

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Hon. Tanya A. Gee, Circuit Court Judge

Case No. 2015-CP-40-00169

RECEIVED

AUG 09 2016

SC Court of Appeals

Gertrude Shiver,.....Employee, Appellant,

v.

Palmetto Health Richland, Employer,

Palmetto Health Trust, Carrier,.....Respondents.

RECORD ON APPEAL
VOLUME I

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STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NUMBER: 2015CP4000169

Gertrude Shiver

Palmetto Health Richland

PLAINTIFF(S)

Palmetto Health Trust

DEFENDANT(S)

Submitted by: _____

Attorney for: ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and decision rendered.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit);
☐ Rule 43(k), SCRPC (Settled); ☐ Other _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRPC; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other _____
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Court

ORDER INFORMATION

Order of the Full Commission is affirmed. Formal order to follow.

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk: _____

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		\$
		\$
		\$

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge Jane D. G. Judge Code 2756 Date 11/16/2015

For Clerk of Court Office Use Only

This judgment was entered on the 9 day of Nov, 20 15 and a copy mailed first class or placed in the appropriate attorney's box on this 9 day of Nov, 20 15 to attorneys of record or to parties (when appearing pro se) as follows:

Gertrude Shiver

Lana H. Sims Jr.

F. Earl Ellis Jr.

Gertrude Shiver

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court

Jeanette W. McBride

6

SCANNED

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

JUDGM. F IN A CIVIL CASE

CASE NUMBER: **2015CP4000169**

Gertrude Shiver

Palmetto Health Richland

Palmetto Health Trust

PLAINTIFF(S)

DEFENDANT(S)

Submitted by: _____

Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
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- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

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IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☐ Statement of Judgment to the Court.

ORDER INFORMATION

This order ☐ ends ☐ does not end the case.

Additional Information for the Clerk : _____

INFORMATION FOR THE PUBLIC INDEX

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Circuit Court Judge _____ Judge Code _____ Date _____

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20____ and a copy mailed first class or placed in the appropriate attorney's box on this 16 November 2015 to attorneys of record or to parties (when appearing pro se) as follows:

Gertrude Shiver

Lana H. Sims Jr.

F. Earl Ellis Jr.

Gertrude Shiver

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court

Jeanette W. McBride

STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS

COUNTY OF RICHLAND

Gertrude Shiver,

Employee,

Claimant/Appellant,

vs.

Palmetto Health Richland,

Employer,

Palmetto Health Trust,

Carrier,

Defendants/
Respondents

0169
Case No.: 2015-CP-40-001109

ORDER

W.C.C. File No.: 0217755

2015 NOV -9 PM 3:55

This is an appeal from the Order of the South Carolina Workers' Compensation Commission (herein after "Commission") refusing to grant to the Claimant, sanctions against the Employer for failure to pay temporary total disability workers' compensation benefits. For the reasons stated herein below, the Commission Order is affirmed.

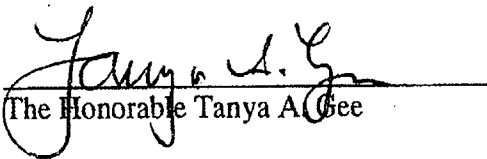
The Claimant injured herself in an accident occurring on March 23, 2002. The Claimant was entitled to temporary total disability benefits from that date until April 8, 2002. There was a long delay in paying those benefits. Those benefits have since been paid. The total amount of those temporary total disability benefits is \$851.68. The Claimant contends that because of the delay, the Employer should be required to pay to her, a 25% penalty in the amount of \$212.92. The basis for this penalty is found in Section 42-9-260(g). Both the Single Commissioner and the Full Commission Appellate Panel disagreed with the Claimant and ruled that the penalty was not

1 *Y* **SCANNED**

applicable. The Claimant's appeal to the Circuit Court is on the ground that the failure to award her this 25% penalty is an error of law.

The record indicates the reason the Employer did not immediately pay the temporary total disability benefits under the original Order was that the Order awarding these benefits was appealed by the Claimant both to the Full Commission and then to the Circuit Court, and now to the Court of Appeals. The Commission found the Employer acted reasonably in delaying its payment of the temporary total disability benefits because of the Claimant's appeal. This Court agrees that the delay in paying the claimant was caused by good faith confusion on how to proceed. Accordingly, the Full Commission has not committed an error of law in declining to award to the Claimant the 25% penalty under Section 42-9-260(g). It is therefore ordered the December 17, 2014 Order of the South Carolina Workers' Compensation Commission is affirmed.

AND IT IS SO ORDERED.


The Honorable Tanya A. Gee

Columbia, South Carolina
November 9, 2015

**Gertrude Shiver
1026 Congaree Church Road
Gadsden, SC 29052**

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NUMBER: 2015CP4000169

Gertrude Shiver

Palmetto Health Richland

PLAINTIFF(S)

DEFENDANT(S)

Submitted by: _____

Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
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- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit);
☐ Rule 43(k), SCRCP (Settled); ☐ Other _____
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRCP; ☐ Bankruptcy;
☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other _____
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☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Court:

ORDER INFORMATION

This order ☐ ends ☐ does not end the case.

Additional Information for the Clerk :

Based on the arguments of the Parties, the Court only considered Defendants'/Respondents' Motion to Dismiss the Appeal. Defendant/Respondent argued that all matters presented by the Claimant/Appellant were contained in the matter currently under appeal with the South Carolina Court of Appeals. In reviewing the file, it appears that the Claimant's/Appellant's request for Sanctions was addressed by the Order filed by Appellate Panel on December 12, 2014 which specifically states that it can consider matters which "are not affected by the appeal" which applies to the ruling on the Sanctions requested by the Claimant/Appellant. Therefore, Defendant's/Respondent's Motion to Dismiss is denied and this matter should be reset for the parties to argue and present any evidence or argument on whether the denial of Sanctions by the Appellate Panel was proper.

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		\$
		\$
		\$

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge

Judge Code 2755

Date

4/24/15

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20____ and a copy mailed first class or placed in the appropriate attorney's box on this _____ day of _____, 20____ to attorneys of record or to parties (when appearing pro se) as follows:

ATTORNEY(S) FOR THE PLAINTIFF(S)

Court Reporter Debbie McCurdy

Lana H Smith Jr Andrew W. Fsjardo

ATTORNEY(S) FOR THE DEFENDANT(S)

Clerk of Court

Jeanette W. McBride

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NUMBER 0217755**

Gertrude Shiver,	)
	)
Claimant,	)
	)
vs.	)
	)
Palmetto Health Richland,	)
Employer,	)
	)
and	)
	)
Palmetto Health Trust,	)
Carrier,	)
	)
Defendants.	)
	)
	)

Appellate Panel Review held in Columbia, South Carolina
on October 27, 2014, per Notices timely and properly served
on all parties of interest.

Appellate Panel Decision and Order filed

December 12th, 2014

APPEARANCES: Gertrude Shiver, Pro-Se Claimant

Andrew Fajardo, Esquire for Palmetto Health Richland and Palmetto
Health Trust.

STATEMENT OF THE CASE

This claim came before the Single Commissioner pursuant to Form 50 and Motion for Sanction filed by the claimant, Ms. Gertrude Shiver. She alleged that she was entitled to the following benefits pursuant to the South Carolina Workers' Compensation Act: (1) payment of all causally-related medical bills; (2) temporary total disability compensation; (3) prescription expenses; (4) reimbursement for out of pocket personal medical expense and days missed from work after each steroid injection, and (5) sanctions as further directed by the Commission as may be deemed appropriate.

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

The Claimant, Gertrude Shiver, sustained an admitted injury by accident to her lower back on March 23, 2002. This claim was consolidated with six (6) additional claims for hearing before the South Carolina Workers' Compensation Commission ("the Commission"). On September 4, 2007, the Honorable David W. Huffstetler, Commissioner, South Carolina Workers' Compensation Commission, heard the aforementioned consolidated hearing. By Order dated October 23, 2007, Commissioner Huffstetler separately addressed each claim heard before him.

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

medical costs. This Order did not command the Defendants to pay any temporary total disability at that time.

Hearing was held before the Single Commissioner on May 16, 2014 in which all parties were present, evidence was submitted and testimony was given.

On June 20, 2014, the Single Commissioner issued her Decision and Order, making the following findings of fact:

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

The Single Commissioner further made conclusions of law as follows:

1. Under Section 42-9-260, of the South Carolina Workers' Compensation Act, an employer may make temporary total disability payments to an injured worker with a compensable workers' compensation claim.

2. Under Section 42-15-60 of the South Carolina Workers' Compensation Act, an employer shall provide authorized causally related medical care for a compensable workers' compensation claim.

The Single Commissioner Ordered that no penalties or sanctions are to be awarded in this claim; that Defendants have fourteen (14) days from the date of this Order to provide evidence to the Commission that temporary total disability benefits from March 23, 2002 until April 8, 2002, totaling \$851.68, has either already been paid to the Claimant, providing appropriate documentary evidence of such payment, or providing current evidence that this amount of temporary total disability benefits has currently been paid to the Claimant; that the Defendants have fourteen (14) days to resubmit evidence submitted at the 2007 hearing before Commissioner Huffstetler in then Exhibit A, Payment History for Related Bills, showing the employer has paid all authorized medical costs related to this claim; that all other issues in the above referenced claim remain on appeal to the South Carolina Court of Appeals and the undersigned Commissioner lacks subject matter jurisdiction to address any of those issues; and that no hearing costs are assessed in this matter.

Within the statutory period, the Claimant filed an Application for Review in the case setting forth her reasons, copies of which were furnished to all interested parties, prior to oral arguments which were scheduled to be presented before the Appellate Panel on October 27, 2014. All proffered testimony has been taken. Such, together with all documentary evidence has been delivered by oral argument to the individual members of the Appellate Panel and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. CODE ANN. §42-15-50 (1976, as amended), review the Award, weigh the evidence as presented at the initial hearing

and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Counsel for the Claimant and for the Defendants appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their brief and viewed the record as a whole, the Appellate Panel hereby makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based on a preponderance of the evidence, the following facts are found:

1. We find that Commissioner Huffstetler's September 4, 2007 Order does not command the Defendants in this claim to pay any temporary total disability benefits and therefore, the appeal of the Order to the South Carolina Court of Appeals does not remove this issue from the South Carolina Workers' Compensation Commission.
2. We find that Defendants have again indicated a voluntary willingness to make certain that temporary total disability benefits from March 23, 2002 through April 8, 2002 at the Claimant's applicable compensation rate of \$350.76 has either already been paid or will be paid to the Claimant in order to put this issue to rest. We note that Defendants reviewed their file and immediately issued payment for temporary total disability benefits, totaling \$851.68, for the above-referenced period in question on June 17, 2014 and provided proof thereof to this Commission.
3. We find that Defendants further confirmed that all authorized medical treatment has been paid for in this claim. We further note that Defendants immediately resubmitted proof of

payment referenced in Commissioner Huffstetter's September 4, 2007 Order, "Exhibit A", on June 12, 2014.

4. We find that since there has never been an Order compelling the Defendants to pay any temporary total disability benefits in this claim, it is inappropriate to award any sanctions or penalties against the Defendants in this case.

CONCLUSIONS OF LAW

1. Under Section 42-9-260, of the South Carolina Workers' Compensation Act, an employer may make temporary total disability payments to an injured worker with a compensable workers' compensation claim.
2. Under Section 42-15-60 of the South Carolina Workers' Compensation Act, an employer shall provide authorized causally-related medical care for a compensable workers' compensation claim.
3. Rule 205 of the South Carolina Appellate Court Rules hold that upon service of the notice of appeal, the appellate court shall have exclusive jurisdiction over the appeal. However, nothing in these Rules shall prohibit the lower court, commission or tribunal from proceeding with matters not affected by the appeal.

ORDER

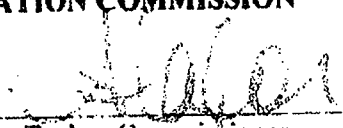
IT IS HEREBY ORDERED:

The Order of the Hearing Commissioner is hereby **affirmed in full**. The Defendants have fully complied with the Hearing Commissioner's Order regarding the payment of temporary total disability benefits and providing proof of payment for authorized causally-related medical bills. It is further ordered that all other issues in the above referenced claim

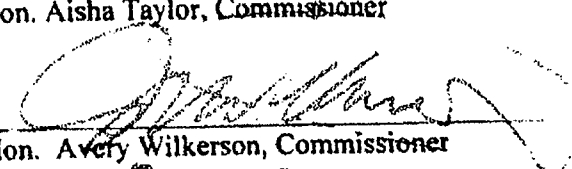
remain on appeal to the South Carolina Court of Appeals and the undersigned Commissioners lack subject matter jurisdiction to address any of those issues. No hearing costs are assessed and the issues under the purview of the South Carolina Workers Compensation Commission are hereby denied dismissed with prejudice.

AND IT IS SO ORDERED!

S.C. WORKERS' COMPENSATION COMMISSION



Hon. Aisha Taylor, Commissioner



Hon. Avery Wilkerson, Commissioner



Hon. Gene McCaskill, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on December 12, 2014

BEFORE THE
SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Gertrude Shiver,
Claimant,

vs.

Palmetto Health Richland,
Employer,

and

Palmetto Health Trust,
Carrier,
Defendants.

WCC No.: 0217755

MOTION ORDER

STATEMENT OF THE CASE

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

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

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

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

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

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

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

FINDINGS OF FACT

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

RULINGS OF LAW

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

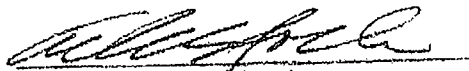
ORDER

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

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

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

AND IT IS SO ORDERED.


South Carolina Workers'
Compensation Commissioner

Columbia, South Carolina
June 20, 2014

CERTIFICATE OF SERVICE

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

By Barbara Cheeseboro on June 20, 2014

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Gertrude Shiver,

Claimant/Appellant,

v.

Palmetto Health Richland,

Employer,

Key Risk Management Services, Inc.,

TPA,

Palmetto Hospital Trust Services,

Carrier,

Trident Regional Medical Center,

Employer,

Zurich American Insurance Company,

Carrier,

Respondents.

IN THE COURT OF COMMON PLEAS
FOR THE FIFTH JUDICIAL CIRCUIT

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

ORDER

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

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

FACTS

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

STANDARD OF REVIEW

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



DISCUSSION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

ORDER

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


ALISON RENEE LEE
Presiding Judge

Columbia, South Carolina
March 25, 2013

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

GERTRUDE SHIVER, Employee/Claimant,

vs.

PALMETTO HEALTH RICHLAND, Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES, TPA/Defendant,

AND

PALMETTO HOSPITAL TRUST, Carrier/Defendant,

AND

TRIDENT REGIONAL MEDICAL CENTER, Employer/Defendant,

AND

ZURICH AMERICAN INSURANCE COMPANY, Carrier/Defendant.

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

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

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

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

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

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

STATEMENT OF CASE

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

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

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

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

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

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

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

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

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

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

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

By appeal, the Claimant respectfully submits the following:

WCC No.: 0126962

1. Did Commissioner Huffstetler deliberately err by considering the end result of this injury to my Achilles tendon and heel as a separate and distinct injury from my prior left foot injury from Trident Hospital which has left me with residual pain and a disability?
2. Did the Commissioner err in not awarded me anything for this injury where as the insurance had offered me a settlement?
3. Shouldn't the hospital have to pay for my additional care since they had a nurse practitioner Coleen Collins taken care of an orthopedic injury?
4. Should a Commissioner take his anger out on an injured Claimant?

WCC No.: 0217755

5. Did Commissioner Huffstetler deliberately not aware me compensation for my sciatica and disc(s) even though I had asked for compensation on the attachment sheet for WCC File # 0217755 that was in my files dated and stamped on November 22, 2006 by the Judicial Department?
6. Since I received order from the emergency room physician to follow-up with my private physician, shouldn't the insurance company be reimbursed for paying for my care and the MRI ordered by Dr. Jones?
7. Shouldn't I receive some compensation for the aggravation of my prior herniated disc at the L4-5 level?

WCC No.: 02227098

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

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

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

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

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

WCC No.: 0322274

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

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

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

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

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

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

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

WCC No.: 0321756

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

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

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

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

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

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

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

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

WCC No.: 0616756

28. What type of injury did the Claimant have?

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

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

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

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

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

As to all claims:

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

STANDARD OF REVIEW

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

FINDINGS OF FACT FOR ALL CLAIMS

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

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

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

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

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

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

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

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 9503744

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

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

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

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

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

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0126962

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0217755

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0227098

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

31. Defendants have paid for all authorized medical treatment;

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

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

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

FINDINGS OF FACT FOR WCC NO. 0322274

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0321756

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

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

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0616756

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

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

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

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

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

CONCLUSIONS OF LAW

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ORDER

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

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

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

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

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

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

FULL AFFIRMATION

CONCUR:

CERTIFICATE OF SERVICE

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

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

Administrative Assistant to the Commissioner

Gertrude Shiver (Reg: cert) 15
Allison M. Carter Michael E. Chase
Lana H. Sims

Andrea C. Roche
Andrea C. Roche, Commissioner

G. Bryan Lyndon
G. Bryan Lyndon, Commissioner

Derrick L. Williams
Derrick L. Williams, Commissioner

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

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

Gertrude Shiver,
Employee/Appellant,
vs.

Palmetto Health Richland,
Employer/Respondent,
and

Key Risk Management,
TPA/Respondent,
and

Palmetto Hospital Trust,
Carrier/Respondent,
and

Trident Regional Medical Center,
Employer/Respondent,
and

Zurich American Insurance Company,
Carrier/Respondent.

**ORDER OF DISMISSAL
AND REMAND**

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

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

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

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

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

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

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

AND IT IS SO ORDERED.

Columbia, South Carolina

[Signature], 2010

[Signature]
The Honorable L. Casey Manning
Judge of Fifth Judicial Circuit

FULL COMMISSION ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

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

GERTRUDE SHIVER,

EMPLOYEE/CLAIMANT,

- V. -

PALMETTO HEALTH RICHLAND,

Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES,

TPA/Defendant,

And

PALMETTO HOSPITAL TRUST,

Carrier/Defendant,

And

TRIDENT REGIONAL MEDICAL CENTER,

Employer/Defendant

And

ZURICH AMERICAN INSURANCE COMPANY,

Carrier/Defendant.

ORDER

Claimant proceeding pro se.

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

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

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

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

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

FINDINGS OF FACT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

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

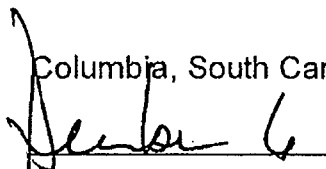
2. The evidence sought to be introduced is not evidence of a cumulative or impeaching character but would likely have produced a different result had the evidence been procurable at the first hearing. 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006).

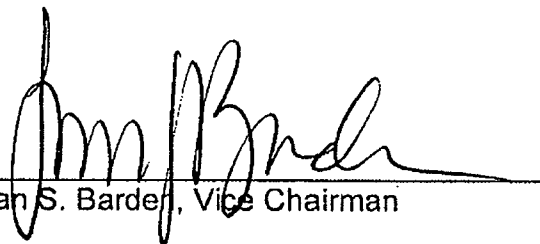
3. The evidence sought to be admitted does not meet the criteria for newly or after discovered evidence. 25A S.C. Code Ann. Regs. 67-707 (Supp. 2006).

ORDER

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

AND IT IS SO ORDERED.

Columbia, South Carolina
 2007


Susan S. Bardeen, Vice Chairman

CONCURRING:

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

NOT PARTICIPATING:

Commissioner David W. Huffstetler

CERTIFICATE OF SERVICE

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

This 3 day of January, 2008.

By Kim Williams
Administrative Assistant to the Commissioner

CS-@
AC
LS
MC

(a:\0616756.fc)

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

GERTRUDE SHIVER, Employee/Claimant,

vs.

PALMETTO HEALTH RICHLAND, Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES, TPA/Defendant,

AND

PALMETTO HOSPITAL TRUST, Carrier/Defendant,

AND

TRIDENT REGIONAL MEDICAL CENTER, Employer/Defendant,

AND

ZURICH AMERICAN INSURANCE COMPANY, Carrier/Defendant.

Hearing:

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

Appearances:

Employee, Gertrude Shiver, appearing *Pro Se*

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

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

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

Purpose of Hearing:

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

Decision and Order:

By David W. Huffstetler, Commissioner

Filed: October 23, 2007

Cola 795834v1

APA SUBMISSIONS

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

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

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

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

Claimant submitted the following documents in WCC No. 9503744:

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

STATEMENT OF THE CASE FOR WCC NO. 9503744

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

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

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

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

EVIDENCE OF THE CASE FOR WCC NO. 9503744

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

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

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

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

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

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

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

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

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

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

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

STATEMENT OF THE CASE FOR WCC NO. 0126962

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

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

EVIDENCE OF THE CASE FOR WCC NO. 0126962

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

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

MEDICAL EVIDENCE FOR WCC NO. 0126962

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

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

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

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

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

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

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

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

STATEMENT OF THE CASE FOR WCC FILE NO. 0217755

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

EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

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

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

MEDICAL EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

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

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

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

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

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

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

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

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

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

STATEMENT OF THE CASE WCC FILE NO. 0227098

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

MEDICAL EVIDENCE OF THE CASE WCC FILE NO. 0227098

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

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

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

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

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

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

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

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

STATEMENT OF THE CASE WCC FILE NO. 0322274

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

EVIDENCE OF THE CASE FOR WCC FILE NO. 0322274

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

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

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

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

MEDICAL EVIDENCE OF THE CASE FOR WCC FILE NO. 0322274

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

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

The following medical reports and exhibits were submitted by Defendants

Palmetto Health Richland and Key Risk in WCC No. 0321756:

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

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

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

STATEMENT OF THE CASE FOR WCC NO. 0321756

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

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

EVIDENCE OF THE CASE FOR WCC NO. 0321756

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

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

MEDICAL EVIDENCE FOR WCC NO. 0321756

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

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

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

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

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

Claimant did not submit any medical invoices or bills.

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

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

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

1. Letter to Commission Huffstetler

8/30/07

not numbered

STATEMENT OF THE CASE FOR WCC NO. 0616756

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

EVIDENCE OF THE CASE FOR WCC NO. 0616756

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

MEDICAL EVIDENCE FOR WCC NO. 0616756

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

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

No medical evidence was submitted by Claimant.

FINDINGS OF FACT FOR ALL CLAIMS

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

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

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

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

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

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

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

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

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 9503744

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

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

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

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

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

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0126962

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

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0217755

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0227098

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

31. Defendants have paid for all authorized medical treatment;

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

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

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

FINDINGS OF FACT FOR WCC NO. 0322274

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

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

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

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

FINDINGS OF FACT FOR WCC NO. 0321756

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

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

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

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

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

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

reimbursement for medical treatment.

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

FINDINGS OF FACT FOR WCC NO. 0616756

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

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

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

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

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

CONCLUSIONS OF LAW

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

1. Claimant and Employer are subject to the Workers' Compensation Act. This Conclusion of Law is based upon S.C. Code Ann. §§ 42-1-130, -150 and -310.

2. Pursuant to S.C. Code Ann. § 42-1-140, all Defendants/Employers are covered under the Act.

3. Defendants have the right to direct medical treatment pursuant to S.C. Code Ann. § 42-15-60.

4. Injury by accident is defined by S.C. Code Ann. § 42-1-160.

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

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

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

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

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

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

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

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

42-15-60;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ORDER

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

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

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

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

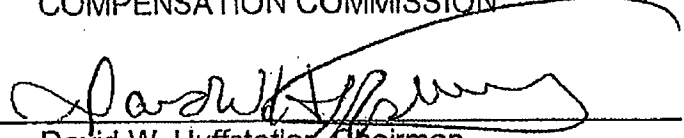
IT IS FURTHER ORDERED that no benefits are due for any of the above-referenced claims and each is dismissed with prejudice.

No hearing costs are assessed in this matter.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

BY:


David W. Huffstetler, Chairman

October 23, 2007

Columbia, South Carolina

CERTIFICATE OF SERVICE

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

This 23 day of October, 2007

By Bonnie Toller
Administrative Assistant to the Commissioner

GS-C
AMC
LHS
MEC

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Tanya A. Gee, Circuit Court Judge

RECEIVED

NOV 21 2015

SC Court of Appeals

Case No. 2015-CP-40-00169

Gertrude Shiver, ... Claimant, Appellant,

v.

Palmetto Health Richland, Palmetto Health Trust, ... Respondents.

NOTICE OF APPEAL

Gertrude Shiver appeals the order of the Honorable Tanya A. Gee dated November 9, 2015. The Appellant received written signed notice of entry of this Order on November 27, 2015, via postage paid mail.

November 30, 2015



Gertrude Shiver, Pro se'
1026 Congaree Church Rd.
Gadsden, South Carolina 29052
(803) 353-3892

Other Counsel of Record:

**F. Earl Ellis, Jr.
Adams & Reese LLP
1501 Main Street, 5th Floor
Columbia, South Carolina 29201
Attorney for Respondents
(803) 254-4190**

November 30, 2015

RECEIVED
NOV 30 2015
SC Court of Appeals

The Honorable Jenny A. Kitchings, Clerk
South Carolina Court of Appeals
P. O. Box 11629
Columbia, S. C. 29211

Re: Gertrude Shiver v. Palmetto Health Richland Hospital, Palmetto Health Trust, Case No.:
2015CP4000169

Dear Honorable Kitchings:

Enclosed for filing is a notice of appeal in the above case. Also enclosed are the following:

- (1) Proof of service of the notice of appeal on the respondents.
- (2) A copy of the order which is to be challenged on appeal along with Form 4.
- (3) A filing fee of \$100.00.

November 30, 2015

Gertrude Shiver
Gertrude Shiver, Pro se'
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892
(803) 260-5115

Other Counsel of Record:

F. Earl Ellis, Jr.
Adams And Reese
1501 Main Street, 5th Floor
Columbia, South Carolina 29201
(803) 254-4190
Attorney for Respondents

November 30, 2015

The Honorable Jeanette W. McBride
Clerk of Court for Richland County
P. O. Box 2766
Columbia, S. C. 29202

RE: Gertrude Shiver v. Palmetto Health Richland and Palmetto Health Trust, Case No.: 2015-CP-40-00169.

Dear Honorable McBride:

Enclosed for filing is a notice of appeal in the above case.

