall; is that
16 correct? When did -- do you remember telling them at
17 all that you fell?
- 18 A. I was laying on the ground -- I don't know but I
19 don't remember telling them that at all, no.
- 20 Q. Okay. So, you don't remember any of that?
- 21 A. No.
- 22 Q. Do you remember telling them that you became weak?
- 23 A. No.
- 24 Q. Okay. Do you know when you became weak, if you
25 became weak?

- 1 A. No.
- 2 Q. Okay. You had a previous Workers' Compensation
3 injury with -- with Bowman Gin, correct?
- 4 A. Correct.
- 5 Q. And would you tell the Commission what that was?
- 6 A. I was in Beaumont, Texas at an Exxon Mobile. I
7 was unloading aluminum chloride powder and the hose
8 that I was unloading it to was -- I had -- it was
9 clogging up bad that night; it was the third time --
10 the third time it clogged up. So, I went to undo the
11 hose to check it to see if the screen was messed up and
12 the pressure had built up, which didn't show on
13 nobody's gauges. And the whole thing blew. I didn't
14 ask any guys on the list as what these white spots are
15 on my arms and stuff. I was burnt by -- by aluminum
16 chloride.
- 17 Q. Okay. You'd been back to work?
- 18 A. Oh, yeah.
- 19 Q. Okay. And you treated for -- through your injury;
20 is that correct?
- 21 A. Right.
- 22 Q. With the chemical burn?
- 23 A. Yeah.
- 24 Q. Okay. How long had you been up before this
25 injury? I mean, from the time you cranked up your

- 1 truck how long had it been between the time you cranked
2 up the truck and you -- and you were injured?
- 3 A. It's probably an hour, an hour and a half.
- 4 Q. Okay. That'd be a normal time to get to
5 Gulbrandsen, get fueled --
- 6 A. Oh, yeah.
- 7 Q. -- and get to Love's?
- 8 A. Yeah.
- 9 Q. Okay. Do you remember seeing Dr. White?
- 10 A. Yes.
- 11 Q. Okay. And you saw him in my office?
- 12 A. Yes.
- 13 Q. Okay. Did he examine you?
- 14 A. Yes.
- 15 Q. Okay. Did he give you certain tests?
- 16 A. Yes.
- 17 Q. Okay. Clyde, do you feel that you're able to go
18 back to work?
- 19 A. In some ways I do, but some ways I don't.
- 20 Q. Okay. Getting back to the fuel island --
- 21 A. Okay.
- 22 Q. -- are there scrub brushes to clean the windshield
23 on both sides of the truck?
- 24 A. Most -- most truck stops have them on both sides
25 but I don't recall them being on both sides or not.

- 1 Q. Okay. Do you remember testifying that you had the
2 squeegee or --
- 3 A. Brush.
- 4 Q. -- windshield brush in your hand?
- 5 Ms. Noonan: Objection. Leading, now
6 that we're back on the merits.
- 7 Commissioner Wilkerson: Yes.
- 8 Mr. Lanier: Okay.
- 9 Q. Do you have any recollection of the brush?
- 10 A. I used the brush on the windshield.
- 11 Q. Okay. Do you know what happened to the brush?
- 12 A. No, I don't remember.
- 13 Q. Do you know long you were unconscious?
- 14 A. No.
- 15 Q. Do you know whether or not the bucket turned over?
- 16 A. No. I -- I don't know that it turned over but I'm
17 assuming it did since I was all wet.
- 18 Q. Okay. Clyde, what are the things that you can't
19 do now that you could do before this incident in March
20 of 2014?
- 21 A. Concentrate.
- 22 Q. Pardon?
- 23 A. Concentrate.
- 24 Q. Okay. Anything else?
- 25 A. Oh, God. I can't -- I can't dress myself

- 1 properly. I can't -- I have to have a -- a chair in
2 the shower when I'm taking my shower because I have a
3 glass doors in the shower and the doctor and my wife is
4 worried that I will lose my balance and, you know,
5 fall. So, I -- I sit down taking a shower.
- 6 Q. You have a cane today?
- 7 A. Yes. I have --
- 8 Q. Did you --
- 9 A. -- problems walking.
- 10 Q. -- did you have that cane before this accident --
- 11 A. No.
- 12 Q. -- in March --
- 13 A. No.
- 14 Q. -- of 2014?
- 15 A. No.
- 16 Q. Why do you need the cane?
- 17 A. My -- my balance.
- 18 Q. Okay.
- 19 A. My vertigo is -- if off a little bit now.
- 20 Q. Okay. Did you -- have you taken all your
21 medications as you were required to take leading up to
22 this accident?
- 23 A. Yeah. Now, I had had a talk with my doctor about
24 coming off some of my -- I was diabetic and my diabetes
25 with my blood test every morning had been so -- so

- 1 normal for a -- a long period of time. And me and Dr.
2 Brunson had been talking about me coming off of my
3 medicine and -- just to see what my blood would do over
4 a period -- a short period of time. And he wasn't --
5 he wasn't too -- too for it but he said I could try it
6 for a week. And so, I did and the blood -- the blood
7 level stayed like it normally did.
- 8 Q. Did you check your blood levels before you left on
9 the morning of --
- 10 A. I checked every --
- 11 Q. -- March the --
- 12 A. -- I checked it every morning; yes, sir.
- 13 Q. -- and what was the result of the test?
- 14 A. I just can't remember; I'll have to get my
15 notebook to know.
- 16 Q. Do you recall whether it was normal or abnormal?
- 17 A. No, it -- no, it was never -- it was close to
18 normal.
- 19 Q. Okay. And you were doing this under the
20 supervision of Dr. Brunson?
- 21 A. Yes.
- 22 Q. And that was Dr. Brunson in Charleston or Dr.
23 Brunson in Orangeburg?
- 24 A. No. It was Dr. Brunson in Orangeburg.
- 25 Q. I'm sorry?

- 1 A. In Orangeburg.
- 2 Q. In Orangeburg. Okay.
- 3 A. Of course, he's -- he's not in practice no more.
- 4 Q. I think he's actually practicing with Zeus.
- 5 A. Well, he's a -- he's private practicing now --
- 6 Q. Yes.
- 7 A. -- yeah.
- 8 Q. Okay. And he had been you family doctor for a
- 9 long time?
- 10 A. Three (3) or four (4) years, I think.
- 11 Q. Have you ever had a seizure?
- 12 A. No.
- 13 Q. Have you ever had any incident where you felt you
- 14 were having a stroke?
- 15 A. When I had a stroke, no.
- 16 Q. Have you ever felt light headed on the job or
- 17 anywhere else before this accident of March the 27th of
- 18 2014?
- 19 A. Just one (1) time; she mentioned that but I -- I
- 20 checked myself into Bamberg.
- 21 Q. Okay. And that was caused by what?
- 22 A. Because I passing a kidney stone.
- 23 Q. Okay. And what do you think caused that
- 24 dizziness?
- 25 A. The kidney stone.

1 Q. Okay. Or the medication?

2 Ms. Noonan: Objection. Leading and --

3 Commissioner Wilkerson: Yes. I mean, I
4 think he testified earlier --

5 Mr. Lanier: He --

6 Commissioner Wilkerson: -- he thought
7 it was the medication. He was on some type
8 pain medication and when he came off it, it
9 didn't have that -- yes. And I didn't know
10 it was from the kidney stone. I guess --

11 A. No, matter of fact, when I was passing the
12 medication -- I mean, when I was passing the kidney
13 stone I was on no medication.

14 Commissioner Wilkerson: -- okay.

15 Mr. Lanier: -- Okay. Your Honor, just
16 as a -- I'm not going to belabor this point,
17 but there's an exception to leading questions
18 and one of them is when the person is
19 obviously impaired. The court has in its
20 discretion to allow leading as well as to ask
21 their own questions. I think it's been
22 stipulated that he has a brain injury; I
23 think that would necessarily impute the
24 concept that he's somewhat impaired and
25 leading would not be impermissible under

1 these circumstances.

2 Ms. Noonan: -- Your Honor, I --

3 Commissioner Wilkerson: Go ahead. I --

4 Ms. Noonan: -- I -- I would object. I
5 think he's doing just fine and he's very
6 clear and has been able to recall everything
7 all the way back through 2011, and he hasn't
8 given any -- he has not given any indication
9 that he qualifies for being impaired for his
10 testimony right now, which would allow him to
11 lead him.

12 Commissioner Wilkerson: -- okay. Yes.
13 I mean, I think -- I think so far I've gotten
14 enough about what happened in Bamberg and who
15 the doctors are and my summation, I guess, is
16 most of that's in the medical as well; is
17 that fair? I don't know until --

18 Mr. Lanier: I -- I think -- I think
19 most of that is.

20 Commissioner Wilkerson: -- yes. These
21 type cases I try to stay out of the medical
22 unless you all point me to something you want
23 me to look at --

24 Mr. Lanier: Okay.

25 Commissioner Wilkerson: -- at this

1 point in time.

2 Mr. Lanier: I -- I have no further
3 questions, Your Honor.

4 Commissioner Wilkerson: Yes. Okay.
5 That's fine. Thank you. Please.

6 CROSS-EXAMINATION

7 By Ms. Noonan:

8 Q. Mr. Williams, I just want to go back over a few
9 things. I know you talked about this a little bit, but
10 on February 25th of 2014, that's when you talked to Dr.
11 Brunson about going off your diabetes medication?

12 A. I don't remember what day it was.

13 Q. But do you remember having that conversation with
14 him and told him you had to be really careful about
15 what you ate?

16 A. Right.

17 Q. Okay. And then from looking through your medical
18 records, it -- it's my understanding that you told all
19 of your doctors when they would ask you what happened
20 that you -- you had no memory of what happened that
21 day; is that right?

22 A. On what day?

23 Q. On March 27th, the date of your accident?

24 Commissioner Wilkerson: I'm sorry.
25 What day? I can't hear.

1 Ms. Hudson: I'm sorry.

2 Ms. Noonan: On the date, March 27th.

3 Commissioner Wilkerson: I'm sorry.

4 Ms. Noonan: All right.

5 Commissioner Wilkerson: Okay. I'm
6 sorry.

7 Court Reporter: Do you need this back?

8 Commissioner Wilkerson: I may have to
9 get you to go the back of the room because --

10 Ms. Noonan: I know.

11 Court Reporter: Because I've got my
12 own.

13 Commissioner Wilkerson: I'm sorry. Go
14 ahead. March --

15 Ms. Noonan: Okay.

16 Commissioner Wilkerson: Ask it again
17 because I missed --

18 Ms. Noonan: Okay.

19 Commissioner Wilkerson: -- the whole
20 thing.

21 Q. And -- and you're -- you're testifying here about
22 what happened at your accident but my question is, did
23 you tell any of your doctors that you remembered what
24 happened?

25 A. I don't believe I did, no.

- 1 Q. Okay. But -- but you -- you're saying that while
2 you were at MUSC all of a sudden your memory came back?
- 3 A. No, I ain't saying it all of a sudden came back.
4 It came back in bits and pieces and if I -- the longer
5 I laid there and thought about it, it came back a
6 little piece here and a piece there --
- 7 Q. Okay. And --
- 8 A. -- and I could piece it together.
- 9 Q. -- and you told me before that while you were
10 laying in your hospital bed in Charleston your memory
11 of the accident came back, that -- that's your
12 deposition testimony; is that right?
- 13 A. Right.
- 14 Q. Okay. And that was before you checked out of the
15 hospital on April 17th --
- 16 A. Yeah.
- 17 Q. -- out of Charleston. Okay. Did you feel it
18 important to tell any of your doctors that your memory
19 had suddenly come back?
- 20 A. No.
- 21 Q. Okay. And you did -- so, you didn't tell any of
22 your doctors at MUSC and you didn't tell any of your
23 subsequent doctors that your memory came back?
- 24 A. No.
- 25 Q. You don't think that that would have been

- 1 important --
- 2 A. No, they never asked that.
- 3 Q. -- to them?
- 4 A. So, no. I didn't -- I didn't see no importance in
- 5 that.
- 6 Q. Okay. So, is the first that you told somebody
- 7 that your memory came back when I deposed you?
- 8 A. No, that wasn't the first time. I told my wife
- 9 and I told Mr. Lewis.
- 10 Q. But you didn't tell anybody that was actually
- 11 treating you?
- 12 A. No.
- 13 Q. Okay. Now, on your date of accident, let's go to
- 14 that, on March 27th, and I understand you said you
- 15 pulled into Love's Truck Stop?
- 16 A. Right.
- 17 Q. Now, on that morning you were not on your
- 18 medication for diabetes; is that right?
- 19 A. No.
- 20 Q. Okay. And your truck was full of cigarette
- 21 cartons?
- 22 A. Full of cigarette cartons?
- 23 Q. Are you -- you're a smoker?
- 24 A. I was then.
- 25 Q. Yes, and you -- did you have a bunch of cigarette

- 1 cartons in your truck as well?
- 2 A. What do you call a bunch?
- 3 Q. Did you have more than a few cigarette cartons in
- 4 there; some were empty, some were not?
- 5 A. None was empty, no. I had about probably five (5)
- 6 to seven (7).
- 7 Q. Somewhere between five (5) and seven (7) cartons
- 8 of cigarettes?
- 9 A. Yes.
- 10 Q. Okay. And you indicated that you were washing the
- 11 windshield on the passengers side; is that right --
- 12 A. Right.
- 13 Q. -- for the first one?
- 14 A. Right.
- 15 Q. And then all of a sudden you were -- you were
- 16 sitting or laying on the ground and you were soaking
- 17 wet?
- 18 A. Right.
- 19 Q. And do you have any idea how you were wet?
- 20 A. No.
- 21 Q. And do you remember how you got to the ground and
- 22 why you were sitting on the ground?
- 23 A. I assumed I fell.
- 24 Q. Okay. Well -- but do you -- I'm -- and I'm -- I'm
- 25 not asking what you assume, because we're all assuming

- 1 a bunch of things today --
- 2 A. Right.
- 3 Q. -- but do you remember how you got to the ground?
- 4 A. If you -- if you're asking me if I remember
- 5 falling, specifically, I can't say I specifically
- 6 remember falling; I just know I did. The next thing I
- 7 remember is I -- is I'm on the ground wet.
- 8 Q. Okay. But -- but it's also possible that you
- 9 could have gotten down and then all of sudden ended up
- 10 sitting on the ground because you don't remember what
- 11 happened between the time you were cleaning your
- 12 windshield and all of a sudden you were on the ground;
- 13 is that right?
- 14 A. Possibly, yeah. I -- I guess you could say it's
- 15 possible but not likely though. You don't sit down on
- 16 the concrete by a diesel pump.
- 17 Q. But you don't know why you sat down on the ground
- 18 by a diesel pump; is that right?
- 19 A. Well, you would never to sit down down there.
- 20 Q. Okay. And --
- 21 A. It's just -- just too nasty.
- 22 Q. -- and when you realized you were sitting on the
- 23 ground on the passenger side, is that when everything
- 24 was kind of hazy to you?
- 25 A. I guess hazy would be the right word.

- 1 Q. Okay. And I'm taking this from your prior
2 deposition, you said you were feeling light headed and
3 hazy while you were sitting on the ground; is that how
4 you were feeling?
- 5 A. Right.
- 6 Q. Okay. And then you got up and decided to go wash
7 the other side?
- 8 A. Right.
- 9 Q. Okay. Now, what is the very last thing you
10 remember?
- 11 A. Being up on the driver's side tire washing the
12 driver's side windshield.
- 13 Q. Okay. So, the very last thing you remember is you
14 were standing on the tire and are you holding the scrub
15 brush for the windshield?
- 16 A. Holding the brush, yes.
- 17 Q. And that's -- that's where your memory ends?
- 18 A. Yes.
- 19 Q. Okay. So, in reality you could have gotten off of
20 the tire, put your brush up where it's shown in the
21 pictures, and then you could have passed out?
- 22 A. Yeah, I mean, you know, there's a lot of
23 possibilities there.
- 24 Q. Okay. But -- but you know -- and -- and your
25 testimony is here today that you were holding that

1 brush in your hand?

2 A. I was washing the driver's side windshield, yes.

3 Q. Okay. All right. And just so the record is
4 clear, your very next memory is waking up in the
5 hospital?

6 A. Yes.

7 Q. Okay. And I -- I think you said you didn't even
8 know which hospital you were in at that point; is that
9 right?

10 A. No, I didn't --

11 Q. Okay.

12 A. -- know which hospital I was in.

13 Q. Okay.

14 Ms. Noonan: Nothing further, Your
15 Honor.

16 Commissioner Wilkerson: Mr. Lanier?

17 Mr. Lanier: Nothing further.

18 Ms. Noonan: Thank you, Mr. Williams.

19 Commissioner Wilkerson: Okay. Thank
20 you. Sir, you may step down or you're really
21 not stepping down you may move to the next
22 chair. Some places we step down; some places
23 we step up. I never know. I go all over the
24 place, so.

25 Ms. Noonan: And can I go check outside?

1 Commissioner Wilkerson: Yes. I was
2 going to say -- I want to see Mr. Lanier --
3 have you got any other witnesses?

4 Mr. Lanier: Just --

5 Ms. Noonan: Oh, I'm sorry.

6 Mr. Lanier: -- his wife.

7 Commissioner Wilkerson: Just his wife?
8 Okay. I --

9 Ms. Noonan: All right. And -- I mean
10 --

11 Mr. Lanier: If you want -- if you want
12 to call this guy out of order, I don't have a
13 problem.

14 Ms. Noonan: -- no. I -- I didn't even
15 think she was -- I mean, we'll stipulate that
16 what she's going to testify to will
17 corroborate how he's doing now. She's not a
18 fact witness either because she wasn't there,
19 so.

20 Commissioner Wilkerson: Yes. I mean, I
21 -- I'm fine with that if they'll corroborate
22 to it because the bottom is it's not now. If
23 it's compensable it's down the road that --

24 Mr. Lanier: Yes.

25 Commissioner Wilkerson: -- and if -- if

1 she -- I don't see a problem. See if your
2 witness --

3 Ms. Noonan: I mean, we'll agree she
4 would corroborate.

5 Commissioner Wilkerson: -- yes. She'd
6 corroborate what he says.

7 Mr. Lanier: Okay.

8 Commissioner Wilkerson: Okay. That's
9 fine. Thank you.

10 Ms. Noonan: Okay.

11 Commissioner Wilkerson: And her name,
12 just for the record?

13 Mr. Lanier: Faye Williams.

14 Commissioner Wilkerson: Faye? Okay.
15 He did say --

16 Mr. Lanier: It's actually Anita Faye.

17 Mr. Williams: -- Yeah, that's right.

18 Commissioner Wilkerson: -- okay.

19 That's what -- okay. We've got Williams,
20 okay. See if --

21 Ms. Noonan: Okay. Do you want me to
22 get her --

23 Commissioner Wilkerson: -- yes.

24 Ms. Noonan: -- or do you want me to get
25 --

1 Commissioner Wilkerson: No. See if
2 your -- well, she can come in if she wants
3 to.

4 Mr. Lanier: Yes. Will you bring her
5 in?

6 Commissioner Wilkerson: Bring her on
7 in.

8 Ms. Noonan: Okay.

9 Commissioner Wilkerson: And then we'll
10 see if your witness is out there.

11 (Off The Record)

12 Commissioner Wilkerson: Sir, how you
13 doing today?

14 Mr. Johnson: Doing all right. How are
15 you doing?

16 Commissioner Wilkerson: Good. Doing
17 fine, thank you.

18 Ms. Noonan: And, Commissioner, this is
19 Mr. Tyrone Johnson.

20 Commissioner Wilkerson: Mr. Johnson,
21 thank you for being here today. I'm going to
22 get you to raise your right hand. I'm going
23 to have the Court Reporter swear you in and
24 we'll take some testimony from you.

25 Mr. Johnson: All right.

1 Commissioner Wilkerson: Thank you, sir.

2 WHEREUPON,

3 TYRONE DEMETRIS JOHNSON, being duly sworn and
4 cautioned to speak the truth, the whole truth, and
5 nothing but the truth, testified as follows:

6 Court Reporter: Please state your full
7 name for the record.

8 Witness: Tyrone Demetris Johnson.

9 Court Reporter: Thank you, sir.

10 Commissioner Wilkerson: Thank you, Mr.
11 Johnson.

12 Ms. Noonan: Okay.

13 Commissioner Wilkerson: Ms. Noonan?

14 DIRECT EXAMINATION

15 By Ms. Noonan:

16 Q. Mr. Johnson, where do you live?

17 A. 1566 Goose Creek Road, Bamberg, South Carolina.

18 Q. Okay. And are you here under subpoena from us
19 today?

20 A. Yes.

21 Q. Okay. And do you still work at Love's Truck Stop?

22 A. Yes, I do.

23 Q. Okay. What is your position there?

24 A. Tire technician and maintenance.

25 Q. Now, in the area where the trucks fuel, are you

1 usually -- usually out there in the morning?

2 A. Yes, ma'am. I'm usually outside from 4:00 until
3 7:00, until it's time to go home.

4 Commissioner Wilkerson: And -- and
5 that's 4:00 A. M. until 7:00; is that a fair?

6 A. Yes, sir; 4:00 A. M.

7 Commissioner Wilkerson: Okay. Thank
8 you.

9 Q. Okay. And you were at work on March the 27th,
10 2014?

11 A. Yes, ma'am.

12 Q. Okay. And -- and on that date what happened that
13 morning?

14 A. Well, I went outside and started my oil dry and
15 everything. And when I got done it was about 6:30.
16 That's when I go around to the back and get the trash
17 and fill up the water buckets, and I was probably at
18 pump 21, 22 and I heard a water bucket. So, I walked
19 right up to the front and that's when I saw somebody
20 laying on the ground.

21 Q. Okay. And that somebody, that -- was that Mr.
22 Clyde Williams?

23 A. Yes.

24 Q. Okay. And I'd like to show you a picture that is
25 in the APAs as Defendant's Exhibit A; that photograph

- 1 there.
- 2 A. Yes.
- 3 Q. Is that an accurate reflection of how you found
- 4 Mr. Williams that morning?
- 5 A. Yes, it is.
- 6 Q. Okay. Has anything been moved in that picture?
- 7 A. No.
- 8 Q. Now, as far as the scrub brushes that are leaning
- 9 up against the concrete, did you pick those up or touch
- 10 those?
- 11 A. No, ma'am.
- 12 Q. Did you move those at all?
- 13 A. No.
- 14 Q. Now, after you saw Mr. Williams on the ground what
- 15 did you do?
- 16 A. I went inside and called 9-1-1 and told the
- 17 manager.
- 18 Q. Okay. And was the manager --
- 19 A. Jeff.
- 20 Q. -- Jeff Ruff?
- 21 A. Yes.
- 22 Q. Okay. And then after you called 9-1-1 did you and
- 23 Jeff go outside?
- 24 A. Yes, we did.
- 25 Q. Okay. And is that when the pictures were taken?

1 A. I believe that's when the pictures was taken
2 because I was looking to see whether or not anybody
3 else was coming up because he told me to keep a eye out
4 for the emergency when they come up.

5 Q. Okay. And when you and Jeff got back outside was
6 anything different?

7 A. No.

8 Q. Okay. And is there anybody that you know of that
9 actually saw what happened to Mr. Williams?

10 A. Not that I know of. Not unless it was one of the
11 other drivers.

12 Q. Okay.

13 Ms. Noonan: I don't have anymore
14 questions. Please answer any that Mr. Lanier
15 has.

16 CROSS-EXAMINATION

17 By Mr. Lanier:

18 Q. Mr. Johnson, I'm Lewis Lanier. I represent Mr.
19 Williams. Do you remember ever seeing him come there
20 before to the truck stop?

21 A. No.

22 Q. You have lots of drivers there at Love's Truck
23 Stop?

24 A. Yes, sir.

25 Q. How long have you been with the Love's Truck Stop?

- 1 A. I'll be there two (2) years November 8th.
- 2 Q. Okay. Do you know how long it was between the
- 3 time Mr. Williams fell until the time you saw him?
- 4 A. I'm not exactly sure.
- 5 Q. So, it could have been any period of time?
- 6 A. Yes, sir.
- 7 Q. And anybody else could have picked those brushes
- 8 up and put them in the --
- 9 A. Could have.
- 10 Q. -- okay. And in addition I think you said you
- 11 heard a water bucket?
- 12 A. Yes.
- 13 Q. Tell me what you mean by that.
- 14 A. You know how usually when you move a water bucket
- 15 on the ground; it's full of water and you can hear it
- 16 when it drags across the ground.
- 17 Q. So, you heard it swash -- swashing?
- 18 A. I heard the bucket like somebody had kicked it and
- 19 you could hear the water go around in it.
- 20 Q. Okay. And how far were you away from the -- Mr.
- 21 Williams at that time?
- 22 A. I was at pump 21, which is like two (2) pumps
- 23 down.
- 24 Q. Okay. Do you believe from your recollection that
- 25 was the water bucket next to his truck?

1 Ms. Noonan: And, objection, that calls
2 for speculation; this is a fact witness.

3 Q. Was that the --

4 Commissioner Wilkerson: He -- he -- he
5 can tell me what direction he thought the
6 bucket came from.

7 Q. -- do you believe the --

8 Commissioner Wilkerson: He heard
9 something; so, I don't know what.

10 A. From the direction it sounded like it came from
11 the end, which was the pump that he was at by 23.

12 Q. -- that's where you though you heard the sound?

13 A. Yes.

14 Q. Okay. And did he -- did Mr. Williams say anything
15 to you?

16 A. No. He was completely unconscious when I got to
17 him.

18 Q. Was he bleeding from the head?

19 A. It looked like he was bleeding from the nose, I
20 think.

21 Q. Okay. And was there -- was there water around
22 him?

23 A. No.

24 Q. Okay. You didn't' -- you don't -- was there fuel
25 around him?

- 1 A. No, sir.
- 2 Q. Okay. Do you recognize or remember what kind of
3 shoes he had on?
- 4 A. It looked like he had on a pair of -- like deck
5 shoes; that's what it looked --
- 6 Q. Deck shoes.
- 7 A. -- yeah.
- 8 Q. Okay. And did you touch him in any way?
- 9 A. No, sir.
- 10 Q. Okay. And then -- and then -- so, you actually
11 heard the sound which directed you to come to the -- to
12 that pump?
- 13 A. Yes.
- 14 Q. And then you went to get Mr. Ruff?
- 15 A. Yes, I did.
- 16 Q. Okay. And that would be standard operating
17 procedure?
- 18 A. Yes, sir.
- 19 Q. Okay. I -- have you ever had to come to a -- a
20 hearing like this before?
- 21 A. No, sir; I haven't.
- 22 Q. Have you ever had to get a subpoena to get you
23 here?
- 24 A. No, sir.
- 25 Q. Okay. And you understand nobody is mad at you; we

1 just --

2 A. Yes, sir.

3 Q. -- want to know what your testimony is?

4 A. Yes, sir; I do.

5 Mr. Lanier: I don't have anything

6 further.

7 Ms. Noonan: Okay. I just have one --

8 Commissioner Wilkerson: Follow-ups?

9 Ms. Noonan: -- follow-up. Yes, sir.

10 REDIRECT EXAMINATION

11 By Ms. Noonan:

12 Q. Was Mr. Williams wet?

13 A. No.

14 Q. Was he soaking wet at all on the --

15 A. No.

16 Q. -- front of him? Okay. If he had been soaking

17 wet would you have noticed that?

18 A. The way he was laying you couldn't really see the

19 front part of him; it was like he was laying on his

20 side so you couldn't really tell whether or not he was

21 wet or not.

22 Q. Yes, but -- would you have been able to tell if he

23 had on a light blue shirt that was soaking wet?

24 A. Yes.

25 Q. Okay. And there was no water anywhere around him?

1 A. No.

2 Q. Okay.

3 Ms. Noonan: I don't have anything else,

4 Your Honor.

5 Mr. Lanier: Just one in follow-up.

6 Commissioner Wilkerson: Sure.

7 RE CROSS-EXAMINATION

8 By Mr. Lanier:

9 Q. Mr. Johnson, you didn't touch him?

10 A. No, I didn't touch him.

11 Q. And so, you wouldn't know from the touch, because

12 he also had a dark jacket on, whether or not he was wet

13 or not would you?

14 A. No, I wouldn't.

15 Q. Okay.

16 Mr. Lanier: Nothing further, Your

17 Honor.

18 Commissioner Wilkerson: Anything else?

19 Ms. Noonan: No, Your Honor.

20 Commissioner Wilkerson: Okay. Thank

21 you. May this witness leave?

22 Ms. Noonan: Yes.

23 Mr. Lanier: Thank you --

24 Commissioner Wilkerson: Sir, you may

25 leave.

1 Mr. Lanier: -- Mr. Johnson.

2 Commissioner Wilkerson: Thank you. Any
3 other --

4 Ms. Noonan: Thank you for coming, Mr.
5 Johnson.

6 Commissioner Wilkerson: -- any other
7 witnesses?

8 Ms. Noonan: Yes, Your Honor; just one
9 (1) more.

10 Commissioner Wilkerson: Okay.

11 (Off The Record)

12 Ms. Noonan: And, Your Honor, the
13 Defense calls Thad Wimberly.

14 Commissioner Wilkerson: Thad?

15 Ms. Noonan: Yes, sir.

16 Commissioner Wilkerson: Wimberly?
17 Okay.

18 Ms. Noonan: Yes. He's a co-owner with
19 his father of Bowman Gin.

20 Commissioner Wilkerson: Okay. Sir, go
21 ahead. If you would have a seat, Mr. --

22 Mr. Wimberly: Yes, sir.

23 Commissioner Wilkerson: -- spell your
24 last name for us?

25 Mr. Wimberly: W-I-M-B-E-R-L-Y.

1 Commissioner Wilkerson: Yes. I spelled
2 it right. Okay. Thank you, sir.

3 Mr. Wimberly: Yes, sir.

4 Commissioner Wilkerson: I'll get you to
5 raise your right hand. I'll have the Court
6 Reporter swear you in and we'll take a little
7 testimony. Thank you, Mr. Wimberly.

8 WHEREUPON,

9 HARRIS THADDEUS WIMBERLY, being duly sworn and
10 cautioned to speak the truth, the whole truth, and
11 nothing but the truth, testified as follows:

12 Court Reporter: Please state your full
13 name, again, for the record.

14 Witness: Harris Thaddeus Wimberly.

15 Court Reporter: Thank you, sir.

16 Commissioner Wilkerson: Thank you, Mr.
17 Wimberly. Please.

18 DIRECT EXAMINATION

19 By Ms. Noonan:

20 Q. Mr. Wimberly, what is your position with Bowman
21 Gin?

22 A. I'm Vice-President.

23 Q. Okay. And is your dad the controlling stock
24 owner, I guess, in the company?

25 A. He is.

- 1 Q. Okay. But what -- what are your responsibilities
2 for the company?
- 3 A. I run the day-to-day operations.
- 4 Q. Okay. And what's your background as far as
5 education?
- 6 A. A graduate of Clemson University and for the -- a
7 BS in AG and business.
- 8 Q. Okay. And are you also a forest ranger for the
9 South Carolina Forestry Commission?
- 10 A. Yes, ma'am; I am.
- 11 Q. Okay. Now, on March 27th of 2014, I know you all
12 received a call about Mr. Williams?
- 13 A. Yes, ma'am.
- 14 Q. Did you actually go to Love's Truck Stop?
- 15 A. I did.
- 16 Q. Okay. And what was your purpose in going to
17 Love's Truck Stop?
- 18 A. Picking up the vehicle and inspecting the vehicle
19 at -- when I got there to see if anything was -- you
20 know, be sure everything was still there in tact with
21 the truck and all that and getting another driver in
22 the truck to transport the load on.
- 23 Q. All right. And just so we're clear, you weren't
24 there when Mr. Williams was there; is that right?
- 25 A. No, ma'am.

1 Q. Okay. Now, once -- once you got to Lowes -- to
2 Love's, excuse me, what is the first thing that you
3 did?

4 A. The truck was parked over on the side; the first
5 responders or someone had moved the truck out of the
6 fuel island. And I went inside to be sure that the
7 fuel was paid for and, you know, to be sure everything
8 was done. She said that everything had been paid for
9 and that the ticket was there; she printed me an extra
10 copy of the ticket just to be sure. And I came back
11 out to the truck and inspected it -- you know, to be
12 sure everything was good with the truck and see if he
13 had anything inside there that needed to be gotten to
14 him immediately.

15 Q. Okay. Now, as far as the outside, did you inspect
16 the outside of the vehicle?

17 A. Yes. I mean, I did a full walk around of the
18 vehicle.

19 Q. Okay. And did you -- did you inspect the
20 windshield?

21 A. I did, yes.

22 Q. Okay. And what did you find on the windshield?

23 A. I mean, it was not like it was just been cleaned
24 but it was -- you know, it was not -- I won't say it
25 was not visible but it was not like it had just been

1 cleaned. It was not -- it was not freshly cleaned by
2 the bug juice or whatever you put on the window, you
3 know, to clean the bugs or whatever. But, I mean, it
4 was -- it was some dirt on the window.

5 Q. Okay. Were there bugs on the window?

6 A. A few. Yeah. You know, like --

7 Q. Okay.

8 A. -- I guess you would call it where it had hit the
9 window and splattered or whatever.

10 Q. Okay. And did you notice anything on the inside
11 of the truck?

12 A. I noticed his belongings there, you know, his
13 clothes and stuff and his medication bag was still
14 right there in the floor and a cup of coffee was
15 already inside the truck; one of those big travel mugs
16 was inside there.

17 Q. Okay. Did you find any cigarettes in the truck?

18 A. Well, if --

19 Mr. Lanier: Objection to leading, Your
20 Honor.

21 Commissioner Wilkerson: Yes. Just ask
22 -- he said he found belongings, so.

23 Ms. Noonan: Okay. I'm sorry.

24 Q. What other type of belongings did you find?

25 A. -- his -- his normal -- I mean, it was some --

1 seven (7) carton of cigarettes was in -- laying on the
2 top of the bed back there, you know, by the bed like he
3 just purchased some cigarettes, maybe, like cartons.
4 And then the stuff on the dash is, I guess, his stuff
5 out of his pockets or whatever he might have had like a
6 -- I don't know if his glasses might even have been
7 there. I don't know; there was something laying on top
8 of the dash there.

9 Q. Okay. All right. And -- and you said there was a
10 bag of medicine; how big of a -- how big of a bag?

11 A. Just like a small cooler, like you would tote --
12 like a little small zip up type cooler.

13 Q. Did -- did you open it?

14 A. I did. I mean, just to be sure they was all -- I
15 mean, I don't know what was there.

16 Q. Okay.

17 A. It was -- it was a lot of medicine in there, yes.
18 It was probably ten (10) bottles, maybe, of different
19 types of medication.

20 Q. Okay. Do you have any idea what medications they
21 were?

22 A. No, I did not inspect them, you know, each one,
23 like different -- what he has taken or whatever.

24 Q. Okay.

25 Ms. Noonan: No further questions, Your

1 Honor.

2 Commissioner Wilkerson: Mr. Lewis?

3 Mr. Lanier: May it please the court,

4 Your Honor.

5 Commissioner Wilkerson: Mr. Lanier,

6 excuse me.

7 CROSS-EXAMINATION

8 By Mr. Lanier:

9 Q. Mr. Wimberly?

10 A. Yes, sir.

11 Q. You wouldn't be telling the Commission today that
12 you're an expert on whether a windshield was cleaned or
13 not, would you?

14 A. Absolutely not. I'm not a --

15 Q. Okay.

16 A. -- I'm not a windshield cleaner.

17 Q. You're an executive?

18 A. Sir?

19 Q. You're an executive --

20 A. No.

21 Q. -- you don't clean windshields?

22 A. Well, I have too. I have cleaned windshields
23 before.

24 Q. Okay.

25 A. Yes, sir. I have cleaned my --

- 1 Q. But you didn't clean this windshield?
- 2 A. -- I did not clean that windshield.
- 3 Q. Okay. And did you have anyone else clean it
- 4 before it was moved?
- 5 A. Well, I didn't move the truck.
- 6 Q. Okay.
- 7 A. The driver -- the other driver did; now I don't
- 8 know if he cleaned the windshield or not. I don't --
- 9 he was -- he was there --
- 10 Q. Okay.
- 11 A. -- whenever I dropped him off.
- 12 Q. And the truck was not where the truck was situated
- 13 when Mr. Williams got hurt, was it; it had been moved
- 14 away from the islands?
- 15 A. About fifty (50) feet; yes, sir.
- 16 Q. And do you know who moved it?
- 17 A. I have no idea.
- 18 Q. Okay. This is not a big deal but have -- have you
- 19 returned Mr. Williams' personal property that was in
- 20 the truck?
- 21 A. Yes, sir.
- 22 Q. Okay. Clothing?
- 23 A. I don't know if any clothes were there. We had a
- 24 box of stuff that they was --
- 25 Q. Just as a personal note, would you check that

- 1 because most of his clothing, I think, was in the truck
2 and get that back to Mr. Williams?
- 3 A. -- sure.
- 4 Q. Okay.
- 5 A. Not a problem.
- 6 Q. Mr. Williams was a -- have you ever had any
7 knowledge the whole time Mr. Williams worked for you
8 that he had an episode where he had fainted?
- 9 A. Not to my knowledge.
- 10 Q. Okay. Did you ever see him faint?
- 11 A. No, sir.
- 12 Q. Did he ever complain to you that he was light
13 headed?
- 14 A. Not to me.
- 15 Q. Okay. He had the regular CD license physicals,
16 correct?
- 17 A. Yes, sir.
- 18 Q. And --
- 19 A. He wouldn't be driving if he didn't.
- 20 Q. -- and if he'd had an episode where he had fainted
21 he wouldn't be driving, would he?
- 22 A. I don't know that --
- 23 Q. Okay.
- 24 A. -- I guess not. If he would have -- I'm not a
25 doctor --

- 1 Q. Okay.
- 2 A. -- but I would think not.
- 3 Q. Okay. In fact, he was like driver of the year.
- 4 What was that thing you told me in your deposition that
- 5 he got?
- 6 A. The most miles, yeah.
- 7 Q. Okay. And that was -- is that some type of an
- 8 award or some type of praise of his ability to drive
- 9 and --
- 10 A. It was just a recognition; yes, sir.
- 11 Q. -- okay. I believe you told me he also got a new
- 12 truck?
- 13 A. Yes, sir.
- 14 Q. Was that part of the recognition of his safe --
- 15 faithful service?
- 16 A. No, we don't reward drivers by buying them a new
- 17 truck. They -- they get their trucks whenever it's
- 18 their -- the truck they're on -- that they are normally
- 19 driving, or whatever, it's that time for that truck to
- 20 be upgraded then he -- he would get that truck.
- 21 Q. Okay.
- 22 A. In other words, he didn't jump another driver to
- 23 get a truck.
- 24 Q. It was his time?
- 25 A. It was his time.

- 1 Q. Okay.
- 2 A. Yes.
- 3 Q. And it was a nice truck?
- 4 A. I would think so, yes.
- 5 Q. If a man was standing on the wheel of that truck
- 6 that Mr. Williams was driving washing the windows, how
- 7 far would he be off the ground?
- 8 A. Maybe two (2) feet.
- 9 Q. Two (2) feet?
- 10 A. Yes.
- 11 Q. On top of the wheel?
- 12 A. I mean, I wouldn't stand on top of the wheel to
- 13 wash a truck but --
- 14 Q. Well, I'm just asking you --
- 15 A. -- but -- yes.
- 16 Q. -- if he was standing on top of the wheel he would
- 17 only be two (2) feet off the ground?
- 18 A. Sure.
- 19 Q. Okay.
- 20 A. That's the size of the tire, eleven (11) --
- 21 twenty-four. five (24.5).
- 22 Q. Two (2) feet?
- 23 A. Twenty-four and a half inch (24½") tires; yes,
- 24 sir.
- 25 Q. All right. So, if he was five, eleven (5'11") it

- 1 would be seven and a half (7 ½) feet?
- 2 A. I guess so.
- 3 Q. Okay.
- 4 A. That's -- that's -- yes, sir.
- 5 Q. Was Mr. Williams where he should have been if he
- 6 was working for you and going to Gulbrandsen to pick up
- 7 fuel?
- 8 A. Yes, sir. He was in route. Wherever he was going
- 9 he was in -- yes.
- 10 Q. So, it wouldn't be uncommon for him to go to
- 11 Gulbrandsen; he goes there every day, doesn't he?
- 12 A. Yes, sir.
- 13 Q. If he's in -- and picks up a load?
- 14 A. Correct.
- 15 Q. And then Love would be probably his first fuel
- 16 opportunity?
- 17 A. Depending on which route he was going; yes, sir.
- 18 Q. And, of course, he -- you all provide him with a
- 19 credit card for fuel?
- 20 A. Correct.
- 21 Q. And he was where he should have been using your
- 22 credit card?
- 23 A. Yes.
- 24 Q. Okay. You took your dispatcher with you; is that
- 25 right?

- 1 A. Yes, sir.
- 2 Q. Okay. And did the dispatcher -- I think his name
3 was Donny, correct?
- 4 A. Correct.
- 5 Q. And he drove the truck from the scene?
- 6 A. Yes, sir.
- 7 Q. Okay. And you found out, in fact, his fuel was
8 paid for?
- 9 A. Correct.
- 10 Q. Did you talk to the lady that was handling the
11 register that day for his transaction on the fuel?
- 12 A. I did.
- 13 Q. Okay. Did she indicate he had to come in?
- 14 A. She did not indicate that. I mean, most of the
15 time it's a pay at the pump type deal. You put your
16 PIN number and everything in right at the pump.
- 17 Q. But sometimes it doesn't take it?
- 18 A. No. Hey, well, I think that's just like any
19 credit card, you know, it don't swipe or whatever.
- 20 Q. So, you don't know where Clyde fell, personally,
21 and you don't know why he fell?
- 22 A. Correct.
- 23 Q. And to your knowledge he had never had an episode
24 where he fainted?
- 25 A. Not on my time.

1 Q. And never complained to you of being light headed
2 or dizzy?

3 A. Not to me.

4 Q. Okay.

5 Mr. Lanier: Nothing further, Your
6 Honor.

7 Ms. Noonan: Okay. I have some --

8 Commissioner Wilkerson: Follow-up?

9 Ms. Noonan: -- yes, sir.

10 Commissioner Wilkerson: Yes, go ahead.

11 I'm sorry. I apologize.

12 REDIRECT EXAMINATION

13 By Ms. Noonan:

14 Q. Mr. Wimberly, you said -- you said that you have
15 cleaned windshields before?

16 A. I have.

17 Q. Is that for these big trucks?

18 A. Yes, ma'am.

19 Q. Do you have to climb on anything to clean them?

20 A. Not under normal circumstances; no, ma'am.

21 Q. What do you use?

22 A. A long handled brush.

23 Q. And is it long enough to reach the whole
24 windshield?

25 A. Yes, ma'am.

1 Q. Okay. Do you know if it's normal for -- for your
2 truck drivers to climb on the truck to clean the
3 windshield?

4 A. Not unless he was doing some kind of hand cleaning
5 that I -- I mean -- but, no, it's not normal to be --
6 that would be -- no, ma'am.

7 Q. Okay. And if a driver of yours had come to you
8 and complained of being light headed or dizzy what
9 happens to the driver?

10 A. He would go to the doctor. I mean, I would
11 personally take him to the doctor if he was telling me
12 he was dizzy at that particular point in time but I
13 would get -- see that he gets medical attention.

14 Q. And would one of your drivers be able to continue
15 working if he told you that he was light headed?

16 A. Not after -- not unless he's been checked and
17 cleared by a doctor.

18 Q. Okay.

19 Ms. Noonan: Nothing further, Your
20 Honor.

21 Mr. Lanier: Just --

22 RECROSS-EXAMINATION

23 By Mr. Lanier:

24 Q. -- how tall are you, Mr. Wimberly?

25 A. Six, two (6'2").

1 Q. Okay. Do you know how tall Clyde is?

2 A. Five (5) -- I don't know. No, not exactly, I
3 can't --

4 Q. Okay. Have you ever seen Clyde clean a windshield
5 of a truck?

6 A. -- no, sir.

7 Mr. Lanier: Nothing further.

8 Commissioner Wilkerson: Okay. Anything
9 else?

10 Ms. Noonan: Nothing else, Your Honor.

11 Commissioner Wilkerson: Okay. Thank
12 you, sir. You may leave. Thank you.

13 Mr. Wimberly: Okay.

14 Commissioner Wilkerson: Anything --
15 anybody else?

16 Ms. Noonan: No, Your Honor.

17 Commissioner Wilkerson: Okay. Thank
18 you. Defense rests?

19 Ms. Noonan: Yes, sir.

20 Commissioner Wilkerson: Okay. This
21 concludes the hearing. Let me meet with the
22 attorneys for a few minutes. I thank
23 everybody for being here.

24 (THERE BEING NO FURTHER WITNESSES, THE HEARING CONCLUDED AT

25 2:03 P. M.)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF CALHOUN)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Clyde Williams, vs. Bowman Gin Company;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 78 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 22nd Day of October, 2014.

Gloria Davis
 Gloria Davis
 Notary Public for South Carolina
 My Commission Expires 12/21/21

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STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION FULL COMMISSION
WCC No. 1403134

Clyde Williams,)
)
Claimant/Appellant,)
)
v.)
)
Bowman Gin Company,)
)
Employer/Respondent,)
)
and)
)
American Interstate Insurance,)
)
Carrier/Respondent.)
-----)

COPY

FULL COMMISSION HEARING

Tuesday, April 21, 2015

10:54 a.m. - 11:09 a.m.

The Full Commission Hearing before Commissioner R. Michael Campbell, II; Commissioner T. Scott Beck; and Commissioner Susan S. Barden, Chair, was taken at 1333 Main Street, Suite 500, Columbia, South Carolina on the 21st day of April, 2015 before Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES:

Lewis C. Lanier, Esquire

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Attorney for the Claimant/Appellant

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REPLY BY:

Mr. Lanier 14

Certificate 18

1 THE COURT REPORTER: Today is Tuesday, April 21st,
2 2015. This is South Carolina Worker's
3 Compensation Case Number 1403134. This is the
4 case of Clyde Williams, Claimant, versus Bowman
5 Gin Company, Employer, and American Interstate
6 Insurance, Carrier.

7 The Appellant is the Claimant represented by
8 Lewis Lanier. The Respondent is represented by
9 Anne Noonan.

10 Each side is allowed ten minutes for oral
11 argument and the Appellant three minutes in
12 reply. You are requested to argue the grounds
13 of exception and stay within the record.

14 COMMISSIONER BARDEN: Mr. Lanier.

15 ARGUMENT BY MR. LANIER:

16 MR. LANIER: Good morning. My pleasure to appear
17 here today on behalf of Clyde Williams, my
18 client.

19 Mr. Williams was injured on March the 17th,
20 2014. I don't believe the briefs nor the
21 record will have any disparate on this
22 supposition that he was working for his
23 Employer. He was in and about his Employer's
24 business at the time of his injury.

25 Briefly stated, he was a truck driver for

1 Bowman Gin for 14 years. He's 58 years of age
2 at the time of his unfortunate injury.

3 According to the testimony, he had been to a
4 chemical plant, picked up a load, and went to
5 a truck stop that he normally goes to to
6 refill. During the course of the refueling,
7 Mr. Williams fell from the truck.

8 There's some dispute about the type of fall he
9 had, but his testimony is that he was cleaning
10 the windshield of his truck.

11 He's about five-feet-five. He was standing on
12 top of the tire with the hood open, cleaning
13 the tire with the brush and fell off and
14 suffered a significant brain injury. He was
15 found on the opposite side of the truck
16 bleeding. That picture is in the record.

17 It is our position simply stated that this was
18 an accident within the course and scope of the
19 employment; that if it was a idiopathic fall --
20 and you'll hear idiopathic fall and syncope
21 throughout the brief that y'all have read.
22 Idiopathic fall, according to my definition of
23 what I get from Webster's Collegiate is an
24 unexplained fall.

25 Mr. Williams explained his fall. He was

1 standing on top of a tire --

2 COMMISSIONER BARDEN: He explained it at the
3 hearing, but didn't he tell the medical
4 providers that he didn't remember anything?

5 MR. LANIER: Well --

6 COMMISSIONER BARDEN: And isn't it also true that
7 the device used or the brush or the -- the
8 windshield -- I don't know what you call the
9 thing on the stick, the windshield cleaner
10 was --

11 COMMISSIONER BECK: Squeegee.

12 COMMISSIONER BARDEN: Yes, thank you -- was sitting
13 upright next to the pump and not on the ground
14 next to the Claimant?

15 MR. LANIER: Yes, that is true. However, he fell on
16 the -- on the passenger side of the truck.
17 Those items were on the other side and we had
18 no videotape. And he was out at least five
19 minutes before anyone found him.
20 He did tell the EMS people that he didn't know
21 what happened at that time, but he'd just had,
22 Commissioner, a brain injury.
23 Now, it appears that Dr. Pritchard has latched
24 upon that and anything he said that was
25 supportive of noncompensability, he had full

1 capacity to report that.

2 Now, truth of the matter is, Dr. Pritchard's
3 fulcrum decision point was that he had -- he
4 had suffered syncope.

5 What I think is dramatic in this case, Clyde
6 Williams had never had a syncopal event in his
7 whole life before the accident, we state during
8 the accident, or subsequent to the accident.
9 They rely on a 2012 visit when he was having
10 light-headedness or dizziness. And according
11 to the record and his report to the doctor, it
12 stopped when they changed his pain medicine
13 from his chemical burn.

14 So the fact that the squeegee or window
15 cleaning device was not -- was in the bucket is
16 easily explained by two things. One is,
17 someone else came up and put it in there, or it
18 was on the other side of the truck where he
19 fell originally.

20 Now, Dr. Pritchard also opines that he fell
21 twice on a level surface.

22 **COMMISSIONER BARDEN:** So you're saying somebody would
23 walk up, see a man lying on the ground, pick up
24 the squeegee, put it next to the gas tank, and
25 then walk off? Because you do have a witness

1. that did walk up on the scene but didn't move
2. anything and took a photograph, correct?

3. **MR. LANIER:** That was a witness that we didn't
4. depose, but we did depose a witness that
5. came -- it was a ear witness, actually. Said
6. he heard a splashing sound, like a sliding of
7. a bucket.

8. But if he fell on the passenger side of the
9. truck, Commissioner, that may explain why there
10. wasn't a squeegee in the bucket. There were
11. buckets on both sides of the truck.

