

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2015-001862
SCWCC File No. 1107022

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SC Court of Appeals

Sandy Chamblee, Appellant,

v.

Anderson County Fire Department, Employer, and State Accident Fund, Carrier,
Respondents.

RECORD ON APPEAL Volume 1

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APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1107022

Sandy Chamblee,

APPELLANT,
CLAIMANT,

vs.

Anderson County Fire Department,

EMPLOYER,

AND

State Accident Fund ,

CARRIER,
DEFENDANTS/RESPONDENTS

Appellate Panel Review held in Columbia, South Carolina,
on June 15, 2015, per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

August 5th, 2015

APPEARANCES:

Claimant/Appellant represented by Richard E. Thompson,
Jr., Esquire of Thompson & King Law Office in Anderson,
South Carolina.

Defendants/Respondents represented by Ian C. Gohean,
Esquire of Willson Jones Carter & Baxley, P.A. in
Greenville, South Carolina.

STATEMENT OF THE CASE

Claimant alleges she suffered a permanent aggravation of her preexisting asthma/lung condition on May 26, 2011, when she allegedly inhaled smoke when she presented to a fire in the course of her employment with the Anderson County Fire Department. Claimant filed a Form 50, Request for Hearing, seeking a finding of compensability and entitlement to benefits under the Act. Defendants filed a Form 51, Answer, denying the claim, and a hearing was scheduled and held before Commissioner Gene McCaskill (hereafter, "the Single Commissioner") on November 6, 2014.

It was Claimant's position at the hearing that she suffered a permanent aggravation of her preexisting asthma condition as a direct result of smoke exposure on May 26, 2011. Claimant sought a finding of compensability, along with entitlement to medical benefits, temporary disability benefits, and permanent disability benefits. Claimant alleged she is permanently and totally disabled as a direct result of the incident of May 26, 2011. It was Defendants' position at the hearing that Claimant failed to carry her burden of proving a compensable injury by accident, and Defendants requested an order denying the claim in its entirety. In the alternative, Defendants argued that if the claim was compensable, Claimant had not yet reached maximum medical improvement (MMI), and a finding of permanent disability would be premature. On March 2, 2015, the Single Commissioner issued a Decision and Order.

The Single Commissioner made the following Findings of Fact:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Sandy Chamblee as Employee-Claimant and Anderson County Fire Department as Employer and State Accident Fund as Carrier, Defendants.
2. The average weekly wage of Claimant at the time of the above-described accident was \$756.49, with a corresponding compensation rate of \$504.35.
3. Claimant alleges she suffered a permanent aggravation of her preexisting asthma condition arising out of and within the course and scope of her employment on May 26, 2011.

4. It is Claimant's contention that her asthma was aggravated by smoke from a fire in a field near a vehicle in which she was sitting on or about May 26, 2011.
5. Claimant asserts that, as a result of this aggravation, she is permanently and totally disabled.
6. Defendants deny this claim.
7. From a review of the medical records, Claimant has a relatively extensive medical history, and Claimant has a lifelong history of asthma. (Medical Record as a Whole)
 - a) Claimant testified she was first diagnosed with asthma at about six weeks old and has also had lifelong problems with sinuses and allergies. (Testimony of Claimant)
 - b) Claimant was treated at Duke Medicine for a diagnosis of asthma and allergic rhinitis as a child, and she treated numerous times at Duke Medicine from 1969 through 1976. (APA, pp. 200-219)
 - c) Claimant underwent sinus surgeries in both 1984 and 1986. (APA, p. 220)
 - d) On May 17, 1996, Claimant presented to Dr. Jane Reister, an ENT, where Claimant reported the following issues: excessive coughing, throat clearing, laryngeal tension and pain, persistent upper respiratory infections, severe gastric reflux, excessive head/neck/shoulder tension, asthma, sensation of something being caught in her throat, allergies, sinus drainage, quick vocal fatigue, and cigarette exposure. Claimant also reported to Dr. Reister that she had a "hoarse, raspy voice for as long as she could remember." (APA, p. 222)
 - e) Claimant returned to Dr. Reister on July 31, 1996, and Dr. Reister performed a laryngoscopy and vocal cord stripping procedure. (APA, p. 223)
 - f) Dr. Reister's records from 1996 also indicate Claimant was using an asthma inhaler at that time. (APA, p. 220)
 - g) Claimant returned to Dr. Reister on October 13, 2003, and Claimant indicated her current medications included Lexapro, Singular, Advair, Zithromax, Nexium, Zyrtec, Endall HD, and Cipro. Claimant reported to Dr. Reister that she had been "sent to an asthma doctor." (APA, p. 226)
 - h) Claimant returned to Dr. Reister on November 5, 2003, with complaints of post-nasal drainage, and Claimant indicated she was still on all of the same medications. (APA, p. 229)
 - i) Claimant returned to Dr. Reister on November 21, 2003, and Dr. Reister recommended a sinus surgery on account of Claimant's sinusitis, and the surgery was performed on December 17, 2003. (APA, pp. 229, 257)
 - j) Claimant returned to Dr. Reister in March of 2004 with complaints of "significant allergies" and a sore throat. (APA, p. 231)

- k) Claimant returned to Dr. Reister in September 2004, with complaints of being congested and wheezing, and complaints that Claimant's throat and ears hurt and she felt stopped-up. At that time, Claimant's medications included Singular, Advair, hormones, Nexium, Celebrex and Albuterol. (APA, p. 232)
- l) Claimant returned to Dr. Reister in October of 2004, where she complained of sinus trouble, trouble breathing, wheezing, coughing, sore throat, pressure in the ears, and being very stuffy. Dr. Reister indicated she listened to Claimant's lungs and Claimant "sounds like she is wheezing." (APA, p. 232)
- m) Claimant returned to Dr. Reister in March of 2005, and Dr. Reister indicated Claimant was "having same symptoms." (APA, p. 235)
- n) Claimant returned to Dr. Reister in May of 2005, and Dr. Reister indicated Claimant had "significant sore throat." (APA, p. 235)
- o) Claimant returned to Dr. Reister in June of 2005, and Dr. Reister noted the following: "Her asthma has been a problem. I listened to her today and she really did sound like she was not moving a lot of air but she said in the next couple of days she felt she would probably be doing better." Dr. Reister further noted Claimant "...probably would go to a pulmonologist shortly." (APA, p. 234)
- p) Claimant presented to Dr. Gregg Seymour, her primary care physician, on June 20, 2005, with complaints of cough, congestion, and wheezing. (APA, p. 260)
- q) Claimant returned to Dr. Seymour on July 5, 2005, with complaints of shortness of breath and wheezing, and Dr. Seymour ordered spirometry testing and referred Claimant to a pulmonologist. (APA, p. 261)
- r) On July 25, 2005, Claimant presented to Dr. Stephen Hand, a pulmonologist with AnMed Health Carolina Pulmonary Sleep, per the referral of Dr. Seymour. Claimant indicated she had asthma since she was six weeks old, and "it became much worse during her pregnancy three years ago. She has had significant shortness of breath, wheezing, cough, worse with exposure to heat and humidity this summer." Claimant also indicated she "has been on four or five courses of prednisone this year." Claimant also told Dr. Hand, "she feels fatigued most of the time," and she had had "weight gain of approximately 100 pounds in the past three years." Claimant's issues were noted to include throat pain, intermittent hoarseness, snoring and witnessed apneas, shortness of breath, wheezing, cough, headaches, daytime sleepiness, fighting sleep while driving, falling asleep while working, fighting sleep during conversation, intermittent creeping and crawling sensation in her legs, and intermittent anxiety. Claimant also indicated she was suffering from gastro-esophageal reflux, and Dr. Hand indicated, "I have advised her that this could be a contributor to her problems with asthma. She reports her symptoms are difficult to control, and also reports she sometimes has difficulty swallowing liquids." At the time of her evaluation with Dr. Hand, Claimant's current medications included Singular, Advair, Nexium, allergy shots, Albuterol, and nebulizer treatments. Dr. Hand referred Claimant for a sleep study with a diagnosis of obstructive sleep apnea. (APA, pp. 91-94)

- s) Claimant returned to Dr. Seymour on August 16, 2005, with complaints of sinus/chest congestion, dry cough, and a yellow/brown discharge. (APA, p. 262)
- t) Claimant underwent a sleep study on August 26, 2005, per the referral of Dr. Hand, and she was diagnosed with obstructive sleep apnea. (APA, pp. 293-296)
- u) Claimant returned to Dr. Hand on September 6, 2005, for a follow up of her asthma and sleep apnea. Claimant "reports she had another flare of her asthma and was on prednisone briefly," and she also "notes occasional wheezing." Claimant also complained of nasal congestion and drainage, and a headache, and Dr. Hand indicated Claimant was "being set up for CPAP." (APA, p. 95)
- v) Claimant returned to Dr. Hand on October 10, 2005, and Dr. Hand indicated Claimant had increased cough productive of a yellowish sputum for the past week. (APA, p. 96)
- w) Claimant returned to Dr. Reister, the ENT, in 2005, with complaints of nasal congestion, facial pressure, sore throat, and dark green drainage. (APA, p. 234)
- x) Claimant returned to Dr. Reister in January of 2006 and requested a depo medrol shot. Dr. Reister denied Claimant's request, and indicated "pt should see fam MD or pulmonologist." (APA, p. 236)
- y) Claimant returned to Dr. Hand, her pulmonologist, on March 15, 2006, and Dr. Hand noted she "has had two episodes of bronchitis this winter that required an antibiotic and prednisone." (APA, p. 97)
- z) Claimant returned to Dr. Seymour on June 28, 2006, and Dr. Seymour noted Claimant was "known to have asthma. Over the past several days, she has had sinus congestion and drainage. The mucus is thick and yellow. Mild sore throat has been noted. Occasional wheezes. She uses her aerosol at times." (APA, p. 265)
- aa) Claimant returned to Dr. Reister in October of 2006 with complaints of hoarseness. Dr. Reister noted Claimant to be using Singular, Advair, and receiving allergy shots. (APA, p. 237)
- bb) Claimant returned to Dr. Reister in December of 2006 with complaints of sinus congestion and left ear fullness. Claimant indicated she had taken several Goody's headache powders that day. (APA, p. 237)
- cc) Claimant returned to Dr. Reister in June of 2007 with complaints of throat pain and reflux, and having had a nose bleed that day. Claimant's medications on that day included Singular, Advair, Nexium, Amitriptyline, allergy shots, Elavil, and Albuterol. (APA, pp. 239, 267)
- dd) Claimant returned to Dr. Seymour on July 2, 2007, with complaints of sinus congestion, and again to Dr. Seymour on August 16, 2007, with complaints of sinusitis, bronchitis, and bronchospasm. (APA, p. 271)
- ee) Claimant returned to Dr. Seymour on October 17, 2007, with complaints of chest congestion, shortness of breath, wheezing bronchospasm, and Claimant indicated she

was out of Albuterol. (APA, p. 271)

- ff) Claimant returned to Dr. Reister in November of 2007 and indicated she had tried to stop her allergy shots but it did not work, and she was advised to continue her allergy shots. (APA, p. 240)
- gg) Claimant returned to Dr. Seymour on January 31, 2008, with complaints of sinusitis. (APA, p. 272)
- hh) Claimant returned to Dr. Reister in February of 2008 with complaints of severe sore throat, coughing, wheezing, and nasal congestion with brown colored nasal drainage. (APA, p. 241)
- ii) Claimant returned to Dr. Reister in March of 2008 with complaints of sore throat, increased facial pressure, and chest congestion, and Claimant indicated she used "last antibiotic this a.m. and believes to be getting sick all over again." Claimant requested a depo medrol shot, and Dr. Reister noted Claimant to have a cough and considerable mucus problem, along with bronchitis. (APA, pp. 242-243)
- jj) Claimant returned to Dr. Seymour on March 25, 2008, with complaints of cough, shortness of breath, bronchitis, and bronchospasm. (APA, p. 272)
- kk) Claimant returned to Dr. Hand, her pulmonologist, on October 27, 2008. At that time, Claimant reported she had some problems with her asthma which were improving since going on allergy shots. (APA, p. 98)
- ll) Claimant underwent a lap band surgery in December of 2008. (APA, p. 132; Testimony of Claimant)
- mm) Claimant returned to Dr. Seymour on January 12, 2009, with complaints of cough and sinusitis. (APA, p. 273)
- nn) Claimant returned to Dr. Seymour on April 14, 2009, with complaints of a cough and headache, and complaints of an "exacerbation of asthma." (APA, p. 275)
- oo) Claimant returned to Dr. Reister in April of 2009, where she complained of "some asthma trouble, was outside on Easter." Claimant indicated she had just had a depo medrol shot that week, along with a Z-Pack and prednisone. (APA, p. 245)
- pp) Claimant returned to Dr. Seymour on May 28, 2009, with complaints of sinus congestion, dry cough, bronchitis, and bronchospasm. (APA, p. 275)
- qq) Claimant returned to Dr. Seymour two times in August of 2009 with complaints of chest congestion, wheezing, shortness of breath, and an "exacerbation of asthma," and she received a depo medrol shot. (APA, p. 276-277)
- rr) Claimant returned to Dr. Seymour on September 28, 2009, with complaints of shortness of breath, cough, wheezing, and an "exacerbation of asthma/bronchitis." (APA, p. 278)
- ss) Claimant returned to Dr. Reister in December of 2009, with complaints of having chest

tightness during recent skin testing and having had to receive two Albuterol inhaler puffs during the testing, and Claimant also indicated she had been having "a lot of trouble with tomatoes and some wheezing." (APA, p. 246)