Yours truly,

A handwritten signature in cursive script, appearing to read "Gertrude Shiver".

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

cc: F. Earl Ellis, Jr.
Adams And Reese LLP
1501 Main Street, 5th Floor
Columbia, S. C. 29201
(803) 254-4190
Attorney for Respondents

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Tanya A. Gee, Circuit Court Judge

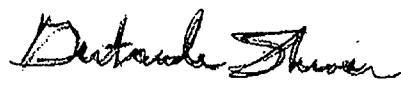
Case No. 2015-CP-40-00169

Gertrude Shiver, ... Claimant, Appellant
v.
Palmetto Health Richland, Palmetto Health Trust, ... Respondents.

NOTICE OF APPEAL

Gertrude Shiver appeals the order of the Honorable Tanya A. Gee dated November 9, 2015. The Appellant received written signed notice of entry of this Order on November 27, 2015, via postage paid mail.

November 30, 2015


Gertrude Shiver, Pro se'
1026 Congaree Church Rd.
Gadsden, South Carolina 29052
(803) 353-3892

RICHLAND COUNTY
FILED

2015 NOV 30 PM 2:29

JEANNETTE W. MORRIS
C.C.P. & C.

March 4, 2015

HAND – DELIVERED

Honorable Jeanette W. McBride
Clerk of Richland County
1701 Main Street
P.O. Box 2766
Columbia, S.C. 29202-2766

Re: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al., WCC File No.
0217755; DOA: 3/23/2002, Civil Action No.: 2015-CP-40-001109

Dear Honorable McBride:

Please find enclosed for filing in your office an original copy of Appellant's Reply to Defendants'/Respondents' Notice and Motion To Dismiss Claimant's/Appellant's Complaint along with Proof of Service attached.

Sincerely,



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

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

IN THE COURT OF COMMON PLEAS
FIFTH JUDICIAL CIRCUIT

Gertrude Shiver,
Employee,
Claimant/ Appellant,

Civil Action No. 2015-CP-40-001109

vs.

APPELLANT'S REPLY TO DEFENDANT'S/
RESPONDENTS' NOTICE AND MOTION TO DISMISS
CLAIMANT'S/APPELLANT'S COMPLAINT

Palmetto Health Richland,
Employer,

Palmetto Health Trust,
Carrier,
Defendants/
Respondents,

To: Defendants/ Respondents:

Pursuant to Rule 12 of The South Carolina Rules of Civil Procedure, The Defendants/ Respondents have filed a Notice and Motion, dated February 24, 2015, To dismiss Claimant's/ Appellant's Appeal on the basis that This Circuit Court lacks subject matter jurisdiction to hear and determine the Appeal issues Claimant/ Appellant has raised in her Exceptions To her Appeal before The Court. The Claimant/Appellant, therefore, opposes Defendants'/ Respondents' Motion to dismiss based on the following ground:

- A. This Court has Jurisdiction over the Subject Matter underlying The Single Commission's and The Full Commission's Order that denied Claimant's/ Appellant's Motion requesting to be awarded sanctions and penalties against Defendants/Respondents for (1) The Suspension of over twelve (12) years-without a legal basis or justification-payments of Temporary Total Disability benefits and for (2) The Nonpayment of all Claimant's/Appellant's authorized medical bills causally related to the accidental injury in This Case.

Subject Matter Jurisdiction is the power of a Court/Tribunal to hear and determine Cases of the general Class to which The Proceeding in question belong. Dove v. Gold Kist, Inc., ____ S. C. ____, 442 S. E. 2d. 598 (1994). Jurisdiction of The Subject Matter is satisfied when appropriate Claims are filed in a competent Court. The State Constitution gives The Court of Common Pleas jurisdiction in all Civil Cases. South

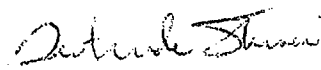
Carolina Constitution (1895), Art.5, § 15; Fidelity Fire Ins. Co. v. Windham, 134 S. C. 373, 133 S. E. 35 (1926). The Circuit Court's jurisdiction includes the action of an employer who unlawfully suspend overdue payments of Temporary Total Disability benefits without legal justifications or legal basis. Martin v. Rapid Plumbing, 369 S. C. 278, 631 S. E. 2d 547 (Ct. App. 2006); Section 42-9-260 (G) of The South Carolina Code of Laws (Cum. Supp. 2005).

This Circuit Court's jurisdiction also includes a determination of whether both The Single Commission and The Full Commission erred in not granting Claimant's/Appellant's Motion requesting The Commission to impose sanctions and penalties upon Defendants/ Respondents for their failure to pay all authorized medical bills as required under The South Carolina Workers' Compensation Act. See Section 42-15-60 of the South Carolina Code of Laws (1976, as amended).

The Claimant/ Appellant requests Judicial Review of the Decision and Order of The South Carolina Workers' Compensation Commission's affirmation of The Single Commission's order denying Claimant's/Appellant's Motion which sought the imposition of sanctions and penalties against Defendants/Respondents for their unlawful suspension for twelve (12) years the overdue payment of Temporary Total Disability Compensation benefits and for the Nonpayment of all authorized medical bills associated with the instant Claim.

Moreover, these issues in her Appeal before This Court have never been presented to the South Carolina Court of Appeals and these issues are not "Currently pending between the same parties for the same claim in The South Carolina Court of Appeals "as Defendants/ Respondents alleges.

Respectfully submitted,



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

March 4, 2015

ments for temporary total disability benefits. However, the single commissioner set the time for assessment of the penalty starting August 10, 2002 and continuing until Rapid Plumbing resumed paying the benefits—a time which had yet to occur. The appellate panel reversed the commissioner in this aspect by limiting the penalty period to August 10, 2002 through December 19, 2002, the date of the hearing before the single commissioner. The circuit court set the penalty period as August 10, 2002 through July 9, 2004—the date when Rapid Plumbing resumed payment of benefits. Rapid Plumbing contends the court erred in increasing the penalty period. We disagree.

Section 42-9-260(G) of the South Carolina Code (Supp.2005) requires employers to pay temporary total disability to an employee who has "been out of work due to a reported work related injury" for eight days. The penalty language of section 42-9-260 provides:

(G) Failure to comply with this section shall result in a twenty-five percent penalty imposed upon the carrier or employer computed on the amount of benefits withheld in violation of this section, and the amount of the penalty must be paid to the employee in addition to the amount of benefits withheld. However, the penalty does not apply if the employer or carrier has terminated or suspended benefits when the employee has returned to any employment at the same or similar wage.

Id. (emphasis added).

[16] The language of section 42-9-260(G) is mandatory. The statute sets the time of the penalty as beginning with the failure to comply with section 42-9-260 and continuing for as long as the benefits are wrongfully withheld. The appellate panel did not have discretion to limit the duration of the penalty to a time other than the date when payment of benefits was resumed. By the time the circuit court heard the case, the statutory penalty period had ended as Rapid Plumbing had resumed paying benefits to Martin. Therefore, the circuit court correctly set the penalty period as beginning on August 10, 2002 and continuing through the date Rapid

Plumbing resumed payments to Martin—July 9, 2004.

[17,18] Additionally, Rapid Plumbing complains of the compensation rate upon which the penalty was assessed. However, Rapid Plumbing simply states the compensation rate should have been lower and fails to make an argument explaining its position. "Conclusory arguments constitute an abandonment of the issue on appeal." *Civil Action No.: 2001-CP-32-0711 Carolina Water Serv. Inc. v. Lexington County Joint Mun. Water and Sewer Comm'n*, 367 S.C. 141, 149, 625 S.E.2d 227, 231 (Ct.App.2006); see also *Houck v. State Farm Fire and Cas. Ins. Co.*, 366 S.C. 7, 17 n. 5, 620 S.E.2d 326, 332 n. 6 (2005) (noting an issue is abandoned if the appellant's brief treats it in a conclusory manner). The single commissioner made the finding that the rate should be \$230.12, and absent an argument as to why that calculation is wrong, we cannot reverse.

V. Authorized Treating Physician

[19,20] Rapid Plumbing argues the circuit court erred in affirming the appellate panel's order that Dr. Johnson be the authorized treating physician. We disagree.

As a preliminary matter, this issue has not been preserved for our review. Rapid Plumbing failed to object and have the issue ruled on by the circuit court and did not file a timely motion for reconsideration. See *Talley v. S.C. Higher Ed. Tuition Grants Committee*, 289 S.C. 483, 487, 347 S.E.2d 99, 101 (1986) (stating an issue raised in trial court but not ruled on by the trial court is not preserved for appellate review).

Even had this issue been preserved for our review, it fails on the merits. Regulation 67-509 states that while a claimant is receiving temporary compensation benefits, "[t]he employer's representative chooses an authorized health care provider and pays for authorized treatment." S.C.Code Ann. Reg. 67-509(A) (1990). However, section 42-15-60 of the Workers' Compensation Act provides:

Medical ... treatment ... shall be provided by the employer. In case of a controversy arising between employer and employee, the Commission may order such

further medical, surgical, hospital or other treatment as may in the discretion of the Commission be necessary.... [T]he employer may, at his own option, continue to furnish or cause to be furnished, free of charge to the employee, and the employee shall accept an attending physician, unless otherwise ordered by the Commission.... The refusal of an employee to accept any medical, hospital, surgical or other treatment when provided by the employer or ordered by the Commission shall bar such employee from further compensation until such refusal ceases and no compensation shall at any time be paid for the period of suspension unless in the opinion of the Commission the circumstances justified the refusal, in which case the Commission may order a change in the medical or hospital service.

S.C.Code Ann. § 42-15-60 (1985); See also *Gattis v. Murrells Inlet VFW # 10420*, 353 S.C. 100, 113-14, 576 S.E.2d 191, 197-98 (Ct.App.2003) (stating that where it deems it necessary, the appellate panel may override an employer's choice of medical provider and may excuse a workers' compensation claimant's justified refusal to seek treatment from employer's provider, in these circumstances, the appellate panel may order a change in the medical or hospital service provided by employer to the claimant).

The appellate panel is afforded discretion to order medical treatment under section 42-15-60 when a controversy such as the one in the instant case arises. The designation of Dr. Johnson was consistent with the factual finding that additional treatment would lessen Martin's disability. The refusal by Doctor's Care to see Martin and Dr. Johnson's subsequent diagnosis created the controversy contemplated by the statute. This is not a case where an employee is refusing treatment offered by an employer. Rather, this is a situation where the employee feels he still needs treatment and the employer fails to provide it. The appellate panel acted within its discretion and the circuit court was correct in affirming the order confirming Dr. Johnson as the authorized treating physician.

CONCLUSION

The order of the circuit court is **AFFIRMED**.

HEARN, C.J., and CURETON, J., concur.



369 S.C. 378

The STATE, Respondent,

v.

Dana LOCKAMY, Appellant.

No. 4121.

Court of Appeals of South Carolina.

Submitted June 1, 2006.

Decided June 12, 2006.

Background: Defendant was convicted by jury in the Circuit Court, Marlboro County, Alison Renee Lee, J., of murder. Defendant appealed.

Holding: The Court of Appeals, Williams, J., held that trial court was not required to charge jury on law of self-defense.

Affirmed.

1. Homicide §783

Trial court was not required to charge jury on law of self-defense in murder prosecution; defendant stated that victim, his brother, ran and that he was 50 feet away when the fatal shot was fired, and thus, defendant was no longer in danger when he fired the shot.

2. Criminal Law §1152(1)

An appellate court will not reverse a trial court's decision regarding jury instructions unless the trial court abused its discretion.

3. Criminal Law §1173.1

A trial court's refusal to give a requested jury instruction must be both erroneous and prejudicial to warrant reversal.

February 2, 2015

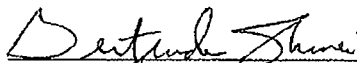
The Honorable Jeanette McBride
Clerk of Richland County
Fifth Judicial Circuit
1701 Main Street
Columbia, South Carolina 29201

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al.
WCC File No. : 0217755; D/A: 3/23/2002
Civil Action No. 2015-CP-40-001109

Dear Honorable McBride:

Please find enclosed for filing in your office Appellant/Claimant's Brief and memorandum of law in support of her application for review.

Sincerely,



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

State of South Carolina)
County of Richland)

In The Court of Common Pleas
Fifth Judicial Circuit
Civil Action No.2015-CP-40-001109

Gertrude Shiver,)

Employee,)

Appellant/Claimant,)

vs.)

Palmetto Health Richland,)

Employer,)

And)

Palmetto Health Trust,)

Respondents/Defendants.)

UCC File No. :0217755

**Appellant's Brief And
Memorandum of Law in
Support Of Her Application
For Review**

RICHLAND COUNTY
FILED
FEB -4 PM 4:01
JANETTE W. MCBRIDE
CLERK, S.C.P. 2 G.S.

STATEMENT OF THE CASE

On March 21, 2014, Appellant filed a Workers' Compensation Claim before the hearing commission alleging that she sustained compensable injuries to her lower back and side during the scope course of her employment at Palmetto Health Richland. The Appellant requested all her medical treatment and care be paid and payment of Temporary Total Disability compensation benefits.

Appellant requested for an award of penalties and sanctions to be imposed upon the Respondents and their carrier for the violation of provisions of the South Carolina Workers' Compensation Act by their conduct in suspending for twelve (12) years from Appellant statutory payment of temporary total disability compensation benefit from March 23, 2002 through April 8,

2002 and by not paying the full payments of all authorized medical bills causally related to this claim.

Respondents and their carrier filed a form 51 or Answer admitting only that Appellant was entitled to compensation disability benefits. The Respondents and their carrier denied not having paid all Appellant's authorized medical treatments and care associated with this case. See attached Respondents' Reply to claimant's motion for sanctions and / or motion to dismiss for lack of subject matter jurisdiction. In their reply, Respondents and their carrier also raised defenses alleging that the commission lacks subject matter jurisdiction to hear Appellant's claim which is currently pending before The South Carolina Court of Appeals and that the Respondents and their carrier have not received and order to pay Appellant temporary total disability compensation benefits from March 23, 2002 through April 8, 2002. See attached Respondents' form 51 or Answer dated April 3, 2014. In addition, see attached Form 51 dated August 8, 2007.

On May 16, 2014, and during the actual hearing, Commissioner Andrea C. Roche, the single commissioner summarily denied Appellant's motion for imposition of penalties and sanctions against Respondents and carrier. See attached Hearing transcript page 6, lines 24-25. The Single Commissioner refused to order the Respondents and their carrier to pay Appellant Disability Compensation benefits for the following reasons:

"(1) Commissioner Huffstetler's September 4, 2007 Order does not command the Defendants in this claim to pay any Temporary Total Disability benefits, (2) Defendants have paid all authorized medical treatment, (3) and since there has never been an order compelling the Defendants to pay any temporary total disability benefits in this claim, it is inappropriate to award any sanctions or penalties against Defendants in this case." See attached Commissioner Roche's motion order denying Appellant's claims.

On July 7, 2014, the Appellant Thereupon filed an appeal listing three (3) exceptions in the appeal before the South Carolina Workers' Compensation Commission's Appellate Panel. By Order dated December 12, 2014, The South Carolina Workers' Commission's Appellate Panel affirmed the order of the single commission. From this decision, the Appellant appeals.

STANDARD OF REVIEW

In workers' compensation cases, the South Carolina Workers' Compensation

Commission is the trier of fact. **Hunter V. Patrick Construction Co., 289 S.C. 46, 344 S.E.**

2d 613 (1986). The appellate court's review of these findings of fact is limited to determining

Whether the findings are clearly unsupported by substantial evidence in the record. **Lark v.**

Bi-lo. Inc., 276 S.C. 130, 276 S.E.2d 304(1981); Howell v. Pacific Columbia Mills, 291

S.C. 469, 354 s.e.2d 384 (1987). "Substantial evidence" necessary to support a decision of

The Commission is :

Such revelant evidence as a reasonable mind might accept as adequate to support a conclusion...It must be enough to justify, if the trial were[sic] to a jury, a refusal to direct a verdict when the conclusion sought to be drawn from it is one of fact for jury.... This is something less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's finding being supported by substantial evidence.

Lark v. Bi-lo. Inc., 276 S.C. at 136, 276 S.E.2d at 307.

The appellate court is prohibited from overturning findings of fact of the Commision, unless there is no reasonable probability that the facts could be as related by the witness upon whose testimony the findings was based. **Lowe v.**

Am-Can Transportation Services, Inc., 283 S.C. 534, 324 S.E.2d 87 (CT. App. 1984)

The appellate court is not permitted to re-weigh the evidence and to substitute its own findings of the fact for those of the Commission. **Brown v. R.L. Jordan Oil Co., 291 S.C. 272 353 S.E.2D 280 (1987).**

Section 1-23-380(A)(5) of the South Carolina Code also provides:

The Court may not substitute its judgement for the judgement of the agency as to the weight of the evidence on questions of fact. The Court may affirm the decision of the agency or remand a case for further proceedings. The Court may reverse or modify the decision if substantial rights of the Appellant have been prejudiced because the administrative findings, inferences, conclusions or decisions are...(d) affected by other error of law.....

S.C. CODE ANN. & 1-23-380(A)(5) (2007

Thus, "review is limited to deciding whether the Commission's decision is unsupported by substantial evidence or is controlled by some error of law."

Rodriguez v. Romero, 363 S.C. 80, 84, 610 S.E.2d 488, 490 (2005) (citing Hendricks v. Pickens County, 335 S.C. 405, 411, 517 S.E.2d 698, 7014 (Ct. App. 1999).

ARGUMENTS

1.

The South Carolina Workers' Compensation Commission erred as a matter of law in affirming the Single Commission's Order denying Appellant's request for the imposition of mandatory penalties and sanctions against respondents, Palmetto Health Richland, and their carrier, Palmetto Health Trust, as required because of their conduct in unlawfully withholding from

Appellant for a period of twelve (12) years, without any legal basis, overdue payments of temporary disability benefits under the South Carolina Worker's Compensation Act.

This claim arises out of a Form 50 and motion for penalties and sanctions filed by Appellant on March 21, 2014 with the South Carolina Workers' Compensation Commission requesting an award of temporary total disability benefits from March 23, 2002 through April 8, 2002, as a result of compensable injuries she sustained by accident to her lower back and side on March 23, 2002. However, although Respondents and their carrier admitted that the injuries she sustained on March 23, 2002 was compensable, Respondent and their carrier refused to pay Appellant temporary total disability benefits as statutorily required under the South Carolina Workers' Compensation Act.

A hearing was held before the Honorable Andrea C. Roche, Commissioner, on May 16, 2014. The hearing resulted in Respondent paying Appellant her long overdue payments of temporary total disability benefits without an order of the Commission. The Commissioner denied Appellant's request for penalties and sanction against Respondents and their carrier for refusing to pay the disability benefits after twelve (12) years of unlawfully withholding the payments from Appellant.

At the hearing held on May 16, 2014 before Commissioner Roche, Respondents and their Carrier speciously and frivolously argued that even though Appellant was entitled to payments of temporary total disability benefits, but since Respondents and their carrier should not be subjected to any penalties and sanctions for withholding from Appellant those total disability benefits payments (See attached May 16, 2014 hearing transcript at Page 2. Lines 14-21).

However, Commissioner Roche went along with Respondents' argument and ruled that since "...there was never an order saying that they had to pay it so I can't do sanctions and penalties based on that." See hearing transcript on Page 6-8.

At the hearing held on May 16, 2014 before Commissioner Roche, Respondents' attorney speciously and frivolously argued that even though Appellant was entitled to payments of Temporary total disability benefits but since Respondent and their carrier were never ordered to do so, therefore, they should not be subjected to any penalties and sanctions for withholding from Appellant those total disability benefits payments (See attached May 16, 2014 hearing transcript at page 2. Lines 14-21).

At oral argument before the full commission on October 27, 2014, Respondent made the same specious and frivolous argument that by statutory law Respondents and their carrier believed that the imposition of penalties and sanctions are not warranted, since there has never been an order commanding them to pay Appellant overdue payments of temporary total disability benefit as required under the statutory law of the S.C Workers' Compensation Act.

Appellant asserts that Respondents' argument, of which was accepted and approved by Commissioner David. W. Huffstetler, Constitutes an order from Commissioner Huffstetler awarding Appellant temporary total disability benefits from March 23, 2002 through April 8, 2002. See hearing transcript pages 39-40- the complete pages are for review. Respondents and their carrier have violated that agreement by arbitrarily not paying Appellant temporary total disability benefits until seven (7) years after commissioner Huffstetler's order was issued on September 4, 2007. Appellant received a payment of disability benefits on June 17, 2014.

Appellant argues in addition that under S.C Code Ann. Section 42-9-260 (g), she was entitled to an award of penalties and sanctions for the wrongful suspension of payments of

temporary total disability benefits for twelve years without legal justification. When an employer, such as Respondents and their carrier under the Workers' Compensation Act, fails to comply with section 49-9-260 (g), penalties must be assessed against as should have been done in this case, based upon the facts of Respondents' and their carrier's conduct in this matter. The single commission erred in not imposing penalties and sanction upon Respondents and their carrier. See Martin v. Rapid 631 S.C.2d 547 (Ct. App. 2006). Plumbing 369 S.C 278.

In Martin, the South Carolina Court of Appeals interpreted the language of section 49-9-260 (g) to be mandatory and held:

Section 42-9-260 (g) of the South Carolina Code (sup. 2005) requires employers to pay temporary total disability to an employee who has "been out of work due to a reported work related injury" for eight days. The penalty language of section 42-9-260 provides:

(G) Failure to comply with this section **shall** result in a twenty-five percent penalty imposed upon the carrier or employer computed on the amount of benefits withheld in violation of this section, and the amount of penalty must be paid to the employee in addition to the amount of benefits withheld. However, the penalty does not apply if the employer or carrier has terminated or suspended benefits when the employee has returned to any employment at the same or similar wage.

The express language of this statute mandated the granting of Appellant's motion for penalties and sanctions be imposed upon respondents and their carrier for their actions of suspending the payments of temporary total disability benefits for an extended time period of twelve years while pursuing frivolous defenses devoid of a legal basis or justification to avoid liability of payments to Appellant. The statute does not give the single commission discretionary

authority to excuse the untimely non-payment for twelve (12) years and not impose penalties and sanctions upon the Respondents and their carrier.

ARGUMENTS

2.

The South Carolina Workers' Compensation Commission erred in finding as a fact and concluding as a matter of law that the Respondents should not be subjected to penalties and sanctions for their failure to pay all Appellant's authorized medical treatment.

The Respondents argue that a review of the record establishes a preponderance of evidence indicating Respondents have paid all authorized medical bills relating to injuries Appellant sustained on March 23, 2002 and thus, Appellant was not entitled to be awarded penalties and sanctions imposed against them.

However, shortly after, the May 16, 2014 hearing was held before Commissioner Roche, Appellant obtained from Dr. Gregory M. Jones (the authorized medical provider) a letter along with ledgers and financial statements that clearly disputes Respondents argument. See attached Dr. Gregory M. Jones' letter, Ledgers and Financial statements. See also Respondents' memorandum on behalf of Respondents on page 9.

During the May 16, 2014 hearing, the hearing commission ordered Respondents to submit proof of payment for the authorized medical treatment. Respondents submitted only a small exert of an alleged payment of the medical bills entitled " Exhibit A" purporting to be the entire payment of Appellant's entire medical cost in this dispute. Respondents were not truthful with the commissioners as Appellant has the necessary proof to establish that in fact.

Respondents have not paid all authorized medical bills in this claim. Respondents, therefore, violated commissioner Roche's order of June 20, 2014.

The Commissioner failed to allow Appellant the opportunity to submit Appellant's documentary evidence disputing Respondents' contention in this matter. Appellant asked the Commissioner to allow her to respond to the drafting of the commissioner's proposed order holding that Respondents have paid all authorized medical bills when they had not. See appellant's informal brief presented to the full commission attached.

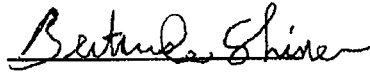
Appellant asserts that the full commission erred in failing to allow Appellant to submit this discovered evidence pursuant to 25A S.C. Code Ann. Reg. 67-707 (1997). This evidence is not cumulative or impeaching; the evidence was not known until after the hearing on May 16, 2014, and the evidence would have defeated Respondents claim of having paid all authorized medical bills in this claim.

Appellant also asserts that had she been allowed to have submitted her documentary medical record, she would have satisfied the requirement that the evidence was not known then to Appellant and that she could not have secured the evidence by reasonable diligence.

CONCLUSION

Based upon the foregoing argument, it is respectfully submitted that the court should vacate the decision and order of the South Carolina Workers' Compensation Commission of the Appellate Panel and remanded for a hearing on all issues with instruction to impose upon Respondents penalties and sanctions under section 42-9-260 (g).

Respectfully Submitted

A handwritten signature in cursive script, appearing to read "Gertrude Shiver".

Gertrude Shiver, Pro Se

1026 Congaree Church Road

Gadsden, South Carolina 29052

(803) 353-3892

February 2, 201411

STATE OF SOUTH CAROLINA

COUNTY OF Gertrude Shivers,Pro Se

Plaintiff(s)

vs.