12. Keep in mind that he testifies in his partial
13. memory recovery is that when he -- he was on
14. top of the tire cleaning his window and next
15. found himself sitting on the ground and wet;
16. that was his testimony. There is no evidence
17. of anything to the contrary.

18. But if he was standing on top of the tire and
19. he fell and he can't remember, under our recent
20. case, Barnes case, the syncopal event would
21. still make the action compensable if his
22. employment placed him in a position of danger.
23. In the Barnes case, it was a level surface
24. fall.

25. **COMMISSIONER BARDEN:** Well, I don't -- I think you'd

1 be right for sure if -- or -- I mean, I don't
2 want to say for sure, but -- if you had an
3 increased risk from the height if we knew he
4 was on the tire and he fell, then the fall --
5 even if it was, you know, an internal -- or a
6 personal condition, the fact that he fell and
7 hit the ground would be an increased risk and
8 that would be a compensable event. But don't
9 we have to get to him being up on the tire
10 before we get there?

11 **MR. LANIER:** We have one witness, Commissioner, and
12 that is Clyde Williams and Clyde says he was on
13 top of the tire. His next recollection is
14 being on the ground wet and disoriented.

15 **COMMISSIONER BARDEN:** Okay.

16 **MR. LANIER:** So there is no witness to contradict
17 the only eyewitness testimony in this case.

18 It is clear that anything that Mr. Williams
19 said to EMS workers -- even just looking at the
20 picture, you can see the significance of the
21 fall.

22 So if Barnes is compensable with a lady walking
23 on a level surface and falling because she had
24 to be there in the workplace, the Supreme Court
25 case in January, if that's compensable, how

1 could Clyde Williams' case not be compensable?
2 Because the only testimony is he fell from an
3 elevated position, according to his testimony.
4 Corroborative of that is the issue of the
5 significance of his injury.

6 The blood on the tarmac; unconscious and laying
7 on his side, with the rubber soled shoes.

8 **COMMISSIONER BARDEN:** I don't think there's any
9 dispute about the significance of his injuries.
10 I'll let Ms. Noonan correct me on that, but I
11 don't believe there is. Clearly, he suffered
12 a brain injury of some description and had to
13 have surgery.

14 **MR. LANIER:** Which, Commissioner, respectfully, I'm
15 asserting is corroborative of something other
16 than a level surface fall.

17 **COMMISSIONER BARDEN:** Okay. All right.

18 **MR. LANIER:** Thank you.

19 **COMMISSIONER BARDEN:** Thank you.

20 Ms. Noonan?

21 **ARGUMENT BY MS. NOONAN:**

22 **MS. NOONAN:** Yes, ma'am. And, Your Honors, just
23 want to address this on behalf of the
24 Defendants and the Respondents.

25 First of all, I do not think Nicholson or

1 Barnes applies to this one, either, as we are
2 looking at an idiopathic injury.

3 I just wanted to go through the facts a little
4 bit. Mr. Williams did not testify that he fell
5 from the truck. Mr. Williams testified that he
6 doesn't know what happened; that the last thing
7 he remembers is being on the truck, he was
8 cleaning the windshield, and he has no memory
9 whatsoever.

10 Now, if he had been doing that with the
11 squeegee, as he said that he was as to his last
12 memory, then it would not have been put up back
13 into the bucket.

14 **COMMISSIONER BARDEN:** And wasn't there candy found
15 on the ground or food near him?

16 **MS. NOONAN:** There was, yes, ma'am. He had gone in
17 and gotten a snack and a coffee, he said, and
18 that was on the ground next to him. His
19 glasses were on the ground in the photograph.
20 So he just dropped whatever he had -- well, I
21 don't know what actually happened, but it
22 looked like they were spread around him.
23 And one of the things, also, that's confusing
24 that we didn't realize until we deposed him is
25 that it happened twice.

1 He was on the passenger side cleaning the
2 windshield, he does remember that, and then all
3 of a sudden, the next thing he knows, he's on
4 the ground in a sitting position and he's
5 soaking wet and he has no idea how he got
6 there. He didn't know if he fell. He didn't
7 know if he got down. No clue.

8 And he said in his deposition and at the
9 hearing that he was really hazy. So he then
10 goes to the opposite side, to the passenger
11 side, climbs up to do the same thing and then
12 has no recollection whatsoever.

13 So, unfortunately, there is no witness to this
14 accident. But what the evidence does show, as
15 far as the photographic evidence and the
16 witness that came out and found him, is he was
17 just laying beside his truck.

18 He was -- had not been using the squeegees
19 cleaning the truck. They were already put up.
20 There wasn't a bucket. There was nothing
21 around him other than the stuff that, I guess,
22 was on him. The things that he had dropped
23 were just on the ground beside him.

24 So just want to go through what that actually
25 shows. Mr. Lanier? I'm sorry, I keep messing

1 up for him. Mr. Lanier's brief says that
2 Mr. Williams was the only witness at this and
3 that he testified that fall occurred while
4 standing on the tire.

5 This is not true. That's not what he said.
6 The brief also asserts that in order to get
7 through the -- over the hurdle that the
8 employment contributed to the fall that he fell
9 from an elevated position. That is also
10 nowhere in the record that he fell from an
11 elevated position.

12 All we know is that he was found flat on the
13 ground and no one saw what happened. And the
14 medical evidence from Dr. Pritchard shows that
15 this is a type II diabetic with sever
16 hypertension. He went to his family physician
17 a couple weeks before and said he didn't want
18 to take his diabetes medication anymore and his
19 doctor warned him in the medical records and
20 said, "Well, you need to control what you eat;
21 be very careful." So he agreed to do that.
22 His truck was found full of a bunch of cartons
23 of cigarettes, a bunch of food, and he'd gone
24 into the store to get coffee and candy and a
25 snack.

1 His own testimony about falling on the
2 passenger side is what -- is what Dr. Pritchard
3 relied on and said the fact that he was on the
4 passenger side before the injury occurred,
5 doesn't know what happened, was hazy, and just
6 came to completely soaking wet, that's a
7 syncopal episode. That's basically fainting.
8 And then he went to the other side of the truck
9 and fainted over there, as well. So, clearly,
10 this is an underlying medical condition and
11 some type of internal breakdown that could be
12 from his diabetes, could be from the
13 hypertension, and on that part, we don't know.
14 But Dr. White's, the Claimant's IME, doesn't
15 mention the prior syncopal episode. It's not
16 in his report anywhere; doesn't say that he
17 even knew about it. And, also, he relies on
18 the fact that he was told that the Claimant
19 fell six to eight feet and that's how he
20 injured his brain. The EMS report -- or his
21 head, excuse me.
22 His EMS report, which is Claimant's APA page
23 one, says, "The patient states that the last
24 thing he remembers is stopping to fuel when he
25 became weak."

1 Dr. Pritchard also said that that gives
2 evidence to the fact that he was having
3 syncopal episodes.

4 And one of the things I want to just refer you
5 all to is Justice Hern's decision -- the
6 Supreme Court's decision, but where Justice
7 Hern wrote in the very first paragraph of this.
8 It's actually when she's talking about the
9 Court of Appeals says, "Although there was no
10 evidence that her fall was precipitated by an
11 internal condition" -- and she's referring to
12 Ms. Barnes -- "such as her legs giving out or
13 her fainting, the single commissioner of the
14 appellate panel found that her fall was
15 idiopathic and not compensable, which she
16 reversed."

17 So the Supreme Court actually states that her
18 leg giving out -- which is Crosby -- and
19 fainting would make that idiopathic, which is
20 what we have here. So we would ask -- just ask
21 for a full affirmation.

22 COMMISSIONER BARDEN: Thank you.

23 Mr. Lanier.

24 REPLY BY MR. LANIER:

25 MR. LANIER: Without Dr. Pritchard, there's no

1 contest this is a compensable event.
2 Dr. Pritchard never treated my client, never
3 even spoke to my client, never touched my
4 client.. He comes to this Court in a three-page
5 opinion and says, "It was a syncopal event."
6 Now, what is clear and what this record shows
7 is there never was a syncopal event. No matter
8 how you read it, he never had a fainting
9 episode. Dizziness, Commissioners, is not a
10 syncopal event.

11 If you're concerned about stating to EMS people
12 after his significant brain injury and they
13 have him propped up against his truck, bleeding
14 profusely from the head, and he says, "I got
15 dizzy," how do you relate that?

16 Do you not more correctly relate that to the
17 fact that the man has fallen from a distance
18 sufficient enough to break his head open and
19 injure his brain? I would say it is clear
20 and --

21 **COMMISSIONER BARDEN:** Are you saying that from even
22 a standing position, falling back on concrete
23 he couldn't suffer a head injury to that
24 extent?

25 **MR. LANIER:** I do not believe that he could, Your

1 Honor, because there is evidence that he had an
2 elbow fracture, which may be evidence that it
3 was a guarded fall. A syncopal fainting would
4 not be.

5 But isn't it sort of disturbing that he never
6 had a syncopal event before nor after this in
7 his whole medical history, which the Employer's
8 representative had access to?

9 That he never had that event before is it a
10 true unfortunate circumstance for Clyde
11 Williams that the only syncopal event he ever
12 had in his life was on the day of this injury
13 leaving him totally and permanently disabled.
14 It's never happened before or since.

15 As to evidence of a fall from a height, his
16 last memory is standing on top of that tire.
17 The tire's two and a half feet tall and he's on
18 top of that. His head would've been eight to
19 ten feet, seven to ten feet off the ground and,
20 therefore, that explains the severity of the
21 fall.

22 This case is a case that clearly places him
23 within the course of his employment and within
24 the scope. He was doing his Employer's
25 business. He was exposed to an enhanced risk

1 by the distance with which he -- from which he
2 fell. And as a result of that, we would ask
3 the Commission to reverse the Trial
4 Commissioner and find this case a case of
5 compensability.

6 COMMISSIONER BARDEN: All right. Thank you. That
7 concludes this proceeding.

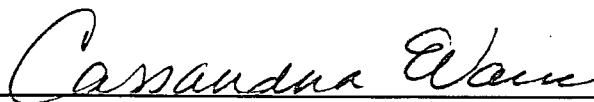
8 (There being nothing further, the hearing concluded
9 at 11:09 a.m.)
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CERTIFICATE

This is to certify that the within hearing consisting of seventeen (17) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on January 8, 2016.



Cassandra E. Vance
Court Reporter

Notary Public for South Carolina
My Commission Expires: February 26, 2018



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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Clyde Williams	)	W.C.C. FILE 1403134
	)	03/27/2014
	)	
Employee / Claimant,	)	
	)	
v.	)	NOTICE OF WITNESSES AND
	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS DIRECT
	)	EVIDENCE ON BEHALF OF
	)	THE EMPLOYEE, CLYDE WILLIAMS
Bowman Gin Company	)	
Employer	)	
and	)	
	)	
American Interstate Insurance Company,	)	
Carrier	)	
_____	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, BOWMAN GIN COMPANY,
AND THEIR ATTORNEY, ANNE VEATCH NOONAN, ESQUIRE:

YOU ARE HEREBY NOTIFIED that the Employee, Clyde Williams, pursuant to the provisions of the South Carolina Workers' Commission Act and South Carolina Code § 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Employee, Clyde Williams, to wit:

PHYSICIAN/DOCUMENTS	DATE OF REPORT	PAGE
1. Orangeburg EMS	03/27/14	1
2. Rocky Mountain Holdings Invoice	03/27/14	5
3. Palmetto Health Richland Emergency Room	03/27/14	6
4. Medical University of South Carolina	03/27/14-04/17/14	27
5. Report of Woodward Dixon	06/02/14	164
6. Medical Records of Woodward Dixon, MD	05/12/14-08/12/14	165
7. Deposition of Thad Wimberly	07/14/14	192

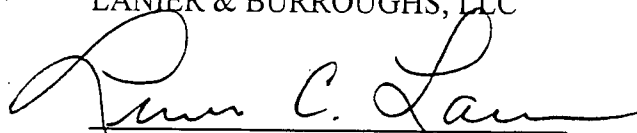
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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

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

1. Clyde Williams
2. Faye Williams

LANIER & BURROUGHS, LLC



Lewis C. Lanier, Esquire
ATTORNEY FOR THE EMPLOYEE
250 Gibson Street
PO Drawer 2789
Orangeburg, SC 29116
(803) 268-9800

Dated: 8-20-14

FINAL**Patient Care Report****Orangeburg EMS**

1558 ELLIS AVE
ORANGEBURG, SC 29115
(803) 533-6268 Ext.

Run Number: 14003211

Date of Service: 03/27/2014

Patient Name: Clyde Williams

TRAUMA SCORES

no trauma scores entered

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Comments
07:54		Spinal Immobilization	Terrence Bovian, SC026	
		C-Collar=Medium	Spine Board=Full Spine Board	Head Secured=Blocks
		Manual Stabilization=Yes	Secured to Board=Straps	Response to Spinal Immobilization=No Change

Time	PTA	Treatment	Who performed	Comments
07:57		Oxygen	Terrence Bovian, SC026	
		Device=Non-Rebreather	Respiratory Distress=Prophylactic	LPM=15 LPM
		Result=No Change	Response to Medication=No Change	

Time	PTA	Treatment	Who performed	Comments
07:57		IV	Lahasanda Brown, SC01	
		Rate=TKO	Site=Left A.C.	Solution=0.9% NSS
		Tubing=Macro Drip	Volume=250 ML	Size=16 G
		Length=1.25	Result=Successful	Type=IV
		Response=Unchanged	# of procedure attempts=1	

Time	PTA	Treatment	Who performed	Comments
07:57		IV	Lahasanda Brown, SC01	
		Rate=TKO	Site=Left A.C.	Solution=Lactated Ringers
		Tubing=Macro Drip	Volume=100 ML	Size=18 G
		Length=1.25	Result=Successful	Type=IV
		Response=Unchanged	# of procedure attempts=1	

NARRATIVE

Medic unit was dispatched to the above location for a unconscious patient who is bleeding from a laceration. Upon arrival found male pt with members of the first responders from west middle fire dept in a squatting position with the first responders holding him up by the 18 wheel cab and the fuel pump island. Note large amount of bright red blood on the ground. Pt only responding to pain stimuli. Per the first responders pt was unresponsive upon their arrival. First responders states that he has been in and out of consciousness. LifeNet was placed on standby prior to ems arrival. Per bystanders on scene pt was unconscious for several minutes not responding to anyone. Witnesses are unsure how far pt fell. No one saw the pt fall. Pt was placed onto stretcher, secured and loaded into unit. Cervical collar was placed on pt. Pt is in and out of consciousness. Pt's pupils are pinpoint and sluggish to react. LifeNet was launched. V/S were taken. Pt was placed on O2 via NRB @ 15 ltrs. O2 sat increased from 90% to 98%. IV access was established via LAC with 16ga. NaCl was given TKO. IV access was also established via RAC with 18ga. LR was given TKO. BGL was checked-140mg/dl. Upon receiving more information and unsure how far pt fell, pt was placed in full spinal precautions to include cervical collar, long spineboard with straps and headblocks. Pt is able to answer some questions but is not fully aware. Pt states that last thing he remembers is stopping to fuel when he became weak. Pr continues to respond at times and unresponsive to painful stimuli at times. V/S were monitored. Upon arrival of the LifeNet Medic crew members oral report was given. and Pt was removed from the unit and loaded into the helicopter. Pt care was turn over to the flight crew(Paramedic and Flight RN.)

FINAL**Patient Care Report****Orangeburg EMS**

1558 ELLIS AVE
ORANGEBURG, SC 29115
(803) 533-6268 Ext.

Run Number: 14003211

Date of Service: 03/27/2014

Patient Name: Clyde Williams

HIPAA

Date: 03/27/2014 Ack. Method: Other - see comments Relationship: Self Ack. By: Williams, Clyde

I, Clyde Williams HAVE A COPY OF ORANGEBURG COUNTY EMERGENCY MEDICAL SERVICES NOTICE OF PRIVACY PRACTICE POLICIES
Lahasanda Brown, SC009730, Terrence Bovian, SC026745.

x RTS *Head injury*

SIGNATURES

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
03/27/2014 08:27	Waiver Liability Notice	Self - Williams, Clyde	<Not applicable>

x RTS *Head injury*

I authorize any holder of medical information about me to release to the Health Care Financing administration and its agents any information needed to determine these benefits payable for related services. I request that payment of authorized Medicare, Medicaid, BCBS or any other insurance company's benefit be made to me or on my behalf to Orangeburg County Emergency Medical Services for any services furnished to me by Orangeburg County EMS.

If Medicare or any other insurance provider denied payment, I agree to be personally responsible for payment of this ambulance transport.

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a) of the Medicare law. If medicare determines that a particular service, although it may otherwise be covered is "not reasonable and necessary" under medicare program standards, Medicare will deny payment for services.

1. medicare does not usually pay for trips due to no other transport.
2. Medicare does not usually pay for trips for the convenience of patient or family.
3. Medicare does not usually pay for treatment without transport.
4. Medicare does not usually pay for back-up services.

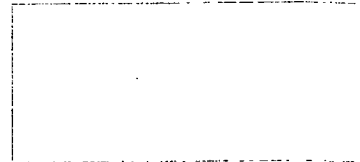
CREW INFORMATION

Start Date/Time: 03/26/2014 09:50

<u>Crew #</u>	<u>Name</u>	<u>Crew #</u>	<u>Name</u>
x39	Lahasanda Brown, SC009730	63x	Terrence Bovian, SC026745

x Lahasanda Brown

x Terrence Bovian



FINAL**Patient Care Report****Orangeburg EMS**1558 ELLIS AVE
ORANGEBURG, SC 29115
(803) 533-6268 Ext.

Run Number: 14003211

Date of Service: 03/27/2014

Patient Name: Clyde Williams

CREW INFOVehicle : 14719
Crew #1: Lahasanda Brown,
SC009730
Crew #2: Terrence Bovian,
SC026745

Doc'd By: Lahasanda Brown,
SC009730
Assisted By: 2
0
0**RESPONSE INFO**Med/Trauma: Medical and Trauma
Call Type: ALS

Response Priority: Emergency

Nature Of Call: Trauma- Fall
Start Mileage: 331.0

Resp. Delay: Distance
<None>
<None>
Trans. Delay: <None>
<None>
<None>
Call Taken by: 911 Dispatch

Resp. with: Fire

Location: Love's Truck Stop
3205 Five Chop Road
Orangeburg, SC 29115

Pt. Found: At Scene**DISPOSITION**Outcome: Treated, Transferred Care
Dest. Reason:

Transport Priority: Emergency

At Scene Mileage: 340.0
At Dest. Mileage: 340.0

Condition at Dest.:
Level of care: ALS

Barriers to Care: None
None
None
Pt. Transported: Supine - Full Spineboard,
Main Stretcher

Destination: _____

Recv Doctor:
Transporting Agency: LifeNet 3**TIMES**Recvd: 07:04 03-27-14
Dispatch: 07:04 03-27-14

En route: 07:06 03-27-14

At scene: 07:21 03-27-14
At patient: 07:22 03-27-14

Transport:

At dest.:

In service: 07:57 03-27-14
At base: 07:57 03-27-14**PATIENT INFORMATION**

Name : Clyde Williams

Phone : (803) 747-3393

DL Info :

SSN : 249-04-4888

DOB : 08/19/1955 (58 yrs)

Weight :

Sex : Male

Home Addr. : COPE, SC 29038

Mailing Addr. : 532 OAKLAND RD
COPE, SC 29038

Race : Caucasian

NEXT OF KIN

Name :

Phone :

SSN :

DOB :

Sex :

Home Addr. :

INSURANCE

BLUE CROSS (PPC)

ZCYo67563596859

Guarantor:

no insurance information entered

HISTORYAllergies

None

Cause of Injury

Falls

Chief Complaint

Neck	Syncope	Unresponsive	Lethargic
Head Injury	Disoriented	Hemorrhaging	Unconscious/Fainting
headache/ swelling			

Medications

Unknown -

FINAL**Patient Care Report****Orangeburg EMS**

1558 ELLIS AVE
ORANGEBURG, SC 29115
(803) 533-6268 Ext.

Run Number: 14003211

Date of Service: 03/27/2014

Patient Name: Clyde Williams

Past Medical History

Diabetes

Hypertension

ASSESSMENTS

03/27/2014 07:23:00 By: Lahasanda Brown, SC009730

Body Area	Assessment	Body Area	Assessment
Airway	Patent Patent :	Breathing	Normal Respirations Normal Respirations :
Circulation	Pulses - Radial - Normal (2+) Pulses - Radial - Normal (2+) :	LOC	Responds to Painful Stimuli, Responds to Verbal Stimuli Responds to Painful Stimuli : Responds to Verbal Stimuli :
Central Nervous System	General Weakness, Slurred Speech General Weakness : Slurred Speech :		

IMPRESSIONS

Primary Impression: Head Injury

Secondary Impressions: Altered Mental Status

TRAUMA

no trauma entered

VITAL SIGNS

Time	BP	Pulse	Respiratory	SPO2	EtCO2	Glucose	GCS
07:24	0	88, Strong, Regular	16, Normal	90%, Source: Room Air			E2 + V1 + M5 = 8
Skin Temp=Normal Skin Color=Pale Skin Moisture=Normal Cap. Refill=Normal Pupil Reacts: Left=Sluggish, Right=Sluggish Pupil Dilation: Left=Constricted, Right=Constricted Level of Consciousness: Alert to Painful Stimuli; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous Completed By: Lahasanda Brown, SC009730							
07:56	155/104 NIBP Machine	82, Strong, Regular	18, Normal	97%, Source: Supplemental		140	E2 + V4 + M5 = 11
Skin Temp=Normal Skin Color=Pale Skin Moisture=Normal Cap. Refill=Normal Pupil Reacts: Left=Sluggish, Right=Sluggish Pupil Dilation: Left=Constricted, Right=Constricted Level of Consciousness: Alert to Verbal Stimuli; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous Completed By: Lahasanda Brown, SC009730							
07:57	157/103 NIBP Machine	80, Strong, Regular	16, Normal	98%, Source: Supplemental			E2 + V4 + M5 = 11
Skin Temp=Normal Skin Color=Pale Skin Moisture=Normal Cap. Refill=Normal Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Constricted, Right=Constricted Level of Consciousness: Alert to Verbal Stimuli; Pain Scale=10; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous Completed By: Lahasanda Brown, SC009730							

Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

RECEIVED

JUL 07 2014

Patient Name: Clyde Williams
Run Number: 14-42590
Notice Date: June 30, 2014

Date of Call: 03/27/2014
Time of Call: 16:42:11

From: Richland Memorial Hospital - Columbia

To: Musc Medical Center

Lewi Lanier
250 Gibson St
Orangeburg SC 29115-5453

Primary Payor: Bluecross Blueshield South Carolina

Secondary Payor:

Description
A0436 Helicopter Mileage
A0431 Helicopter Rotor Base

Qty. Price
1 27448.87
1 22550.13

Contractual
Allowance Amount
0.00 27448.87
0.00 22550.13

BALANCE DUE: \$49999.00

SECOND NOTICE.

Your account is past due. A prompt payment would be appreciated.
Thank You. Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. - - Please see the reverse side for insurance information. - -

WEXLNET03INV02

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED



Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

June 30, 2014

14-42590-INV02 343775136



Lewi Lanier
250 Gibson St
Orangeburg SC 29115-5453

PATIENT NAME		AMOUNT DUE	
Clyde Williams		\$49999.00	
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
14-42590	03/27/2014	06/30/2014	\$

Consultation Report

WILLIAMS, CLYDE - R008942937

* Final Report *

Result type: Consultation Report
Result date: 27 March 2014 10:55
Result status: Auth (Verified)
Result title: Neurosurgery Consultation
Performed by: Drawdy PA-C, Karen M on 27 March 2014 11:06
Verified by: Skarli MD, Stanley on 28 March 2014 10:10
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

* Final Report *

Neurosurgery Consultation

Patient: WILLIAMS, CLYDE MRN: R008942937 FIN: R1408600770
Age: 58 years Sex: Male DOB: 08/19/55
Associated Diagnoses: None
Author: Drawdy PA-C, Karen M

Basic Information

Time Seen: Date & Time 03/27/14 10:55:00, in 263.
Source of history: Self.
Present at bedside: employer.
Referral source: Privette Jr MD, Troy W.
History limitation: Clinical condition.
Attending Neurosurgeon: Stanley Skarli, MD

History of Present Illness

58 y/o WM that was found down at work. Employer present at bedside and states that he was found down beside his 18 wheeler. He fueled up around 7am this morning and was then found down beside his truck and was unresponsive. Was flown to Richland for further evaluation. Patient had abnormal head CT and neurosurgery was consulted.

Review of Systems

Unable to obtain: Due to clinical condition.

Health Status

Allergies:

<u>Allergies (1) Active</u>	<u>Reaction</u>
NKA	None Documented

Current medications:

Medications (2) Active

Scheduled: (2)

morphine 2 mg 1 mL, MISC, OT

morphine 2mg/mL inj 1mL 2 mg 1 mL, IV, OT

Continuous: (0)

PRN: (0)

takes Lisinopril

Histories

Past Medical History: HTN, other PMHx unknown

Family History: unknown due to patient's condition

Printed by: Cimino, Barbara A
Printed on: 08/12/14 17:07

Page 1 of 4
(Continued) 180

Consultation Report

WILLIAMS, CLYDE - R008942937

* Final Report *

Procedure history: unknown due to patient's condition

Social History

Social & Psychosocial Habits

No Data Available

smokes 1 ppd.

Alcohol use: 12 drink(s) per week.

Drug use: denies drug use.

Physical Examination

VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum	Maximum
Temp	97.5 (MAR 27 08:15)	97.5 (MAR 27 08:15)	97.5 (MAR 27 08:15)
Heart Rate	76 (MAR 27 08:15)	76 (MAR 27 08:15)	76 (MAR 27 08:15)
Resp Rate	16 (MAR 27 10:07)	16 (MAR 27 10:07)	20 (MAR 27 08:15)
SBP	146 (MAR 27 10:07)	145 (MAR 27 09:29)	160 (MAR 27 08:15)
DBP	93 (MAR 27 10:07)	93 (MAR 27 10:07)	104 (MAR 27 08:15)

General: Drowsy.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.

HENT: Normocephalic.

Neck: C collar in place.

Respiratory: Respirations are non-labored.

Cardiovascular: Normal rate.

Musculoskeletal: Normal range of motion, Normal strength.

Integumentary: Warm, Dry.

Neurologic: Normal sensory, Normal motor function, No focal deficits, Cranial Nerves II-XII are grossly intact, Not alert.

Orientation: To person, To place, Not to time.

Altered level of consciousness: Drowsy.

Psychiatric: Cooperative.

Review / Management

Results review:

Labs (Last four charted values)

WBC	10.6	(MAR 27)
Hgb	15.0	(MAR 27)
Hct	43.7	(MAR 27)
Plt	176	(MAR 27)
Na	140	(MAR 27)
K	4.4	(MAR 27)
CO2	25	(MAR 27)
Cl	107	(MAR 27)
Cr	1.0	(MAR 27)
BUN	H 23	(MAR 27)
Glucose	H 131	(MAR 27)
Ca	9.1	(MAR 27)
PT	14.3	(MAR 27)
INR	1.2	(MAR 27)

Consultation Report

WILLIAMS, CLYDE - R008942937

* Final Report *

PTT	28.6	(MAR 27)	All Results	
03/27/14 09:45			Amphetamines	NEGATIVE
			Barbiturate	NEGATIVE
			Benzodiazepine	POSITIVE
			Cannabinoids	NEGATIVE
			Cocaine Metabolites	NEGATIVE
			Opiates	NEGATIVE
			Phencyclidine	NEGATIVE
			Methadone Level	NEGATIVE
03/27/14 08:30			Ethyl Alcohol	6 mg/dL HIGH
			ETOH (g%)	0.006 g% HIGH

RADIOLOGY RESULTS:

CT head:

1. Extensive fracture of the skull base and occiput. None of the fractures are significantly displaced. This does involve the left sphenoid sinus.
2. Intraparenchymal contusion involving the right and left frontal and subcoronal cortex.
3. There may be a thin subdural hematoma over the tentorium but this could be just tentorial density.
4. Left posterior/ superior density along the falx which is partially calcified. This could be a meningioma.

CT C spine:

1. Moderately advanced degenerative changes of the cervical spine but no acute cervical abnormalities or injury is noted.
2. Multiple fracture lines involving the skull base. These are described on the head CT study but are also visible here.

Signature Line

Impression and Plan/Goal

Assessment: skull fx, intraparenchymal contusion, possible SDH, possible meningioma

Plan:

1. will continue to follow exam. hold sedation.
2. Keppra 500 mg bid x 7 days
3. MD to see for further plan of care
4. CTA of head and neck

Consultation Report

WILLIAMS, CLYDE - R008942937

* Final Report *

Professional Services

Seen with PA. Was being intubated at my arrival so no exam possible. Case initially staffed by Dr. Toussaint in my absence, who ordered CTA for basal skull fracture that went from occiput through clivus and carotid canal. In the short interval between the initial CT and CTA there was significant increase in bleeding in the right inferior frontal area. Within this area of bleed, was an area of irregular enhancement, suspicious for vascular malformation. We concurred that there was the potential that this may have caused his initial fall out of his truck, and rebled, but did not have the operative vascular experience here to manage this case. The case was presented to MUSC NS who accepted the patient in transfer. I discussed the nature of his condition and the transfer with his wife and sister.

Signature Line

Electronically Signed & Verified on 03/27/2014 11:07
by Drawdy PA-C, Karen M

Electronically Signed & Verified on 03/27/14 12:02
by Drawdy PA-C, Karen M

Electronically Signed & Verified on 03/28/14 10:10
by Skarli MD, Stanley

Completed Action List:

- * Perform by Drawdy PA-C, Karen M on 27 March 2014 11:06
- * Modify by Drawdy PA-C, Karen M on 27 March 2014 11:07
- * Sign by Drawdy PA-C, Karen M on 27 March 2014 11:07
- * Modify by Drawdy PA-C, Karen M on 27 March 2014 12:02
- * Sign by Drawdy PA-C, Karen M on 27 March 2014 12:02
- * Modify by Skarli MD, Stanley on 28 March 2014 10:10
- * Sign by Skarli MD, Stanley on 28 March 2014 10:10 Requested by Drawdy PA-C, Karen M on 27 March 2014 12:02
- * VERIFY by Skarli MD, Stanley on 28 March 2014 10:10

Emergency Dept

WILLIAMS, CLYDE - R008942937

Result type: Emergency Dept
Result date: 27 March 2014 10:46
Result status: Auth (Verified)
Result title: Emergency Dept
Performed by: Osborn MD, Lesley on 27 March 2014 10:46
Verified by: Privette Jr MD, Troy W on 28 March 2014 09:35
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14
Contributor system: Softmed

Emergency Dept (Verified)

PATIENT: WILLIAMS, CLYDE DICT: Lesley Osborn, MD-R
MR #: 008942937 DOB: 08/19/1955
ADMITTED: 03/27/2014 PT.LOC: PD5
ACCOUNT #: 1408600770

DATE OF VISITATION: 03/27/2014

ACCOUNT NUMBER: 1408600770

ATTENDING PHYSICIAN: Troy W. Privette Jr., MD

MODE OF ARRIVAL: LifeNet.

CHIEF COMPLAINT: Head and neck pain.

HISTORY OF PRESENT ILLNESS: This is a 58-year-old male with a past medical history significant for diabetes mellitus type 2 and hypertension who presents to the emergency department this morning via LifeNet EMS after loss of consciousness and a head injury. The patient is unable to describe to me what happened. Bystanders on scene told LifeNet they think that he could have fallen out of his truck cab which is about 6-8 feet off the ground. They found him unconscious and they state he was probably unconscious for approximately 5-10 minutes. They did not note any seizure like activity. When LifeNet EMS arrived, they state the patient was alert and somewhat confused. They gave him a GCS of 14. En route his vital signs were stable. His blood glucose was also within normal limits. The patient continued to complain of neck and head pain. He has been moving all his extremities. On arrival, he is as mentioned above complaining of neck and head pain. He does not describe any abdominal pain or extremity injuries. He is moving all his extremities. He denies any memory of the incident.

REVIEW OF SYSTEMS: Denies fevers, nausea, vomiting, urinary or bowel complaints. Review of systems negative except as stated above.

PAST MEDICAL HISTORY: Hypertension, diabetes mellitus type 2.

MEDICATIONS: Please see nursing and medication reconciliation. These have been reviewed.

ALLERGIES: No known drug allergies.

Printed by: Cimino, Barbara A
Printed on: 08/12/14 17:07

Page 1 of 4
(Continued) 184

SOCIAL HISTORY: The patient is currently a truck driver. Acknowledges occasional alcohol use.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: Oral temperature 97.5, pulse 76, respiratory rate 20, blood pressure 160/104, pulse ox 92% on room air.

GENERAL APPEARANCE: The patient appears somewhat tired. He is initially in full C-spine precautions, but he is alert and oriented x3, resting comfortably on exam.

NEUROLOGICAL: Cranial nerves 2-12 grossly intact. Strength and sensation 5/5 bilaterally in upper extremities.

EYES: Pupils are equal, round, reactive to light with accommodation at approximately 4 mm.

ENT: Oropharynx is clear. Trachea midline. Mucous membranes are moist.

TMs clear bilaterally. There is dried blood in the left naris.

HEAD: The patient does have an obvious left posterior contusion with swelling to his scalp.

CV: Regular rate and rhythm. No murmurs, rubs, or gallops. No JVD. Distal pulses are intact. No clubbing, cyanosis, or edema. No chest wall contusions or abrasions are noted. No obvious deformity of the chest wall.

RESPIRATORY: Clear to auscultation bilaterally with symmetric chest rise. No wheezes, rhonchi. No accessory muscle use.

GI: Abdomen is soft, nontender, nondistended. No rebound or guarding. Positive bowel sounds in all quadrants. No obvious contusions to the abdomen.

MUSCULOSKELETAL: Extremities are palpated without deformity or tenderness. Normal joint range of motion. Pelvis is stable.

SKIN: The patient has a small abrasion to the left elbow and left anterior knee. No other obvious skin abnormalities other than the above-mentioned left posterior scalp contusion.

LYMPH: No cervical lymphadenopathy.

MEDICAL DECISION MAKING: Differential diagnosis includes:

1. Skull fracture.
2. Intracranial hemorrhage secondary to trauma.
3. Concussion.

Due to the patient's chief complaint and increased risk of complications, the following workup was obtained: CT head and CT C-spine as well as alcohol level, UDS, PT/INR/PTT, BMP, and CBC.

LABS AND RADIOLOGY:

1. CBC within normal limits.
2. PT/INR/PTT within normal limits.
3. BMP shows a glucose of 131, BUN of 23, otherwise unremarkable.
4. Blood alcohol level 0.006.
5. UDS is negative.
6. CT C-spine shows moderately advanced degenerative change of the cervical spine but no acute cervical abnormalities or injury noted. It does note multiple fracture lines involving the skull base.
7. CT head significant for extensive fracture of the skull-base and occiput. None of the fractures are significantly displaced. It does involve the left sphenoid sinus. Also notes intraparenchymal contusions involving

the right and left frontal and subcoronal cortex. There also may be a thin subdural hematoma over the tentorium. Left posterior and superior density along the falx, which is also partially calcified. It could be a meningioma.

EMERGENCY DEPARTMENT COURSE: This is a 58-year-old male seen immediately on arrival by me in room 263 of the emergency room. The patient has signs, symptoms, and clinical history most consistent with a basilar skull fracture and frontal contusions of the brain parenchyma. During the patient's stay in the emergency department, his vital signs remained stable. He has received 2 mg of morphine and has been resting comfortably. He has also remained in C-spine precautions because of the above-mentioned fractures of the basilar skull. At this time, I have contacted trauma surgery and neurosurgery to have the patient evaluated. Trauma surgery will be admitting the patient. The patient has been made aware of the course and plan and is in agreement with the admission. All questions have been answered at this time.

ADMISSION DIAGNOSIS/CLINICAL IMPRESSION:

1. Basilar skull fracture.
2. Intraparenchymal contusions, frontal, bilateral.
3. Possible subarachnoid bleed.
4. History of diabetes mellitus type 2.
5. History of hypertension.

DISPOSITION: We will admit patient to the trauma surgery service with neurosurgical consult. He is in stable condition at this time.

My attending was present and available for evaluation and procedures.

D: 03/27/2014 10:31 T: 03/27/2014 10:46 TID: 90797
Job #: 41482 Doc #: 41099604
cc: Lesley Osborn, MD-R
cc: Troy W. Privette Jr., MD

I provided one on one critical care for this patient while in above condition. I reviewed the resident's documentation and agree with the resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident. 45 minutes of critical care time spent, see dictated addendum with remainder of treatment and course.

Signature Line

Electronically Signed & Verified on 03/28/2014 07:05
by Osborn MD, Lesley

Electronically Signed & Verified on 03/28/14 09:35
by Privette Jr MD, Troy W

Completed Action List:

- * Perform by Osborn MD, Lesley on 27 March 2014 10:46
- * Modify by Osborn MD, Lesley on 28 March 2014 07:05

Emergency Dept

WILLIAMS, CLYDE - R008942937

* Sign by Osborn MD, Lesley on 28 March 2014 07:05 Requested on 27 March 2014 13:00
* Modify by Privette Jr MD, Troy W on 28 March 2014 09:35
* Sign by Privette Jr MD, Troy W on 28 March 2014 09:35 Requested by Osborn MD, Lesley on
28 March 2014 07:05
* VERIFY by Privette Jr MD, Troy W on 28 March 2014 09:35

Emergency Dept

WILLIAMS, CLYDE - R008942937

Result type: Emergency Dept
Result date: 27 March 2014 15:15
Result status: Auth (Verified)
Result title: Emergency Dept
Performed by: Osborn MD, Lesley on 27 March 2014 15:15
Verified by: Privette Jr MD, Troy W on 28 March 2014 09:33
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14
Contributor system: Softmed

Emergency Dept (Verified)

PATIENT: WILLIAMS, CLYDE DICT: Lesley Osborn, MD-R
MR #: 008942937 DOB: 08/19/1955
ADMITTED: 03/27/2014 PT.LOC: PD5
ACCOUNT #: 1408600770

DATE OF VISITATION: 03/27/2014

ACCOUNT NUMBER: 1408600770

ATTENDING PHYSICIAN: Troy W. Privette Jr., MD

ADDENDUM: This is an addendum to my earlier dictation.

MODE OF ARRIVAL: LifeNet.

CHIEF COMPLAINT: Head and neck pain.

EMERGENCY DEPARTMENT COURSE: [This is a 58-year-old male who, as mentioned in my prior note, appears to have a basilar skull fracture and frontal contusions and possible subarachnoid secondary to what appears to be a fall from a height of 6-8 feet.] Initially, the patient was to be admitted to trauma and neurosurgery and was in stable condition. However, after the patient returned from CT angiogram ordered by neurosurgery it appeared that he was decompensating. The patient was very difficult to arouse and then began to vomit. At that time, I made the decision to intubate the patient and help protect his airway. Please see dictation note below for procedure note. The patient tolerated this procedure well. His family arrived about the same time that I did the intubation. I spoke with them afterwards at length regarding the patient's condition and so did neurosurgery. All questions have been answered at this time. We will still plan to proceed per neurosurgery and trauma surgery is plans; please see their dictations for further details.

ADMISSION DIAGNOSIS/CLINICAL IMPRESSION:

1. Basilar skull fracture.
2. Frontal contusions.
3. Possible subarachnoid hemorrhage.
4. Decreased Glasgow Coma Scale.

DISPOSITION: Per neurosurgical note. We will admit to trauma surgery and

neurosurgery service. He is in a critical condition at this time.

PROCEDURE: Endotracheal intubation.

INDICATION: Airway compromise, decreased GCS.

PROCEDURE OPERATOR: Lesley Osborn, MD-R

ATTENDING: Troy W. Privette Jr., MD

PROCEDURE SUMMARY: Consent was implied secondary to emergent situation. A MAC-4 blade was not inserted into the oropharynx, at which time the vocal cords were visualized. A #7.5 French endotracheal tube was inserted and visualized going through the vocal cords. The stylet was removed. Colorimetric change was visualized on a CO2 meter. Breath sounds were heard in both lung fields equally. The endotracheal tube was placed at 20 cm measured at the teeth.

COMPLICATIONS: The patient vomited prior to intubation but was suctioned prior to intubation as well as during intubation. No further complications were noted.

ESTIMATED BLOOD LOSS: Minimal to none.

CRITICAL CARE TIME: 45 minutes. Includes time spent with family, consultants and in care for patient.

Attending present for evaluation and procedures.

D: 03/27/2014 14:43 T: 03/27/2014 15:15 TID: 90480
Job #: 41866 Doc #: 41099752
cc: Lesley Osborn, MD-R
cc: Troy W. Privette Jr., MD

I provided one on one critical care for this patient while in above condition. I reviewed the resident's documentation and agree with the resident's assessment and plan of care. Please refer to dictation for critical care times and medical decision making. I supervised all above procedures done by the resident.

Signature Line

Electronically Signed & Verified on 03/28/2014 07:05
by Osborn MD, Lesley

Electronically Signed & Verified on 03/28/14 09:33
by Privette Jr MD, Troy W

Completed Action List:

- * Perform by Osborn MD, Lesley on 27 March 2014 15:15
- * Modify by Osborn MD, Lesley on 28 March 2014 07:03
- * Modify by Osborn MD, Lesley on 28 March 2014 07:03

- * Modify by Osborn MD, Lesley on 28 March 2014 07:05
- * Sign by Osborn MD, Lesley on 28 March 2014 07:05 Requested on 27 March 2014 16:30
- * Modify by Privette Jr MD, Troy W on 28 March 2014 09:33
- * Sign by Privette Jr MD, Troy W on 28 March 2014 09:33 Requested by Osborn MD, Lesley on 28 March 2014 07:05
- * VERIFY by Privette Jr MD, Troy W on 28 March 2014 09:33

* Final Report *

Result type: CT Angio Brain+Neck Arterial W/O+ W/IV C
Result date: 27 March 2014 16:46
Result status: Auth (Verified)
Performed by: Cohen, Renee L on 27 March 2014 16:46
Verified by: Hubbard MD, Charles R on 27 March 2014 20:29
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

*** Final Report ***

Reason For Exam
skull base fx

Finding:

CLINICAL HISTORY: Skull base fracture.

CT ANGIO BRAIN AND NECK ARTERIAL WITH AND WITHOUT CONTRAST

TECHNIQUE: An axial noncontrast CT brain was performed generating 4.8 mm images followed by a brain and neck CTA with 0.625 mm scans and a bolus injection of intravenous contrast. 3-D MIP reformations were generated at the CT console and on a separate workstation by the CT technologist.

COMPARISON: Head CT from earlier today.

HEAD CT WITHOUT CONTRAST: The previously noted bifrontal hemorrhage contusions have increased in size, much more so on the right. A right frontal parenchymal hematoma is present measuring 5.6 cm x 3.6 cm, compared to a previous measurement of 2.5 cm x 1.7 cm. The hematoma has expanded into the medial aspect of the right temporal lobe and is producing marked effacement of the right lateral ventricle and midline shift to the left measuring approximately 5 mm. The left hemorrhage contusions have increased in size as well. The largest measures 3.2 cm x 0.8 cm compared to a previous measurement of 1.3 cm x 5.4 cm. A thin subdural hematoma is again noted superficial to the left occipital and posterior parietal lobes with blood present within the subarachnoid spaces at and just below the level of the vertex.

Again noted are fractures of the occipital bone, left clivus and posterior wall of the distal left carotid canal and posterior left sphenoid sinus.

IMPRESSION:

1. Expanding right frontal hematoma which now extends into the right temporal lobe and is producing marked effacement of the right lateral ventricle and midline shift to the left. This would indicate active extravasation.
2. Increase in size of left frontal hemorrhagic contusions.
3. Stable left occipital/posterior parietal subdural hematoma with a small amount of blood within the subarachnoid spaces at the vertex.

* Final Report *

BRAIN CTA: The distal portions of the left and right internal carotid arteries are widely patent as are the left anterior and middle cerebral arteries. There is a cluster of small hyperdense foci within the anterior portion of the right frontal hematoma, representing pooling of contrast from active contrast extravasation. There is no evidence of an enlarged draining vein in this area to suggest the presence of a vascular malformation.

The distal portions of the vertebral arteries are widely patent as is the basilar artery. The superior cerebellar and posterior cerebellar arteries are widely patent.

NECK CTA: There is a normal branching pattern of the great vessels from the aortic arch. On the right, the brachiocephalic, common carotid, internal and external carotid arteries are widely patent with no evidence of an intimal injury. On the left, the common carotid artery is widely patent as are the left internal and external carotid arteries with no intimal irregularity or stenosis.

Both vertebral arteries are widely patent as are the left and right subclavian arteries.

IMPRESSION:

1. Expanding bifrontal hematomas, much more severe on the right with pooling of contrast within the anterior portion of the right frontal hematoma indicating active extravasation. Otherwise unremarkable brain CTA.
2. Unremarkable neck CTA.

ER notified of these findings by Dr. Hubbard.

Signature Line

*** Final ***

Trans On: 03/27/2014 16:46 by: CC

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 03/27/2014 20:29

Technologist: Cohen, Renee L

Technical Comments

Administered per implementation of contrast protocol:

Type: Optiray 350

Volume: ml: 60

Completed Action List:

- * Order by Drawdy PA-C, Karen M on 27 March 2014 11:29
- * Perform by Cohen, Renee L on 27 March 2014 16:46

* Final Report *

* VERIFY by Hubbard MD, Charles R on 27 March 2014 20:29

* Final Report *

Result type: CT Cervical Spine W/O IV Contrast
Result date: 27 March 2014 10:13
Result status: Auth (Verified)
Performed by: Cohen, Renee L on 27 March 2014 10:13
Verified by: Bull MD, Douglas M on 27 March 2014 15:12
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

*** Final Report ***

Reason For Exam

neck pain, trauma, fall, +LOC

Finding:

HISTORY: Neck pain/trauma.

CT CERVICAL SPINE:

TECHNIQUE: Thin section scans were made in the axial plane with additional coronal and sagittal reconstructed images.

FINDINGS: The skull base shows a number of fractures which are described on the head CT. They are also visible here. None of the fractures actually extend to the occipital/C1 articulation. C1 and C2 are intact with a normal appearing odontoid. There is no other cervical fracture seen. There is no subluxation or vertebral loss of height. Moderately advanced degenerative disc and facet arthropathy are noted. No other acute findings are seen. The spinal canal is widely patent. There is no cervical soft tissue swelling.

IMPRESSION:

1. Moderately advanced degenerative changes of the cervical spine but no acute cervical abnormalities or injury is noted.
2. Multiple fracture lines involving the skull base. These are described on the head CT study but are also visible here.

Signature Line

*** Final ***

Trans On: 03/27/2014 10:10 by: CC

Read by: Bull MD, Douglas M

Released By: Bull MD, Douglas M

Released on: 03/27/2014 15:12

Technologist: Cohen, Renee L

Technical Comments

CALL REPORT Person Contacted: Robin/Shawn

* Final Report *

Date Contacted: 03/27/2014

Time Contacted (Military Time): 10:10

Contacted by: Suzanne Hook

Inpatient Floor notified report available.

Completed Action List:

- * Order by Osborn MD, Lesley on 27 March 2014 08:25
- * Perform by Cohen, Renee L on 27 March 2014 10:13
- * VERIFY by Bull MD, Douglas M on 27 March 2014 15:12

* Final Report *

Result type: CT Head W/O IV Contrast
Result date: 27 March 2014 10:13
Result status: Auth (Verified)
Performed by: Cohen, Renee L on 27 March 2014 10:13
Verified by: Bull MD, Douglas M on 27 March 2014 15:12
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

*** Final Report *****Reason For Exam**

contusion post scalp, +LOC, trauma

Finding:**HEAD CT****HISTORY:** Loss of consciousness after a fall and contusion.**TECHNIQUE:** Axial scans were obtained through the brain without contrast. No prior studies.

FINDINGS: Skull fractures are noted. There is a nondisplaced fracture oriented in a sagittal plane through the occiput. There is also a fracture oriented in a transverse plane through the right suboccipital region. A vertically oriented fracture is seen within the clivus extending into the left clinoid region. This involves the left sphenoid sinus with fluid and air-fluid level within the left sphenoid sinus cavity.

The intracranial structures show parenchymal contusion and hematoma in the right and left subfrontal cortex and subcortical white matter. Small patchy areas of subarachnoid blood are seen in the frontal areas. Posteriorly, there is a density seen along the left posterior falx which might represent an additional focus of blood or it could actually be a dense lesion such as a meningioma. It seems to be calcified within it. This is about a 2 cm density. There is question of a small amount of blood over the tentorium which could be subdural. There is no brainstem lesion or obvious infarct. No other acute parenchymal findings are seen. The ventricles remain normal in size.

IMPRESSION

1. Extensive fracture of the skull base and occiput. None of the fractures are significantly displaced. This does involve the left sphenoid sinus.
2. Intraparenchymal contusion involving the right and left frontal and subfrontal cortex.
3. There may be a thin subdural hematoma over the tentorium but this could be just tentorial density.
4. Left posterior/ superior density along the falx which is partially calcified. This could be a meningioma.

Signature Line

*** Final ***

Trans On: 03/27/2014 10:11 by: JJ

Read by: Bull MD, Douglas M

* Final Report *

Released By: Bull MD, Douglas M

Released on: 03/27/2014 15:12

Technologist: Cohen, Renee L

Technical Comments

CALL REPORT Person Contacted: Robin/Shawn

Date Contacted: 03/27/2014

Time Contacted (Military Time): 10:10

Contacted by: Suzanne Hook

Inpatient Floor notified report available.

Completed Action List:

* Order by Osborn MD, Lesley on 27 March 2014 08:25

* Perform by Cohen, Renee L on 27 March 2014 10:13

* VERIFY by Bull MD, Douglas M on 27 March 2014 15:12

* Final Report *

Result type: CR Chest 1 View Portable
Result date: 27 March 2014 13:41
Result status: Auth (Verified)
Performed by: Gibbs, Theodore N on 27 March 2014 13:41
Verified by: Hubbard MD, Charles R on 27 March 2014 20:29
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

*** Final Report *****Reason For Exam**

post intubation cxr

Finding:**CLINICAL HISTORY:** Post intubation x-ray.