- tt) Claimant returned to Dr. Reister on March 3, 2010, with complaints that she was "very congested and has a sore throat and not feeling well, lots of congestion." Claimant also complained of "lots of post nasal drip." (APA, p. 247)
 - uu) Claimant returned to Dr. Seymour on July 23, 2010, with complaints of chest congestion, wheezing, shortness of breath, and dark phlegm, and Dr. Seymour referred Claimant to a pulmonologist. (APA, p. 280)
8. Nine months before the alleged injury, Claimant was referred by her personal physician, Dr. Seymour, to Dr. Gowdhami Mohan, who is a pulmonologist. (APA, pp. 280, 99-101)
- a) In his medical note of August 25, 2010, Dr. Mohan writes in part, "The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been having trouble with cough, sputum production, etc. The patient has a nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 months." (APA, pp. 99-101)
 - b) Dr. Mohan also noted Claimant to be suffering from runny nose and sinus congestion periodically and noted Claimant to have been diagnosed with sleep apnea and to be using a CPAP machine. Dr. Mohan diagnosed chronic persistent asthma, and he noted Claimant "is using nebulizer treatments regularly and despite this having significant dyspnea. Currently, also has bronchitis and has asthma exacerbation." Claimant was prescribed Levaquin, Singulair, Pulmicort aerosols, Brovana, and Combivent inhaler. (APA, pp. 99-101)
9. Claimant and Larry Greer, Jr. presented to a grass fire on May 26, 2011.
- a) No one disputes that Claimant was with Larry Greer, Jr. on their way to install smoke detectors on May 26, 2011, when Mr. Greer stopped the vehicle to assist firefighters with a grass fire.
 - b) No one disputes that Claimant stayed in the vehicle with the air conditioner running during this time.
 - c) Claimant testified that when they arrived at the location of the smoke, Larry parked the truck and got out to assist with fighting the fire, but Claimant sat in the truck and left the truck running with the air conditioner on to "stay out of the smoke." (Hr'g Tr., pp. 12-13)
 - d) When the car was initially parked, Claimant testified she was not in any smoke. She testified she does not really know how long she was in that location, but she estimated it "could have been 30 minutes." (Hr'g Tr., p. 13)
 - e) Claimant testified that as they stayed at that location, the wind changed direction and

the smoke began coming towards the truck. She testified she could smell smoke in the truck, and she wrapped a coat or some other object around her head "to diffuse it." (Hr'g Tr., pp. 13-14)

f) Claimant testified she probably sat in the truck with the smoke coming in her direction for approximately 45 minutes, but it could have been shorter or longer than that.

g) Claimant was asked to describe the location of the truck she was in on May 26, 2011 in relation to the fire. She testified that Larry parked the truck in the front yard of a house. She testified she could not see the fire from her location, and between her truck and the fire were fire trucks, a house, and woods, then there was a field behind the woods where the fire was located. Claimant further testified:

A: "...We were back, way, way back. We were back way, way from it."

Q: "Way back from the house?"

A: "From the fire and all of it." (Hr'g Tr., pp. 56-58)

h) Claimant testified the windows of the truck were closed and she turned the air conditioner to the circulate function and covered her face with a coat. (Hr'g Tr., pp. 56-59)

i) Mr. Greer testified he parked in the front yard of a house, and on the other side of the house was a row of pine trees, and then there was a field on fire behind the pine trees. (Hr'g Tr., pp. 106-107)

j) Mr. Greer testified there was "a light haze of smoke" in the air, but he did not need to wear a mask. (Hr'g Tr., p. 108)

k) Mr. Greer estimated they were at this location for approximately 40 minutes, and Claimant remained in the truck the entire time. (Hr'g Tr., p. 109)

l) When Mr. Greer returned to the truck, he did not notice anything different about Claimant, and he did not notice any complaints of asthma, coughing or wheezing. (Hr'g Tr., p. 109)

m) Mr. Greer testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)

n) Mr. Greer testified they then left the fire scene and drove to the residence and installed smoke detectors. After installing the smoke detectors, they returned to the Fire Department, and on the way back, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Claimant was already sick that day. (Hr'g Tr., pp. 111-112)

- o) On cross-examination by Claimant's attorney, Mr. Greer was again asked about Claimant referencing that she did not feel good on the way back to the Fire Department, and Mr. Greer testified: "She said she – well, she was already feeling bad, but she said again, she said, 'I don't feel – I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - p) Mr. Greer, who is no longer employed with the Anderson County Fire Department, testified that he has known Claimant since she was a teenager.
 - q) Mr. Greer also testified that he knew Claimant had asthma and that she had inhalers lying all over her desk. (Hr'g Tr., p. 105)
- 10. I find it interesting that Claimant, who alleges she was in great distress in the vehicle because of the fire, did not move the vehicle away from the area, nor did she exit the vehicle and walk a further distance from the area.
- 11. Claimant's allegation that she was never able to return to work after the fire incident is inaccurate.
 - a) The fire was on a Thursday; May 26, 2011.
 - b) Claimant initially testified she had to leave work early on May 26, 2011, because she had gotten sick, and she testified she never worked again after May 26, 2011. (Hr'g Tr., pp. 64-65)
 - c) Claimant's signed timesheet dated May 31, 2011, indicates Claimant worked only four and a half hours on May 26, 2011, because she attended a field day for her son. The timesheet further indicates Claimant worked eight hours on Friday, May 27, 2011, and she worked eight hours on Tuesday, May 31, 2011. (Defendants' Exh. B, p. B1)
 - d) Claimant reviewed Defendants' Exhibit B, and she testified it was her signature at the bottom of the timesheet. She testified the timesheet indicates she only worked four and a half hours on May 26, 2011, due to a field day for her son, and she testified she probably did leave work early or arrive at work late on May 26, 2011 to attend her son's field day. (Testimony of Claimant)
 - e) A Facebook post from Starr Elementary School dated May 21, 2011, indicates the field day for second graders would take place on May 26, 2011, from 8:30 a.m. to 11:00 a.m. (Defendants' Exh. F, p. F1)
 - f) Claimant testified she attends all of her son's field days, and her son attended Starr Elementary School and was a second grader in May of 2011. Claimant testified the field days are outdoors, and she attended the field day on the morning of May 26, 2011, then came into work and worked four and a half hours. (Testimony of Claimant)
 - g) After being presented the timesheet, Claimant admitted she did not leave work early on May 26, 2011. (Testimony of Claimant)
 - h) Claimant further testified that she worked the next day, Friday, May 27, 2011. She testified she was not scheduled to work Saturday, Sunday or Monday (Memorial Day), and she returned to work as scheduled on Tuesday, May 31, 2011. (Hr'g Tr., pp. 65-

- i) Claimant testified she missed no time from work between the time of the smoke incident on May 26, 2011, and the time she presented to Dr. Poon for her pre-scheduled appointment on June 1, 2011. (Hr'g Tr., p. 70)
12. Claimant did not seek immediate medical attention following the smoke incident, and the medical records for the year and a half after the fire do not reference the fire incident at all.
- a) Claimant sought no medical attention on the day of the fire, nor did she seek any medical attention until she returned to her personal care physician, Dr. Glenn Poon, on June 1, 2011, for a previously scheduled appointment to review her physical results. (Medical Record as a Whole; Testimony of Claimant)
 - b) On June 1, 2011, Claimant returned to Dr. Poon for her previously scheduled appointment to review her labs. Dr. Poon's note indicates Claimant presented on that date for "asthma and lab results. With asthma attacks since one month ago and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. It is important to note that while this visit is just six days after the day of the fire, there is nothing in Dr. Poon's notes referencing the alleged smoke exposure, and the note indicates Claimant's asthma attacks had been occurring for one month. (APA, pp. 141 - 142)
 - c) On June 1, 2011, Dr. Poon admitted Claimant to the hospital for a 10 day stay. The hospital records indicate: "Long history of asthma problems in the past. According to her, she started to have some attacks in between now for a month or so, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "48 year old female patient with long history of asthma problems in the past. According to her, she has been using her nebulizer treatments in the past month or so, and lately is just getting a lot worse. Patient finally came into the office for a checkup." There is no mention of smoke exposure or the fire incident in the hospital records from June 1 to 10, 2011, and the hospital records, in fact, report "no acute" event. (APA, pp. 176-199)
 - d) Claimant presented to AnMed Hospital on June 15, 2011, with complaints of sudden increasing chest pain. The hospital record indicates that during Claimant's initial evaluation, "she was noted to have significant dyspnea, which was pleuritic in nature." The hospital records further indicate: "No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant was seen by Dr. Mohan, her pulmonologist, in the hospital, and Dr. Mohan's note indicates: "OCCUPATIONAL HISTORY: Currently is employed. No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant remained in the hospital until June 18, 2011, at which time she was discharged with diagnoses of non-specific chest pain, asthma exacerbation, constipation, depression with anxiety, and sleep apnea. There is no mention of smoke exposure or the fire incident in the hospital records from June 15 to 18, 2011. (APA, pp. 116-123)
 - e) Claimant returned to Dr. Mohan on July 14, 2011, with a complaint of shortness of

breath. Dr. Mohan noted Claimant to "have significant psychogenic component to her dyspnea." There is no mention of smoke exposure or the fire incident in Dr. Mohan's record from July 14, 2011. (APA, pp. 102-103)

- f) Claimant returned to Dr. Poon on September 2, 2011, where she presented for a checkup and trouble breathing. There is no notation of any smoke or the fire incident in Dr. Poon's September 2, 2011 report. (APA, pp. 157-158)
 - g) Claimant returned to Dr. Mohan on September 13, 2011. Dr. Mohan indicated Claimant returned for a "recheck of asthma, onset of the asthma has been gradual and has been occurring in a persistent pattern for years. The course has been worsening." Dr. Mohan again noted there to be a "psychogenic component to her problem," and Dr. Mohan noted "the importance of regular follow up visits reinforced." Claimant was instructed to follow up in one month. Again, there was no mention of any smoke exposure or the fire incident in Dr. Mohan's September 13, 2011 record. (APA, pp. 104-107)
 - h) Despite Dr. Mohan's record indicating Claimant was to follow up in one month, Claimant did not return to Dr. Mohan, or any other pulmonologist, until July 10, 2012, nearly nine months later. On that date, Claimant presented with shortness of breath, hoarseness, cough, cold symptoms, and she reported her issues began two months ago. Dr. Mohan prescribed Advair and Singulair and decided to hold off on Prednisone therapy, and again, there is no mention of the fire incident or smoke exposure in Dr. Mohan's July 10, 2012 record. (APA, pp. 285-288; Testimony of Claimant; Medical Record as a Whole)
 - i) Claimant returned to Dr. Mohan on September 20, 2012, and Claimant's medications were refilled and she was instructed to follow up in six months. Again, there was no mention of the fire incident or smoke exposure in Dr. Mohan's September 20, 2012 report. (APA, pp. 289-292)
13. There is no mention or complaint of exposure to smoke in Claimant's post-May 26, 2011 medical records until Claimant was referred by her attorney to Dr. Spandorfer in December of 2012, more than a year and a half after the incident. (Medical Record as a Whole)
14. Claimant presented to Dr. Michael A. Spandorfer of Carolina Lung and Critical Care in Charleston, South Carolina on December 20, 2012, for an independent medical evaluation at the referral of her attorney. (APA, pp. 5-12)
- a) Dr. Spandorfer's record indicates:

The patient reports a prior childhood history of asthma that has acutely worsened since smoke exposure while employed as a fire marshal. The patient reports that prior to her work related exposure, her asthma was relatively stable. The patient reports that she had rare symptoms related to her asthma. Her symptoms included the need for rescue Albuterol approximately two to three times per year without the need for daily usage. (APA, pp. 5-12)

- b) Claimant further reported the following to Dr. Spandorfer:

Her asthma symptoms greatly increased since exposure to a fire in summer of 2010. The patient at that time was employed as a fire fighter training officer whose job did not include active firefighting duties. At the time of the patient's exposure, the patient was riding as a passenger with a fellow fire fighter who decided to respond to an active fire. The patient reports that she remained inside the fire truck with the echo initially running for up to one and a half to two hours in duration. During this time, the patient reports that she was exposed to fumes and smoke related to the fire which led to the immediate onset of cough with shortness of breath, wheezing, chest tightness, as well as dyspnea. The patient attempted to limit her exposure about utilizing a wet towel as a mask. (APA, pp. 5-12)

- c) Dr. Spandorfer indicated that Claimant "has occupationally worsened chronic obstructive asthma with severe air flow limitation and chronic hypoxic respiratory failure." (APA, pp. 5-12)
- d) On November 26, 2013, Dr. Spandorfer assigned Claimant a 55% medical impairment to the bilateral lungs and opined that Claimant is unable to return to work at her previous employment. Dr. Spandorfer opined that Claimant would require future medical care to include use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics, and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least four times a year, expectation of an emergency room visit at least twice a year, and use of immune modulatory therapy such as Xolair and Leukotriene antagonists. (APA, pp. 5-12)

15. Claimant presented to Dr. Gregory Feldman at Upstate Lung and Critical Care Specialists in Spartanburg, South Carolina on March 5, 2014, for an independent medical evaluation at the referral of Defendants. (APA, pp. 379-386)

- a) Dr. Feldman noted Claimant had a history of asthma since six weeks old, and he went on to note the following history:

She had "cold." While sick with cold she was also exposed to smoke, not in direct proximity but while sitting in the fire truck that had stopped to help with some brush fire in the field some 100 yards away. She did not get exacerbation immediately, but about a week later, she had very severe exacerbation requiring prolonged hospital stay and steroids. Today she is wheezing and has significant chest congestion. (APA, pp. 379-386)

- b) Dr. Feldman went on to opine:

With regard to the etiology of recent hospitalization, she had a cold prior to this. Viral infections are most common triggers of asthma exacerbations. In addition, whatever role, if any, smoke inhalation played, it is impossible to know, except one would expect an immediate reaction with bronchospasm if her exacerbation was due even in part to smoke inhalation.