Palmetto Health RichlandMemorial Hospital, et al. Defendant(s)

(Please Print)

Submitted By: Gertrude Shivers, Pro Se
Address: 1026 Congaree Church Road
Cardsden SC 29051

IN THE COURT OF COMMON PLEAS

CIVIL ACTION COVERSHEET

2015 -CP- 40 - 001609

SC Bar #:

Telephone #:

Fax #:

Other:

E-mail:

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☐ JURY TRIAL demanded in complaint. ☐ NON-JURY TRIAL demanded in complaint.
☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

- | | | | |
|--|--|--|--|
| Contracts
☐ Constructions (100)
☐ Debt Collection (110)
☐ Employment (120)
☐ General (130)
☐ Breach of Contract (140)
☐ Other (199) | Torts - Professional Malpractice
☐ Dental Malpractice (200)
☐ Legal Malpractice (210)
☐ Medical Malpractice (220)
Previous Notice of Intent Case #
20____-CP-_____
☐ Notice/ File Med Mal (230)
☐ Other (299) | Torts - Personal Injury
☐ Assault/Slander/Libel (300)
☐ Conversion (310)
☐ Motor Vehicle Accident (320)
☐ Premises Liability (330)
☐ Products Liability (340)
☐ Personal Injury (350)
☐ Wrongful Death (360)
☐ Other (399) | Real Property
☐ Claim & Delivery (400)
☐ Condemnation (410)
☐ Foreclosure (420)
☐ Mechanic's Lien (430)
☐ Partition (440)
☐ Possession (450)
☐ Building Code Violation (460)
☐ Other (499) |
| Inmate Petitions
☐ PCR (500)
☐ Mandamus (520)
☐ Habeas Corpus (530)
☐ Other (599) | Administrative Law/Relief
☐ Reinstate Drv. License (800)
☐ Judicial Review (810)
☐ Relief (820)
☐ Permanent Injunction (830)
☐ Forfeiture-Petition (840)
☐ Forfeiture-Consent Order (850)
☐ Other (899) | Judgments/Settlements
☐ Death Settlement (700)
☐ Foreign Judgment (710)
☐ Magistrate's Judgment (720)
☐ Minor Settlement (730)
☐ Transcript of Judgment (740)
☐ Lis Pendens (750)
☐ Transfer of Structured Settlement Payment Rights Application (760)
☐ Confession of Judgment (770)
☐ Petition for Workers Compensation Settlement Approval (780)
☐ Other (799) | Appeals
☐ Arbitration (900)
☐ Magistrate-Civil (910)
☐ Magistrate-Criminal (920)
☐ Municipal (930)
☐ Probate Court (940)
☐ SCDOT (950)
☒ Worker's Comp (960)
☐ Zoning Board (970)
☐ Public Service Commission (990)
☐ Employment Security Commission (991)
☐ Other (999) |
| Special/Complex /Other
☐ Environmental (600)
☐ Automobile Arb. (610)
☐ Medical (620)
☐ Other (699)
☐ Sexual Predator (510) | | | |
| ☐ Pharmaceuticals (630)
☐ Unfair Trade Practices (640)
☐ Foreign Subpoenas (650)
☐ Motion to Quash Subpoena in Out-of-County Action (660) | | | |

Submitting Party Signature: Gertrude ShiversDate: 1-12-15

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

January 12, 2015

The Honorable Jeanette McBride
Clerk of Richland County
Fifth Judicial Circuit
1701 Main Street
Columbia, South Carolina 29201

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al.
WCC File No. : 0217755; D/A: 3/23/2002

Dear Honorable McBride:

Please find enclosed for filing in your office Appellant/Claimant's Notice of Intent to Appeal and Petition For Review of Decision And Order of The South Carolina Workers Compensation Commission.

RICHLAND COUNTY
FILED
2015 JAN 12 PM 12:56
JEANNETTE W. MCBRIDE
C.C.P. & G.S.

Sincerely,



Gertrude Shiver
Appellant/Claimant Pro Se

1026 Congaree Church Rd.
Gadsden, South Carolina 2905

State of South Carolina)
)
)
County of Richland)

In The Court of Common Pleas
Fifth Judicial Circuit

Case No. _____

Gertrude Shiver,

Employee,

Appellant/Claimant,

vs.
Palmetto Health Richland,
Employer,
And
Palmetto Health Trust,

Respondents/Defendants.

WCC File No. _____

Notice of Intent To Appeal
And Petition For Review of
Decision And Order of The
South Carolina Workers'
Compensation Commission

RICHLAND COUNTY
FILED
2015 JUN 12 PM 12:56
JEANETTE W. MCBRIDE
C.C.P. & G.S.

To: THE HONORABLE JEANETTE MCBRIDE, CLERK OF THE RICHLAND COUNTY COURT; THE HONORABLE AMY BRACEY, JUDICIAL DIRECTOR OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND ANDREW W. FAJARDO, ESQUIRE, ATTORNEY FOR PALMETTO HEALTH RICHLAND AND PALMETTO HEALTH TRUST, RESPONDENTS:

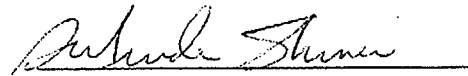
The Appellant prays for review from The Final Decision and Order of The South Carolina Workers' Compensation Commission dated December 12, 2014 and received December 16, 2014, pursuant to the provisions of Section 1-23-380 of The South Carolina Code of Laws (1976, as amended) (known as The Administrative Procedure Act) and section 42-17-60 of The South Carolina code of Laws (1976, as amended) (known as The South Carolina Workers' Compensation Act) and would respectfully allege and show unto this honorable Court the grounds of error as follows:

1. The South Carolina Workers' Compensation Commission erred in its finding of fact and concluding as a matter of law that the single commission correctly held in it's order that penalties and sanctions should not be imposed against respondent's for

payments to Appellant of temporary total disability benefits violated section 42-9-260 (g) of The South Carolina Code of Laws (Supp. 2005) and applicable case law.

2. The South Carolina Workers' Compensation Commission erred in finding as a fact and concluding as a matter of law that the Respondents should not be subjected to penalties and sanctions for their failure to pay all Appellants authorized medical treatments. The error being the preponderance of evidence in the record fails to support such finding.
3. The South Carolina Workers' Compensation Commission erred in denying Appellant the statutory right to seek judicial review of Commissioner Andrea C. Roche's denial of Appellant's motion pursuant to S.C Code section 1-23-380 (3) for leave to submit additional evidence in the form of documentary evidence that supports Applicant's claim that respondents had not paid all authorized medical treatment. The error being that Appellant raised this issue on appeal before the South Carolina Workers' Compensation Commission, however, the full commission failed to review Appellant's claim in violation of the Due Process Clauses of the 14th Amendment to the United States Constitution.

Respectfully Submitted,



Gertrude Shiver

Appellant/Claimant Pro Se

1026 Congaree Church Rd.

Gadsden, South Carolina 29052

January 12, 2015
Columbia, South Carolina

NOTICE OF MOTION SCHEDULING

October 15, 2015



**Motion "APPNOA - Appeal/Notice of Appeal" for Case: 2015CP4000169
- Gertrude Shiver vs Palmetto Health Richland , defendant, et al has
been added to the following Motions Roster:**

886 - Gee APPEAL ROSTER NOVEMBER 6, 2015 COURTROOM 3-B

This hearing of this motion has been scheduled for 11/6/2015 at 9:30 AM.

The above referenced case is scheduled for an Appeal Hearing before Deandrea Benjamin in
2-C

All requests for continuances must be in writing with a \$25.00 filing fee and received by the
Chief Administrative Judge prior to the hearing. A request for a continuance does not
guarantee that a case will be continued. Please notify the Court in writing if the motions are
resolved prior to the hearing. Please file any briefs or memorandum the Wednesday before
the week of the hearing.

Mail Notice To:

Gertrude Shiver
1026 Congaree Church Road

Gadsden, SC 29052

Court Info:

Richland County Common Pleas
Richland County Judicial Center
1701 Main Street
Columbia, SC 29201-9201

Judge Alison R. Lee
Chief Administrative Judge
Fifth Judicial Circuit

April 13 11:41 am 10474 (Notar)
NOTICE OF MOTION SCHEDULING

April 07, 2015



Motion "APPNOA - Appeal/Notice of Appeal" for Case: 2015CP4000169
- Gertrude Shiver vs Palmetto Health Richland, defendant, et al has
been added to the following Motions Roster:

812 - APPEAL ROSTER APRIL 24, 2015 COURTROOM 2-E

This hearing of this motion has been scheduled for 4/24/2015 at 10:00
AM.

The above referenced case is scheduled for an Appeal Hearing before Judge DeAndrea G.
Benjamin.

All requests for continuances must be in writing with a \$25.00 filing fee and received by the
Chief Administrative Judge prior to the hearing. A request for a continuance does not
guarantee that a case will be continued. Please notify the Court in writing if the Motions are
resolved prior to the hearing. Please file any briefs or memorandum the Wednesday before
the week of the hearing.

Mail Notice To:

Gertrude Shiver
1026 Congaree Church Road

Gadsden, SC 29052

Richland County Common Pleas
Richland County Judicial Center
1701 Main Street
Columbia, SC 29201-9201

Judge L. Casey Manning
Chief Administrative Judge
Fifth Judicial Circuit

South Carolina Workers' Compensation Commission

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



WCC File #: 0217755

Carrier File #:

October 1, 2014

NOTICE OF APPELLATE HEARING

GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

GERTRUDE SHIVER v PALMETTO RICHLAND MEMORIAL HOSP

Subject: Set on Review.

Date: 10/27/14 at 01:30 PM

Location: South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29201

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or appeals@wcc.sc.gov.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel B

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

By: Eugenia Hollmon, SC Workers' Compensation, October 1, 2014

Party

Attorney

Employee: GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

Employer: PALMETTO RICHLAND MEMORIAL HOSP
Carrier: Palmetto Hospital Trust

Lana H. Sims, Jr
lane.sims@arlaw.com
803-254-4190

Employer: PALMETTO RICHLAND MEMORIAL HOSP
Carrier: Palmetto Hospital Trust

Andrew W. Fajardo
andrew.fajardo@arlaw.com
803-212-4407

South Carolina Workers' Compensation Commission

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



WCC File #: 0217755

Carrier File #:

April 14, 2014

NOTICE OF HEARING

RESET

GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

GERTRUDE SHIVER v. PALMETTO RICHLAND MEMORIAL HOSP

Subject: To determine the issues in the Motion.

Date: May 16, 2014 at 09:00 AM

Location: SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B
Columbia, SC 29202

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

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

Commissioner Andrea C. Roche
803-737-5678, bcheeseboro@wcc.sc.gov

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

By: Barbara Cheeseboro, SC Workers' Compensation, April 14, 2014

Party

Attorney

Employee: GERTRUDE SHIVER
1026 CONGAREE RD
GADSDEN, SC 29052

Employer: PALMETTO RICHLAND MEMORIAL HOSP
Carrier: Palmetto Hospital Trust

Lana H. Sims, Jr
lane.sims@arlaw.com
803-254-4190

Employer: PALMETTO RICHLAND MEMORIAL HOSP
Carrier: Palmetto Hospital Trust

Andrew W. Fajardo
andrew.fajardo@arlaw.com
803-212-4407

October 6, 2014

RECEIVED
OCT 06 2014
(FRONT DESK)
SC Workers' Comp Comm

Amy Bracey, Judicial Director
S. C. Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, S. C. 29202

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital
WCC File No. 0217755 (DOA 3/23/2002).

Dear Ms. Bracey:

With the submission of my other documents related to payment of this claim, I had not yet located my EOB statements from my Insurance Company Blue Cross and Blue Shield where they paid for some of my care. I have not reimbursed them yet. Dr. Jones did an X-Ray of my lumbar spine in his office and he ordered an MRI of my lumbar and sacral spine that was related to this accident and it was done at Disc Imaging which was located at that time at 1136 Bowman Road in Mt. Pleasant, S. C. 29464. The MRI was read by Disc Radiologists. Blue Cross and Blue Shield paid for some of the claim. While I have not been able to find my receipts as yet where I paid the balance for the MRI and the reading, I did pay the balance. Copies of the EOB statements are enclosed and the remainder of what I owed and paid the provider is indicated on the EOB statements.

Also, I have included copies of my work excuse where I had to miss work when I had the injections done to my back. While these EOB statements are not all the ones that were submitted with this claim, I have submitted the ones that I know of that is connected with Dr. Jones care of me that I could find. This is no way exhaustive of all of the EOB statements connected with this claim.

Yours truly,

Gertrude Shiver

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892
(803) 260-5115

g.shiver@att.net

Enclosures: 12 sheets for exhibit.

cc: Attorneys Lana H. Sims, Jr. and Andrew W. Fajardo.

1-20 @ Alpine Road
Columbia, SC 29219



Blue Cross and Blue Shield
of South Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

August 26, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546	Claim No. 2E3359670-00-00
TOTAL CHARGE FOR YOUR CLAIM: 2,060.74		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 2,060.74	
The provider can bill you for this amount if you have not yet paid.					
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.					

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &	CHARLESTON SPINE &	CHARLESTON SPINE &
Network Participation	YES	YES	YES	YES
Dates of Service	07/30/02	07/30/02	07/30/02	07/30/02
Type of Service	OFFICE SURGERY	OFFICE SURGERY	OFFICE SURGERY	OFFICE SURGERY
Charge	495.00	474.30	930.00	161.44
Amount Not Covered	495.00 01*	474.30 01*	930.00 01*	161.44 01*
Covered Expenses	.00	.00	.00	.00
Deductible	.00	.00	.00	.00
Copayment	.00	.00	.00	.00
Allowed Amount	.00	.00	.00	.00
Coinsurance	.00	.00	.00	.00
Amount Paid	.00	.00	.00	.00

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703
THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

115

August 26, 2002

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546	Claim No. 2E3359669-00-00
TOTAL CHARGE FOR YOUR CLAIM: 359.00		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 185.00	
The provider can bill you for this amount if you have not yet paid.					
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.					

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &		
Network Participation	YES	YES		
Dates of Service	07/30/02	07/30/02		
Type of Service	OFFICE RADIOLOGY	OFFICE X-RAY/LAB		
Charge	185.00	174.00		
Amount Not Covered	185.00 01*	174.00 01*		
Covered Expenses	.00	.00		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	.00	.00		
Coinsurance	.00	.00		
Amount Paid	.00	.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703

THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

Page 1 of 1

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

August 26, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546	Claim No. 2E3359670-01-00
TOTAL CHARGE FOR YOUR CLAIM: 256.00		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 256.00 The provider can bill you for this amount if you have not yet paid.	
To date, you have satisfied 250.00 of the 250.00 deductible for the benefit period that began 01/01/2002.					
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.					

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &		
Network Participation	YES	YES		
Dates of Service	07/30/02	08/13/02		
Type of Service	MEDICAL SERVICES	MEDICAL SERVICES		
Charge	168.00	88.00		
Amount Not Covered	168.00 01*	88.00 01*		
Covered Expenses	.00	.00		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	.00	.00		
Coinsurance	.00	.00		
Amount Paid	.00	.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703
THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

August 26, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546	Claim No. 2E3359669-01-00
TOTAL CHARGE FOR YOUR CLAIM: 169.15		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 25.00 The provider can bill you for this amount if you have not yet paid.	
To date, you have satisfied 250.00 of the 250.00 deductible for the benefit period that began 01/01/2002.					
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.					

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &		
Network Participation	YES	YES		
Dates of Service	07/30/02	07/30/02		
Type of Service	MEDICAL SERVICES	INJECTION(S)		
Charge	144.15	25.00		
Amount Not Covered	144.15 01*	25.00 01*		
Covered Expenses	.00	.00		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	.00	.00		
Coinsurance	.00	.00		
Amount Paid	.00	.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703

THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

1-20 @ Alpine Road
Columbia, SC 29219



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An Independent Licensee of the
Blue Cross and Blue Shield Association

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

August 26, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546		Claim No. 2E3359669-01-00	
TOTAL CHARGE FOR YOUR CLAIM: 169.15		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 25.00			
				The provider can bill you for this amount if you have not yet paid.			
To date, you have satisfied 250.00 of the 250.00 deductible for the benefit period that began 01/01/2002.							
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.							

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &		
Network Participation	YES	YES		
Dates of Service	07/30/02	07/30/02		
Type of Service	MEDICAL SERVICES	INJECTION(S)		
Charge	144.15	25.00		
Amount Not Covered	144.15 01*	25.00 01*		
Covered Expenses	.00	.00		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	.00	.00		
Coinsurance	.00	.00		
Amount Paid	.00	.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703

THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

I-20 @ Alpine Road
Columbia, SC 29219



Blue Cross and Blue Shield
of South Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

August 26, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name GERTRUDE G SHIVER		Relationship to Policyholder SELF		ID No. 249982546		Claim No. 2E3359669-00-00	
TOTAL CHARGE FOR YOUR CLAIM: 359.00		TOTAL AMOUNT WE PAID: .00		WHAT YOU OWE PROVIDER: 185.00			
				The provider can bill you for this amount if you have not yet paid.			
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 224.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,017.43 for this person this benefit period.							

DETAIL INFORMATION

Provider	CHARLESTON SPINE &	CHARLESTON SPINE &		
Network Participation	YES	YES		
Dates of Service	07/30/02	07/30/02		
Type of Service	OFFICE RADIOLOGY	OFFICE X-RAY/LAB		
Charge	185.00	174.00		
Amount Not Covered	185.00 01*	174.00 01*		
Covered Expenses	.00	.00		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	.00	.00		
Coinsurance	.00	.00		
Amount Paid	.00	.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703

THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

I-20 @ Alpine Road
Columbia, SC 29219

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

June 24, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
GERTRUDE G SHIVER	SELF	249982546	2D7062465-01-00
TOTAL CHARGE OR YOUR CLAIM: 161.44	TOTAL AMOUNT WE PAID: .00	WHAT YOU OWE PROVIDER: 161.44	
The provider can bill you for this amount if you have not yet paid.			
This claim contributed .00 toward your out-of-pocket maximum. You have satisfied 195.71 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 1,903.03 for this person this benefit period.			

DETAIL INFORMATION

Provider	CHARLESTON SPINE &			
Network Participation	YES			
Dates of Service	06/10/02			
Type of Service	OFFICE SURGERY			
Charge	161.44			
Amount Not Covered	161.44 01*			
Covered Expenses	.00			
Deductible	.00			
Copayment	.00			
Allowed Amount	.00			
Coinurance	.00			
Amount Paid	.00			

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703
THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

121

I-20 @ Alpine Road
Columbia, SC 29219



of South Carolina
An Independent Licensee of the
Blue Cross and Blue Shield Association

EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

June 24, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
GERTRUDE G SHIVER	SELF	249982546	2D7062465-00-00
TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:	
88.00	00	88.00	
			The provider can bill you for this amount if you have not yet paid.
To date, you have satisfied 201.00 of the 250.00 deductible for the benefit period that began 01/01/2002.			
This claim contributed 00 toward your out-of-pocket maximum. You have satisfied 195.71 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 1,903.03 for this person this benefit period.			

DETAIL INFORMATION

Provider	CHARLESTON SPINE &			
Network Participation	YES			
Dates of Service	06/10/02			
Type of Service	MEDICAL SERVICES			
Charge	88.00			
Amount Not Covered	88.00 01*			
Covered Expenses	.00			
Deductible	.00			
Copayment	.00			
Allowed Amount	.00			
Coinsurance	.00			
Amount Paid	.00			

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703
THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

1-800-868-2500 OR LOCALLY AT 788-0500 MON. - THURS.
8:00 A.M. - 6:00 P.M. OR FRI. 8:00 A.M. - 4:30 P.M.

September 19, 2002

GERTRUDE SHIVER
1026 CONGAREE CHURCH
GADSDEN S 29052-9690

RECEIVED
OCT 06 2014
(FRONT DESK)
SC Workers' Comp Comm

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
GERTRUDE SHIVER	SELF	249982546	072528599-00-00
TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID:	WHAT YOU OWE PROVIDER:	
325.00	118.80	13.20	
Sent to Provider		The provider can bill you for this amount if you have not yet paid.	
This claim contributed 13.20 toward your out-of-pocket maximum. You have satisfied 270.31 of the 1,000.00 out-of-pocket maximum for this benefit period. We paid a total of 2,431.43 for this person this benefit period.			

DETAIL INFORMATION

Provider	DISC RADIOLOGISTS			
Network Participation	YES			
Dates of Service	08/14/02			
Type of Service	OFFICE X-RAY/LAB			
Charge	325.00			
Amount Not Covered	193.00 01*			
Covered Expenses	132.00			
Deductible	.00			
Copayment	.00			
Allowed Amount	132.00			
Coinsurance	13.20			
Amount Paid	118.80			

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703
THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com

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Control #	Check #	Trans Date	Type	Clr.	Void	Status	Payee	Check Amount	From/To	Date	Invoice #	Transaction Type	Detail Amount	User	Check Date
3386879	574872	8/7/2002	Payment	No	No	P	Pitts Radiological Associ	\$18.00	3/24/2002	- 3/24/2002	8208300003	Radiology	\$18.00	gandre	8/6/2002
3386884	0	8/7/2002	Payment	No	No	P	Intracorp Hospital Bill R	\$3.53	3/24/2002	- 3/24/2002	2306095015	Intracorp/Bill Review	\$3.53	gandre	8/7/2002
3388370	575674	8/21/2002	Payment	No	No	P	Palmetto Baptist Medical	\$488.00	3/24/2002	- 3/24/2002	b0208300003	Hospital/Institution	\$488.00	wkelle	8/22/2002
3388371	0	8/21/2002	Payment	No	No	P	Intracorp Hospital Bill R	\$3.53	3/24/2002	- 3/24/2002	2306098552	Intracorp/Bill Review	\$3.53	wkelle	8/21/2002
3437798	598909	5/10/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M	\$1,068.00	6/10/2002	- 7/30/2002	4559-12	Doctor	\$1,068.00	CSC	11/5/14/2003
3437799	0	5/10/2003	Payment	No	No	P	Intracorp Hospital Bill R	\$23.63	6/10/2002	- 7/30/2002	2307418793	Intracorp/Bill Review	\$23.63	CSC	11/5/10/2003
3437800	598910	5/10/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M	\$622.78	7/30/2002	- 11/14/2002	4559-10	Doctor	\$622.78	CSC	11/5/14/2003
3437801	0	5/10/2003	Payment	No	No	P	Intracorp Hospital Bill R	\$46.85	7/30/2002	- 11/14/2002	2307418818	Intracorp/Bill Review	\$46.85	CSC	11/5/10/2003
0438526	599235	5/15/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M	\$1,537.00	8/27/2002	- 11/14/2002	4559-10	Doctor	\$1,537.00	CSC	11/5/19/2003
0438527	0	5/15/2003	Payment	No	No	P	Intracorp Hospital Bill R	\$105.92	8/27/2002	- 11/14/2002	2307436340	Intracorp/Bill Review	\$105.92	CSC	11/5/15/2003
0459407	0	9/19/2003	Payment	No	No	P	PHT Services, Ltd.	\$22.00	5/1/2003	- 5/31/2003	0501-0531-2003	Managed Care	\$22.00	diee	9/19/2003
0444771	602106	6/24/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M	\$105.60	5/13/2003	- 5/13/2003	455913	Physical Therapy	\$105.60	CSC	11/6/27/2003
0444772	0	6/24/2003	Payment	No	No	P	Intracorp Hospital Bill R	\$14.17	5/13/2003	- 5/13/2003	2307575760	Intracorp/Bill Review	\$14.17	CSC	11/6/24/2003
0457878	612208	1/3/2003	Payment	No	No	P	PALMETTO RICHLAND	\$902.40	9/8/2003	- 9/8/2003	R0325100081	Radiology	\$902.40	CSC	11/11/5/2003
879	0	1/3/2003	Payment	No	No	P	PALMETTO RICHLAND	\$500.00	9/8/2003	- 9/8/2003	R0325100081	Deductible Applied	\$500.00	CSC	11/11/3/2003
880	0	1/3/2003	Payment	No	No	P	Intracorp Hospital Bill R	\$47.83	9/8/2003	- 9/8/2003	2308002682	Intracorp/Bill Review	\$47.83	CSC	11/11/3/2003
0540246	661407	3/8/2005	Payment	No	No	P	Reimbursement Consultants	\$41.07	1/24/2005	- 1/24/2005	1106593461	SIF Recovery Fees & Expen	\$41.07	lsmith	9/7/2005
0538524	0	2/22/2005	Collection	No	No	R	Second Injury Fund	(\$410.69)	2/4/2005	- 2/4/2005	126331483	Second Injury Fund Recove	(\$410.69)	Lcurtis	2/22/2005
0610336	692082	1/17/2007	Payment	No	No	P	Garber Reporting Service	\$60.00	12/20/2006	- 12/20/2006	12-08-247	Court Reporting Fees	\$60.00	ahartin	1/17/2007

Over all Total: \$5,199.62

Payments: \$5,610.31

Collections: \$410.69

Voids: \$0.00

Note:

Proprietary & Confidential Data
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Exhibit D

DISC Imaging
P.O. BOX 198606
ATLANTA, GA 30384-8606

Date: 10/16/02

Patient:
SHIVER, GERTRUDE
1026 CONGAVE CHURCH ROAD
GADSDEN, SC 29052-0000
H: (803) 353-9714 W: (803) 434-7188

Guarantor:
SHIVER, GERTRUDE
1026 CONGAVE CHURCH ROAD
GADSDEN, SC 29052-0000
H: (803) 353-9714 W: (803) 434-7188

Patient No: 02-74-33
Account No: 1-000022212
Date of Birth: 5/19/1954
Social Security: 249-98-2546

Plan:
BC/BS OF SC PPC

Page: 1

Date	Code	Description	Diagnosis	Total
2/26/01	72141-TC	MRI CERVICAL SPINE -TC	721.0	1,440.00
3/26/01		Pay: BC/BS OF SC PPC		285.30-
3/26/01		Adj: *BLUE CROSS ADJUSTMENT		1,123.00-
1/18/02		Pay: SHIVER, GERTRUDE		31.70-
8/14/02	72148-TC	MRI LUMBAR SPINE -TC	722.10	1,400.00
9/09/02		Pay: BC/BS OF SC PPC		295.20-
9/09/02		Adj: *BLUE CROSS ADJUSTMENT		1,072.00-
			Balance:	32.80

125

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Timothy M. Zgleszewski, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd.
Charleston, SC 29414
Satellite Office in Georgetown
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

This is to certify that

Date

7/30/02

Gertrude Shiver

has been under my care for the following:

Lumbar Pain, Lumbosacral Spudylolysis, Chronic Spinal Pain

and is able to return to work on 8/1/02

Remarks:

off work today;
tomorrow post @ Lumbosacral
injury, SI joint block; Lumbar
Trigger point inj.

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Timothy M. Zgleszewski, M.D.
Charleston Spine and Physical Medicine, P.A.

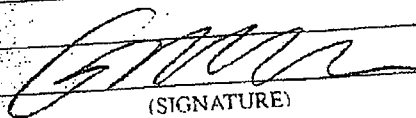
1930 Charlie Hall Blvd.
Charleston, SC 29414
Satellite Office in Georgetown
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

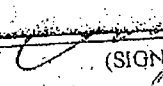
This is to certify that
Date 9-19-02
Gertrude Shiver
has been under my care for the following:

Back pain
and is able to return to work on 9-21-02
school

Remarks:

off Verbal & tomorrow
for epidural injection


(SIGNATURE)


(SIGNATURE)


(SIGNATURE)


(SIGNATURE)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd., Charleston, SC 29414
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

Date 10-17-02

This is to certify that

Gertrude Shiver
has been under my care for the following:
Back pain

and is able to return to ☐ work ☐ school on _____

Remarks:

off today & tomorrow
post epidural steroid
injection.