FINDINGS: The lungs are clear. There is no evidence of a pleural effusion or a pneumothorax. An NG tube is seen coursing within the thoracic esophagus. The distal portion of the NG tube is not well delineated. Similarly, there is poor delineation of the endotracheal tube. A repeat chest x-ray including more of the lower neck is suggested. The heart size is normal.

IMPRESSION: Poor delineation of the distal portion of the endotracheal tube. A repeat chest x-ray centering slightly more superiorly is recommended to include the lower portion of the neck.

Signature Line

*** Final ***

Trans On: 03/27/2014 14:33 by: JH

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 03/27/2014 20:29

Technologist: Gibbs, Theodore N

Completed Action List:

- * Order by Privette Jr MD, Troy W on 27 March 2014 13:20
- * Perform by Gibbs, Theodore N on 27 March 2014 13:41
- * VERIFY by Hubbard MD, Charles R on 27 March 2014 20:29

* Final Report *

Result type: CR Chest 1 View Portable
Result date: 27 March 2014 14:00
Result status: Auth (Verified)
Performed by: Milling, Eleanor S on 27 March 2014 14:00
Verified by: Hubbard MD, Charles R on 27 March 2014 20:29
Encounter info: R1408600770, Richland, ERR-Emergency Room, 03/27/14 - 03/27/14

*** Final Report *****Reason For Exam**

post intubation repeat, include base of neck

Finding:**CLINICAL HISTORY:** Status post intubation.**CHEST PORTABLE AP SUPINE AT 2:13 PM****COMPARISON:** 03/27/2014 at 1:38 AM.

FINDINGS: An endotracheal tube is in place and terminates just above the thoracic inlet. An NG tube is seen coursing within the thoracic esophagus. The mid and upper lung zones are clear. The lung bases are not included with this study in order to include more of the neck with this study.

IMPRESSION: The endotracheal tube terminates just above the thoracic inlet.

Signature Line

*** Final ***

Trans On: 03/27/2014 15:12 by: CS

Read by: Hubbard MD, Charles R

Released By: Hubbard MD, Charles R

Released on: 03/27/2014 20:29

Technologist: Milling, Eleanor S

Completed Action List:

- * Order by Privette Jr MD, Troy W on 27 March 2014 13:57
- * Perform by Milling, Eleanor S on 27 March 2014 14:00
- * VERIFY by Hubbard MD, Charles R on 27 March 2014 20:29

Flowsheet Print Request

Patient: WILLIAMS, CLYDE
MRN: R008942937

Date Range: 01/01/10 00:01 - 08/12/14 07:48

Printed by: Cimino, Barbara A
Printed on: 08/12/14 17:08

Event Date	Event	Result	Ref. Range	Status
03/27/14 08:30	WBC Count	10.6	(3.7 - 10.9)	
	RBC Count	5.25	(3.71 - 5.77)	
	Hemoglobin	15.0	(13.7 - 17.5)	
	Hematocrit	43.7	(40.1 - 51.0)	
	MCV	83.2	(79.0 - 96.2)	
	MCH	28.6	(25.7 - 32.2)	
	MCHC	34.3	(32.2 - 36.5)	
	RDW-SD	43.2	(35.1 - 43.9)	
	RDW-CV	14.2	(11.6 - 14.4)	
	Platelet Count	176	(150 - 400)	
	MPV	11.8	(9.4 - 12.4)	
	Auto Nucleated RBC's	0.0	(0 -)	
	Auto Neutrophil	* 74	(37 - 78)	
	Auto Lymph	15	(15 - 45)	
	Auto Monocyte	7	(4 - 13)	
	Auto Eos	2	(0 - 7)	
	Auto Basophil	1	(0 - 2)	
	Auto Immature Grans	1	(0.0 - 0.5)	
	Absolute Neutrophil	7.89	(1.78 - 5.38)	
	Absolute Lymph	1.53	(1.32 - 3.57)	
	Absolute Monocytes	0.78	(0.30 - 0.82)	
	Absolute Eosinophils	0.24	(0.04 - 0.54)	
	Absolute Baso	0.05	(0.01 - 0.08)	
	Absolute Immature Grans	0.09	(0.00 - 0.03)	
	Protime	14.3	(12.8 - 14.9)	
	INR	* 1.2		
	PTT	* 28.6	(23.9 - 36.6)	
	Sodium	140	(136 - 145)	
	Potassium	4.4	(3.5 - 5.1)	
	Chloride	107	(98 - 107)	
	CO2	25	(21 - 32)	
	Glucose Level	* 131	(70 - 99)	
	BUN	23	(7 - 18)	
	Creatinine	1.0	(0.6 - 1.3)	
	GFR Non-African American	77	(>60 -)	
	GFR African American	93	(>60 -)	
	Calcium	9.1	(8.5 - 10.1)	
	Ethyl Alcohol	6	(- <3)	
	ETOH (g%)	* 0.006	(- <0.003)	
03/27/14 09:45	Amphetamines	NEGATIVE	(NEG -)	
	Barbiturate	NEGATIVE	(NEG -)	
	Benzodiazepine	POSITIVE	(NEG -)	
	Cannabinoids	NEGATIVE	(NEG -)	
	Cocaine Metabolites	NEGATIVE	(NEG -)	
	Opiates	* NEGATIVE	(NEG -)	
	Phencyclidine	NEGATIVE	(NEG -)	
	Methadone Level	NEGATIVE	(NEG -)	
	Drug Scr Creatinine.Urine	44.3		
	Drug Scr Msg	* *NOT VALUED*		

**Progress Notes**

Clyde Williams (MR# 002689439)

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Abhay K. Varma	Signed	Abhay K. Varma	5/9/2014 6:55 PM

Progress Notes**NEUROSURGERY CLINIC**

Mr. Williams is a 58 years old male who presented with bifrontal hematomas and underwent frontal craniotomy and evacuation of right frontal hematoma on 3/27/14.

He was subsequently discharged to rehabilitation and was discharged home from rehabilitation about a week ago.

Presently he is at home. He has periods of confusion and aggression, complains of intermittent headaches with dizziness and nausea. There are no seizures, altered sensorium, visual changes or focal deficit.

Examination:

Blood pressure 105/61, pulse 58, temperature 97.1 °F (36.2 °C), temperature source Tympanic, resp. rate 16, weight 67.042 kg (147 lb 12.8 oz), SpO2 95.00%.

Incision has healed well. He is oriented to place and person but not to time. He would occasionally make an inappropriate statements or go off on a tangent.

There is subtle left seventh upper motor neuron paresis and left pronator drift.

Urgent non-contrast CT scan of the head done today shows no intra-axial collection or hydrocephalus.

Assessment:

58 years old male with bifrontal injury status post evacuation of right frontal hematoma with confusion, possible vertigo and agitation.

Plan:

Meclizine for vertigo

Non opioid analgesics for headache

Wean off oxycodone as directed.

return to clinic for review in 3 months

**IP-Discharge**

Clyde Williams (MR# 002689439)

IP-Discharge Info

Author	Note Status	Last Update User	Last Update Date/Time
Emily Whitehead, PA	Signed	Emily Whitehead, PA	4/17/2014 11:06 AM

IP-Discharge**Patient ID:**

Name: Clyde Williams
MRN: 002689439
PATCOM: 105023709
Age: 58 y.o.
DOB: 8/19/1955

Admit date: 3/27/14

Discharge date and time: 4/17/2014

Attending Physician: Dr. Varma

Discharge Clinician: Emily Whitehead, PA-C

Admission Diagnoses: R frontal hemorrhage

Discharge Diagnoses:

1. R frontal hemorrhage s/p craniotomy
2. Pneumonia
3. Hypernatremia (resolved)
4. Dysphagia
5. Agitation

Admission Condition: serious

Discharged Condition: fair

Indication for Admission: R frontal hemorrhage

HPI: 58 yo man found down on the morning of 3/27/14 near his 18 wheeler in a puddle of blood. His wallet was missing when he was found. He was taken to PHS where he was initially alert and oriented but his mental status declined in the ER there requiring RSI. He underwent CT of the head and was found to have a large intracranial hemorrhage and basilar skull fractures. Subsequently he was transferred to MUSC for neurosurgical evaluation and then taken emergently to the OR for decompressive craniotomy. Trauma was also called to evaluate for other injuries.

No past medical history on file.

No past surgical history on file.

Allergies as of 04/17/2014

- (No Known Allergies)

History

Substance Use Topics

• Smoking status:	Not on file
• Smokeless tobacco:	Not on file
• Alcohol Use:	Not on file

family history is not on file.

Hospital Course: Patient was admitted, consented, and taken to the OR where he underwent Right-sided craniotomy for resection of a right frontal intracerebral hemorrhage. Postoperatively, his course was complicated by hypernatremia, pneumonia, and agitation. On POD 5, the patient became tachypneic and febrile. A chest x ray was performed and showed left lower lobe opacity. The patient was placed on appropriate antibiotics and his symptoms ultimately resolved. On POD 10, Endocrinology was consulted regarding his hypernatremia and the patient was placed on IVF to correct his calculated fluid deficit. The patient's last sodium level prior to discharge on 4/16/14 was 143. The patient's agitation occurred in the evenings primarily and the patient was placed on Seroquel nightly which improved his symptoms. During admission, he participated with PT, OT, and SLP as well. The patient initially had a DHT placed for nutrition due to dysphagia, but was able to tolerate a mechanical soft diet by the time of discharge. Once his pain was controlled with oral medications, there were no further medical or surgical issues requiring hospitalization, and therapies had made their recommendations, the patient was deemed appropriate for discharge to Hospital/acute care facility.

Consults: Endocrinology

Significant Diagnostic Studies:

Results for orders placed during the hospital encounter of 03/27/14
CT HEAD WO CONTRAST

Narrative:

EXAMINATION: BRAIN CT 04/01/14 15:33:00

ACCESSION NUMBER: 7449969

INDICATION: neuro exam change, increased somnolence right frontal hemorrhage

COMPARISON: CT 3/28/14

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast were obtained.

FINDINGS: Prior right frontotemporal craniectomy and right frontal hematoma. Decreased postoperative pneumocephalus. Expected evolution of blood products within the surgical bed in the bifrontal lobes and anterior temporal lobes, and subarachnoid hemorrhages seen in infra-and supratentorial lesions. However, there is apparent increased hypodensity in the bilateral (right greater than left) frontal lobes corresponding with prior areas of hemorrhage. No significant change in mass effect. No transtentorial herniation. Small amount of blood product also noted within the convexities. Blood product posterior to the odontoid process abutting the adjacent cord also seen. The surgical drain of the scalp has been removed. The frontal and left temporal contusions are not significantly changed compared to prior study. Left temporal extra axial collection is also noted. There is no evidence of new hemorrhage. No hydrocephalus. Unchanged skull base fractures. Partial opacification of the left sphenoid sinus, and mucosal thickening of right maxillary and frontal sinuses. Nasogastric tube is partially visualized.

Impression:

IMPRESSION:

Postsurgical changes of right frontotemporal craniectomy and evacuation of hematoma with significant decrease in mass effect and subfalcine herniation.

Evolving left frontal and bitemporal contusions next axial collections. No evidence of new hemorrhage.

Unchanged skull base fractures with persistent blood product posterior to the odontoid process abutting the spinal cord.

VOICE DICTATED BY: Dr. Shree Subedi

I have reviewed the study and agree with the findings in this report.

EXAMINATION: CHEST 04/01/14 08:21:00

ACCESSION NUMBER: 7448877

INDICATION: tachy, fever, rhonchi r frontal hemorrhage

COMPARISON: 3/29/14.

FINDINGS: Frontal radiograph of the chest demonstrates unchanged position of weighted tip enteric tube. The cardiomedial silhouette is normal in size and contour. The lungs demonstrate increasing right lower lobe air space opacity. No evidence of pleural effusion or pneumothorax. Osseous structures show no evidence of acute abnormality.

Discharge Exam:

Physical Exam

Constitutional: He appears well-developed and well-nourished.

Cardiovascular: Normal rate.

Pulmonary/Chest: Effort normal.

Genitourinary:

2 blanchable areas on buttocks: 3 cm x 1 cm on the left buttock and 2 cm x 1 cm on the R buttock. 2 resolving blisters on the scrotum. (Evaluated by wound care who stated these are not consistent with pressure ulcers).

Neurological: He is alert.

Oriented x 2; 4+ strength in RUE, 4- in LUE; 5/5 strength in lower extremities bilaterally.

Skin: Skin is warm and dry.

Disposition: Hospital/acute care facility

Patient Instructions:

Medications:

Current Outpatient Prescriptions

Medication

Sig

• docusate sodium (COLACE) 100 MG capsule	Take 1 capsule by mouth 2 times daily.
• famotidine (PEPCID) 20 MG tablet	Take 1 tablet by mouth 2 times daily.
• lisinopril-hydrochlorothiazide (PRINZIDE,ZESTORETIC) 20-12.5 mg per tablet	Take 1 tablet by mouth daily.
• nicotine (NICODERM CQ) 21 mg/24 hr 24 hr transdermal patch	Place 1 patch onto the skin daily for 13 days.
• OLANzapine (ZYPREXA) 2.5 MG tablet	Take 1 tablet by mouth every 4 hours as needed for 30 days.
• oxyCODONE (ROXICODONE) 10 mg immediate release oral tablet	Take 1 tablet by mouth every 4 hours as needed.
• QUEtiapine (SEROQUEL) 50 MG tablet	Take 1 tablet by mouth bedtime for 30 days.

Activity: as directed

Diet: mechanical soft

Wound Care: as directed

Supervision: Intermittent

Follow-up: as directed

Signed:

Emily Whitehead
4/17/2014
11:05 AM
Pager #: 11006

Chart Cosign

Signed By
Abhay K. Varma

Signed At
Fri Apr 18, 2014 10:31 AM



IP-Consult

Clyde Williams (MR# 002689439)

IP-Consult Info

Author	Note Status	Last Update User	Last Update Date/Time
Aundrea Eason Loftley, MD	Addendum	Beatrice Janulyte Hull, MD	4/5/2014 8:47 AM

IP-Consult

INPATIENT CONSULTATION

Clyde Williams is a 58 y.o. male.
MRN: 002689439

Date of Service: 4/4/2014

Consulting Service: Endocrinology

Requested by Attending Dr. Frankel, pager id 14174

Service requesting consult: Neurosurgery

CHIEF COMPLAINT/REASON FOR CONSULT: Hypernatremia

HPI

Mr. Williams is a 58yo WM with acute cerebral hemorrhage s/p craniotomy on 3/27/14 now with progressive hypernatremia since 4/1.

Patient's serum Na⁺ from 148 on 4/1/14 to current 158 with urine osms of 392, serum osms of 331, and specific gravity 1.008.

Mr. Williams was placed on normal saline 48 hour prior to the consultation, this was changed to 1/2 normal saline at the time of consultation.

He has a free water deficit of 5.7L and has not received DDAVP during this admission.

Date	Description	Status	Result	Normal Range	H/L	Site	Comment	Knowl		
04-04-2014 12:11	SODIUM (NA)		158.0	MMOL/L		135.0 - 145.0	C	GEN		
LAB	*									
04-04-2014 03:43	SODIUM (NA)		154.0	MMOL/L		135.0 - 145.0	H	GEN		
LAB	*									
04-03-2014 14:15	SODIUM (NA)		152.0	MMOL/L		135.0 - 145.0	H	GEN		
LAB	*									
04-03-2014 03:20	SODIUM (NA)		149.0	MMOL/L		135.0 - 145.0	H	GEN		
LAB	*									
04-02-2014 03:17	SODIUM (NA)		149.0	MMOL/L		135.0 - 145.0	H	GEN		
LAB	*									
04-01-2014 10:00	SODIUM (NA)		148	MMOL/L		135 - 145	H	GEN LAB		
	*									

04-01-2014 08:40 LAB *	SODIUM (NA)	148.0 MMOL/L	135.0 - 145.0	H	GEN
03-29-2014 15:15 *	SODIUM (NA)	144 MMOL/L	135 - 145	GEN LAB	
03-29-2014 00:07 LAB *	SODIUM (NA)	143.0 MMOL/L	135.0 - 145.0		GEN
03-28-2014 00:01 LAB *	SODIUM (NA)	140.0 MMOL/L	135.0 - 145.0		GEN
03-27-2014 18:11 LAB *	SODIUM (NA)	139.0 MMOL/L	135.0 - 145.0		GEN

ACTIVE PROBLEMS:

Patient Active Problem List

Diagnosis

- Acute cerebral hemorrhage
- Cerebral edema
- Brain compression
- Acute respiratory failure

ALLERGIES:

Allergies as of 04/04/2014

- (No Known Allergies)

PREADMISSION OUTPATIENT MEDICATIONS:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• ALPRAZolam (XANAX) 1 MG tablet			
• fenofibrate micronized (LOFIBRA) 134 MG capsule			
• glimepiride (AMARYL) 2 MG tablet			
• lisinopril-hydrochlorothiazide (PRINZIDE,ZESTORETIC) 20-12.5 mg per tablet			
• metformin (GLUCOPHAGE) 500 MG tablet			
• simvastatin (ZOCOR) 40 MG tablet			

INPATIENT MEDICATIONS:

StartDtm	Sched	End Date/Time	Drug	Dose	Route	Freq	Priority	Cmt	Admin	Hx
Status	Encounter	Knowl								
04-04-2014 13:14			SODIUM CHLORIDE 0.45%	1000 ML	IV				DEMAND	Routine
*	04-04-2014 14:01	Active	03-27-2014 19:00	*						
04-03-2014 18:56			ACETAMINOPHEN	650 MG	PO			Q6HP	Routine	*
04-04-2014 12:38		Active	*							
04-03-2014 13:00			TAMSULOSIN 24HR	0.4 MG	PO			DAILY	Routine	*
04-04-2014 08:41		Active	*							
04-03-2014 12:00	04-09-2014 11:59		CUSTOM	100 ML	IV			Q4HB	Routine	
*	04-04-2014 12:32	Active	*							
04-03-2014 12:00	04-09-2014 11:59		SODIUM CHLORIDE 0.9%	100 ML	IV					
Q4HB Routine		Active	*							
04-03-2014 12:00	04-09-2014 11:59		NAFCILLIN (MINIBAG PLUS)	2 GM	IV					
Q4HB Routine		Active	*							
04-03-2014 08:30			LACTULOSE	20 GM NG	DAILY			Routine	*	04-04-2014
08:41	Active	*								
03-31-2014 08:30			LISINOPRIL	20 MG PO	DAILY			Routine	*	04-04-2014
08:41	Active	*								

03-30-2014 21:00		QUETIAPINE FUMARATE	12.5 MG	PO	QHS	Routine	
* 04-03-2014 20:02		Active					
03-30-2014 09:39		OXYCODONE IMMEDIATE RELEASE	5 MG	PO	Q6HP	Routine	
* 03-31-2014 15:24		Active					
03-30-2014 08:30		NICOTINE 21 MG	1 PATCH	DERMAL_TRANS		D	
AILY Routine	*	04-04-2014 08:41	Active				
03-29-2014 11:20		ALBUTEROL SULFATE NEBULIZATION	3 MG	INH		RTQ4HP	
Routine	*	Active					
03-28-2014 22:00		HEPARIN (PF)5000 UNIT	SC	Q8HA	Routine	*	04-04-2014
14:05	Active						
03-28-2014 21:00	04-04-2014 20:59	LEVETIRACETAM ORAL	1000 MG			PO	
Q12HB	Routine						
03-28-2014 12:00		INSULIN ASPART	1 - 5 UNIT	SC	Q4HB	Routine	*
04-04-2014 12:32	Active						
03-28-2014 11:00		DOCUSATE SODIUM ORAL	100 MG	PO	BID	Routine	
* 04-04-2014 08:41	Active						
03-28-2014 09:25		FAMOTIDINE	20 MG	PO	Q12HB	Routine	* 04-04-2014
08:41	Active						
03-28-2014 09:24		DEXTROSE 50% IN WATER	25 GM	IV	ONCALL	Routine	*
Active	*						
03-28-2014 09:20		SENNA	8.6 MG	PO	BIDP	Routine	* 04-03-2014
09:06	Active						
03-27-2014 18:59		LABETALOL INJ	10 MG	IV	Q10MP	Routine	* 03-
29-2014 04:58	Active						
03-27-2014 18:59		HYDRALAZINE	10 MG	IV	Q10MP	Routine	* 03-
29-2014 00:02	Active						
03-27-2014 18:59		INFLUENZA TRI-SPLIT VACC (PF)	45 MCG		IM	ONCALL	
Routine	*	Active					
03-27-2014 18:59		PNEUMOCOCCAL 23-VALPS VACCINE	0.5 ML	IM		ONCALL	
Routine	*	Active					

PAST MEDICAL HISTORY: diabetes, hypertension, hyperlipidemia

SURGICAL HISTORY: varicose vein therapy, LLQ mini-laparotomy from a remote injury with a wire hanger that flew up from his lawnmower and required operative removal from his abdomen, no bowel resected

SOCIAL HISTORY: Daily smoker. Lives in Orangeburg with wife. Works as a truckdriver

FAMILY HISTORY: no FH of bleeding disorder or problems with anesthesia

REVIEW OF SYSTEMS:

Review of Systems unobtainable as the patient was sleeping during the consultation. History obtained from family members.

PHYSICAL EXAM:

Physical Exam

Constitutional:

Sleeping comfortably

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Craniotomy incision w/staples recently removed.

Eyes: Conjunctivae are normal.

Neck: No JVD present. No tracheal deviation present.

Cardiovascular: Normal rate, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Breath sounds normal.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no guarding.

Musculoskeletal: He exhibits no edema and no tenderness.

No ecchymosis, abrasions, crepitus or edema

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: Sleeping, not assessed

Skin: Skin is warm and dry. No rash noted. No erythema. No pallor.

LABS RESULTED: Below is the patient's most recent value for WBC, Hemoglobin, Hematocrit, Platelet, Sodium, Potassium, Chloride, CO₂, BUN, Creatinine Serum, GFR, Glucose, Calcium, Magnesium, Phosphorus, Intact PTH, Albumin, AST, ALT, Cholesterol, Triglycerides, HDL, LDL, and Hemoglobin A1C.

Lab Results

Component	Value	Date
WBC	9.49	4/3/2014
HGB	11.5*	4/1/2014
HCT	34.0*	4/3/2014
PLT	275	4/3/2014
NA	158.0*	4/4/2014
K	3.30*	4/4/2014
CL	118.0*	4/4/2014
BUN	35.0*	4/4/2014
MG	2.4*	4/4/2014
PHOS	3.0	4/3/2014
AST	124.0*	4/2/2014
ALT	151.0*	4/2/2014
CHOL	98.0	4/2/2014
TRIG	128.0	4/2/2014
HDL	27*	4/2/2014

RADIOLOGY REVIEWED: EXAMINATION: BRAIN CT 04/01/14 15:33:00

COMPARISON: CT 3/28/14

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast were obtained.

FINDINGS: Prior right frontotemporal craniectomy and right frontal hematoma. Decreased postoperative pneumocephalus. Expected evolution of blood products within the surgical bed in the bifrontal lobes and anterior temporal lobes, and subarachnoid hemorrhages seen in infra- and supratentorial lesions. However, there is apparent increased hypodensity in the bilateral (right greater than left) frontal lobes corresponding with prior areas of hemorrhage. No significant change in mass effect. No transtentorial herniation. Small amount of blood product also noted within the convexities. Blood product posterior to the odontoid process abutting the adjacent cord also seen. The surgical drain of the scalp has been removed. The frontal and left temporal contusions are not significantly changed compared to prior study. Left temporal extra axial collection is also noted. There is no evidence of new hemorrhage. No hydrocephalus. Unchanged skull base fractures. Partial opacification of the left sphenoid sinus, and mucosal thickening of right maxillary and frontal sinuses. Nasogastric tube is partially visualized.

RECOMMENDATIONS: Mr. Williams is a 58yo WM with acute cerebral hemorrhage s/p craniotomy on 3/27/14 now with progressive hyponatremia since 4/1
 Hyponatremia - No evidence to support diabetes insipidus, however its possible partial central diabetes insipidus is being masked by hypervolemia. We would support DI if urine out greater than 300cc/hr for 2 consecutive hours despite appropriate volume resuscitation. The free water deficit is currently 5.7 liters and the hyponatremia has likely worsened over the past 48 hour due to the administration of isotonic saline.
 --Therefore we recommend daily oral intake of 2L
 --IVFs: 1/2 NS running at 100 cc/hr

--q4h serum Na+ checks
--stricts I/Os and foley placement
--AM BMP

We will continue to follow-along.

ATTENDING ATTESTATION:

Patient was seen, examined, data was reviewed. Case was discussed with the team. Agree with the plan as above.

Links

[Previous Version](#)

Chart Cosign

Signed By
Beatrice Janulyte Hull, MD

Signed At
Sat Apr 5, 2014 8:47 AM



MUSC Health

Patient Information

Patient Name	Sex	DOB	SSN
Williams, Clyde	Male	8/19/1955	248-04-4888

Transcription

Type	ID	Status	Author
Operative Note	60482629320140328075	Authenticated	Samuel Michael Taylon, MD

Transcription Text
MUSC Medical Center
OPERATIVE NOTE

PATIENT NAME: WILLIAMS, CLYDE
MRN: 002689439
PATCOM: 105023709
DATE OF SURGERY: 03/27/2014
SERVICE: Surgery, Neurological
SURGEON: Abhay K Varma, MBBS
ASSISTANTS: Samuel Michael Taylon, M.D.

PREOPERATIVE DIAGNOSIS: Right-sided internal cerebral hemorrhage.

POSTOPERATIVE DIAGNOSIS: Right-sided internal cerebral hemorrhage.

PROCEDURE PERFORMED: Right-sided craniotomy for resection of a right frontal intracerebral hemorrhage.

ANESTHESIA: General endotracheal anesthesia.

SPECIMEN REMOVED: Yes, biopsy from the hematoma sent for permanent pathology.

ESTIMATED BLOOD LOSS: 200 cc.

COMPLICATIONS: None.

INTRAOPERATIVE FINDINGS: Included an intracerebral hemorrhage and

DESCRIPTION OF PROCEDURE: The patient was taken emergently from the Neurosurgical Intensive Care Unit to the operating room. He had been previously intubated. He was transferred the operating table. The bed was turned to 90 degrees. His head was placed in a jelly donut. The hair over his frontal scalp was clipped and a bifrontal incision was mapped out and subsequently prepped with Betadine scrub and then a time-out procedure was performed. All members of the operative team were in agreement to proceed. Perioperative antibiotic was administered. He was subsequently draped in sterile manner. The planned incision was infiltrated with local anesthesia. A #10 blade scalpel then used to open this bicoronal incision. Monopolar electrocautery was used to dissect the soft tissues. Raney clips were used circumferentially along the scalp edges to cease any superficial bleeding. Periosteal elevators were used to dissect the skin flap anteriorly. The temporalis muscle was not mobilized with the skin flap. Subsequently, on the right side, the temporalis muscle was mobilized down towards zygoma with periosteal elevator held in the place anteriorly with Lone Stars and subsequently high-speed Codman perforating drill was used to create 5 burr holes, 2 midline, 1 in the keyhole, 1 posterior in the superior temporal line, and 1 just above the zygoma. All 5 of these burr holes were curetted and irrigated out and a Penfield 3 dissector was used to dissect the dura off the underside of the skull. Subsequently, a craniotomy was turned and placed on the back table for safekeeping. Incision irrigated out bony bleeding from the edges was treated with bone wax. Subsequently, the dura was opened in a C-shaped manner and flapped medially obvious frontal lobe edema was present. Bipolar cautery used to create an approximately 2 cm corticotomy and about 1-1/2 cm deep large amounts of parenchymal hematoma were encountered, this was evacuated and the biopsies were taken from the heart of the clot as well as the anterior deep margin as well. They were sent for permanent pathology. The clot was removed. Hemostasis was achieved with bipolar electrocautery. The resection cavity was then lined with Surgicel. No further bleeding was identified. A large piece of Gelfoam was cut to the shape of the craniotomy defect and placed on top of the dura. Subsequently the bone was replaced and secured with miniplates. The temporalis muscle was reapproximated with 2-0 Vicryl sutures. The scalp was closed with 2-0 Vicryl sutures in an subcuticular inverted manner. The skin incision was closed with staples. The drapes were taken down. The incision washed and dried. The patient had the incision treated with bacitracin. He was then transferred into his neurosurgical intensive care unit bed and taken to the neurosurgical intensive care unit in stable condition. At the end the case all sponge and needle counts were correct. Preoperative antibiotics were administered. A time-out procedure was performed. There were no complications.

Dr. Abhay Varma was present for the entire procedure.

Dictated by: Samuel Michael Taylon, MD

Samuel Michael Taylon, MD

Abhay K Varma, MBBS
Surgeon

604826293/medq/
JOB: 1183035
DD: 03/27/2014 22:34:55
DT: 03/28/2014 04:50:27

Electronically Authenticated and Edited by:
 SAMUEL M. TAYLON, MD On 04/01/2014 08:23 AM EDT
 Electronically Authenticated and Edited by:
 ABHAY VARMA, MD On 04/10/2014 01:51 PM EDT

Original Documentation: 0829 04/01/2014 Operative Note By: Samuel Michael Tylon, MD

**IP-Consult**

Clyde Williams (MR# 002689439)

IP-Consult Info

Author	Note Status	Last Update User	Last Update Date/Time
Chelsea Amanda Connor, MD	Addendum	Bruce Alan Crookes, MD	3/28/2014 5:45 AM

IP-Consult**INPATIENT CONSULTATION**

Clyde Williams is a 58 y.o. male.
 MRN: 002689439

Date of Service: 3/27/14
Consulting Service: Trauma

Requested by Attending Dr. Varma, pager id on file
 Service requesting consult: Neurosurgery

CHIEF COMPLAINT/REASON FOR CONSULT:

Chief Complaint
 Patient presents with
 • Fall

Fall

58yo man found down this morning near his 18 wheeler in a puddle of blood. His wallet was missing when he was found. He was taken to PHS where he was initially alert and oriented but his mental status declined in the ER there requiring RSI. He underwent CT of the head and was found to have a large intracranial hemorrhage and basilar skull fractures. Subsequently he was transferred to MUSC for neurosurgical evaluation and then taken emergently to the OR for decompressive craniotomy. Trauma surgery has been consulted to evaluate for other injuries. At the time of consultation the patient is intubated, sedated and unable to give a history; this data was taken from the chart and from his family.

ACTIVE PROBLEMS:

Patient Active Problem List
 Diagnosis

- Acute cerebral hemorrhage
- Cerebral edema
- Brain compression
- Acute respiratory failure

ALLERGIES:

Allergies as of 03/27/2014
 • (No Known Allergies)

PREADMISSION OUTPATIENT MEDICATIONS:

Current Outpatient Prescriptions on File Prior to Visit

Medication	Dose	Frequency	Dispense	Refill
• ALPRAZolam (XANAX) 1 MG tablet				
• fenofibrate micronized (LOFIBRA) 134 MG capsule				
• glimepiride (AMARYL) 2 MG tablet				
• lisinopril-hydrochlorothiazide (PRINZIDE,ZESTORETIC) 20-12.5 mg per tablet				
• metformin (GLUCOPHAGE) 500 MG tablet				
• simvastatin (ZOCOR) 40 MG tablet				

INPATIENT MEDICATIONS: keppra, nifedipine, propofol, tylenol, hydralazine, labetalol, reglan, IVF

PAST MEDICAL HISTORY: diabetes, hypertension, hyperlipidemia

SURGICAL HISTORY: varicose vein therapy, LLQ mini-laparotomy from a remote injury with a wire hanger that flew up from his lawnmower and required operative removal from his abdomen, no bowel resected

SOCIAL HISTORY: Daily smoker. Lives in Orangeburg with wife. Works as a truckdriver

FAMILY HISTORY: no FH of bleeding disorder or problems with anesthesia

REVIEW OF SYSTEMS:

Review of Systems

Unable to perform ROS

PHYSICAL EXAM:

Physical Exam

Constitutional:

Intubated and sedated thin caucasian male

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Craniotomy incision w/ drains in place. No nasal bone or midface instability

Eyes: Conjunctivae are normal.

Neck: No JVD present. No tracheal deviation present.

Cardiovascular: Normal rate, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Breath sounds normal.

No ecchymosis or crepitus of chest wall. Xyphoid is very prominent which his family member says she had not noticed before

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no guarding.

FAST negative

Musculoskeletal: He exhibits no edema and no tenderness.

No ecchymosis, abrasions, crepitus or edema

Lymphadenopathy:

He has no cervical adenopathy.

Neurological:

Sedated. GCS 3T

Skin: Skin is warm and dry. No rash noted. No erythema. No pallor.

Final Vitals:

03/27/14 2155
 BP: 118/72
 Pulse: 80
 Temp: 99.7 °F (37.6 °C)
 Resp: 18

LABS RESULTED: Below is the patient's most recent value for WBC, Hemoglobin, Hematocrit, Platelet, Sodium, Potassium, Chloride, CO2, BUN, Creatinine Serum, GFR, Glucose, Calcium, Magnesium, Phosphorus, Intact PTH, Albumin, AST, ALT, Cholesterol, Triglycerides, HDL, LDL, and Hemoglobin A1C.

Lab Results

Component	Value	Date
WBC	14.50*	3/27/2014
HCT	37*	3/27/2014
PLT	191	3/27/2014
NA	136	3/27/2014
K	4.2	3/27/2014
CL	106.0	3/27/2014
BUN	19.0	3/27/2014
MG	1.7	3/27/2014
PHOS	2.8	3/27/2014
AST	31.0	3/27/2014
ALT	23.0	3/27/2014

RADIOLOGY REVIEWED: CXR, CT head

RECOMMENDATIONS:: 58yo man found down this morning next to his 18wheeler, unknown if he fell or was assaulted, though the latter seems more likely. Transferred here from PHS with acute intracerebral hemorrhage, emergently taken to OR for decompression. Unable to determine by exam if there are other injuries; recommend CT neck, chest, abdomen and pelvis when stable out of the OR to evaluate for other injuries.

Patient discussed with Dr. Crookes, recommendations discussed with Dr. Buchholz.

The patient was seen and evaluated by myself. I agree with the Dr. Connor's History and Physical. The Assessment and Plan were discussed between myself and Dr. Connor, and I agree with the above documentation.

Links

[Previous Version](#)

Chart Cosign

Signed By
Bruce Alan Crookes, MD

Signed At
Fri Mar 28, 2014 5:45 AM



MUSC Health

IP-H & P

Clyde Williams (MR# 002689439)

IP-H & P Info

Author	Note Status	Last Update User	Last Update Date/Time
Ryan Thomson Kellogg, MD	Signed	Ryan Thomson Kellogg, MD	3/27/2014 7:04 PM

IP-H & P

HISTORY AND PHYSICAL FOR ADMISSION

Clyde Williams is a 58 y.o. male
MRN: 002689439
PATCOM:

CHIEF COMPLAINT: Head Bleed**HPI:**

Clyde Williams is a 58 y.o. male that presented to an outside hospital. Pt underwent a head CT showing a

large right frontal contusion and then underwent a CTA that was negative for vessel abnormality.

ACTIVE PROBLEMS:

Patient Active Problem List

Diagnosis

- Acute cerebral hemorrhage
- Cerebral edema
- Brain compression
- Acute respiratory failure

ALLERGIES:

Allergies as of 03/27/2014

- (No Known Allergies)

CURRENT OUTPATIENT MEDICATIONS:

Home Medication Instructions

Williams, Clyde

HAR:

Printed on:03/27/14 1840

Medication Information	Continue	Hold
ALPRAZolam (XANAX) 1 MG tablet		X
fenofibrate micronized (LOFIBRA) 134 MG capsule	X	
glimepiride (AMARYL) 2 MG tablet		X
lisinopril-hydrochlorothiazide (PRINZIDE,ZESTORETIC) 20-12.5 mg per tablet	X	
metformin (GLUCOPHAGE) 500 MG tablet		X
simvastatin (ZOCOR) 40 MG tablet	X	

PAST MEDICAL HISTORY

No past medical history on file.

PAST SURGICAL HISTORY

No past surgical history on file.

FAMILY HISTORY:

family history is not on file.

SOCIAL HISTORY:

REVIEW OF SYSTEMS:

NEURO: SEE HPI

On anticoagulation medications:No

PHYSICAL EXAM:

GEN: Intubated	ABD: negative
ENT: no discharge, swelling or lesions noted	GU: deferred
CV: normal rate and regular rhythm	EXT: no pedal edema noted
PULM: Intubated and ventilated	SKIN: no rashes

NEUROLOGIC EXAM:

Orientation: **Unable to assess due to: Intubation**

EYE: **1 - Does not open eyes**

VERBAL: **Intubated**

MOTOR: **5 - Pushes away noxious stimulus**

GCS Score: **7T**

Cranial Nerves

II - equal, round, and reactive to light, unable to assess VF due to intubation	VIII - NAT
III, IV, & VI - NAT	IX & X - gag reflex intact bilaterally
V - corneal reflexes were normal	XI - shoulder shrug strength appeared normal bilaterally
VII - eye closure was normal bilaterally	XII - NAT, Intubated

Motor exam: Localized RUE, WD right lower ext, flexes on right

Pronator Drift Right: NAT

Pronator Drift Left: NAT

IMAGING

CTA: Right frontal hemorrhage with possible underlying AVM or dAVF

LABS**Lab Results**

Component	Value	Date
WBC	14.50*	3/27/2014
HCT	39.8*	3/27/2014
PLT	191	3/27/2014

ASSESSMENT/PLAN: Clyde Williams is a 58 y.o. male with a large cerebral hemorrhage and possible vascular malformation.

- Admit to neurosurgery
- CBC, BMP, Coags, Type and Cross
- CXR, ECG
- NPO after midnight#
- Review images
- Consent for surgery
- Start appropriate home medications

PRINCIPAL DIAGNOSIS

1. Acute cerebral hemorrhage
2. Cerebral edema
3. Brain compression
4. Acute respiratory failure

Signed

Ryan Kellogg, MD
6:40 PM, 3/27/2014
Pager ID: 15516

Chart Cosign

Signed By
Abhay K. Varma

Signed At
Sat Mar 29, 2014 12:29 AM

CT head without contrast

Status: Final result

Study Result

EXAMINATION: BRAIN CT 05/09/14 15:10:00

ACCESSION NUMBER: 7504826

INDICATION: ICH, s/p resection of right sided ICH with recent nausea, vomiting, subtle left CN VII weakness, pronator drift, garbled speech ICH

COMPARISON: 4/1/14, 3/27/14

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast.

FINDINGS: Prior right frontotemporal craniectomy and right frontal hematoma evacuation. Expected evolution of bilateral frontal and bitemporal contusions. There has been interval development of bilateral frontal and temporal lobe encephalomalacia, greater on the right with mild ex vacuo dilatation of the right lateral ventricle. There has also been interval development of a focal area of encephalomalacia within pons just to the left of midline. There is no evidence of hydrocephalus. Basilar cisterns are patent. No evidence of mass effect or midline shift. Dural thickening/calcification noted on the right underlying site of prior surgery. No evidence of intracranial hemorrhage or acute infarct. Unchanged fractures of the occipital and sphenoid bones. The paranasal sinuses and mastoid air cells are unremarkable.

IMPRESSION:
IMPRESSION:

Expected evolution of bilateral frontal and bitemporal contusions with bilateral frontal and temporal lobe encephalomalacia, much greater on the right and minimal ex vacuo dilatation of the right lateral ventricle. Focal area of encephalomalacia within the pons just to left of midline.

No evidence of new hemorrhage.

Healing skull base fractures.

VOICE DICTATED BY: Dr. Janet R. Ter Louw
I have reviewed the study and agree with the findings in this report.

Imaging

CT head without contrast (Order #37454036) on 5/9/2014 - Imaging Information

Result History

CT HEAD WO CONTRAST (Order #37454036) on 5/9/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
ROBERTS, DONNA	5/09/2014 16:27	843-792-2123	

Read by

Read	Date	Phone	Pager
Donna Roberts, MD	5/09/2014	843-792-2123	
Janet Ter Louw, MD	5/09/2014	843-792-2500	

Exam Information

Status	Exam	Exam
Final [99]	Began	Ended
	5/09/2014 14:44	

PACS Images[Show images for CT head without contrast](#)**Reviewed by**

Patricia Mathias, PAC	5/9/2014 5:16 PM

External Result Report**Encounter**[External Result Report](#)[View Encounter](#)**PACS Images**[Show images for CT head without contrast](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[CT HEAD WO CONTRAST \(Order #37454036\) on 5/9/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
5/9/2014 2:28 PM	None	5/9/2014	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Ancillary Performed

Associated Diagnoses

ICH (intracerebral hemorrhage) - Primary

Collection Information

Collection Date	Collection Time	Referring Agency
5/9/2014	3:10 PM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	Patricia Mathias, PAC	843-792-7700	--	--
Authorizing Provider	Patricia Mathias, PAC	843-792-7700	--	--
Attending Provider	Abhay K. Varma	843-792-7700	--	--
Billing Provider	Donna Roberts, MD	843-792-2123	--	--

US ABDOMEN LIMITED

Status: Final result

Study Result

EXAMINATION: RIGHT UPPER QUADRANT ULTRASOUND 04/02/14 16:36:00

ACCESSION NUMBER: 7450820

INDICATION: Elevated liver function tests, ammonia. Right frontal hemorrhage

COMPARISON: None available

TECHNIQUE: Real-time sonographic images were obtained of the right upper quadrant of the abdomen utilizing a multi-hertz transducer.

FINDINGS: The gallbladder demonstrates multiple hyperechoic rounded foci within the dependent portion, with posterior acoustic shadowing. These are consistent with stones. There are hyperechoic foci within the nondependent portions of the gallbladder wall with comet to artifact, consistent with cholesterol crystals. Negative sonographic Murphy's sign. The gallbladder wall is not thickened. The common bile duct is normal in caliber, measuring 3 mm. There is no evidence of intrahepatic biliary ductal dilatation.

The liver measures 17.4 cm and shows normal echogenicity.. There is no evidence of focal masses or cysts identified. The portal vein demonstrates normal hepatopedal blood flow.

The visualized aspects of the pancreas are normal. The right kidney is unremarkable in size/appearance, measuring 12.6 cm from pole to pole. There is no free intraperitoneal fluid within the upper abdomen.

IMPRESSION:
IMPRESSION:

Cholelithiasis without evidence of cholecystitis.

VOICE DICTATED BY: Dr. ROBERT EGBERT

I have reviewed the study and agree with the findings in this report.

Imaging

US ABDOMEN LIMITED (Order #37003474) on 4/2/2014 - Imaging Information

Result History

US ABDOMEN LIMITED (Order #37003474) on 4/2/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
IRSHAD, ABID	4/02/2014 17:07		

Read by

Read	Date	Phone	Pager
Abid Irshad	4/02/2014		
Robert Evans Egbert, MD	4/02/2014		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	4/02/2014 07:42	

PACS Images

Show images for US ABDOMEN LIMITED

External Result Report

External Result Report

Encounter

View Encounter

PACS Images

Show images for US ABDOMEN LIMITED

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

US ABDOMEN LIMITED (Order #37003474) on 4/2/14

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time

4/2/2014 7:42 AM

4/2/2014 7:42 AM

4/2/2014 7:42 AM

4/2/2014 7:42 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
4/2/2014	4:36 PM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Radiology Defaultprovider	--	--	--
Billing Provider	Abid Irshad	--	--	--

XR ABDOMEN AP

Status: Final result

Study Result

EXAMINATION: ABDOMEN 04/02/14 11:11:00

ACCESSION NUMBER: 7451238

INDICATION: Dobhoff needs placement confirmation for meds and tube feeds. Traumatic brain injury.

COMPARISON: Abdominal radiograph 4/1/14

FINDINGS: AP supine view of the abdomen was obtained with the left flank and pelvis excluded by collimation. There is motion artifact. Normal bowel gas pattern without evidence of pathologically distended loops of intestine. No evidence of free intraperitoneal gas. Osseous structure are unchanged with thoracolumbar spondylosis. Weighted tip of enteric feeding tube terminates over the gastric antrum.

IMPRESSION:
IMPRESSION:

Weighted tip of enteric feeding tube terminates over the gastric antrum.

VOICE DICTATED BY: Dr. William Rieter
I have reviewed the study and agree with the findings in this report.

Imaging

XR ABDOMEN AP (Order #37003470) on 4/2/2014 - Imaging Information

Result History

XR ABDOMEN AP (Order #37003470) on 4/2/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
ANIS, MUNAZZA	4/02/2014 15:21	843-792-2123	

Read by

Read	Date	Phone	Pager
Munazza Anis, MD	4/02/2014	843-792-2123	
William Rieter	4/02/2014		

Exam Information

Status	Exam	Exam
Final [99]	Begin	Ended
	4/02/2014 10:14	

PACS Images[Show images for XR ABDOMEN AP](#)**External Result Report****Encounter**[External Result Report](#)[View Encounter](#)**PACS Images**[Show images for XR ABDOMEN AP](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[XR ABDOMEN AP \(Order #37003470\) on 4/2/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
4/2/2014 10:14 AM	4/2/2014 10:14 AM	4/2/2014 10:14 AM	4/2/2014 10:14 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
4/2/2014	11:11 AM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Radiology Default provider	--	--	--
Billing Provider	Munazza Anis, MD	843-792-2123	--	--

CT HEAD WO CONTRAST**Status: Final result****Study Result**

EXAMINATION: BRAIN CT 04/01/14 15:33:00

ACCESSION NUMBER: 7449969

INDICATION: neuro exam change, increased somnolence right frontal hemorrhage

COMPARISON: CT 3/28/14

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast were obtained.

FINDINGS: Prior right frontotemporal craniectomy and right frontal hematoma. Decreased postoperative pneumocephalus. Expected evolution of blood products within the surgical bed in the bifrontal lobes and anterior temporal lobes, and subarachnoid hemorrhages seen in infra- and supratentorial lesions. However, there is apparent increased hypodensity in the bilateral (right greater than left) frontal lobes corresponding with prior areas of hemorrhage. No significant change in mass effect. No transtentorial herniation. Small amount of blood product also noted within the convexities.

Blood product posterior to the odontoid process abutting the adjacent cord also seen. The surgical drain of the scalp has been removed. The frontal and left temporal contusions are not significantly changed compared to prior study. Left temporal extra axial collection is also noted. There is no evidence of new hemorrhage. No hydrocephalus. Unchanged skull base fractures. Partial opacification of the left sphenoid sinus, and mucosal thickening of right maxillary and frontal sinuses. Nasogastric tube is partially visualized.

IMPRESSION:**IMPRESSION:**

Postsurgical changes of right frontotemporal craniectomy and evacuation of hematoma with significant decrease in mass effect and subfalcine herniation.

Evolving left frontal and bitemporal contusions next axial collections. No evidence of new hemorrhage.

Unchanged skull base fractures with persistent blood product posterior to the odontoid process abutting the spinal cord.

VOICE DICTATED BY: Dr. Shree Subedi

I have reviewed the study and agree with the findings in this report.

Imaging

CT HEAD WO CONTRAST (Order #36909215) on 4/1/2014 - Imaging Information

Result History

CT HEAD WO CONTRAST (Order #36909215) on 4/4/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
DEFAULTPROVIDER, RADIOLOGY	4/04/2014 10:57		

Read by

Read	Date	Phone	Pager
Maria Vittoria Spampinato, MD	4/01/2014	843-792-2123	
Shree Krishna Subedi, MD	4/01/2014		
Radiology Defaultprovider	4/04/2014		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	4/01/2014 14:17	

PACS Images

Show Images for CT HEAD WO CONTRAST

External Result Report

External Result Report

Encounter

View Encounter

PACS Images

Show Images for CT HEAD WO CONTRAST

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

CT HEAD WO CONTRAST (Order #36909215) on 4/1/14

Order Information

Order Date/Time 4/1/2014 2:17 PM	Release Date/Time 4/1/2014 2:17 PM	Start Date/Time 4/1/2014 2:17 PM	End Date/Time 4/1/2014 2:17 PM

Order Details

Frequency Once	Duration 1 occurrence	Priority Routine	Order Class Normal

Collection Information

Collection Date 4/1/2014	Collection Time 3:33 PM	Resulting Agency GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Radiology Default provider	--	--	--
Billing Provider	Maria Vittoria Spampinato, MD	843-792- 2123	--	--

XR ABDOMEN AP

Status: Final result

Study Result

EXAMINATION: ABDOMEN 04/01/14 12:25:00

ACCESSION NUMBER: 7449441

INDICATION: Aspiration pneumonia on CXR, confirmation of DHT position. R frontal hemorrhage

COMPARISON: Abdominal radiograph 3/28/14

FINDINGS: AP supine view of the abdomen was obtained with the right flank and inferior pelvis excluded by collimation. Normal bowel gas pattern without evidence of pathologically distended loops of intestine. No evidence of free intraperitoneal gas. Osseous structures are unchanged with thoracolumbar spondylosis. Weighted tip of feeding tube terminates over the medial gastric fundus.

IMPRESSION:

IMPRESSION:

Weighted tip of feeding tube terminates over the medial gastric fundus.

VOICE DICTATED BY: Dr. William Rieter

I have reviewed the study and agree with the findings in this report.

Imaging

XR ABDOMEN AP (Order #36909211) on 4/1/2014 - Imaging Information

Result History

XR ABDOMEN AP (Order #36909211) on 4/1/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
SCHABEL, STEPHEN I	4/01/2014 14:28	843-792-2123	

Read by

Read	Date	Phone	Pager
Stephen I Schabel, MD	4/01/2014	843-792-2123	
William Rieter	4/01/2014		

Exam Information

Cranial Nerves

II - equal, round, and reactive to light, unable to assess VF due to intubation	VIII - NAT
III, IV, & VI - NAT	IX & X - gag reflex intact bilaterally
V - corneal reflexes were normal	XI - shoulder shrug strength appeared normal bilaterally
VII - eye closure was normal bilaterally	XII - NAT, Intubated

Motor exam: Localized RUE, WD right lower ext, flexes on right

Pronator Drift Right: NAT

Pronator Drift Left: NAT

IMAGING

CTA: Right frontal hemorrhage with possible underlying AVM or dAVF

LABS**Lab Results**

Component	Value	Date
WBC	14.50*	3/27/2014
HCT	39.8*	3/27/2014
PLT	191	3/27/2014

ASSESSMENT/PLAN: Clyde Williams is a 58 y.o. male with a large cerebral hemorrhage and possible vascular malformation.