(APA, pp. 379-386)

- c) Dr. Feldman further issued a letter and written statement opining the following:

Ms. Chamblee is an unfortunate 48 year old female, lifelong non-smoker, with long history of asthma since the age of six weeks. She has had numerous asthma attacks and exacerbations of her asthma throughout her adolescence. She reports that her asthma has gotten better, but about one week after her exposure to smoke, her condition deteriorated. She is attributing this to the incident in question. On May 26, 2011, Ms. Chamblee was in her fire truck, when they had stopped to assist with some fire in a field. She stayed in the truck for approximately 45 minutes, about 100 yards or so away from the fire. Ms. Chamblee had also been suffering from persistent "cold" symptoms for about a week at that time. According to her medical records, she was admitted to Elbert Memorial Hospital on June 1, 2011, with severe asthma exacerbation. At that time, according to Ms. Chamblee, she started to have some attacks in between for about a month prior to her admission. To date, asthma is still not controlled. With regard to exposure to smoke, it is unlikely that smoke exposure has caused or contributed to her asthma. She did not develop an immediate bronchospasm as one would expect in asthma exacerbation secondary to smoke inhalation. She had poorly controlled asthma for weeks prior to exposure and had ongoing "cold" symptoms for several days prior to exposure. There is no doubt that Ms. Chamblee is suffering from lifelong and progressive asthma, but it is multifactorial and not properly managed at this time. (APA, pp. 379-386).

16. The first report of injury, which was filed by Claimant, reads, "IW (injured worker) states she had cold. Went to grass fire. Stayed in truck with air conditioner. Developed into carbon dioxide poisoning." (APA, p. 124)
 - a) There is no medical evidence in the record that Claimant suffered from carbon dioxide poisoning. (Medical Record as a Whole)
17. There are several medical opinions in the record with regard to causation of Claimant's condition.
18. On August 1, 2014, Dr. Poon stated to a reasonable degree of medical certainty that Claimant's "...exposure to smoke as described in the attachment most probably caused an aggravation of her prior asthmatic condition ..." (APA, pp. 1-4)
 - a) It is important to note that Dr. Poon is not a pulmonologist. None of his records that are contemporaneous with the alleged date of injury mention the alleged exposure to smoke. This statement is signed more than 3 years after the fact. (Medical Record as a Whole)
 - b) In a letter dated May 14, 2012, Dr. Poon states: "Since she was under the care of her pulmonologist prior to and after this incident, I think her pulmonologist will be the best to consult. He can provide all your needed answers in detail." Despite this statement

from Dr. Poon, there is no causation statement from Dr. Mohan in the medical records. (APA, p. 369; Medical Record as a Whole)

c) I give Dr. Poon's statement little weight.

19. Despite the fact that Dr. Mohan was Claimant's treating pulmonologist immediately before and after the smoke incident, and the fact that Dr. Poon indicated Dr. Mohan would be the best person to address causation of Claimant's condition, there is no causation statement from Dr. Mohan.

20. There is testimony from two pulmonologists in the record – Dr. Michael Spandorfer and Dr. Gregory J. Feldman. Both pulmonologists speak to a reasonable degree of medical certainty. While I have read the depositions of both doctors in their entirety and have considered the testimony of both doctors, I am persuaded by the testimony of Dr. Feldman and give it much greater weight.

a) The parties deposed Dr. Spandorfer on February 25, 2014.

- i. Dr. Spandorfer testified that exposure to smoke can cause mucus production, and the mucus then aggravated Claimant's underlying asthma.
- ii. Dr. Spandorfer is definitive in his opinion that Claimant's exposure to the grass fire aggravated her pre-existing asthma and is the cause of her current medical condition.
- iii. Dr. Spandorfer testified in his deposition, "To a reasonable degree of medical certainty, I believe that the patient has occupationally induced – excuse me, occupationally worsened asthma due to her smoke exposure."
- iv. Dr. Spandorfer assigned Claimant a 55% medical impairment rating.
- v. There are numerous inconsistencies in Dr. Spandorfer's report, and in much of the history provided to Dr. Spandorfer by Claimant.
- vi. Dr. Spandorfer testified that Claimant reported the following during the evaluation:

She reported to me that prior to the exposure her asthma was relatively stable and that she had rare symptoms that she related to her asthma. She reported that prior to the fire she only needed to use rescue bronchodilator therapy approximately two or three times a year without the need for daily usage, and she reported that she didn't require oral steroids or inhaled steroids, and she rarely required antibiotics which in our mind, you know, tells us the patient's controlled. They don't require rescue therapy or maintenance medicines or oral steroids and that their asthma is quiescent. (Spandorfer Dep. Tr., p. 15)

- vii. Dr. Spandorfer further testified that Claimant denied any history of allergies or post nasal drip, she denied any reflux, and she denied allergic rhinitis or allergy sinus disease. (Spandorfer Dep. Tr., p. 16)

- viii. Contrary to Claimant's report to Dr. Spandorfer, Claimant's asthma was not relatively stable prior to May 26, 2011, claimant required rescue bronchodilator therapy, oral steroids, inhaled steroids, and antibiotics, Claimant suffered from nasal drip and reflux, and Claimant suffered from extensive allergy and sinus issues. (Medical Record as a Whole)
 - ix. Dr. Spandorfer reviewed a 2005 spirometry test from AnMed Health, introduced as Exhibit 1 in the deposition, and Dr. Spandorfer testified: "She is not very much different based off of that..." (Spandorfer Dep. Tr., p. 31) Dr. Spandorfer further testified that the spirometry results from 2005 until after the smoke incident "didn't change." (Spandorfer Dep. Tr., pp. 32-33)
 - x. Dr. Spandorfer testified that Claimant did not report to him that she had a cold at the time of the smoke incident. (Spandorfer Dep. Tr., p. 36)
 - xi. Claimant reported to Dr. Michael Spandorfer that she covered her face with a wet towel. In fact, while she may have covered her face, there was not a wet towel in the vehicle. (IME Report of Dr. Spandorfer; Deposition of Dr. Spandorfer; Deposition and Hearing Testimony of Claimant)
- b) The parties deposed Dr. Gregory Feldman on October 20, 2014, and Dr. Feldman offers a very different opinion.
- i. Dr. Feldman testified:

This is a patient that has a very, very severe asthma, longstanding asthma. She has a terrible breathing test preceding her asthma – preceding her fire, and she continued to have a pretty bad cause. The fact that she got in to the hospital, it didn't happen after she was exposed to fire. It happened like a week later. In addition, she has a viral infection, cold symptoms, which is far more likely than fire that caused it, which is what generally we see in the pulmonary practice when severe asthmatics get upper respiratory infection, that would probably put you in the hospital. Far more likely than a fire.
 - ii. Dr. Feldman testified that Claimant suffered from a cold during the week of the smoke exposure, and the cold was far more likely than the smoke exposure to have caused an aggravation of Claimant's asthma.
 - iii. Dr. Feldman testified that the cold causes mucus inflammation, and the mucus then plugs the airways and produces difficulty breathing.
 - iv. Dr. Feldman testified that, if the smoke caused a permanent aggravation of Claimant's asthma, he would have expected an "immediate asthma attack within like seconds or minutes."
 - v. Dr. Feldman testified that, assuming there was an aggravation of Claimant's asthma, it is 99.9% likely that it was caused by her upper respiratory infection (cold), and .01% likely that it was caused by the smoke exposure.

- vi. Dr. Feldman testified that his opinion to a reasonable degree of medical certainty is that any smoke exposure on May 26, 2011, did not cause or contribute to Claimant's asthma condition.
- vii. Dr. Feldman reviewed the deposition transcript of Dr. Spandorfer and testified he disagrees with Dr. Spandorfer's causation opinion.
- viii. Dr. Feldman testified Claimant was many yards away from the fire, Claimant already had significant preexisting symptoms, and Claimant's spirometry readings from 2005 and from after the smoke incident "has not changed." (Feldman Dep. Tr., pp. 16-17)
- ix. Dr. Feldman agreed that the cause of any aggravation of Claimant's asthma was mucus production, but Dr. Feldman testified: "Well, I agree it was mucus, and – and it overwhelmingly likely was a viral infection that caused it. It's not even in my – in my judgment, not even close." (Feldman Dep. Tr., pp. 18-19)
- x. Dr. Feldman testified that Claimant's asthma has been under-treated in the past, and he testified that upper respiratory infections are the most common cause of clinical deterioration in asthma patients. Dr. Feldman testified that Claimant's upper respiratory infection "preexisted the smoke, it continued, and then she finally was so sick that she had to be admitted, okay. If she come to me the day before the fire, I probably would have admitted her too." (Feldman Dep. Tr., pp. 20-21)
- xi. Dr. Feldman further testified: "And I'm telling you, that the most common aggravation of preexisting condition is viral infection. And the fact that there was some smoking seven days prior [to Claimant being admitted to the hospital], okay, it is almost impossible to assign significance to that when we know that she has a viral infection, and that's the most common cause of exacerbation." (Feldman Dep. Tr., p. 42)
- xii. On further questioning about the smoke causing an exacerbation of Claimant's asthma, Dr. Feldman stated: "If she would have gotten sick on the spot, cannot breathe, called the ambulance, I would say you're right. But seven days later, it's an utter speculation and unlikely." (Feldman Dep. Tr., p. 48)
- xiii. Dr. Feldman further stated: "The greatest majority of the people today in every hospital in the United States of America and every other country are because of viral infection.... People are in the hospital today with asthma overwhelmingly because of a viral upper respiratory infection. That's a number one cause of asthma admission." (Feldman Dep. Tr., p. 49)
- xiv. Dr. Feldman testified that Claimant had indicated she had a bad cold at the time of the fire incident, and Dr. Feldman testified: "When people say 'real bad cold,' what they really mean, 'really bad asthma,' okay. Because they ascribe it to cold, when in reality, their symptoms of asthma got bad. That's what they feel." (Feldman Dep. Tr., p. 59)

21. Consistent with Dr. Feldman's causation opinion, the evidence in the record indicates Claimant was suffering from a cold, or upper respiratory infection, during the weeks immediately preceding and following the smoke incident.
- a) At the hearing, Claimant testified to the following:
 - i. Claimant testified she had a cold which began around the beginning of the month in May of 2011, and that cold continued until the date she was admitted to the hospital on June 1, 2011. (Hr'g Tr., pp. 54-55)
 - ii. At the hearing, Claimant testified she had "a really bad head cold" on May 26, 2011. (Hr'g Tr., p. 55)
 - iii. Claimant testified that having a cold causes problems with her asthma. (Hr'g Tr., p. 55)
 - b) During her deposition, Claimant testified to the following:
 - i. At the doctor's office on June 1, 2011, Claimant told the doctor: "Well, while you're at it, you might better listen to my lungs because I think I've got a cold." (Claimant's Dep. Tr., pp. 48-49)
 - ii. Claimant further testified at her deposition that on the date of the accident, "I had a really bad cold." (Claimant's Dep. Tr., p. 44)
 - iii. Referring to her return to the Fire Department after installing smoke detectors on May 26, 2011, Claimant testified at her deposition: "I get to the fire department, and I was telling them, I said, 'I've got a cold. I think I'm going to go home early because I've done got sick. I'm real - my head is killing me.'" (Claimant's Dep. Tr., p. 47)
 - c) Claimant's mother, Maureen Chamblee, testified she was aware that Claimant had a cold in the weeks prior to the smoke incident.
 - d) Referring to the incident on May 26, 2011, Larry Greer, Jr. testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)
 - e) On the drive back to the Fire Department after installing smoke detectors on May 26, 2011, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Mr. Greer testified that Claimant was already sick that day. (Hr'g Tr., pp. 111-112) Mr. Greer further testified: "She said she - well, she was already feeling bad, but she said again, she said, 'I don't feel - I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - f) Claimant testified she told Dr. Poon she was sick when she presented on June 1, 2011, and she testified she had been sick for about a month at that time. (Hr'g Tr., p. 71)
22. The medical records directly following the May 26, 2011 incident are also consistent with

Dr. Feldman's opinion that any aggravation in Claimant's asthma condition was caused by her upper respiratory infection, or "cold."

- a) As noted above, Claimant testified she suffered from a cold from the beginning of May, 2011, and the cold was still ongoing when she presented to the doctor on June 1, 2011.
 - b) Dr. Poon's June 1, 2011, note indicates Claimant presented, "with asthma attacks since *one month ago* and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. (APA, pp. 141 – 142, emphasis added)
 - c) On June 1, 2011, the hospital records indicate: "According to her, she started to have some attacks in between now *for a month or so*, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "According to her, she has been using her nebulizer treatments in *the past month or so*, and lately is just getting a lot worse." (APA, pp. 176-199, emphasis added)
 - d) Dr. Mohan's September 13, 2011, narrative indicates Claimant returned for a "recheck of asthma, *onset of the asthma has been gradual and has been occurring in a persistent pattern for years.*" (APA, pp. 104-107)
23. Claimant testified she has remained on nasal oxygen since her hospitalizations following the May 26, 2011 incident, and she wears the oxygen "most all the time." (Hr'g Tr., pp. 22-23)
24. There is video evidence in this case that shows Claimant in a much better condition than she presented at the hearing. (Defendants' Exhibit C)
25. Claimant reviewed Defendants' Exhibit C, and she testified the Exhibit is comprised of two videos of herself singing karaoke at the restaurant Mi Fiesta. She testified her son recorded the videos and posted them to Claimant's Facebook page, and she is the individual on the left side of the videos. Claimant testified she was not wearing oxygen while she sang karaoke. (Hr'g Tr., pp. 81-83)
26. Claimant stated that she has good days and bad days.
27. When I consider the evidence as a whole, I believe Claimant is convinced that this event on May 26, 2011, is the cause of an aggravation to her asthmatic condition. However, that conclusion is simply not supported by the facts in this case.
- a) Claimant testified it remains her opinion that, prior to May 26, 2011, her asthma had been the same for twenty years, it had been well-controlled, and it was not getting any worse in the two to five years leading up to May 26, 2011. (Hr'g Tr., p. 44) This is inconsistent with the medical evidence outlined above, and most notably, the August 25, 2010, report of Dr. Mohan. (Medical Evidence as a Whole; APA, pp. 99-101)
 - b) Claimant's assertion that she believed her asthma was well-controlled and was not worsening is consistent with Dr. Feldman's deposition testimony with regard to asthmatic patients.