[Signature]
(SIGNATURE)

[Signature]
(SIGNATURE)

[Signature]
(SIGNATURE)

[Signature]
(SIGNATURE)

RETURN TO WORK OR SCHOOL

Gregory M. Jones, M.D.
Charleston Spine and Physical Medicine, P.A.

1930 Charlie Hall Blvd., Charleston, SC 29414
(843) 402-0111 • 1-800-393-7008 • Fax: (843) 402-9010

Date 11-14-02

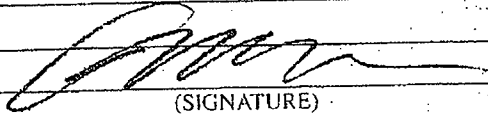
This is to certify that

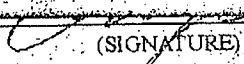
Gertude Shiver
has been under my care for the following:

and is able to return to work on 11-16-02
school

Remarks:

off today & tomorrow
post lumbar injection


(SIGNATURE)


(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

September 15, 2014

RECEIVED

SEP 16 2014

(FRONT DESK)
SC Workers' Comp Comm

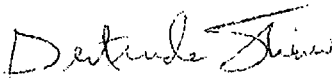
Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al. WCC File
No.: 0217755, DOA 3/23/2002.

Dear Ms. Hollmon:

I am submitting the rest of the financial ledger and medical bill statements to be attached to the partial ledger that was submitted on Wednesday, September 10, 2014, to the Worker's Compensation Commission Appeals Panel. These documents are part of the Appellant's exhibit that goes along with the Brief.

Yours truly,



Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892
g.shiver@att.net

cc. Attorneys Lana Sims, Jr. and Andrew Fajardo

Financial Statement

2/19/2009 to 8/21/2014

4559 : Shiver, Gertrude
1026 Congaree Church Rd
Gadsden, SC 29052-9783

Provider: All Providers
Office: All Offices
Address: 2093 Henry Tecklenburg Dr.
Suite 310
Charleston SC 294145743

Svc Date	Post Date	Ofc	Prv	Code	Meth	Modifier	Description/Source	Claim #	Amount	Ins Bal	Pt Bal
4559: Shiver, Gertrude											
				PTPAY	CK		Gertrude Shiver # 300		-700.00		
12/30/2013	01/02/2014			PTPAY	CK		Gertrude Shiver # 298		-600.00		
12/17/2013	01/02/2014			PTPAY	CK		Gertrude Shiver # 371		-200.00		
03/26/2014	03/26/2014			PTPAY	CK		Gertrude Shiver # 312		-300.00		
03/24/2014	03/24/2014			PTPAY	CK		Gertrude Shiver # 318		-300.00		
03/24/2014	03/24/2014			PTPAY	CK		Gertrude Shiver # 375		-200.00		
05/19/2014	05/19/2014			PTPAY	CK		Gertrude Shiver # 381		-200.00		
05/22/2014	05/22/2014			PTPAY	CK		Gertrude Shiver # 387		-200.00		
06/24/2014	06/24/2014			PTPAY	CK		Gertrude Shiver # 397		-200.00		
07/10/2014	07/10/2014			PTPAY	CK		Gertrude Shiver # 405		-200.00		
08/21/2014	08/21/2014			PTPAY	CK						
Balance									17,975.25	0.00	17,975.25

	Current	31-60	61-90	91-120	121+	Unapplied	Total
Insurance	\$2,840.00	\$0.00	\$250.00	\$3,036.00	\$4,086.00	\$0.00	\$10,212.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$17,975.25	\$0.00	\$17,975.25
Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$2,840.00	\$0.00	\$250.00	\$3,036.00	\$22,061.25	\$0.00	\$28,187.25

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1114 4559			INSTANT BILL	12/01/11
7/15/24	-	00	CHARLES. SV CHILD	108.00 22137.00
APPLIED TO CHARGES ON: 07/07/21	CHK#13786			
7/27/24	1	02	PRIVATE INSURANCE	51.00 22552.00
APPLIED TO CHARGES ON: 12/12/23	CHK#14003			
7/27/24	1	02	PRIVATE INSURANCE	48.00 22991.00

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPIKE & PAUL MEE

ADCT: 4559

DATE: 09/03/14

Acct: 4559
 INSTANT BILL
 01/23/14
 * APPLIES TO CHARGES ON: 03/22/01 CHK#13555
 7/15/02 1 05 117 PAYMENT BY CHECK 120.00 13303.50
 * APPLIES TO CHARGE ON: 03/12/01 CHK#13555
 7/21/02 1 08 1455 98214 OFFICE/OF VISIT 1 120.01 21441.00
 7/21/02 1 00 114 12.00 23200.07

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PAY. MLD.

ACCT: 4559

DATE: 09/03/14

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.
 2093 HENRY TECKLEBURG, 310
 SUITE 310
 CHARLESTON, SC 29414

ACCT: 4550 DATE: 03/12/07

LAST PAYMENT	YTD PAY
02/20/07 1100.00	1500.00

OFFICE PH: 843-402-0111 HOME PH: 803-353-3892 BUSINESS PH: 803-434-7129
 EXT: 2245

PAT NAME	APPOINTMENT
SS GERTRUDE SHIVER	

MRS. GERTRUDE SHIVER
 1026 CONGAREE CHURCH RD
 GADSDEN, SC 29052

DIAGNOSIS

-999.99 UNSPECIFIED/REPORT/NO SHOW

NUM DOCTOR

1 GREGORY JONES, MD

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
** INS. FILED: 06/08/04						REFILED: 09/20/05			
07/23/04	1	SS	1			COPIE COPY RECORDS FEE	54.77		202.77
** INS. FILED: 09/09/04									
08/04/04	1	SS		23P		ATTORNEY PAYMENT		54.77	148.00
** APPLIES TO CHARGES ON: 07/23/04 CHRG: 16224									

MESSAGES

TOTAL: \$148.00

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***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.
 2003 HENRY TECKLENBURG, 310
 SUITE 310
 CHARLESTON, SC 29414

ACCT: 4359 DATE: 03/12/07
 LAST PAYMENT YTD PAY
 02/28/07 \$100.00 \$200.00

OFFICE PH:842-405-0111 HOME PH:803-353-3892 BUSINESS PH:802-424-7182
 EXT:2045

PAT NAME APPOINTMENT
 MRS. GERTRUDE SHIVER
 1226 CONGAREE CHURCH RD
 GADSDEN, SC 29052

DIAGNOSIS

1-724.2 LOWER BACK PAIN (LUMBAGO)
 2-784.2 SCIATICA

MDX DOCTOR

1 GREGORY JONES, MD

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
** INS. FILED:05/21/02									
05/15/03	1	GS		2P		WORKMAN'S COMP PAY	1068.00		9490.45
** APPLIES TO CHARGES ON: 07/30/02 CHK#:598909									
05/15/03-	1	GS		98C		WORKMAN'S COMP WRI	506.44		8982.01
07/30/02									
05/15/03	1	GS		2P		WORKMAN'S COMP PAY	63.00		8919.01
** APPLIES TO CHARGES ON: 08/27/02 CHK#:598910									
05/15/03	1	GS		2P		WORKMAN'S COMP PAY	559.70		8359.31
** APPLIES TO CHARGES ON: 11/14/02 CHK#:598910									
05/15/03-	1	GS		98C		WORKMAN'S COMP WRI	362.07		7997.24
08/27/02									
05/15/03-	1	GS		98C		WORKMAN'S COMP WRI	1921.74		6075.50
11/14/02									
05/20/03-	1	GS		98C		WORKMAN'S COMP WRI	4338.45		1741.00
10/17/02									
05/20/03	1	GS		2P		WORKMAN'S COMP PAY	1537.00		204.00
** APPLIES TO CHARGES ON: 10/17/02 CHK#:599275									
05/30/03	1	GS		2P		WORKMAN'S COMP PAY	125.60		90.40
** APPLIES TO CHARGES ON: 05/13/03 CHK#:602100									
05/30/03-	1	GS		98C		WORKMAN'S COMP WRI	98.40		0.00
05/13/03									
06/10/02	1	GS	1	99213	25	OFFICE/DR VISIT- E	95.00		95.00
06/10/02	1	GS	2	99070		MISC SUPPLIES	60.00		155.00

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.
 2093 HENRY TECKLENBURG, 310
 SUITE 310
 CHARLESTON, SC 29414

ACCT: 4559 DATE: 03/12/07
 LAST PAYMENT YTD PAY
 02/28/07 \$100.00 \$200.00

OFFICE PH:843-402-2111 HOME PH:803-352-3892 BUSINESS PH:803-434-7182
 EXT:2045

MRS. GERTRUDE SHIVER
 1026 CONGAREE CHURCH RD
 GADSDEN, SC 29052

PAT NAME APPOINTMENT
 GS GERTRUDE SHIVER

DIAGNOSIS

1-722.10 LUMBAR DISC DISPLACEMENT (5-722.0 CERVICAL DISC DISPLACEMENT
 2-721.3 LUMBOSACRAL SPONDYLOSIS
 3-724.3 SCIATICA
 4-847.2 LUMBAR STRAIN

MAIN DOCTOR

1 GREGORY JONES, MD

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
09/19/02	1	GS	123	J1030		DEPOMEDROL, 40 MG	25.00		5097.18
09/19/02	1	GS	123	E2030		COLD PACK-DISPOSAB	2.00		5099.18
10/17/02	1	GS	1	62311		L/S TRANSAMINAR E	1035.00		6134.18
10/17/02	1	GS	2143	99070		SUPPLIES BLOCK	624.15		7558.33
10/17/02	1	GS	2143	99144		CONSCIOUS SEDATION	234.00		7792.33
10/17/02	1	GS	2143	99213	25	OFFICE/OP VISIT- E	98.00		7890.33
10/17/02	1	GS	2143	J1040		DEPOMEDROL, 80 MG	45.00		7935.33
10/17/02	1	GS	2143	J2250		VERSED IV EA 1MG	35.00		7970.33
						(DAYS/UNITS = 2)			
10/17/02	1	GS	2143	J1030		DEPOMEDROL, 40 MG	25.00		7995.33
11/14/02	1	GS	51	62311		L/S TRANSAMINAR E	1035.00		9030.33
11/14/02	1	GS	2143	99070		SUPPLIES BLOCK	624.15		9654.48
11/14/02	1	GS	2143	76000	26TC	FLUOROSCOPY- (EEP	291.00		9945.48
11/14/02	1	GS	2143	99144		CONSCIOUS SEDATION	234.00		10179.48
11/14/02	1	GS	2143	99213	25	OFFICE/OP VISIT- E	98.00		10277.48
11/14/02	1	GS	2143	J1040		DEPOMEDROL, 80 MG	45.00		10322.48
11/14/02	1	GS	2143	J2250		VERSED IV EA 1MG	35.00		10357.48
						(DAYS/UNITS = 2)			
11/14/02	1	GS	2143	J1030		DEPOMEDROL, 40 MG	25.00		10382.48
** INS. FILED:04/23/03									
05/13/03	1	GS	4	97001		PHYSICAL THERAPY E	117.00		10499.48
05/13/03	1	GS	4	97014		MODALITY/ E. STIM	46.00		10545.48
05/13/03	1	GS	4	97039		MODALITY- HOT/COLD	41.00		10586.48

W 4553 ADD ACCOUNT INFORMATION
 03. BLANKLE DIVISION Entl: CW BPM: 0 BLT: 0.00 LIP: 11/20/60
 026 CONDARRE 2 BRN 72 LIP: 0.00 LIP: 11/30/67
 LIP: 0.00 LIP: 102.00
 ADDEN, SC 09002 ADCA: SELF PAY/SELF PAY 00: 0.00 Pat: 27007.00
 MP. PALMETTO HLTH RICHLAND MC PDCA: SELF PAY 120: 0.00 Int: 110.00
 /E1000 300 0000 000 100 100 000 240 00 2540 150: 27173.25 Bal: 27173.00
 12240 PATIENT

03. GERTRUDE SHIVERIN J/R: Y BDate: 05/19/64(02) PDca: 1 NID:
 Rel Sig/Sca: Y/B Rel Dates: NPP:
 ITYPE: 252 DEFENSE ATTY Elig:

Collection Manager
 W. CHANDLER-COLLECTION WORKING Pct: 100% Max: 24.11 Ltr: 100%
 Min. Pct: 127173.25 Coll Bal: 127173.25 Time: 00

- | | | |
|-------------------------|----------------------|-------------------------|
| 1. ADD INSURANCE | 1. INSTANT INSURANCE | 1. ELIT EOB INFORMATION |
| 2. ADD CASE | 2. HOSPITAL FILE | 2. FASTNOTES |
| 3. ADD TRANSACTION | 3. INSTANT LABEL | 3. INBOUND REFERRALS |
| 4. ELIT PATIENT/INCL-ED | 4. LIST | 4. WORK COLLECTIONS |
| 5. CHANGE | 5. RELATION | 5. INSURANCE PAYMENTS |
| 6. DELETE | 6. INSTANT RELIF | |
| 7. INSTANT BILL | 7. INSTANT LETTER | |

Enter option:

Page: 4559

INVOICE BILL

09/23/14

DATE	DR PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
* APPLIED TO CHARGES ON: 07/20/03 CHK#:3686								
7/20/03	1	02	1	00000	JUD. RECORDS FEE	42.00		33441.00
8/19/03	1	02	1	11P	PAYMENT BY CHECK		100.00	33341.00
* APPLIED TO CHARGES ON: 03/22/01 CHK#:13021								
9/17/03	1	02	1	11P	PAYMENT BY CHECK		100.00	33241.00
* APPLIED TO CHARGES ON: 03/22/01 CHK#:13703								
9/17/03	1	02	1	11P	PAYMENT BY CHECK		100.00	33141.00
* APPLIED TO CHARGES ON: 03/22/01 CHK#:13701								
9/30/03	1	02	1	03P	ATTORNEY PAYMENT		1736.45	31404.55
* APPLIED TO CHARGES ON: 04/23/01 CHK#:26235								
9/30/03	1	02	1	03P	ATTORNEY PAYMENT		6263.33	25141.22
* APPLIED TO CHARGES ON: 05/07/01 CHK#:12531E								
1/20/03	1	02	1	11P	PAYMENT BY CHECK		100.00	25041.22
* APPLIED TO CHARGES ON: 03/21/01 CHK#:13747								
2/12/03	1	02	1	00000	INS. FILING/REPORTS	65.00		25107.00
* INS. FILED:12/19/02								
2/23/03	1	02	1	11P	PAYMENT BY CHECK		100.00	25007.00
* APPLIED TO CHARGES ON: 05/07/01 CHK#:13773								

Acct: 4859	INSTANT BILL		09/03/14
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3655			
7/16/03	1 GS	11P PAYMENT BY CHECK	100.00 23303.50
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3655			
7/01/03	1 GS	1456 99214 OFFICE/OP VISIT- E	132.91 23441.82
7/31/03	1 GS	11P PAYMENT BY CHECK	42.98 23208.27

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PTY. MED.

ACCT: 4859

DATE: 09/03/14

acc: 4559			INBYANT BILL	09/03/14
7/19/04	1	GE	PAYMENT OF CHARGE	1021.00 22127.00
APPLIES TO CHARGES ON: 03/07/01 CHRW:3795				
7/27/04	1	GE	PRIVATE INSURANCE	91.00 22505.00
APPLIES TO CHARGES ON: 12/12/03 CHRW:14903				
7/27/04	1	GE	PRIVATE INSURANCE	45.00 22941.00

CONTINUED ON NEXT FORM

***** INBYANT BILL *****
 CHARLESTON SPINE & PAIN MED.

ACC: 4559

DATE: 09/03/14

* 4553 ADD ACCOUNT INFORMATION
 SS. GERTUDE SHIVERIN Ensl: ON BPN: 1 LID: 6.00 LID: 10/20/61
 LSS DONGAREE DARDEN L LSS: 12 LSS: 0.00 LAD: 11/30/27
 LSS: 24/12/67 LSS: 0.00 LAD: 12/1/60
 ADDEN, SC 25002 ADEN: SELF PAY, SELF PAY SM: 0.00 PAY: 27007.20
 AP. PALMETTE HLTH NICKLAND NC ADEN: SELF PAY LSS: 0.10 LAD: 12/1/60
 /21/60 24/12/60 24/12/60 24/12/60 24/12/60 24/12/60 24/12/60 24/12/60
 LSS: 0.10 LAD: 12/1/60
 RE. GERTUDE SHIVERIN L/R: 17 BDate: 05/13/24/68 PDY: 1 NID:
 Rel Sig/BPN: V/B Rel Date: NID:
 IType: 253 DEFENSE ATTY Elig:

Collection Matter
 CR. CHATOW-COLLECTION: WILKINS REL. LSS: 12 LSS: 0.00 LAD: 12/1/60
 LSS: 12 LSS: 0.00 LAD: 12/1/60
 Min. Pay: 12/1/60 LSS: 12 LSS: 0.00 LAD: 12/1/60 Time: 00

1. ADD INSURANCE	1. INSTANT INSURANCE	1. ELIT SUB INFORMATION
2. ADD CASE	2. HOSPITAL FILE	2. FACTNOTE
3. ADD TRANSACTION	3. INSTANT LABEL	3. INBOUND REFERRAL
4. ADD PATIENT/INCOME	4. LSS	4. WORK COLLECTIONS
5. CHANGE	5. RELAY LSS	5. INSURANCE PAYMENTS
6. DELETE	6. INSTANT RELIEF	
7. INSTANT BILL	7. INSTANT LETTER	

Enter options:

***** INSTANT BILL *****
CHARLESTON SPINE & PHY. MED.
2093 HENRY TECKLENBURG, 310
SUITE 310
CHARLESTON, SC 29414

ACCT: 4550 DATE: 03/12/07
LAST PAYMENT YTD PAY
02/28/07 \$100.00 \$200.00

OFFICE PH:843-402-0111 HOME PH:803-552-3892 BUSINESS PH:802-434-7180
EXT:2045

PAT NAME APPOINTMENT

MR. GERTRUDE SHIVER SS GERTRUDE SHIVER

MRS. GERTRUDE SHIVER
1026 DUNBAR CHURCH RD
GADSDEN, SC 29052

DIAGNOSIS

NUM DOCTOR

1 GREGORY JONES, MD

DATE	DP	PAT	DING	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
01/20/05	1	GS		11P		PAYMENT BY CHECK		100.00	11954.53
** APPLIES TO CHARGES ON: 04/23/03 CHKA:4144									
02/17/05	1	GS		11P		PAYMENT BY CHECK		100.00	11854.53
** APPLIES TO CHARGES ON: 04/23/03 CHKA:4173									

MESSAGE

TOTAL: 11854.53

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***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.
 2093 HENRY TECHLENBURG, 310
 SUITE 310
 CHARLESTON, SC 29414

ACCT: 4555 DATE: 03/12/07

LAST PAYMENT	YTD PAY
02/28/07 \$100.00	\$200.00

OFFICE PH:843-482-0111 HOME PH:803-353-3898 BUSINESS PH:803-434-7138
 EXT:2045

PAT NAME	APPOINTMENT
MRS. BERTRUDE SHIVER	SS BERTRUDE SHIVER
1026 CONGAREE CHURCH RD	
GADSDEN, SC 29052	

DIAGNOSIS

- 1-724.2 LOWER BACK PAIN (LUMBAGO)
- 2-724.3 SCIATICA
- 3-724.5 SI JOINT DYSFUNCTION
- 4-047.2 LUMBAR STRAIN

NUM DOCTOR

1 GREGORY JONES, MD

DATE	DR	PAT	DIAG	ICD9E	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
07/07/04	1	SS	1234	J1020		INJ DEPO-MEDROL, 2	10.00		12258.38
07/07/04	1	SS	1234	J3303		ARISTOSPAN/5MG	45.00		12303.38
						(DAYS/UNITS = 2)			
07/07/04	1	SS	1234	99070		INJECT SUPP II	41.70		12345.08
07/07/04	1	SS	1224	A464E		OMNIPACQUE, 105MOLA	150.00		12495.08
07/07/04	1	SS	1234	J7050		SALINE, ML, 250CC	14.50		12509.58
07/07/04	1	SS	1234	A4200		SYRINGE W NEEDLE, 8	8.70		12518.28
07/07/04	1	SS	1234	A4216		NORMAL SALINE	9.50		12527.78
07/07/04	1	SS	1234	A4245		ALCOHOL WIPES	5.00		12532.78
07/07/04	1	SS	1234	A4927		GLOVES, NON-STERIL	18.00		12550.78
07/07/04	1	SS	1234	A4930		GLOVES, STERILE	15.00		12565.78
07/07/04	1	SS	1234	A5402		GAUZE (4X4) STERILE	2.25		12568.03
07/07/04	1	SS	1234	A4247		BETADINE PREP	3.50		12571.53
08/17/04	1	SS		11P		PAYMENT BY CHECK		100.00	12471.53
** APPLIES TO CHARGES ON: 07/07/04 CHK#:3982								100.00	12371.53
09/16/04	1	SS		11P		PAYMENT BY CHECK		100.00	12271.53
** APPLIES TO CHARGES ON: 07/07/04 CHK#:4012								100.00	12171.53
10/19/04	1	SS		11P		PAYMENT BY CHECK		100.00	12071.53
** APPLIES TO CHARGES ON: 04/23/03 CHK#:4057								100.00	11971.53
11/19/04	1	SS		11P		PAYMENT BY CHECK		100.00	11871.53
** APPLIES TO CHARGES ON: 04/23/03 CHK#:4005								100.00	11771.53
12/17/04	1	SS		11P		PAYMENT BY CHECK		100.00	11671.53
** APPLIES TO CHARGE ON: 04/23/03 CHK#:4118									

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***** INSTANT BILL *****
 CHARLESTON SPINE & PLY. MED.
 8803 HENRY TECKLENBURG, BLD
 SUITE 310
 CHARLESTON, SC 29414

ACCT: 4555 DATE: 03/16/07

LAST PAYMENT 770.00
 02/28/07 \$100.00 \$200.00

OFFICE PH: 843-402-0111 HOME PH: 803-352-3892 BUSINESS PH: 803-434-7188
 EXT: 3045

MRS. GERTRUDE SHIVER
 1826 CONGAREE CHURCH RD
 GARDEN, SC 29052

PAT NAME APPOINTMENT
 SS GERTRUDE SHIVER

DIAGNOSIS

1-721.1 CERV. SPONDYLOSIS W/WVELOP 5-723.1 CERVICALGIA
 2-721.3 LUMBOSACRAL SPONDYLOSIS 6-722.10 LUMBAR DISC DISPLACEMENT
 3-847.2 LUMBAR STRAIN
 4-724.2 SCIATICA

NUM DOCTOR

1 GREGORY JONES, MD

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
06/10/02	1	SS	12	00550		INJECTION(S); SING	161.44		161.44
06/24/02	1	SS	1234	99213		OFFICE/OP VISIT- E	98.00		249.44
07/30/02	1	SS	12	64476		L/S FACET INJ. JT D (DAYS/UNITS = 2)	930.00		1179.44
07/30/02	1	SS	563	27095	3159	INJECTION PROC- HI	650.00		1837.44
07/30/02	1	SS	12	64475		L/S FACET INJ. JT D	495.00		2332.44
07/30/02	1	SS	563	72122		RADIOLOGIC EXAM- S	185.00		2517.44
07/30/02	1	SS	563	76140	25	CONS OUTSIDE XRAYs	174.00		2691.44
07/30/02	1	SS	5	99213	25	OFFICE/OP VISIT- E	168.00		2859.44
07/30/02	1	SS	5	20550		INJECTION(S); SING	161.44		3020.88
07/30/02	1	SS	5	99270		INJECT SUPP II	144.15		3165.03
07/30/02	1	SS	5	11030		DEPOMEDROL. 40 MG	25.00		3190.03
08/13/02	1	SS	5	99213		OFFICE/OP VISIT- E	86.00		3276.03
08/27/02	1	SS	5	76140	26	CONS OUTSIDE XRAYs	174.00		3452.03
08/27/02	1	SS	5	99212		OFFICE/OP VISIT- E	68.00		3520.03
08/19/02	1	SS	5	62311		L/S TRANSLAMINAR E	1235.00		4555.03
08/19/02	1	SS	624	99070		SUPPLIES BLOCK	624.15		5179.18
08/19/02	1	SS	624	76000		FLUOROSCOPY- (SEP)	291.00		5470.18
08/19/02	1	SS	624	99144		CONSCIOUS SEDATION	234.00		5704.18
08/19/02	1	SS	624	99213	25	OFFICE/OP VISIT- E	96.00		5792.18
08/19/02	1	SS	624	11040		DEPOMEDROL. 80 MG	45.00		5837.18
08/19/02	1	SS	624	12250		VERSED IV EA 1MG (DAYS/UNITS = 2)	35.00		5872.18

144

CONTINUED ON NEXT FORM

3/23/02 + ~~15125103~~
 low back
 \$10,769.25 subtotal

44-11107-10111
 CHARLESTON, SCHE & RAY. JED.
 1100 HENRY VERALENBURG, 310
 NITE 107
 CHARLESTON, SC 29414

DATE: 03/10/07
 LAST PAYMENT
 02/22/07 \$100.00 \$100.00

STATE 04-100-402-01.1 HOME PH:100-302-2002 BUSINESS PH:100-410-1100
 EXT:1001

PAT NAME APPOINTMENT
 SS GERTRUDE SHIVER

G. GERTRUDE SHIVER
 1100 JENKINS CHURCH RD
 CHARLESTON, SC 29403

DISK 15
 11/01/07
 11/01/07 UNIDENTIFIED/REPORTING SHOW

11/01/07
 11/01/07
 11/01/07 11/01/07

DATE	DEBIT	CREDIT	BALANCE	DESCRIPTION
07/23/04	54.77		202.77	COPY RECORDS FEE
07/23/04		54.77	148.00	ATTORNEY PAYMENT
TOTAL: 148.00				

3/23/02 low back.