- Admit to neurosurgery
- CBC, BMP, Coags, Type and Cross
- CXR, ECG
- NPO after midnight#
- Review images
- Consent for surgery
- Start appropriate home medications

PRINCIPAL DIAGNOSIS

1. Acute cerebral hemorrhage
2. Cerebral edema
3. Brain compression
4. Acute respiratory failure

Signed

Ryan Kellogg, MD
6:40 PM, 3/27/2014
Pager ID: 15516

Chart Cosign

Signed By
Abhay K. Varma

Signed At
Sat Mar 29, 2014 12:29 AM

Status:
Final [99]

Exam
Began
4/01/2014 11:36

Exam
Ended

PACS Images

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External Result Report

[External Result Report](#)

Encounter

[View Encounter](#)

PACS Images

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MUSC REPRINT REQUISITION

[XR ABDOMEN AP \(Order #36909211\) on 4/1/14](#)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
4/1/2014 11:36 AM	4/1/2014 11:36 AM	4/1/2014 11:36 AM	4/1/2014 11:36 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
4/1/2014	12:25 PM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Radiology Default provider	--	--	--
Billing Provider	Stephen I Schabel, MD	843-792-2123	--	--

XR CHEST 1 VIEW

Status: Final result

Study Result

EXAMINATION: CHEST 04/01/14 08:21:00

ACCESSION NUMBER: 7448877

INDICATION: tachy, fever, rhonchi r frontal hemorrhage

COMPARISON: 3/29/14.

FINDINGS: Frontal radiograph of the chest demonstrates unchanged position of weighted tip enteric tube. The cardiomedial silhouette is normal in size and contour. The lungs demonstrate increasing right lower lobe air space opacity. No evidence of pleural effusion or pneumothorax. Osseous structures show no evidence of acute abnormality.

IMPRESSION:

IMPRESSION:

Right lower lobe opacity which may represent aspiration or infection.

VOICE DICTATED BY: Dr. Karen Patrick

I have reviewed the study and agree with the findings in this report.

ImagingXR CHEST 1 VIEW (Order #36909197) on 4/1/2014 - Imaging Information**Result History**XR CHEST 1 VIEW (Order #36909197) on 4/1/14 - Order Result History Report.**Signed by**

Signed	Date/Time	Phone	Pager
RAVENEL, JAMES GAILLARD	4/01/2014 09:55	843-792-2123	

Read by

Read	Date	Phone	Pager
James Gaillard Ravenel, MD	4/01/2014	843-792-2123	
Karen Patrick, MD	4/01/2014	843-792-2500	

Exam Information

Status	Exam Begin	Exam Ended
Final [99]	4/01/2014 07:51	

PACS ImagesShow images for XR CHEST 1 VIEW**External Result Report**External Result Report**Encounter**View Encounter**PACS Images**Show images for XR CHEST 1 VIEW

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITIONXR CHEST 1 VIEW (Order #36909197) on 4/1/14**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
4/1/2014 7:51 AM	4/1/2014 7:51 AM	4/1/2014 7:51 AM	4/1/2014 7:51 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
4/1/2014	8:21 AM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Radiology Default provider	--	--	--
Billing Provider	James Gaillard Ravenel, MD	843-792- 2123	--	--

XR SHOULDER 2 VIEWS**Status: Final result****Study Result**

EXAMINATION: SHOULDER RADIOGRAPHS 03/31/14 18:42:00

ACCESSION NUMBER: 7448645

INDICATION: pain fall, basilar skull fx

COMPARISON: CT chest/abdomen/pelvis 3/28/14.

TECHNIQUE: Internally and externally rotated AP views of the shoulder labeled left were performed.

FINDINGS: There is no evidence of glenohumeral fracture. Alignment is normal. Alignment of the acromioclavicular joint is normal. Glenohumeral joint space is preserved but there is mild osteophyte formation. Mild degenerative changes of the acromioclavicular joint are noted. Enteric tube is partially visualized.

IMPRESSION:

IMPRESSION:

No evidence of acute osseous injury to left shoulder.

Mild osteoarthritis of the glenohumeral and a.c. joints.

VOICE DICTATED BY: Dr. BRIAN P. FLEMMING

I have reviewed the study and agree with the findings in this report.

Imaging

[XR SHOULDER 2 VIEWS \(Order #36909183\) on 3/31/2014 - Imaging Information](#)

Result History

[XR SHOULDER 2 VIEWS \(Order #36909183\) on 4/1/14 - Order Result History Report.](#)

Signed by

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	4/01/2014 08:23	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PHD	4/01/2014	843-792-2123	
Brian Patrick Flemming, MD	4/01/2014		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/31/2014 18:17	

PACS Images

[Show images for XR SHOULDER 2 VIEWS](#)

External Result Report

[External Result Report](#)

Encounter

[View Encounter](#)

PACS Images

[Show images for XR SHOULDER 2 VIEWS](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

[XR SHOULDER 2 VIEWS \(Order #36909183\) on 3/31/14](#)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/31/2014 6:17 PM	3/31/2014 6:17 PM	3/31/2014 6:17 PM	3/31/2014 6:17 PM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/31/2014	6:42 PM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Beth Allison Griffin, PAC	843-792-2424	--	--
Billing Provider	William F Conway, MD PHD	843-792-2123	--	--

XR CHEST 1 VIEW

Status: Final result

Study Result

EXAMINATION: CHEST 03/29/14 04:16:00

ACCESSION NUMBER: 7446090

INDICATION: resp difficulty resp difficulty

COMPARISON: Chest radiograph 3/28/14.

FINDINGS: Single frontal radiograph of the chest demonstrates stable size and contour of the cardiomeastinal silhouette. The endotracheal tube is been removed. Distal portion of a nasogastric tube coils over the stomach fundus. There is no evidence of focal airspace disease, pleural effusion, or pneumothorax. Thoracic spondylosis is noted.

IMPRESSION:

IMPRESSION:

No evidence of acute cardiopulmonary disease. Endotracheal tube has been removed.

VOICE DICTATED BY: Dr. Nathan Jones

I have reviewed the study and agree with the findings in this report.

ImagingXR CHEST 1 VIEW (Order #36872091) on 3/29/2014 - Imaging Information**Result History**XR CHEST 1 VIEW (Order #36872091) on 3/29/14 - Order Result History Report.**Signed by**

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	3/29/2014 08:50	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PHD	3/29/2014	843-792-2123	
Nathaniel Jones	3/29/2014		

Exam Information

Status	Exam Begin	Exam Ended
Final [99]	3/29/2014 03:46	

PACS Images[Show images for XR CHEST 1 VIEW](#)**External Result Report****Encounter**[External Result Report](#)[View Encounter](#)**PACS Images**[Show images for XR CHEST 1 VIEW](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[XR CHEST 1 VIEW \(Order #36872091\) on 3/29/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/29/2014 3:46 AM	3/29/2014 3:46 AM	3/29/2014 3:46 AM	3/29/2014 3:46 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/29/2014	4:16 AM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	William F Conway, MD PHD	843-792-2123	--	--

XR ABDOMEN AP**Status: Final result****Study Result**

EXAMINATION: ABDOMEN 03/28/14 21:18:00

ACCESSION NUMBER: 7446013

INDICATION: dobbhoff placement verification for medication administration ICH

COMPARISON: 3/27/14

FINDINGS: AP supine view of the abdomen was obtained on 2 cassettes. There has been removal of previously visualized nasogastric tube. Enteric catheter is seen coursing below the diaphragm, distal weighted tip overlying the gastric fundus. There is a normal bowel gas pattern with no evidence of pathologically distended loops of intestine. Degenerative changes in the lower lumbar spine without evidence of acute bony abnormality.

IMPRESSION:

IMPRESSION:

Enteric tube with distal weighted tip overlying the gastric fundus.

VOICE DICTATED BY: Dr. BRIAN P. FLEMMING

I have reviewed the study and agree with the findings in this report.

ImagingXR ABDOMEN AP (Order #36372093) on 3/23/2014 - Imaging Information**Result History**XR ABDOMEN AP (Order #36372093) on 3/29/14 - Order Result History Report.**Signed by**

Signed	Date/Time	Phone	Pager
CONWAY, WILLIAM F	3/29/2014 08:51	843-792-2123	

Read by

Read	Date	Phone	Pager
William F Conway, MD PHD	3/29/2014	843-792-2123	
Brian Patrick Flemming, MD	3/29/2014		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/28/2014 20:13	

PACS ImagesShow images for XR ABDOMEN AP**External Result Report**External Result Report**Encounter**View Encounter**PACS Images**Show images for XR ABDOMEN AP

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITIONXR ABDOMEN AP (Order #36372093) on 3/28/14**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 8:13 PM	3/28/2014 8:13 PM	3/28/2014 8:13 PM	3/28/2014 8:13 PM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
3/28/2014	9:18 PM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Martin David Avery, MD	843-792-2300	--	--
Billing Provider	William F Conway, MD PHD	843-792-2123	--	--

NIR CAROTID CERVICAL ANGIO BILATERAL**Status: Final result****Study Result**

Authenticating Radiologist: RAYMOND TURNER IV
Date Authenticated: 03/31/2014 08:20

PROCEDURE: IADSA of the bilateral common, external, and internal carotid arteries and the bilateral vertebral arteries to evaluate for cause of right frontal intraparenchymal hemorrhage.

PRE PROCEDURAL DIAGNOSIS: Right frontal intraparenchymal hemorrhage.

POST PROCEDURAL DIAGNOSIS: Right frontal intraparenchymal hemorrhage.

ANESTHESIA: Local Anesthesia with supervised moderate sedation and monitoring using 1 mg versed and 50 micrograms Fentanyl.

APPROACH: Right common femoral artery using a modified Seldinger technique.

CONTRAST: 120 cc UV 300

FLUORO TIME: 13.27 min

STAFF: Raymond Turner MD

ASSISTANT: Jonathan Lena MD and Zachary Wright MD

INFORMED CONSENT: All risks, benefits, alternatives, indications, personnel, and complications were discussed with the patient and their family. Consent obtained. No guarantees were made.

INDICATION: The patient is a 58 year old male who presented with right frontal intraparenchymal hemorrhage requiring craniotomy for evacuation of clot. Angiographic definition is required to define continued care.

TECHNIQUE: After the risks, benefits, treatment options and complications were discussed with the patient and family and they agreed to proceed, the patient was brought to the angiography suite. Time out was performed. The right groin region was prepped and draped in the usual sterile fashion. The skin at the entry site was anesthetized using 10cc of lidocaine. The right common femoral artery was entered using modified Seldinger technique. A 5 F sheath was placed over a 0.035" PTFE floppy wire using modified Seldinger technique with imaging of the common iliac artery confirming sheath placement.

A 5 F diagnostic catheter in conjunction with a .038" angled Glidewire was used to selectively catheterize the right vertebral artery, the right common, internal, and external carotid arteries, the left vertebral artery, and the left common, internal, and external carotid arteries. After each vessel was selected multiple AP, lateral, oblique and magnified angiographic runs were performed with filming over the head and neck.

Hemostasis was attained at the entry site by Starclose device.

Dr. Turner was present throughout the procedure.

There were no complications during or immediately after the procedure.

FINDINGS:

RIGHT COMMON FEMORAL ARTERY: There is no evidence of iatrogenic injury.

RIGHT VERTEBRAL ARTERY: There are normal arterial, capillary and venous phases. Bilateral posterior communicating arteries are small and rapidly clear from competitive flow. The left distal vertebral artery backfills briefly with opacification of the left PICA. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush outside the right PICA distribution. Major venous sinuses are patent.

RIGHT COMMON CAROTID ARTERY: The right carotid artery bifurcation is at the C3/C4 level. There are normal arterial, capillary and venous phases. There was no significant flow-limiting stenosis.

RIGHT INTERNAL CAROTID: There are normal arterial, capillary and venous phases. The posterior communicating artery is small, fills the posterior cerebral artery and rapidly clears from competitive flow. There is an azygous anterior cerebral artery A2 segment with a fenestration at its proximal end. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush. Major venous sinuses are patent.

RIGHT EXTERNAL CAROTID: There are normal arterial, capillary and venous phases. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush. Major venous sinuses are patent.

LEFT VERTEBRAL ARTERY: There are normal arterial, capillary and venous phases. Bilateral posterior communicating arteries are small and rapidly clear from competitive flow. The right distal vertebral artery backfills briefly with opacification of the right PICA. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush outside the right PICA distribution. Major venous sinuses are patent.

LEFT COMMON CAROTID ARTERY: The left carotid artery bifurcation is at the C3/C4 level. There are normal arterial, capillary and venous phases. There was no significant flow-limiting stenosis.

LEFT INTERNAL CAROTID: There are normal arterial, capillary and venous phases. The posterior communicating artery is small, fills the posterior cerebral artery and rapidly clears from competitive flow. There is an azygous anterior cerebral artery A2 segment with a fenestration at its proximal end. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush. Major venous sinuses are patent.

LEFT EXTERNAL CAROTID: There are normal arterial, capillary and venous phases. No evidence of vasculitis, aneurysm, branch block or AV shunting is seen. There are no areas with absent capillary blush. Major venous sinuses are patent.

IMPRESSION:

IMPRESSION:

There is an azygous anterior cerebral artery A2 segment with a fenestration at its proximal end. Otherwise normal cerebral angiogram with no intracranial aneurysm, arteriovenous malformation, or dural arteriovenous fistula.

DICTATED BY: Jonathan Lena MD

I have reviewed the study and agree with the findings in this report.

Imaging

NIR CAROTID CERVICAL ANGIO BILATERAL (Order #36834260) on 3/28/2014 - Imaging Information

Result History

NES ANG CAROTID CERVICAL BILATERAL-INTERNAL (Order #36834860) on 3/31/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
TURNER, RAYMOND DWIGHT	3/31/2014 08:20	843-792-7700	

Read by

Read	Date	Phone	Pager
Raymond Dwight Turner, MD	3/28/2014	843-792-7700	
Jonathan Ross Lena, MD	3/28/2014	843-792-2400	

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/28/2014 06:36	

PACS Images

Show images for NIR CAROTID CERVICAL ANGIO BILATERAL

Encounter

View Encounter

PACS Images

Show images for NIR CAROTID CERVICAL ANGIO BILATERAL

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

NIR CAROTID CERVICAL ANGIO BILATERAL (Order #36834260) on 3/28/14

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 6:36 AM	3/28/2014 6:36 AM	3/28/2014 6:36 AM	3/28/2014 6:36 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
3/28/2014	1:47 PM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Raymond Dwight Turner, MD	843-792-7700	--	--

XR CHEST AP PORTABLE

Status: Final result

Study Result

EXAMINATION: CHEST 03/28/14 10:34:00

ACCESSION NUMBER: 7444890

INDICATION: advanced ett 58M with ICH

COMPARISON: 3/27/14.

FINDINGS: Frontal radiograph of the chest. Endotracheal tube has been advanced slightly, tip now just beyond the clavicular heads. Nasogastric tube tip overlies the gastric fundus. The cardiomeastinal silhouette is normal in size and contour. The lungs are clear with no evidence of focal air space disease, pneumothorax, or pleural effusion. Osseous structures show thoracic spondylosis without acute abnormality.

IMPRESSION:

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Endotracheal tube in satisfactory position with tip just beyond the clavicular heads.

VOICE DICTATED BY: Dr. Karen Patrick

I have reviewed the study and agree with the findings in this report.

Imaging

[XR CHEST AP PORTABLE \(Order #36834858\) on 3/28/2014 - Imaging Information](#)

Result History

[XR CHEST AP PORTABLE \(Order #36834858\) on 3/28/14 - Order Result History Report.](#)

Signed by

Signed	Date/Time	Phone	Pager
RAVENEL, JAMES GAILLARD	3/28/2014 14:24	843-792-2123	

Read by

Read	Date	Phone	Pager
James Gaillard Ravenel, MD	3/28/2014	843-792-2123	
Karen Patrick, MD	3/28/2014	843-792-2500	

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/28/2014 09:41	

PACS Images

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External Result Report

[External Result Report](#)

Encounter

[View Encounter](#)

PACS Images

[Show images for XR CHEST AP PORTABLE](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

[XR CHEST AP PORTABLE \(Order #36834858\) on 3/28/14](#)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 9:41 AM	3/28/2014 9:41 AM	3/28/2014 9:41 AM	3/28/2014 9:41 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
3/28/2014	10:34 AM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/Beeper	E-mail
Authorizing Provider	Anthony Lawson, MD	843-792-2500	--	--
Billing Provider	James Gaillard Ravenel, MD	843-792-2123	--	--

IMPORT CT HEAD

Status: Final result

Study Result**Imaging**IMPORT CT HEAD (Order #36834844) on 3/28/2014 - Imaging Information**Exam Information**

Status	Exam begun	Exam ended
Final [99]	3/28/2014 09:35	

PACS ImagesShow images for IMPORT CT HEAD**External Result Report****Encounter**External Result ReportView Encounter**PACS Images**Show images for IMPORT CT HEAD

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITIONIMPORT CT HEAD (Order #36834844) on 3/28/14**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 9:35 AM	3/28/2014 9:35 AM	3/28/2014 9:35 AM	3/28/2014 9:35 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Referring Agency
GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/Beeper	E-mail
Authorizing Provider	Radiology Defaultprovider	--	--	--

CT HEAD WO CONTRAST

Status: Final result

Study Result

EXAMINATION: BRAIN CT 03/28/14 05:14:00

ACCESSION NUMBER: 7444633

INDICATION: increased hemorrhage ICH

COMPARISON: Brain CT 3/27/14

TECHNIQUE: Multiple contiguous computed tomographic images of the brain were obtained without intravenous contrast.

FINDINGS: There has been interval right frontotemporal craniectomy and right frontal lobe hematoma evacuation with expected postoperative pneumocephalus. There are residual blood products within the surgical bed extending into the right basal ganglia. Blood products along the right cerebral convexity with some extra-axial low density fluid. There is a surgical drain in place. There is significant interval decrease in mass effect with resolution of midline shift and subfalcine herniation. There are evolving left frontal and left temporal contusions which are grossly unchanged in extent from prior examination. There is a unchanged left temporal extra-axial hematoma and subarachnoid hemorrhage along the left parietal lobe and falx as well as along the cerebellar folia bilaterally. Unchanged skull base fractures. Fluid within the left sphenoid sinus and mucosal thickening of the right frontal, scattered ethmoid and bilateral maxillary sinuses. There is unchanged blood products posterior to the odontoid process which abuts the adjacent spinal cord. Endotracheal and orogastric tubes in place.

IMPRESSION:

IMPRESSION:

1. Interval right frontotemporal craniectomy and hematoma evacuation with significant interval improvement in mass effect and subfalcine herniation.
2. Evolving left frontal and bitemporal contusions and extra-axial collections without evidence of new hemorrhage.
3. Unchanged skull base fractures with persistent blood products posterior to the odontoid process and abutting the spinal cord.

DICTATED BY: Dr. Nicole Horst

I have reviewed the study and agree with the findings in this report.

Imaging

CT HEAD WO CONTRAST (Order #36834848) on 3/28/2014 - Imaging Information

Result History

CT HEAD WO CONTRAST (Order #36834848) on 3/28/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
DEFAULTPROVIDER, RADIOLOGY	3/28/2014 09:44		

Read by

Read	Date	Phone	Pager
Radiology Defaultprovider	3/28/2014		
Maria Vittoria Spampinato, MD	3/28/2014	843-792-2123	
Nicole Dray Horst, MD	3/28/2014	843-572-8277	

Exam Information

Exam

Exam

Status

Final [99]

Begin

3/28/2014 02:53

Ended

PACS Images[Show images for CT HEAD WO CONTRAST](#)**External Result Report**[External Result Report](#)**Encounter**[View Encounter](#)**PACS Images**[Show images for CT HEAD WO CONTRAST](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[CT HEAD WO CONTRAST \(Order #36834848\) on 3/28/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/28/2014	5:14 AM	GE IMAGECAST RIS

Order Provider Info

		Office phone	Pager/beeper	E-mail
Ordering User	External Ris In Interface	--	--	--
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Maria Vittoria Spampinato, MD	843-792-2123	--	--

CT CHEST ABDOMEN PELVIS W CONTRAST

Status: Final result

Study Result

EXAMINATION: CT CHEST / ABDOMEN / PELVIS 03/28/14 05:14:00

ACCESSION NUMBER: 7444631

INDICATION: ICH, increased hemorrhage ICH

COMPARISON: None

TECHNIQUE: Multiple 2 mm axial CT images were obtained of the chest, abdomen and pelvis after the bolus administration of 100 cc Omnipaque 350 (iohexol). Coronal and sagittal reconstructions were also performed.

FINDINGS:**CHEST:**

No evidence of thoracic osseous trauma. Multilevel spondylosis.

The aorta and great vessels demonstrate calcified and noncalcified plaque without evidence for acute injury. There is no evidence for mediastinal hematoma or pericardial effusion. Endotracheal tube with

the distal tip in the trachea. Evaluation of lung parenchyma demonstrates mild emphysematous changes and dependent hypoventilatory changes without evidence for contusion or other acute infiltrate. There is no pneumothorax or pleural effusion.

ABDOMEN:

No evidence of lumbar spine trauma. Lumbar spondylosis and vacuum disc phenomenon at L5-S1.

The liver, spleen, gallbladder, pancreas, adrenal glands and kidneys show no evidence for acute injury. Multiple hypodense foci within the gallbladder, which may represent cholesterol stones. Left renal cyst. The gastrointestinal tract is also unremarkable without wall thickening or obstruction. Nasogastric tube with the distal tip of the gastric fundus. Abdominal and hepatic vasculature demonstrate scattered atherosclerotic calcifications without evidence of acute injury. There is no evidence for free intraperitoneal gas, fluid or lymphadenopathy.

PELVIS:

No evidence of pelvic osseous trauma. Focal sclerotic densities within the left femoral head, likely representing bone islands.

Evaluation of the lower gastrointestinal tract shows no evidence for bowel wall thickening or injury. The urinary bladder contains Foley catheter balloon and intraluminal gas, likely related to instrumentation. There is no free intraperitoneal gas or fluid. There is no lymphadenopathy.

IMPRESSION:**IMPRESSION:**

1. No evidence for intra- thoracic, abdominal, or pelvic traumatic injury.

2. Likely cholesterol gallstones.

VOICE DICTATED BY: Dr. Nicole Horst

Small amount of right inferior perinephric stranding in the setting of trauma could indicate renal injury.

Key findings discussed with Dr. Errico on 03/28/14 at 07:36:07 by Neal Hatch via telephone. I think I have reviewed the study and agree with the findings in this report.

Imaging

CT CHEST ABDOMEN PELVIS W CONTRAST (Order #36834850) on 3/28/2014 - Imaging Information

Result History

CT CHEST ABDOMEN PELVIS W CONTRAST (Order #36834850) on 3/28/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
SCHABEL, STEPHEN I	3/28/2014 09:46	843-792-2123	

Read by

Read	Date	Phone	Pager
Stephen I Schabel, MD	3/28/2014	843-792-2123	
Nicole Dray Horst, MD	3/28/2014	843-572-8277	

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/28/2014 02:53	

PACS Images

[Show images for CT CHEST ABDOMEN PELVIS W CONTRAST](#)

External Result Report**Encounter**

[External Result Report](#)

[View Encounter](#)

PACS Images

[Show images for CT CHEST ABDOMEN PELVIS W CONTRAST](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

[CT CHEST ABDOMEN PELVIS W CONTRAST \(Order #36834850\) on 3/28/14](#)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/28/2014	5:14 AM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Stephen I Schabel, MD	843-792-2123	--	--

CT TRAUMA ANGIO NECK WITH CONTRAST

Status: Final result

Study Result

Key findings discussed with Dr. Lawson on 03/28/14 at 10:46:58 by Dr. Jonathan Botstein

ADDENDUM ENDS.

EXAMINATION: CERVICAL SPINE CT WITH NECK CTA 03/28/14
05:14:00

ACCESSION NUMBER: 7444632

INDICATION: increased hemorrhage ICH

COMPARISON: None

TECHNIQUE: Cervical spine CT with neck CT angiogram following intravenous administration of Omnipaque 350 contrast. Sagittal and coronal reconstructions were performed. 3D images were NOT performed.

FINDINGS: Both common carotid arteries and vertebral arteries show

regular morphology and course. Bilateral carotid bifurcations are within normal limits. The internal carotid arteries bilaterally show regular course. There is no evidence of occlusion, dissection, pseudoaneurysm or contrast extravasation.

There are some degenerative changes superior to the tip of the dens, most which are well-corticated. There is one small fragment however the has an irregular lucency extending through it and may represent a small chip fracture (coronal image 65). There is normal alignment of the cervical spine with no other evidence of acute fracture or dislocation. Vertebral body heights and intervertebral disc spaces are preserved. Posterior elements are unremarkable. There is no prevertebral soft tissue swelling, no evidence of pneumothorax. Visualized portion of the skull base again demonstrated in the occipital, clival, and sphenoid fractures which extend through the carotid canal.

IMPRESSION:

IMPRESSION:

1. Questionable avulsion fracture along the tip of the dens. No other evidence of acute traumatic osseous injury to the cervical spine.
2. Long segment abnormal dilation of the right A2 segment of the anterior cerebral artery concerning for dissection. No focal occlusion or other abnormality elsewhere in the neck or visualized brain.
3. Please see dedicated concomitant brain CT for description of skull base and intracranial abnormalities.

ADDENDUM: Upon attending review there is patchy contrast opacification in the left jugular foramen in the area of the previously described fractures. This is concerning for thrombus or possible jugular injury.

VOICE DICTATED BY: John Hungerford, MD

Vessels interpreted with the help of Dr. Nicole Horst
Discussed with AVERY LEE BUCHHOLZ by Dr. Hungerford at 05:42:27 on 03/28/14.
I have reviewed the study and agree with the findings in this report.

Imaging

CT TRAUMA ANGIO NECK WITH CONTRAST (Order #36834852) on 3/28/2014 - Imaging Information

Result History

CT TRAUMA ANG NECK WITH CONTRAST (Order #36834852) on 3/28/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
DEFAULTPROVIDER, RADIOLOGY	3/28/2014 10:58		

Read by

Read	Date	Phone	Pager
Maria Vittoria Spampinato, MD	3/28/2014	843-792-2123	
John Phillips Hungerford, MD	3/28/2014		
Radiology Defaultprovider	3/28/2014		

Exam Information

Status	Exam Begin	Exam Ended
Final [99]	3/28/2014 02:53	

PACS Images[Show images for CT TRAUMA ANGIO NECK WITH CONTRAST](#)**External Result Report****Encounter**[External Result Report](#)[View Encounter](#)**PACS Images**[Show images for CT TRAUMA ANGIO NECK WITH CONTRAST](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[CT TRAUMA ANGIO NECK WITH CONTRAST \(Order #36834852\) on 3/28/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM	3/28/2014 2:53 AM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/28/2014	5:14 AM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Maria Vittoria Spampinato, MD	843-792-2123	--	--

XR ABDOMEN AP**Status: Final result****Study Result**

EXAMINATION: ABDOMEN 03/27/14 23:20:00

ACCESSION NUMBER: 7444615

INDICATION: og tube placement confirmation tbi

COMPARISON: None

FINDINGS: AP supine view of the abdomen was obtained on one cassette. There is a normal bowel gas pattern with no evidence of pathologically distended loops of intestine. The bony skeleton is intact. Tip of enteric tube overlies the fundus of the stomach.

IMPRESSION:

IMPRESSION:

Tip of enteric tube overlies the fundus of the stomach.

VOICE DICTATED BY: Dr. JOHN P. HUNGERFORD

I have reviewed the study and agree with the findings in this report.

Imaging

XR ABDOMEN AP (Order #36834840) on 3/27/2014 - Imaging Information

Result History

XR ABDOMEN AP (Order #36834840) on 3/28/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
SCHABEL, STEPHEN I	3/28/2014 07:17	843-792-2123	

Read by

Read	Date	Phone	Pager
Stephen I Schabel, MD	3/28/2014	843-792-2123	
John Phillips Hungerford, MD	3/28/2014		

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/27/2014 23:10	

PACS Images

Show images for XR ABDOMEN AP

External Result Report

External Result Report

Encounter

View Encounter

PACS Images

Show images for XR ABDOMEN AP

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

XR ABDOMEN AP (Order #36834840) on 3/27/14

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/27/2014 11:10 PM	3/27/2014 11:10 PM	3/27/2014 11:10 PM	3/27/2014 11:10 PM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Referring Agency
3/27/2014	11:20 PM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Stephen I Schabel, MD	843-792-2123	--	--

CT HEAD WO CONTRAST

Status: Final result

Study Result

EXAMINATION: BRAIN CT 03/27/14 20:04:00

ACCESSION NUMBER: 7444530

INDICATION: increased hemorrhage hemorrhage

COMPARISON: None

TECHNIQUE: Multiple contiguous CT images of the brain without intravenous contrast.

FINDINGS: There are bifrontal intraparenchymal hematomas and hemorrhagic contusions. The right intracranial hematoma is the largest and has a layering fluid level. There is extensive mass effect from the right frontal intraparenchymal hematoma with leftward shift of 9 mm and subfalcine herniation. There are also small bitemporal hemorrhagic contusions. There is a small left temporal extra-axial hematoma. There is also a left superior frontoparietal subdural hematoma with subjacent subarachnoid hemorrhage. Abnormal thin hyperdensity extending along the falx is compatible with subarachnoid blood. There is a left frontal extra-axial hematoma. There are some small scattered punctate intraparenchymal hematomas within the right frontal lobe adjacent to the gray-white matter interfaces which may be indicative of axonal injury.

There is a midline occipital bone fracture which extends to the foramen magnum. There is a sagittally oriented fracture of the clivus which extends through the body of the sphenoid bone, across the carotid canal, and into the sphenoid sinus. There is blood layering in the left sphenoid sinus.

There is no evidence of acute infarct.

IMPRESSION:
IMPRESSION:

Bifrontal and bitemporal hemorrhagic contusions and intracranial hematomas. The largest contusion is in the right frontal lobe and has a fluid layer compatible with rebleeding. There is subfalcine herniation associated with this hemorrhage.

There are at least 3 small extra-axial hematomas including the left temporal, left frontal, and left frontoparietal.

There is some scattered subarachnoid hemorrhage.

There is an occipital bone fracture and a sagittally oriented sphenoid fracture which extends through the carotid canal.

Became aware of critical result at 820 . Key findings discussed with Dr. AVERY LEE BUCHHOLZ on 03/27/14 at 20:23:03 by Dr. JOHN P. HUNGERFORD.

VOICE DICTATED BY: Dr. JOHN P. HUNGERFORD
I have reviewed the study and agree with the findings in this report.

Imaging

CT HEAD WO CONTRAST (Order #36834846) on 3/27/2014 - Imaging Information

Result History

CT HEAD WO CONTRAST (Order #36834846) on 3/28/14 - Order Result History Report.

Signed by

Signed	Date/Time	Phone	Pager
DEFAULTPROVIDER, RADIOLOGY	3/28/2014 09:40		

Read by

Read	Date	Phone	Pager
Radiology Default provider	3/28/2014		
Maria Vittoria Spampinato, MD	3/28/2014	843-792-2123	
John Phillips Hungerford, MD	3/28/2014		

Exam Information

Status	Exam Begin	Exam Ended
Final [99]	3/27/2014 19:33	

PACS Images[Show images for CT HEAD WO CONTRAST](#)**External Result Report**[External Result Report](#)**Encounter**[View Encounter](#)**PACS Images**[Show images for CT HEAD WO CONTRAST](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION[CT HEAD WO CONTRAST \(Order #36834846\) on 3/27/14](#)**Order Information**

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/27/2014 7:33 PM	3/27/2014 7:33 PM	3/27/2014 7:33 PM	3/27/2014 7:33 PM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/27/2014	8:04 PM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Avery Lee Buchholz, MD	843-792-2300	--	--
Billing Provider	Maria Vittoria Spampinato, MD	843-792-2123	--	--

XR CHEST 1 VIEW**Status: Final result****Study Result**

EXAMINATION: CHEST 03/27/14 20:00:00

ACCESSION NUMBER: 7444541

INDICATION: aspiration, ET tube placement TBI

COMPARISON: none

FINDINGS: Single frontal radiograph of the chest excluding left costophrenic angle by collimation demonstrates normal size and contour of the cardiomedastinal silhouette and hilum. endotracheal tube overlies airway well above carina nasogastric tube tip not visible Atherosclerotic disease is noted in the thoracic aorta.

Lungs are clear with no evidence of focal air space disease, pneumothorax, or pleural effusion. Pleura is unremarkable. Osseous structures demonstrate degenerative disease within the thoracic spine.

IMPRESSION:

IMPRESSION:

1. no sign of pneumonia

VOICE DICTATED BY: Dr. STEPHEN M.D. SCHABEL

Imaging

[XR CHEST 1 VIEW \(Order #36829346\) on 3/27/2014 - Imaging Information](#)

Result History

[XR CHEST 1 VIEW \(Order #36829346\) on 3/27/14 - Order Result History Report.](#)

Signed by

Signed	Date/Time	Phone	Pager
SCHABEL, STEPHEN I	3/27/2014 20:18	843-792-2123	

Read by

Read	Date	Phone	Pager
Stephen I Schabel, MD	3/27/2014	843-792-2123	

Exam Information

Status	Exam Began	Exam Ended
Final [99]	3/27/2014 19:48	

PACS Images

[Show images for XR CHEST 1 VIEW](#)

External Result Report

[External Result Report](#)

Encounter

[View Encounter](#)

PACS Images

[Show images for XR CHEST 1 VIEW](#)

This is not a valid order requisition. Please click hyperlink below the MUSC REPRINT REQUISITION label for official order requisition.

MUSC REPRINT REQUISITION

[XR CHEST 1 VIEW \(Order #36829346\) on 3/27/14](#)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
3/27/2014 7:48 PM	3/27/2014 7:48 PM	3/27/2014 7:48 PM	3/27/2014 7:48 PM

Order Details

Frequency	Duration	Priority	Order Class
Once	1 occurrence	Routine	Normal

Collection Information

Collection Date	Collection Time	Resulting Agency
3/27/2014	8:00 PM	GE IMAGECAST RIS

Order Provider Info

Ordering User	External Ris In Interface	Office phone	Pager/beeper	E-mail
Authorizing Provider	Michael Errico, MD	--	--	--

Billing Provider	Stephen I Schabel, MD	843-792-2123	--	--

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS3/31/2014 1:00:54 PM

Therapies Performed: -

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/1/2014 11:52:36 AM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/2/2014 3:03:58 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/3/2014 2:10:04 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/7/2014 10:57:28 AM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/3/2014 2:36:19 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/9/2014 3:03:55 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/9/2014 3:11:08 PM

Therapies Performed:

undefined

Signed by: Megan Campbell, 4/10/2014 11:51:03 AM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/10/2014 12:43:01 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/11/2014 3:08:53 PM

Therapies Performed:

undefined

Signed by: Megan Campbell, 4/14/2014 12:11:41 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/14/2014 2:42:36 PM

Therapies Performed:

undefined

Signed by: Shannon Weaver, PT, MHS, NCS4/15/2014 3:10:42 PM

Therapies Performed:

undefined

Signed by: Megan Campbell, 4/17/2014 3:00:33 PM

Therapies Performed:

Signed by: Olivia Hines, 5/21/2014 2:47:34 PM

- CoSigned By: Diane Andrews, M.S., CCC/SLP 5/21/2014 2:47:36 PM

Therapies Performed:

Signed by: Olivia Hines, 5/21/2014 2:47:54 PM

- CoSigned By: Diane Andrews, M.S., CCC/SLP 5/21/2014 2:47:54 PM

Therapies Performed:

OTEVAL

Medical University Hospital Authority
Occupational Therapy Charting Report for 3/31/2014

Patient:CLYDE WILLIAMS

MRN:002639439

PAT: 105023709

DOB:8/19/1955

AGE:53 years

Attending Provider: VARMA, ABHAY

Referring Provider: STANLEY, WILLIAM

Location of Treatment: Bedside

Date Therapy Plan Established (17): 3/31/2014

Date Patient First Became Aware of Symptoms (11): 03/27/2014

Date Service Initiated by Billing Provider (44): 3/31/2014

Funding: Primary - BLUE CROSS PPC

Primary Diagnosis: vascular malformation and hemorrhage

Treatment Diagnosis: decreased cognition, decreased ROM and strength, muscle weakness

History of Present Illness:Mr. Williams is a 58 y/o M admitted after fall from semi truck with multiple skull fx, bifrontal contusions, left frontal hematoma requiring craniotomy for decompression, left temporal contusion.

Past Medical History:chemical burn to left UE

Past Surgical History:unknown

Social History

-Marital status: Married

- Prior level of function:Per family, pt was independent with ADL and all mobility, just returned to work

- Occupation/Work status:semi trunk driver

- Living situation: Lives in trailer with steps to access with wife, walk in shower

Equipment at home: rollator, shower chair, manual wheelchair,

Allergies:see chart

Precautions:fall risk , incision/suture site , IV , Foley catheter , Oxygen via nasal canula , NPO , restraints

Activity Status: OOE with Assistance

SUBJECTIVE

Pain (Average pain over the last 24 hours):Unable to report /10 (0=no pain to 10=E.R.)

Patient's Goals:Did not state

OBJECTIVE

Mental Status:Patient is Able to follow verbal commands.

Barriers to learning: attention, cognition

Evaluation location: Bedside, family present, 9W

Communication: Mumbles unintelligibly, some one word responses, shakes head yes or no

Cognition:

Behavior: Fatigued, restless with RUE

Orientation: Unable to assess, pt inconsistently responsive

Ability to follow directions: Follows 1 -step commands 75% of the time

Attention: Impaired
Memory: Unable to assess
Insight and judgment: Will continue to assess during ADL tasks

Tone: Hypotonic in: LUE

Edema: 1+ edema (0 to 1/4 inch depth, disappears rapidly) in: LUE

AROM: RUE and RLE are WFL; LUE trace digit flexion noted. LLE limited knee flexion and hip flexion

PROM: BUEs and BLEs are WFL

FMAUE-15: Scapular elevation: Unable(0), Elbow flexion: Unable(0), Elbow extension: Unable(0), Finger mass flexion: Unable(0), Hand to lumbar spine: Unable(0), Shoulder flexion to 90 degrees: Unable(0), Pronation/supination with elbow bent: Unable(0), Pronation/supination with elbow straight: Unable(0), Wrist flexion/extension with elbow bent: Unable(0), Wrist flexion/extension with elbow straight: Unable(0), Shoulder abduction to 90 degrees: Unable(0), Shoulder flexion to 180 degrees: Unable(0), Palmer prehension: Unable(0), Lateral prehension: Unable(0), Wrist circumduction: Unable(0), Total Score: 0 out of a possible 30

Strength: Unable to formally assess as pt inconsistently following complex commands

Coordination: Impaired in LUE

Endurance: Unable to assess

Sensation: Unable to assess

Key for patient assistance:

Total Assistance: Patient performs less than 25% of a task.

Maximum Assistance: Patient performs 25%-49% of a task.

Moderate Assistance: Patient performs 50%-74% of a task.

Minimum Assistance: Patient performs 75% or more of a task.

Supervision/Standby Assistance (SBA)/Set-up: Patient requires supervision, standby assistance, set-up or cues during a task.

Modified Independent: Patient does not require another person to complete a task - however, the task is completed with the use of an assistive device/aid, increased time or there are safety risks.

Independent: Patient does not require another person, assistive device/aid or increased time during a task.

Activities of Daily Living:

Feeding: Not Tested - NPO

Grooming: Total Assistance to was face. Grasped washcloth with RUE but did not bring to face

Toileting: Total Assistance - Foley

Mobility: Mobility not tested as pt not opening eyes during session. Will continue to assess

Equipment used: No equipment issued at this time, will continue to assess

Education: Role of OT, how ADL and mobility are pt's form of exercise right now, need for family/caregiver to allow pt increased time to complete ADL for exercise,

Assessment:

Patient seen today for visit number: 1 .

Mr. Williams is a 56 y/o M admitted after fall from semi truck with multiple skull fx, bifrontal contusions, left frontal hematoma requiring craniotomy for decompression, left temporal contusion. After evaluation, patient is presenting with the following: decreased ability to perform ADL and functional transfers, limited ROM in LUE and LLE, decreased gross motor and fine motor coordination, decreased cognitive skills, and decreased endurance for functional activities. Patient will benefit from OT to address these deficits and assist with increasing overall function. Will continue to assess for discharge needs.

Plan of care includes the following, but may not be limited to:

ADL, functional mobility training, therapeutic exercise, ROM, strengthening, pt/family education, DME recommendations and/or adaptive equipment, orthosis fabrication with adjustments as needed, cognitive skills training,

Patient participation in goal selection: Goals reviewed with caregiver, pt unable to participate. Caregiver agrees

Short term goals to be met within 5 treatments:

1. Pt will sit EOE c max A using LUE as active assist in prep for ADL
2. Pt will complete 1 grooming task supine c S
3. Pt will maintain alert state for 100% of session.

Long term goals to be met within 1 month:

1. Pt will complete all grooming tasks c MI

OT rehabilitation potential: Good

Treatment frequency and duration: 2 - 4x/week

Recommendations: Will continue to assess

Equipment recommendations: Will continue to assess

Signed by: Lauren Stokes, OTR/L3/31/2014 2:50:56 PM

Therapies Performed:
PTEVAL

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Evaluation

Date of Service: 3/30/2014
Patient: CLYDE WILLIAMS
MRN: 002689439
PAT: 105023709
DOB: 8/19/1955
AGE: 58 years

Attending Provider: VAPMA, ABHAY
Referring Provider: STANLEY, WILLIAM
Date Therapy Plan Established (29): 3/30/2014
Date Patient First Became Aware of Symptoms (11): 03/27/2014
Date Service Initiated by Billing Provider (35): 3/30/2014
Funding: Primary - BLUE CROSS PPC
Treatment Diagnosis: Hemiplegia Unspecified. Affecting non-dominant side (342.92)

History of Present Illness: Pt. admitted after fall from semi truck with multiple skull fx, bifrontal contusions, left frontal hematoma requiring craniotomy for decompression, left temporal contusion. Now in ICU referred to PT assessment

Past Medical History: chemical burn to left UE

Past Surgical History: unknown

Social History

- Prior level of function: Per family, pt. was ambulating I, just returned to job

- Occupation/Work status: semi truck driver

- Living situation: Lives in trailer with steps to access with wife

Precautions: fall risk, EUE restraints, agitated at times, cervical collar intact, arterial line in right UE

Activity Status: OOB with Assistance

SUBJECTIVE

Pain (Average pain over the last 24 hours): Pt. reports neck and head pain - RN gave pain meds /10 (0=no pain to 10=E.R.)

Patient's Goals: Pt. unable to state goals

OBJECTIVE

- Total Treatment Time in Minutes: 30

- Total Treatment Timed Codes in Minutes:

Mental Status: Patient is Able to follow verbal commands better on right side, less attentive to left side. Unable to open eyes. When assisted to open eyes noted bilaterally nystagmus.

Orientation: Patient oriented to Name only

Barriers to Learning: impaired cognition, pain

Initial Observations: Per above

ROM: Tested and Not Impaired

Strength: Strength was impaired as follows: Left UE grossly 3/5 except shoulder 2/5. Left LE 3/5. Right UE/LE 4/5

Endurance: Fair - Tolerates 5 to 15 minutes of an uninterrupted exercise bout.

Sensation: Not Tested due to cognition

Level of Function at Start of Care (Functional Limitations):

- Bed mobility:
 - Rolling: Moderate Assistance
 - Supine to Sit: Not Tested
- Transfers
 - Sit to Stand: Not tested.
 - Bed to Chair: Not tested.
- Gait: Not assessed
- Stairs: Not tested.

Physical Therapy Evaluation and Treatment:Evaluation 97001

Education: Instruction was provided to: patient as follows: role of PT The individual(s) instructed required re-reinforcement.

Equipment Owned: none

Equipment Needed: Continue to assess

Bed alarm activated, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 1 .

Pt. presents s/p TBI from fall s/p decompressive craniotomy. He is alert and oriented only to self. Restless, requiring BUE restraints. Moving all four extremities but weaker in left ue/le . OOB not assessed due to increasing agitation with ROM/strength assessment. Will attempt to assess on next visit. Will assess discharge needs as mobility progresses but anticipate need for rehab upon discharge.

Impairments: Impaired Motor Function and Sensory Integrity Associated with Nonprogressive Disorders of the Central Nervous System - Acquired in Adolescence or Adulthood

Prognosis: based on patients medical history, response to education, home exercise performance, and response to treatment: Fair

Short Term Goals to be met by: 04/06/14 Therapist to review and provide guidance

- * Pt. will transfer supine to sit with mod assist of one
- * Pt. will sit edge of bed x 3 min with sba of one
- * Pt. will transfer oob with mod assist of one

Outcome (Long Term as discussed with patient and/or family) to be met by 05/29/14 .

- * Patient will be able to ambulate over all surfaces with the least restrictive assistive device for 150 feet with SBA of one
- * Patient will be able to return to work/school/leisure activities as prior to hospitalization.

PLAN

Continue physical therapy 3 to 5 times per week including: transfer training, gait training, therapeutic exercise, balance training, to achieve maximum independence and safety.

*Functional Independence Measures

- 7 - Complete Independence: Fully independent
- 6 - Modified Independence: Requiring the use of a device but no physical help
- 5 - Supervision: Requiring only standby assistance or verbal prompting or help with set-up
- 4 - Minimal Assistance: Requiring incidental hands-on help only (subject performs > 75% of the task)
- 3 - Moderate Assistance: Subject still performs 50#75% of the task
- 2 - Maximal Assistance: Subject provides less than half of the effort (25#49%)
- 1 - Total Assistance: Subject contributes < 25% of the effort or is unable to do

the task

Signed by: Kim McCants, PT3/30/2014 3:03:12 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 3/31/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 0 / 10 (0=no pain to 10=E.R.)
Pt stated "I am at home", when given choice between hospital and home.

OBJECTIVE

- Total Treatment Time in Minutes: 30
- Total Treatment Timed Codes in Minutes: 30
Precautions: fall risk, BUE restraints, agitated at times, cervical collar intact.
Observations: Pt presented supine in bed with 4 family members in room. Pt with cervical collar, DHT, SCDs, R wrist restraint, R mitt, IV, telemetry, pulse ox. Pt oriented to self only. Pt with (B) ptosis, decreased active movement of (L) UE/LE (finger flexion/ext 2-/5, elbow flexion 2-/5)
Treatment:
- Bed mobility:
-Rolling: Left: Maximum Assistance; pt required assist to reach (R) UE onto handrail to assist Right: Total Assistance; pt required total assist to roll with draw sheet
-Supine to Sit: Total Assist
-Sit to Supine: Max A
- Transfers
-Sit to Stand: Not tested.
-Bed to Chair: recommend cardiac chair for first time OOE
- Gait: Pt non-ambulatory.
Other: Main Hospital: Sitting balance EOB x 6 minutes; pt max(A) to sit EOB due to restlessness and reaching across midline with R. UE; pt had periods of min(A) for upright sitting and noted trunk control when calm. Unable to attempt thereof due to restlessness, decreased command following. Pt able to open (B) eyes several times during upright sitting.
Education: Instruction was provided to: patient, spouse as follows: Pt educated on use of call bell, upright sitting importance, importance of calm environment with decreased stimulation for patient when restless/agitated (avoid overstimulating). The individual(s) instructed required re-inforcement.
Bed alarm activated, Call bell in reach, Nursing staff notified,
ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):
Patient seen today for visit number: 2.
Pt presents s/p craniotomy for left frontal hematoma due to TBI. Pt with increased restlessness with movement; pt demonstrating short periods of trunk control sitting EOB min(A) at times. Limited by L hemiparesis UE> LE, AMS and eye ptosis. Pt will continue to benefit from skilled PT for increased strengthening, endurance, mobility and transfers to progress pt to max (I) and safety. Hope for progression to Acute Rehab as status improves.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one
2. Pt. will sit edge of bed x 3 min with sba of one
3. Pt. will transfer oob with mod assist of one

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Hopeful progression to Acute Rehab

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 3/31/2014 1:10:51 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 3/31/2014 1:10:51 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/2/2014 Patient: CLYDE WILLIAMS MRN:002689439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): not stated /10 (0=no pain to
10=E.R.)
Pt stating "I am tired".

OBJECTIVE

- Total Treatment Time in Minutes: 26
- Total Treatment Timed Codes in Minutes: 26
- Precautions: fall risk, BUE restraints, agitated at times, cervical collar intact
- Observations: Pt presented supine in bed with cervical collar, (B) UE restraints, (R) mitt, IV, DHT, telemetry. Pt oriented x 3, able to follow 3/3 commands.
- Treatment:
 - Bed mobility:
 - Rolling: Right: Moderate Assistance; VCs to roll onto side; tactile cues at trunk - pt requiring guidance for log roll.
 - Supine to Sit: Minimum Assist- pt able to remove legs off bed with tactile cues; verbal cues to push to upright position.
 - Sit to Supine: Minimum Assist; pt able to lift legs onto bed; assist with controlled, eccentric lowering of trunk.
 - Transfers
 - Sit to Stand: Patient is moderate assist.- FWW; x2 reps - pt requiring tactile/verbal cues for knee extension on (L) in standing - verbal cues for upright posture - pt fatigued quickly with standing. - rest break provided in between reps.
 - Bed to Chair: Not tested.
 - Gait: Not tested

Other: Main Hospital: Sitting balance EOB - patient able to maintain stability with no support today - pt with increased fatigue with holding balance.

Education: Instruction was provided to: patient as follows: Pt educated on importance of OOB activity, working on his endurance and use of call bell. The individual(s) instructed required re-reinforcement.

Bed alarm activated, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 3 .

Pt presents s/p craniotomy for L frontal hematoma due to TBI. Pt with increase in status today - pt able to follow all verbal commands and intact to orientation questions. Pt with adequate strength for sitting EOB (CGA) and standing with FWW (modA). Pt will continue to benefit from skilled PT in order to increase strength, mobility, endurance, gait/transfers to progress pt to PLOF. Anticipate need for acute rehab.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer cob with mod assist of one

New Goals: 4/6/14:

1. Pt will transfer supine to sit with (S).
2. Pt will perform sit<>stand with (S).
3. Pt will ambulate 50' with FWW min(A).