- i. Dr. Feldman testified that Claimant's asthma was far worse than Claimant realized for a long time.
 - ii. Dr. Feldman testified, in referring to asthmatic patients, that "you cannot rely on the patient for assessing their asthma control; they're notoriously terrible, okay. They come in and tell you, 'I feel okay.' Why they say the feel okay, because they got used to not being okay." (Feldman Dep. Tr., p. 63)
 - i. Claimant's mother, Maureen Chamblee, testified Claimant worked the day after the smoke incident, and Claimant has a habit of going into work even when she does not feel like it.
 - ii. Ms. Chamblee testified Claimant has a personality that she will try to fight through things and she has always had that type of personality, and Claimant has always gone to work even when she does not feel like it.
28. The medical records are replete with references to Claimant's asthma. Not only does the narrative that results when one reviews the chronological history of her asthma not support a finding for Claimant, it paints a very clear picture that her underlying health conditions – unrelated to the events of May 26, 2011 – are much more likely the cause of her current condition.
29. Claimant has failed to meet her burden of proving she sustained an aggravation of her preexisting asthma condition which is causally-related to exposure to smoke on May 26, 2011, and her claim for benefits under the South Carolina Workers' Compensation Act ("the Act") is hereby denied.
30. Claimant has failed to meet her burden of showing she suffered an injurious exposure or accident arising out of and within the course and scope of her employment on May 26, 2011.
31. Claimant is not entitled to any benefits under the Act and the case is dismissed.

The Single Commissioner made the following Conclusions of Law:

- 1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
- 2. Under § 42-1-160, Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.
- 3. Under § 42-9-35, has failed to carry her burden of proving she sustained an aggravation of her preexisting asthma/lung condition which is causally-related to exposure to smoke on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.
- 4. Under § 42-1-160 and § 42-9-35, Claimant's request for benefits is hereby denied and this case is dismissed.

On March 13, 2015, Claimant timely appealed the Single Commissioner's Decision and Order via filing of a Form 30, Request for Commission Review, and oral arguments were heard by the undersigned Commissioners of the Appellate Panel on June 15, 2015. The Appellate Panel hereby affirms the Order of the Single Commissioner, with amendments, and makes the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

Based upon the documentary evidence submitted by the respective parties, pursuant to the Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Sandy Chamblee as Employee-Claimant and Anderson County Fire Department as Employer and State Accident Fund as Carrier, Defendants.
2. The average weekly wage of Claimant at the time of the above-described accident was \$756.49, with a corresponding compensation rate of \$504.35.
3. Claimant alleges she suffered a permanent aggravation of her preexisting asthma condition arising out of and within the course and scope of her employment on May 26, 2011.
4. It is Claimant's contention that her asthma was aggravated by smoke from a fire in a field near a vehicle in which she was sitting on or about May 26, 2011.
5. Claimant asserts that, as a result of this aggravation, she is permanently and totally disabled.
6. Defendants deny this claim.
7. From a review of the medical records, Claimant has a relatively extensive medical history, and Claimant has a lifelong history of asthma. (Medical Record as a Whole)
 - a) Claimant testified she was first diagnosed with asthma at about six weeks old and has also had lifelong problems with sinuses and allergies. (Testimony of Claimant)
 - b) Claimant was treated at Duke Medicine for a diagnosis of asthma and allergic rhinitis as a child, and she treated numerous times at Duke Medicine from 1969 through 1976. (APA, pp. 200-219)
 - c) Claimant underwent sinus surgeries in both 1984 and 1986. (APA, p. 220)

- d) On May 17, 1996, Claimant presented to Dr. Jane Reister, an ENT, where Claimant reported the following issues: excessive coughing, throat clearing, laryngeal tension and pain, persistent upper respiratory infections, severe gastric reflux, excessive head/neck/shoulder tension, asthma, sensation of something being caught in her throat, allergies, sinus drainage, quick vocal fatigue, and cigarette exposure. Claimant also reported to Dr. Reister that she had a "hoarse, raspy voice for as long as she could remember." (APA, p. 222)
- e) Claimant returned to Dr. Reister on July 31, 1996, and Dr. Reister performed a laryngoscopy and vocal cord stripping procedure. (APA, p. 223)
- f) Dr. Reister's records from 1996, also indicate Claimant was using an asthma inhaler at that time. (APA, p. 220)
- g) Claimant returned to Dr. Reister on October 13, 2003, and Claimant indicated her current medications included Lexapro, Singular, Advair, Zithromax, Nexium, Zyrtec, Endall HD, and Cipro. Claimant reported to Dr. Reister that she had been "sent to an asthma doctor." (APA, p. 226)
- h) Claimant returned to Dr. Reister on November 5, 2003, with complaints of post-nasal drainage, and Claimant indicated she was still on all of the same medications. (APA, p. 229)
- i) Claimant returned to Dr. Reister on November 21, 2003, and Dr. Reister recommended a sinus surgery on account of Claimant's sinusitis, and the surgery was performed on December 17, 2003. (APA, pp. 229, 257)
- j) Claimant returned to Dr. Reister in March of 2004, with complaints of "significant allergies" and a sore throat. (APA, p. 231)
- k) Claimant returned to Dr. Reister in September 2004, with complaints of being congested and wheezing, and complaints that Claimant's throat and ears hurt and she felt stopped-up. At that time, Claimant's medications included Singular, Advair, hormones, Nexium, Celebrex and Albuterol. (APA, p. 232)
- l) Claimant returned to Dr. Reister in October of 2004, where she complained of sinus trouble, trouble breathing, wheezing, coughing, sore throat, pressure in the ears, and being very stuffy. Dr. Reister indicated she listened to Claimant's lungs and Claimant "sounds like she is wheezing." (APA, p. 232)
- m) Claimant returned to Dr. Reister in March of 2005, and Dr. Reister indicated Claimant was "having same symptoms." (APA, p. 235)
- n) Claimant returned to Dr. Reister in May of 2005, and Dr. Reister indicated Claimant had "significant sore throat." (APA, p. 235)
- o) Claimant returned to Dr. Reister in June of 2005, and Dr. Reister noted the following: "Her asthma has been a problem. I listened to her today and she really did sound like she was not moving a lot of air but she said in the next couple of days she felt she would probably be doing better." Dr. Reister further noted Claimant "...probably

would go to a pulmonologist shortly.” (APA, p. 234)

- p) Claimant presented to Dr. Gregg Seymour, her primary care physician, on June 20, 2005, with complaints of cough, congestion, and wheezing. (APA, p. 260)
- q) Claimant returned to Dr. Seymour on July 5, 2005, with complaints of shortness of breath and wheezing, and Dr. Seymour ordered spirometry testing and referred Claimant to a pulmonologist. (APA, p. 261)
- r) On July 25, 2005, Claimant presented to Dr. Stephen Hand, a pulmonologist with AnMed Health Carolina Pulmonary Sleep, per the referral of Dr. Seymour. Claimant indicated she had asthma since she was six weeks old, and “it became much worse during her pregnancy three years ago. She has had significant shortness of breath, wheezing, cough, worse with exposure to heat and humidity this summer.” Claimant also indicated she “has been on four or five courses of prednisone this year.” Claimant also told Dr. Hand, “she feels fatigued most of the time,” and she had had “weight gain of approximately 100 pounds in the past three years.” Claimant’s issues were noted to include throat pain, intermittent hoarseness, snoring and witnessed apneas, shortness of breath, wheezing, cough, headaches, daytime sleepiness, fighting sleep while driving, falling asleep while working, fighting sleep during conversation, intermittent creeping and crawling sensation in her legs, and intermittent anxiety. Claimant also indicated she was suffering from gastro-esophageal reflux, and Dr. Hand indicated, “I have advised her that this could be a contributor to her problems with asthma. She reports her symptoms are difficult to control, and also reports she sometimes has difficulty swallowing liquids.” At the time of her evaluation with Dr. Hand, Claimant’s current medications included Singulair, Advair, Nexium, allergy shots, Albuterol, and nebulizer treatments. Dr. Hand referred Claimant for a sleep study with a diagnosis of obstructive sleep apnea. (APA, pp. 91-94)
- s) Claimant returned to Dr. Seymour on August 16, 2005, with complaints of sinus/chest congestion, dry cough, and a yellow/brown discharge. (APA, p. 262)
- t) Claimant underwent a sleep study on August 26, 2005, per the referral of Dr. Hand, and she was diagnosed with obstructive sleep apnea. (APA, pp. 293-296)
- u) Claimant returned to Dr. Hand on September 6, 2005, for a follow up of her asthma and sleep apnea. Claimant “reports she had another flare of her asthma and was on prednisone briefly,” and she also “notes occasional wheezing.” Claimant also complained of nasal congestion and drainage, and a headache, and Dr. Hand indicated Claimant was “being set up for CPAP.” (APA, p. 95)
- v) Claimant returned to Dr. Hand on October 10, 2005, and Dr. Hand indicated Claimant had increased cough productive of a yellowish sputum for the past week. (APA, p. 96)
- w) Claimant returned to Dr. Reister, the ENT, in 2005, with complaints of nasal congestion, facial pressure, sore throat, and dark green drainage. (APA, p. 234)
- x) Claimant returned to Dr. Reister in January of 2006 and requested a depo medrol shot. Dr. Reister denied Claimant’s request, and indicated “pt should see fam MD or

pulmonologist.” (APA, p. 236)

- y) Claimant returned to Dr. Hand, her pulmonologist, on March 15, 2006, and Dr. Hand noted she “has had two episodes of bronchitis this winter that required an antibiotic and prednisone.” (APA, p. 97)
- z) Claimant returned to Dr. Seymour on June 28, 2006, and Dr. Seymour noted Claimant was “known to have asthma. Over the past several days, she has had sinus congestion and drainage. The mucus is thick and yellow. Mild sore throat has been noted. Occasional wheezes. She uses her aerosol at times.” (APA, p. 265)
- aa) Claimant returned to Dr. Reister in October of 2006, with complaints of hoarseness. Dr. Reister noted Claimant to be using Singulair, Advair, and receiving allergy shots. (APA, p. 237)
- bb) Claimant returned to Dr. Reister in December of 2006, with complaints of sinus congestion and left ear fullness. Claimant indicated she had taken several Goody’s headache powders that day. (APA, p. 237)
- cc) Claimant returned to Dr. Reister in June of 2007, with complaints of throat pain and reflux, and having had a nose bleed that day. Claimant’s medications on that day included Singulair, Advair, Nexium, Amitriptyline, allergy shots, Elavil, and Albuterol. (APA, pp. 239, 267)
- dd) Claimant returned to Dr. Seymour on July 2, 2007, with complaints of sinus congestion, and again to Dr. Seymour on August 16, 2007, with complaints of sinusitis, bronchitis, and bronchospasm. (APA, p. 271)
- ee) Claimant returned to Dr. Seymour on October 17, 2007, with complaints of chest congestion, shortness of breath, wheezing bronchospasm, and Claimant indicated she was out of Albuterol. (APA, p. 271)
- ff) Claimant returned to Dr. Reister in November of 2007, and indicated she had tried to stop her allergy shots but it did not work, and she was advised to continue her allergy shots. (APA, p. 240)
- gg) Claimant returned to Dr. Seymour on January 31, 2008, with complaints of sinusitis. (APA, p. 272)
- hh) Claimant returned to Dr. Reister in February of 2008, with complaints of severe sore throat, coughing, wheezing, and nasal congestion with brown colored nasal drainage. (APA, p. 241)
- ii) Claimant returned to Dr. Reister in March of 2008 with complaints of sore throat, increased facial pressure, and chest congestion, and Claimant indicated she used “last antibiotic this a.m. and believes to be getting sick all over again.” Claimant requested a depo medrol shot, and Dr. Reister noted Claimant to have a cough and considerable mucus problem, along with bronchitis. (APA, pp. 242-243)
- jj) Claimant returned to Dr. Seymour on March 25, 2008, with complaints of cough,

shortness of breath, bronchitis, and bronchospasm. (APA, p. 272)

- kk) Claimant returned to Dr. Hand, her pulmonologist, on October 27, 2008. At that time, Claimant reported she had some problems with her asthma which were improving since going on allergy shots. (APA, p. 98)
 - ll) Claimant underwent a lap band surgery in December of 2008. (APA, p. 132; Testimony of Claimant)
 - mm) Claimant returned to Dr. Seymour on January 12, 2009, with complaints of cough and sinusitis. (APA, p. 273)
 - nn) Claimant returned to Dr. Seymour on April 14, 2009, with complaints of a cough and headache, and complaints of an "exacerbation of asthma." (APA, p. 275)
 - oo) Claimant returned to Dr. Reister in April of 2009, where she complained of "some asthma trouble, was outside on Easter." Claimant indicated she had just had a depo medrol shot that week, along with a Z-Pack and prednisone. (APA, p. 245)
 - pp) Claimant returned to Dr. Seymour on May 28, 2009, with complaints of sinus congestion, dry cough, bronchitis, and bronchospasm. (APA, p. 275)
 - qq) Claimant returned to Dr. Seymour two times in August of 2009, with complaints of chest congestion, wheezing, shortness of breath, and an "exacerbation of asthma," and she received a depo medrol shot. (APA, p. 276-277)
 - rr) Claimant returned to Dr. Seymour on September 28, 2009, with complaints of shortness of breath, cough, wheezing, and an "exacerbation of asthma/bronchitis." (APA, p. 278)
 - ss) Claimant returned to Dr. Reister in December of 2009, with complaints of having chest tightness during recent skin testing and having had to receive two Albuterol inhaler puffs during the testing, and Claimant also indicated she had been having "a lot of trouble with tomatoes and some wheezing." (APA, p. 246)
 - tt) Claimant returned to Dr. Reister on March 3, 2010, with complaints that she was "very congested and has a sore throat and not feeling well, lots of congestion." Claimant also complained of "lots of post nasal drip." (APA, p. 247)
 - uu) Claimant returned to Dr. Seymour on July 23, 2010, with complaints of chest congestion, wheezing, shortness of breath, and dark phlegm, and Dr. Seymour referred Claimant to a pulmonologist. (APA, p. 280)
8. Nine months before the alleged injury, Claimant was referred by her personal physician, Dr. Seymour, to Dr. Gowdhami Mohan, who is a pulmonologist. (APA, pp. 280, 99-101)
- a) In his medical note of August 25, 2010, Dr. Mohan writes in part, "The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been having trouble with cough, sputum production, etc. The patient has a nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently,

also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 months.” (APA, pp. 99-101)