\$1115.20 subtotal

***** INSTANT BILL *****
 CHARLESTON SPINE & PAIN MED.
 2095 HERMAN TECHNOLOGUE, III
 BOX 512
 CHARLESTON, SC 29414
 ACCT: 4052 DATE: 10/12/01
 LAST PAYMENT: \$11.00
 02/28/02 \$100.00 \$200.00

OFFICE PH: 843-401-5111 HOME PH: 803-331-3832 BUSINESS F: 803-434-7190

EAT: 0042

PAT NAME

APPOINTMENT

Mrs. GENTRADE SHAW
 1026 CONCHREE CHURCH RD
 GADSDEN, SC 29046

RE GENTRADE SHAW

Grand total for
 3/23/02 low back

\$11884.70

DIAGNOSIS

1-711.0 LUMB. SPONDYLOSIS W/O MYEL S-724.3 SCIATICA
 2-722.0 LUMBICAL DISC DISPLACEMENT
 2-723.1 LUMBICALGIA
 2-727.1 LUMBICAL SPASMS

REF: 00108

GREGORY JONES, MD

DATE	DR	PAT	CLIN	TIME	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
04/10/02	1	05	1214	95060		COPY RECORDS FEE	37.00		37.00
** INS. FILED: 04/23/02									
05/01/02	1	05	05			PRIVATE INSURANCE		37.00	0.00
** APPLIES TO CHARGES ON: 04/10/02 CHRG: 12000456412									
05/10/02	1	05	5	35213	25	OFFICE/OP VISIT- 2	85.00		85.00
06/10/02	1	05	5	99245		OFFICE CONSULTATION	245.00		330.00
06/10/02	1	05	5	84452		INJECTION- ANESTH	145.00		475.00
** INS. FILED: 06/14/02									
07/19/02	1	05	11P			PAYMENT BY CHECK		100.00	375.00
** APPLIES TO CHARGES ON: 06/10/02 CHRG: 3994									

REF PH: 843-401-5111
 MESSAGES REF ETATE: 00

TAX ID:
 LIC # 1

TOTAL: \$578.00

146

657 199 272 27

1057 204807 100 DAY

02/22/87	+100.00	+100.00
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WFO: 408-242-6111 HOME PH: 603-353-3899 BUSINESS PH: 603-408-7104 FAX: 603-408-7104

FBI WASH **APRIL TWENTY**

WFE, CENTRAL FILE
1984 CONGRESSIONAL REPORT 93
DANIEL, ET AL.

02 GERTHARD SEVEN

2192-9510

7-204-2 10-17-68
7-204-1 10-17-68

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

1995, 2000, 2005

DATE	24	OUT	CLAR	TOLUE	NOB	DESCRIPTION	CHARGE	CREDIT	BALANCE
1	01/15/82	1	00	00	00	WORKMAN'S COMP PAY		1058.00	9-55.45
** APPLIES TO CHARGE#	01/17/82	01	07	00	00	CHRG#559302			
01/17/82	1	00	00	00	00	WORKMAN'S COMP WRT		595.75	8652.84
07/28/81									
07/13/81	1	00	00	00	00	WORKMAN'S COMP PAY		82.00	8328.86
** APPLIES TO CHARGE#	01/28/82	01	08	27	00	CHRG#559310			
01/15/82	1	00	00	00	00	WORKMAN'S COMP PAY		595.75	8924.61
** APPLIES TO CHARGE#	01/17/82	01	07	14	00	CHRG#558310			
03/18/81	1	00	00	00	00	WORKMAN'S COMP WRT		595.75	9520.36
05/27/82									
05/10/82	1	00	00	00	00	WORKMAN'S COMP WRT		1051.75	5072.45
11/14/82									
07/28/82	1	00	00	00	00	WORKMAN'S COMP WRT		1051.75	1791.80
10/17/82									
05/20/83	1	00	00	00	00	WORKMAN'S COMP PAY		1321.00	304.00
** APPLIES TO CHARGE#	01/18/82	01	07	17	00	CHRG#559325			
01/09/83	1	00	00	00	00	WORKMAN'S COMP PAY		171.00	38.00
** APPLIES TO CHARGE#	01/05/83	01	05	12	00	CHRG#606210			
01/09/83	1	00	00	00	00	WORKMAN'S COMP WRT		52.00	0.00
01/10/83									
01/10/82	1	00	1	00	00	OFFICE/CP VISIT- E	50.00		25.00
01/10/82	1	00	0	00	00	MISC SUPPLIES	65.00		120.00

Acct: 4555

INSTANT BILL

22/03/14

3 DOUGLAS E. MCGILL, K.

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
30/09/00	1	SS		98C		WORKMAN'S COMP WRE		75.00	75.00
10/01/01									
29/08/00	1	SS		117		PAYMENT BY CHECK		250.00	325.00
** APPLIES TO CHARGES ON: 29/21/00 CHK#:2574									
29/21/00	1	SS	12	62211		L/S TRANSLAMINAR E	595.00		270.00
29/21/00	1	SS	12	76235-CC		FLUOROSCOPIC GUIDE	231.00		501.00
** INS. FILED:12/29/00									
12/11/00	1	SS	2142	99213		OFFICE/OP VISIT- E	88.00		589.00
** INS. FILED:10/12/00									
12/11/00	1	SS		117		PAYMENT BY CHECK		20.00	569.00
** APPLIES TO CHARGES ON: 29/21/00 CHK#:2981									
11/09/00	1	SS	3678	99078		SUPPLIES BLOCK	753.65		1322.65
11/09/00	1	SS	312	62211		L/S TRANSLAMINAR E	715.00		2037.65
11/09/00	1	SS	312	76235		FLUOROSCOPIC GUIDE	231.00		2268.65
11/21/00	1	SS		117		PAYMENT BY CHECK		10.00	2258.65
** APPLIES TO CHARGES ON: 29/21/00 CHK#:3171									
12/04/00	3	SS	3127	99213		OFFICE/OP VISIT- E	88.00		2346.65
** INS. FILED:12/08/00									

Acct: 4559				INSTANT BILL		29/03/14
12/10/00	1	52	1034 99142	OFFICE CONSULTATIO	243.00	2215.05
12/21/00	1	53	99	PRIVATE INSURANCE		2172.55
** APPLIED TO CHARGES ON: 12/11/02 CHRG:040020172						
12/21/00	1	53	1000	PRIVATE INSURANCE	39.20	3133.55
10/11/00						

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***** INSTANT BILL *****
 CHARLESTON SPINE & PM. MED.

ACCT: 4559

DATE: 29/03/14

Acct: 4555

INSTANT BILL

03/03/14

E DOUGLAS E. MCCILL, M.

DATE	DR	PAY	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
01/22/01	1	00		9P		PRIVATE INSURANCE		743.25	2389.70
** APPLIES TO CHARGES ON: 03/21/00 CHK#:640027070									
01/22/01-	1	00		100C		PRIVATE INSURANCE		15.00	2354.55
03/21/00									
01/29/01	1	00	1234	15140	25	CONS OUTSIDE X-RAYS	174.00		2529.55
						FINAL REQUEST NOTIFICATION			
01/29/01	1	00	1234	99213		OFFICE/OP VISIT- E	88.00		2616.55
** INC. FILED:01/21/01									
						FINAL REQUEST NOTIFICATION			
01/31/01	3	00		3P		PRIVATE INSURANCE		44.10	2572.55
** APPLIES TO CHARGES ON: 11/04/00 CHK#:640027666									
01/01/01	1	00		9P		PRIVATE INSURANCE		835.00	1736.55
** APPLIES TO CHARGES ON: 11/09/00 CHK#:640027667									
02/26/01	1	00	1234	72114		RADIOLOGIC EXAM- S	215.00		1271.55
02/26/01	1	00	525	99213		OFFICE/OP VISIT- E	88.00		2259.55
02/26/01	3	00		11P		PAYMENT BY CHECK		43.90	2016.05
** APPLIES TO CHARGES ON: 12/04/00 CHK#:3029									
02/26/01	1	00		11P		PAYMENT BY CHECK		43.90	1272.15

Acct: 4559		INSTANT BILL		09/03/14
** APPLIES TO CHARGES ON: 11/03/00 CHK#:3082				
23/12/01	1	00	1274 64472	C/T FACET INJ, JT D 1980.00 2958.15
				(DAYS/UNIT) = 4
15/12/01	1	00	1274 93564	NERVE CONDUCTION 1120.02 3072.15
				(DAYS/UNIT) = 1

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.

ACCT: 4559

DATE: 09/03/14

Inst: 4559

INSTANT BILL

03/03/14

ITE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
									23073.20
3/13/01	1	SS	1234	99213		OFFICE/OP VISIT- C	35.00		23108.20
3/13/01	1	SS	5678	J1030		DEPOMEDROL, 40 MG	25.00		24135.20
1/20/01	1	SS	1249	64472		C/T FACET INJ, JT 0	495.00		24630.20
1/20/01	1	SS	1249	64470		C/T FACET INJ, JT 0	495.00		25125.20
1/20/01	1	SS	1249	64472		C/T FACET INJ, JT 0	495.00		25620.20
1/20/01	1	SS	1249	64405		GREATER OCCIPITAL	205.00		25825.20
1/20/01	1	SS	1249	99070		INJECT SUPP II	144.15		25969.35
1/20/01	1	SS	1249	20550		INJECTION(S); 2TNS	132.00		26101.35
1/20/01	1	SS	5678	99213		OFFICE/OP VISIT- E	35.00		26136.35
1/20/01	1	SS	5678	J1030		DEPOMEDROL, 40 MG	25.00		26161.35
4/18/02	1	SS	1234	99080		COPY RECORDS FEE	37.20		26198.55
* INS. FILED: 04/23/02								37.20	26235.75
5/03/02	1	SS		9P		PRIVATE INSURANCE			26235.75
* APPLIES TO CHARGES ON: 04/18/02 CHKN: 10004304.1									26235.75
5/10/02	1	SS	AS	20550		INJECTION(S); 2TNS	151.44	250.00	25985.75
5/10/02	1	SS		11P		PAYMENT BY CHECK			25985.75
* APPLIES TO CHARGES ON: 01/29/01 CHK#: 3355									25985.75
5/24/02	1	SS	NS78	99213		OFFICE/OP VISIT- E	50.00		26035.75

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03/22/81	1	02	526	95144
03/22/81	1	08	298	99213
03/22/81	1	02	526	J1340
03/22/81	1	02	526	12250

INSTANT BILL

CONSCIOUS SEDATION	234.00
OFFICE/OP VISIT	10.00
DEPOMEDROL, 80 MG	45.00
VERSED 1% 22 IMB	35.00
(DAYS/UNITE = 2	

03/22/81
10200.40
11435.40
11083.40
11118.40

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
CHARLESTON SPINE & PHY. MED.

Acct: 4559

DATE: 09/03/14

Text: 4559

INSTANT BILL

09/03/14

DATE	DR	PAT	DIAG	TCODE	MCD	DESCRIPTION	CHARGE	CREDIT	BALANCE
03/02/01	1	00	123	J1030		DEPOMEDROL, 40 MG	45.00		11143.45
04/02/01	1	00	456	64472		C/T FACET INJ, JT C (DAYS/UNITS = 2)	290.00		12133.45
04/02/01	1	00	456	64470		C/T FACET INJ, JT C	495.00		12628.45
04/02/01	1	00	7	22550		INJECTION(S); BING (DAYS/UNITS = 2)	384.00		13012.45
04/02/01	1	00	7	99070		INJEC SUPP	144.10		13156.55
04/02/01	1	00	7	99214		OFFICE/OP VISIT- E	138.00		13294.55
04/02/01	1	00	1235	J1030		DEPOMEDROL, 40 MG	25.00		13319.55
04/17/01	1	00	12	62311		L/S TRANSAMINASE	715.00		14034.55
04/17/01	1	00	12	64484		L/S TRANSAMINASE	695.00		14729.55
04/17/01	1	00	1235	99070		SUPPLIES BLOOD	624.15		15353.70
04/17/01	1	00	12	76005		FLUOROSCOPIC GUID	211.00		15564.70
04/17/01	1	00	1235	99144		CONSCIOUS SEDATION	234.00		15798.70
04/17/01	1	00	12	99213		OFFICE/OP VISIT- E	32.00		15830.70
04/17/01	1	00	1235	J1040		DEPOMEDROL, 40 MG	45.00		15875.70
04/17/01	1	00	1235	J2330		VERSED IV EA 1MG (DAYS/UNITS = 2)	35.00		15910.70

Acct: 4559				INSTANT BILL		05/03/14
3/13/01	1	05	2456 64470	C/T FACET INJ, JT 0	405.00	22755.05
3/13/01	1	05	2456 64485	GREATER OCCIPITAL	295.00	23050.05
3/13/01	1	05	2456 60455	IMPAIRMENT DRE, EE	225.00	23275.05
3/13/01	1	05	2456 99070	INJECT SUPP II	144.15	23419.20
3/13/01	1	05	2456 20050	INJECTION(S); SINO	122.00	23541.20

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. REEL.

Acct: 4559

DATE: 05/03/14

ALLOY 4305

INSTANT BILL

03/02/14

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
23/13/01	1	GS	1234	93001		ENG- NEEDLE- 2 EXT (DAYS/UNITS = 2)	970.00		6042.15
23/13/01	1	GS	1234	93903		NERVE CONDUCTION- (DAYS/UNITS = 4)	900.00		6942.15
23/13/01	1	GS	1234	64470		C/T FACET INJ, JT 0	495.00		7437.15
23/13/01	1	GS	1234	95934		H-REFLEX- AMPLITUDE (DAYS/UNITS = 2)	388.00		7825.15
23/13/01	1	GS	526	90900		NERVE CONDUCTION (DAYS/UNITS = 2)	370.00		8195.15
23/13/01	1	GS	1234	64480		GREATER SCOTLAND	275.00		8470.15
23/13/01	1	GS	1234	78140	26	CONS OUTSIDE XRAY	174.00		8644.15
23/13/01	1	GS	1378	99070		INJECT SUPP II	144.15		8808.30
23/13/01	1	GS	1234	95214		OFFICE/OP VISIT- E	138.00		8946.30
23/13/01	1	GS	1378	99070		ENG SUPPLIES	115.00		9061.30
23/13/01	1	GS	526	J1030		DEPOMEDROL, 40 MG	28.00		9089.30
23/22/01	1	GS	209	62211		L/E INRADE-SERAP L	11.00		9001.30
23/22/01	1	GS	526	99070		SUPPLIES BLOCK	624.15		10425.45
23/22/01	1	GS	209	75025		FLUOROSCOPIC GUIDE	291.00		10716.45

Acct: 4059

INSTANT BILL

20/03/14

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
1/14/02	1	GS	1234	99213	20	OFFICE/OP VISIT - C	38.00		33357.83
1/14/02	1	GS	1234	J1241		DEPOMEDROL, 60 MG	40.00		33442.83
1/14/02	1	GS	1234	J2250		VERSED IV EA 1MG (DAYS/UNITS = 2)	35.00		33477.83
1/14/02	1	GS	1234	J1030		DEPOMEDROL, 40 MG	25.00		33502.83
INS. FILED:04/23/02									
1/19/02	1	GS		11P		PAYMENT BY CHECK		120.00	33402.83
* APPLIES TO CHARGES ON: 01/09/02 CHK#:0450									
MOVED 04									
2/17/02	1	GS		11P		PAYMENT BY CHECK		15.40	33387.43
* APPLIES TO CHARGES ON: 11/09/00 CHK#:3477									
1/19/03	1	GS	1234	99000		COPY RECORDS FEE	37.75		33425.18
3/05/03	1	GS	1234	99000		COPY RECORDS FEE	34.45		33459.63
3/11/03	1	GS		23P		ATTORNEY PAYMENT		54.45	33425.18
* APPLIES TO CHARGES ON: 03/05/03 CHK#:48728									
3/27/03	1	GS		23P		ATTORNEY PAYMENT		37.75	33387.43
* APPLIES TO CHARGES ON: 02/19/03 CHK#:0050171									
4/03/03	1	GS	56	99215		OFFICE CONSULTATIO	843.00		33228.43

Account: 4535

INSTANT BILL

05/03/14

DATE	DR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
5/07/01	1	05	1234	IMPAI		IMPAIR RATING DRE	265.00		18116.75
5/07/01	1	05	1234	20550		INJECTION(C); SINC (DAYS/UNITS = 2)	255.00		18372.75
5/07/01	1	05	1234	99070		INJECT SUPP II	144.15		18516.90
5/07/01	1	05	1234	99213		OFFICE/OP VISIT- E	58.00		18604.90
5/07/01	1	05	732	J1030		DEPOMEDROL, 40 MG	25.00		18629.90
5/28/01	1	05	5	62310		C/T TRANSAMINAR E	715.00		19344.90
5/28/01	1	05	732	99070		SUPPLIES BLOOD	624.15		19969.05
5/28/01	1	05	5	76005	25TC	FLUOROSCOPIC GUIDE	291.00		20260.05
5/28/01	1	05	732	99144		CONSCIOUS SEDATION	234.00		20494.05
6/28/01	1	05	5	99213		OFFICE/OP VISIT- E	58.00		20552.05
6/28/01	1	05	732	J1040		DEPOMEDROL, 80 MG	45.00		20597.05
6/28/01	1	05	732	J2250		VERSED IV EA 1MG (DAYS/UNITS = 2)	35.00		20632.05
6/28/01	1	05	732	J1030		DEPOMEDROL, 40 MG	25.00		20657.05
7/10/01	1	05	2456	99213		OFFICE/OP VISIT- E	58.00		20715.05
8/13/01	1	05	2456	64472		C/T FACET INJ, JT C (DAYS/UNITE = 2)	1485.00		22200.05

Acct: 4559

INSTANT BILL

4/17/81 1 65 1828 J1030
5/37/81 1 38 9426 64472
5/07/81 1 38 9426 64470
5/07/81 1 38 9426 64470

CEPOMEDROL, 40 MG 25.00
C/T FACET INJ, JT D 590.00
(DAYS/UNITS = 1)
C/T FACET INJ, JT D 495.00
GREATER OCCIPITAL 295.00

05/03/14
16071.75
17061.75
17556.75
17851.75

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
CHARLESTON SPINE & PHY. MED.

Acct: 4559

DATE: 05/03/14

Acct: 4559

INSTR: BILL

7/92/76

DATE	OR	PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
7/25/82	1	00		11P		PAYMENT BY CHECK		100.00	25689.79
* APPLIES TO CHARGES ON: 36/10/82 CHK#13371									
** MOVED									
7/30/82	1	00	12	04474		L/S FACET INJ, JT 0 (DAYS/UNITS = 2)	930.07		26619.72
7/30/82	1	00	345	27095	5109	INJECTION PROC- HI	658.00		27277.72
7/30/82	1	00	12	04475		L/S FACET INJ JT 0	435.00		27712.72
7/30/82	1	00	345	72123		RADIOLOGIC EXAM- C	135.00		27847.72
7/30/82	1	00	345	76140	26	CONS OUTSIDE XRAYs	174.00		28021.72
7/30/82	1	00	2	99215	25	OFFICE/OP VISIT- E	50.00		28071.72
7/30/82	1	00	2	20550		INJECTION(S), DINO	151.44		28223.16
7/30/82	1	00	4	99070		INJECT SUPP II	144.15		28367.31
7/30/82	1	00	4	J1030		DEPOMEDROL, 40 MG	25.00		28392.31
7/30/82	1	00		11P		PAYMENT BY CHECK -		100.00	28292.31
* APPLIES TO CHARGES ON: 11/00/80 CHK#13388									
8/13/82	1	00	4	99213		OFFICE/OP VISIT- E	50.00		28342.31
8/27/82	1	00	4	76140	26	CONS OUTSIDE XRAYs	174.00		28516.31
8/27/82	1	00	4	99212		OFFICE/OP VISIT- E	50.00		28566.31

Acct: 4559

INSTANT BILL

09/03/16

DATE	DR	PAT	DIAG	ICD9L	MOI	DESCRIPTION	CHARGE	CREDIT	BALANCE
3/19/02	1	05	123	J1040		DEPOMEDROL, 80 MG	45.00		21177.53
3/19/02	1	05	123	J2250		VERSED IV EA 1MG	35.00		21212.53
						(DAYS/UNITS = 2)			
3/19/02	1	05	123	J1030		DEPOMEDROL, 40 MG	25.00		21237.53
3/19/02	1	05	123	22030		COLD PACK-DISPOSED	2.00		21239.53
3/19/02	1	05		11P		PAYMENT BY CHECK			21134.42
* APPLIES TO CHARGES ON: 11/09/00 CHK#:13413									
3/15/02	1	05		11P		PAYMENT BY CHECK		4.00	21129.52
* APPLIES TO CHARGES ON: 10/11/00 CHK#:13413									
3/17/02	1	05	1	02211		L/S TRANSLAMINAR E	1025.00		22174.52
3/17/02	1	05	2143	99070		SUPPLIES-BLOCK	624.15		22798.67
3/17/02	1	05	2143	99144		CONSCIOUS SEDATION	100.00		22898.67
3/17/02	1	05	2143	99212	25	OFFICE/OP VISIT E	35.00		23233.67
3/17/02	1	05	2143	J1040		DEPOMEDROL, 80 MG	45.00		23278.67
3/17/02	1	05	2143	J2250		VERSED IV EA 1MG	35.00		23313.67
						(DAYS/UNITS = 2)			
3/17/02	1	05	2143	J1030		DEPOMEDROL, 40 MG	25.00		23288.67
3/19/02	1	05		11P		PAYMENT BY CHECK		36.00	23252.67

ACCT: 4559

7/19/02

1 02

1

02011

7/19/02

1 02

422

90870

7/15/02

1 02

422

70030

7/19/02

1 02

426

99144

7/19/02

1 02

422

99213 25

INSTANT BILL

LIFE TRANSLATING E

1200.00

SUPPLIES BLDNG

624.15

FLUOROSCOPY- (22F

231.00

CONSCIOUS SEDATION

234.00

OFFICE/OP VISIT- E

35.00

09/23/14

29893.32

32919.53

30810.52

31044.53

21132.57

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
CHARLESTON SPINE & PAIN MED.

ACCT: 4559

DATE: 09/23/14

REF: 4559DR PAT DIAG TCODE MOD INSTRTPRICD

CHARGE CREDIT 08A02MDE

DATE	QTY	UNIT	PRICE	DESCRIPTION	CHARGE	CREDIT	BALANCE
5/10/03							120.00 35692.00
5/24/03	1	SS	11P	PAYMENT BY CHECK			
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3594							
5/13/03	1	SS	123	64470 C/T FACET INJ, JT 0	335.00		36227.00
5/13/03	1	SS	123	64470 C/T FACET INJ, JT 0	485.00		36712.00
5/13/03	1	SS	123	20553 INJECTION; SINGLE	342.00		37054.00
5/13/03	1	SS	123	99070 INJECT SUP 11	145.00		37199.00
5/13/03	1	SS	4	97001 PHYSICAL THERAPY E	117.00		37315.00
5/13/03	1	SS	123	99213 25 OFFICE/OP VISIT- E	20.00		37403.00
5/13/03	1	SS	4	97014 MODALITY/ E. STIM	46.00		37449.00
5/13/03	1	SS	123	J5332 ARISTOSPAN/EMS	45.00		37494.00
(DAYS/UNIT = 2)							
5/13/03	1	SS	4	97029 MODALITY- 20/500L	41.00		37535.00
* INS. FILED:05/21/03							
5/13/03	1	SS	123	J1030 DEPOMEDROL, 40 MB	25.00		37560.00
5/14/03	1	SS	11P	PAYMENT BY CHECK		100.00	37460.00
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3610							
5/15/03	1	SS	2F	WORKMAN'S COMP PAY		1000.00	36460.00

ACCT: 4559			INSTANT BILL			10743.00
1/23/03	1	68	7	99455	IMPAIRMENT BRE, EE	205.00
1/23/03	1	68	10	72052	RADIOLOGIC EXAM- S	245.00
1/23/03	1	68		230	ATTNY REDUCTION AD	255.28
4/23/03						
4/23/03	1	68		1130	CREDIT PAYMENT	530.64
						35738.42
						35792.92

CONTINUED ON NEXT PAGE

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.

ACCT: 4559

DATE: 09/03/14

ACCT: 4559
 INSTANT BILL
 11/20/14

DATE	QTY	UNIT	DESCRIPTION	PRICE	TOTAL
11/14/02	1	GB	31 02311 L/S TRANCLAMINAR E	1725.00	34130.60
11/14/02	1	GB	2143 59070 SUPPLIES BLOCH	124.11	24784.71
11/14/02	1	GB	2143 75000 FLUOROSCOPY	121.00	25075.83
11/14/02	1	GB	2143 59144 CONSCIOUS SEDATION	224.00	35309.83

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PHYS. MCL.

ACCT: 4559

DATE: 03/01/14

Acct: 4555				INSTANT BILL		09/03/14
06/03/01	1	00	12	07819	MODALITY- HOT/COLD	41.00
						29903.65
06/04/03	1	05	121	07819	CHLOROANESTHESIA--	3115.00
					(DAYS/UNITE = 7)	33098.65
06/04/03	1	08	101	08507	MYOBLOC PER 100 UN	490.00
					(DAYS/UNITE = 25)	33588.65

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & PHY. MED.