Equipment Needed for Discharge: Continue to assess
D/C Recommendations likely Acute Rehab

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to progress to prior level of function.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/3/2014 9:46:24 AM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/3/2014 9:46:25 AM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/3/2014 Patient: CLYDE WILLIAMS MRN:002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 10 / 10 (0=no pain to 10=E.R.)
Pt states "I've got to go to the bathroom."

OBJECTIVE

- Total Treatment Time in Minutes: 45
- Total Treatment Timed Codes in Minutes: 45

Precautions: fall risk

Observations: Pt presented supine in bed with O2 @ 2L, telemetry, pulse ox.
Noted weakness in (L) UE. Pt with head in (R) lateral flexion/rotation.
C-collar D/C'd but had to reapply for upright activities/mobility due to
inability to tolerate.

Treatment:

- Bed mobility:

- Rolling: Right: Minimum Assistance Left: Minimum Assistance - pt requiring
verbal cueing for proper sequence in both directions. Assist provided through
trunk- tactile cues to lower legs of edge of bed.

- Supine to Sit: Moderate Assist; pt requiring assist through trunk/hip to sit
upright - increased resistance to upright sitting.

- Sit to Supine: Minimum Assist; pt able to lower trunk in a non-controlled
manner; requiring assist to raise LEs onto bed.

- Transfers

- Sit to Stand: Patient is moderate assist; x 4 reps FWW - tactile cues for
knee extension in standing - pt requiring assist through gait belt to stand.

- Bed to Chair: Patient is maximum assist with hand held assist transfer to
bedside chair- pt moderate assist with use of FWW to transfer back to bed. Pt
requiring tactile/verbal cues for FWW navigation and stepping sequence.

- Gait: Pt able to take small, discontinuous steps to transfer with FWW to
bedside chair. Mod(A) pt with excessive flexion in knees with stepping.

Other: Main Hospital: Above, Sitting balance EOB- increased stability.
Therapy session limited due to liquid EM

Education: Instruction was provided to: patient, family as follows: Pt
educated on importance of OOB activity with assist, log rolling, importance of
turning head to (L) to decrease neck stiffness. The individual(s) instructed
required re-inforcement.

Bed alarm activated, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 4 .

Pt presents with TBI s/p L frontal hematoma - L UE> LE weakness. Limited by
excessive liquid EM. Needs encouragement to participate today due to pain and
bowel issues. Fall risk. Pt will continue to benefit from skilled physical
therapy in order to increase strength, bed mobility, transfers and gait in order
to return pt to PLOF. Pt is candidate for Acute Rehab.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer oob with mod assist of one

New Goals: 4/6/14:

1. Pt will transfer supine to sit with (S).
2. Pt will perform sit<>stand with (S).
3. Pt will ambulate 50' with FWW min(A).

Equipment Needed for Discharge: Continue to assess

D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to progress to prior level of function.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/4/2014 9:13:26 AM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/4/2014 9:13:27 AM

Therapies Performed:
PT/NOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/4/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 6 / 10 (0=no pain to 10=E.R.)
Pt stated "I need help to sit".

OBJECTIVE

- Total Treatment Time in Minutes: 26

- Total Treatment Timed Codes in Minutes: 26

Precautions: fall risk, agitated at times

Observations: Pt presented supine in bed, wife in room. Pt lines intact,
including: telemetry, pulse ox. Pt with increased neck rotation to (L). Pt
agreeable to PT, but needing encouragement.

Treatment:

- Bed mobility:

-Rolling: Left: Minimal Assist; pt requires verbal cueing to use bedrail to
assist with rolling- tactile cues provided through trunk.

-Supine to Sit: Moderate Assist; pt requiring max encouragement to sit
upright EOB - verbal cues provided to push through UEs to sit upright- tactile
cues to remove legs from bed.

-Sit to Supine: Not Tested

- Transfers

-Sit to Stand: Patient is minimal assist; FWW x 3 reps; pt with cues to push
from bed - but unable to follow- pt pulled from FWW to stand. Tactile cues at
trunk for upright posture.

-Bed to Chair: Patient is moderate assist; FWW - assist with walker
management for turns and upright posture.

- Gait: Pt ambulated

walker management, upright posture and gait advancement. Pt given tactile cues
for walker management with turns. Pt with increased fatigue post ambulation, but
demonstrating reciprocal gait pattern and equal step length (B). Pt does
demonstrate wide BOS for balance, and increased knee flexion with ambulation.

- Stairs: Not tested.

Other: Main Hospital: Therex: supine heel slides, hip abd/add and ankle pumps.
Education for (L) head rotation to increase ROM - with verbal cueing pt is able
to cross midline today. Pt also requiring assist for brief change - total(A).
Education: Instruction was provided to: patient, spouse as follows: Pt
educated on importance of mobility, use of FWW, therex, use of call bell. The
individual(s) instructed required re-inforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach,
Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 5.

Pt s/p craniotomy for (L) frontal hematoma due to TBI. Pt requires max
encouragement for full participation with therapy but is agreeable to mobility.
Pt with decreased stability/judgement/strength with ambulation making patient a
high fall risk. Pt will continue to benefit from skilled PT in order to
increase his strength, mobility, transfers and ambulation to return pt to PLOF.
Pt is a candidate for Acute Rehab.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer oob with mod assist of one

New Goals: 4/6/14:

1. Pt will transfer supine to sit with (S).
2. Pt will perform sit<>stand with (S).
3. Pt will ambulate 50' with FWW min(A).

Equipment Needed for Discharge: Continue to assess

D/C Recommendations:Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, patient/caregiver education, balance training, to progress to prior level of function.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Shannon Weaver, PT, MHS, NCS4/4/2014 11:31:01 AM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/4/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709

Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 6 / 10 (0=no pain to 10=E.R.)
Pt stated "I need help to sit".

OBJECTIVE

- Total Treatment Time in Minutes: 26
- Total Treatment Timed Codes in Minutes: 26

Precautions: fall risk

Observations: Pt presented supine in bed, wife in room. Pt lines intact, including: telemetry, pulse ox. Pt with increased neck rotation to (L) compared to yesterday needing encouragement.

Treatment:

- Bed mobility:

- Rolling: Left: Minimal Assist; pt requires verbal cueing to use bedrail to assist with rolling- tactile cues provided through trunk.

- Supine to Sit: Moderate Assist; pt requiring max encouragement to sit upright EOB - verbal cues provided to push through UEs to sit upright- tactile cues to remove legs from bed.

- Sit to Supine: Not Tested

- Transfers

- Sit to Stand: Patient is minimal assist; FWW x 3 reps; pt with cues to push from bed - but unable to follow- pt pulled from FWW to stand. Tactile cues at trunk for upright posture.

- Bed to Chair: Patient is moderate assist; FWW - assist with walker management for turns and upright posture.

- Gait: Pt ambulated

walker management, upright posture and gait advancement. Pt given tactile cues for walker management with turns. Pt with increased fatigue post ambulation, but demonstrating reciprocal gait pattern and equal step length (B). Pt does demonstrate wide EOS for balance, and increased knee flexion with ambulation.

- Stairs: Not tested.

Other: Main Hospital: Therex: supine heel slides, hip abd/add and ankle pumps. Education for (L) head rotation to increase ROM - with verbal cueing pt is able to cross midline today. Pt also requiring assist for brief change - total(A).

Education: Instruction was provided to: patient, spouse as follows: Pt educated on importance of mobility, use of FWW, therex, use of call bell. The individual(s) instructed required re-inforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 5.

Pt s/p craniotomy for (L) frontal hematoma, TEI. Pt requires max encouragement for full participation with therapy but is agreeable once coaxed. Pt with decreased stability/judgement/strength with ambulation making patient a high fall risk. Pt will continue to benefit from skilled PT in order to increase his strength, mobility, transfers and ambulation to return pt to PLOF. Pt is a candidate for Acute Rehab.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer oob with mod assist of one

New Goals: 4/6/14:

1. Pt will transfer supine to sit with (S).
2. Pt will perform sit<>stand with (S).
3. Pt will ambulate 50' with FWW min(A).

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, patient/caregiver education, balance training, to progress to prior level of function.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Shannon Weaver, PT, MHS, NCS4/4/2014 2:56:42 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/7/2014 Patient: CLYDE WILLIAMS MRN:002689439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 0 /10 (0=no pain to 10=E.R.)
Pt stating "Let's try".

OBJECTIVE

- Total Treatment Time in Minutes: 42
- Total Treatment Timed Codes in Minutes: 42

Precautions: fall risk, perturbed at times

Observations: Pt presented supine in bed. Wife in room. Pt requiring max coaxing for participation with PT - pt very overstimulated from increased environmental noises. MMT (L) UE: shoulder flexion: 2+/5, elbow flexion: 3+/5, wrist extension: 4-/5, finger flexion: 4-/5. Pt still limited with (R) lateral neck flexion 0 deg. Again required c collar for tolerance to initial OOB - later removed.

Treatment:

- Bed mobility:

-Rolling: Left: Minimum Assistance

-Supine to Sit: Maximum Assist- due to max encouragement and patient wanting to return supine.

-Sit to Supine: Not Tested

- Transfers

-Sit to Stand: Patient is moderate assist; FWW

-Bed to Chair: Patient is moderate assist; FWW

- Gait: Pt ambulated

needing max verbal cues for FWW management and directional assist. Pt requiring verbal cues for knee extension with ambulation (B) - patient walking with increased knee flexion. Pt with marked deviation during gait - requiring assist for straight path.

Other: Main Hospital: Bed mobility- requiring extra time due to pt needing max coercion to supine<>sit - EOB sitting- education on correct technique for standing with FWW- standing pivot with FWW<>bedside chair; therex LAQ, marching in sitting x 10 reps; sit<>stand FWW, ambulation, W/C propulsion with (B) LEs

flexors in seated position. Education: Instruction was provided to: patient , spouse as follows: Pt educated on importance of OOB activity, therex, call bell. Wife education on importance of decreased background communication when physical therapy is in room; due to patient being overstimulated. The individual(s) instructed required re-inforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 6 .

Pt s/p TBI with craniotomy for L frontal hematoma; weakness (L) > (R), UE>LE.

Pt with noted increase in (L) UE strength, however requiring increased encouragement for participation due to increased overstimulation. Pt requires assistance with all OOB activity. Recommend Acute Rehab.

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer oob with mod assist of one

New Goals: 4/13/14

1. Pt will transfer supine to sit with minA of one.
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess
D/C Recommendations:Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to progress to prior level of function.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/7/2014 1:14:23 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/7/2014 1:14:24 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/8/2014 Patient: CLYDE WILLIAMS MRN: 002689439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): unwilling to state /10 (0=no pain to 10=E.R.)

Pt stated "I will go for a short walk".

OBJECTIVE

- Total Treatment Time in Minutes: 1350

- Total Treatment Timed Codes in Minutes: 29

Precautions: fall risk, agitated at times

Observations: Supine in bed sleeping. Wife in room. Pt requiring coercion to participate with PT, but did agree. IV, SCDs, condom cath intact. Pt still with decreased lateral neck flexion to (L).

Treatment:

- Bed mobility:

-Rolling: Left: Maximum Assistance

-Supine to Sit: Maximum Assist

-Sit to Supine: Not Tested

- Transfers

-Sit to Stand: Patient is moderate assist; FWW

-Bed to Chair: Patient is moderate assist; FWW

- Gait: Pt ambulated

at 50 ft. Pt requiring verbal cueing for FWW navigation and to straighten legs with ambulation. Pt with posterior lean with ambulation today- tactile cues for upright posture provided.

Other: Main Hospital: Max encouragement for bed mobility today; sitting EOB, stand pivot FWW to bedside chair, sit<>stand, ambulation, stand pivot transfer FWW to bedside chair. Pt unable to cooperate to perform therex today.

Education: Instruction was provided to: patient, spouse as follows: Pt educated on use of call bell, importance of OOB activity with assist, importance for neck ROM (I). The individual(s) instructed required re-inforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 7.

Pt s/p TBI with craniotomy for L frontal hematoma; L hemi UE>LE. Pt requiring max encouragement/cohesion to participate with PT today - but eventually was agreeable. Pt still presents as a high fall risk and requires 24 hour supervision with all mobility - due to decreased judgement, weakness and pain.

Recommend: Acute Rehab.

New Goals: 4/13/14

1. Pt will transfer supine to sit with minA of one.
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess

D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Shannon Weaver, PT, MHS, NCS4/3/2014 2:51:44 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/8/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): unwilling to state /10 (0=no pain to
10=E.R.)
Pt stated "I will go for a short walk".

OBJECTIVE

- Total Treatment Time in Minutes: 29
- Total Treatment Timed Codes in Minutes: 29

Precautions: fall risk, agitated at times

Observations: Supine in bed sleeping. Wife in room. Pt requiring coercion to
participate with PT, but did agree. IV, SCDs, condom cath intact. Pt still with
decreased lateral neck flexion to (L) - 0 deg; rotation L
sustained stretch

Treatment:

- Bed mobility:
 - Rolling: Left: Maximum Assistance
 - Supine to Sit: Maximum Assist
 - Sit to Supine: Not Tested
- Transfers
 - Sit to Stand: Patient is moderate assist; FWW
 - Bed to Chair: Patient is moderate assist; FWW
- Gait: Pt ambulated

at 50 ft. Pt requiring verbal cueing for FWW navigation and to straighten legs
with ambulation. Pt with posterior lean with ambulation today- tactile cues for
upright posture provided.

Other: Main Hospital: Max encouragement for bed mobility today; sitting EOB,
stand pivot FWW to bedside chair, sit<>stand, ambulation, stand pivot transfer
FWW to bedside chair. Pt unable to cooperate to perform therex today.

Education: Instruction was provided to: patient, spouse as follows: Pt
educated on use of call bell, importance of OOB activity with assist, importance
for neck ROM (I). The individual(s) instructed required re-inforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach,
Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 7.

Pt s/p TBI with craniotomy for L frontal hematoma; L hemi UE>LE. Pt requiring
max encouragement/cohesion to participate with PT today - but eventually was
agreeable. Pt still presents as a high fall risk and requires 24 hour
supervision with all mobility - due to decreased judgement, weakness and pain.
Recommend: Acute Rehab.

New Goals: 4/13/14

1. Pt will transfer supine to sit with minA of one.
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess

D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Shannon Weaver, PT, MHS, NCS4/8/2014 2:58:02 PM

Therapies Performed:
PTNOTE

CLYDE WILLIAMS was seen today. Please see progress record for a complete description of treatment. Skin Care Management , Skin Care Management
Treatment: Wound Care - Simple per 30 minutes .

Signed by: Glenda Brunette, 4/9/2014 7:37:23 AM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/9/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 7 / 10 (0=no pain to 10=E.R.)
Pt stated "My neck hurts"

OBJECTIVE

- Total Treatment Time in Minutes: 38
- Total Treatment Timed Codes in Minutes: 38

Precautions: fall risk, agitated at times

Observations: Pt presented supine in bed; head rotated and laterally flexed to the right. Wife in room. Telemetry, SCDs, foley intact.

Treatment:

- Bed mobility:
 - Rolling: Right: Moderate Assistance
 - Supine to Sit: Moderate Assist
 - Sit to Supine: Not Tested
- Transfers
 - Sit to Stand: Patient is minimal assist
 - Bed to Chair: Patient is moderate assist
- Gait: Pt ambulated

navigation and upright posture. Pt unable to ambulate farther distance today due to increased tiredness and resistance

Other: Main Hospital: Pt requiring max cohesion for bed mobility and sit EOB today; sit<>stand FWW; ambulation to bedside chair, standing pivot transfer to BSC - therex in chair: LAQ, hip flexion.

Education: Instruction was provided to: patient as follows: Pt educated on call bell, importance of mobilizing, use of FWW. The individual(s) instructed required re-reinforcement.

Patient OOB in chair at bedside with chair alarm in place, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 3 .

Pt s/p TBI with craniotomy for L frontal hematoma; decreased strength on L side of body UE>LE, prox>distal. Pt requiring cohesion for mobility today; but able to perform with assist. Judgement is impaired - making patient a fall risk and in need of 24 hr assist. Pt also with increased pain in neck - limiting factor for PT - have not been able to mobilize patient without c-collar due to pain.

Pt requires max encouragement for PT as pt has decreased comprehension of importance of activity; pt able to comply once exercise initiated. Recommend: Acute Rehab

New Goals: 4/13/14

1. Pt will transfer supine to sit with minA of one.
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeri Schatzlein, 4/9/2014 3:09:20 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/9/2014 3:09:21 PM

Therapies Performed: .
PTNOTE

CLYDE WILLIAMS was seen today. Please see progress record for a complete description of treatment. Leg/Foot Ulcer

Treatment: Wound Care - Simple per 30 minutes .

Signed by: Emily Pellegrini, 4/9/2014 4:04:27 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/10/2014 Patient: CLYDE WILLIAMS MRN: 002669439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): refused to state /10 (0=no pain to
10=E.R.)
Pt stated "I am dizzy".

OBJECTIVE

- Total Treatment Time in Minutes: 23
- Total Treatment Timed Codes in Minutes: 23

Precautions: fall risk, agitated at times

Observations: Pt presented supine in bed sleeping. Telemetry, SCDs, foley
intact. Pt with increased agitation with idea of having to mobilize. Increased
(L) lateral flexion of neck today. BP supine: 145/80; BP sitting: 136/93; no
nystagmus noted in sitting.

Treatment:

- Bed mobility:
 - Rolling: Left: Supervision Right: Supervision
 - Supine to Sit: Minimum Assist
 - Sit to Supine: Supervision

- Transfers

- Sit to Stand: Not tested.
- Bed to Chair: Not tested.

- Gait: Pt refused ambulation today.

Other: Main Hospital: Max coaxing for therapy today. Rolling (B) to place
c-collar on patient for comfort, supine<>sit, sitting EOB, education on
importance of mobilizing with therapy, sit<>supine, supine<>sit, more education,
sit<>supine. Neck ROM/tissue massage performed in supine.

Education: Instruction was provided to: patient as follows: Pt educated on
importance of mobilization with therapy and why he needs to ambulate with
physical therapy to prevent strength deficits. The individual(s) instructed
required re-inforcement.

Bed alarm activated, Call bell in reach, Nursing staff notified,
ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 9 .

Pt s/p TBI with craniotomy for L frontal hematoma- L weakness UE>LE. Pt with
decreased compliance today - requiring max encouragement for sitting EOB. Pt
educated on the importance of therapy and mobilization - agreement to
participate tomorrow. BP taken supine/sitting due to pt complaints of dizziness
in sitting - no nystagmus or orthostatic hypotension present. Pt requires 24 hr
assist with all mobility due to decreased judgement. Recommend: Acute Rehab.

New Goals: 4/13/14

1. Pt will transfer supine to sit with minA of one.
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/10/2014 12:57:49 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 5/28/2014 6:35:09 AM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/14/2014 Patient: CLYDE WILLIAMS MRN: 002639439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): 0 / 10 (0=no pain to 10=E.R.)
Pt stated "I can walk". Yelling at pt across the hallway "Why are you in that
bed B?"

OBJECTIVE

- Total Treatment Time in Minutes: 35
- Total Treatment Timed Codes in Minutes: 35

Precautions: fall risk, agitated at times

Observations: Pt presented supine in bed; wife in room. Pt with increased
agreement for mobilization today. More alert. Follows commands but lacks
inhibition, has poor judgement, is inappropriate with comments at times
(sexually explicit, derogatory) and is easily perturbed.

Treatment:

- Bed mobility:
 - Rolling: Left: Supervision
 - Supine to Sit: Minimum Assist
 - Sit to Supine: Supervision
- Transfers
 - Sit to Stand: Patient is moderate assist.
 - Bed to Chair: Patient is moderate assist.
- Gait: Pt ambulated twice with therapy today. Pt refusing use of FWW; therefore
hand-held assist x 2 provided. max A. Pt first ambulated
(A) x2; increased knee flexion (E), narrow base of support. Pt then required a
sitting rest break. Pt then ambulated

Other: Main Hospital: Bed mobility, sitting EOB, transfer to bedside chair,
ambulation x2 with sitting rest break between bouts, transfer to bed.

Education: Instruction was provided to: patient as follows: Pt educated on
role of PT, importance of ambulation and OOB activity. The individual(s)
instructed required re-inforcement.

Bed alarm activated, Call bell in reach, Nursing staff notified,

ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):

Patient seen today for visit number: 10 .

Pt s/p TBI with crani for L frontal hematoma. Pt with increased weakness in (E)
LE's due to prior decreased participation with physical therapy. Due to
location of TBI (frontal lobe)- pt requires increased coaxing for participation-
as pt has decreased judgement on importance of mobility. Pt able to ambulate
today - but will require increased skilled training to achieve max (I) with
functional gait. Recommend: Acute Rehab.

New Goals: 4/20/14

1. Pt will transfer supine to sit with minA of one- MET
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/14/2014 2:42:04 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/14/2014 2:42:04 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/15/2014 Patient: CLYDE WILLIAMS MRN: 002689439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): unable to state /10 (0=no pain to
10=E.R.)
Pt stated "I am dizzy when I sit up".

OBJECTIVE

- Total Treatment Time in Minutes: 23
- Total Treatment Timed Codes in Minutes: 23

Precautions: fall risk, agitated at times
Observations: Pt presented supine in bed. No lines. BP taken in upright
sitting - no orthostatic hypotension.
Treatment:

- Bed mobility:
 - Rolling: Not Tested
 - Supine to Sit: Maximum Assist
 - Sit to Supine: Supervision
- Transfers
 - Sit to Stand: Patient is minimal assist; FWW
 - Bed to Chair: Patient is moderate assist; low pivot transfer
- Gait: Pt ambulated
flexion with gait (crouched). Requiring assist for direction/management of FWW.
Pt with narrow base of support during ambulation. Pt did not require a rest
break.

Other: Main Hospital: Pt still requiring coaxing for participation due to
frontal lobe TBI. Bed mobility, sitting EOB, pivot transfer to bedside chair,
ambulation with FWW, return to bed.
Education: Instruction was provided to: patient, spouse as follows: Pt
educated on importance of OOB activity, participation with physical therapy,
importance of upright sitting to decrease dizziness. The individual(s)
instructed required re-reinforcement.
Bed alarm activated, Call bell in reach, Nursing staff notified,
ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):
Patient seen today for visit number: 11.
Pt s/p TBI with crani for (L) frontal hematoma. Pt still requiring coaxing for
participation - due to patient being a frontal lobe injury. Pt with decreased
strength in (B) LE's with ambulation- needs further skilled physical therapy for
increased conditioning/strength - pt also requires further education with proper
gait training using FWW. Pt limited due to dizziness with upright activity/HA -
pt is a high fall risk, requires (A) with all activities at this time. Needs
increased time OOB. Recommend: Acute Rehab.

New Goals: 4/20/14

1. Pt will transfer supine to sit with minA of one
2. Pt will transfer bed<>chair with minA of one.
3. Pt will ambulate

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training, education, gait training, therapeutic exercise, balance training, patient/caregiver education, to achieve maximum independence and safety.

Therapy student was present and involved in this therapy encounter. Clinical instructor was present for entire session.

Signed by: Jeni Schatzlein, 4/15/2014 3:32:48 PM

- CoSigned By: Shannon Weaver, PT, MHS, NCS 4/15/2014 3:32:48 PM

Therapies Performed:
PTNOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Acute Physical Therapy Daily Note

Date of Service: 4/16/2014 Patient: CLYDE WILLIAMS MRN: 002669439 PAT:
105023709
Funding: Primary - BLUE CROSS PPC

SUBJECTIVE

Pain (Average pain over the last 24 hours): o/o headache but would not rate pain
/10 (0=no pain to 10=E.R.)
refusing to attempt standing and amb, telling PT and wife to shut up, etc

OBJECTIVE

- Total Treatment Time in Minutes: 29
- Total Treatment Timed Codes in Minutes: 29
Precautions: fall risk, agitated at times
Weight Bearing Status:
Observations: supine in bed, asleep, wife present, difficult to arouse
initially, wife reports they increased his sleeping meds last night
Treatment:
- Bed mobility:
-Rolling: Left: Moderate Assistance as pt was resistant to participate
-Supine to Sit: Maximum Assist as pt was resistant to participate
-Sit to Supine: Not Tested
- Transfers
-Sit to Stand: Patient is minimal assist of 2 for safety, pt is impulsive
-Bed to Chair: Patient is minimal assist
- Gait: pt refusing to walk, did take 4-6 steps with FWW from bed to chair,
impulsive, sits too early
- Stairs: Not tested.
Other: Main Hospital: Pt still requiring coaxing for participation due to
frontal lobe injury. Bed mobility, sitting EOB, pivot transfer to bedside
chair, up in chair to eat breakfast with speech for swallow eval
Special Tests:
Education: Instruction was provided to: patient, spouse as follows:
importance of being out of bed more The individual(s) instructed required
re-inforcement.
Patient OOB in chair at bedside with chair alarm in place, Other: nurse aware,
wife in room, b/s tray in front of pt, SLP on way for swallow assessment
ASSESSMENT (Evaluation, Physical Therapy Diagnosis, Prognosis):
Patient seen today for visit number: 12.
pt with limited participation today due to frontal lobe cognitive deficits

Working toward the following short term goals to be met by: 04/06/14

1. Pt. will transfer supine to sit with mod assist of one - MET
2. Pt. will sit edge of bed x 3 min with sba of one -MET
3. Pt. will transfer cob with mod assist of one

Equipment Needed for Discharge: Continue to assess
D/C Recommendations: Acute Rehab,

PLAN

Continue physical therapy 4 to 5 times per week including: transfer training,
education, gait training, therapeutic exercise, to achieve above goals.

Signed by: Rhonda Johnson, PT4/16/2014 11:55:58 AM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Rebecca Brannon, 4/2/2014 3:24:53 PM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Caroline Warren, MS, CCC/SLP4/3/2014 2:58:17 PM

Therapies Performed:
SLENOTE

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
SPEECH AND LANGUAGE PATHOLOGY CHARTING REPORT

Date of Service: 4/4/2014
Patient: CLYDE WILLIAMS
MRN: 002689439
PAT: 105023709
DOB: 8/19/1955
AGE: 58 years

Subjective

Patient seen for: Dysphagia .
Family: Present: wife
Mental Status: Awake, lethargic when ST arrived; however, alertness quickly deteriorated.
Current Diet: Modified Dysphagia diet with nectar thick liquids.

Objective: Pt seen for diet tolerance and po'trials of thin liquids. Pt presented 4 oz nectar-thick liquids via cup/straw. Approx. 1 oz thin liquids via tsp and cup sip x1. Slowed oral manipulation. Swallow initiation appeared delayed. Suspect reduced laryngeal elevation based on palpation. No overt s/s of aspiration with nectar-thick liquids. Coughing x2 with thin liquids. No further trials presented 2' s/s of aspiration and pt quickly fatiguing. Education provided to wife re: thickening liquids to appropriate consistency. Wife verbalized and demo'd understanding.

Cognition: Cognitive objectives not addressed today 2' pt significantly reduced participation/alertness by end of session.

Swallow Guidelines: Sit upright (90 degrees) for all meals , Feed / eat slowly only when awake / alert , Thicken all liquids to nectar consistency , Small sips and bites , 1:1 assistance with all meals .

Assessment: Patient seen today for visit number (4). Functional reporting not completed at this time . Patient presents with moderate dysphagia , moderate cognitive linguistic deficits .

Plan:

- 1) Continue Modified Dysphagia diet with Nectar-thick liquids, 1:1 A
- 2) SLP f/u 2-5x/week for diet tol/upgrade, cogn tx

Procedures: Dysphagia Treatment - Basic (CPT 92526) ,

Signed by: Anne Merkel, 4/4/2014 3:48:38 PM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Rebecca Brannon, 4/3/2014 12:09:52 PM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Rebecca Brannon, 4/9/2014 11:47:02 AM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Rebecca Brannon, 4/10/2014 2:56:25 PM

Therapies Performed:
SLFNOTE

See inpatient medical record.

Signed by: Rebecca Brannon, 4/11/2014 2:31:15 PM

Therapies Performed:
SLPNOTE

See inpatient medical record.

Signed by: Sarah Cline, 4/14/2014 3:57:03 PM

Therapies Performed:
SLPNOTE

Signed by: Sarah Cline, 4/14/2014 3:58:33 PM

PAGE: 001

MEDICAL UNIV HOSP AUTHORITY
 PHONE INQUIRIES PO BOX 931854
 CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
 TYPE: DEMAND

PATCOM #: 105623709 UNIT #: 002639439-800-001

PATIENT: WILLIAMS, CLYDE F/C: BF P/T: I ACM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
 BL80 BLUE CROSS PPC

CLYDE WILLIAMS
 PO BOX 30
 CORDCVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
99151052			03/30/14	1	1265.00
99151052			03/31/14	1	1265.00
99152050			04/01/14	1	1265.00
99152050			04/05/14	1	1265.00
99152050			04/06/14	1	1265.00
99152050			04/07/14	1	1265.00
99152050			04/08/14	1	1265.00
99152050			04/09/14	1	1265.00
99152050			04/10/14	1	1265.00
99152050			04/11/14	1	1265.00
99152050			04/12/14	1	1265.00
99152050			04/13/14	1	1265.00
99152050			04/14/14	1	1265.00
99152050			04/15/14	1	1265.00
0110	** ROOM-BOARD/PVT	TOTAL		15	13975.00
99598133			03/27/14	1	3266.00
99598133			03/28/14	1	3266.00
99598133			03/29/14	1	3266.00
0200	** INTENSIVE CARE	TOTAL		3	9798.00
99152555			04/02/14	1	2435.00
99152555			04/03/14	1	2435.00
99152555			04/04/14	1	2435.00
0200	** ICU/INTERMEDIATE	TOTAL		3	7435.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105623709

Page 1 of 24

PAGE: 002

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931354
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002639439-800-001

PATIENT: WILLIAMS, CLYDE F/C: BF P/T: I ADM DATE: 03/27/14
CIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL80 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43017155	SPONGE GELFOAM COMPRE		03/27/14	1	139.00
43017201	PWC/GELFOAM POWDER		03/27/14	2	502.00
43023357	INJ/SODIUM CHLOR/0.9%		03/27/14	2	56.00
43042554	INJ/PROPOFOL/10MG		03/27/14	1	169.00
43066919	INJ/RACITRACIN 50.000		03/27/14	2	7.00
43075902	INJ/LIDOCAINE 1% W/EP		03/27/14	1	15.00
43012954	INJ/VANCOMYCIN/500I	J3370	03/27/14	1	19.00
43016372	INJ/HEPARIN 1000U/500		03/28/14	1	21.00
43020783	INJ/FENTANYL CITRATE/		03/23/14	2	8.00
43024181	INJ/MIDAZOLAM DILUTIC		03/23/14	4	16.00
43042554	INJ/PROPOFOL/10MG		03/28/14	2	338.00
43044445	INJ/ONDANSETRON HCL		03/23/14	4	10.00
43057090	SOL/LEVETRIACETAM/100		03/23/14	3	102.00
43070385	INJ/HEPARIN IN NS 2U/		03/23/14	2	25.00
43073753	INJ/VECURIUMIUM 10MG I		03/23/14	1	47.00
43074509	INJ/FENTANYL 50MCG/ML		03/23/14	4	44.00
43076256	INJ/CEFAZOLIN 2GM SYR		03/23/14	1	26.00
43019249	INJ/LABETALOL/5MG ML/		03/29/14	3	66.00
43057090	SOL/LEVETRIACETAM/100		03/29/14	2	68.00
43074509	INJ/FENTANYL 50MCG/ML		03/29/14	4	44.00
43057090	SOL/LEVETRIACETAM/100		03/30/14	2	63.00
43057090	SOL/LEVETRIACETAM/100		03/31/14	2	68.00
43057090	SOL/LEVETRIACETAM/100		04/01/14	2	68.00
43057090	SOL/LEVETRIACETAM/100		04/02/14	3	102.00
43023357	INJ/SODIUM CHLOR/0.9%		04/03/14	6	163.00
43074389	INJ/NAFCILLIN 2GM		04/03/14	6	774.00
43023357	INJ/SODIUM CHLOR/0.9%		04/04/14	1	23.00
43074389	INJ/NAFCILLIN 2GM		04/04/14	1	129.00
43030923	INJ/TUBERCULIN (TUBER		04/15/14	1	10.00
0250	** PHARMACY	TOTAL		67	3147.00

Patient: WILLIAMS, CLYDE MRN: 2639439 Encounter: 105023709 Page 2 of 24

PAGE: 003

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-800-001

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I

ADM DATE: 03/27/14

CIS DATE: 04/17/14

INS CODE
BL80

COMPANY NAME
BLUE CROSS PPT

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43046403	CON/IOHEXOL/350MG/100	Q9967	03/23/14	150	540.00
43046346	CON/IOHEXOL/300MG/150	Q9967	03/23/14	150	705.00
0255	** DRUGS/INCIDENT RAD	TOTAL		250	1245.00
37701091	IV FLUID BAX 2B1324X		03/27/14	2	8.00
37701302	IV FLUID BAX 2B1323Q		03/27/14	1	4.00
43054154	INJ/MANNITOL 20%/250M		03/27/14	2	110.00
37701109	IV FLUID BAX 2B1324X		03/23/14	2	8.00
37701109	IV FLUID BAX 2B1324X		03/23/14	2	8.00
37701302	IV FLUID BAX 2B1323Q		03/23/14	2	8.00
37701109	IV FLUID BAX 2B1324X		04/01/14	1	4.00
43047773	INJ/SODIUM CHL 0.9% 5		04/01/14	3	99.00
43054154	INJ/MANNITOL 20%/250M		04/01/14	2	86.00
43047773	INJ/SODIUM CHL 0.9% 5		04/02/14	3	99.00
37701109	IV FLUID BAX 2B1324X		04/03/14	1	4.00
43047773	INJ/SODIUM CHL 0.9% 5		04/03/14	1	33.00
37701596	IV FLUID BAX 2B1314X		04/04/14	2	10.00
37701166	IV FLUID BAX 2B00054X		04/05/14	2	0.00
37701596	IV FLUID BAX 2B1314X		04/05/14	1	5.00
37701166	IV FLUID BAX 2B00054X		04/07/14	2	10.00
37701596	IV FLUID BAX 2B1314X		04/08/14	1	5.00
37701596	IV FLUID BAX 2B1314X		04/09/14	2	10.00
37701596	IV FLUID BAX 2B1314X		04/10/14	1	5.00
0253	** IV SOLUTIONS	TOTAL		33	525.00
37551301	KIT CAR ASK-04020 CAT		03/27/14	1	1.00
37554144	TRANSDUCER BAX PXVMP1		03/27/14	1	71.00
37909594	PERFORATOR J&J 26-122		03/27/14	1	442.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931354
 ATLANTA, GA 31193

PAGE: 004

PATCOM #: 105023709 UNIT #: 002669439-810-001

DATE: 03/07/14
 TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I ADM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME
 BL80 BLUE CROSS DPC

ESTIMATE

CLYDE WILLIAMS
 PO BOX 30
 CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
37522935	K11 SAG 6914		03/23/14	2	2.00
43699784	02 / SUPPLEMENTAL		03/23/14	1	36.00
43699784	02 / SUPPLEMENTAL		03/29/14	1	36.00
37558673	SLEEVE COV 9529 STD K		03/30/14	1	74.00
43699784	02 / SUPPLEMENTAL		03/30/14	1	36.00
43699784	02 / SUPPLEMENTAL		03/31/14	1	36.00
37558673	SLEEVE COV 9529 STD K		04/01/14	1	74.00
43699784	02 / SUPPLEMENTAL		04/01/14	1	36.00
43699784	02 / SUPPLEMENTAL		04/02/14	1	36.00
43699784	02 / SUPPLEMENTAL		04/03/14	1	36.00
37552593	TRAY BAR 903016A		04/04/14	1	1.00
37558673	SLEEVE COV 9529 STD K		04/05/14	1	74.00
43699784	02 / SUPPLEMENTAL		04/05/14	1	36.00
43699784	02 / SUPPLEMENTAL		04/06/14	1	36.00
0270 **	MED/SURG SUPPLIES	TOTAL		18	513.00
37832425	BUR AMS ALL 875		03/27/14	1	280.00
37907995	PACK CAR SANIZ/DRMUT C		03/27/14	1	1.00
38156063	FORCEP COD 31351003		03/27/14	1	939.00
37570017	PANEL CATH ARR CDC-45 C1751		03/27/14	1	226.00
37570025	PANEL GUIDEWIRE ARR C C1769		03/27/14	1	226.00
38264644	PACK CAR SANIZ/DRMUT N		03/28/14	1	1.00
38196717	GUIDEWIRE TER GR3806 C1769		03/23/14	1	117.00
38196655	CATH COR 451-514HO C1887		03/23/14	1	53.00
38190369	SHEATH TER RSS501 PIN C1394		03/23/14	1	34.00
0272 **	STERILE SUPPLY	TOTAL		9	1377.00
38085309	PLATE LEI 53-05212		03/27/14	2	343.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 005

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 03/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-300-001

PATIENT: WILLIAMS, CLYDE F/C: BF P/T: I ADM DATE: 03/27/14
CIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL30 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
38162756	SCREW LE1 92-15904		03/27/14	7	1106.00
38009122	COVER STR 5305514 BUR	C1713	03/27/14	2	1056.00
38177770	CLOSURE DEVICE ABS 14	C1760	03/29/14	1	748.00
0278	** SUPPLY/IMPLANTS	TOTAL		2	3258.00
55311529	METABOLIC PANEL	80053	03/27/14	1	128.00
89220255	ANTIBODY SCREEN 2 CEL	86850	03/27/14	1	98.00
55311545	BASIC METABOLIC PANEL	80043	03/29/14	1	107.00
55311545	BASIC METABOLIC PANEL	80043	03/29/14	1	107.00
55360428	HEMOGLOBIN A1C	83036	03/29/14	1	133.00
53800011	VENIPUNCTURE	36415	04/01/14	1	26.00
55311529	METABOLIC PANEL	80053	04/01/14	1	128.00
55360455	HEPATITIS B CORE ANTIB	86705	04/01/14	1	95.00
55360493	HEPATITIS B SURFACE A	86705	04/01/14	1	107.00
55360469	HEPATITIS A ANTIBODY	86709	04/01/14	1	130.00
55360519	HEPATITIS C VIRUS ANT	86803	04/01/14	1	137.00
55100500	WGSC	87205	04/01/14	1	40.00
55311545	BASIC METABOLIC PANEL	80043	04/02/14	1	107.00
53800011	VENIPUNCTURE	36415	04/03/14	1	26.00
55311545	BASIC METABOLIC PANEL	80043	04/03/14	1	107.00
53800011	VENIPUNCTURE	36415	04/04/14	2	52.00
55311545	BASIC METABOLIC PANEL	80043	04/04/14	1	107.00
53800011	VENIPUNCTURE	36415	04/05/14	2	52.00
53800136	VENIPUNCTURE BUTLEDGE	36415	04/05/14	1	26.00
55311545	BASIC METABOLIC PANEL	80043	04/05/14	1	107.00
53800011	VENIPUNCTURE	36415	04/06/14	2	52.00
53800136	VENIPUNCTURE BUTLEDGE	36415	04/06/14	1	26.00
53800011	VENIPUNCTURE	36415	04/07/14	4	104.00
53800011	VENIPUNCTURE	36415	04/08/14	2	52.00
55311529	METABOLIC PANEL	80053	04/08/14	1	128.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PAGE: 006

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931354
CALL: (343) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

BATCOM #: 105023709 UNIT #: 002639439-300-061

PATIENT: WILLIAMS, CLYDE E/C: BF P/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL80 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85311545	BASIC METABOLIC PANEL	80043	04/09/14	1	107.00
83800011	VENIPUNCTURE	36415	04/10/14	1	26.00
85311545	BASIC METABOLIC PANEL	80043	04/10/14	1	107.00
83800011	VENIPUNCTURE	36415	04/11/14	1	26.00
85311545	BASIC METABOLIC PANEL	80043	04/11/14	1	107.00
85311545	BASIC METABOLIC PANEL	80043	04/12/14	1	107.00
85311545	BASIC METABOLIC PANEL	80043	04/14/14	1	107.00
83800011	VENIPUNCTURE	36415	04/15/14	1	26.00
85311545	BASIC METABOLIC PANEL	80043	04/15/14	1	107.00
0300 **	LABORATORY	TOTAL		41	2902.00
83600247	ARTERIAL IONIZED CALC	82330	03/27/14	1	63.00
83600213	PH, PCO2, PO2 BILL	82803	03/27/14	1	326.00
83600171	A GLUCOSE ARTERIAL-I	82947	03/27/14	1	63.00
85310596	MAGNESIUM	83735	03/27/14	1	93.00
85310746	PHOSPHOROUS	84100	03/27/14	1	56.00
83600143	A POTASSIUM-I STAT	84132	03/27/14	1	63.00
83600130	A SODIUM-I STAT	84295	03/27/14	1	63.00
85360527	TRCFONIN I ULTRA (TPI	84484	03/27/14	1	209.00
83600247	ARTERIAL IONIZED CALC	82330	03/23/14	1	63.00
85310332	CREATINE KINASE	82550	03/23/14	1	93.00
83600213	PH, PCO2, PO2 BILL	82803	03/23/14	2	652.00
83600171	A GLUCOSE ARTERIAL-I	82947	03/23/14	1	63.00
83600333	LAC ART I	83605	03/23/14	1	63.00
85310596	MAGNESIUM	83735	03/23/14	1	93.00
85310746	PHOSPHOROUS	84100	03/23/14	1	56.00
83600143	A POTASSIUM-I STAT	84132	03/23/14	1	63.00
83600130	A SODIUM-I STAT	84295	03/23/14	1	63.00
85310910	TRIGLYCERIDES	84473	03/23/14	1	30.00
85360527	TRCFONIN I ULTRA (TPI	84484	03/23/14	2	418.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 007

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931354
CALL: (343) 792-2311 ATLANTA, GA 31193

DATE: 03/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002639439-830-001

PATIENT: WILLIAMS, CLYDE

F/C: EF P/T: I

ACH DATE: 03/27/14

DIS DATE: 04/17/14

INS CODE
EL80

COMPANY NAME
BLUE CROSS PFC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
83600247	ARTERIAL IONIZED CALC	82330	03/29/14	2	126.00
85900131	ION CA-4C	82330	03/29/14	1	63.00
85900103	CL 4C	82435	03/29/14	1	56.00
83600213	PH,ECOL,P02 BILL	82303	03/29/14	3	978.00
85900025	ABG3-4C	82805	03/29/14	1	366.00
83600171	A GLUCOSE ARTERIAL-I	82947	03/29/14	2	126.00
85900132	GLUC-4C	82947	03/29/14	1	63.00
83600338	LAC ART I	83605	03/29/14	1	63.00
85310596	MAGNESIUM	83735	03/29/14	1	98.00
85310746	PHOSPHOROUS	84100	03/29/14	1	56.00
83600143	A POTASSIUM-I STAT	84132	03/29/14	2	126.00
85900199	K-4C	84132	03/29/14	1	63.00
83600130	A SODIUM-I STAT	84295	03/29/14	2	126.00
85900215	NA-4C	84295	03/29/14	1	63.00
85900161	ION CA-4C	82330	04/01/14	1	63.00
85900103	CL-4C	82435	04/01/14	1	56.00
85900025	ABG3-4C	82805	04/01/14	1	366.00
85900132	GLUC 4C	82947	04/01/14	1	63.00
85900447	LAC-4C	83605	04/01/14	1	63.00
85900199	K-4C	84132	04/01/14	1	63.00
85900215	NA-4C	84295	04/01/14	1	63.00
85360527	TROFONIN I ULTRA (TPI	84434	04/01/14	1	209.00
85311090	LIPID PROFILE	80061	04/02/14	1	97.00
85311637	HEPATIC FUNCTION PANE	80076	04/02/14	1	102.00
85310076	AMMONIA	82140	04/02/14	1	177.00
85310332	CREATINE KINASE	82550	04/02/14	1	98.00
85310596	MAGNESIUM	83735	04/02/14	1	98.00
85310746	PHOSPHOROUS	84100	04/02/14	1	56.00
85310076	AMMONIA	82140	04/03/14	1	177.00
85310596	MAGNESIUM	83735	04/03/14	1	98.00
85310746	PHOSPHOROUS	84100	04/03/14	1	56.00
85310373	SODIUM	84295	04/03/14	1	63.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES
CALL: (843) 792-2311
MEDICAL UNIV HOSP AUTHORITY
PO BOX 931851
ATLANTA, GA 31193

PAGE: 006

PATCOM #: 105023709 UNIT #: 002639439-930-061

DATE: 05/07/14
TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

E/C: EF P/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME
EL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85310076	AMMONIA	82140	04/04/14	1	177.00
85310381	CREATININE, URINE	82570	04/04/14	1	65.00
85310596	MAGNESIUM	83735	04/04/14	1	98.00
85310720	OSMOLALITY, SERUM	83930	04/04/14	1	111.00
85310738	OSMOLALITY, URINE	83935	04/04/14	1	98.00
85310373	SODIUM	84295	04/04/14	3	189.00
85310394	SODIUM, URINE	84300	04/04/14	1	50.00
85310373	SODIUM	84295	04/05/14	5	315.00
85311637	HEPATIC FUNCTION PANEL	80076	04/06/14	1	102.00
85310076	AMMONIA	82140	04/06/14	1	177.00
85310373	SODIUM	84295	04/06/14	6	378.00
85310373	SODIUM	84295	04/07/14	6	378.00
85310076	AMMONIA	82140	04/08/14	1	177.00
85310596	MAGNESIUM	83735	04/08/14	1	98.00
85310737	POTASSIUM	84132	04/08/14	1	63.00
85310373	SODIUM	84295	04/08/14	4	252.00
85310596	MAGNESIUM	83735	04/09/14	1	98.00
85310746	PHOSPHOROUS	84100	04/09/14	1	56.00
85310373	SODIUM	84295	04/09/14	3	189.00
85310596	MAGNESIUM	83735	04/10/14	1	98.00
85310746	PHOSPHOROUS	84100	04/10/14	1	56.00
85310373	SODIUM	84295	04/10/14	2	126.00
85310596	MAGNESIUM	83735	04/14/14	1	98.00
0301 **	LABORATORY/CHEMISTRY TOTAL			104	19443.00
89200018	ABC W/RH	86900	03/27/14	1	51.00
89200174	D(RHO)TYPE	86901	03/27/14	1	43.00
89202243	ELECTRONIC CROSSMATCH	86923	03/27/14	4	156.00
0302 **	LABORATORY/IMMUNOLOGY TOTAL			6	255.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931354
 ATLANTA, GA 31193

PAGE: 009

PATCOM #: 105023709 UNIT #: 002639439-300-001

DATE: 03/07/14

TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/O: BF P/T: I

ADM DATE: 03/27/14

DIS DATE: 04/17/14

INS CODE

COMPANY NAME

ESTIMATE

EL80

BLUE CROSS PFC

CLYDE WILLIAMS
 PO BOX 30
 CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
83600189	A HEMATOOCRIT-I STAT	85014	03/27/14	1	49.00
85320372	HEMOGRAM	85027	03/27/14	1	70.00
85330215	PROTHROMBIN TIME	85610	03/27/14	1	44.00
85330223	ACTIVTD PARTL THROMEC	85730	03/27/14	1	54.00
83600189	A HEMATOOCRIT-I STAT	85014	03/23/14	1	49.00
85320372	HEMOGRAM	85027	03/23/14	2	140.00
85330215	PROTHROMBIN TIME	85610	03/23/14	1	44.00
85330223	ACTIVTD PARTL THROMEC	85730	03/23/14	1	54.00
83600189	A HEMATOOCRIT-I STAT	85014	03/29/14	2	98.00
85900165	HGE-4C	85013	03/29/14	1	45.00
85320372	HEMOGRAM	85027	03/29/14	1	70.00
85900165	HGE-4C	85013	04/01/14	1	45.00
85320364	HEMOGRAM & AUTODIFF	85025	04/01/14	1	122.00
85320372	HEMOGRAM	85027	04/02/14	1	70.00
85320372	HEMOGRAM	85027	04/03/14	1	70.00
85320372	HEMOGRAM	85027	04/03/14	1	70.00
85320372	HEMOGRAM	85027	04/09/14	1	70.00
85320372	HEMOGRAM	85027	04/10/14	1	70.00
85320372	HEMOGRAM	85027	04/11/14	1	70.00
85320372	HEMOGRAM	85027	04/12/14	1	70.00
0305 **	LABORATORY/HEMATOLOGY TOTAL			22	1374.00
85101111	PBP2	86403	04/01/14	1	87.00
85100287	C RESP	87070	04/01/14	1	160.00
85100332	STAPH ID	87077	04/01/14	1	89.00
0306 **	LABORATORY/BACT-MICRO TOTAL			3	336.00
85340180	URINALYSIS	81001	03/23/14	1	61.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 010

PHONE INQUIRIES
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002699439-830-001

PATIENT: WILLIAMS, CLYDE

E/C: EF P/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE
BL80

COMPANY NAME
BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
85340180	URINALYSIS	81001	04/01/14	1	61.00
85340180	URINALYSIS	81001	04/03/14	1	61.00
0307 **	LABORATORY/UROLOGY	TOTAL		3	183.00
68600386	SURG PATH < 3 BLKS	88307	03/27/14	1	576.00
0312 **	PATHOLOGICAL LAB/HIST	TOTAL		1	576.00
46740007	O/P ABDOMEN AP VIEW	74000	03/27/14	1	233.00
46740007	O/P ABDOMEN AP VIEW	74000	03/28/14	1	233.00
46730305	O/P SHOULDER COMP 2V	73030	03/31/14	1	362.00
46740007	O/P ABDOMEN AP VIEW	74000	04/01/14	1	233.00
46740007	O/P ABDOMEN AP VIEW	74000	04/02/14	1	233.00
46710109	O/P CHEST FRONTAL	71010	03/27/14	1	297.00
46710109	O/P CHEST FRONTAL	71010	03/28/14	1	297.00
46710109	O/P CHEST FRONTAL	71010	03/29/14	1	297.00
46710109	O/P CHEST FRONTAL	71010	04/01/14	1	297.00
0324 **	RADIOLOGY/DX X-RAY/CHI	TOTAL		4	1183.00
46704503	CT HEAD W/O CONT	70450	03/27/14	1	1830.00
46704503	CT HEAD W/O CONT	70450	03/28/14	1	1830.00
46704912	CT ST NECK W/CONT	70491	03/28/14	1	3256.00
46704503	CT HEAD W/O CONT	70450	04/01/14	1	1830.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 012