- b) Dr. Mohan also noted Claimant to be suffering from runny nose and sinus congestion periodically and noted Claimant to have been diagnosed with sleep apnea and to be using a CPAP machine. Dr. Mohan diagnosed chronic persistent asthma, and he noted Claimant “is using nebulizer treatments regularly and despite this having significant dyspnea. Currently, also has bronchitis and has asthma exacerbation.” Claimant was prescribed Levaquin, Singulair, Pulmicort aerosols, Brovana, and Combivent inhaler. (APA, pp. 99-101)

9. Claimant and Larry Greer, Jr. presented to a grass fire on May 26, 2011.

- a) No one disputes that Claimant was with Larry Greer, Jr. on their way to install smoke detectors on May 26, 2011, when Mr. Greer stopped the vehicle to assist firefighters with a grass fire.
- b) No one disputes that Claimant stayed in the vehicle with the air conditioner running during this time.
- c) Claimant testified that when they arrived at the location of the smoke, Larry parked the truck and got out to assist with fighting the fire, but Claimant sat in the truck and left the truck running with the air conditioner on to “stay out of the smoke.” (Hr’g Tr., pp. 12-13)
- d) When the car was initially parked, Claimant testified she was not in any smoke. She testified she does not really know how long she was in that location, but she estimated it “could have been 30 minutes.” (Hr’g Tr., p. 13)
- e) Claimant testified that as they stayed at that location, the wind changed direction and the smoke began coming towards the truck. She testified she could smell smoke in the truck, and she wrapped a coat or some other object around her head “to diffuse it.” (Hr’g Tr., pp. 13-14)
- f) Claimant testified she probably sat in the truck with the smoke coming in her direction for approximately 45 minutes, but it could have been shorter or longer than that.
- g) Claimant was asked to describe the location of the truck she was in on May 26, 2011, in relation to the fire. She testified that Larry parked the truck in the front yard of a house. She testified she could not see the fire from her location, and between her truck and the fire were fire trucks, a house, and woods, then there was a field behind the woods where the fire was located. Claimant further testified:

A: “...We were back, way, way back. We were back way, way from it.”

Q: “Way back from the house?”

A: “From the fire and all of it.” (Hr’g Tr., pp. 56-58)

- h) Claimant testified the windows of the truck were closed and she turned the air conditioner to the circulate function and covered her face with a coat. (Hr'g Tr., pp. 56-59)
 - i) Mr. Greer testified he parked in the front yard of a house, and on the other side of the house was a row of pine trees, and then there was a field on fire behind the pine trees. (Hr'g Tr., pp. 106-107)
 - j) Mr. Greer testified there was "a light haze of smoke" in the air, but he did not need to wear a mask. (Hr'g Tr., p. 108)
 - k) Mr. Greer estimated they were at this location for approximately 40 minutes, and Claimant remained in the truck the entire time. (Hr'g Tr., p. 109)
 - l) When Mr. Greer returned to the truck, he did not notice anything different about Claimant, and he did not notice any complaints of asthma, coughing or wheezing. (Hr'g Tr., p. 109)
 - m) Mr. Greer testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)
 - n) Mr. Greer testified they then left the fire scene and drove to the residence and installed smoke detectors. After installing the smoke detectors, they returned to the Fire Department, and on the way back, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Claimant was already sick that day. (Hr'g Tr., pp. 111-112)
 - o) On cross-examination by Claimant's attorney, Mr. Greer was again asked about Claimant referencing that she did not feel good on the way back to the Fire Department, and Mr. Greer testified: "She said she - well, she was already feeling bad, but she said again, she said, 'I don't feel - I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - p) Mr. Greer, who is no longer employed with the Anderson County Fire Department, testified that he has known Claimant since she was a teenager.
 - q) Mr. Greer also testified that he knew Claimant had asthma and that she had inhalers lying all over her desk. (Hr'g Tr., p. 105)
10. We find it interesting that Claimant, who alleges she was in great distress in the vehicle because of the fire, did not move the vehicle away from the area, nor did she exit the vehicle and walk a further distance from the area.
11. Claimant's allegation that she was never able to return to work after the fire incident is inaccurate.
- a) The fire was on a Thursday; May 26, 2011.
 - b) Claimant initially testified she had to leave work early on May 26, 2011, because she

had gotten sick, and she testified she never worked again after May 26, 2011. (Hr'g Tr., pp. 64-65)

- c) Claimant's signed timesheet dated May 31, 2011, indicates Claimant worked only four and a half hours on May 26, 2011, because she attended a field day for her son. The timesheet further indicates Claimant worked eight hours on Friday, May 27, 2011, and she worked eight hours on Tuesday, May 31, 2011. (Defendants' Exh. B, p. B1)
 - d) Claimant reviewed Defendants' Exhibit B, and she testified it was her signature at the bottom of the timesheet. She testified the timesheet indicates she only worked four and a half hours on May 26, 2011, due to a field day for her son, and she testified she probably did leave work early or arrive at work late on May 26, 2011, to attend her son's field day. (Testimony of Claimant)
 - e) A Facebook post from Starr Elementary School dated May 21, 2011, indicates the field day for second graders would take place on May 26, 2011, from 8:30 a.m. to 11:00 a.m. (Defendants' Exh. F, p. F1)
 - f) Claimant testified she attends all of her son's field days, and her son attended Starr Elementary School and was a second grader in May of 2011. Claimant testified the field days are outdoors, and she attended the field day on the morning of May 26, 2011, then came into work and worked four and a half hours. (Testimony of Claimant)
 - g) After being presented the timesheet, Claimant admitted she did not leave work early on May 26, 2011. (Testimony of Claimant)
 - h) Claimant further testified that she worked the next day, Friday, May 27, 2011. She testified she was not scheduled to work Saturday, Sunday or Monday (Memorial Day), and she returned to work as scheduled on Tuesday, May 31, 2011. (Hr'g Tr., pp. 65-70)
 - i) Claimant testified she missed no time from work between the time of the smoke incident on May 26, 2011, and the time she presented to Dr. Poon for her pre-scheduled appointment on June 1, 2011. (Hr'g Tr., p. 70)
12. Claimant did not seek immediate medical attention following the smoke incident, and the medical records for the year and a half after the fire do not reference the fire incident at all.
- a) Claimant sought no medical attention on the day of the fire, nor did she seek any medical attention until she returned to her personal care physician, Dr. Glenn Poon, on June 1, 2011, for a previously scheduled appointment to review her physical results. (Medical Record as a Whole; Testimony of Claimant)
 - b) On June 1, 2011, Claimant returned to Dr. Poon for her previously scheduled appointment to review her labs. Dr. Poon's note indicates Claimant presented on that date for "asthma and lab results. With asthma attacks since one month ago and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. It is important to note that while this visit is just six days after the day of the fire, there is nothing in Dr. Poon's notes referencing the alleged smoke exposure, and the note

indicates Claimant's asthma attacks had been occurring for one month. (APA, pp. 141 – 142)

- c) On June 1, 2011, Dr. Poon admitted Claimant to the hospital for a 10 day stay. The hospital records indicate: "Long history of asthma problems in the past. According to her, she started to have some attacks in between now for a month or so, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "48 year old female patient with long history of asthma problems in the past. According to her, she has been using her nebulizer treatments in the past month or so, and lately is just getting a lot worse. Patient finally came into the office for a checkup." There is no mention of smoke exposure or the fire incident in the hospital records from June 1 to 10, 2011, and the hospital records, in fact, report "no acute" event. (APA, pp. 176-199)
- d) Claimant presented to AnMed Hospital on June 15, 2011, with complaints of sudden increasing chest pain. The hospital record indicates that during Claimant's initial evaluation, "she was noted to have significant dyspnea, which was pleuritic in nature." The hospital records further indicate: "No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant was seen by Dr. Mohan, her pulmonologist, in the hospital, and Dr. Mohan's note indicates: "OCCUPATIONAL HISTORY: Currently is employed. No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant remained in the hospital until June 18, 2011, at which time she was discharged with diagnoses of non-specific chest pain, asthma exacerbation, constipation, depression with anxiety, and sleep apnea. There is no mention of smoke exposure or the fire incident in the hospital records from June 15 to 18, 2011. (APA, pp. 116-123)
- e) Claimant returned to Dr. Mohan on July 14, 2011, with a complaint of shortness of breath. Dr. Mohan noted Claimant to "have significant psychogenic component to her dyspnea." There is no mention of smoke exposure or the fire incident in Dr. Mohan's record from July 14, 2011. (APA, pp. 102-103)
- f) Claimant returned to Dr. Poon on September 2, 2011, where she presented for a checkup and trouble breathing. There is no notation of any smoke or the fire incident in Dr. Poon's September 2, 2011, report. (APA, pp. 157-158)
- g) Claimant returned to Dr. Mohan on September 13, 2011. Dr. Mohan indicated Claimant returned for a "recheck of asthma, onset of the asthma has been gradual and has been occurring in a persistent pattern for years. The course has been worsening." Dr. Mohan again noted there to be a "psychogenic component to her problem," and Dr. Mohan noted "the importance of regular follow up visits reinforced." Claimant was instructed to follow up in one month. Again, there was no mention of any smoke exposure or the fire incident in Dr. Mohan's September 13, 2011, record. (APA, pp. 104-107)
- h) Despite Dr. Mohan's record indicating Claimant was to follow up in one month, Claimant did not return to Dr. Mohan, or any other pulmonologist, until July 10, 2012, nearly nine months later. On that date, Claimant presented with shortness of breath,

hoarseness, cough, cold symptoms, and she reported her issues began two months ago. Dr. Mohan prescribed Advair and Singulair and decided to hold off on Prednisone therapy, and again, there is no mention of the fire incident or smoke exposure in Dr. Mohan's July 10, 2012 record. (APA, pp. 285-288; Testimony of Claimant; Medical Record as a Whole)

- i) Claimant returned to Dr. Mohan on September 20, 2012, and Claimant's medications were refilled and she was instructed to follow up in six months. Again, there was no mention of the fire incident or smoke exposure in Dr. Mohan's September 20, 2012 report. (APA, pp. 289-292)
13. There is no mention or complaint of exposure to smoke in Claimant's post-May 26, 2011, medical records until Claimant was referred by her attorney to Dr. Spandorfer in December of 2012, more than a year and a half after the incident. (Medical Record as a Whole)
14. Claimant presented to Dr. Michael A. Spandorfer of Carolina Lung and Critical Care in Charleston, South Carolina on December 20, 2012, for an independent medical evaluation at the referral of her attorney. (APA, pp. 5-12)
 - a) Dr. Spandorfer's record indicates:

The patient reports a prior childhood history of asthma that has acutely worsened since smoke exposure while employed as a fire marshal. The patient reports that prior to her work related exposure, her asthma was relatively stable. The patient reports that she had rare symptoms related to her asthma. Her symptoms included the need for rescue Albuterol approximately two to three times per year without the need for daily usage. (APA, pp. 5-12)
 - b) Claimant further reported the following to Dr. Spandorfer:

Her asthma symptoms greatly increased since exposure to a fire in summer of 2010. The patient at that time was employed as a fire fighter training officer whose job did not include active firefighting duties. At the time of the patient's exposure, the patient was riding as a passenger with a fellow fire fighter who decided to respond to an active fire. The patient reports that she remained inside the fire truck with the echo initially running for up to one and a half to two hours in duration. During this time, the patient reports that she was exposed to fumes and smoke related to the fire which led to the immediate onset of cough with shortness of breath, wheezing, chest tightness, as well as dyspnea. The patient attempted to limit her exposure about utilizing a wet towel as a mask. (APA, pp. 5-12)
 - c) Dr. Spandorfer indicated that Claimant "has occupationally worsened chronic obstructive asthma with severe air flow limitation and chronic hypoxic respiratory failure." (APA, pp. 5-12)
 - d) On November 26, 2013, Dr. Spandorfer assigned Claimant a 55% medical impairment to the bilateral lungs and opined that Claimant is unable to return to work at her

previous employment. Dr. Spandorfer opined that Claimant would require future medical care to include use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics, and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least four times a year, expectation of an emergency room visit at least twice a year, and use of immune modulatory therapy such as Xolair and Leukotriene antagonists. (APA, pp. 5-12)

15. Claimant presented to Dr. Gregory Feldman at Upstate Lung and Critical Care Specialists in Spartanburg, South Carolina on March 5, 2014, for an independent medical evaluation at the referral of Defendants. (APA, pp. 379-386)

- a) Dr. Feldman noted Claimant had a history of asthma since six weeks old, and he went on to note the following history:

She had "cold." While sick with cold she was also exposed to smoke, not in direct proximity but while sitting in the fire truck that had stopped to help with some brush fire in the field some 100 yards away. She did not get exacerbation immediately, but about a week later, she had very severe exacerbation requiring prolonged hospital stay and steroids. Today she is wheezing and has significant chest congestion. (APA, pp. 379-386)

- b) Dr. Feldman went on to opine:

With regard to the etiology of recent hospitalization, she had a cold prior to this. Viral infections are most common triggers of asthma exacerbations. In addition, whatever role, if any, smoke inhalation played, it is impossible to know, except one would expect an immediate reaction with bronchospasm if her exacerbation was due even in part to smoke inhalation. (APA, pp. 379-386)

- c) Dr. Feldman further issued a letter and written statement opining the following:

Ms. Chamblee is an unfortunate 48 year old female, lifelong non-smoker, with long history of asthma since the age of six weeks. She has had numerous asthma attacks and exacerbations of her asthma throughout her adolescence. She reports that her asthma has gotten better, but about one week after her exposure to smoke, her condition deteriorated. She is attributing this to the incident in question. On May 26, 2011, Ms. Chamblee was in her fire truck, when they had stopped to assist with some fire in a field. She stayed in the truck for approximately 45 minutes, about 100 yards or so away from the fire. Ms. Chamblee had also been suffering from persistent "cold" symptoms for about a week at that time. According to her medical records, she was admitted to Elbert Memorial Hospital on June 1, 2011, with severe asthma exacerbation. At that time, according to Ms. Chamblee, she started to have some attacks in between for about a month prior to her admission. To date, asthma is still not controlled. With regard to exposure to smoke, it is unlikely that smoke exposure has caused or contributed to her asthma. She did not develop an immediate

bronchospasm as one would expect in asthma exacerbation secondary to smoke inhalation. She had poorly controlled asthma for weeks prior to exposure and had ongoing "cold" symptoms for several days prior to exposure. There is no doubt that Ms. Chamblee is suffering from lifelong and progressive asthma, but it is multifactorial and not properly managed at this time. (APA, pp. 379-386)