Acct: 4555

DATE: 09/03/14

10011: 4339

INSTANT BILL

01/15/14

DATE	DR PAT	DIAG	TCODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
5/15/03	1	SS	9P		WORKMAN'S COMP PAY		559.70	35163.75
* APPLIES TO CHARGES ON: 11/14/02 CHK#:599910								
5/15/03-	1	SS	9BC		WORKMAN'S COMP WRI		166.07	35329.82
3/27/02							1521.74	36851.56
5/15/03-	1	SS	9BC		WORKMAN'S COMP WRI		4338.45	41190.01
1/14/02								45528.46
5/20/03-	1	SS	9BC		WORKMAN'S COMP WRI		1537.00	47065.46
0/17/02								48602.46
5/20/03	1	SS	9P		WORKMAN'S COMP PAY			48602.46
* APPLIES TO CHARGES ON: 10/17/02 CHK#:599235								
5/03/03	1	SS	1234	64470	C/T FACET INJ, IT C	1940.00		50542.46
(DAYS/UNITS = 4)								
5/03/03	1	SS	1234	64470	C/T FACET INJ, IT D	535.00		51077.46
5/03/03	1	SS	1234	99070	INJECT SUPP II	144.15		51221.61
5/03/03	1	SS	18	97014	MODALITY/ E. STIM	92.00		51313.61
(DAYS/UNITS = 2)								
5/03/03	1	SS	1234	99213	OFFICE/OP VISIT - E	98.00		51411.61
5/03/03	1	SS	2345	31040	DEPOMEDROL, 80 MG	45.00		51456.61

INSTANT BILL

09/03/14

ACCT: 4389

APPLIES TO CHARGES ON: 07/00/02 CRR#:000000
 1/13/03- 1 00 000 WORKMAN'S COMP WK1
 1/20/02 3.0 WORKMAN'S COMP PAY
 1/15/02 1 00 000
 APPLIES TO CHARGES ON: 08/27/02 CRR#:000010

626.44 35735.54

63.03 35793.46

CONTINUED ON NEXT FORM

***** INSTANT BILL *****
 CHARLESTON SPINE & P.L. MED.

ACCT: 4389

DATE: 09/03/14

Acct: 4559

INSTANT BILL

02/03/14

DATE	UN	PAT	DIAG	CODE	MOD	DESCRIPTION	CHARGE	CREDIT	BALANCE
6/04/03	1	00	123	97073		INJECT SUPP II	144.15		33732.00
6/04/03	1	00	123	93214	25	OFFICE/OP VISIT - E	138.20		33870.00
6/04/03	1	00	321	97014		MODALITY/ E. STIM	92.00		33962.00
						(DAYS/UNITS = 2)			
6/04/03	1	00	321	97010		MODALITY - HOT/COLD	61.00		34023.00
6/04/03	1	00	123	92030		COLD PACK DISPOSED	4.00		34027.00
						(DAYS/UNITS = 5)			
6/04/03	1	00		11P		PAYMENT BY CHECK		100.00	33927.00
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3529									
6/04/03	1	00		11P		PAYMENT BY CHECK		100.00	33827.00
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3530									
6/13/03	1	00		11P		PAYMENT BY CHECK		100.00	33727.00
* APPLIES TO CHARGES ON: 03/22/01 CHK#:3535									
6/30/03	1	00		0P		WORKMAN'S COMP PAY		105.00	33622.00
* APPLIES TO CHARGES ON: 03/13/03 CHK#:622106									
6/30/03	1	00		56C		WORKMAN'S COMP WRI		38.40	33583.60
6/13/03									
7/02/03	1	00		11P		PAYMENT BY CHECK		100.00	33483.60

September 10, 2014

Original

RECEIVED

SEP 10 2014

(FRONT DESK)
SC Workers' Comp Comm

Eugenia Hollmon
Judicial Docketing Director
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al. WCC File
No.: 0217755, DOA 3/23/2002.

Dear Ms. Hollmon:

I am submitting to the Appeals Panel the Appellant Brief along with the Proof of Service.
Enclosed also is a Partial Ledger of a Financial Statement submitted as Exhibit E.
soon as Appellant received the rest of the Ledger, the Appellant will submit it to the
Workers' Compensation Commission.

SCWCC
SEP 11 2014
JUDICIAL

Yours truly,

Gertrude Shiver

Gertrude Shiver
1026 Congaree Church Rd.
Gadsden, S. C. 29052
(803) 353-3892
g.shiver@att.net

cc. Attorneys Lana Sims, Jr. and Andrew Fajardo

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



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

Claimant's Name: Gertrude Shriver SSN: 249-98-2546 Employer's Name: Palmetto Health Richland
Address: 1026 Congaree Church Road Address: 5 Richland Ave. Richland Park
City: COLUMBIA State: SC Zip: 29203
Gadsden _____ State: SC Zip: 29052 Insurance: Palmetto Hospital Trust Service (PHIT)
Home Phone: (803-353-3892) Work Phone: (803) 260 5115
Preparer's Name: Gertrude Shriver Law Firm: PRO SE Preparer's Phone #: (803) 353-3892

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons?
See attached response document- QUESTION 1A AND QUESTION 2

Did the Commissioner incorrectly decide the facts? If so, what facts?
See attached response document - QUESTION 1A AND QUESTION 2A

Do you think the Commissioner applied the wrong law? If so, what law?
See attached document - QUESTION 1A AND QUESTION 2A

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what?
See attached document - QUESTION 1A AND QUESTION 2A

What action do you want the Commission to take in this case?
Remand to the Single Commission for rehearing and grant Appellant's request that the Single Commission impose and award statutory penalties and interest as required by statutory Law. See attached document.

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 10 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.

Attached Response Sheet For Gertrude Shiver

W.C.C File No. 0217755 (3-23-2002)

Did the Commissioner fail to consider important reasons
for award of compensation? If so, what reasons?

Question 1A

The Commissioner failed to consider that while Commissioner David Huffsteler's October 23, 2007 order did not directly command the Respondents to pay Appellant total disability benefits from March 23, 2002 through April 8, 2002 and all related authorized medical bills, Commissioner Huffsteler's order, however, did implicitly ordered Respondents to pay Appellant disability benefits and all medical bills simply upon the basis that Respondents admitted the claim and agreed to pay her according to statutory requirements. Commissioner Huffsteler's order approved Respondent's agreement.

In the order dated October 23, 2007, Commissioner Huffsteler noted in his statement of the case for W.C.C File No. 0217755 that:

"The Claimant seeks and Defendants do not contest paying temporary total disability from March 23, 2002 through April 8, 2002 and all authorized medical treatment....

The Defendants do not contest the payment of temporary total benefits from March 23, 2002 through April 8, 2002 at this time (T.p.39, Lines 20-23).

Additionally, Defendants agree to pay all authorized medical treatment and submitted Exhibit A, Payment History for related bills, showing the Employer has paid all authorized medical cost. (T.p.42, Lines 6-20, Exhibit A)."

See attached copy of the Single Commissioner's order and copies of Transcript pages hereto and incorporated herein by references, along with the cover page of the Transcript.

The Commissioner failed to consider that Appellant did appeal the Single Commissioner order to the Appellate Panel of the Full Commission. In a Decision and order dated May 3, 2011, Commissioners Andrea C. Roche, M. Bryan Lyndon, and Derrick L. Williams affirmed the Single Commissioner's order which approved Respondent's agreement in this claim. The Full Commission held that Appellant had a Statutory right to receive Compensation benefits pursuant to the South Carolina Workers' Compensation Act.

In addition, the Full Commission's Conclusion of law this matter constitutes an affirmation of the Single Commissioner's order which granted Appellant an award enforceable as an order

p.2

demanding under their agreement to pay Appellant "temporary total disability from March 23, 2002 through April 8, 2002 pursuant to Section 42-9-10 and agree to pay all authorized medical treatment pursuant to Section 42-15-60."

A copy of the Decision and order of the Full Commission dated May 3, 2011 is attached hereto and is incorporated herein by reference.

The Respondents violated Section 42-9-240 when they failed and refused to pay Appellant Compensation benefits when owed under the award granted to her by the judicial orders of both the Single Commission and the Full Commission. See also Sections 42-17-40.

Therefore, for these reasons the Commissioner failed to impose upon Respondents penalties as Appellant requested in her motion for sanction for non-compliance with payment of statutory benefits dated March 21, 2014 and as she requested at the hearing held on May 16, 2014. See hearing transcript attached.

Question 2A

The commissioner failed to allow Appellant the opportunity to respond and be heard regarding Respondents' proposed motion and order so that Appellant could present to the commissioner documentary proof showing that Respondents have not, in fact, paid all Appellant's authorized medical treatment as Respondents have consistently and falsely maintained before the Single Commission, Appellate Panel of the Full Commission, the Court of Common Pleas, and the South Carolina Court of Appeals.

At the hearing held before Commissioner Roche on May 16, 2014, the Commissioner gave an order allowing Respondents fourteen (14) days to search the record diligently to make absolute certain whether all Appellants medical bills have been paid. See attached hearing transcript pages 8,9, and 10. In completed opposition, Respondents wrote the order in such manner reflecting that Commissioner had ordered them "fourteen (14) days to resubmit evidence at 2007 hearing before Commissioner Huffsteler in then Exhibit A, Payment History for Related Bills, showing the employer has paid all authorized medical costs related to this claim. "See attached Commissioner Roche's order and Respondents' Exhibit A marked as Exhibit D.

Appellant submits the attached documents marked as Exhibits B, C, E, D, exclusively showing that Respondents have, in fact, not paid all her medical treatment as Respondents had contended. Because the Respondents have repeatedly made false statements telling the Commissions and the Courts that they have paid All of Appellant's medical cost, the Appellant is statutorily entitled to receive compensation in the form of statutory interest and other sanctions.

9-10-14

Detrick Shum, Prose

Original

July 7, 2014

Honorable Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
133 Main Street, Suite 500
Columbia, South Carolina 29202

RE: Gertrude Shiver V. Palmetto Health
Richland Memorial Hospital, etal
W.C.C File No. 0217755, DOA
3/23/2002

Dear Honorable Crocker:

Please find enclosed for filing form 30, Request for Commission Review, together with a Hearing Transcript and a copy of certification of service indicating that these documents have been served on the defendants.

Very truly yours,

Gertrude Shiver

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

200176
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RECEIVED
JUL 11 2014
FRONT DESK
SC Workers' Comp Comm

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov



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

Claimant's Name: Gertrude Shiver SSN: 249-98-2546 Employer's Name: Palmetto Health Richland
Address: 1026 Congaree Church Road Address: 5 Richland Medical Park
City: Gadsden State: SC Zip: 29052 City: Columbia State: SC Zip: 29203
Home Phone: (803) 353-3892 Work Phone: (803) 260-5115 Insurance Carrier: Palmetto Hospital Trust Services (PHT)
Preparer's Name: Andrew Fajardo Law Firm: Adams & Reese LLP Preparer's Phone #: (803) 254-4190

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 03/23/02
(m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

That Gertrude Shiver does hereby appeal the order of the Single Commission, dated June 20, 2014, in reference to W.C.C. file no. 0217755. The claimant received notice of the order on June 20, 2014. The Claimant, Gertrude Shiver, would cite, as her grounds for appeal, the following exceptions and alleged errors of law.

- (A) The Commission committed on error of Law in denying Appellant an opportunity to make a response to Defendants' Motion and proposed order so that Appellant could request to be afforded a hearing and to present to Commission Andrea C. Roche authentic, documentary evidence showing that Defendants have not, in Fact, paid all Appellant's authorized medical treatment and care as Defendants has consistently Claimed.

See attached copy of e-mails from Appellant to the Hon. Barbara D. Cheeseboro, Administrative Assistant to Commissioner Andrea Roche and from Ms. Cheeseboro to Appellant and marked as Exhibit A. See attached continuation page.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Andrew Fajardo on the 7th day of July 2014, by X first class postage ☐ certifiedmail ☒ personal service.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

REQUEST FOR COMMISSION REVIEW

Preparer's Signature *Denture Shum* Title *Pro se*

Email *g.shum@att.net*

Date *7/7/2014*

Check this box if you are not represented by an attorney ☒ X

RECEIVED
JUL 07 2014
(FRONT DESK)
SC Workers' Comp Comm

(B) The commissioner erred in finding as a fact that defendants have paid all Appellant's authorized medical treatment and care when Commissioner Roche denied Appellant's the opportunity to respond with documentary evidence to defendants' motion and proposed order. See attaches copies of documentary evidence and marked as Exhibit B and C. Exhibit B is Dr. Gregory M. Jones' letter providing notice that Defendants have not paid for Appellant's Medical Care that Appellant has with Charleston Spine & Physical medicine, PA, and an outstanding balance of \$19,175.25. Dr. Jones an authorized physician. There exist more medical expenses with Dr. Jones that Defendants have failed to pay including the MRI that Jones ordered on the Appellant. Please see attached addendum to be filed later.

Exhibit C is a document listed as a Ledger charge item detail view Report indicating payments. Appellant made an attempt to pay for her own medical treatment and care since Defendants failed and refuses to pay Appellant's Medical expenses with Dr. Jones as punishment for writing a book and not going over to Healthworks on subsequent injuries. She has spent a large sum of out-of-pocket money toward satisfying those medical expenses which the Defendants has a statutory obligation to pay, not Appellant.

Pursuant to Appellant form 50 and motion for sanctions, a hearing was held before the hearing Commissioner on May 16, 2014. There, the Commissioner ordered Defendants within 14 days to present proof that Defendants had in fact paid all of Appellant's authorized medical bills. (R.p.9, lines 17-23).

In compliance to the Commissioner's Order, Defendants presented a documental history of related bill payment to Appellant purporting to be proof that Defendants have paid all of Appellant's Medical expenses as required by statutory law. See attached copy of Defendant's document purporting to be proof of Defendants.

Following the hearing, Appellant obtained through efforts of her own Dr. Jones' letter notifying whoever may be concerned that Appellant has an outstanding Medical bill balance which Defendants have owed but not paid. From Commissioner David W. Huffstetler, to the Full Commission, to the Court of Common Pleas and to the Court of Appeals, the Defendants have maintained that all of Appellant's medical bills have been paid. Defendants' statement was not true; therefore Defendants have perpetrated a continuous Fraud upon the Court. Because Defendants have not paid all of Appellants medical expenses, the Commissioner could not have found as a fact and Conclusion of law that the Defendants have fulfilled their statutory obligations when Appellant in fact have found Defendants have not paid all of her Medical bills.

(C) The Commissioner erred in denying Appellant's request for the imposition of sanctions since Defendants, after twelve (12) years, have failed to pay all of Appellant's medical expenses she received from Dr. Jones and Defendants' failure in delaying temporary total disability for such long periods of time. Defendants took twelve (12) years to pay Appellant temporary total disability compensation for the injuries she sustained on March 23, 2002. In addition, after twelve years, Defendants have yet to pay all Appellant's medical expenses that too are related to the injuries she received on March 23, 2002. Defendants intentionally violated Section 42-19-30 to keep from paying compensation to Appellant. Commissioner Roche was required to impose sanctions on the Defendants for not filing the required forms, records and reports in this matter.

Gertrude Profile Go Sign Out Home

Exhibit A

Friday, June 20, 2014 4:37 PM

RE: Motion and Order that was signed

From: "Cheeseboro Barbara" <BCheeseboro@wcc.sc.gov>
To: "Gertrude Shiver" <g.shiver@att.net>

Any SCWCC appeal cases heard prior to 2007 goes to the Circuit Court.
Hope this clarifies your question.

Barbara D. Cheeseboro
Administrative Assistant to
Commissioner Andrea C. Roche
(803) 737-5678 (Tel.)
(803) 737-1204 (Fax)
bcheeseboro@wcc.sc.gov

-----Original Message-----

From: Gertrude Shiver [mailto:g.shiver@att.net]
Sent: Friday, June 20, 2014 4:13 PM
To: Cheeseboro, Barbara
Subject: RE: Motion and Order that was signed

Dear Ms. Cheeseboro:

This will be to the Circuit Court since the accident happened in 2002, right?

Sincerely,

Gertrude Shiver

On Fri, 6/20/14, Cheeseboro, Barbara <BCheeseboro@wcc.sc.gov> wrote:

Subject: RE: Motion and Order that was signed
To: "Gertrude Shiver" <g.shiver@att.net>
Cc: "andrew.fajardo@artlaw.com" <andrew.fajardo@artlaw.com>
Date: Friday, June 20, 2014, 4:08 PM

The Order was placed in today's
mail.

I submitted copies of the Form 30 and 32 along with the Order.

No motion. She'll have 14 days to appeal the order now that it's been signed. (This was Comm. Roche's response to your earlier e-mail regarding filing a
counter
motion)

Barbara D. Cheeseboro
Administrative Assistant to
Commissioner Andrea C. Roche
(803) 737-5678 (Tel.)
(803) 737-1204 (Fax)
bcheeseboro@wcc.sc.gov

-----Original Message-----

From: Gertrude Shiver [mailto:g.shiver@att.net]
Sent: Friday, June 20, 2014 4:01 PM
To: Cheeseboro, Barbara
Cc: andrew.fajardo@artlaw.com
Subject: RE: Motion and Order that was signed

Dear Ms. Cheeseboro:

This is what I was talking about. Attorney Fajardo had submitted a Motion along with this Proposed Order. I was going to submit a Counter Motion before
she signed the Order. If Commission Roche signed the proposed Order that was submitted then I will have to Appeal the Order To the Circuit Court. How
many days do I have to Appeal this Order and the Motion that was included with this Order to The Circuit Court.

Yours truly,

179

6/20/2014 5:1

Exhibit B



**Charleston Spine &
Physical Medicine, PA**

Gregory M. Jones, M.D.
2093 Henry Tecklenburg Drive, Suite 310
Charleston, SC 29414

Office (843) 402-0111
FAX (843) 402-9010
Toll Free (800) 393-7008

June 23, 2014

To Whom It May Concern:

Gertrude Shiver was a patient of mine relating to an injury sustained March 2002. My practice was issued a Letter of Protection relating to this case, and upon settlement her medical care was to be covered by this LOP. However, we were not paid for Ms. Shiver's medical care and this is notice that Ms. Shiver still has an outstanding balance of \$19,175.25.

Sincerely,

Gregory M. Jones, M.D.

GMJ/bjl

Ledger Charge Item Detail View Report

Exhibit C

Guarantor: 4559: Shiver, Gertrude

Criteria [Date Range: 2/19/2009 to 04/22/2014; Provider: All; Office: All; Include: Charges, Payments, Comments, Adjustments, Comments, Unposted]

Svc Date	Post Date	Ofc	Prv	Code	Meth	Modifier	Description/Source	Claim #	Amount	Ins Bal	Pt Bal
4559: Shiver, Gertrude									-200.00		
10/18/2011	10/18/2011			PTPAY	CK		Gertrude Shiver # 094		-100.00		
01/04/2012	01/04/2012			PTPAY	CK		Gertrude Shiver # 302		-200.00		
02/01/2012	02/01/2012			PTPAY	CK		Gertrude Shiver # 103		-200.00		
02/23/2012	02/23/2012			PTPAY	CK		Gertrude Shiver # 111		-200.00		
04/17/2012	04/17/2012			PTPAY	CK		Gertrude Shiver # 118		-200.00		
05/28/2012	05/28/2012			PTPAY	CK		Gertrude Shiver # 128		-200.00		
06/21/2012	06/21/2012			PTPAY	CK		Gertrude Shiver # 136		-200.00		
07/30/2012	07/30/2012			PTA	AJ		PT adjustment		-100.00		
07/30/2012	07/30/2012			PTPAY	CK		Gertrude Shiver # 146		-100.00		
08/28/2012	08/28/2012			PTPAY	CK		Gertrude Shiver # 153		-100.00		
10/09/2012	10/09/2012			PTPAY	CK		Gertrude Shiver # 167		-100.00		
11/01/2012	11/01/2012			PTPAY	CK		Gertrude Shiver # 177		-100.00		
11/19/2012	11/19/2012			PTPAY	CK		Gertrude Shiver # 189		-100.00		
01/04/2013	01/04/2013			PTPAY	CK		Gertrude Shiver # 199		-100.00		
02/13/2013	02/13/2013			PTPAY	CK		Gertrude Shiver # 212		-100.00		
02/25/2013	02/25/2013			PTPAY	CK		Gertrude Shiver # 222		-100.00		
03/15/2013	04/15/2013			PTPAY	CK		Gertrude Shiver # 231		-100.00		
04/24/2013	04/29/2013			PTPAY	CK		Gertrude Shiver # 242		-100.00		
05/28/2013	06/03/2013			PTPAY	CK		Gertrude Shiver # 308		-100.00		
06/23/2013	06/27/2013			PTPAY	CK		Gertrude Shiver # 258		-100.00		
07/16/2013	07/30/2013			PTPAY	CK		Gertrude Shiver # 260		-100.00		
08/25/2013	08/26/2013			PTPAY	CK		Gertrude Shiver # 270		-100.00		
09/22/2013	09/24/2013			PTPAY	CK		Gertrude Shiver # 280		-100.00		
10/29/2013	10/29/2013			PTPAY	CK		Gertrude Shiver # 286		-700.00		
11/26/2013	11/26/2013			PTPAY	CK		Gertrude Shiver # 290		-600.00		
12/30/2013	01/02/2014			PTPAY	CK		Gertrude Shiver # 300		-200.00		
12/17/2013	01/02/2014			PTPAY	CK		Gertrude Shiver # 298		-300.00		
03/26/2014	03/26/2014			PTPAY	CK		Gertrude Shiver # 371		-300.00		
03/24/2014	03/24/2014			PTPAY	CK		Gertrude Shiver # 312		-300.00		
03/24/2014	03/24/2014			PTPAY	CK		Gertrude Shiver # 318		18,975.25	0.00	18,975.25
Balance											

	Current	31-60	61-90	91-120	121+	Unapplied	Total
Insurance	\$1,291.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,541.00
Patient	\$0.00	\$0.00	\$845.00	\$0.00	\$18,975.25	\$0.00	\$19,820.25
Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$1,291.00	\$250.00	\$845.00	\$0.00	\$18,975.25	\$0.00	\$21,361.25

Charleston Spine Physical Me

04-22-14

06/23/2014 11:39 8434029019

CHARLESTON SPINE

sl #	Check #	Trans Date	Type	Clr.	Vold	Status	Payee
79	574872	8/7/2002	Payment	No	No	P	Pitts Radiological Assoc
84	0	8/7/2002	Payment	No	No	P	Intracorp Hospital Bill R
170	575674	8/21/2002	Payment	No	No	P	Palmetto Baptist Medical
171	0	8/21/2002	Payment	No	No	P	Intracorp Hospital Bill R
798	598909	5/10/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M
799	0	5/10/2003	Payment	No	No	P	Intracorp Hospital Bill R
800	598910	5/10/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M
801	0	5/10/2003	Payment	No	No	P	Intracorp Hospital Bill R
526	599235	5/15/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M
1527	0	5/15/2003	Payment	No	No	P	Intracorp Hospital Bill R
1407	0	9/19/2003	Payment	No	No	P	PHT Services, Ltd.
1771	602106	6/24/2003	Payment	No	No	P	CHARLESTON SPINE & PHYS M
1772	0	6/24/2003	Payment	No	No	P	Intracorp Hospital Bill R
7878	612208	1/3/2003	Payment	No	No	P	PALMETTO RICHLAND
7879	0	1/3/2003	Payment	No	No	P	PALMETTO RICHLAND
880	0	1/3/2003	Payment	No	No	P	Intracorp Hospital Bill R
10246	661407	3/8/2005	Payment	No	No	R	Reimbursement Consultants
18524	0	2/22/2005	Collection	No	No	R	Second Injury Fund
10336	692082	1/17/2007	Payment	No	No	P	Garber Reporting Service

Over all Total: \$5,199.62

Check Amount From/To Date

\$18.00	3/24/2002 - 3/24/2002
\$3.53	3/24/2002 - 3/24/2002
\$488.00	3/24/2002 - 3/24/2002
\$3.53	3/24/2002 - 3/24/2002
\$1,088.00	6/10/2002 - 7/30/2002
\$23.63	6/10/2002 - 7/30/2002
\$622.78	7/30/2002 - 11/14/2002
\$46.85	7/30/2002 - 11/14/2002
\$1,537.00	8/27/2002 - 11/14/2002
\$105.92	8/27/2002 - 11/14/2002
\$22.00	5/1/2003 - 5/31/2003
\$105.60	5/13/2003 - 5/13/2003
\$14.17	5/13/2003 - 5/13/2003
\$902.40	9/8/2003 - 9/8/2003
\$500.00	9/8/2003 - 9/8/2003
\$47.83	9/8/2003 - 9/8/2003
\$41.07	1/24/2005 - 1/24/2005
(\$410.69)	2/4/2005 - 2/4/2005
\$60.00	12/20/2006 - 12/20/2006

Payments: \$5,610.31

Invoice #

8208300003
2306095016
60208300003
2306098552
4559-12
2307418793
4559-10
2307418818
4559-10
2307436340
0501-0531-2003
455913
2307575760
R0325100081
R0325100081
2308002682
1106583481
126331483
12-06-247

Transaction Type

Radiology
Intracorp/Bill Review
Hospital/Institution
Intracorp/Bill Review
Doctor
Intracorp/Bill Review
Doctor
Intracorp/Bill Review
Doctor
Intracorp/Bill Review
Managed Care
Physical Therapy
Intracorp/Bill Review
Radiology
Deductible Applied
Intracorp/Bill Review
SIF Recovery Fees & Expen
Second Injury Fund Recove
Court Reporting Fees

Collections: \$410.69

Detail Amount User Check Date

\$18.00	gandre	8/8/2002
\$3.53	gandre	8/7/2002
\$488.00	wkelle	8/22/2002
\$3.53	wkelle	8/21/2002
\$1,088.00	CSC	11/5/14/2003
\$23.63	CSC	11/5/10/2003
\$622.78	CSC	11/5/14/2003
\$46.85	CSC	11/5/10/2003
\$1,537.00	CSC	11/5/19/2003
\$105.92	CSC	11/5/15/2003
\$22.00	dee	9/19/2003
\$105.60	CSC	11/6/27/2003
\$14.17	CSC	11/6/24/2003
\$902.40	CSC	11/11/5/2003
\$500.00	CSC	11/11/3/2003
\$47.83	CSC	11/11/3/2003
\$41.07	smith	9/7/2005
(\$410.69)	Louris	2/22/2005
\$60.00	ahartin	1/17/2007

Voids: \$0.00

ots:
Proprietary & Confidential Data
RISKMASTER®
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Exhibit D

3.22.02

182

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0217755

GERTRUDE SHIVER,	)	
	)	
	)	PRE-HEARING
	)	CONFERENCE NOTES
CLAIMANT,	)	BEFORE COMMISSIONER
	)	ANDREA C. ROCHE
v.	)	
	)	<u>TRANSCRIPT</u>
PALMETTO RICHLAND	)	
MEMORIAL HOSPITAL,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
PALMETTO HOSPITAL TRUST,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	

THE WORKERS' COMPENSATION HEARING, TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
9:06 A.M., FRIDAY, MAY 16, 2014, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA 29202.

**CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189**

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 THE COURT: Ms. Shiver, you understand you've got
2 the right to have an attorney represent you today?

3 MS. SHIVER: Ma'am?

4 THE COURT: You understand you have the right to
5 have an attorney represent you today?

6 MS. SHIVER: Yeah, I understand, but I couldn't
7 get an attorney.

8 THE COURT: And the Motion has been filed asking
9 for authorized medical treatment and TTD from 3/23/02
10 through 4/8/02. It's my understanding y'all are
11 willing to pay that, right?