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931354
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-830-001

PATIENT: WILLIAMS, CLYDE F/C: BF D/T: I ACM DATE: 03/27/14
CIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL80 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43600563	VENTILATOR	94003	03/23/14	1	937.00
43699367	RT TIME PATIENT ASSES		03/30/14	1	43.00
43600329	AIRWAY TREATMENT/SPUT	94640	04/01/14	1	82.00
43600147	INCENTIVE SPIROMETRY		04/02/14	1	156.00
43699367	RT TIME PATIENT ASSES		04/02/14	1	43.00
43699375	RT TIME NT SUCTIONING		04/02/14	1	66.00
43699925	RT TIME HOME THERAPY		04/02/14	1	135.00
43600386	BREATHING EXERCISES	94667	04/02/14	2	252.00
43600147	INCENTIVE SPIROMETRY		04/03/14	1	156.00
43600147	INCENTIVE SPIROMETRY		04/04/14	2	312.00
43600147	INCENTIVE SPIROMETRY		04/05/14	2	312.00
43699367	RT TIME PATIENT ASSES		04/05/14	1	43.00
43600147	INCENTIVE SPIROMETRY		04/05/14	2	312.00
43699925	RT TIME HOME THERAPY		04/05/14	1	135.00
43600386	BREATHING EXERCISES	94667	04/05/14	1	126.00
43600147	INCENTIVE SPIROMETRY		04/07/14	2	312.00
43699925	RT TIME HOME THERAPY		04/07/14	1	135.00
43600386	BREATHING EXERCISES	94667	04/07/14	2	252.00
43600147	INCENTIVE SPIROMETRY		04/08/14	1	156.00
43699367	RT TIME PATIENT ASSES		04/08/14	1	43.00
43699925	RT TIME HOME THERAPY		04/08/14	1	135.00
43600386	BREATHING EXERCISES	94667	04/08/14	1	126.00
43730386	THERAPEUTIC ACT/loal	97530	03/31/14	2	222.00
43730386	THERAPEUTIC ACT/loal	97530	04/02/14	2	222.00
43730386	THERAPEUTIC ACT/loal	97530	04/03/14	3	333.00
43730386	THERAPEUTIC ACT/loal	97530	04/04/14	2	222.00
43730378	THERAPEUTIC PROC/GAIT	97115	04/07/14	1	95.00
43730386	THERAPEUTIC ACT/loal	97530	04/07/14	2	222.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931354
 ATLANTA, GA 31193

PAGE: 013

PATCOM #: 105023709 UNIT #: 002689439-300-001

DATE: 03/07/14
 TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I ADM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME
 BL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
 PO BOX 30
 CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43730386	THERAPEUTIC ACT/10m1	97530	04/03/14	2	222.00
43730386	THERAPEUTIC ACT/10m1	97530	04/09/14	2	222.00
43730055	DEV. OF COGNITIVE SKI	97533	04/09/14	1	111.00
43730386	THERAPEUTIC ACT/10m1	97530	04/10/14	2	222.00
43730386	THERAPEUTIC ACT/10m1	97530	04/14/14	2	222.00
43730386	THERAPEUTIC ACT/10m1	97530	04/15/14	2	222.00
43730386	THERAPEUTIC ACT/10m1	97530	04/16/14	2	222.00
0420 **	PHYSICAL THERAPY	TOTAL		25	2753.00
43730373	PT EVAL 30MIN SIMPLE	97001	03/30/14	1	162.00
0424 **	PHYS THERAPY/EVAL	TOTAL		1	162.00
43800336	SUP.FUNCTIONAL TRAIN	97535	04/10/14	2	190.00
43800336	SUP.FUNCTIONAL TRAIN	97535	04/14/14	1	95.00
43800336	SUP.FUNCTIONAL TRAIN	97535	04/17/14	2	190.00
0430 **	OCCUPATIONAL THERAPY	TOTAL		5	475.00
43800010	EVALUATION-PRIEF	97003	04/31/14	1	117.00
0434 **	OCCUP THERAPY/EVAL	TOTAL		1	117.00
42440263	STANDARD TX DYSPHAGIA	92526	04/02/14	1	307.00
42440081	STANDARD/TREATMENT/SP	92507	04/03/14	1	307.00
42440263	STANDARD TX DYSPHAGIA	92526	04/03/14	1	307.00
42440149	BASIC TX DYSPHAGIA	92526	04/04/14	1	164.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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MEDICAL UNIV HOSP AUTHORITY
 PHONE INQUIRIES PO BOX 931354
 CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
 TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-800-001

PATIENT: WILLIAMS, CLYDE F/C: BF P/T: I ADM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
 BL80 BLUE CROSS PFC

CLYDE WILLIAMS
 PO BOX 30
 CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
42440149	BASIC TX DYSPHAGIA	92526	04/03/14	1	164.00
42440057	BASIC/TREATMENT/SPCH/	92507	04/09/14	1	164.00
42440149	BASIC TX DYSPHAGIA	92526	04/09/14	1	164.00
42440081	STANDARD/TREATMENT/SP	92507	04/10/14	1	307.00
42440057	BASIC/TREATMENT/SPCH/	92507	04/11/14	1	164.00
42440263	STANDARD TX DYSPHAGIA	92526	04/11/14	1	307.00
42440057	BASIC/TREATMENT/SPCH/	92507	04/14/14	1	164.00
0440 **	SPEECH PATHOLOGY	TOTAL		11	2519.00
42440024	BASIC EVAL DYSPHAGIA	92610	03/31/14	1	200.00
42440495	LANG/SPEECH SOUND PRC	92523	04/01/14	1	399.00
42440255	STANDARD EVAL DYSPHAG	92610	04/01/14	1	399.00
0444 **	SPEECH PATH/EVAL	TOTAL		3	998.00
42499004	SWALLOWING LIMIT, CURR	G5996	03/31/14	1	.01
42499012	SWALLOWING LIMIT, GOAL	G5997	03/31/14	1	.01
42499129	MEMORY LIMITATN, CURR	G9163	04/01/14	1	.01
42499137	MEMORY LIMITATN, GOAL	G9163	04/01/14	1	.01
0449 **	SPEECH THERAPY-OTHER	TOTAL		4	.04
49500523	AMBULANCE LOADED MILE	A0425	03/27/14	1	10.00
49500341	GROUND TRANS/HELIPAD/	A0434	03/27/14	1	592.00
49500523	AMBULANCE LOADED MILE	A0425	04/17/14	79	790.00
49500353	BLS TRANSPORT BASE NO	A0423	04/17/14	1	330.00
0540 **	AMBULANCE GENERAL	TOTAL		82	1722.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PAGE: 015

MEDICAL UNIV HOSP AUTHORITY

PHONE INQUIRIES PO BOX 931354

CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14

TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002639439-800-001

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I

ADM DATE: 03/27/14

CIS DATE: 04/17/14

INS CODE

COMPANY NAME

ESTIMATE

BL80

BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43068527	INJ/LEVETIRACETAM 100	J1933	03/27/14	200	388.00
43019124	INJ/HYDRALAZINE/20I	J0360	03/23/14	3	204.00
43022987	INJ/HALOPERIDOL LACTA	J1630	03/23/14	1	12.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	03/23/14	5	33.00
43019124	INJ/HYDRALAZINE/20I	J0360	03/23/14	2	136.00
43022987	INJ/HALOPERIDOL LACTA	J1630	03/23/14	2	21.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	03/23/14	10	66.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	03/30/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	03/31/14	15	99.00
43050525	INJ/CEFEPIME HCL/200M	J0692	04/01/14	12	546.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/01/14	15	99.00
43053024	INJ/LINEZOLID(2MG/ML)	J2020	04/01/14	6	386.04
43050525	INJ/CEFEPIME HCL/200M	J0692	04/02/14	12	546.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/02/14	10	66.00
43053024	INJ/LINEZOLID(2MG/ML)	J2020	04/02/14	6	386.04
43050525	INJ/CEFEPIME HCL/200M	J0692	04/03/14	4	182.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/03/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/04/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/05/14	20	132.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/06/14	0	66.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/07/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/08/14	15	99.00
43062322	INJ/POTASSIUM CHLOR/1	J3480	04/08/14	30	120.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/09/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/10/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/11/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/12/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/13/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/14/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/15/14	10	66.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/16/14	15	99.00
43039531	INJ/HEPARIN 5,000UNIT	J1644	04/17/14	5	33.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 016

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 03/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-300-001

PATIENT: WILLIAMS, CLYDE F/C: 57 D/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
EL80 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
0636	** DRUGS/DETAIL CODE	TOTAL	558		4775.08
43033307	OIN/EACITRACIN/300		03/27/14	1	29.00
43074228	ROP/THROMBIN RECOM-4.5		03/27/14	2	569.00
43030357	LIQ/DOCUSATE SODIUM/1		03/28/14	4	32.00
43031764	TAB/FAMOTIDINE/20		03/28/14	1	14.00
43054782	INJ/INSULIN ASPART/10		03/28/14	1	407.00
43055326	TAB/SIMVASTATIN/40MG		03/28/14	2	50.00
43067763	TAB/FENOFIBRATE 145MG		03/28/14	2	66.00
43016500	PTC/NICOTINE/HABITROL		03/29/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		03/29/14	1	7.00
43030357	LIQ/DOCUSATE SODIUM/1		03/29/14	2	16.00
43031152	TAB/SENNA		03/29/14	1	6.00
43031764	TAB/FAMOTIDINE/20		03/29/14	2	28.00
43049469	TAB/AMLODIPINE BESILA		03/29/14	1	16.00
43055326	TAB/SIMVASTATIN/40MG		03/29/14	1	25.00
43067763	TAB/FENOFIBRATE 145MG		03/29/14	2	66.00
43016500	PTC/NICOTINE/HABITROL		03/30/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		03/30/14	3	21.00
43030357	LIQ/DOCUSATE SODIUM/1		03/30/14	2	16.00
43031152	TAB/SENNA		03/30/14	1	6.00
43031764	TAB/FAMOTIDINE/20		03/30/14	2	28.00
43055169	TAB/QUETIAPINE FUMARA		03/30/14	2	24.00
43055326	TAB/SIMVASTATIN/40MG		03/30/14	1	25.00
43064575	TAB/LISINOPRIL/20MG		03/30/14	1	11.00
43065903	LIQ/ACETAMINOPHEN(32)		03/30/14	1	1.00
43067763	TAB/FENOFIBRATE 145MG		03/30/14	1	33.00
43016500	PTC/NICOTINE/HABITROL		03/31/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		03/31/14	1	7.00
43030357	LIQ/DOCUSATE SODIUM/1		03/31/14	2	16.00
43031764	TAB/FAMOTIDINE/20		03/31/14	2	28.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-800-001

PATIENT: WILLIAMS, CLYDE F/C: BF P/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL30 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43053169	TAE/QUETIAPINE FUMARA		03/31/14	1	12.00
43053326	TAE/SIMVASTATIN/40MG		03/31/14	1	25.00
43064575	TAE/LISINOPRIL/20MG		03/31/14	1	11.00
43063903	LIQ/ACETAMINOPHEN(32)		03/31/14	1	1.00
43067768	TAE/FENOFIBRATE 145MG		03/31/14	1	33.00
43016500	PTC/NICOTINE/HABITROL		04/01/14	1	15.00
43023527	LIQ/POTASSIUM CHLORID		04/01/14	3	24.00
43030357	LIQ/DOCUSATE SODIUM/1		04/01/14	2	16.00
43031152	TAE/SENNA		04/01/14	1	6.00
43031764	TAE/FAMOTIDINE/20		04/01/14	2	28.00
43053169	TAE/QUETIAPINE FUMARA		04/01/14	1	12.00
43064575	TAE/LISINOPRIL/20MG		04/01/14	1	11.00
43063903	LIQ/ACETAMINOPHEN(32)		04/01/14	1	1.00
43016500	PTC/NICOTINE/HABITROL		04/02/14	1	15.00
43030357	LIQ/DOCUSATE SODIUM/1		04/02/14	2	16.00
43031764	TAE/FAMOTIDINE/20		04/02/14	2	28.00
43040943	PWC/NEUTRA PHOS PACHE		04/02/14	1	7.00
43053169	TAE/QUETIAPINE FUMARA		04/02/14	1	12.00
43064575	TAE/LISINOPRIL/20MG		04/02/14	1	11.00
43071125	TAE/K-PHOS-NEUTRA 25		04/02/14	1	7.00
43016500	PTC/NICOTINE/HABITROL		04/03/14	1	15.00
43023014	LIQ/LACTULOSE/30 ML		04/03/14	2	20.00
43030357	LIQ/DOCUSATE SODIUM/1		04/03/14	2	16.00
43031152	TAE/SENNA		04/03/14	1	6.00
43031764	TAE/FAMOTIDINE/20		04/03/14	2	28.00
43053169	TAE/QUETIAPINE FUMARA		04/03/14	1	12.00
43061787	TAE/TAMSULOSIN HCL/0.		04/03/14	2	48.00
43064575	TAE/LISINOPRIL/20MG		04/03/14	1	11.00
43063903	LIQ/ACETAMINOPHEN(32)		04/03/14	1	1.00
43016500	PTC/NICOTINE/HABITROL		04/04/14	1	15.00
43021609	TAE/ACETAMINOPHEN/325		04/04/14	2	2.00
43023014	LIQ/LACTULOSE/30 ML		04/04/14	1	10.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
 CALL: (843) 792-2311 PO BOX 931554
 ATLANTA, GA 31193

PAGE: 016

PATCOM #: 105023709 UNIT #: 002639439-800-001

DATE: 03/07/14
 TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I ADM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME
 BL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
 PO BOX 30
 CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43030357	LIQ/DOCUSATE SODIUM/1		04/04/14	2	16.00
43031152	TAB/SENNA		04/04/14	1	6.00
43031764	TAB/FAMOTIDINE/20		04/04/14	2	28.00
43050731	TAB/AMOXICILLIN CL AC		04/04/14	3	31.00
43053169	TAB/QUETIAPINE FUMARA		04/04/14	1	12.00
43061737	CAP/TAMSULOSIN HCL/0.		04/04/14	1	24.00
43064575	TAB/LISINAPRIL/20MG		04/04/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/05/14	1	15.00
43021609	TAB/ACETAMINOPHEN/325		04/05/14	4	4.00
43023014	LIQ/LACTULOSE/30 ML		04/05/14	1	10.00
43030357	LIQ/DOCUSATE SODIUM/1		04/05/14	2	16.00
43031152	TAB/SENNA		04/05/14	3	18.00
43031764	TAB/FAMOTIDINE/20		04/05/14	2	28.00
43050731	TAB/AMOXICILLIN CL AC		04/05/14	2	54.00
43053169	TAB/QUETIAPINE FUMARA		04/05/14	1	12.00
43061737	CAP/TAMSULOSIN HCL/0.		04/05/14	1	24.00
43064575	TAB/LISINAPRIL/20MG		04/05/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/05/14	1	15.00
43023014	LIQ/LACTULOSE/30 ML		04/06/14	1	10.00
43030357	LIQ/DOCUSATE SODIUM/1		04/06/14	2	16.00
43031764	TAB/FAMOTIDINE/20		04/06/14	2	28.00
43050731	TAB/AMOXICILLIN CL AC		04/06/14	2	54.00
43053169	TAB/QUETIAPINE FUMARA		04/06/14	1	12.00
43061737	CAP/TAMSULOSIN HCL/0.		04/06/14	1	24.00
43064575	TAB/LISINAPRIL/20MG		04/06/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/07/14	1	15.00
43021609	TAB/ACETAMINOPHEN/325		04/07/14	1	4.00
43030357	LIQ/DOCUSATE SODIUM/1		04/07/14	2	16.00
43031764	TAB/FAMOTIDINE/20		04/07/14	2	28.00
43050731	TAB/AMOXICILLIN CL AC		04/07/14	2	54.00
43053169	TAB/QUETIAPINE FUMARA		04/07/14	1	12.00
43061737	CAP/TAMSULOSIN HCL/0.		04/07/14	1	24.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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PAGE: 019

MEDICAL UNIV HOSP AUTHORITY
PHONE INQUIRIES PO BOX 931354
CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 03/07/14
TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002689439-830-001

PATIENT: WILLIAMS, CLYDE F/C: BF D/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME ESTIMATE
BL80 BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43064575	TAB/LISINOPRIL/20MG		04/07/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/03/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		04/03/14	1	7.00
43025493	TAB/POTASSIUM CHLORID		04/03/14	3	15.00
43030357	CAP/DOCUSATE SODIUM/1		04/03/14	2	6.00
43031764	TAB/FAMOTIDINE/20		04/03/14	2	28.00
43050731	TAB/AMOXICILLIN CL AC		04/03/14	1	27.00
43061787	CAP/TAMSULOSIN HCL/0.		04/03/14	1	24.00
43061795	TAB/QUETIAPINE FUMARA		04/03/14	2	46.00
43064575	TAB/LISINOPRIL/20MG		04/03/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/03/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		04/03/14	1	7.00
43025493	TAB/POTASSIUM CHLORID		04/03/14	9	45.00
43030340	CAP/DOCUSATE SODIUM/1		04/03/14	1	6.00
43031764	TAB/FAMOTIDINE/20		04/03/14	2	28.00
43061787	CAP/TAMSULOSIN HCL/0.		04/03/14	1	24.00
43061795	TAB/QUETIAPINE FUMARA		04/03/14	1	23.00
43064575	TAB/LISINOPRIL/20MG		04/03/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/10/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		04/10/14	1	7.00
43030340	CAP/DOCUSATE SODIUM/1		04/10/14	2	12.00
43031152	TAB/SENNA		04/10/14	1	6.00
43031764	TAB/FAMOTIDINE/20		04/10/14	2	28.00
43061787	CAP/TAMSULOSIN HCL/0.		04/10/14	1	24.00
43061795	TAB/QUETIAPINE FUMARA		04/10/14	1	23.00
43064575	TAB/LISINOPRIL/20MG		04/10/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/11/14	1	15.00
43021336	TAB/OXYCODONE HCL/5		04/11/14	1	7.00
43021509	TAB/ACETAMINOPHEN/325		04/11/14	4	4.00
43030340	CAP/DOCUSATE SODIUM/1		04/11/14	2	12.00
43031152	TAB/SENNA		04/11/14	1	6.00
43031764	TAB/FAMOTIDINE/20		04/11/14	2	28.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
PO BOX 931554
CALL: (843) 792-2311 ATLANTA, GA 31193

PAGE: 020

PATCOM #: 105023709 UNIT #: 032629439-830-001

DATE: 05/07/14

TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I

ADM DATE: 03/27/14

DIS DATE: 04/17/14

INS CODE COMPANY NAME
BL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43061795	TAE/QUETIAPINE FUMARA		04/11/14	2	46.00
43064575	TAE/LISINOPRIL/20MG		04/11/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/12/14	1	15.00
43021336	TAE/OXYCODONE HCL/5		04/12/14	1	7.00
43021509	TAE/ACETAMINOPHEN/325		04/12/14	6	6.00
43030340	SUP/BISACODYL/10MG		04/12/14	1	6.00
43030340	CAP/DOCUSATE SODIUM/1		04/12/14	2	12.00
43031152	TAE/SENNA		04/12/14	1	6.00
43031764	TAE/FAMOTIDINE/20		04/12/14	2	23.00
43061795	TAE/QUETIAPINE FUMARA		04/12/14	1	23.00
43064575	TAE/LISINOPRIL/20MG		04/12/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/13/14	1	15.00
43021336	TAE/OXYCODONE HCL/5		04/13/14	1	7.00
43021509	TAE/ACETAMINOPHEN/325		04/13/14	2	2.00
43030340	CAP/DOCUSATE SODIUM/1		04/13/14	2	12.00
43031152	TAE/SENNA		04/13/14	1	6.00
43031764	TAE/FAMOTIDINE/20		04/13/14	2	23.00
43061795	TAE/QUETIAPINE FUMARA		04/13/14	1	23.00
43064575	TAE/LISINOPRIL/20MG		04/13/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/14/14	1	15.00
43021336	TAE/OXYCODONE HCL/5		04/14/14	1	7.00
43021509	TAE/ACETAMINOPHEN/325		04/14/14	2	2.00
43030340	CAP/DOCUSATE SODIUM/1		04/14/14	2	12.00
43031152	TAE/SENNA		04/14/14	1	6.00
43031764	TAE/FAMOTIDINE/20		04/14/14	2	23.00
43060073	TAE/OLANZAPINE/2.5 MG		04/14/14	2	108.00
43061795	TAE/QUETIAPINE FUMARA		04/14/14	1	23.00
43064575	TAE/LISINOPRIL/20MG		04/14/14	1	11.00
43016500	PTC/NICOTINE/HABITROL		04/15/14	1	15.00
43021336	TAE/OXYCODONE HCL/5		04/15/14	1	7.00
43021509	TAE/ACETAMINOPHEN/325		04/15/14	2	2.00
43030741	SUP/BISACODYL/10MG		04/15/14	1	6.00

Patient: WILLIAMS, CLYDE

MRN: 2639439

Encounter: 105023709

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MEDICAL UNIV HOSP AUTHORITY
 PHONE INQUIRIES PO BOX 931354
 CALL: (843) 792-2311 ATLANTA, GA 31193

DATE: 05/07/14
 TYPE: DEMAND

PATCOM #: 105023709 UNIT #: 002669439-800-001

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I ADM DATE: 03/27/14
 DIS DATE: 04/17/14

INS CODE COMPANY NAME
 BL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
 PO BOX 30
 CORDOVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
43030340	CAP/DOCUSATE SODIUM/1		04/13/14	2	12.00
43031764	TAB/FAMOTIDINE/20		04/13/14	2	23.00
43064575	TAB/LISINOPRIL/20MG		04/13/14	1	11.00
43066963	TAB/QUETIAPINE FUMARA		04/13/14	2	74.00
43016500	PIG/NICOTINE/HARITROL		04/16/14	1	5.00
43021509	TAB/ACETAMINOPHEN/325		04/16/14	2	2.00
43030340	CAP/DOCUSATE SODIUM/1		04/16/14	2	12.00
43031764	TAB/FAMOTIDINE/20		04/16/14	2	23.00
43064575	TAB/LISINOPRIL/20MG		04/16/14	1	11.00
43066963	TAB/QUETIAPINE FUMARA		04/16/14	1	37.00
43021509	TAB/ACETAMINOPHEN/325		04/17/14	2	2.00
43030340	CAP/DOCUSATE SODIUM/1		04/17/14	1	6.00
43031764	TAB/FAMOTIDINE/20		04/17/14	1	14.00
0637 **	SELF ADMIN DRUG	TOTAL		259	4083.00
41260019	EKG 12 LEAD TRACING C	93005	03/27/14	1	92.00
41260019	EKG 12-LEAD TRACING C	93005	03/31/14	1	92.00
41260019	EKG 12-LEAD TRACING C	93005	04/03/14	1	92.00
0730 **	EKG/ECG	TOTAL		3	276.00
45000247	DUPLEX EXT VEIN BILAT	93970	04/01/14	1	741.00
0921 **	VASCULAR LAB	TOTAL		1	741.00
43600295	ARTERIAL BLOOD GAS	36600	04/01/14	1	72.00
0929 **	OTHER DIAGNOSTIC SERV	TOTAL		1	72.00

Patient: WILLIAMS, CLYDE

MRN: 2669439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
CALL: (843) 792-2311 PO BOX 931851
ATLANTA, GA 31193

PAGE: 022

PATCOM #: 105023709 UNIT #: 002639439-330-001

DATE: 05/07/14

TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I

ADM DATE: 03/27/14

EIS DATE: 04/17/14

INS CODE

COMPANY NAME

ESTIMATE

BL80

BLUE CROSS PPC

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SERV CD	DESCRIPTION	CPT CODE	SERV DT	QTY	
47400221	WOUND CARE SIMPLE/ 30		04/03/14	1	74.00
47400221	WOUND CARE SIMPLE/ 30		04/09/14	1	74.00
0940	OTHER THERAPEUTIC SER	TOTAL		2	143.00
H100	BLUE CROSS PYMT		05/05/14		.00
	PAYMENTS/ADJUSTMENTS	TOTAL			.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
CALL: (843) 792-2311 PO BOX 931854
ATLANTA, GA 31193

PAGE: 023

PATCOM #: 105023709 UNIT #: 000689409-300-001

DATE: 05/07/14
TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: BF P/T: I ADH DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME
BL80 BLUE CROSS PFC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

SUMMARY OF CHARGES

ROOM-BOARD/PVT	250	
5DAYS @1265.00		18975.00
INTENSIVE CARE	255	
3DAYS @3266.00		9798.00
ICU/INTERMEDIATE	255	
3DAYS @2435.00		7455.00
PHARMACY	250	3147.00
DRUGS/INCIDENT RAD	255	1245.00
IV SOLUTIONS	255	526.00
MED/SURG SUPPLIES	270	1513.00
STERILE SUPPLY	272	1877.00
SUPPLY/IMPLANTS	278	3258.00
LABORATORY	300	2902.00
LABORATORY/CHEMISTRY	301	10448.00
LABORATORY/IMMUNOLOGY	302	255.00
LABORATORY/HEMATOLOGY	305	1374.00
LABORATORY/HAET-MICRO	306	336.00
LABORATORY/UROLOGY	307	193.00
PATHOLOGICAL LAB/HISTOLOG	312	576.00
DX X-RAY	320	1294.00
RADIOLOGY/DX X-RAY/CHEST	324	1188.00
CT SCAN/HEAD	351	8746.00
CT SCAN/BODY	352	8464.00
OR SERVICES	360	51523.00
ANESTHESIA	370	8320.00
ULTRASOUND	402	610.00
RESPIRATORY SVC	410	3527.00
PHYSICAL THERAPY	420	2759.00
PHYS THERAPY/EVAL	424	162.00

Patient: WILLIAMS, CLYDE

MRN: 2689439

Encounter: 105023709

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PHONE INQUIRIES MEDICAL UNIV HOSP AUTHORITY
PO BOX 931854
CALL: (843) 792-2311 ATLANTA, GA 31193

PAGE: 024

PATCOM #: 105023709 UNIT #: 002689439-800-001

DATE: 05/07/14
TYPE: DEMAND

PATIENT: WILLIAMS, CLYDE

F/C: B7 P/T: I ADM DATE: 03/27/14
DIS DATE: 04/17/14

INS CODE COMPANY NAME
BL80 BLUE CROSS PPC

ESTIMATE

CLYDE WILLIAMS
PO BOX 30
CORDEVA, SC 29039

OCCUPATIONAL THERAPY	430	475.00
OCCUP THERAPY/EVAL	434	117.00
SPEECH PATHOLOGY	440	2519.00
SPEECH PATH/EVAL	444	998.00
SPEECH THERAPY-OTHER	449	.04
AMBULANCE GENERAL	510	1732.00
DRUGS/DETAIL CODE	636	4778.03
SELF ADMIN DRUG	637	4063.00
EKG/ECG	730	276.00
VASCULAR LAB	921	741.00
OTHER DIAGNOSTIC SERVICES	929	72.00
OTHER THERAPEUTIC SERVICE	940	148.00
TOTAL CHARGES		163390.12
PAYMENTS/ADJUSTMENTS		.00
CURRENT BALANCE		163390.12



MUSC Physicians

MEDICAL UNIVERSITY of SOUTH CAROLINA
1 Poston Road, Suite 350, Charleston, SC 29407-3431

Inquiries: Call (843) 792-6200 or (800) 868-5051
Monday - Friday, 8:00am - 4:30pm

CLYDE WILLIAMS
PO BOX 30
CORDOVA, SC 29039

PATIENT: CLYDE WILLIAMS

STATEMENT DATE: 05/30/14

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER:

EXP DATE: / / SIGNATURE:

PAY THIS BILL ONLINE AT MUSC.BHAWK.COM

ACCT #	AMOUNT OWED	AMOUNT DUE NOW	AMOUNT ENCLOSED
3-002689439	\$4044.17	\$4044.17	\$

MAKE CHECKS PAYABLE AND MAIL TO:

MUSC PHYSICIANS
PO BOX 600077
RALEIGH, NC 27675-6077

Please review your insurance information on the reverse side,
and notify us of any changes.

0300026894390000404417053020141

Please tear off this portion and return with your payment

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT MUSC PHYSICIANS. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS AND THE AMOUNT YOU OWE. ANY HOSPITAL SERVICES WILL BE BILLED SEPARATELY.

INVOICE NUMBER: 15433029

CHARGES

PROVIDER: MARIA V SPAMPINATO MD
NEURO RADIOLOGY

03/27/14 70450/26/GC-CT SCAN HEAD BRAIN W O CONTRAST	\$346.00
03/28/14 70491/26/GC-CT SCAN NECK TISSUE W CONTRAST	\$537.00
03/28/14 70450/26/GC-CT SCAN HEAD BRAIN W O CONTRAST	\$346.00
TOTAL:	\$1229.00

DIAGNOSIS CODE: 801.10, 801.20, E928.9, 959.9

PAYMENT ACTIVITY

04/01/14 CLAIM SENT TO BCBS PPC/PPD

04/09/14 PAYMENT/CONTRACT-BLUE SHIELD

PAYMENT	\$0.00 (A)
ADJUSTMENT	\$0.00

(A) SEE EXPLANATION OF BENEFITS (EOB) FROM YOUR INSURER

A CLAIM FOR \$1229.00 IS PENDING WITH YOUR INSURANCE COMPANY.

INVOICE NUMBER: 15433030

CHARGES

PROVIDER: STEPHEN SCHABEL MD
RADIOLOGY

03/28/14 71260/26/GC-CT SCAN THORAX W CONTRAST	\$407.00
03/28/14 74177/26/GC-COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; W	\$830.00
TOTAL:	\$1237.00

DIAGNOSIS CODE: 959.9, E928.9

PAYMENT ACTIVITY

04/01/14 CLAIM SENT TO BCBS PPC/PPD

04/09/14 PAYMENT/CONTRACT-BLUE SHIELD

PAYMENT	\$0.00 (A)
ADJUSTMENT	\$0.00

(A) SEE EXPLANATION OF BENEFITS (EOB) FROM YOUR INSURER

A CLAIM FOR \$1237.00 IS PENDING WITH YOUR INSURANCE COMPANY.

INVOICE NUMBER: 15433031

CHARGES

PROVIDER: JAMES G RAVENEL MD
RADIOLOGY

03/28/14 71010/26/GC-CHEST X-RAY SINGLE VIEW	\$46.00
TOTAL:	\$46.00

DIAGNOSIS CODE: 431., V58.82

PAYMENT ACTIVITY

04/01/14 CLAIM SENT TO BCBS PPC/PPD

04/09/14 PAYMENT/CONTRACT-BLUE SHIELD

PAYMENT	\$21.20
ADJUSTMENT	\$15.71

04/09/14 BALANCE TRANSFERRED TO PATIENT

AMOUNT DUE NOW	\$9.09

CONTINUED ON REVERSE SIDE ...

MUSC PHYSICIANS

1 POSTON ROAD SUITE 350, CHARLESTON, SC 29407-3431

(843) 792-6200

(800) 868-5051

P. 156

329

MUSC 129 OF 136

MUSC PHYSICIANS PAYMENT POLICY

THE AMOUNT DUE FROM PATIENT IS PAYABLE AND DUE UPON RECEIPT OF THIS STATEMENT. THIS AMOUNT REFLECTS CHARGES OR PORTIONS OF CHARGES NOT COVERED BY INSURANCE, INCLUDING DENIED CHARGES, CO-PAY AMOUNTS AND DEDUCTIBLES.

MUSC WILL FILE CLAIMS TO EACH INSURANCE COMPANY ON RECORD AS A COURTESY TO YOU. YOU MAY NEED TO QUESTION YOUR INSURANCE COMPANY ABOUT THE AMOUNT PAID WHEN APPROPRIATE AND ASSIST US IN MAXIMIZING YOUR BENEFITS. ULTIMATELY, WE MUST HOLD YOU RESPONSIBLE FOR FULL PAYMENT OF ALL CHARGES ON YOUR ACCOUNT.

IF YOU ARE UNABLE TO PAY YOUR ACCOUNT IN FULL WITHIN 30 DAYS CONTACT OUR OFFICE TO DISCUSS PAYMENT ARRANGEMENTS.

A PROCESSING FEE WILL BE CHARGED ON EACH RETURNED CHECK.

OUR RECORDS SHOW THE FOLLOWING INSURANCE INFORMATION:

IF ANY INFORMATION HAS CHANGED, PLEASE NOTIFY US AT 843-792-6200 OR [TOLL FREE] 800-868-5051

1. PRIMARY INSURER: BCBS PPC/PPQ
SUBSCRIBER NAME: CLYDE O WILLIAMS
POLICY NUMBER: ZCY067563596859
EFFECTIVE DATE:
2. SECONDARY INSURER: NONE
SUBSCRIBER NAME:
POLICY NUMBER:
EFFECTIVE DATE:
3. TERTIARY INSURER: NONE
SUBSCRIBER NAME:
POLICY NUMBER:
EFFECTIVE DATE:

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439

PATIENT NAME: CLYDE WILLIAMS

PAGE 2

INVOICE NUMBER: 15433032

CHARGES

PROVIDER: ABHAY KUMAR VARMA MD
NEUROSURGERY

03/27/14 61313-OPEN SKULL FOR HEMATOMA \$8306.00
DIAGNOSIS CODE: 431. TOTAL: \$8306.00

PAYMENT ACTIVITY

04/01/14 CLAIM SENT TO BCBS PPC/PPQ
04/09/14 PAYMENT/CONTRACT-BLUE SHIELD
PAYMENT..... \$1774.04
ADJUSTMENT..... \$3804.16
04/09/14 BALANCE TRANSFERRED TO PATIENT
AMOUNT DUE NOW..... \$2727.80

INVOICE NUMBER: 15441058

CHARGES

PROVIDER: WILLIAM F CONWAY MD
RADIOLOGY

03/28/14 74000/26/GC-X-RAY ABDOMEN SINGLE VIEW \$49.00
03/29/14 71010/26/GC-CHEST X-RAY SINGLE VIEW \$46.00
DIAGNOSIS CODE: V58.82, 786.9 TOTAL: \$95.00

PAYMENT ACTIVITY

04/02/14 CLAIM SENT TO BCBS PPC/PPQ
05/14/14 PAYMENT/CONTRACT-BLUE SHIELD
PAYMENT..... \$47.05
ADJUSTMENT..... \$27.79
05/14/14 BALANCE TRANSFERRED TO PATIENT
AMOUNT DUE NOW..... \$20.16

INVOICE NUMBER: 15441059

CHARGES

PROVIDER: JULIO A CHALELA MD
NEUROSURGERY

03/28/14 99291-INITIAL CRITICAL CARE \$900.00
DIAGNOSIS CODE: 959.01, 518.81, 348.5 TOTAL: \$900.00

PAYMENT ACTIVITY

04/02/14 CLAIM SENT TO BCBS PPC/PPQ
04/09/14 PAYMENT/CONTRACT-BLUE SHIELD
PAYMENT..... \$197.45
ADJUSTMENT..... \$617.93
04/09/14 BALANCE TRANSFERRED TO PATIENT
AMOUNT DUE NOW..... \$84.62

CONTINUED ON NEXT PAGE ...

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

PAGE 3

INVOICE NUMBER: 15441060 CHARGES PROVIDER: JULIO A CHALELA MD NEUROSURGERY 03/29/14 99291-INITIAL CRITICAL CARE \$900.00 DIAGNOSIS CODE: 959.01, 518.81, 348.5 TOTAL: \$900.00		PAYMENT ACTIVITY 04/02/14 CLAIM SENT TO BCBS PPC/PPD 04/09/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$197.45 ADJUSTMENT \$617.93 04/09/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$84.62	
INVOICE NUMBER: 15449021 CHARGES PROVIDER: STEPHEN SCHABEL MD RADIOLOGY 03/27/14 71010/26-CHEST X-RAY SINGLE VIEW \$46.00 03/27/14 74000/26/GC-X-RAY ABDOMEN SINGLE VIEW \$49.00 DIAGNOSIS CODE: V58.82, 440.0 TOTAL: \$95.00		PAYMENT ACTIVITY 04/03/14 CLAIM SENT TO BCBS PPC/PPD 05/14/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$47.05 ADJUSTMENT \$27.79 05/14/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$20.16	
INVOICE NUMBER: 15449022 CHARGES PROVIDER: JULIO A CHALELA MD NEUROSURGERY 03/30/14 99291-INITIAL CRITICAL CARE \$900.00 DIAGNOSIS CODE: 959.01, 518.81, 348.5 TOTAL: \$900.00		PAYMENT ACTIVITY 04/03/14 CLAIM SENT TO BCBS PPC/PPD 04/09/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$197.45 ADJUSTMENT \$617.93 04/09/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$84.62	
INVOICE NUMBER: 15449023 CHARGES PROVIDER: BRUCE D CROOKES MD GENERAL ACUTE CARE SURGERY 03/28/14 99254-INITIAL INPT CONSULT LEVEL IV \$398.00 DIAGNOSIS CODE: 852.00, 801.00, 518.81 TOTAL: \$398.00		PAYMENT ACTIVITY 04/03/14 CLAIM SENT TO BCBS PPC/PPD 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$165.65 ADJUSTMENT \$161.36 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$70.99	
INVOICE NUMBER: 15456282 CHARGES PROVIDER: JAMES G RAVENEL MD RADIOLOGY 04/01/14 71010/26/GC-CHEST X-RAY SINGLE VIEW \$46.00 DIAGNOSIS CODE: 518.89 TOTAL: \$46.00		PAYMENT ACTIVITY 04/04/14 CLAIM SENT TO BCBS PPC/PPD 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$21.20 ADJUSTMENT \$15.71 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$9.09	

CONTINUED ON REVERSE SIDE ...

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

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INVOICE NUMBER: 15456283 CHARGES PROVIDER: STEPHEN SCHABEL MD RADIOLOGY 04/01/14 74000/26/GC-X-RAY ABDOMEN SINGLE VIEW \$49.00 TOTAL: \$49.00 DIAGNOSIS CODE: 507.0		PAYMENT ACTIVITY 04/04/14 CLAIM SENT TO BCBS PPC/PPG 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$25.84 ADJUSTMENT \$12.08 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$11.08
INVOICE NUMBER: 15465019 CHARGES PROVIDER: BRUCE M ELLIOTT MD VASCULAR SURGERY 04/01/14 93970/26-EXTREMITY STUDY \$398.00 TOTAL: \$398.00 DIAGNOSIS CODE: 729.5, 786.00, 904.8, 786.09		PAYMENT ACTIVITY 04/08/14 CLAIM SENT TO BCBS PPC/PPG 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$83.49 ADJUSTMENT \$278.73 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$35.78
INVOICE NUMBER: 15465020 CHARGES PROVIDER: ABID IRSHAD MD RADIOLOGY 04/02/14 76705/26/GC-ULTRASCUND ABDOMINAL LIMITED \$172.00 TOTAL: \$172.00 DIAGNOSIS CODE: 574.20		PAYMENT ACTIVITY 04/08/14 CLAIM SENT TO BCBS PPC/PPG 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$70.24 ADJUSTMENT \$71.66 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$30.10
INVOICE NUMBER: 15465021 CHARGES PROVIDER: MUNAZZA ANIS MD RADIOLOGY 04/02/14 74000/26/GC-X-RAY ABDOMEN SINGLE VIEW \$49.00 TOTAL: \$49.00 DIAGNOSIS CODE: 783.3, V58.82		PAYMENT ACTIVITY 04/08/14 CLAIM SENT TO BCBS PPC/PPG 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$25.84 ADJUSTMENT \$12.08 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$11.08
INVOICE NUMBER: 15465022 CHARGES PROVIDER: WILLIAM F CONWAY MD RADIOLOGY 03/31/14 73030/26/LT/GC-X-RAY SHOULDER MIN 2 VIEWS \$58.00 TOTAL: \$58.00 DIAGNOSIS CODE: 715.11, E888.9		PAYMENT ACTIVITY 04/08/14 CLAIM SENT TO BCBS PPC/PPG 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$27.17 ADJUSTMENT \$19.19 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$11.64

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STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

PAGE 5

INVOICE NUMBER: 15465023 CHARGES PROVIDER: MARIA V SPAMPINATO MD NEURO RADIOLOGY 04/01/14 70450/26/GC-CT SCAN HEAD BRAIN W D CONTRAST \$346.00 TOTAL: \$346.00 DIAGNOSIS CODE: 801.01, 348.4, V45.89, E928.9		PAYMENT ACTIVITY 04/08/14 CLAIM SENT TO BCBS PPC/PPD 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$100.72 ADJUSTMENT \$202.12 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$43.16
INVOICE NUMBER: 15480008 CHARGES PROVIDER: BEATRICE JANULYTE HULL MD ENDOCRINOLOGY 04/04/14 99254/GC-INITIAL INPT CONSULT LEVEL IV \$398.00 TOTAL: \$398.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/09/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$165.65 ADJUSTMENT \$161.36 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$70.99
INVOICE NUMBER: 15480009 CHARGES PROVIDER: BEATRICE JANULYTE HULL MD ENDOCRINOLOGY 04/05/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 TOTAL: \$198.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/09/14 CLAIM SENT TO BCBS PPC/PPD 04/16/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$62.29 ADJUSTMENT \$109.02 04/16/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$26.69
INVOICE NUMBER: 15489299 CHARGES PROVIDER: BEATRICE JANULYTE HULL MD ENDOCRINOLOGY 04/06/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 TOTAL: \$198.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/10/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$62.29 ADJUSTMENT \$109.02 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$26.69
INVOICE NUMBER: 15497938 CHARGES PROVIDER: BEATRICE JANULYTE HULL MD ENDOCRINOLOGY 04/07/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 TOTAL: \$198.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/11/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT \$62.29 ADJUSTMENT \$109.02 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW \$26.69

CONTINUED ON REVERSE SIDE ...

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

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INVOICE NUMBER: 15505361 CHARGES PROVIDER: BEATRICE JAMULYTE HULL MD ENDOCRINOLOGY 04/08/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 04/09/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 TOTAL: \$396.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/14/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$124.57 ADJUSTMENT..... \$218.04 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$53.39
INVOICE NUMBER: 15515665 CHARGES PROVIDER: MICHAEL LAWRENCE CRAIG MD ADULT CARDIOLOGY 03/31/14 93010-ELECTROCARDIOGRAM \$73.00 TOTAL: \$73.00 DIAGNOSIS CODE: 427.9		PAYMENT ACTIVITY 04/15/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$19.88 ADJUSTMENT..... \$44.60 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$8.52
INVOICE NUMBER: 15515666 CHARGES PROVIDER: PETER L ZWERNER MD ADULT CARDIOLOGY 03/27/14 93010-ELECTROCARDIOGRAM \$73.00 TOTAL: \$73.00 DIAGNOSIS CODE: 427.9		PAYMENT ACTIVITY 04/15/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$19.88 ADJUSTMENT..... \$44.60 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$8.52
INVOICE NUMBER: 15515667 CHARGES PROVIDER: CYNTHIA T WELSH MD ANATOMIC & CLIN PATH-MUSC 03/27/14 88305/26-LEVEL IV - SURGICAL PATHOLOGY \$260.00 TOTAL: \$260.00 DIAGNOSIS CODE: 431.		PAYMENT ACTIVITY 04/15/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$102.10 ADJUSTMENT..... \$114.14 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$43.76
INVOICE NUMBER: 15524529 CHARGES PROVIDER: BEATRICE JAMULYTE HULL MD ENDOCRINOLOGY 04/10/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 04/11/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 04/12/14 99232/GC-SUBSEQ HOSPITAL CARE LEVEL II \$198.00 TOTAL: \$594.00 DIAGNOSIS CODE: 276.0, 276.51		PAYMENT ACTIVITY 04/16/14 CLAIM SENT TO BCBS PPC/PPD 04/23/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$186.86 ADJUSTMENT..... \$327.06 04/23/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$80.08

CONTINUED ON NEXT PAGE ...

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

PAGE 7

INVOICE NUMBER: 15533894 CHARGES PROVIDER: LOUIS M LUTTRELL MD ENDOCRINOLOGY 04/14/14 99231/GC-SUBSEQ HOSPITAL CARE LEVEL I \$152.00 DIAGNOSIS CODE: 276.0, 276.51 TOTAL: \$152.00	PAYMENT ACTIVITY 04/17/14 CLAIM SENT TO BCBS PPC/PPG 04/29/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$46.38 ADJUSTMENT..... \$85.74 04/29/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$19.88
INVOICE NUMBER: 15541832 CHARGES PROVIDER: RAYMOND DWIGHT TURNER IV MD NEUROSURGERY 03/28/14 36224/50/78/GC-SLCTV CATH INTRNL CAROTID ART ANGIO IN \$9172.00 03/28/14 36226/50/78/GC-SLCTV CATH VERTEBRAL ART ANGIO VERTEBR \$9356.00 03/28/14 36227/RT/GC-SLCTV CATH XTRNL CAROTID ANGIO XTRNL CARO \$900.00 03/28/14 36227/LT/GC-SLCTV CATH XTRNL CAROTID ANGIO XTRNL CARO \$900.00 DIAGNOSIS CODE: 431. TOTAL: \$20328.00	PAYMENT ACTIVITY 04/18/14 CLAIM SENT TO BCBS PPC/PPG 05/29/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$1888.96 ADJUSTMENT..... \$17292.09 A CLAIM FOR \$1146.95 IS PENDING WITH YOUR INSURANCE COMPANY
INVOICE NUMBER: 15605578 CHARGES PROVIDER: GRAYCE PAULINE DAVIS MD ANESTHESIOLOGY 03/27/14 00211/QY/P4-ANESTHESIA 160 MINUTES..... \$2990.00 03/27/14 99140/QY-EMERGENCY ANESTHESIA SVC \$260.00 DIAGNOSIS CODE: 431. TOTAL: \$3250.00	PAYMENT ACTIVITY 04/29/14 CLAIM SENT TO BCBS PPC/PPG 05/07/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$718.17 ADJUSTMENT..... \$1964.05 05/20/14 ADJUSTMENT..... \$260.00 05/20/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$307.78
INVOICE NUMBER: 15605579 CHARGES PROVIDER: SUSAN C CRAVEN CRNA CRNA 03/27/14 00211/QX/P4-ANESTHESIA 160 MINUTES..... \$2289.00 DIAGNOSIS CODE: 431. TOTAL: \$2289.00	PAYMENT ACTIVITY 04/29/14 CLAIM SENT TO BCBS PPC/PPG 05/07/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$253.58 ADJUSTMENT..... \$1926.75 05/07/14 BALANCE TRANSFERRED TO PATIENT AMOUNT DUE NOW..... \$108.67
INVOICE NUMBER: 15643710 CHARGES PROVIDER: MICHAEL LAWRENCE CRAIG MD ADULT CARDIOLOGY (CONTINUED ON REVERSE SIDE)	PAYMENT ACTIVITY 05/05/14 CLAIM SENT TO BCBS PPC/PPG 05/14/14 PAYMENT/CONTRACT-BLUE SHIELD PAYMENT..... \$19.88 ADJUSTMENT..... \$44.60

CONTINUED ON REVERSE SIDE ...

STATEMENT OF MUSC PROFESSIONAL SERVICES

(AS OF MAY 30, 2014)

ACCOUNT NUMBER: 3-002689439
PATIENT NAME: CLYDE WILLIAMS

PAGE 8

(CONTINUED FROM REVERSE SIDE)

04/08/14 93010-ELECTROCARDIOGRAM \$73.00
TOTAL: \$73.00
DIAGNOSIS CODE: 427.9

05/14/14 BALANCE TRANSFERRED TO PATIENT
AMOUNT DUE NOW \$8.52

ACCOUNT SUMMARY

PATIENT PAYMENTS RECEIVED SINCE 05/11/14... \$0.00
INSURANCE PAYMENTS RECEIVED SINCE 05/11/14... \$2002.94

TOTAL ACCOUNT BALANCE \$7657.12
LESS: AMOUNT PENDING WITH INSURANCE ... \$3612.95
TOTAL AMOUNT DUE NOW \$4044.17

* Final Report *

Result type: Office/Clinic Note-Nurse
Result date: 02 June 2014 09:17 EDT
Result status: Auth (Verified)
Result title: Disable Note for Medicaid
Performed by: Weatherford LPN, Pamela A on 02 June 2014 09:21 EDT
Verified by: Weatherford LPN, Pamela A on 02 June 2014 09:21 EDT
Encounter info: 1001088953, RMC PrimCare Annex, Clinic Outpatient, 05/20/2014 - 05/20/2014

*** Final Report ***

To whom it may concern

Mr. Clyde Williams is disabled and unable to work due to injury at work. If you have any questions please call 803-395-2576.



Woodward Dixon, MD
Primary Care- Annex
3000 St. Matthews Road
Orangeburg, SC 29115

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Result type: Family Practice Office/Clinic Note
 Result date: 12 May 2014 10:37 EDT
 Result status: Auth (Verified)
 Result title: General Exam *
 Performed by: Dixon Jr. MD, Woodward Rion on 12 May 2014 10:52 EDT
 Verified by: Dixon Jr. MD, Woodward Rion on 13 May 2014 07:48 EDT
 Encounter info: 1001074505, RMC PrimCare Annex, Clinic Outpatient, 05/12/2014 - 05/12/2014

* Final Report *

General Exam *

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001074505
 Age: 58 years Sex: Male DOB: 08/19/1965
 Associated Diagnoses: None
 Author: Dixon Jr. MD, Woodward Rion

Chief Complaint

05/12/2014 09:55 EDT Hospital Follow up, Damage to Frontal Lobe per MUSC, fell at work.

History of Present Illness

Fell at work and damaged his skull and he has just been released from rehab. He had surgery for frontal lobe injury and he is getting PT and OT at home. He is 100% disabled and has lost 36 pounds and now he is not diabetic and his blood pressure is low on lisinopril 2.5 mg.

Review of Systems

Constitutional: Weakness, Fatigue, Decreased activity, Loss of appetite, Weight loss.

Eye: Recent visual problem.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Hematology/Lymphatics: Negative.

Endocrine: Negative.

Immunologic: Negative.

Integumentary

Neurologic: Cognitive Impairment, Dizziness, Loss of coordination.

Psychiatric: Anxiety, Behavioral changes, Change in personality, Irritability.