16. The first report of injury, which was filed by Claimant, reads, "IW (injured worker) states she had cold. Went to grass fire. Stayed in truck with air conditioner. Developed into carbon dioxide poisoning." (APA, p. 124)
 - a) There is no medical evidence in the record that Claimant suffered from carbon dioxide poisoning. (Medical Record as a Whole)
17. There are several medical opinions in the record with regard to causation of Claimant's condition.
18. On August 1, 2014, Dr. Poon stated to a reasonable degree of medical certainty that Claimant's "...exposure to smoke as described in the attachment most probably caused an aggravation of her prior asthmatic condition ..." (APA, pp. 1-4)
 - a) It is important to note that Dr. Poon is not a pulmonologist. None of his records that are contemporaneous with the alleged date of injury mention the alleged exposure to smoke. This statement is signed more than 3 years after the fact. (Medical Record as a Whole)
 - b) In a letter dated May 14, 2012, Dr. Poon states: "Since she was under the care of her pulmonologist prior to and after this incident, I think her pulmonologist will be the best to consult. He can provide all your needed answers in detail." Despite this statement from Dr. Poon, there is no causation statement from Dr. Mohan in the medical records. (APA, p. 369; Medical Record as a Whole)
 - c) We give Dr. Poon's statement little weight.
19. Despite the fact that Dr. Mohan was Claimant's treating pulmonologist immediately before and after the smoke incident, and the fact that Dr. Poon indicated Dr. Mohan would be the best person to address causation of Claimant's condition, there is no causation statement from Dr. Mohan.
20. There is testimony from two pulmonologists in the record – Dr. Michael Spandorfer and Dr. Gregory J. Feldman. Both pulmonologists speak to a reasonable degree of medical certainty. While we have read the depositions of both doctors in their entirety and have considered the testimony of both doctors, we are persuaded by the testimony of Dr. Feldman and give it much greater weight.
 - a) The parties deposed Dr. Spandorfer on February 25, 2014.
 - i. Dr. Spandorfer testified that exposure to smoke can cause mucus production, and the mucus then aggravated Claimant's underlying asthma.

- ii. Dr. Spandorfer is definitive in his opinion that Claimant's exposure to the grass fire aggravated her pre-existing asthma and is the cause of her current medical condition.
- iii. Dr. Spandorfer testified in his deposition, "To a reasonable degree of medical certainty, I believe that the patient has occupationally induced - excuse me, occupationally worsened asthma due to her smoke exposure."
- iv. Dr. Spandorfer assigned Claimant a 55% medical impairment rating.
- v. There are numerous inconsistencies in Dr. Spandorfer's report, and in much of the history provided to Dr. Spandorfer by Claimant.
- vi. Dr. Spandorfer testified that Claimant reported the following during the evaluation:

She reported to me that prior to the exposure her asthma was relatively stable and that she had rare symptoms that she related to her asthma. She reported that prior to the fire she only needed to use rescue bronchodilator therapy approximately two or three times a year without the need for daily usage, and she reported that she didn't require oral steroids or inhaled steroids, and she rarely required antibiotics which in our mind, you know, tells us the patient's controlled. They don't require rescue therapy or maintenance medicines or oral steroids and that their asthma is quiescent. (Spandorfer Dep. Tr., p. 15)

- vii. Dr. Spandorfer further testified that Claimant denied any history of allergies or post nasal drip, she denied any reflux, and she denied allergic rhinitis or allergy sinus disease. (Spandorfer Dep. Tr., p. 16)
- viii. Contrary to Claimant's report to Dr. Spandorfer, Claimant's asthma was not relatively stable prior to May 26, 2011, claimant required rescue bronchodilator therapy, oral steroids, inhaled steroids, and antibiotics, Claimant suffered from nasal drip and reflux, and Claimant suffered from extensive allergy and sinus issues. (Medical Record as a Whole)
- ix. Dr. Spandorfer reviewed a 2005 spirometry test from AnMed Health, introduced as Exhibit 1 in the deposition, and Dr. Spandorfer testified: "She is not very much different based off of that..." (Spandorfer Dep. Tr., p. 31) Dr. Spandorfer further testified that the spirometry results from 2005, until after the smoke incident "didn't change." (Spandorfer Dep. Tr., pp. 32-33)
- x. Dr. Spandorfer testified that Claimant did not report to him that she had a cold at the time of the smoke incident. (Spandorfer Dep. Tr., p. 36)
- xi. Claimant reported to Dr. Michael Spandorfer that she covered her face with a wet towel. In fact, while she may have covered her face, there was not a wet towel in the vehicle. (IME Report of Dr. Spandorfer; Deposition of Dr. Spandorfer; Deposition and Hearing Testimony of Claimant)

- b) The parties deposed Dr. Gregory Feldman on October 20, 2014, and Dr. Feldman offers a very different opinion.

i. Dr. Feldman testified:

This is a patient that has a very, very severe asthma, longstanding asthma. She has a terrible breathing test preceding her asthma – preceding her fire, and she continued to have a pretty bad cause. The fact that she got in to the hospital, it didn't happen after she was exposed to fire. It happened like a week later. In addition, she has a viral infection, cold symptoms, which is far more likely than fire that caused it, which is what generally we see in the pulmonary practice when severe asthmatics get upper respiratory infection, that would probably put you in the hospital. Far more likely than a fire.

- ii. Dr. Feldman testified that Claimant suffered from a cold during the week of the smoke exposure, and the cold was far more likely than the smoke exposure to have caused an aggravation of Claimant's asthma.
- iii. Dr. Feldman testified that the cold causes mucus inflammation, and the mucus then plugs the airways and produces difficulty breathing.
- iv. Dr. Feldman testified that, if the smoke caused a permanent aggravation of Claimant's asthma, he would have expected an "immediate asthma attack within like seconds or minutes."
- v. Dr. Feldman testified that, assuming there was an aggravation of Claimant's asthma, it is 99.9% likely that it was caused by her upper respiratory infection (cold), and .01% likely that it was caused by the smoke exposure.
- vi. Dr. Feldman testified that his opinion to a reasonable degree of medical certainty is that any smoke exposure on May 26, 2011, did not cause or contribute to Claimant's asthma condition.
- vii. Dr. Feldman reviewed the deposition transcript of Dr. Spandorfer and testified he disagrees with Dr. Spandorfer's causation opinion.
- viii. Dr. Feldman testified Claimant was many yards away from the fire, Claimant already had significant preexisting symptoms, and Claimant's spirometry readings from 2005, and from after the smoke incident "has not changed." (Feldman Dep. Tr., pp. 16-17)
- ix. Dr. Feldman agreed that the cause of any aggravation of Claimant's asthma was mucus production, but Dr. Feldman testified: "Well, I agree it was mucus, and – and it overwhelmingly likely was a viral infection that caused it. It's not even in my – in my judgment, not even close." (Feldman Dep. Tr., pp. 18-19)
- x. Dr. Feldman testified that Claimant's asthma has been under-treated in the past, and he testified that upper respiratory infections are the most common cause of clinical deterioration in asthma patients. Dr. Feldman testified that Claimant's

upper respiratory infection "preexisted the smoke, it continued, and then she finally was so sick that she had to be admitted, okay. If she come to me the day before the fire, I probably would have admitted her too." (Feldman Dep. Tr., pp. 20-21)

- xi. Dr. Feldman further testified: "And I'm telling you, that the most common aggravation of preexisting condition is viral infection. And the fact that there was some smoking seven days prior [to Claimant being admitted to the hospital], okay, it is almost impossible to assign significance to that when we know that she has a viral infection, and that's the most common cause of exacerbation." (Feldman Dep. Tr., p. 42)
 - xii. On further questioning about the smoke causing an exacerbation of Claimant's asthma, Dr. Feldman stated: "If she would have gotten sick on the spot, cannot breathe, called the ambulance, I would say you're right. But seven days later, it's an utter speculation and unlikely." (Feldman Dep. Tr., p. 48)
 - xiii. Dr. Feldman further stated: "The greatest majority of the people today in every hospital in the United States of America and every other country are because of viral infection.... People are in the hospital today with asthma overwhelmingly because of a viral upper respiratory infection. That's a number one cause of asthma admission." (Feldman Dep. Tr., p. 49)
 - xiv. Dr. Feldman testified that Claimant had indicated she had a bad cold at the time of the fire incident, and Dr. Feldman testified: "When people say 'real bad cold,' what they really mean, 'really bad asthma,' okay. Because they ascribe it to cold, when in reality, their symptoms of asthma got bad. That's what they feel." (Feldman Dep. Tr., p. 59)
21. Consistent with Dr. Feldman's causation opinion, the evidence in the record indicates Claimant was suffering from a cold, or upper respiratory infection, during the weeks immediately preceding and following the smoke incident.
- a) At the hearing, Claimant testified to the following:
 - i. Claimant testified she had a cold which began around the beginning of the month in May of 2011, and that cold continued until the date she was admitted to the hospital on June 1, 2011. (Hr'g Tr., pp. 54-55)
 - ii. At the hearing, Claimant testified she had "a really bad head cold" on May 26, 2011. (Hr'g Tr., p. 55)
 - iii. Claimant testified that having a cold causes problems with her asthma. (Hr'g Tr., p. 55)
 - b) During her deposition, Claimant testified to the following:
 - i. At the doctor's office on June 1, 2011, Claimant told the doctor: "Well, while you're at it, you might better listen to my lungs because I think I've got a cold." (Claimant's Dep. Tr., pp. 48-49)

- ii. Claimant further testified at her deposition that on the date of the accident, "I had a really bad cold." (Claimant's Dep. Tr., p. 44)
 - iii. Referring to her return to the Fire Department after installing smoke detectors on May 26, 2011, Claimant testified at her deposition: "I get to the fire department, and I was telling them, I said, 'I've got a cold. I think I'm going to go home early because I've done got sick. I'm real – my head is killing me.'" (Claimant's Dep. Tr., p. 47)
 - c) Claimant's mother, Maureen Chamblee, testified she was aware that Claimant had a cold in the weeks prior to the smoke incident.
 - d) Referring to the incident on May 26, 2011, Larry Greer, Jr. testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)
 - e) On the drive back to the Fire Department after installing smoke detectors on May 26, 2011, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Mr. Greer testified that Claimant was already sick that day. (Hr'g Tr., pp. 111-112) Mr. Greer further testified: "She said she – well, she was already feeling bad, but she said again, she said, 'I don't feel – I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - f) Claimant testified she told Dr. Poon she was sick when she presented on June 1, 2011, and she testified she had been sick for about a month at that time. (Hr'g Tr., p. 71)
22. The medical records directly following the May 26, 2011, incident are also consistent with Dr. Feldman's opinion that any aggravation in Claimant's asthma condition was caused by her upper respiratory infection, or "cold."
- a) As noted above, Claimant testified she suffered from a cold from the beginning of May, 2011, and the cold was still ongoing when she presented to the doctor on June 1, 2011.
 - b) Dr. Poon's June 1, 2011, note indicates Claimant presented, "with asthma attacks since *one month ago* and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. (APA, pp. 141 – 142, emphasis added)
 - c) On June 1, 2011, the hospital records indicate: "According to her, she started to have some attacks in between now *for a month or so*, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "According to her, she has been using her nebulizer treatments in *the past month or so*, and lately is just getting a lot worse." (APA, pp. 176-199, emphasis added)
 - d) Dr. Mohan's September 13, 2011, narrative indicates Claimant returned for a "recheck of asthma, *onset of the asthma has been gradual and has been occurring in a persistent pattern for years.*" (APA, pp. 104-107)

23. Claimant testified she has remained on nasal oxygen since her hospitalizations following the May 26, 2011, incident, and she wears the oxygen "most all the time." (Hr'g Tr., pp. 22-23)
24. There is video evidence in this case that shows Claimant in a much better condition than she presented at the hearing. (Defendants' Exhibit C)
25. Claimant reviewed Defendants' Exhibit C, and she testified the Exhibit is comprised of two videos of herself singing karaoke at the restaurant Mi Fiesta. She testified her son recorded the videos and posted them to Claimant's Facebook page, and she is the individual on the left side of the videos. Claimant testified she was not wearing oxygen while she sang karaoke. (Hr'g Tr., pp. 81-83)
26. Claimant stated that she has good days and bad days.
27. When we consider the evidence as a whole, we believe that Claimant's contention that the May 26, 2011 incident is the cause of an aggravation to her asthmatic condition is simply not supported by the facts in this case.
 - a) Claimant testified it remains her opinion that, prior to May 26, 2011, her asthma had been the same for twenty years, it had been well-controlled, and it was not getting any worse in the two to five years leading up to May 26, 2011. (Hr'g Tr., p. 44) This is inconsistent with the medical evidence outlined above, and most notably, the August 25, 2010, report of Dr. Mohan. (Medical Evidence as a Whole; APA, pp. 99-101)
 - b) Claimant's assertion that she believed her asthma was well-controlled and was not worsening is consistent with Dr. Feldman's deposition testimony with regard to asthmatic patients.
 - i. Dr. Feldman testified that Claimant's asthma was far worse than Claimant realized for a long time.
 - ii. Dr. Feldman testified, in referring to asthmatic patients, that "you cannot rely on the patient for assessing their asthma control; they're notoriously terrible, okay. They come in and tell you, 'I feel okay.' Why they say the feel okay, because they got used to not being okay." (Feldman Dep. Tr., p. 63)
 - iii. Claimant's mother, Maureen Chamblee, testified Claimant worked the day after the smoke incident, and Claimant has a habit of going into work even when she does not feel like it.
 - iv. Ms. Chamblee testified Claimant has a personality that she will try to fight through things and she has always had that type of personality, and Claimant has always gone to work even when she does not feel like it.
28. The medical records are replete with references to Claimant's asthma. Not only does the narrative that results when one reviews the chronological history of her asthma not support a finding for Claimant, it paints a very clear picture that her underlying health conditions – unrelated to the events of May 26, 2011, – are much more likely the cause of her current condition.