12 MR. SIMS: Yes, Commissioner.

13 THE COURT: Why haven't you paid it?

14 MR. SIMS: I don't know if it hasn't been paid,
15 Commissioner. This is seven years ago, I -- we have
16 no -- we don't contest the payment of TTD. We never
17 have contested the payment of TTD but today's Motion
18 by Ms. Shiver addresses an Order that frankly we've
19 never been ordered to pay anything and even if it were
20 ordered, that Order, the 2007 Order by Commissioner
21 Huffstetler is in the Court of Appeals.

22 THE COURT: Yes, but it's not -- y'all didn't
23 appeal it though so it's not so it doesn't actually
24 supersede, so.

25 MR. SIMS: No, ma'am, just that Order never

1 ordered us to do anything.

2 THE COURT: I understand.

3 MR. SIMS: And so why --

4 THE COURT: So did y'all --

5 MR. SIMS: I don't know.

6 THE COURT: -- if y'all don't contest paying that
7 then I don't understand why y'all don't go ahead and
8 pay it?

9 MR. SIMS: I -- I don't know that it hasn't,
10 Commissioner.

11 THE COURT: Does your adjuster know whether it's
12 been paid?

13 MR. SIMS: We're looking into that and would --
14 if -- if it has not been paid we are going to pay it.

15 THE COURT: Okay.

16 MR. SIMS: If it has been paid or if compensation
17 was paid in lieu of TTD we'll address that with -- the
18 -- this is not an issue for us, we will gladly pay Ms.
19 Shiver her \$800 and --

20 THE COURT: And as I understand it Commissioner
21 Huffstetler's Order found that y'all had already paid
22 the authorized medical?

23 MR. SIMS: That is correct.

24 THE COURT: Ms. Shiver, the two things that you
25 asked for in your Motion was the temporary total

1 disability benefits from March 23rd, '02 to April 8th,
2 '02 --

3 MS. SHIVER: Uh-huh.

4 THE COURT: -- and the authorized medical
5 treatment. Now, Commissioner Huffstetler's Order says
6 that they've already paid the authorized medical
7 treatment and I understand that's under appeal, but
8 since that's under appeal I can't do anything about
9 that today; I don't have jurisdiction to do anything
10 about that. They have agreed that they owe you the
11 temporary total disability benefits if they haven't
12 already paid it.

13 MS. SHIVER: I never received anything.

14 THE COURT: What they're doing is checking -- I'm
15 going to give them 14 days to check their records to
16 determine whether or not they've paid it or not. I
17 think I've got jurisdiction over this because I don't
18 think that's on appeal, the fact that you owe it, you
19 know, so -- not that there was ever an Order saying
20 that you owed it.

21 MR. SIMS: Yeah, that's our -- that's our point,
22 Commissioner, there really was no Order for that.

23 MS. SHIVER: Well, I had wrote them a letter to
24 try to find -- for them to send the documentation so I
25 could be sure -- go over it, but I never got no

1 response from where they had paid it or not because I
2 wanted to go over it and be sure.

3 THE COURT: I'm going to give them 14 days to
4 look in their records to find out; they need to prove
5 that they've paid it to you already with however they
6 can do that with a cancelled check or something like
7 that or they're going to pay it.

8 MS. SHIVER: Because I --

9 THE COURT: Okay.

10 MS. SHIVER: -- because I never received any --
11 any temporary total.

12 THE COURT: It won't be -- what's the comp rate;
13 do you know, Lana?

14 MR. SIMS: Yes, Commissioner. Let's see, it's
15 \$350.76. That period of time, Commissioner, March 23,
16 2002 to April 8, 2002 is 17 days. That's 2.42 weeks
17 and it totals \$851.58.

18 THE COURT: Okay. That's how much money we're
19 talking about.

20 MS. SHIVER: Well, how about the penalties they
21 supposed to pay -- they also supposed to pay after I
22 first got hurt after eight days.

23 THE COURT: There's no --

24 MS. SHIVER: They never paid me -- they never
25 gave me anything.

1 THE COURT: There's no Order in place right now
2 saying that they had to pay you that, so I would
3 imagine -- in the beginning did y'all deny that you
4 owed it in the beginning?

5 MR. SIMS: Yes, -- yes, Your Honor.

6 THE COURT: All right. So there was never an
7 Order saying that they had to pay it so I can't do
8 sanctions and penalties based on that.

9 MS. SHIVER: But I thought according to the law
10 they supposed to have paid it automatically, according
11 to the law.

12 THE COURT: They pay it if they admit that they
13 owe it, but for a long time they didn't admit that
14 they owed it and that was never determined at a
15 hearing, that's why.

16 MS. SHIVER: I -- I don't appear to understand
17 it, but I mean I had injuries before and I never had
18 to beg, I mean they just paid it to me when I reached
19 my days with my -- from my back surgery I didn't
20 (inaudible) and they knew that at once somebody would
21 say they were punishing me, so I thought they should
22 get penalized and interest for that for the period of
23 which I hurt and the law said after eight days.

24 THE COURT: I mean there's not going to be any
25 penalties and interest today.

1 MS. SHIVER: Not going to be any?

2 THE COURT: No. But they are going to pay you
3 within -- either prove that they paid you or pay you
4 within 14 days. And they're saying they may have
5 already paid you.

6 MS. SHIVER: I never got a check, that's what I'm
7 saying.

8 THE COURT: Well, they'll still have to prove
9 that you -- you know, they can't just say they paid
10 you without proof, without showing a check that you've
11 negotiated.

12 MS. SHIVER: I never got one.

13 THE COURT: So if that's the case then it won't
14 be -- then they'll need to pay you.

15 MR. SIMS: Commissioner, will you please confirm
16 for the record the appropriate address to make sure
17 Ms. Shiver gets this check if it is, in fact, to be
18 mailed to her?

19 THE COURT: Ms. Shiver, what's your current
20 address?

21 MS. SHIVER: Ma'am?

22 THE COURT: What is your current address?

23 MS. SHIVER: 1026 Congaree Church Road.

24 THE COURT: Cullowhee Church?

25 MS. SHIVER: Congaree, like Congaree -

1 THE COURT: Congaree? Okay, like the river?

2 MS. SHIVER: Yeah, Congaree Church Road, Gadsden,
3 South Carolina, 29052.

4 THE COURT: 29052?

5 MS. SHIVER: Do you want my email?

6 THE COURT: Yes, give me your email.

7 MS. SHIVER: Email is small g with a period
8 @att.net. My phone number and cell on both of those I
9 can give it to you.

10 THE COURT: No, I'm okay with that. Let me take
11 a look at one thing in here. All right. Mr. Sims, do
12 me an Order giving y'all 14 days to either prove that
13 she's been paid or pay. I find that I've got
14 jurisdiction because I don't think that particular
15 issue is on appeal, so I've got jurisdiction.
16 Commissioner Huffstetler's Order says that y'all agree
17 that y'all would be responsible -- are you still
18 getting bills from your '02 claim?

19 MS. SHIVER: No, ma'am. I -- I'm paying on my
20 own -- pay my bills myself.

21 THE COURT: The ones that they authorized though,
22 did they pay those already?

23 MS. SHIVER: No, ma'am, I -- not that I know,
24 that's why I wrote him a letter for him to send me
25 documentation and clarify that they had paid them. I

1 never received --

2 THE COURT: Commissioner Huffstetler's Order says
3 that y'all agree that you would be responsible for
4 them.

5 MR. SIMS: And we submitted evidence of the bills
6 having been paid at the time, Commissioner.

7 THE COURT: I don't see a Finding on that that's
8 why.

9 MS. SHIVER: That's why I asked him for the
10 documentation.

11 MR. SIMS: At page nine.

12 THE COURT: I'm looking at the Findings in the
13 APAs.

14 MR. SIMS: It was Exhibit A (inaudible) history
15 for related bill that's showing the Employer has paid
16 all authorized medical (inaudible).

17 THE COURT: Okay. What I want you to do is
18 within 14 days I want proof that y'all paid those. It
19 could be the (inaudible) that you submitted and --
20 because it's going to take y'all -- because y'all
21 basically agreed that y'all would be responsible. He
22 doesn't make a Finding in this Order that he Finds
23 that you have paid them.

24 MR. SIMS: With all due respect, Commissioner,
25 the first paragraph of the Order, "The Defendants have

1 provided appropriate medical treatment. And --

2 THE COURT: I wish he had put that --

3 MR. SIMS: -- are not liable for any additional
4 medical treatment or compensation." I -- I'm happy to
5 provide you with copies --

6 THE COURT: You said that was page 9 of the
7 Order? That's not in the Findings of Fact. Just to
8 clean this up, Mr. Sims, I need you to resubmit that
9 evidence of those medicals bills that have been paid
10 and then -- within 14 days and also submit evidence to
11 me either that you need to pay Ms. Shiver or that
12 she's already been paid.

13 MR. SIMS: Yes, Your Honor.

14 THE COURT: Okay? We'll take it up from there.

15 MS. SHIVER: Okay. I want the record to reflect
16 that I did ask for penalties and interest.

17 THE COURT: Absolutely.

18 MS. SHIVER: I should have been given penalties
19 and interest through the first (inaudible) date that I
20 was out.

21 THE COURT: Okay.

22 MS. SHIVER: I never received anything from them.

23 THE COURT: All right. Be sure to put that in
24 the Order.

25 MR. SIMS: Thank you, Commissioner.

1 THE COURT: Ms. Shiver, good luck to you. Thank
2 you.

3 MR. SIMS: Commissioner, would you please ask the
4 name of the gentleman that attended the hearing with
5 Ms. Shiver?

6 THE COURT: What's your name, sir?

7 MR. THACKER: Johnny Thacker.

8 THE COURT: What is it?

9 MR. THACKER: Johnny Thacker.

10 THE COURT: Thacker? T-H-A-C-K-E-R?

11 MR. SIMS: And his address too?

12 MR. THACKER: 1627 Conniker Street, Columbia,
13 29204.

14 THE COURT: Did you get that, Cora?

15 MR. THACKER: I'm -- I'm going to file a
16 affidavit to South Carolina Court of Appeals
17 requesting that I represent her.

18 THE COURT: You can try; they're not going to let
19 you do it.

20 MR. THACKER: Yes, they have. I have done it
21 before. I have two jury trials in Lexington County
22 and I appealed from that to the Court of Appeals and I
23 addressed and they allowed me to do it because there's
24 a case law, 17th century case law allows me to
25 represent her in a civil case if -- if she requested I

1 do so, but I can't charge her any money because that
2 would be illegally practicing law.

3 THE COURT: All right.

4 MR. THACKER: But the Court of Appeals will allow
5 me to represent her.

6 THE COURT: Okay. Well, good luck with that.

7 MR. THACKER: Thank you.

8 THE COURT: Good to see y'all. Thank you.

9 (The pre-hearing conference concluded at 9:21

10 a.m.)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF LEXINGTON) CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING
 WORKERS' COMPENSATION PRE-HEARING CONFERENCE NOTES;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN
 AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

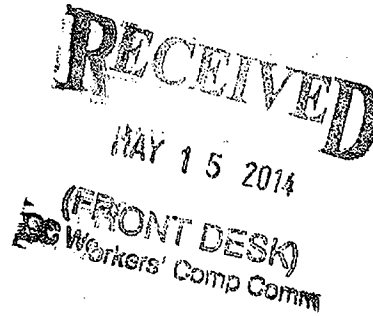
THE FOREGOING TRANSCRIPT CONSISTING OF 12
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
 AND ABILITY;

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 30TH DAY OF JUNE,
 2014.

 CORA ELLIS BRUTON
 NOTARY PUBLIC FOR SOUTH CAROLINA
 MY COMMISSION EXPIRES JANUARY 18, 2015

May 15, 2014



Honorable Virginia L. Crocker
Judicial Director
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, South Carolina 29202

RE: Gertrude Shiver v. Palmetto Health Richland Memorial Hospital, et al. WCC File No.
0217755, DOA 3/23/2002.

Dear Honorable Crocker:

Please find enclosed herewith for filing Claimant's Pre-Hearing Brief and a copy of the Proof of Service that these documents have been served on the Defendant.

Very truly yours,

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

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



Claimant's Name: Gertrude Shiver
Address: 1026 Congaree Church Road
City: Columbia State: S.C. Zip: 29052
Home Phone: (803) 353 3892 Work Phone: (803) 260- 5115
Preparer's Name: Gertrude Shiver
Employer's Name: Palmetto Health Richland
Address: Five Richland Medical Park
City: Columbia State: S.C. Zip: 29203
Carrier: PHT Risk Management Services
Preparer's Phone #: (803) 254- 4190

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$350.76 2. AWW: \$ 526.11 Date of Injury: March 23, 2002
3. Type of Injury and body part(s): Lower Back and Side
4. Facts in controversy: on March 23, 2002 Claimant, Gertrude Shiver, sustained an injuries by accident to her lower back and side during the course and scope of her employment at Palmetto Health Richland. The defendant admitted the claim and commenced providing medical treatment through Charleston Spine and Physical Medicine, PA.
the defendant has failed to follow proper procedures and legal obligations to Claimant (See Attachment to continue)
5. Legal issues involved: see above
6. Unusual aspects: _____
7. Witnesses (designate if expert):* _____
8. Exhibits: Commissioner David W. Huffsteller's Order dated October 23, 2007, pages 8, 9, and 10.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): _____
10. Name, address, and specialty, if any, of the treating physician: Dr. Gregory Jones, Charleston Spine and Physical Medicine, 2093 Henry Technburg Drive, Suite 310 East, Charleston, South Carolina 29414
11. Impairment rating(s); body part(s); physician and date of opinion: _____
12. I am amending my Form 50/51 in the following manner: _____

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

Signature: Gertrude Shiver

Email: g.shiver@alt.net

Date of hearing: May 16, 2014

Time needed for hearing: one hour

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

MAY 15 2014

Facts in Controversy Continues:

(FRONT DESK)
SC Workers' Comp Comm

Pursuant to the South Carolina Worker's Compensation and Administrative Procedures Act by defendant failing to pay Claimant temporary total disability benefits when it was due under the statutes and all authorized medical treatment. The defendant has ignored statutory laws which demanded defendant to have paid the claimant and all her medical expenses as the law required. Twelve (12) years have elapsed since Claimant and Defendant agreed to the award. This issue is not in her appeal before the South Carolina Court of Appeals. Neither Claimant nor defendant has contested the admitted claim and all terms of compensation.

The only issue the Claimant has presented to the South Carolina Court of Appeals for review regarding WCC File No. 0217755 is the question whether she experienced an aggravation of a preexisting injury. On March 23, 2002, she was working in the trauma department at Palmetto Health Richland Hospital. The Claimant fell out of a chair when she reached down to pick up her writing pen that she dropped. The chair on which she was sitting toppled over on top of her during this time. The Claimant was still being treated for her Achilles tendon, heel, and left foot injury which occurred in 2001.

The Claimant was never paid for the days that she was out of work with her back injury because the Administration of the Medical Records Department was angry with her. The hospital was severely punishing the Claimant because the emergency room physician had directed her to follow up with her private physician even though the physician knew that this was a worker's compensation injury. He told Claimant not to go back over to HealthWorks. The defendant hospital had a nurse practitioner at HealthWorks taking care of an orthopedic injury and then a neurologist taking care of an orthopedic injury. The Claimant kept falling. Claimant has some documented disabilities and HealthWorks at Palmetto Health Baptist was aware of Claimant disabilities during the hiring process.

The Claimant developed some sciatica from this accident, and about two more bulging discs were found on a MRI that was done. There was an aggravation of the prior herniated disc in the lumbar area. A bulging disc was noted in the L5- S1 area after this accident.

The Claimant has been awarded compensation by a single commissioner ruling. On October 23, 2007, Commissioner Huffstetler held a hearing on the claim and ruled she was entitled to compensation because the defendant has admitted to the claim and agreed to pay temporary total disability and all her medical bills. The insurance adjuster had agreed to pay for treatment to Claimant's back and a subsequent neck injury.

The defendant attorneys did not respond to claimant's letter requesting documentation as to the payment of medical bills for this claim as well as several others. Claimant cannot drop this issue because this issue is intertwined and interrelated to all the other issues in controversy before the Court of Appeals. In addition, some more problematic issues have to be corrected.

The Claimant is informed and believes she is entitled to the following benefits pursuant to the South Carolina Workers Compensation Act: (1) Payment of all causally related medical bills, (2) Temporary Total Disability Compensation, (3) Prescription expense, (4) Reimbursement for out of pocket personal medical expense and days missed from work after each steroid injection, and (5) Sanctions as further directed by the Commission as may be deemed.

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

Gertrude Shiver Gertrude Shiver May 15, 2014

RECEIVED

MAY 15 2014

(FRL) (SK)
SC Workers' Compensation

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

GERTRUDE SHIVER, Employee/Claimant,

vs.

PALMETTO HEALTH RICHLAND, Self-Insured/Employer,

And

KEY RISK MANAGEMENT SERVICES, TPA/Defendant,

AND

PALMETTO HOSPITAL TRUST, Carrier/Defendant,

AND

TRIDENT REGIONAL MEDICAL CENTER, Employer/Defendant,

AND

ZURICH AMERICAN INSURANCE COMPANY, Carrier/Defendant.

Hearing:

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

Appearances:

Employee, Gertrude Shiver, appearing *Pro Se*

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

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

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

Purpose of Hearing:

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

Decision and Order:

By David W. Huffstetler, Commissioner

Filed: October 25, 2007

Cola 795834v1

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MAY 15 2007
(FRONT)
SC WORKERS' COMP.

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

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JUN 15 2004
FRONT DESK

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

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

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

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

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

STATEMENT OF THE CASE FOR WCC FILE NO. 0217755

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

EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

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

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

MEDICAL EVIDENCE OF THE CASE FOR WCC FILE NO. 0217755

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

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

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

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

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

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

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

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

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

STATEMENT OF THE CASE WCC FILE NO. 0227098

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

March 21, 2014

The Honorable Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

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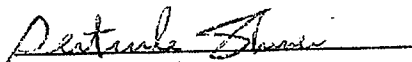
(F) (S)
SC Workers' Comp Comm

Re: Gertrude Shilder v. Palmetto Health Richland
SCWCC File: 0217755
Hearing Request: Yes

Dear Ms. Crocker:

Enclosed please find the original and one copy of a Form 50 and Motion for penalties in the above-referenced case that I am filing with the Commission and serving upon Lana H. Sims, Jr., Esquire 1501 Main Street, 5th Floor P.O. Box 2285 Columbia, S.C. 29202, attorney for carrier with a certificate of service by mail. Claimant is requesting a hearing. Additionally, I have enclosed my check in the amount of \$25.00 to cover filing fee.

Sincerely,


Gertrude Shilder

Enclosure: Form 50, Motion for penalties
cc: Lana H. Sims, Jr., Esquire
1501 Main Street, 5th Floor
P.O. Box 2285
Columbia, S.C. 29202

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



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

Claimant's Name: Gertrude Shriver SSN: 249-98-2546
Address: 1026 Congaree Church Road
City: Gadsden State: SC Zip: 29052
Home Phone: (803) 353-3892 Work Phone: 803 260-5115
Preparer's Name: Gertrude Shriver Law Firm: PRO SE

Employer's Name: Palmetto Health Richland
Address: 5 Richland Medical Park
City: Columbia State: SC Zip: 29203
Insurance Carrier: Palmetto Hospital Trust
Services (PHT)
Preparer's Phone #: (803) 353-3892

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

Date of Injury or Illness: 03-23-2002

1. The claimant sustained an injury to lower back and side (Part(s) of Body Injured) on 03/23/2002 (Month/Day/Year) in Richland county, state of SC.
2. Body part(s) affected are: lower back and side.
3. Briefly describe how the accident occurred. I accidentally dropped my marker pen and as I reached down to pick up the marker, the chair I was sitting in toppled over on my lower back and side.
4. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
5. The relationship of employer and employee existed at the time of injury.
6. At the time of the injury the claimant was performing services arising out of and in the course of employment.
7. Notice of the accidental injury was given to the Employer on 3/25/2002 (Month/Day/Year) in the following manner:
I told Alice Ammons. I believe an incident report was filled out.
☐ 7. Due to injury, the claimant is in need of (check one): N/A
☐ (a) medical examination and treatment for: _____
☐ (b) additional medical examination and treatment for: _____
☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
3/23/2002 through 4/8/2002
☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
X(1) General Disability: XTotal ☐ Partial X(2) Specific Disability: XTotal ☐ Partial X (3) Wage Loss
9a. ☐ A determination of permanent disability is premature at this time.
☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
10a. At the time of the injury, the Claimant was paid weekly wages of (Claimant requests a form 20) _____, 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:
Only Palmetto Health Richland
11. Further grounds or unusual aspects of claim:
See Attached Motion for Penalties.
11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Gregory Jones, Charleston Spine and Physical Medicine, 2093 Henry Tecklenburg Drive, Suite 310 East, Charleston, S.C. 29414; Dr. Jeffrey Hook, Midland Internal Medicine Associates, 3000 Northeast Medical Park, Suite 108, Columbia, S.C. 29223, Palmetto Health Baptist Physician, Taylor at Marion St., Columbia, S.C., Disc Imaging, 1136 Bowman Road, Mount Pleasant, S.C. 29464.
11b. To the best of your knowledge, did you have any prior permanent disability? None
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: 40 minutes
☒ 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
Lana H. Sims Jr., Adams and Reese LLP, 1501 Main Street, 5th Floor, PO Box, 2285, Columbia, SC 29202
address _____ on the 21st day of 2014, 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.

205

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 Regulation 67-6J1 through 67-6J5 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/10

50

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

206

STATE OF SOUTH CAROLINA	)	BEFORE THE
COUNTY OF RICHLAND	)	SOUTH CAROLINA WORKERS'
<i>Gertrude Shiver</i>	)	COMPENSATION COMMISSION
	)	
Claimant,	)	W.C.C File No. 0217755
vs.	)	
<i>Palmetto Health Richland</i>	)	<u>MOTION FOR SANCTIONS FOR NON-</u>
	)	<u>COMPLIANCE WITH PAYMENT OF</u>
Employer/Defendant.	)	<u>STATUTORY BENEFITS</u>
_____	)	

**TO: LANA H. SIMA, Jr., ESQUIRE, ADAMS AND REESE LLP, ATTORNEY
FOR THE DEFENDANT:**

PLEASE BE ADVISED that the claimant will move before the appropriate Commissioner for an Order requiring the Defendant to provide the following:

1. On March 23, 2002 claimant, Gertrude Shiver, sustained an injury to her lower back and aide during the course and scope off her employment at Palmetto Health Richland. The Defendant admitted the claims and agreed to persuade claimant with the following: a) temporary total disability compensation from March 23, 2002 through April 8, 2002; and b) full payment of all authorized medical treatment and care.

2. As of today's date, the Defendant has not provided temporary total compensation or paid all authorized medical costs.

3. Fourteen (14) years have passed and the Defendant has refused to provide temporary total compensation and payments of all authorized medical cost without filling a form 21 or 17 as required by Regulation 67-506 of the South Carolina Case.

4. Claimant has appealed the instant case to the South Carolina Court of Appeals, raising the issues that the injuries she sustained to her lower back and side on March 23, 2002 aggravated a pre-existing condition, infirmity or disease which is compensable under the workers' compensation statute. See Mullinax v. Winn-Dixie stores, Inc., 458 S. E. 2d 76 (S.C. App. 1995); Thompson Ex Rel. Harvey v. Cisson const., 659 S. E. 2D 171 (S. C. App. 2008). On appeal, Defendant does not contest payment of temporary total compensation and all medical cost and agreed to do so.

WHEREFORE, the claimant is informed and believes that the Defendant should be required to authorized and provide the following: 1) temporary total disability compensation from March 23, 2002; 2) All temporary total compensation owned to date; 3) Payments of all authorized medical treatment and care; and 4) Sanction as further directed by the commission for failing to comply with its agreement and to have had promised payment of temporary total compensation and all causally-related medical care and treatment.



Gertrude Shiver

Claimant Pro Se

Columbia, South Carolina

1 STATE OF SOUTH CAROLINA) IN COMMON PLEAS
2 COUNTY OF RICHLAND) COURT
3)
4 GERTRUDE SHIVER,)
5) TRANSCRIPT
6 -V-) OF
7) RECORD
8 PALMETTO HEALTH RICHLAND, ET AL) 2015-CP-40-00169
9 DEFENDANT.)

10

11

NOVEMBER 6, 2015

12

RICHLAND, SOUTH CAROLINA

13

14 B-E-F-O-R-E:

15 HONORABLE TANYA A. GEE, JUDGE;

16

17 A-P-P-E-A-R-A-N-C-E-S:

18 FOR THE PLAINTIFF:

19 PRO SE

20

21 FOR THE DEFENDANT:

22 F. EARL ELLIS, JR.

23

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I-N-D-E-X

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MOTION:

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CERTIFICATE OF REPORTER:

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1 (The following proceedings were held on
2 November 6, 2015.)

3 THE COURT: The next case on the docket is
4 Gertrude Shiver vs. Palmetto Health Richland.

5 THE DEFENSE: Your Honor, my name is Earl Ellis.
6 You may see several names representing the hospital, but I'm
7 Earl Ellis.

8 THE COURT: Thank you very much. I saw that you
9 had a notice of appearance in the file.

10 And you're Ms. Shiver?

11 Yes, ma'am.

12 THE COURT: Am I pronouncing your last name right?

13 Yes, ma'am, Shiver.

14 THE PLAINTIFF: Shiver. Very good.

15 A long I.

16 THE COURT: This case has an interesting
17 procedural history for sure. This is an appeal from a
18 worker's comp full commission order denying sanctions
19 against Palmetto Health Richland. Most appeals no longer
20 come to the circuit court, but this is from an injury that
21 predates the change in the law.

22 As I understand, this all began back in 2002; is
23 that correct?

24 THE PLAINTIFF: Yes, ma'am.

25 (Nodded in the affirmative.)

1 THE COURT: All right. Let me just make sure that
2 I understand the history of this case. The injury occurred
3 in 2002 and this --

4 This involves an injury to your lower back; is
5 that right?

6 THE PLAINTIFF: And my side.

7 THE COURT: And your side, okay.

8 The commissioner ordered temporary total benefits
9 from March 23rd to April 8th, 2002. The commissioner found
10 that Ms. Shiver had some unauthorized medical payments and
11 that's why, I suppose, the benefits were cut off. Full
12 commission affirmed. That came to Judge Lee here at the
13 circuit court. She affirmed. It's been appealed to the
14 Court of Appeals and that's still pending. So that piece of
15 the order, whether you're entitled to more benefits than the
16 worker's comp commission gave you, that's still to be
17 determined by another court at another time.