Eating disorder: Anorexia.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Allergies (1) Active

Reaction

No known allergies

None Documented

Current medications: (Selected),

Prescriptions

Prescribed

Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 60 cap

OxyCODONE 5 mg oral tablet: 10 mg, 2 tab, Oral, q6hr Interval, 60 tab, PRN: for pain

Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab

Printed by: Loooper, Hazel W
 Printed on: 08/20/2014 12:01 EDT

Page 1 of 4
 (Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

lisinopril 5 mg oral tablet: 2.5 mg, 0.5 tab, Oral, Daily, 15 tab
thiamine 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 30 tab

Documented MedicationsDocumented

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 30 tab, PRN: for dizziness
simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab

Home Medications (7) Active

Colace 100 mg oral capsule 100 mg = 1 cap, Oral, BID
lisinopril 5 mg oral tablet 2.5 mg = 0.5 tab, Oral, Daily
meclizine 25 mg oral tablet 25 mg = 1 tab, PRN, Oral, TID
OxyCODONE 5 mg oral tablet 10 mg = 2 tab, PRN, Oral, q6hr Interval
Pepcid 20 mg oral tablet 20 mg = 1 tab, Oral, BID
simvastatin 40 mg oral tablet 40 mg = 1 tab, Oral, qHS
thiamine 100 mg oral tablet 100 mg = 1 tab, Oral, Daily

Problem list:All Problems

Right frontal lobe punctate hemorrhage / ICD-9-CM 431 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed
Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
Hypernatremia / SNOMED CT 65987013 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
HTN - Hypertension / SNOMED CT 2164904016 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Dysphagia / SNOMED CT 67950018 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Craniotomy / SNOMED CT 42508011 / Confirmed
Cerebral edema / SNOMED CT 4508017 / Confirmed
Anxiety / ICD-9-CM 300.00 / Confirmed
Agitation / SNOMED CT 40616016 / Confirmed
Acute respiratory failure / SNOMED CT 109173011 / Confirmed

HistoriesFamily History:

Cataract
Mother
Heart attack
Sister
Alzheimer's disease
Mother

Procedure history:

skin grafts.
varicose veins.

Social HistoryAlcohol

01/31/2012 Frequency: 1-2 times per month
Type: Beer
Use: Current

Employment/School

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Printed on: 08/20/2014 12:01 EDT

Page 2 of 4
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

01/31/2012 Status:

Exercise

09/27/2013 Risk Assessment: Occasional exercise

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

01/31/2012 Tobacco use per day: 20

Use: Current every day smoker

Physical Examination

VS/Measurements

Vital Signs

05/12/2014 09:55 EDT

Temperature Oral	36.4 DegC
Peripheral Pulse Rate	91 bpm
Systolic Blood Pressure	110 mmHg
Diastolic Blood Pressure	80 mmHg
Mean Arterial Pressure, Cuff	90 mmHg

Measurements from flowsheet : Measurements

05/12/2014 09:55 EDT

Height/Length Measured	173 cm
Height/Length Dosing	173 cm
Weight Measured	66.7 kg
Weight Dosing	66.7 kg
BSA Measured	1.79 m2
Body Mass Index Measured	22.29 kg/m2

General: Alert and oriented, Mild distress.

Ambulation status: Assistive devices (Cane).

Appearance: Malnourished, Underweight, Unkempt.

Behavior: Anxious, Agitated.

Eye: Normal conjunctiva.

HEENT: Normal hearing.

Neck: No lymphadenopathy.

Respiratory: Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm.

Musculoskeletal: Mobility/ gait: Able to walk with a cane.

Psychiatric:

Mood and affect: Flat, Withdrawn.

Behavior: Compulsive, Restless.

Judgment: Not appropriate in social situations.

Health Maintenance

Health Maintenance

Pending (in the next year)

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Page 3 of 4
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Due

Colorectal Screening due 05/12/14 and every 5 year
Diabetes Screening due 05/12/14 and every 5 year
Lipid Screening due 05/12/14 and every 2 year
Prostate Cancer Screening due 05/12/14 and every 1 year
Tetanus Vaccine due 05/12/14 and every 10 year

Due In Future

Influenza Vaccine not due until 09/01/14 and every 1 year

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion
Diabetes Screening on 05/28/13. Satisfied by Davis MD, Yvonne J
Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion
Lipid Screening on 05/28/13. Satisfied by Davis MD, Yvonne J
Prostate Cancer Screening on 05/28/13. Satisfied by Davis MD, Yvonne J

Review / Management

Documentation reviewed: Records from referring physician, Reviewed prior records, Flowsheet.

Impression and Plan

Diagnosis

Anorexia/Loss of appetite (ICD9 783.0, Billing Diagnosis, Medical).
Craniotomy (ICD9 V45.89, Billing Diagnosis, Medical).
Long-Term (Current) Use of Other Medications (ICD9 V58.69, Billing Diagnosis, Medical).
Primary hypogonadism (ICD9 257.2, Billing Diagnosis, Medical).
Right frontal lobe punctate hemorrhage (ICD9 431, Billing Diagnosis, Medical).
Hypertension (ICD9 401.9, Billing Diagnosis, Medical).

Course: Unchanged.

Plan: I am going to start him on some megace to try to help him get his appetite back and gain some weight. He will continue with PT and OT. His wife will let me know if he becomes too aggressive and we all try some anxiolitics. They will limit the use of meclizine to only as needed..

Patient Instructions: Counselor: Patient, Spouse. Regarding diagnosis, Regarding treatment, Regarding medications, Diet, Activity, Smoking cessation, Verbalized understanding.

Orders

Order Profile (Selected).

Outpatient OrdersOrdered

Follow Up Appointment Req:

Completed

Office Visit Level 3 Est:

PrescriptionsPrescribed

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety
Megace 40 mg/mL oral suspension: 800 mg, 20 mL, Oral, BID, 1200 mL
meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness

Documented MedicationsDocumented

simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab

Discontinued

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, PRN: for anxiety
meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 30 tab, PRN: for dizziness

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Printed on: 08/20/2014 12:01 EDT

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(End of Report)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Result type: CT Head or Brain w/o Contrast
Result date: 27 May 2014 14:29 EDT
Result status: Auth (Verified)
Result title: CT Head or Brain w/o Contrast
Performed by: Morgan, Gerard E on 27 May 2014 14:32 EDT
Verified by: Morgan, Gerard E on 27 May 2014 14:38 EDT
Encounter info: 1001093945, RMC, Emergency, 05/27/2014 - 05/30/2014

* Final Report *

Reason For Exam

Trauma

FINAL REPORT

PROCEDURE: CT head without contrast.

Technique: Serial axial images were acquired from the skull vertex to the skull base in 5 mm increments without intravenous contrast.

COMPARISON: None

CLINICAL HISTORY: Fall

FINDINGS:

There is evidence of prior right frontal craniotomy. There is dural thickening and partial calcification underlying the craniotomy flap. There is bifrontal encephalomalacia, right greater than left. No intra-axial mass or mass effect are seen. No midline shift or downward herniation noted. No acute intracranial hemorrhage is seen. No hydrocephalus noted. No acute transcortical infarction noted. The chronic right frontal encephalomalacia does extend into the right basal ganglia. An area of chronic lacunar infarction is also seen centrally in the pons. There is a dorsal posterior fossa midline skull fracture of uncertain chronicity. The orbits and paranasal sinuses are unremarkable. The mastoid air cells demonstrate a trace amount of fluid on the left.

IMPRESSION:

1. Dorsal posterior fossa midline skull fracture of uncertain chronicity.
2. Changes of right frontal craniotomy with bifrontal encephalomalacia, right greater than left with right basal ganglia involvement and what is likely chronic right frontal dural thickening with an element of calcification.
3. No acute intracranial abnormality is otherwise seen.

COMMENT: Changes resultant from ischemia (even significant ischemia)

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Printed on: 08/20/2014 12:04 EDT

Page 1 of 2
(Continued)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

may often be inapparent on CT exam, particularly if imaged early. Additionally, early changes due to neoplastic or inflammatory processes can be subtle to the extent that they are not prospectively noted. Therefore, if symptoms persist, or clinical suspicion for pathology remains, further evaluation with more sensitive imaging is strongly recommended.

Signature Line

***** Final Report *****

Dictated by: Morgan, Gerard E
05/27/2014 2:32 pm

Signed by: Morgan, Gerard E
05/27/2014 2:38 pm

Transcribed by: Morgan, Gerard E

Completed Action List:

- * Order by Hane MD, Francis S on 27 May 2014 14:00 EDT
- * Assist by Benton RT(R), Steven T on 27 May 2014 14:29 EDT
- * Perform by Knight RT(R), Grace R on 27 May 2014 14:29 EDT
- * VERIFY by Morgan, Gerard E on 27 May 2014 14:38 EDT

Printed by: Loooper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 2 of 2
(End of Report)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Result type: CT Head or Brain w/o Contrast
Result date: 05 June 2014 12:44 EDT
Result status: Auth (Verified)
Performed by: Knight RT(R), Grace R on 05 June 2014 12:44 EDT
Verified by: Young, Jeremy W on 05 June 2014 13:56 EDT
Encounter info: 1001101185, RMC, Outpatient, 06/05/2014 - 06/05/2014

* Final Report *

Reason For Exam

head trauma/CT head w/w/o contrast

Report

INDICATION: HEAD TRAUMA.

DATE OF EXAM: 06/05/2014

COMPARISON: PREVIOUS STUDY OF 05/27/2014.

TECHNIQUE:

Multidetector-row helical scanning in the axial plane was performed, with axial images reconstructed at 5 millimeter intervals through the entire head. The images were reviewed on bone and brain windows.

FINDINGS:

POSTERIOR FOSSA:

Images of the posterior fossa reveal essentially normal appearances to the cerebellum and midbrain. No obvious areas of architectural distortion, masses or foci of abnormal density are appreciated. The cerebellopontine angles appear essentially within normal limits.

SUPRATENTORIAL COMPARTMENT:

There has been no significant change in appearances. Note is again made of areas of encephalomalacia in both frontal lobes, more prominent on the right but without significant acute pathology appreciated. The remainder of the brain parenchyma is essentially within normal limits for a patient of this age without obvious masses, areas of architectural distortion or areas of significant abnormal density to suggest acute intracranial pathology.

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 1 of 2
(Continued)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

OPINION:

1. Unchanged; no gross acute intracranial pathology is appreciated.
2. Areas of remote infarction and encephalomalacia in the frontal lobes, more prominent on the right.

*Note should be made that noncontrasted CT is of only limited value, and can miss subtle abnormalities within the brain. If clinically indicated, dedicated MR imaging may be beneficial.

646008: wcf

Signature Line

***** Final Report *****

Signed by: Young, Jeremy W

06/05/2014 1:56 pm

Transcribed by: Fralix, Wendy

06/05/2014 1:10 pm

Completed Action List:

- * Order by Varma, Abhay K on 05 June 2014 12:34 EDT
- * Assist by Davenport RT(R), Dianne D on 05 June 2014 12:44 EDT
- * Assist by Benton RT(R), Steven T on 05 June 2014 12:44 EDT
- * Perform by Knight RT(R), Grace R on 05 June 2014 12:44 EDT
- * VERIFY by Young, Jeremy W on 05 June 2014 13:56 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 2 of 2
(End of Report)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Result type: CT Head or Brain w/o Contrast
Result date: 06 June 2014 16:53 EDT
Result status: Auth (Verified)
Result title: CT Head or Brain w/o Contrast
Performed by: Reidman, Daniel A on 06 June 2014 16:59 EDT
Verified by: Reidman, Daniel A on 06 June 2014 17:02 EDT
Encounter info: 1001103843, RMC, Emergency, 06/06/2014 - 06/06/2014

* Final Report *

Reason For Exam

Trauma

FINAL REPORT

Technique: Contiguous axial CT images were obtained from the skull vertex to skull base without IV contrast

Comparisons: 5 June 2014

HISTORY: Trauma

Findings: Linear band of old ischemia in the pons is stable. Old bifrontal, right larger than left ischemia is present with encephalomalacia. Dural calcifications are again seen over the right frontal lobe. Patient is status post right frontal temporal craniotomy. Unchanged.

Impression: There is no evidence for acute ischemia. There is no evidence for intra-axial or extra-axial mass or hemorrhage. Slight asymmetric ex vacuo changes in the right lateral ventricle. Paranasal sinuses are patent. Mild atherosclerotic calcifications are present in the internal carotid arteries. Paranasal sinuses are patent.

1. No evidence for acute intracranial process.
2. Old bifrontal infarcts and encephalomalacia stable with prior right frontal temporal craniotomy.
3. Old ischemia in the pons, stable
4. Stable additional findings as above

Signature Line

***** Final Report *****

Dictated by: Reidman, Daniel A
06/06/2014 4:59 pm

Signed by: Reidman, Daniel A
06/06/2014 5:02 pm

Transcribed by: Reidman, Daniel A

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:05 EDT

Page 1 of 2
(Continued)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Completed Action List:

- * Order by Dellinger MD, Bonnie B on 06 June 2014 15:36 EDT
- * Perform by Zelgler RT(R), Ashley L on 06 June 2014 16:53 EDT
- * Assist by Norton, Rebecca A on 06 June 2014 16:53 EDT
- * VERIFY by Reidman, Daniel A on 06 June 2014 17:02 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:05 EDT

Page 2 of 2
(End of Report)

MRI Brain w/ + w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Result type: MRI Brain w/ + w/o Contrast
Result date: 09 June 2014 18:05 EDT
Result status: Auth (Verified)
Performed by: Huggins RT(R), Roddrick O on 09 June 2014 18:05 EDT
Verified by: Alhatou MD, Mohammed I on 10 June 2014 17:43 EDT
Encounter info: 1001098501, RMC, Outpatient, 06/09/2014 - 06/09/2014

* Final Report *

Reason For Exam
MRI Brain/434.91

Report

DATE OF EXAM: 06/09/2014

PREVIOUS STUDY: HEAD CT ON 06/06/2014.

An MRI scan was performed through the brain. The magnet strength is 1.5 Tesla. Sequences obtained were: T2 sagittal, T1 axial, T2 axial, FLAIR axial, diffusion-weighted image axial and T1 axial post Gadolinium contrast administration images. Gradient spin echo was performed.

There are no regions of restricted diffusion. There is a shine-through phenomena in both frontal lobes. There is a large area of abnormal signal and encephalomalacia with possible old hemorrhage in the right anterior parasagittal frontal lobe. This is smaller area of abnormal signals and encephalomalacia on the left anterior parasagittal frontal lobe. Also, there are abnormal signals at the anterior tip of both temporal lobes. There is prior right frontotemporal craniotomy. These are highly suggestive of previous head trauma. There is minimal periventricular FLAIR and T2 hyperintensity. Possible small chronic stroke in the pons or related to head trauma. The ventricles, cisterns and sulci appear without significant abnormality except for mild dilatation in the right lateral ventricle and probably due to ex vacuo phenomena. There is no abnormal enhancement post-Gadolinium injection. The sella, parasellar area and the craniocervical junction appear to be unremarkable except degenerative changes at C1-C2 level/annulus causing mild stenosis at the foramina magna. Mild mucosal thickening of both maxillary sinuses.

IMPRESSION:

No acute findings. Bilateral frontal and anterior temporal encephalomalacia, abnormal signals and small old bleed, probably suggestive of previous head trauma. Minimal chronic microangiopathic white matter disease. Degenerative cervical spine disease at C1-C2 with mild foraminal stenosis.

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 1 of 2
(Continued)

MRI Brain w/ + w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

6230397: wcf

Signature Line

***** Final Report *****

Signed by: Alhatou MD, Mohammed I

06/10/2014 5:43 pm

Transcribed by: Fralix, Wendy

06/10/2014 10:07 am

Completed Action List:

- * Order by ABUATA MD, MAHMOUD M on 02 June 2014 10:26 EDT
- * Perform by Huggins RT(R), Roddrick O on 09 June 2014 18:05 EDT
- * Endorse by ABUATA MD, MAHMOUD M on 10 June 2014 15:17 EDT
- * VERIFY by Alhatou MD, Mohammed I on 10 June 2014 17:43 EDT
- * Endorse by ABUATA MD, MAHMOUD M on 12 June 2014 12:42 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 2 of 2
(End of Report)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Result type: CT Head or Brain w/o Contrast
Result date: 20 June 2014 17:53 EDT
Result status: Auth (Verified)
Performed by: Zeigler RT(R), Ashley L on 20 June 2014 17:53 EDT
Verified by: Young, Jeremy W on 20 June 2014 18:44 EDT
Encounter info: 1001116168, RMC, Emergency, 06/20/2014 - 06/20/2014

* Final Report *

Reason For Exam
ALOC

Report

INDICATION: ALTERED LEVEL OF CONSCIOUSNESS.

DATE OF EXAM: 06/20/2014

COMPARISON: PREVIOUS STUDY OF 06/06/2014.

TECHNIQUE:

Multidetector-row helical scanning in the axial plane was performed, with axial images reconstructed at 5 millimeter intervals through the entire head. The images were reviewed on bone and brain windows.

FINDINGS:

POSTERIOR FOSSA:

Images of the posterior fossa reveal essentially normal appearances to the cerebellum and midbrain. No obvious areas of architectural distortion, masses or foci of abnormal density are appreciated. The cerebellopontine angles appear essentially within normal limits.

SUPRATENTORIAL COMPARTMENT:

Note is again made of prior craniotomy in the right frontoparietal region with underlying encephalomalacia with an additional small focus of encephalomalacia also identified in the left frontal lobe. This has not changed when compared to the previous exam. No obvious masses, areas of additional abnormal density or architectural distortion are appreciated.

OPINION:

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 1 of 2
(Continued)

CT Head or Brain w/o Contrast

Williams, Clyde - 0000353850

* Final Report *

Unchanged; there are chronic ischemia, as previously noted, with previous right frontoparietal craniotomy. No gross acute intracranial process is identified.

*Note should be made that noncontrasted CT is of only limited value, and can miss subtle abnormalities within the brain. If clinically indicated, dedicated MR imaging may be beneficial.

6232962: wcf

Signature Line

***** Final Report *****

Signed by: Young, Jeremy W

06/20/2014 6:44 pm

Transcribed by: Fralix, Wendy

06/20/2014 6:23 pm

Preliminary Interpretation

06/20/2014 06:04 pm, Young, Jeremy W

c) Nothing Acute; unchanged

Completed Action List:

- * Order by Hane MD, Francis S on 20 June 2014 17:07 EDT
- * Assist by Livingston RT(R), Carla R on 20 June 2014 17:53 EDT
- * Perform by Zeigler RT(R), Ashley L on 20 June 2014 17:53 EDT
- * VERIFY by Young, Jeremy W on 20 June 2014 18:44 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:04 EDT

Page 2 of 2
(End of Report)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 30 June 2014 15:06 EDT
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr. MD, Woodward Rion on 30 June 2014 15:25 EDT
Verified by: Dixon Jr. MD, Woodward Rion on 30 June 2014 20:18 EDT
Encounter info: 1001116970, RMC PrimCare Annex, Clinic Outpatient, 06/30/2014 - 06/30/2014

* Final Report *

General Exam *

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001116970
Age: 58 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Dixon Jr. MD, Woodward Rion

Chief Complaint

06/30/2014 14:51 EDT RMC Follow up ER, c/o HA

History of Present Illness

Frontal lobe injury which has caused chronic pain in the head where the surgery was. The tramadol does not seem to be working for him anymore. He has stopped the klonopin which has helped with the violent out breaks. He has been loosing weight as he has a poor appetite despite megace daily.

Review of Systems

Constitutional: Weakness, Fatigue.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Neurologic: Altered mental status, Confusion, Cognitive impairment, Headache, Loss of coordination, Memory loss, Speech problems, Tremor.
Psychiatric: Anxiety, Depression.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Allergies (1) ActiveReaction

No known allergies

None Documented

Current medications: (Selected),

PrescriptionsPrescribed

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety
Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 60 cap
Megace 40 mg/mL oral suspension: 800 mg, 20 mL, Oral, BID, 1200 mL
OxyCODONE 5 mg oral tablet: 10 mg, 2 tab, Oral, q6hr Interval, 60 tab, PRN: for pain
Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 1 of 5
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Topamax 25 mg oral tablet: 25 mg, 1 tab, Oral, BID, 60 tab
meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness
propranolol 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 60 tab
simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab
thiamine 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 30 tab
tramadol 50 mg oral tablet: 50 mg, 1 tab, Oral, q6hr Interval, 120 tab

Documented MedicationsDocumented

Misc Prescription: info from meds list in computer, pt states no changes
megestrol 40 mg/mL oral suspension: See Instructions

Home Medications (13) Active

ALPRAZolam 1 mg oral tablet 1 - 2 tabs, PRN, Oral, qHS
Colace 100 mg oral capsule 100 mg = 1 cap, Oral, BID
meclizine 25 mg oral tablet 25 mg = 1 tab, PRN, Oral, TID
Megace 40 mg/mL oral suspension 800 mg = 20 mL, Oral, BID
megestrol 40 mg/mL oral suspension See Instructions
Misc Prescription
OxyCODONE 5 mg oral tablet 10 mg = 2 tab, PRN, Oral, q6hr Interval
Pepcid 20 mg oral tablet 20 mg = 1 tab, Oral, BID
propranolol 20 mg oral tablet 20 mg = 1 tab, Oral, BID
simvastatin 40 mg oral tablet 40 mg = 1 tab, Oral, qHS
thiamine 100 mg oral tablet 100 mg = 1 tab, Oral, Daily
Topamax 25 mg oral tablet 25 mg = 1 tab, Oral, BID
tramadol 50 mg oral tablet 50 mg = 1 tab, Oral, q6hr Interval

Problem list:All Problems

Acute respiratory failure / SNOMED CT 109173011 / Confirmed
Agitation / SNOMED CT 40616016 / Confirmed
Anxiety / ICD-9-CM 300.00 / Confirmed
Cerebral edema / SNOMED CT 4508017 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Dysphagia / SNOMED CT 67950018 / Confirmed
Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Craniotomy / SNOMED CT 42508011 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Hypernatremia / SNOMED CT 65987013 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
HTN - Hypertension / SNOMED CT 2164904016 / Confirmed
Migraine / SNOMED CT 63055014 / Confirmed
Right frontal lobe punctate hemorrhage / ICD-9-CM 431 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

HistoriesFamily History:

Cataract
Mother
Heart attack
Sister
Alzheimer's disease
Mother

Procedure history:

skin grafts.

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 2 of 5
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

varicose veins.

Social History

Alcohol

06/20/2014 Risk Assessment: Denies Alcohol Use

Employment/School

01/31/2012 Status:

Exercise

09/27/2013 Risk Assessment: Occasional exercise

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

05/27/2014 Risk Assessment: No Risk

Physical Examination

VS/Measurements

Vital Signs

06/30/2014 14:51 EDT

Temperature Oral	36.4 DegC
Peripheral Pulse Rate	67 bpm
Systolic Blood Pressure	108 mmHg
Diastolic Blood Pressure	70 mmHg
Mean Arterial Pressure, Cuff	83 mmHg

Measurements from flowsheet : Measurements

06/30/2014 14:51 EDT

Height/Length Measured	173 cm
Height/Length Dosing	173 cm
Weight Measured	66.0 kg
Weight Dosing	66.0 kg
BSA Measured	1.78 m2
Body Mass Index Measured	22.05 kg/m2

General: Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Vision unchanged.

HEENT: Normocephalic, Normal hearing, Oral mucosa is moist, No pharyngeal erythema, No sinus tenderness.

Neck: Supple, Non-tender, No carotid bruit, No lymphadenopathy, No thyromegaly.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds.

Genitourinary: No costovertebral angle tenderness.

Lymphatics: No lymphadenopathy neck, axilla, groin.

Musculoskeletal:

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 3 of 5
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Mobility/ gait: Able to walk with a walker, Unsteady.
Lower extremity exam: Lower leg (Bilateral, No edema, Strength 3 /5).
Neurologic: Alert.
Orientation: Oriented X 4.
Coordination: Gait (Circumducted).
Deep tendon reflexes: Bilateral, Knee, 2+.
Abnormal movements: Upper extremity, Lower extremity, Tremor.
Cognition and Speech: Articulation and speech: Dysphasia, Slow paced.
Psychiatric: Cooperative.
Mood and affect: Flat, Withdrawn.
Behavior: Relaxed.
Judgment: Not able to make sensible decisions.
Abnormal / Psychotic thoughts: Preoccupation with violence.
Thought process: Flight of ideas.

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Colorectal Screening due 06/30/14 and every 5 years

Tetanus Vaccine due 06/30/14 and every 10 years

Due In Future

Influenza Vaccine not due until 09/01/14 and every 1 years

Prostate Cancer Screening not due until 02/25/15 and every 1 years

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Prostate Cancer Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Review / Management

Documentation reviewed: Reviewed prior records, Flowsheet, Reviewed home medications.

Impression and Plan

Diagnosis

Anxiety.

Hyperlipidemia.

HTN - Hypertension.

Migraine.

Right frontal lobe punctate hemorrhage.

Course: Worsening, Unchanged.

Plan: Stop propranolol and stat losartan because of the low BP and heart rate. We will restart PT and OT and start ensure or boost for weight gain in combination with megace. He will also do klonopin and use xanax for anxiety as the klonopin was causing violent behavior., Refill all prescriptions for 90 days and start fentanyl patches for pain..

Patient Instructions: Counseled: Patient, Family, Spouse, Regarding diagnosis, Regarding treatment, Regarding medications, Diet, Activity, Smoking cessation, Verbalized understanding.

Orders

Order Profile (Selected).

Outpatient Orders

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 4 of 5
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Completed

Referral Req:

Order

Follow Up Appointment Req:

Office Visit Level 4 Est:

Prescriptions*Prescribed*

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety

Colace 100 mg oral capsule: 100 mg, 1 cap, Oral, BID, 180 cap

Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 180 tab

Topamax 25 mg oral tablet: 25 mg, 1 tab, Oral, BID, 180 tab

fentanyl 50 mcg/hr transdermal film, extended release: 1 patch, TransDermal, q72hr, 10 patch

hydrochlorothiazide-losartan 12.5 mg-50 mg oral tablet: 1 tab, Oral, Daily, 90 tab

meclizine 25 mg oral tablet: 25 mg, 1 tab, Oral, TID, 90 tab, PRN: for dizziness

Incomplete

Vitamin B-100 oral tablet:

XR Swallowing Function w/ Video

Williams, Clyde - 0000353850

* Final Report *

Result type: XR Swallowing Function w/ Video
Result date: 21 July 2014 11:15 EDT
Result status: Auth (Verified)
Result title: XR Swallowing Function w/ Video
Performed by: Lovelace, Dallas W on 21 July 2014 11:31 EDT
Verified by: Lovelace, Dallas W on 21 July 2014 11:31 EDT
Encounter info: 1001136227, RMC, Outpatient, 07/21/2014 - 07/21/2014

* Final Report *

Reason For Exam

787.20/Barium swallow

FINAL REPORT

HISTORY: Difficulty swallowing following head injury, get stuck in throat

Exam: Videofluoroscopy

Videofluoroscopy with the various barium was accomplished without difficulty. However, there was noted to be pooling along the area of the epiglottis. This was persistent throughout the examination.

There was no aspiration identified.

The patient was given water following the procedure and with the initial swallow there was noted to be very slight possible aspiration. No barium entered the trachea but the patient experienced considerable of coughing.

At the end of the procedure there was noted to be persistent pooling which appeared more lobular and may represent cracker remaining along the area of the epiglottis.

IMPRESSION: No definite aspiration. See findings as described above.

Signature Line

***** Final Report *****

Dictated by: Lovelace, Dallas W
07/21/2014 11:31 am

Signed by: Lovelace, Dallas W
07/21/2014 11:31 am

Transcribed by: Lovelace, Dallas W

Completed Action List:

- * Order by Cassone, Rocco D on 21 July 2014 10:22 EDT
- * Perform by Brunson RT (R) (MR), Amanda R on 21 July 2014 11:15 EDT
- * VERIFY by Lovelace, Dallas W on 21 July 2014 11:31 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:03 EDT

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(Continued)

XR Swallowing Function w/ Video

Williams, Clyde - 0000353850

* Final Report *

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:03 EDT

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(End of Report)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Result type: Family Practice Office/Clinic Note
Result date: 12 August 2014 15:06 EDT
Result status: Auth (Verified)
Result title: General Exam *
Performed by: Dixon Jr. MD, Woodward Rion on 12 August 2014 15:19 EDT
Verified by: Dixon Jr. MD, Woodward Rion on 13 August 2014 08:37 EDT
Encounter info: 1001159479, RMC PrimCare Annex, Clinic Outpatient, 08/12/2014 - 08/12/2014

* Final Report *

General Exam *

Patient: Williams, Clyde MRN: 0000353850 FIN: 1001159479
Age: 58 years Sex: Male DOB: 08/19/1955
Associated Diagnoses: None
Author: Dixon Jr. MD, Woodward Rion

Chief Complaint

08/12/2014 14:58 EDT Follow up, c/o HA Migraines, Neck Pain, no energy

History of Present Illness

Head injury on March 27th with frontal lobe injury which has caused a lot of violent behavior which has improved with medication.
He still has neck pain and headaches. Has not had an eye exam since the accident and did not have migraines before the accident.

Review of Systems

Constitutional: Weakness, Fatigue.
Eye: Blurring, Visual disturbances.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Neck pain.
Integumentary: Rash, Skin lesion.
Neurologic: Headache.
Psychiatric: Anxiety, Depression.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Allergies (1) ActiveReaction

No known allergies

None Documented

Current medications: (Selected).

PrescriptionsPrescribed

ALPRAZolam 1 mg oral tablet: 1 - 2 tabs, Oral, qHS, walgreens 301, 60 tab, PRN: for anxiety
K-Dur 20 mEq oral tablet, extended release: 20 mEq, 1 tab, Oral, Dally, 30 tab
Pepcid 20 mg oral tablet: 20 mg, 1 tab, Oral, BID, 180 tab

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 1 of 4
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Phenergan 25 mg oral tablet: 25 mg, 1 tab, Oral, q6hr Interval, 60 tab
Topamax 25 mg oral tablet: 25 mg, 1 tab, Oral, BID, 180 tab
hydrochlorothiazide-losartan 12.5 mg-50 mg oral tablet: 1 tab, Oral, Daily, 90 tab
simvastatin 40 mg oral tablet: 40 mg, 1 tab, Oral, qHS, 30 tab
thiamine 100 mg oral tablet: 100 mg, 1 tab, Oral, Daily, 30 tab
tramadol 50 mg oral tablet: 50 mg, 1 tab, Oral, q6hr Interval, 120 tab

Incomplete

Vitamin B-100 oral tablet:

Documented Medications

Documented

Melatonin 5 mg oral tablet: 10 mg, 2 tab, Oral, qHS, 60 tab, PRN: for insomnia

Home Medications (10) Active

ALPRAZolam 1 mg oral tablet 1 - 2 tabs, PRN, Oral, qHS
hydrochlorothiazide-losartan 12.5 mg-50 mg oral tablet 1 tab, Oral, Daily
K-Dur 20 mEq oral tablet, extended release 20 mEq = 1 tab, Oral, Daily
Melatonin 5 mg oral tablet 10 mg = 2 tab, PRN, Oral, qHS
Pepcid 20 mg oral tablet 20 mg = 1 tab, Oral, BID
Phenergan 25 mg oral tablet 25 mg = 1 tab, Oral, q6hr Interval
simvastatin 40 mg oral tablet 40 mg = 1 tab, Oral, qHS
thiamine 100 mg oral tablet 100 mg = 1 tab, Oral, Daily
Topamax 25 mg oral tablet 25 mg = 1 tab, Oral, BID
tramadol 50 mg oral tablet 50 mg = 1 tab, Oral, q6hr Interval

Problem list:

All Problems

Acute respiratory failure / SNOMED CT 109173011 / Confirmed
Agitation / SNOMED CT 40618018 / Confirmed
Anxiety / ICD-9-CM 300.00 / Confirmed
Brain injury / SNOMED CT 474103016 / Confirmed
Cerebral edema / SNOMED CT 4508017 / Confirmed
Diabetes mellitus type II / ICD-9-CM 250.00 / Confirmed
Dysphagia / SNOMED CT 67950018 / Confirmed
Long-Term (Current) Use of Other Medications / ICD-9-CM V58.69 / Confirmed
Craniotomy / SNOMED CT 42508011 / Confirmed
Health exam - school, employment / ICD-9-CM V70.5 / Confirmed
Hyperlipidemia / ICD-9-CM 272.4 / Confirmed
Hypernatremia / SNOMED CT 65987013 / Confirmed
Hypertension / ICD-9-CM 401.9 / Confirmed
HTN - Hypertension / SNOMED CT 2164904016 / Confirmed
Migraine / SNOMED CT 63055014 / Confirmed
Right frontal lobe punctate hemorrhage / ICD-9-CM 431 / Confirmed
Primary hypogonadism / ICD-9-CM 257.2 / Confirmed

Histories

Family History:

Cataract
Mother
Heart attack
Sister
Alzheimer's disease
Mother

Procedure history:

skin grafts.
varicose veins.

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 2 of 4
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde - 0000353850

* Final Report *

Social History

Alcohol

08/20/2014 Risk Assessment: Denies Alcohol Use

Employment/School

01/31/2012 Status:

Exercise

09/27/2013 Risk Assessment: Occasional exercise

Home/Environment

01/31/2012 Alcohol abuse in household: No

Feels unsafe at home: No

Lives with: Spouse

Living situation: Home/Independent

Safe place to go: Yes

Smoker in household: No

Substance abuse in household: No

Tobacco

05/27/2014 Risk Assessment: No Risk

Physical Examination

VS/Measurements

Vital Signs

08/12/2014 14:58 EDT

Temperature Oral	36.8 DegC
Peripheral Pulse Rate	107 bpm HI
Systolic Blood Pressure	108 mmHg
Diastolic Blood Pressure	78 mmHg
Mean Arterial Pressure, Cuff	88 mmHg

Measurements from flowsheet : Measurements

08/12/2014 14:58 EDT

Height/Length Measured	173 cm
Height/Length Dosing	173 cm
Weight Measured	67.8 kg
Weight Dosing	67.8 kg
BSA Measured	1.81 m2
Body Mass Index Measured	22.65 kg/m2

General: Alert and oriented.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.

HEENT: Normal hearing.

Neck: Stiffness.

Carotid pulse: Within normal limits.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored.

Cardiovascular: Normal rate, Regular rhythm.

Gastrointestinal: Soft.

Cognition and Speech:

Functional cognition: Ability to tell time (With moderate cues needed), Ability to manage checkbook (With maximal cues needed).

Articulation and speech: Poor articulation, Impaired, Slow paced, Stammer.

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDT

Page 3 of 4
(Continued)

Family Practice Office/Clinic Note

Williams, Clyde ~ 0000353850

* Final Report *

Health Maintenance

Health Maintenance

Pending (in the next year)

Due

Colorectal Screening due 08/12/14 and every 5 years

Tetanus Vaccine due 08/12/14 and every 10 years

Due In Future

Influenza Vaccine not due until 09/01/14 and every 1 years

Prostate Cancer Screening not due until 02/25/15 and every 1 years

Satisfied (in the past 1 year)

Satisfied

Diabetes Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Diabetes Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Lipid Screening on 09/27/13. Satisfied by Dixon Jr. MD, Woodward Rion

Prostate Cancer Screening on 02/25/14. Satisfied by Dixon Jr. MD, Woodward Rion

Review / Management

Documentation reviewed: Reviewed prior records, Flowsheet, Reviewed home medications.

Impression and Plan

Diagnosis

Anxiety.

Brain Injury.

Headaches due to old head trauma.

HTN - Hypertension.

Course: Worsening.

Plan: He will get his eyes checked as he has not had an eye exam since his head injury to see if maybe this is why he is having headaches. We will try soma for his neck pain and some imitrx for the headaches.

Patient Instructions: Counseled: Patient, Spouse, Regarding diagnosis, Regarding treatment, Regarding medications, Activity, Verbalized understanding.

Orders

Order Profile (Selected).

Outpatient OrdersOrdered

Comprehensive Metabolic Panel Req:

Completed

Referral Req:

Order

Office Visit Level 4 Est:

PrescriptionsPrescribed

Imitrex 100 mg oral tablet: 100 mg, 1 tab, Oral, Dally, may repeat dose after 2 hours up to a maximum of 200 mg in 24 hours, 18 tab, PRN: for migraine headache

Soma 350 mg oral tablet: 350 mg, 1 tab, Oral, TID, 30 tab

Documented MedicationsDocumented

Melatonin 5 mg oral tablet: 10 mg, 2 tab, Oral, qHS, 60 tab, PRN: for insomnia

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:02 EDTPage 4 of 4
(End of Report)

Patient: Williams, Clyde
MRN: 0000353950

Flowsheet Print Request

Date Range: 02/28/2014 11:05 EST - 08/21/2014 12:05 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:07 EDT

Lab View									
General Hematology									
	White Blood	Red Blood Cell	Hemoglobin	Hematocrit	MCV	MCH	MCHC	RDW	
04/18/2014 06:30 EDT	6.9	* (c) 4.84	* (c) 14.1	* (c) 42.6	* (c) 88.0	29.1	33.1	17.2	
04/21/2014 06:20 EDT	6.0	* (c) 4.63	* (c) 13.3	* (c) 40.5	* (c) 87.5	28.7	32.8	17.1	
04/28/2014 06:28 EDT	6.2	* (c) 4.44	* (c) 12.7	* (c) 38.6	* (c) 86.9	28.6	32.9	16.2	
05/27/2014 14:40 EDT	6.9	4.16	12.0	35.7	85.8	28.8	33.6	14.0	
06/20/2014 17:20 EDT	10.5	4.66	13.3	39.9	85.6	28.5	33.3	14.2	
07/14/2014 10:50 EDT			14.2	41.3					
General Hematology									
	Platelet Count	MPV							
04/18/2014 06:30 EDT	219	11.2							
04/21/2014 06:20 EDT	200	11.3							
04/24/2014 05:40 EDT	157								
04/27/2014 05:42 EDT	140								
04/28/2014 06:28 EDT	134	11.7							
04/30/2014 06:10 EDT	135								
05/27/2014 14:40 EDT	181	10.7							
06/20/2014 17:20 EDT	167	11.9							
Differential									
	Neutrophil Ab	Lymphocyte	Monocyte Ab	Eosinophil Ab	Basophil Ab	Neutrophil Ab	Lymphocyte	Monocyte Ab	
04/18/2014 06:30 EDT	58.6	25.8	11.0	3.2	1.0	4.07	1.79	0.76	
04/21/2014 06:20 EDT	52.0	33.6	11.1	2.5	0.5	3.09	2.00	0.66	
04/28/2014 06:28 EDT	49.2	35.3	10.8	3.9	0.6	3.05	2.19	0.67	
05/27/2014 14:40 EDT	55.2	30.8	10.0	3.6	0.4	3.80	2.12	0.69	
06/20/2014 17:20 EDT	60.3	26.8	8.6	3.8	0.5	6.31	2.81	0.90	
Differential									
	Eosinophil Ab	Basophil Ab							
04/18/2014 06:30 EDT	0.22	0.07							
04/21/2014 06:20 EDT	0.15	0.03							
04/28/2014 06:28 EDT	0.24	0.04							
05/27/2014 14:40 EDT	0.25	0.03							
06/20/2014 17:20 EDT	0.40	0.05							
Coagulation									
	Prothrombin	International	Partial Throm						
05/27/2014 14:40 EDT	12.0	1.12	27.2						
UA Macroscopic									
	UA Collection	Urine Appearance	Urine Color	Urine Glucose	Urine Bilirubin	Urine Ketones	Urine Specific G	Urine Blood	
04/17/2014 21:40 EDT	Clean Catch	Clear	Yellow	Negative	Negative	Negative	1.015	Negative	
05/27/2014 14:15 EDT	Voided	Clear	Yellow	Negative	Negative	Negative	>=1.030	Negative	
06/20/2014 17:25 EDT	Voided	Clear	Yellow	Negative	Negative	Negative	1.025	Negative	
UA Macroscopic									
	Urine pH	Urine Protein	Urine Urobilinogen	Urine Nitrite	Urine Leukocyte				
04/17/2014 21:40 EDT	7.0	Negative	0.2	Negative	Negative				
05/27/2014 14:15 EDT	6.0	Negative	0.2	Negative	Negative				
06/20/2014 17:25 EDT	6.0	Negative	1.0	Negative	Negative				
UA Microscopic									
	Urine WBC	Urine RBC	UA Epithelial	Urine Mucous	Urine Amorphous				
04/17/2014 21:40 EDT	0-4	0-4	Occasional						
05/27/2014 14:15 EDT	0-4		Occasional	2+	2+				
06/20/2014 17:25 EDT	0-4	0-4	Occasional	1+					
Routine Chemistry									
	Glucose POC	Glucose Level	Blood Urea Nit	Sodium Level	Potassium Level	Chloride	Carbon Dioxide	Anion Gap	
04/17/2014 18:25 EDT	78								
04/17/2014 20:02 EDT	182								
04/18/2014 05:07 EDT	108								
04/18/2014 06:30 EDT		107	* (c) 26	142	4.2	107	26	13.2	
04/18/2014 11:29 EDT	122								
04/18/2014 17:56 EDT	117								
04/18/2014 20:43 EDT	179								
04/19/2014 05:43 EDT	129								
04/19/2014 12:34 EDT	128								
04/19/2014 17:36 EDT	152								
04/19/2014 20:23 EDT	142								
04/20/2014 04:48 EDT	114								
04/20/2014 12:41 EDT	129								
04/20/2014 17:28 EDT	107								
04/20/2014 21:20 EDT	122								
04/21/2014 05:15 EDT	116								
04/21/2014 06:20 EDT		88	* (c) 28	143	3.9	105	32	9.9	

Patient: Williams, Clyde
MRN: 0000353850

Flowsheet Print Request

Date Range: 02/28/2014 11:05 EST - 08/21/2014 12:05 EDT

Printed by: Looper, Hazel W
Printed on: 08/20/2014 12:07 EDT

Lab View									
04/23/2014 04:32 EDT	100								
04/25/2014 04:39 EDT	100								
04/28/2014 05:29 EDT	100								
04/28/2014 06:28 EDT		102	* (c) 23	139	4.1	105	30	8.1	
04/30/2014 05:22 EDT	102								
05/02/2014 05:03 EDT	99								
05/27/2014 14:40 EDT		69	22	143	3.7	106	25	15.7	
06/20/2014 17:20 EDT		71	32	147	3.5	106	23	21.5	
07/14/2014 10:50 EDT					4.0				
Routine Chemistry									
	Creatinine	BUN/Creatinine	Estimated GFR	Est Glom Filtr	GFR Comment	Calcium Level	Phosphorus L	Protein Total	
04/18/2014 06:30 EDT	* (c) 0.8	32.5	>60	>60	* See comment	* 9.7	4.1	6.7	
04/21/2014 06:20 EDT	* (c) 0.9	31.1	>60	>60	* See comment	* 9.7	4.4		
04/28/2014 06:28 EDT	* (c) 0.9	25.6	>60	>60	* See comment	* 9.8	4.1		
05/27/2014 14:40 EDT	0.8	27.5	>60	>60	* See comment	* 9.3		6.5	
06/20/2014 17:20 EDT	0.9	35.6	>60	>60	* See comment	* 10.1		7.3	
Routine Chemistry									
	Albumin Level	Albumin/Glob	Aspartate Am	Alanine Amin	Alkaline Phos	Bilirubin Total	Amylase Level	Lipase Level	
04/18/2014 06:30 EDT	3.5	1.1	* (c) 42	* (c) 32	97	0.5			
05/27/2014 14:40 EDT	3.9	1.5	18	24	71	0.5			
06/20/2014 17:20 EDT	4.3	1.4	19	14	72	0.5	<35	38	
Routine Chemistry									
	Magnesium L	Calcium Lvl C							
04/18/2014 06:30 EDT	2.2	10.1							
04/21/2014 06:20 EDT	2.0								
04/28/2014 06:28 EDT	2.0								
05/27/2014 14:40 EDT		9.4							
06/20/2014 17:20 EDT		9.9							
Therapeutic Drugs/Toxicology									
	Ethanol Level	Urine Amphetar	Urine Methamph	Urine Barbitural	Urine Benzodiaz	Urine Cannabin	Urine Cocaine S	Urine Oplate Sc	
05/27/2014 14:15 EDT		Negative	Negative	Negative	Positive	Negative	Negative	Negative	
06/20/2014 17:20 EDT	* <10								
06/20/2014 17:25 EDT		Negative	Negative	Negative	Positive	Negative	Negative	Negative	
Therapeutic Drugs/Toxicology									
	Urine PCP Scree	Urine Tricyclic S							
05/27/2014 14:15 EDT	Negative	Negative							
06/20/2014 17:25 EDT	Negative	Negative							
Routine Cultures									
	Urine Culture								
04/17/2014 21:40 EDT	See Result								

1

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1403134

CLYDE WILLIAMS,

EMPLOYEE/CLAIMANT,

VS.

BOWMAN GIN COMPANY,

EMPLOYER,

AND

AMERICAN INTERSTATE INSURANCE
COMPANY,

CARRIER,

DEFENDANTS.

DEPOSITION

OF

THAD WIMBERLY

DEPOSITION OF THAD WIMBERLY, TAKEN BEFORE WENDY SHANNON
SULLIVAN, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH
CAROLINA, COMMENCING AT THE HOUR OF 10:23 A.M., MONDAY, THE
14TH OF JULY, 2014, AT LANIER & BURROUGHS, L.L.C. LOCATED AT
250 GIBSON STREET, ORANGEBURG, SOUTH CAROLINA 29116.

COPY

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WENDY SHANNON SULLIVAN
 VERBATIM, INC.
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 COLUMBIA, SOUTH CAROLINA 29202

ALSO PRESENT

KIM HUDSON

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EXHIBITS

EXHIBITS MARKED AFTER THE CONCLUSION OF THE DEPOSITION

PLAINTIFF'S EXHIBIT NUMBER ONE
 PHOTOGRAPH-----

PLAINTIFF'S EXHIBIT NUMBER TWO
 PHOTOGRAPH-----

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
 FROM DATE OF CERTIFICATION.

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STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL FOR
THE RESPECTIVE PARTIES THAT ALL OBJECTIONS ARE RESERVED
UNTIL THE TIME OF TRIAL, EXCEPT AS TO THE FORM OF THE
QUESTIONS.

THIS DEPOSITION IS BEING TAKEN PURSUANT TO
THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

1 2 3 4

THE READING AND SIGNING OF THIS DEPOSITION IS
WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
PARTIES.

WHEREUPON, THAD WIMBERLY, BEING DULY SWORN
AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND
NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS
FOLLOWS:

EXAMINATION

BY MR. LANIER:

Q Mr. Wimberly, I'm Lewis Lanier. We introduced ourselves briefly before the formal convening of the deposition. Have you had a deposition taken in the past?

A No, sir.

Q I'm going to give you a little bit of the rules of depositions, okay? I am here to find out what your testimony will be about, this Workers' Compensation



1 claim. If I ask you a question that's a word in there
2 that you might not be familiar with or may have too
3 many, just ask me to define it. I don't think that's
4 going to happen, but if it does, just ask me to define
5 the word or phrase as I'm using it in that question.
6 Try to use a yes or no answer when that's appropriate
7 instead of a headshake or an uh-huh or huh-uh.

8 A Okay.

9 Q And that's all so we'll have the product of this
10 deposition, it's called a deposition transcript. Okay?

11 A Correct.

12 Q During the course of this deposition, if you have a
13 question, you have to direct that question to me. When
14 I first started practicing law you could talk to your
15 lawyer and ask questions, but they don't let us do that
16 on both sides of this type of case. Okay?

17 A Okay.

18 Q I am going to ask you some questions about your
19 business and some questions about Clyde Williams and
20 what you know about the event that took place in March
21 of this year. Okay?

22 A Okay.

23 Q How is your business conformed? Is it a corporation,
24 an LLC?

25 A It's a corporation.

- 1 Q And you own stock?
- 2 A Yes.
- 3 Q I talked to your dad about the stock. I think you have
- 4 some stock.
- 5 A Yes, sir.
- 6 Q But he has slightly more stock than you?
- 7 A That's right.
- 8 Q Is that correct?
- 9 A Yes.
- 10 Q Which probably gives him control?
- 11 A Absolutely.
- 12 Q Which dads want.
- 13 A Absolutely. That's the way I like it.
- 14 Q So he is also responsible.
- 15 A Well, he's the boss.
- 16 Q Okay. Can you give me a little bit of your educational
- 17 background?
- 18 A Yes, sir. I'm a graduate of Clemson University, Agmec
- 19 and business. I graduated in May of 2000.
- 20 Q Okay. And how long have you been working with your
- 21 dad?
- 22 A All of life.
- 23 Q Okay. Even before you went to Clemson?
- 24 A Even before I went to Clemson.
- 25 Q Okay. And what do you do with the company?

1 A Which company?

2 Q Okay. All right. That's a good question. How many
3 different flags does your company have?

4 A We have a farm, and we have Bowman Gin Trucking.

5 Q Okay.

6 A Bowman Gin Company, Incorporated. And then I also work
7 for the South Carolina Forestry Commission as a forest
8 ranger. I put fires out, wildfires. And that's why I
9 asked which company. At Bowman Gin Company, I'm just
10 the -- kind of oversee the day to day details. I don't
11 -- I have a dispatcher and I have a secretary. They
12 kind of run the company. And I just make sure
13 everything gets taken care of, be sure everybody is
14 happy and, you know, keeping the drivers and all. I do
15 the hiring and firing of the drivers and it's day to
16 day, you know, just kind of oversee the operations.

17 Q Okay. And you say you have a secretary and a
18 dispatcher?

19 A Yes.

20 Q I think you said they kind of run the company. What
21 did you mean by that?

22 A They oversee day-to-day operations.

23 Q Okay.

24 A I mean, they -- one talks to the driver, each driver.
25 I don't have direct -- you know, I don't talk to the

1 drivers directly every day.

2 Q Okay.

3 A My dispatcher does that.

4 Q Do you know where the drivers are all the time?

5 A No, sir.

6 Q Okay. And the dispatcher would be the one that would

7 know that?