29. Claimant has failed to meet her burden of proving she sustained an aggravation of her preexisting asthma condition which is causally-related to exposure to smoke on May 26, 2011, and her claim for benefits under the South Carolina Workers' Compensation Act ("the Act") is hereby denied.
30. Claimant has failed to meet her burden of showing she suffered an injurious exposure or accident arising out of and within the course and scope of her employment on May 26, 2011.
31. Claimant is not entitled to any benefits under the Act and the case is dismissed.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws,

WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.
3. Under § 42-9-35, Claimant has failed to carry her burden of proving she sustained an aggravation of her preexisting asthma/lung condition which is causally-related to exposure to smoke on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.
4. Under § 42-1-160 and § 42-9-35, Claimant's request for benefits is hereby denied and this case is dismissed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS, THEREFORE, ORDERED that Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.

IT IS FURTHER ORDERED that Claimant has failed to carry her burden of proving she sustained an aggravation of her preexisting asthma/lung condition which is causally-related

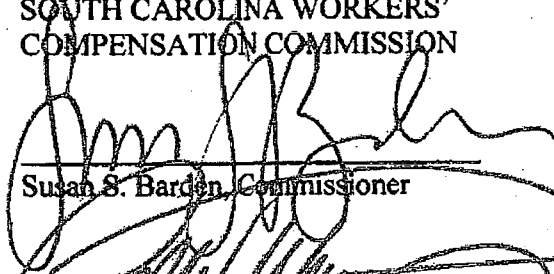
to exposure to smoke on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.

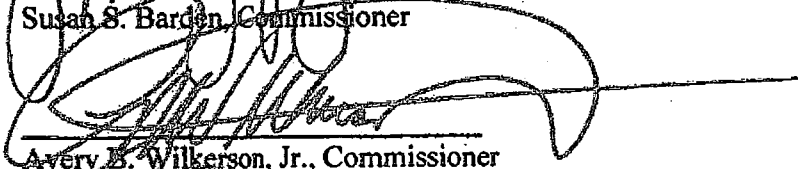
AND IT IS SO ORDERED.

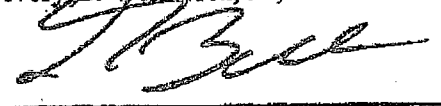
**AFFIRMED WITH
AMENDMENTS:**

CONCUR:

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


Susan S. Barden, Commissioner


Avery B. Wilkerson, Jr., Commissioner


T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or 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 August 5, 2015

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1107022

Sandy Chamblee,

Employee,
Claimant,

vs.

Anderson County Fire Department,

Employer,

and

State Accident Fund,

Carrier,
Defendants.

DECISION AND ORDER

HEARING:

Held in Anderson, South Carolina on November 6, 2014.

APPEARANCES:

Claimant represented by Richard E. Thompson, Jr., Esquire of Anderson, South Carolina.

Defendants represented by Ian C. Gohean, Esquire of Willson Jones Carter & Baxley, P.A., Greenville, South Carolina.

PURPOSE OF HEARING:

To determine the issues as set forth on the Forms 50 and 51.

DECISION AND ORDER:

By Gene McCaskill, Commissioner

FILED:

March 2, 2015.

I. APA SUBMISSIONS

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

Claimant's Submissions

- APA #1: Records of Dr. Glenn S. Poon, dated 8/1/14, consisting of pages 1-4.
- APA #2: Records of Dr. Michael Spandorfer, dated 12/20/12 – 11/26/13, consisting of pages 5-12; and Deposition transcript of Dr. Spandorfer, dated 2/25/2014, consisting of pages 13-90.
- APA #3: Records of AnMed Health Carolina Pulmonary Sleep f/k/a Internal Medicine Assoc. / Drs. Hand and Mohan, dated 7/25/05 – 7/14/11, consisting of pages 91-107.
- APA #4: Records of South Carolina Retirement System Disability Application, dated 6/27/11, consisting of pages 108-114.
- APA #5: Records of AnMed Health, dated 6/15/11 – 6/18/11, consisting of pages 115-123.
- APA #6: S.C. Workers' Compensation Commission First Report of Injury, dated 5/26/11, consisting of page 124.
- APA #7: Documents to file claim, dated 5/22/12 – 4/2/13, consisting of pages 125-131.
- APA #8: Records of Dr. Glenn S. Poon, dated 5/11/11 – 9/2/11, consisting of pages 132-158.
- APA #9: Records of Elberton Memorial Hospital, dated 5/11/11 – 6/10/11, consisting of pages 159-199.

Defendants' Submissions

- APA #10: Records of Duke Medicine, dated 5/20/69 – 7/12/76, consisting of pages 200-219.
- APA #11: Records of Medicus Surgery Center, dated 5/13/96 – 5/7/13, consisting of pages 220-258.
- APA #12: Records of AnMed Health, dated 7/7/04 – 9/20/12, consisting of pages 259-292.
- APA #13: Records of AnMed Health Sleep Diagnostics, dated 8/10/05 – 8/26/05, consisting of pages 293-296.
- APA #14: Records of Carolina Cardiology Consultants, dated 10/16/08, consisting of pages

297-299.

- APA #15: Records of Anderson Area Cancer Center, dated 11/26/08 – 12/2/08, consisting of pages 300-302.
- APA #16: Records of Anderson Psychiatry and Psychotherapy, dated 4/11/11 – 1/13/14, consisting of pages 303-366.
- APA #17: Records of The Medical Center of Elberton, dated 9/28/11 – 5/14/12, consisting of pages 367-369.
- APA #18: Records of Carolina Lung Associates, dated 8/16/13, consisting of page 370.
- APA #19: Records of Piedmont Arthritis Clinic, dated 2/20/14 – 3/21/14, consisting of pages 371-378.
- APA #20: Records of Upstate Lung and Critical Care Specialists, dated 3/5/14 – 3/7/14, consisting of pages 379-386.
- Exhibit A: Written and signed statements of Tim Dickson and Larry Greer, Jr., consisting of pages A1-A2.
- Exhibit B: Claimant's May 2011 attendance records from the Employer, consisting of page B1.
- Exhibit C: Claimant's Facebook page/posts/timeline/pictures/videos, consisting of pages C1-C11 and DVD video.
- Exhibit D: Posts and pictures from Facebook page of "The Ethan Show" pertaining to Claimant's son, consisting of pages D1-D8.
- Exhibit E: Starr Elementary School Events Calendar, consisting of page E1.
- Exhibit F: Starr Elementary School Facebook post from 5/21/11, consisting of page F1.

Additional Submissions

Transcript of the sworn deposition testimony of Claimant, dated 2/10/14.

Transcript of the sworn deposition testimony of Dr. Michael Spandorfer, dated 2/25/14.

Transcript of the sworn deposition testimony of Dr. Gregory J. Feldman, dated 10/20/14.

II. STIPULATIONS

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

issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. Claimant's alleged accident occurred on May 26, 2011;
3. Claimant's average weekly wage was \$756.49 with a corresponding compensation rate of \$504.35;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in Anderson, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether Claimant sustained a compensable injury by accident arising out of and in the course of her employment, and whether Claimant is entitled to benefits under the South Carolina Workers' Compensation Act.

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

III. STATEMENT OF THE CASE

Claimant alleges she suffered a permanent aggravation of her preexisting asthma/lung condition on May 26, 2011, when she allegedly inhaled smoke when she presented to a fire in the course of her employment with the Anderson County Fire Department. Claimant filed a Form 50, Request for Hearing, seeking a finding of compensability and entitlement to benefits under the Act. Defendants filed a Form 51, Answer, denying the claim, and a hearing was scheduled before the undersigned Commissioner on November 6, 2014.

It was Claimant's position at the hearing that she suffered a permanent aggravation of her preexisting asthma condition as a direct result of smoke exposure on May 26, 2011. Claimant sought a finding of compensability, along with entitlement to medical benefits, temporary

disability benefits, and permanent disability benefits. Claimant alleged she was permanently and totally disabled as a direct result of the incident of May 26, 2011. It was Defendants' position at the hearing that Claimant had failed to carry her burden of proving a compensable injury by accident, and Defendants' requested an order denying the claim in its entirety. In the alternative, Defendants argued that if the claim was compensable, Claimant had not yet reached maximum medical improvement (MMI), and a finding of permanent disability would be premature.

IV. EVIDENCE OF THE CASE

Hearing Testimony of Sandy Chamblee, Claimant

Claimant testified at the hearing, and her testimony allowed the undersigned to observe Claimant, to ask questions of Claimant, and to judge Claimant's credibility as a witness. On direct-examination by her attorney, Claimant testified she is 51 years old, has a high school education and some college experience, and has certifications from the Fire Fighter Training Institute. Claimant testified that, at the time her incident occurred, she was less than two years from retiring. Claimant has a 12 year old son.

Claimant testified she was employed as a fire marshal and trainer for the Anderson County Fire Department on May 26, 2011, and she has been involved in firefighting most of her life. Claimant testified she has a lifelong history of asthma. (Hr'g Tr., p. 10) Claimant testified she presented to Dr. Poon in Elberton, Georgia, on May 11, 2011, for the purpose of getting a physical examination. Claimant testified Dr. Poon examined her and scheduled her for a return appointment. (*Id.*) On May 26, 2011, Claimant testified she was at work, and that afternoon, she made a trip to install a smoke detector at a woman's house in Towneville, South Carolina. Claimant testified that she and Larry Greer, Jr. traveled in a Department vehicle to the woman's house, and on the way, they saw smoke and stopped to investigate. Claimant testified that at that

time, she was already suffering from a sinus infection. (Hr'g Tr., p. 12)

Claimant testified that when they arrived at the location of the smoke, Larry parked the truck and got out to assist with fighting the fire, but Claimant sat in the truck and left the truck running with the air conditioner on to "stay out of the smoke." (Hr'g Tr., pp. 12-13) When the car was initially parked, Claimant testified she was not in any smoke. She testified she does not really know how long she was in that location, but she estimated it "could have been 30 minutes." (Hr'g Tr., p. 13) Claimant testified that as they stayed at that location, the wind changed direction and the smoke began coming towards the truck. She testified she could smell smoke in the truck, and she wrapped a coat or some other object around her head "to diffuse it." (Hr'g Tr., pp. 13-14) Claimant testified she turned the air conditioner on high and turned it to the "non-circulate, where it don't bring in the outside air." (Hr'g Tr., p. 14) Claimant testified she probably sat in the truck with the smoke coming in her direction for approximately 45 minutes, but it could have been shorter or longer than that.

Claimant testified that the smoke bothered her while she was sitting in the truck, and she "started coughing, got a real bad headache." (Hr'g Tr., p. 14) Claimant testified she also began wheezing and coughing and "it just made me sick feeling." (Hr'g Tr., p. 15) When Larry returned to the truck, Claimant testified she "told him he done made me sick and I needed to go home." (Hr'g Tr., p. 15) However, Claimant testified they went on the woman's house to install the smoke detector, and they then returned to the fire department that afternoon. (*Id.*) Upon returning to the fire department, Claimant testified she told Patty Ellison, the administrative assistant, that she had been exposed to smoke.

Claimant testified it is her understanding that the employer's first report of accident was filed on May 26, 2011, the day the smoke incident occurred. She testified that day was a Thursday

and she testified she also went to work the next day, Friday, but she was feeling "real bad." (Hr'g Tr., p. 16) Claimant testified she was not scheduled to work on Saturday or Sunday, and she was also not scheduled to work on Monday because it was Memorial Day. Claimant testified she did not recall whether she worked on Tuesday, but on Wednesday, June 1, 2011, she had an appointment to return back to Dr. Poon "to get my physical results." (Hr'g Tr., p. 17)

When she returned to Dr. Poon on June 1, 2011, Claimant testified her oxygen level was so low that she had to go to the hospital. Claimant testified she has been treated for asthma for many years prior to the smoke incident, but she has never had to wear oxygen and she has never missed any appreciable amount of time from work due to her asthma. After being admitted to the hospital on June 1, 2011, Claimant testified she remained in the hospital for nine or 10 days, and she was then released with oxygen. Several days later, Claimant testified she was admitted to AnMed Medical Center in Anderson because of trouble breathing.

Claimant testified she does not recall whether or not she told Dr. Poon about the smoke and fire incident of May 26, 2011. She testified she did tell her mother, father, and husband about the incident. After her admissions to the hospitals, Claimant testified she had one or two follow-up visits with her pulmonologist, Dr. Mohan. Claimant testified she was satisfied with Dr. Mohan's treatment, but she ultimately changed from Dr. Mohan to Dr. Spandorfer in Charleston based on the referral of her lawyer. Claimant testified Dr. Spandorfer's treatment is "helping," and Dr. Spandorfer is running more tests than Dr. Mohan previously ran. Claimant testified she has remained on nasal oxygen since her hospitalizations following the May 26, 2011 incident, and she wears the oxygen "most all the time." (Hr'g Tr., pp. 22-23) Claimant testified she has good days and bad days. (Hr'g Tr., p. 23)

Claimant testified that upon her exposure to smoke on May 26, 2011, she immediately

knew that something had happened to her which had never happened before. She testified this is the first smoke exposure she has had with the Fire Department where she was "not able to get away from the smoke." (Hr'g Tr., p. 24) Claimant testified she has not felt well enough to work since May 26, 2011, and she does not believe she is well enough to go back to work. Claimant testified she does not go to the grocery store by herself, and if she does go with someone else, she can only stay for 20 minutes. She testified she can only go shopping in department stores with other people, but if she goes, she can only go to one store at a time. Claimant's attorney asked Claimant why she did not just get out of the truck on May 26, 2011, and Claimant testified, "There was more smoke outside than there was inside." (Hr'g Tr., p. 26) After the fire incident, Claimant testified she treated herself with her nebulizer treatments and prednisone at home, and she did not immediately go to the doctor because she knew she already had an appointment scheduled with Dr. Poon for June 1, 2011.