18 But while that appeal is pending, in March of
19 2014, Ms. Shiver, you sought sanctions against the
20 respondent for not paying your temporary total disability
21 benefits and for not paying for your medical costs; is that
22 right?

23 Yeah.

24 THE COURT: Okay.

25 THE PLAINTIFF: And the accident happened in 2002.

1 THE COURT: All right. And the commissioner found
2 that the order only required that temporary total benefits
3 from March 23rd to April 8th and that the -- all of the
4 medical costs had been paid. There was some issue where
5 they wanted to make -- either the commissioner or the full
6 commission wanted to make sure that they had fully complied
7 with the order. I understand the respondent had said they
8 were confused about whether they needed to pay because this
9 was still on appeal.

10 And so everybody agrees, though, now that
11 everything's been paid as of June 17th, 2014?

12 THE PLAINTIFF: No, ma'am.

13 THE COURT: You do not agree with that?

14 THE PLAINTIFF: They didn't pay --

15 THE COURT: On June 17th, 2014, you didn't get
16 paid?

17 THE PLAINTIFF: No, they told the Court that they
18 had, I have -- I've been trying get some information from
19 them to make sure.

20 THE COURT: You didn't get anything from them or
21 you didn't get enough?

22 THE PLAINTIFF: They wouldn't answer my letters
23 and stuff, so I finally had to go to the doctor to be sure
24 because they been running over me because I'm pro se. And
25 the doctor sent a letter saying no, they hadn't paid it.

1 THE COURT: So you're talking about the medical
2 bills?

3 THE PLAINTIFF: When I got the chance to look
4 through all my papers, the information I turned into the
5 Court today, they didn't pay all of it.

6 THE COURT: Okay. Well, well, ultimately, the
7 worker's comp commission, the commissioner and then the full
8 commission denied your request for sanctions?

9 THE PLAINTIFF: Yes, ma'am, but --

10 THE COURT: And that's what this hearing is about,
11 just about the sanctions?

12 THE PLAINTIFF: Yes, ma'am.

13 THE COURT: There's a lot of other issues that are
14 floating around out there that are on appeal with the Court
15 of Appeals, but that's the narrow issue before me today; is
16 that correct?

17 THE PLAINTIFF: Yeah, about the sanctions and
18 penalties.

19 THE COURT: Okay. All right. I'll hear from you,
20 Ms. Shiver.

21 THE PLAINTIFF: Okay. Well, the issue was the
22 denial of sanctions by the appellate panel. Under section
23 42-9-260(g), they supposed to have penalties and sanctions
24 for them withholding my total TTD ever since 2002. They
25 wouldn't pay -- first of all, the statute doesn't give the

1 second commission or no other the panel the discretionary or
2 authority for excuse for untimely payment for 12 years and
3 not to impose penalties and sanctions upon the respondent
4 and the carrier.

5 What happened when I was hurt, the hospital was
6 angry with me because I didn't go to the nurses, so they
7 were punishing me. They wouldn't give it to me. Then later
8 on, I had wrote a book and they got more angry at me. They
9 fired me from the job and they wouldn't never give it to me.

10 And then when we went before Commissioner
11 Hochstetler, he knew about the book and everything. He had
12 a copy. He was mad at me, too. So they didn't give me
13 anything, just dismiss all of my claims with prejudice.

14 But then after we going through the appeal
15 process, haven't finished that yet, we went back, but they
16 never paid me for being out those 15 days, which they
17 automatically supposed to do under the statutory. Because
18 it's in the statute, they supposed to pay me after eight
19 days. And then says if they don't -- G says, Failure to
20 comply with this section shall result in 25 percent penalty
21 imposed upon the carrier and employer computing under the
22 amount of benefits. In violation of this section and the
23 amount penalty must be paid to the employee in addition to
24 the amount of benefits withheld.

25 So they -- that's why I'm coming in. They

215

1 supposed to have paid me penalty for holding it for 12
2 years.

3 THE COURT: And how much money do you say that
4 they held for 12 years?

5 THE PLAINTIFF: They wouldn't pay me and they
6 wasn't going to pay me till now if I didn't go back to
7 court.

8 THE COURT: Are you saying they didn't pay for --

9 THE PLAINTIFF: The TTD --

10 THE COURT: For that month period?

11 THE PLAINTIFF: Yeah, they didn't never give it to
12 me --

13 THE COURT: Well, what about -- what about the
14 fact that you appealed, did that affect whether they knew
15 whether they should have to pay?

16 THE PLAINTIFF: That wasn't part of the appeal
17 process.

18 THE COURT: Okay.

19 THE PLAINTIFF: That wasn't part of the appeal.

20 We went before the judge and I explained that to him because
21 they tried to dismiss this appeal here.

22 THE COURT: Right.

23 THE PLAINTIFF: But he overruled them. It wasn't
24 part -- it's not a part of the appeal process.

25 THE COURT: Okay.

1 THE PLAINTIFF: About the sanctions and penalties,
2 it's not a part of that. This is something separate.

3 THE COURT: Okay.

4 THE PLAINTIFF: Uh-huh.

5 THE COURT: Okay.

6 All right. Mr. Ellis.

7 THE DEFENSE: Ms. Shiver has, I think, six cases
8 against the hospital, all of them at the Court of Appeals
9 now. If she loses here, I assume this part will also go up
10 to the Court of Appeals and all of them will be heard all at
11 once. You've done a wonderful job digesting all of this,
12 I'm impressed. We're here today over \$212.92. If she wins,
13 we're required to pay that, that's the amount of the
14 sanction.

15 My first inclination, Your Honor, was to say
16 please rule for her, against me, make me pay \$212 so this is
17 over, but I really don't feel comfortable doing that. The
18 -- we were ordered to pay about five weeks of temporary
19 total disability benefits. Before we could do it, she
20 appealed.

21 And you know, that could have gone either way,
22 that issue. Did that appeal give us an excuse not to pay?
23 If it did, we're okay. If it didn't, we probably should
24 have paid. So we raised that to the commission and they
25 bought that excuse. And the single commissioner and the

1 full commission, all four of them, it's a three-member
2 panel, bought the excuse. And they said, you know, you're
3 right, you didn't have to pay it then, but you do have to
4 pay it now. We're going to make you pay it now. So we said
5 okay and so we did. And so that part has been paid.

6 The issue is whether our excuse, which was bought
7 by the commission as being a valid excuse, is valid.
8 There's a whole myriad of cases that say that some respect
9 is supposed to be given to the administrative body who's
10 charged with administering the statute, the worker's comp
11 statute. There was not any dissent in this. It was all
12 unanimous. And so we're here today whether the commission
13 was correct in saying we should not be sanctioned because we
14 actually paid the temporary total in a time fashion after it
15 was determined that we did, in fact, owe it then.

16 And, Your Honor, really picked up immediately what
17 the issue was, did her appeal, which was a scatter box
18 appeal, did that just end everything? I mean, did that put
19 everything on hold? That is that we didn't know anything
20 yet because she appealed everything. And frankly, I thought
21 it did and the commission agreed with it. And that's where
22 we are.

23 THE COURT: Okay.

24 Any response?

25 THE PLAINTIFF: Yes, ma'am, he -- the issue of the

1 penalties and sanctions was not appealed to -- I'm sorry, it
2 wasn't appealed to the appellate court. That's --

3 THE COURT: Right.

4 THE PLAINTIFF: -- why we had to go back the last
5 time with the other judge.

6 THE COURT: But the actual award -- the reason why
7 you're asking for sanctions is because you say you were
8 awarded temporary total benefits back in 2002 and it's been
9 12 years and they haven't paid me. But that order that you
10 say requires them to pay you temporary total benefits,
11 that's what was on appeal. And so they were saying, we
12 didn't know what to do, it was on appeal.

13 There's a rule, Rule 240, that says when things
14 are on appeal, everything is stayed. There are some
15 exceptions. And we think we don't need to pay. And that's
16 what they told the commission. The commission understood
17 that position and said okay, it wasn't bad faith, but just
18 pay it. Go ahead and pay her that amount of money.

19 THE PLAINTIFF: No, no --

20 THE COURT: That's --

21 THE PLAINTIFF: -- it's not like that.

22 THE COURT: Okay. Tell me why it's not like that.

23 THE PLAINTIFF: I'm talking about the section here
24 where y'all supposed to pay, that's law.

25 THE COURT: Uh-huh.

1 THE PLAINTIFF: When you out sick or whatever.

2 That's when they supposed to have paid it to me, but they
3 never did.

4 THE COURT: I --

5 THE PLAINTIFF: And they have admit the injury and
6 everything.

7 THE COURT: But did you realize that when you
8 filed the appeal that there are consequences to filing an
9 appeal? And one of those consequences is that everything
10 that the commission did gets put on hold or, at least, can
11 get put on hold and that may be why they didn't pay you.
12 Did you ever understand that or not?

13 THE PLAINTIFF: No, because the commissioner, he
14 didn't -- he didn't award me anything because he was angry
15 with me about my book, like I told you.

16 THE COURT: Right. So you're saying he awarded
17 you something and they should have paid you something?

18 THE PLAINTIFF: I should have -- supposed to have
19 got paid ever since I was injured.

20 THE COURT: Yeah.

21 THE PLAINTIFF: That's what the law say, after
22 eight days. And I was injured before and I never had to go
23 through all of this here when they admit the injury. They
24 paid me for being out sick with my back.

25 THE COURT: Uh-huh.

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1 THE PLAINTIFF: But this here, they know they
2 supposed to pay, but they didn't do it because they was
3 punishing me. That's what I'm trying to explain to you.

4 THE COURT: I understand what you're saying.

5 THE PLAINTIFF: That's what it was. That's why
6 they didn't pay me. And they keep letting it drag on and
7 on. They wouldn't never pay me if I didn't go back to court
8 again. So that's what happened. That's why I had to go
9 back and come back again here because they wouldn't pay me.
10 They was going to never pay me because they was still
11 punishing me, which I don't think it's right. If the law
12 say I supposed to get it, then I supposed to get it, if
13 that's what the law say. I try to live by the law. I don't
14 know why they can't try to live by it.

15 THE COURT: All right. Thank you.

16 All right. I have studied this case prior to
17 coming out here. There's a lot of procedural history here,
18 obviously. And the only issue before me is whether the full
19 commission erred in not awarding sanctions to Ms. Shiver for
20 Palmetto Health Richland not paying the temporary total
21 benefits that had been awarded back in 2002 to her.

22 That -- almost astoundingly to me, that order is
23 still under appeal and there is no final order in that case
24 as of yet. And the hospital explained to the commission
25 that the reason that they had not yet paid the something

1 like \$800 or maybe it was \$1200, something along those
2 lines, was because of this appeal.

3 And when matters are under appeal, there's often
4 confusion about whether the order is automatically enforced,
5 if there's an automatic stay. The general rule under Rule
6 240 of the South Carolina Appellate Court rules is that
7 orders, once they're appealed, are stayed on appeal. And
8 there are many exceptions to that rule as in Rule 241. And
9 it's often a point of contention among parties whether an
10 order is stayed when it's appealed or not appealed.

11 And that can be litigated at the court of appeals
12 here. It was litigated with the commission. The commission
13 understood the position that Palmetto Health Richland was in
14 and did not find that sanctions were appropriate. I don't
15 find any error in that decision and, therefore, the full
16 commission's order is affirmed.

17 Mr. Ellis, can you prepare an order for me,
18 please?

19 THE DEFENSE: Yes, ma'am.

20 THE COURT: Thank you. How long will it take
21 you?

22 THE DEFENSE: I'm not going to work anymore today,
23 but I will be at work on Monday.

24 THE COURT: All right.

25 THE DEFENSE: So I will do it Monday.

222

1 THE COURT: That's fine. Just so long as I get it
2 by next week, Friday, and if you could --

3 Ms. Shiver, do you have an e-mail address he can
4 send it to or should he mail it to you?

5 THE PLAINTIFF: Just mail it to me because I have
6 dial-up.

7 THE COURT: All right. That's fine.

8 Since you're mailing it to me, please mail it to
9 me as well. I like to always use the same means.

10 THE DEFENSE: Judge, to which address would you
11 like me to mail it?

12 THE COURT: The PO box here. I wish I knew my PO
13 box. I don't know my PO Box. You have to look on the
14 website, I am sorry.

15 THE DEFENSE: I'll do it.

16 THE COURT: Okay.

17 Thank you.

18 THE DEFENDANT: Okay. Thank you.

19 THE PLAINTIFF: And I need to get a copy of the
20 transcript.

21 THE COURT: If you'll come up and grab a card from
22 her. You'll have to request a transcript from her.

23 Okay. Thank you.

24 THE COURT: Thank you.

25 END OF PROCEEDINGS

223

1 COUNTY OF RICHLAND)

2 CERTIFICATE OF REPORTER

3 I, Crystal Holmes, hereby certify that I reported
4 the preceding case entitled Gertrude Shiver vs. Palmetto
5 Health Richland, et al. Case No. 2015-CP-40-00169, at the
6 Richland County Courthouse, November 6, 2015.

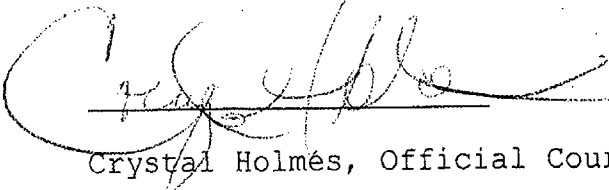
7 I FURTHER CERTIFY that the foregoing pages 1
8 through 16 constitute a true, accurate and full transcript
9 of said hearing.

10 I FURTHER CERTIFY that I am not employed by any of
11 the parties hereto and I have no financial interest in the
12 outcome of said case.

13 IN WITNESS WHEREOF, I have heretofore set my hand
14 and seal at Richland County on this 12th day of January,
15 2016.

16

17


Crystal Holmes, Official Court Reporter

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224

1 STATE OF SOUTH CAROLINA

2 COUNTY OF RICHLAND

) COURT OF COMMON PLEAS
) 2015-CP-40-0169

3
4 Gertrude Shiver,

5 Plaintiff,

6 vs.

7 Palmetto Health Richland,

8 Defendant.

)
)
) TRANSCRIPT OF RECORD
)
)
)

9 April 24, 2015
10 Columbia, South Carolina
11
12

13 B E F O R E:

14 THE HONORABLE PERRY H. GRAVELY, JUDGE; and
15 THE HONORABLE DEANDREA G. BENJAMIN, JUDGE.
16

17 A P P E A R A N C E S:

18 GERTRUDE SHIVER, PRO SE
19 Appearing for the Plaintiff

20 ANDREW W. FAJARDO, ESQ.
21 Attorney for the Defendant
22
23
24

25 DEBORAH M. McCURDY, RPR
Official Court Reporter

I N D E X O F W I T N E S S E S

(WHEREUPON, no witnesses were called
during these proceedings.)

E X H I B I T S

(WHEREUPON, no exhibits were introduced
during these proceedings.)

APRIL 24, 2015

JUDGE GRAVELY: Shiver versus Palmetto Health Richland. Lana Sims. Come on up.

MR. SIMS: Actually, Your Honor, Mr. Fajardo with our law firm will take the lead today, Andrew Fajardo.

MR. FAJARDO: It is a pleasure, Your Honor.

JUDGE GRAVELY: Andrew, what is the last name?

MR. FAJARDO: Fajardo.

JUDGE GRAVELY: All right. What have we got here?

MR. FAJARDO: Your Honor, we are here today -- may it please the Court, of course? We are here --

JUDGE GRAVELY: And you are Gertrude Shiver; is that correct?

MS. SHIVER: Yes, sir. Yes, sir.

JUDGE GRAVELY: You are the claimant.

Okay. All right. And I'll be glad to hear from you.

MR. FAJARDO: Thank you, Your Honor. Again, may it please the Court? We are here today on a motion to dismiss. And this is based off of an appeal from a Full Commission order regarding Workers' Compensation File Number 0217755, the date of accident being March 23rd of 2002.

1 While we have boxes and boxes of materials
2 that we could bring up to go through the procedural
3 history of this claim, essentially the main crux of
4 this is that this very same action is already
5 pending within the Court of Appeals. Therefore, we
6 move to dismiss under 12(b)8 of the South Carolina
7 Rules of Civil Procedure. Also, I believe that the
8 Appellate Court has subject matter jurisdiction
9 under Rule 205 as well.

10 To provide some background --

11 JUDGE GRAVELY: Let me have that.

12 MR. FAJARDO: Sure. These claims have been --
13 this is a 2002 injury. These claims were initially
14 heard in 2007 under one single hearing before the
15 Single Commissioner at that time.

16 Subsequent to that, it was appealed to the
17 Full Commission, who affirmed that order. Then it
18 went to the Circuit Court. Then it was remanded to
19 Full Commission, went back to the Circuit Court,
20 approved, affirmed the Full Commission order, and
21 that is the order that is being appealed to the
22 Court of Appeals, which includes this and six other
23 Workers' Compensation claims with the same
24 employer, different dates of action.

25 What we have is essentially a -- without

1 getting too much into the merits of it -- is a
2 matter of TTD payment that has been disputed, and
3 also a matter of unpaid medical bills which have
4 been affirmed throughout the course.

5 And at this point we believe that it is in the
6 best interest of judicial economy to allow
7 Ms. Shiver to absolutely have her right to appeal,
8 but to allow that to be in the Court of Appeals
9 where it is currently pending and briefs are being
10 written as opposed to having concurrent appeals
11 both now in the Circuit Court and then also in the
12 Court of Appeals for the same relief.

13 That is the basis of my motion today.

14 JUDGE GRAVELY: Let me ask you this. And, Ms.
15 Shiver, I will be glad to hear from you in a
16 minute, but I am going to ask him a question first.

17 MS. SHIVER: Okay.

18 JUDGE GRAVELY: Now, so the appeal that you
19 are here about today is the same thing that is
20 pending in the Court of Appeals?

21 MR. FAJARDO: Same subject matter.

22 JUDGE GRAVELY: Same -- okay.

23 MR. FAJARDO: It is.

24 JUDGE GRAVELY: All right. And, Ms. Shiver,
25 if you will stand, please.

1 (Complies.)

2 JUDGE GRAVELY: What is different about this
3 appeal than what is pending now before the Court of
4 Appeals?

5 MS. SHIVER: What is pending before the Court
6 of Appeals, I -- this is a separate matter. I
7 didn't say nothing about sanction and penalty for
8 them not paying me temporary total for 12 -- over
9 12 years. And I have my final briefs right here,
10 and I have nothing in there about that.

11 JUDGE GRAVELY: Who is your attorney on the
12 appeal?

13 MS. SHIVER: I don't have an attorney. That
14 is the reason why I'm here today. I don't have an
15 attorney.

16 And their adjuster when I was injured -- I had
17 Ms. Carla Stewart, but she gave the case up -- she
18 corresponded with Mr. Joseph Stern. I have the
19 letter right here where they had agreed to pay for
20 my medical care and I give her mileage, which I
21 did.

22 And at the time when we went before
23 Commissioner Huffstetler, they told me that they
24 had paid this. And I thought they were being
25 truthful that they had paid.

1 And then when I finally, you know, been back
2 to see about -- keep going on and on and on -- they
3 never paid me the temporary total. When I finally
4 go to the doctor, I got to the doctor and I
5 explained to him what was happening, that he never
6 did got -- they never did pay everything. So that
7 is why we are back here now.

8 And it was over 12 years when the -- the law
9 says y'all supposed to have given me temporary
10 total in 2007. I never got it. It has been over
11 12 years.

12 And the case before the Appellate Court now, I
13 got both my briefs, and I have nothing in there
14 about sanctions of not paying me temporary total
15 and sanctions and penalties for that injury. That
16 is not -- that is separate matter.

17 If it please the Court, I would like to submit
18 that. Do y'all -- I had submitted this before, but
19 I think y'all still got it, but --

20 JUDGE GRAVELY: I have got some stuff.

21 MS. SHIVER: Well, these are my final briefs.
22 I don't have nothing in there about sanctions and
23 penalties for them not paying for the accident.

24 JUDGE BENJAMIN: All right, thank you.

25 JUDGE GRAVELY: Ms. Shiver, I'm having trouble

1 figuring out, are y'all -- from either one of
2 you -- what you are appealing.

3 MS. SHIVER: I --

4 THE COURT: When was the final -- I mean, it
5 is a final decision by the Workers' Comp
6 Commission?

7 MS. SHIVER: Yes. I'm appealing from the
8 three-man panel because they wouldn't tell the
9 Court that they had to pay sanctions and penalty
10 for not paying me for over 12 years. So they told
11 me I could appeal it. So I am appealing it to the
12 Court.

13 And what they did, then filed a motion to stop
14 it saying it is the same thing as before for the
15 Court of Appeals. But it is not the same thing, it
16 is a different matter.

17 THE COURT: How is it -- tell me how it is
18 different or the same. I mean, it sounds like it
19 is the same thing.

20 MR. FAJARDO: Essentially, sir, it is the same
21 thing. We have -- the same grounds for relief are
22 being requested for the temporary total benefits
23 and also the unpaid and unauthorized medical
24 benefits going back to 2002. Those same issues are
25 being brought in the Court of Appeals now. That is

1 the reason that we are requesting that this motion
2 be granted to dismiss and allow her her right to
3 bring that before the Court of Appeals, but not
4 have concurrent appeals in separate courts on the
5 same matter between the same parties and the same
6 claims.

7 JUDGE BENJAMIN: Let me just ask a quick
8 question. So procedurally, the Workers' Comp, the
9 three-commissioner panel, issued a decision, and
10 that was appealed to Judge Lee?

11 MR. FAJARDO: It was appealed to Judge Lee.

12 JUDGE BENJAMIN: All right. And then Judge
13 Lee affirmed the three-commission panel?

14 MR. FAJARDO: She did, Your Honor.

15 JUDGE BENJAMIN: And then that is the case
16 that is on appeal now?

17 MR. FAJARDO: In effect, she is appealing --
18 it went back before the Single Commissioner. And
19 then this was heard on May 15th of this past year
20 with my law partner, Mr. Sims. And at that point,
21 again, there was a request and motion for
22 sanctions, essentially the same things that have
23 been brought in the Court of Appeals at that time.
24 Commissioner Gross had decided in an effort to
25 perhaps forestall or at least resolve some of these

1 claims, but at least hear the claim at that time,
2 she did hear the claim and found that we were not
3 responsible for any sanctions or penalties. The
4 TTD benefits had been paid. We were allowed to pay
5 those benefits at that time. The Full Commission
6 then affirmed the same thing, as far as the TTD,
7 the lack of motion for sanctions and penalties.
8 And we resubmitted evidence from the 2007 hearing
9 showing that we had paid the authorized medical
10 treatment at that time. And she has appealed that.
11 That appeal is back, of course, now to the Circuit
12 Court.

13 Again, we would agree further that even beyond
14 that, the same issues are in the Court of Appeals
15 now. And, thus, again, the grounds for our motion
16 to dismiss.

17 JUDGE GRAVELY: All right. Anything else? I
18 will hear you briefly.

19 MS. SHIVER: The matter for sanctions and
20 penalties for not paying me the TTD is not before
21 the --

22 JUDGE GRAVELY: You need to address the Court.

23 MS. SHIVER: It is not before -- I didn't put
24 none of that. That matter is a separate matter.
25 After we had done went before the Court of

1 Appeals -- we hadn't been there yet, but it was in
2 the process -- I had to go back to the Workmens'
3 Comp Office to make them pay me the TTD because
4 they wouldn't pay me over 12 years.

5 JUDGE GRAVELY: Well, let me look at it. It
6 looks like -- I mean, just my -- it looks like --

7 MS. SHIVER: It is not the same thing. Excuse
8 me, I don't mean to interrupt you. I didn't --
9 this matter is not before the Court of Appeals.
10 That is why I brought you my two briefs. It is not
11 discussing about that.

12 JUDGE GRAVELY: All right. Do you need these
13 briefs?

14 MS. SHIVER: Well, y'all keep those, I got a
15 copy.

16 JUDGE GRAVELY: All right. I'm going to look
17 at it. But, you know, I am just going to tell you,
18 it looks like either it is a part of the appeal or
19 should have been a part of the appeal. In that
20 case, then we will have to dismiss this one. But I
21 am going to look at it and see, okay? We will let
22 you know. How do we need to notify you?

23 MS. SHIVER: You should have my address and
24 everything.

25 JUDGE GRAVELY: All right. We'll take a look

1 at it and let you know. But, you know, that is
2 kind of what it looks like to me, but I want to
3 review some things.

4 MS. SHIVER: But I didn't say anything about
5 sanction and penalty for not paying me for
6 temporary total in there.

7 JUDGE GRAVELY: Okay. All right, we'll look
8 at it and I'll let you know.

9 JUDGE BENJAMIN: Thank you.

10 MR. FAJARDO: Thank you, Your Honor.

11 MS. SHIVER: And they never paid the bills
12 either.

13 Thank you, Judge.

14 JUDGE GRAVELY: All right, thank you.

15 (WHEREUPON, the proceedings were concluded.)
16
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(END OF TRANSCRIPT)

CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

I, Deborah M. McCurdy, Official Court Reporter for the Fifth Judicial Circuit of the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of the proceedings had and evidence introduced in the trial of the captioned case, relative to appeal, in the Court of Common Pleas for Richland County, South Carolina, on the 24th day of April, 2015.

I do further certify that I am neither of kin, counsel nor interest to any party hereto.

November 18, 2015

s/Deborah M. McCurdy, RPR

Deborah M. McCurdy, RPR
Fifth Circuit Court Reporter

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

RECEIVED

Hon. Tanya A. Gee, Circuit Court Judge AUG 09 2016

SC Court of Appeals

Case No. 2015-CP-40-00169

Gertrude Shiver,.....Employee, Appellant,

v.

Palmetto Health Richland, Employer,
Palmetto Health Trust, Carrier,.....Respondents.

PROOF OF SERVICE

I certify that I have served the bound copy the Record on Appeal on Palmetto Health Richland and Palmetto Health Trust, by hand-delivering a copy of it on August 9, 2016, to the attorneys of record, F. Earl Ellis, Jr, Kirby Darr Shealy, III, and Lyndey Ritz Zwingelberg at 1501 Main Street, 5th Floor, Columbia, S. C. 29201.

August 9, 2016


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