8 A Yes.

9 Q And who is the dispatcher?

10 A Donny Looper.

11 Q L-U-P-E-R?

12 A L-O-O-P-E-R.

13 Q Okay. How long has he been with you?

14 A He's my first cousin -- 20 plus years.

15 Q Okay.

16 A Yeah, he's been with the company.

17 Q And the secretary just does the paperwork?

18 A She does the dealings and payroll, yes, sir.

19 Q Okay. Do you use bills of lading or how do you do

20 that?

21 A Yes, the company that we haul for, whatever company we

22 haul for, they would have a bill of lading to them.

23 Q I had asked that you bring bills of lading with you to

24 this deposition. Do you have any of those today?

25 A For that particular load?

- 1 Q Yeah.
- 2 A I have a copy of them, but I don't have it with me.
- 3 Q Okay. You can get that to me?
- 4 A Yes.
- 5 Q And you can get it through Ms. Noonan?
- 6 A Yes, sir. As a matter of fact, I seen that -- I did
7 not bring it. I seen it on the desk.
- 8 Q It's okay. It's not a big deal if I can get that.
- 9 A Okay.
- 10 Q What would the bill of lading for March the 27th, 2014
11 have said as it relates to Clyde's truck?
- 12 A To his truck?
- 13 Q Yeah.
- 14 A Nothing.
- 15 Q Okay. What would it say on the load? He had a
16 chemical tank he was pulling, correct?
- 17 A Yes, sir.
- 18 Q Would that -- is that what the bill of lading would be
19 related to?
- 20 A Yes, whatever product we're hauling is what it would --
- 21 Q Okay. And what was he hauling that day?
- 22 A I don't know.
- 23 Q Okay. Do you know what he hauls every day?
- 24 A I know what else -- we haul different products.
- 25 Q Okay.

1 A So I don't know what particular load he was hauling or
2 what -- I know what he was -- I only know where he was
3 going.

4 Q And when he goes to Gulbrandsen, he does that almost
5 every morning, does he not?

6 A He goes there if he's pulling for them, yeah.

7 Q Does he pull for anybody but Gulbrandsen?

8 A No.

9 Q Okay. So he goes to Gulbrandsen every day?

10 A He doesn't work every day.

11 Q Well, every day that he works --

12 A Yes.

13 Q -- he goes to Gulbrandsen?

14 A Yes.

15 Q And what does he haul from Gulbrandsen?

16 A It could be a number of products. It could be -- they
17 make more than one product?

18 Q Oh, I didn't know that. What products do they make?

19 A They make aluminum chloride, aluminum chloride
20 solution, aluminum chloride and hydrous, aluminum
21 chloride -- it's a powder mix. So it's four or five
22 different products and it's not all hazardous material.

23 Q Okay.

24 A Some of it is hazardous, some is not. That would be on
25 the bill of lading.

1 Q And that would be something I could look at the bill of
2 lading and see if he was hauling a hazardous product?

3 A Absolutely.

4 Q And most of his products that he hauls are hazardous?

5 A I wouldn't want to give you a percentage, but some part
6 of them, yes.

7 Q Okay. And the only non-hazardous product that comes
8 out of Gulbrandsen is the powder?

9 A No, sir. That's hazardous.

10 Q That's hazardous? What's the non-hazardous product?

11 A It's aluminum chloride hydrate.

12 Q Aluminum chloride hydrate?

13 A Yeah. It's used in waste water treatment plants.

14 Q Okay. What kind of employee is Clyde?

15 A A good employee.

16 Q In fact, he was sort of rewarded by getting a new
17 truck?

18 A Yes.

19 Q Based on his good performance?

20 A Yes.

21 Q Dependability?

22 A Well, that and the truck he was driving was getting
23 some age on it. I take all that in effect.

24 Q This truck that he was driving was automatic
25 transmission or manual?

- 1 A No, sir, manual.
- 2 Q Okay. And how long had he been driving that truck
- 3 before his incident?
- 4 A The new truck?
- 5 Q Yes, sir.
- 6 A Maybe two weeks.
- 7 Q Okay. So you believe that he goes -- he takes his
- 8 truck home every night?
- 9 A Correct.
- 10 Q The truck is assigned to him?
- 11 A Correct.
- 12 Q Did you pick the truck up or did you have someone pick
- 13 the truck up after the March incident?
- 14 A Yes, sir.
- 15 Q Okay.
- 16 A Donny drove the truck away from the scene. I took him
- 17 to get the truck.
- 18 Q Donny the dispatcher?
- 19 A Yes.
- 20 Q And did Donny go to the scene with you?
- 21 A Yes.
- 22 Q Did you go to the scene?
- 23 A I did not go to the scene when he was there. I went to
- 24 the scene after everything was over.
- 25 Q Okay.

1 A They had the truck parked to the side.

2 Q Okay. Did --

3 A We went and picked the truck up.

4 Q Who did you talk to at the scene?

5 A No one. I went inside the Love's and asked the lady if

6 the fuel ticket had been paid for. She said yes, he

7 had finished his transaction, hung up the nozzle and

8 the ticket was inside for me to pick up.

9 Q Do you know what happened?

10 A I have no idea.

11 Q Okay. Have you talked to anyone that said they saw

12 what happened?

13 A No, sir.

14 Q Okay. And do you remember the name of the clerk?

15 A No, sir.

16 Q It was a female?

17 A Don't remember that.

18 Q Okay.

19 A It was three people behind the counter. I don't know

20 which one was the clerk. There was a man and two women

21 behind the counter.

22 Q Okay.

23 A Don't know who clerked him. A woman did clerk me.

24 Q Okay.

25 A She actually printed the ticket out for me.

1 Q And so, he had paid for his fuel?
2 A He does that at the pump.
3 Q Okay. With a card?
4 A Yes, sir.
5 Q Which is y'all card?
6 A Absolutely.
7 Q And your dad told me that y'all -- that he fuels one of
8 three places: Love's on 301 --
9 A Uh-huh.
10 Q -- Henry's on 301 South --
11 A Yes, sir.
12 Q -- and at Pilot which is I-26 and 36, depending on
13 which way he's headed.
14 A Right. That's -- he goes all over the country now.
15 You know, he's liable to be getting fuel every day, but
16 that's just the normal three local stops that we use.
17 Q Okay. How far does he travel?
18 A Texas.
19 Q Okay.
20 A And that's not every day, of course, but this
21 particular load he was hauling that day, I think, was
22 going, like, to Spartanburg. I mean, it was a day run.
23 Q Okay. From what you determined when you came to the
24 truck stop, Love's, on March the 27th, 2014, could you
25 tell where he fell or where they found him?

- 1 A No, sir.
- 2 Q Did anybody tell you?
- 3 A No, sir.
- 4 Q Did you anybody show you any blood on the concrete?
- 5 A No, sir.
- 6 Q Mr. Looper get there before you did?
- 7 A Right at the same time.
- 8 Q Okay. And he was the one that moved the truck?
- 9 A No, sir. The truck was already moved from the scene.
- 10 Q Okay.
- 11 A It was moved to the side parking lot, just parked on
- 12 the side of the road.
- 13 Q Oh, okay.
- 14 A And they drove it out on the --
- 15 Q So he had the pump blocked?
- 16 A Right.
- 17 Q Okay. Do you know who drove it away from the pump?
- 18 A No, sir. No, I don't.
- 19 Q Have you conducted any investigation concerning this
- 20 accident?
- 21 A No.
- 22 Q Okay. Was Clyde Williams where he should have been had
- 23 he been doing the job that he was hired to do?
- 24 A If he needed fuel, yes, sir.
- 25 Q Okay. Is there anything that you know now that you've

1 discovered after the accident that indicated he didn't
2 need fuel?

3 A No.

4 Q In fact, you've got where he fueled?

5 A Yes. He purchased fuel that morning.

6 Q And did anyone tell you what happened?

7 A No, sir.

8 Q Has anyone told you he had a heart attack?

9 A No, sir.

10 Q Okay. Has anyone told you what they think happened?

11 A Yes.

12 Q Who?

13 A Somebody told me he thought what happened.

14 Q I understand that. That's all we've got right now.

15 A I mean, I'm not a doctor. I don't know.

16 Q Okay.

17 MS. NOONAN: Can I just stress right there,
18 he's talking about other people during your
19 investigation, not conversations with us.

20 THE WITNESS: Right.

21 BY MR. LANIER:

22 Q All right. Other people other than your lawyer, what
23 have they told you they thought happened?

24 A A First Responder told me that they thought he had a
25 stroke.

1 Q Okay. Have you looked at any medical records that
2 would confirm that?

3 A I wouldn't know how to read medical records, sir. I'm
4 sorry. I'm just a dumb farmer.

5 Q Oh, you went to Clemson and got a four-year degree,
6 don't tell me that.

7 A I'm a dumb farmer.

8 Q But I am going to say that. You know what that means?

9 A Yes, sir. I know about the thumb. I know about the
10 thumb.

11 Q Okay. That was the only person that said they thought
12 he had a stroke?

13 A I don't know his name. I know the guy, I've seen the
14 guy. I know he is on the West Middle Fire Department,
15 but you know, what I -- and this has nothing to do with
16 -- I was not doing an investigation to tell you the
17 truth. I am a fireman as well. I was on the fire and
18 he was there -- he asked me how Clyde was doing. I
19 told him I didn't think he was doing that great. He
20 said, well, he was First Responder, EMT, whatever you
21 want to call him, and he said, I was the first one
22 there. He said, I immediately thought he had a stroke.
23 He said, because, you know, everything from the bottom
24 of his chest up was totally red, and that implied some
25 blood. And I said -- we was -- you know, I didn't even

1 know he was there. He just come up to me at a fire
2 scene and asked me, because he knew of our trucks.

3 Q You've identified the fire department he works for and
4 I didn't get it. What was it?

5 A West Middle.

6 Q Where is that?

7 A Right there by the Love's Truck Stop, about a half a
8 mile, across the interstate, right at the Orangeburg
9 County Central Fire Station. They've got a fire
10 station that's there and it's called West Middle.
11 That's just a little community.

12 Q Okay. Is it a public fire or a volunteer fireman?

13 A Okay.

14 Q West Middle?

15 A West Middle.

16 Q Okay. And it's on what road?

17 A Firefighter Lane.

18 Q Okay. That's a good name.

19 A Yeah.

20 Q Have you seen him subsequently?

21 A No.

22 Q Has anyone else told you what they thought happened?

23 A No, that was the only guy that said anything to me
24 about that incident.

25 Q Okay. You seen Clyde subsequent to this accident?

1 A No, sir.

2 Q Okay. Are the drivers that you have charged with
3 cleaning their trucks?

4 A In charge? That's their truck.

5 Q That's a bad question. Is it their responsibility to
6 keep the truck clean?

7 A Yes.

8 Q Okay.

9 A I can say this, they get their trucks washed on the
10 road at a truck wash normally, because they wash -- you
11 know, they get the tanks washed and the trucks washed
12 at the same place, and it's no crutch for them. You
13 know, any cleaning he does -- I have drivers that want
14 to clean extra and do things extra to keep their truck
15 clean. That's totally up to them. But normally they
16 wash their trucks somewhere -- Blue Beacon is the name
17 of the truck wash.

18 Q Where is that?

19 A They're all over the country.

20 Q Okay. Where is the one closest to --

21 A There's one in Spartanburg, there's one in Columbia.
22 And that's all they do -- just like in the backside of
23 the truck stop, you just drive through and they wash
24 the truck, trailer, and pay the driver.

25 Q Okay. And that's something that they do periodically?

- 1 A Usually every couple of weeks.
- 2 Q Okay. And that would appear on the credit card as a
3 wash?
- 4 A Actually, it's done through Gulbrandsen because they
5 want their tanks washed every two weeks.
- 6 Q Okay.
- 7 A And whenever they wash their tanks for the driver's
8 time sitting there waiting to wash their tanks, they
9 allow them to get their truck washed at the same time.
- 10 Q How does that work? They wash the tank first and then
11 they wash -- well, they've got to pull it through. So
12 it washes the tractor before it gets to the tank?
- 13 A It's a hands-on deal. They wash it by hand.
- 14 Q Oh, it's a hand wash?
- 15 A Yeah.
- 16 Q Oh, I didn't know that.
- 17 A Yeah.
- 18 Q So they do them both?
- 19 A Yeah.
- 20 Q And so, your company doesn't pay for that?
- 21 A No.
- 22 Q Gulbrandsen pays for that?
- 23 A Yes.
- 24 Q Does Gulbrandsen have any plaque on your tractor?
- 25 A No.

1 Q Okay. But on their tank they do?

2 A Yes.

3 Q And did Clyde pull -- did he pull anything but the
4 Gulbrandsen tractors -- I mean trailers?

5 A Not normally.

6 Q Okay. So he would normally --

7 A He would pull -- if we would pull some type of van --
8 we have vans that are our own van freights, you know,
9 big thing of boxes. So if we was pulling some van
10 freight for Gulbrandsen, they might be on our trailer.
11 But sometimes we pull vans. So most of the time -- I
12 won't give percentage, but a lot of the time Clyde is
13 pulling the Gulbrandsen trailer.

14 Q Okay. And it has Gulbrandsen on the side?

15 A Yes.

16 Q Okay. And Gulbrandsen pays you as a freight hauler?

17 A Right.

18 Q Okay. And do you know what the compensation is?

19 A It's so much per mile, mileage rate.

20 Q Okay. Is it more for the hazardous material?

21 A No.

22 Q Okay. Same?

23 A It may be like five cents more for the hazardous, yeah.

24 Q Okay.

25 A It's five cents more, I think.

1 Q And on the morning that Clyde was hurt, was he hauling
2 hazardous material or not?

3 A I don't know.

4 Q But he has a license to haul hazardous material?

5 A Yes, he does.

6 Q Okay. It's called Hazmat?

7 A Hazmat.

8 Q Okay. Do you require your drivers to clean their
9 windshields?

10 A Require? No, sir.

11 Q Okay.

12 A I would think it would be in their best interest, but I
13 don't require.

14 Q I would think so. Do you know if Clyde had cleaned his
15 windshield on the day of this accident?

16 A When I got in the truck, as I arrived on scene to see
17 what was -- it appeared to me that the windshield had
18 not been clean. And that was just my appearance.
19 Maybe he did, maybe he didn't. I can't answer that
20 question, but I can tell you that it was still bugs on
21 the windshield. It was not like it was streaks. You
22 know how you clean the windshield you've left streaks
23 on it? It was not like streaks on the windshield.

24 Q Okay. Did you notice anything else about the
25 windshield or about the truck?

- 1 A No, sir.
- 2 Q Okay. Did anyone tell you, such as the First
3 Responder, where they found Clyde's body?
- 4 A No, they said it was laid up beside the gas pump is all
5 I know.
- 6 Q Okay. Between the gas pump and the truck?
- 7 A He just said beside the gas pump. I don't know.
- 8 Q These were previously marked in your father's
9 deposition. Have you ever seen these before?
- 10 A No, sir.
- 11 Q Okay. This is marked as Plaintiff's Exhibit One. Does
12 that appear to be Clyde Williams?
- 13 A It appears to be him.
- 14 Q Okay. And would that be an accurate description of the
15 truck there?
- 16 A Yes, sir.
- 17 Q New truck?
- 18 A Yes, sir.
- 19 Q And would that be in close proximity to the running
20 board of the truck?
- 21 A Yeah. I guess that's a step. I don't know what you
22 call a running board, but that's a step.
- 23 Q Step?
- 24 A Yeah.
- 25 Q Okay. Actually got two steps, doesn't it?

1 A Yes, sir.

2 Q And you haven't seen this, Plaintiff's Two either, this
3 picture?

4 A No, sir.

5 Q Okay. And do you know what these poles are and that
6 bucket is?

7 A It looks like the thing you wash the windshield with to
8 me.

9 Q And have you ever seen Clyde or any of your other
10 drivers stop at a place such as Love's and clean their
11 windshield?

12 A No, sir.

13 Q Okay. And does that appear to be the blood around
14 Clyde's head at Plaintiff's Number One?

15 A I mean, I really can't tell you that.

16 Q Okay. And do you know what that is? It's a red thing
17 right there. Do you know what that is, on Plaintiff's
18 Number One?

19 A No, sir.

20 Q Okay.

21 A No.

22 Q How far away was the truck from where this picture was
23 taken at the pump when you got there?

24 A Probably 200 feet.

25 Q Okay.

1 A He pulled straight out and pulled right up beside the
2 wall, right up the side of the railing over there.

3 Q Okay. All right.

4 MR. LANIER: Let's mark this as One and Two.
5 He has identified them further, exhibits marked in
6 the deposition of his father. We'll just use it
7 as a joint exhibit in both depositions.

8 MS. NOONAN: No objection.

9 BY MR. LANIER:

10 Q Other than Mr. Looper, and yourself, and your father,
11 did anybody else from Wimberly -- from Bowman Gin come
12 to the scene?

13 A No, sir.

14 Q Is there anyone other than you, Mr. Looper, the
15 secretary that knows anything about this accident?

16 A No, sir.

17 Q And your dad?

18 A No, sir.

19 Q Okay. Had Mr. Williams gotten any award for being an
20 outstanding employee?

21 A No. He's not got any awards, no, sir.

22 Q Okay. Was he an outstanding employee?

23 A He was a good driver.

24 Q Okay. And did you have a previous employment with Mr.
25 Williams and your company Bowman Gin? Did he work for

1 you before this last stint?

2 A Before this accident or the accident he had before?

3 Q No, that's a bad question. Let me -- your father
4 indicated that Mr. Clyde Williams worked for y'all for
5 about ten years up at this accident.

6 A Right.

7 Q But he also indicated he had worked for y'all previous
8 to that and left. Do you have any knowledge of that?

9 A No.

10 Q Okay. Might have been before your time?

11 A Well, no, I don't think so. It may have been. I don't
12 remember him being -- a lot of drivers do that. They
13 come, they work, they think they've found something
14 better and they leave, and about two weeks or two
15 months later they'll come back and ask for their job
16 back.

17 Q Okay.

18 A Because it is what it is. But I don't remember him
19 leaving and coming back. I know he -- no.

20 Q Okay. You know what kind of injuries that Clyde had
21 from the March 27th, 2014 accident?

22 A No, sir.

23 Q Okay.

24 MR. LANIER: I don't have anything further.

25 MS. NOONAN: I actually have one follow up.

EXAMINATION

2 BY MS. NOONAN:

3 Q Mr. Lanier asked you if there was anything else that
4 you noticed about the truck when you got there. Were
5 you talking about the outside of the truck or the
6 inside of the truck?

7 A The outside.

8 Q Okay. Was there anything that you noticed about the
9 inside of the truck?

10 A There was two full coffee mugs sitting inside.

11 Q Okay. Anything else that was inside?

12 A Well, if you mean all the stuff now, there was seven
13 cartons of cigarettes laying on the bunk, sleeper, if
14 that was -- you know, I don't know if that's what
15 you're asking about. But yes, his personal stuff was
16 in there. And Clyde is not the very cleanest person,
17 you know, if you will. His truck wasn't always kept
18 very clean. And you know, his inside was pretty nasty
19 or whatever you want to call it, I mean, for it being a
20 new truck. And it really caught my eye about the
21 cigarettes. That was just kind of an excessive amount
22 to me.

23 Q Were his personal items inside the truck?

24 A Yes, they were. And I think his family has got all of
25 them now.

1 Q Okay.

2 MS. NOONAN: I don't have anything else.

3 MR. LANIER: Just one further question.

4 FURTHER EXAMINATION

5 BY MR. LANIER:

6 Q Did you notice his log book?

7 A His log book was in the truck.

8 Q Okay. Did you look at it?

9 A Uh-huh. He just went on duty. He was off the day
10 before.

11 Q And he had been -- did the log book indicate he had
12 been to Gulbrandsen?

13 A It had his pre-trip there to Gulbrandsen.

14 Q And he was en route to Spartanburg?

15 A I think that's right.

16 Q So he was en route -- that would have been a normal
17 route for him to take coming back 26 to Spartanburg,
18 stop at Love's Truck Stop?

19 A Yeah. He was going out, yeah.

20 Q So he wasn't on any deviation from the route that you
21 would expect him to get to Spartanburg?

22 A No, sir.

23 Q Okay.

24 MR. LANIER: That's all I have.

25 MS. NOONAN: I don't have anything else.

1 MR. LANIER: Thank you.

2 (WHEREUPON, THERE BEING NO FURTHER QUESTIONS, THE DEPOSITION
3 WAS CONCLUDED AT 10:48 A.M.)

4 (DEPONENT HAS WAIVED READING AND SIGNING.)

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STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING DEPOSITION
OF **THAD WIMBERLY**;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND
FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THAT BY VIRTUE THEREOF I WAS DULY AUTHORIZED TO
ADMINISTER AN OATH;

THAT THE WITNESS WAS BY ME FIRST DULY SWORN TO
TESTIFY THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE
TRUTH, CONCERNING THE MATTER IN CONTROVERSY AFORESAID;

THE FOREGOING TRANSCRIPT OF 28 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 16TH DAY OF JULY, 2014.

WENDY SHANNON / SULLIVAN

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES FEBRUARY 4, 2018

*THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL
IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1403134

CLYDE WILLIAMS,	)	
	)	
EMPLOYEE/CLAIMANT,	)	
	)	
VS.	)	DEPOSITION
	)	
	)	OF
BOWMAN GIN COMPANY,	)	
	)	HARRY WIMBERLY
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
AMERICAN INTERSTATE INSURANCE	)	
COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

DEPOSITION OF HARRY WIMBERLY, TAKEN BEFORE WENDY
SHANNON SULLIVAN, A NOTARY PUBLIC IN AND FOR THE STATE OF
SOUTH CAROLINA, COMMENCING AT THE HOUR OF 10:00 A.M.,
MONDAY, THE 14TH OF JULY, 2014, AT LANIER & BURROUGHS,
L.L.C. LOCATED AT 250 GIBSON STREET, ORANGEBURG, SOUTH
CAROLINA 29116.

COPY

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FOR THE EMPLOYER/CARRIER

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REPORTED BY

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ALSO PRESENT

KIM HUDSON

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*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
FROM DATE OF CERTIFICATION.



STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL FOR
THE RESPECTIVE PARTIES THAT ALL OBJECTIONS ARE RESERVED
UNTIL THE TIME OF TRIAL, EXCEPT AS TO THE FORM OF THE
QUESTIONS.

THIS DEPOSITION IS BEING TAKEN PURSUANT TO
THE SOUTH CAROLINA RULES OF CIVIL PROCEDURE.

— — — —

THE READING AND SIGNING OF THIS DEPOSITION IS
WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE
PARTIES.

WHEREUPON, HARRY WIMBERLY, BEING DULY SWORN
AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND
NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS
FOLLOWS:

EXAMINATION

BY MR. LANIER:

Q Mr. Wimberly, I am Lewis Lanier. I got the opportunity and pleasure to meet you just briefly before we formally convened at that position. As you perhaps know, I represent Clyde Williams who is an employee of yours concerning a Workers' Compensation claim. I feel certain you have had your deposition taken before. Am I correct in that assumption?

A Yes.



1 Q In this deposition, if I use a word or phrase that you
2 might not be comfortable with or it might have two or
3 three different meanings, will you stop me and ask me
4 to define the word or the phrase that I may use that
5 you may have some difficulty understanding that applies
6 to the question? Do you understand that?

7 A Yep.

8 Q And as far as answering our questions, yes or no is
9 good. If you need to explain, please do so, but don't
10 do a head shake such as you just did.

11 A Yes.

12 Q Or an uh-huh or huh-uh like I do all the time.

13 A Okay.

14 Q Okay? If you happen to need a break during the course
15 of this deposition, please let us know and we will let
16 you have a break. Okay? I don't think this deposition
17 will be very long. I'm interested in what you have to
18 say as you perhaps -- when you talked to Ms. Noonan you
19 probably know you can't consult with her during the
20 course of this deposition.

21 A Yes.

22 Q Okay. Would you state your full name?

23 A Harry F. Wimberly.

24 Q And are you an owner of Bowman Gin?

25 A Yes, sir.

- 1 Q Is it a corporation or is it a proprietorship?
- 2 A Corporation.
- 3 Q Okay. Does your son also have an interest in it?
- 4 A Yes.
- 5 Q And what interest does he have?
- 6 A He has a certain amount of shares.
- 7 Q Okay. Are you the dominant stock holder?
- 8 A I don't know if -- yes. It's very close between me and
- 9 him.
- 10 Q Okay. You just have a few more shares? You have
- 11 control?
- 12 A Yeah.
- 13 Q Is it a corporation or an LLC?
- 14 A Corporation.
- 15 Q Is it Subchapter S or a C Corporation?
- 16 A Can't say.
- 17 Q Okay. Who is your accountant?
- 18 A Steve Summers.
- 19 Q Okay. And who formed your corporation? Did a lawyer
- 20 form it for you?
- 21 A It was formed in '56.
- 22 Q Okay.
- 23 A I purchased it in '86.
- 24 Q Can you tell me what businesses Bowman Gin is involved
- 25 in?

- 1 A Only thing -- it's basically a trucking company.
- 2 Q Okay. And does Clyde Williams work for you?
- 3 A He does.
- 4 Q How long has Clyde worked for you?
- 5 A He has been there -- and to let you know, I didn't look
6 it up or anything. I can't tell you exactly.
- 7 Q I understand. Best of your knowledge.
- 8 A Ten years.
- 9 Q Okay. And did he work for you at any other time?
- 10 A I believe he did leave and come back.
- 11 Q Okay. One time before?
- 12 A Yes.
- 13 Q And you know how long that that stint runs?
- 14 A No.
- 15 Q The first time he left, did he leave in good terms with
16 you?
- 17 A Yes.
- 18 Q Okay. Do you know what his assignment was on the day
19 of this accident in March of 2014?
- 20 A No, I do not.
- 21 Q What is his standard work responsibilities?
- 22 A Pulling freight from Orangeburg to various points.
- 23 Q And what does he haul?
- 24 A Mostly, the main product is Aluminum Chloride Hydrate.
- 25 Q Okay. And where does he get that from?

- 1 A Here in Orangeburg.
- 2 Q Where in Orangeburg?
- 3 A Gulbrandsen.
- 4 Q Okay. And he does that almost every day, does he not?
- 5 A Yes.
- 6 Q And that's his standard route, is to Gulbrandsen?
- 7 A Yes, but I mean, he's got different routes each day.
- 8 May not be the same place every day.
- 9 Q Okay.
- 10 A He picks up at Gulbrandsen every day.
- 11 Q Is that usually his first pick-up?
- 12 A Yes.
- 13 Q Okay. Did you bring anything like bills of lading or
- 14 anything that I sent with your subpoena?
- 15 A No.
- 16 Q Do you have anything of that nature?
- 17 A I don't know.
- 18 Q Okay. How do you know where Mr. Williams is supposed
- 19 to be?
- 20 A What he is assigned the day before.
- 21 Q Okay. Do you have that assignment sheet?
- 22 A No, I do not.
- 23 Q Do you recall when this accident happened, whether or
- 24 not he was where he was supposed to be?
- 25 A He uses his own discretion when he fuels up and where

- 1 he fuels up at.
- 2 Q And does he have a company credit card?
- 3 A Yes, he does.
- 4 Q And did he fuel at Love's Truck Stop?
- 5 A Yes.
- 6 Q And that's on 301, just before the I-26 intersects?
- 7 A Correct.
- 8 Q And did you -- were you able to determine whether he
- 9 had done the Gulbrandsen that morning?
- 10 A Yes.
- 11 Q And he had a load?
- 12 A Yes.
- 13 Q Okay. Do you think -- do you know of any information
- 14 that he made any deviation from Gulbrandsen to the
- 15 truck stop at Love's?
- 16 A No.
- 17 Q Okay. When did you get the call that he had been hurt?
- 18 A I did not get the call.
- 19 Q Okay. Who got the call?
- 20 A I think the office or either Thad got the call.
- 21 Q Okay.
- 22 A And then, in turn, they let me know that something had
- 23 happened to Clyde.
- 24 Q Did you go to the scene?
- 25 A I did.

- 1 Q Okay. Was he there at the scene?
- 2 A No.
- 3 Q He had already been transported?
- 4 A Right.
- 5 Q Did you talk to anyone at the scene?
- 6 A Yes.
- 7 Q Who did you talk to?
- 8 A First Response, whoever was there with the truck.
- 9 Q Do you remember who that was?
- 10 A Can't recall his name.
- 11 Q Okay. Was he a black fellow or white fellow?
- 12 A White.
- 13 Q Okay. And what did the First Responder say to you?
- 14 A I asked him did he know what happened. And basically,
- 15 when we got on the scene, he had all symptoms of a
- 16 heart attack or either a stroke. And that's why he was
- 17 lifted.
- 18 Q That's what the first responder told you?
- 19 A Yes.
- 20 Q (Pointing to a photograph) Is that Clyde Williams?
- 21 A Looks like it.
- 22 Q Okay. But you didn't see him?
- 23 A No.
- 24 Q Okay. And does like look blood coming out of his head
- 25 and he is in a pool of blood?

- 1 A I can't determine that.
- 2 Q Okay. And you don't know who this First Responder was
- 3 that told you he had a heart attack?
- 4 A They said he had symptoms of a heart attack and a
- 5 stroke.
- 6 Q Okay. Did you inquire any further what those symptoms
- 7 were?
- 8 A No, I didn't.
- 9 Q Okay. Did you see him in the hospital?
- 10 A Yes, I did.
- 11 Q Okay. Had Mr. Williams ever indicated to you or had
- 12 any medical report that he had any heart problems?
- 13 A No.
- 14 Q Okay. Did he have a fuel receipt for that day?
- 15 A No.
- 16 Q He did not?
- 17 A No.
- 18 Q Had he fueled?
- 19 A Yes.
- 20 Q Okay. Had he fueled at Love's Truck Stop?
- 21 A Yes.
- 22 Q Why didn't you see a receipt?
- 23 A Because he never went in the store to get the receipt.
- 24 Q Okay. Did you pay for the fuel?
- 25 A Yes.

- 1 Q Okay.
- 2 A It paid automatically at the pump.
- 3 Q Okay. He ran his credit card?
- 4 A (non-verbal response)
- 5 Q Is that correct?
- 6 A Yes.
- 7 Q Now, was the credit card in the machine?
- 8 A I can't answer that. I don't know.
- 9 Q Do you know what happened to the credit card?
- 10 A I think it -- no.
- 11 Q Okay. How many runs would -- in an average day, would
- 12 Mr. Williams make for you, Mr. Wimberly?
- 13 A Well, he wouldn't make but one run unless, you know, it
- 14 was a two-day trip or whatever.
- 15 Q Okay. And I am trying to get education on what he
- 16 does. What is a run? How would you define the one run
- 17 that he would make?
- 18 A Going from Point A to Point B.
- 19 Q Okay. And that would be -- where would Point A be?
- 20 A Point A would be where he picked up in Orangeburg.
- 21 Point B was wherever the delivery that day was. I
- 22 don't know.
- 23 Q Do you know where his delivery was that day?
- 24 A No.
- 25 Q Do you have any records to indicate where that delivery

1 would be?

2 A Yes, we would.

3 Q Okay.

4 A But I do not have them.

5 Q Okay. And he had been to Gulbrandsen?

6 A That morning.

7 Q Do you know that for a fact?

8 A No. But the trailer was behind the truck.

9 Q Okay. And the trailer is a tank trailer, right?

10 A Yeah.

11 Q And it's full of that chemical, right?

12 A (non-verbal response)

13 Q And don't know where he was going, correct?

14 A I did not.

15 Q And it would be normal for him to fuel at Love's truck
16 stop?

17 A Yes.

18 Q And your company provides him a card for that?

19 A Yes.

20 Q And the card had been run but he hadn't had the chance
21 to pick up the receipt?

22 A That's right.

23 Q Okay. All right. Had Mr. Williams ever had any
24 symptoms like this before?

25 A Not to my knowledge.

1 Q Okay. Was the truck still there when you got there?

2 A Yes.

3 Q What did you observe, if anything, about the truck?

4 A The First Responders had moved the truck from the --
5 well, somebody had moved the truck from the gas pump
6 and pulled it on the side, and they were waiting there
7 with the truck.

8 Q Okay. And the gas receipt or the card evidence of the
9 charge show that he had fully fueled his truck?

10 A Right.

11 Q Okay. Did you talk to anyone else that may have seen
12 what happened?

13 A No.

14 Q Did you ask to see the videotape?

15 A I did.

16 Q Did you see it?

17 A No.

18 Q Why not?

19 A It wasn't provided.

20 Q Okay. Did Love or anyone from Love indicate to you
21 that there was a videotape?

22 A Yes.

23 Q And do you know about when you requested the videotape?

24 A I think I went back over there the next day.

25 Q Okay. And what did they tell you about the tape?

- 1 A They would have to get it.
- 2 Q Okay. And subsequently, have you reviewed any
- 3 videotape of what happened?
- 4 A No.
- 5 Q Okay. Have you talked to anyone else about what
- 6 happened in this accident?
- 7 A Anybody else like --
- 8 Q Other than the First Responder.
- 9 A I talked with the store manager.
- 10 Q What did the store manager tell you?
- 11 A That they would have to get it.
- 12 Q Okay. And did you discuss with the store manager
- 13 anything that he knew about what happened?
- 14 A I asked if he knew, he didn't know anything.
- 15 Q Okay. But he did say there was a videotape; is that
- 16 correct?
- 17 A That's correct.
- 18 Q And did you ask to see the videotape?
- 19 A I did.
- 20 Q And you never saw the videotape?
- 21 A No.
- 22 Q Was there any explanation why you never saw the
- 23 videotape?
- 24 A They would have to get it.
- 25 Q Okay. Did the store manager show you this?

1 A No.

2 Q Okay.

3 MR. LANIER: Let's mark this as Claimant's
4 Number One.

5 MS. NOONAN: No objection.

6 (WHEREUPON, PLAINTIFF'S EXHIBIT NUMBER ONE WAS MARKED FOR
7 IDENTIFICATION PURPOSES, PHOTOGRAPH.)

8 MS. NOONAN: And these would be photographs
9 that you got from us?

10 MR. LANIER: Yes.

11 BY MR. LANIER:

12 Q And once again, that does appear to be Clyde Williams?

13 A I can't tell there.

14 Q Okay. Because his head is behind the --

15 A His head is behind the bucket.

16 Q Okay. Does it seem to be in the general location as
17 what is being marked as we speak as Claimant's Number
18 One?

19 A Yes.

20 Q Okay.

21 MR. LANIER: Let's make this Plaintiff's Two.

22 (WHEREUPON, PLAINTIFF'S EXHIBIT NUMBER TWO WAS MARKED FOR
23 IDENTIFICATION PURPOSES, PHOTOGRAPH.)

24 BY MR. LANIER:

25 Q You may not be able to tell me, but can you see where

1 the credit card would go in the machine?

2 A No.

3 Q From that picture, Plaintiff's One? It would be out of
4 the lens shot of this, correct?

5 A Yeah.

6 Q Do you know who took these pictures?

7 A No.

8 Q Okay. And you've never seen these before?

9 A No.

10 Q Okay. Have you given a statement to anyone about this
11 other than your lawyer?

12 A No.

13 Q Okay. Did you take any pictures?

14 A No.

15 Q How was Clyde as an employee? How would you rate him?

16 A Good.

17 Q Okay. Did he get something like employee of the year?

18 A I don't remember.

19 Q Okay. Did he have a new truck?

20 A Yes.

21 Q Is that the truck that's in pictures one and two?

22 A Yes.

23 Q Okay. How did he come by getting a new truck?

24 A Seniority and dependability.

25 Q Okay. So would I be correct in saying that he got a

1 new truck because he was dependable? He was a good
2 employee?

3 A Yes.

4 Q And that he was next in line as a good employee?

5 A He was probably next in line as far as equipment was
6 concerned.

7 Q All right. Because of his good work?

8 A Yes.

9 Q And he was dependable?

10 A He was dependable.

11 Q And he worked for you for ten years?

12 A Approximately.

13 Q Okay. Do you know of anything that was unusual going
14 on in the employment environment on March the 27th,
15 2014?

16 A No.

17 Q Okay. Did he fill out any application for employment
18 ten years ago with you?

19 A Yes.

20 Q Do you have that?

21 A It would be on record.

22 Q Okay. Could you provide that to me through Ms. Noonan?

23 A Yeah.

24 Q Did he fill out an application in the first employment
25 period that he had with you?

- 1 A Yes.
- 2 Q Okay. And could you provide that to me?
- 3 A I would think it would still be available.
- 4 Q And could you also supply that to me through Ms.
- 5 Noonan?
- 6 A If it's available, yes.
- 7 Q Okay. Now, correct me if I'm wrong. When Mr. Williams
- 8 leaves -- scratch that. Where does the truck stay at
- 9 night?
- 10 A He is assigned that truck.
- 11 Q He takes it home?
- 12 A Takes it home.
- 13 Q Okay. So in the morning, he would leave his home and
- 14 he would go to Gulbrandsen no matter what he was going
- 15 to do after that?
- 16 A That's right.
- 17 Q And would he normally go to Love's to fuel?
- 18 A I can't answer that. If he fueled the day before, he
- 19 may not need fuel.
- 20 Q Okay. But if he was fueling and he was in the area and
- 21 needed fuel, he would go where for fuel?
- 22 A Well, that depends on where his truck was.
- 23 Q Okay. But you said he goes to Gulbrandsen every
- 24 morning, correct?
- 25 A Correct.

1 Q Okay. And if he needed fuel and he had gone to
2 Gulbrandsen, where would he fuel?
3 A Well, if he was going toward I-26 --
4 Q I see what you mean. Okay.
5 A -- he'd probably fuel there. If he was going toward
6 Augusta, he might fuel at Henry's.
7 Q Okay. Where are the places that he customarily fuels?
8 A Well, we do business with Henry's and Love and Pilot
9 now, I think it is.
10 Q Where is Pilot?
11 A Pilot is one -- they're all over the place, but the
12 main one, probably we worked, is the one down at I-26
13 and 36.
14 Q Okay. And Love's is the 26 and 301? And Henry is on
15 301 also, isn't it?
16 A 301 South.
17 Q Okay. And does he have credit cards specific to those
18 particular providers?
19 A All providers use the same card.
20 Q Okay. So you have a company credit card?
21 A Yeah. Well, we have a fuel card.
22 Q And what does it have on the fuel card?
23 A Just like a credit card and you swipe it, and it
24 assigns to that person, that truck, the date and the
25 time.

- 1 Q And the day of this accident, do you know which way he
2 was -- where he was going after he left Gulbrandsen and
3 fueled?
- 4 A No.
- 5 Q Okay. Do you have the information that could tell us
6 that?
- 7 A Yes.
- 8 Q And where would that information be, sir?
- 9 A At the office.
- 10 Q Okay. And what would that information be? If I was
11 looking for the document that would have told me what
12 his itinerary for the day would be, how would I
13 identify that document?
- 14 A Dealer schedule with his name beside the schedule.
- 15 Q And it would have showed me what?
- 16 A Load, what it was, where it was going, what trailer,
17 the time delivered.
- 18 Q Okay. And there is one of those daily schedule records
19 for every day?
- 20 A Yeah.
- 21 Q That Clyde Williams works?
- 22 A Plus his log book.
- 23 Q Okay. Do you have his log book?
- 24 A I do not.
- 25 Q Okay. Do you know who has the log book?

1 A I would think that we have a copy. I don't know about
2 that particular day because of the accident, but yeah,
3 we've got copies of the logs.

4 Q Where would the log book be?

5 A At the office.

6 Q Okay. Isn't it supposed to be in the truck? I mean,
7 when you do your log book, it's required to be in the
8 truck, isn't it?

9 A The log book is with the driver at all times.

10 Q Okay.

11 A A copy is at the office.

12 Q And would you have a copy of the log book?

13 A Yes.

14 Q Okay. Have you looked at the log book?

15 A I have not.

16 Q Okay. Mr. Wimberly, did you do anything particular to
17 prepare for this deposition?

18 A Me?

19 Q Yes, sir.

20 A No, sir.

21 Q Okay.

22 A Except take a shower and come.

23 Q Thank you. Do you know anything else about Clyde
24 Williams and what caused this accident?

25 A No, sir.

1 Q Have you talked to anyone other than the First
2 Responder and the store manager?

3 A Clyde.

4 Q And Clyde? Okay. Did you talk to Clyde about the
5 accident?

6 A I talked to him in the hospital.

7 Q What did he tell you?

8 A He didn't know.

9 Q He didn't know what happened?

10 A No.

11 Q Okay. All right. Do you know what his routine is when
12 he goes to, say, Love's Truck Stop?

13 A No.

14 Q Did you notice in those two photographs that there is
15 what appears to me to be window cleaning equipment?

16 A A bucket and -- yeah.

17 Q Okay. And have you ever seen him clean the windows of
18 his truck?

19 A No.

20 Q Okay. Do you know that he does do that?

21 A No.

22 Q Okay. And do you require your drivers to keep the
23 windows clean on their trucks?

24 A Yes.

25 Q Okay.

- 1 A And the truck clean.
- 2 Q Okay. And have you noticed in -- excuse me. Scratch
- 3 that. How long had Mr. Williams had this particular
- 4 truck?
- 5 A I can't tell you. It was a fairly new truck, like a
- 6 couple of weeks.
- 7 Q Okay. And his old truck, did you ever have any
- 8 problems with him not cleaning the windows?
- 9 A No.
- 10 Q Okay. Did he keep his truck pretty clean?
- 11 A Fairly clean, yes.
- 12 Q Okay. I suspect you've never seen him clean the
- 13 window?
- 14 A No.
- 15 Q Have you ever cleaned the windows in one of these
- 16 trucks?
- 17 A Have I?
- 18 Q Yes, sir.
- 19 A Yes.
- 20 Q Okay. Do you have to climb up on the truck to do it?
- 21 A Not necessarily if you've got one of those long
- 22 brushes.
- 23 Q Okay. You see the brush in Claimant's Number One and
- 24 Two?
- 25 A Yeah.

1 Q They're long enough to reach the window?

2 A Yes, it is.

3 Q Okay. Have you cleaned the windows on that truck?

4 A No.

5 Q Okay. How tall are you, Mr. Wimberly?

6 A 6'2.

7 Q Okay. How tall is Clyde?

8 A I don't know. I guess 5'9, 5'10. I don't know.

9 Q Okay. Do you know what kind of injuries Mr. Williams
10 has, sir?

11 A He had head trauma.

12 Q Okay. That's all the questions I have.

13 MS. NOONAN: I don't have anything.

14 (WHEREUPON, THERE BEING NO FURTHER QUESTIONS, THE DEPOSITION
15 WAS CONCLUDED AT 10:21 A.M.)

16 (DEPONENT HAS WAIVED READING AND SIGNING.)

17

18

19

20

21

22

23

24

25

STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING DEPOSITION
OF **HARRY WIMBERLY**;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND
FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THAT BY VIRTUE THEREOF I WAS DULY AUTHORIZED TO
ADMINISTER AN OATH;

THAT THE WITNESS WAS BY ME FIRST DULY SWORN TO
TESTIFY THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE
TRUTH, CONCERNING THE MATTER IN CONTROVERSY AFORESAID;

THE FOREGOING TRANSCRIPT OF 24 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

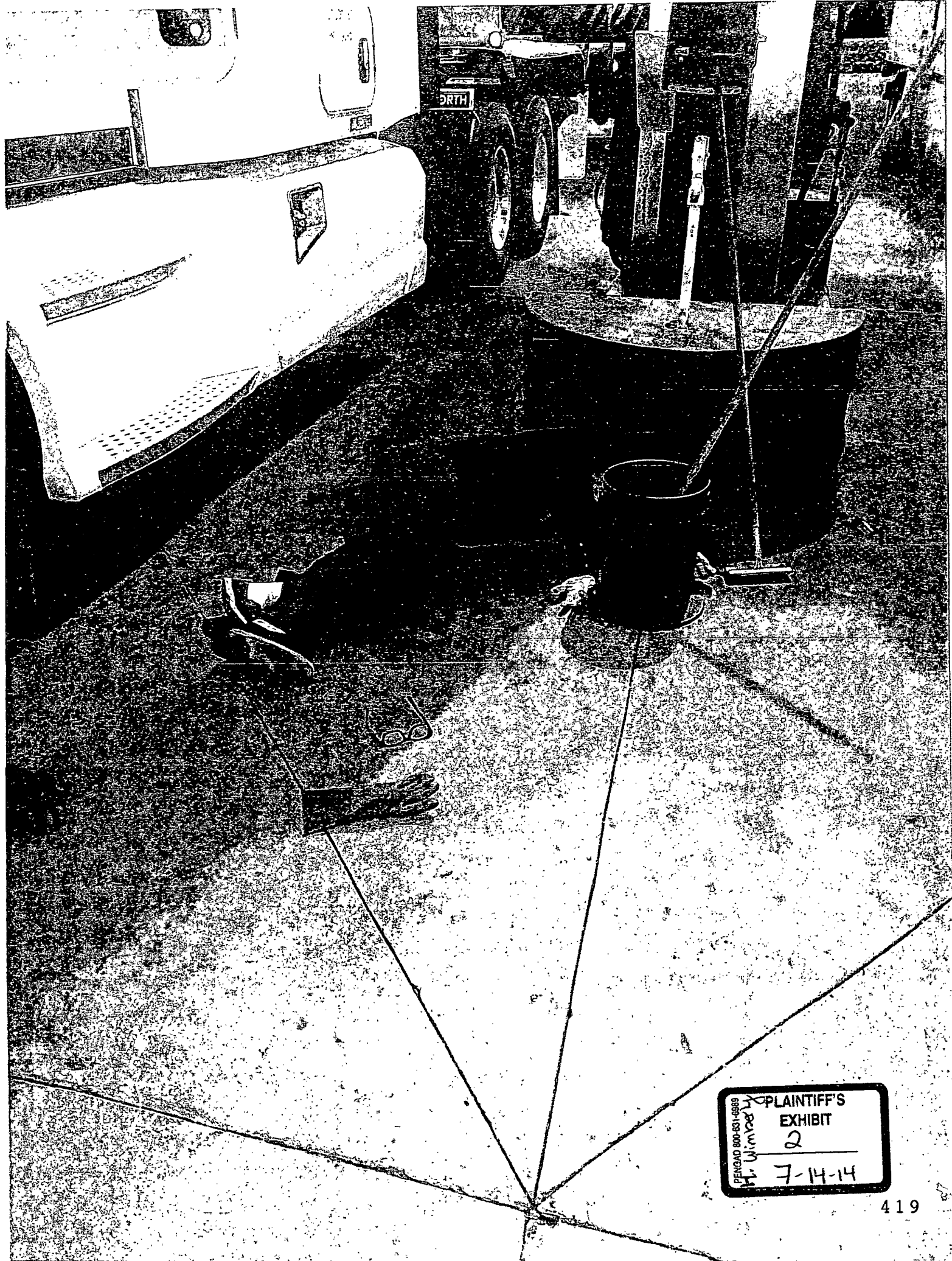
WITNESS MY HAND AND SEAL THIS 16TH DAY OF JULY,
2014.

WENDY SHANNON SULLIVAN

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES FEBRUARY 4, 2018

*THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL
IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

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PLAINTIFF'S
EXHIBIT
2
7-14-14



PLAINTIFF'S
EXHIBIT
1
7-14-14 420



Claimant's Name: Clyde Williams Employer's Name: Bowman Gin Company
Address: 532 Oakland Road Address: 2810 Cattle Creek Road
City: Cope State: SC Zip: 29038 City: Branchville State: SC Zip: 29432
Home Phone: () - Work Phone: () - Carrier: American Interstate Insurance Company
Preparer's Name: Lewis C. Lanier Preparer's Phone #: (803) 268-9800

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 650.77 2. AWW: \$976.10 Date of Injury: 03/27/2014
3. Type of injury and body part(s): Face, Head and Brain injury
4. Facts in controversy: The issues are the need for treatment for Claimant, temporary/total disability since March 27, 2014, and the need for further medical treatment to lessen the period of disability.
5. Legal issues involved: §42-15-60 Periods within which medical treatment and supplies shall be furnished; §42-1-160 the extent of Claimant's related injuries, §42-9-30 Schedule of period of disability and compensation; total and permanent disability with lifetime benefits and medical expenses.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Clyde Williams, Faye Williams
8. Exhibits: See APA
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA
10. Name, address, and specialty, if any, of the treating physician: MUSC, Dr. Abhay Varma, 135 Rutledge Ave., Charleston, SC 29403, Dr. Woodward R. Dixon, RMC Primary Care, 3000 Old St. Matthews Road, Orangeburg, SC 29118, TRMC, 3000 Old St. Matthews Road, Orangeburg, SC 29118, Palmetto Richland, 5 Richland Medical Park Drive, Columbia, SC 29203
11. Impairment rating(s); body part(s); physician and date of opinion: n/a
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Anne V. Noonan,

Address 421 Wando Park Blvd, Mt. Pleasant, SC 29464 on the 20th day of August 2014 by; ☒ first class postage ☐ certified mail ☐ personal service

Signature: [Signature]
Date of hearing: September 4, 2014 at 3:30 p.m.

Email: Lewis@landblawfirm.com
Time needed for hearing: 1 hour

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

South Carolina Workers' Compensation Commission

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

WCC File # 1403134
Carrier File # 201417752
Carrier Code #
Employer FEIN

Clyde O. Williams 249-04-4888
Claimant's Name SSN

PO Box 30, Cordova, SC 29039

Address City State Zip

(803) 747-3393 (803) 535-4588

Home Phone Work Phone

Anne Veatch Noonan

Preparer's Name

421 Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464 (843) 284-1097

Address

Phone #

Bowman Gin Company

Employer's Name

2810 Cattle Creek Road, Branchville, SC 29432

Address City State Zip

American Interstate Insurance Company

Insurance Carrier

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND LEWIS C. LANIER, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA (10) Bamberg County Hospital	1/29/12	247 – 252
APA (11) Edisto Regional Health Services/RMC Primary Care	8/25/03 – 7/18/14	253 – 386
APA (12) Paul Pritchard, III, MD	9/11/14	387 – 389
EXHIBIT (A) Photograph of Claimant		390
EXHIBIT (B) Deposition Of Claimant	9/2/14	391 – 426
EXHIBIT (C) De Bene Esse Deposition of Jeff Ruff	9/17/14	
EXHIBIT (D) Prescription records from Walgreens	TO BE SUBMITTED UPON RECEIPT	TO BE SUBMITTED UPON RECEIPT

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.


Anne Veatch Noonan
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

September 15, 2014

September 25, 2014
(hearing date)