On cross-examination by counsel for Defendants, Claimant testified she was first diagnosed with asthma at about six weeks old and has also had lifelong problems with sinuses and allergies. She testified she treated at Duke Medical from about 1969 to 1976, and she had two separate sinus surgeries in 1984 and 1986. Claimant testified she was referred to an ENT, Dr. Reister, in 1996, and she has treated with Dr. Reister since that time.

Claimant testified that when she was pregnant with her son in 2001, her pregnancy caused her additional issues with her asthma. Claimant testified that following her pregnancy, she had an increase in her asthma symptoms in 2003, 2004, and 2005, and at that time, she was referred by Dr. Seymour to a pulmonologist, Dr. Hand. (Hr'g Tr., p. 36) Claimant agreed that she testified during her deposition that she did not recall seeing any pulmonologist or asthma specialists prior to Dr. Mohan, but at the hearing, she testified she did in fact see a pulmonologist in 2005; Dr. Hand.

(Hr'g Tr., p. 36) Claimant testified she has a history of being allergic to trees, pollen and dust, and that history pre-existed her incident. Claimant testified that prednisone is a steroid she takes for her asthma. Claimant testified she was on regular allergy shots in 2005 when she was treating with Dr. Hand, but she no longer receives allergy shots, although she denied that her allergies are doing better, she simply no longer takes the shots. (Hr'g Tr., p. 38) Claimant testified she does not recall having reflux or GERD. (Hr'g Tr., p. 39) Claimant testified she was not aware that she had reflux. (Hr'g Tr., p. 40)

Claimant testified she recalls undergoing a sleep study in 2005 and being diagnosed with sleep apnea. Claimant admitted that she testified at her deposition that she was diagnosed with sleep apnea by Dr. Mohan after the 2011 fire incident, but she admitted at the hearing she had actually been diagnosed with sleep apnea in 2005. (Hr'g Tr., p. 40) Claimant testified she does not recall being prescribed a CPAP machine in 2005, and she does not recall using the CPAP in 2005. ~~Claimant testified: "I do have a CPAP machine, but I don't recall when I had it. I didn't use it before I was sick. No, sir, I don't recall that."~~ Claimant testified she did not begin using her CPAP machine until she began using nasal oxygen, and she never owned a CPAP until she began using nasal oxygen. (Hr'g Tr., p. 41-42) Claimant was asked about her request for a depo medrol shot in December of 2005, and she testified "it's like a prednisone. It gets me over – when I'm having a bad spell with my asthma, it usually gets me over my sickness quick." (Hr'g Tr., p. 43) Claimant was then asked if the depo medrol shots were for her asthma, and she testified: "Yes, or a cold. Not really asthma. It just gets you over your cold quick." (*Id.*)

Claimant testified it remains her opinion that, prior to May 26, 2011, her asthma had been the same for twenty years. ~~it had been well-controlled and it was not getting any worse in the two to five years leading up to May 26, 2011~~ (Hr'g Tr., p. 44) Claimant testified she recalls being

referred to a pulmonologist by Dr. Seymour in July of 2010, and she testified she was seen by Dr. Mohan, a pulmonologist, on August 25, 2010. (Hr'g Tr., p. 50) Claimant admitted this is inconsistent with her deposition testimony, whereby she had testified she did not see a pulmonologist until after May 26, 2011. (*Id.*)

On May 11, 2011, Claimant testified she presented to Dr. Poon for a general health physical, and Dr. Poon scheduled her a follow-up visit for June 1, 2011, to discuss lab results which were drawn on May 11, 2011. (Hr'g Tr., pp. 52-54) Claimant testified she had a cold which began around the beginning of the month in May of 2011, and that cold continued until the date she was admitted to the hospital on June 1, 2011. (Hr'g Tr., pp. 54-55) ~~Claimant testified she had a really bad head cold on May 26, 2011.~~ (Hr'g Tr., p. 55) She testified that having a cold causes problems with her asthma. (*Id.*)

Claimant was asked to describe the location of the truck she was in on May 26, 2011 in relation to the fire. She testified that Larry parked the truck in the front yard of a house. She testified she could not see the fire from her location, and between her truck and the fire were fire trucks, a house, and woods, then there was a field behind the woods where the fire was located. Claimant further testified:

A: "... We were back, way, way back. We were back way, way from it."

Q: "Way back from the house?"

A: "From the fire and all of it." (Hr'g Tr., pp. 56-58)

Claimant testified the windows of the truck were closed and she turned the air conditioner to the circulate function and covered her face with a coat. (Hr'g Tr., pp. 56-59) ~~Claimant testified she did not cover her face with a wet towel, and she did not tell Dr. Spandorfer that she covered her face with a wet towel in the truck.~~ (Hr'g Tr., pp. 59-60) Claimant testified she could smell smoke

in the air and she began having problems before Larry returned to the truck, and she testified she did not know why she did not move the truck or get out and walk away from the fire, but she was embarrassed that she could not help fight the fire. (Hr'g Tr., pp. 61-62)

Claimant testified she was having problems with coughing, wheezing and a headache by the time Larry returned to the truck, but she did not call an ambulance. (Hr'g Tr., p. 63) Claimant admitted she was asked during her deposition who she reported the incident to on May 26, 2011, and during her deposition she did not say she reported the incident to Patty Ellison because she didn't think about it. (Hr'g Tr., pp. 63-64)

Claimant testified she had to leave work early on May 26, 2011, because she had gotten sick, and she testified she never worked again after May 26, 2011. (Hr'g Tr., pp. 64-65) Claimant reviewed Defendants' Exhibit B, her timesheet dated May 31, 2011, and she testified it was her signature at the bottom of the timesheet. She testified the timesheet says she only worked four and a half hours on May 26, 2011, due to a field day for her son, and she testified she probably did leave work early or arrive at work late on May 26, 2011, to attend her son's field day. She testified she attends all of her son's field days, and her son attended Starr Elementary School. Claimant testified the field days are outdoors, and she attended the field day on the morning of May 26, 2011, then came into work and worked four and a half hours. After being presented the timesheet, Claimant admitted she did not leave work early on May 26, 2011. Claimant further testified that she worked on Friday, May 27, 2011, she was off Saturday, Sunday and Monday, and she worked again on Tuesday, May 31, 2011. (Hr'g Tr., pp. 65-70) Claimant testified she missed no time from work between the time of the smoke incident on May 26, 2011, and the time she presented to Dr. Poon for her pre-scheduled appointment on June 1, 2011. (Hr'g Tr., p. 70)

Claimant told Dr. Poon she was sick when she presented on June 1, 2011, and she testified

she had been sick for about a month, but Claimant denied telling Dr. Poon she had been having asthma attacks for a month. (Hr'g Tr., p. 71) Claimant also denied telling the hospital personnel that she had been having asthma attacks for a month prior to being admitted on June 1, 2011 (Hr'g Tr., p. 73) Claimant testified she told the hospital doctors and nurses about her exposure to smoke, and she told Dr. Poon about her exposure to smoke, and she has "no idea" why the smoke is not mentioned in any of the hospital records or records from Dr. Poon's office (Hr'g Tr., p. 74) Claimant was asked whether she told the AnMed Hospital personnel about the smoke exposure when she was admitted on June 15, 2011, and she testified: "I don't know. She didn't ask." (Hr'g Tr., p. 75) Claimant testified she told Dr. Mohan about the smoke incident when she returned to Dr. Mohan on July 14, 2011, and she does not know how to explain why it is not referenced in Dr. Mohan's record (Hr'g Tr., p. 76) Claimant testified she told Dr. Poon about the smoke incident when she returned to Dr. Poon in September of 2011. (Hr'g Tr., pp. 76-77)

Claimant reviewed her disability retirement statement (APA, pp. 112-114), and she testified she wrote the statement and most all of the statement remains true. (Hr'g Tr., p. 81) Claimant reviewed Defendants' Exhibit C, and she testified it is two videos of herself singing karaoke at the restaurant Mi Fiesta. She testified her son recorded the videos and posted them to her Facebook page, and she is the individual on the left in the videos. Claimant testified she was not wearing oxygen while she sang karaoke, but this was one of her "good days." (Hr'g Tr., pp. 81-83)

Claimant testified that when she reported the incident to Patty Ellison on May 26, 2011, Patty provided Claimant a phone number and instructed Claimant to "call workers' comp myself" (Hr'g Tr., pp. 88-89) Claimant testified Tim Dickson was her direct supervisor. (Hr'g Tr., p. 89)

On re-direct examination by her attorney, Claimant testified she always returned to work

following her medical treatments prior to May 26, 2011, and nothing prior to May 26, 2011 ever kept her out of work or required her to use oxygen.

On re-cross-examination by counsel for Defendants, Claimant reviewed a South Carolina Retirement System Budget and Control Board disability report at APA page 108, and she testified she wrote the report. (Hr'g Tr., p. 93)

Hearing Testimony of Maureen Chamblee

Claimant called Maureen Chamblee to testify at the hearing. On direct examination by Claimant's attorney, Ms. Chamblee testified she is Claimant's mother. ~~Ms. Chamblee testified she~~ remembers Claimant coming home from work on May 26, 2011, and indicating she had been in smoke and was having problems. Ms. Chamblee testified she instructed Claimant to go to the doctor the next morning. Ms. Chamblee testified she saw Claimant the weekend after the smoke incident, and she testified Claimant's prednisone and nebulizer treatments were not clearing her condition as they generally did. Ms. Chamblee testified Claimant worked the day after the smoke incident, and Claimant has a habit of going into work even when she does not feel like it.

On cross-examination by counsel for Defendants, Ms. Chamblee testified she was aware that Claimant had a cold in the weeks prior to the smoke incident. Ms. Chamblee testified Claimant has a personality that she will try to fight through things and she has always had that type of personality, and Claimant has always gone to work even when she does not feel like it.

Hearing Testimony of Larry Greer, Jr.

Defendants called Larry Greer, Jr. to testify at the hearing. On direct examination by counsel for Defendants, Mr. Greer testified he is a firefighter but is no longer employed with Anderson County Fire Department. Mr. Greer was employed with Anderson County Fire Department on May 26, 2011, in fire prevention, and he has known Claimant since she was a

teenager. Mr. Greer was aware of Claimant's history of asthma from working with her, and he testified Claimant "had inhalers laying all over her desk." (Hr'g Tr., p. 105)

On May 26, 2011, Mr. Greer testified he was with Claimant and they were going to install smoke alarms in a residence. Mr. Greer was driving a pickup truck, and they made a stop at a fire to assist on the way. Mr. Greer testified he parked in the front yard of a house, and on the other side of the house was a row of pine trees, and then there was a field on fire behind the pine trees. (Hr'g Tr., pp. 106-107) Mr. Greer assisted firefighters on the scene with wetting the roof of the house "in case the fire got close to that house." (Hr'g Tr., p. 108) Mr. Greer testified there was "a light haze of smoke" in the air, but he did not need to wear a mask (Hr'g Tr., p. 108) Mr. Greer estimated they were at this location for approximately 40 minutes, and Claimant remained in the truck the entire time. (Hr'g Tr., p. 109) When Mr. Greer returned to the truck, he did not notice anything different about Claimant, and he did not notice any complaints of asthma, coughing or wheezing. (Hr'g Tr., p. 109) Mr. Greer testified Claimant "was sick that day anyway at work," and he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)

Mr. Greer testified they then left the fire and rode to another location on the other side of the fire, but they were not needed at that location, so they left the scene. Mr. Greer testified they then drove to the residence and installed smoke detectors. After installing the smoke detectors, they returned to the Fire Department, and on the way back Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Claimant was already sick that day. (Hr'g Tr., pp. 111-112)

On cross-examination by Claimant's attorney, Mr. Greer was again asked about Claimant

referencing that she did not feel good on the way back to the Fire Department, and Mr. Greer testified: "She said she – well, she was already feeling bad, but she said again, she said, 'I don't feel – I don't feel good.'" (Hr'g Tr., pp. 112-113) Mr. Greer testified he knows Claimant and Claimant's mother, and he considers them both to be truthful people.

Hearing Testimony of Timothy Dickson

Defendants called Timothy Dickson to testify at the hearing. On direct examination by counsel for Defendants, Mr. Dickson testified he is a fire marshal with the Anderson County Fire Department and has worked for the Department since 1996. Mr. Dickson was a fire marshal on May 26, 2011, and he was Claimant's direct supervisor at that time. Mr. Dickson considers Claimant a friend, and he is aware of her history of asthma. ~~Mr. Dickson testified he did not notice any difference in Claimant's behavior or hear Claimant say anything about having problems from the smoke incident on May 26, 2011.~~

Mr. Dickson reviewed the written statement at page A1 of Defendants' APA Submissions, and he testified he typed the statement himself ~~on June 21, 2011~~, and he signed the statement on June 22, 2011. Mr. Dickson testified Claimant texted him on June 20, 2011, and asked that he call her, and Mr. Dickson testified he called her on the afternoon of June 20, 2011. Mr. Dickson testified the telephone conversation with Claimant on the afternoon of June 20, 2011, ~~was the first time he was aware that Claimant was alleging she was having problems from the smoke incident on May 26, 2011.~~

On cross-examination by Claimant's attorney, Mr. Dickson testified Claimant has always been a good employee. Mr. Dickson testified that he would not have been notified if Claimant filed a first report of injury, but the assistant chief or chief would have been.

Hearing Testimony of Jimmy Sutherland

Defendants called Jimmy Sutherland to testify at the hearing. On direct examination by counsel for Defendants, Mr. Sutherland testified he is the Fire Chief of the Anderson County Fire Department, where he has been employed since 2005. Mr. Sutherland was the Assistant Chief on May 26, 2011, and at that time, Billy Gibson was the Chief. Mr. Sutherland testified he grew up with Claimant and is aware that she has asthma. Mr. Sutherland reviewed page 124 of the APA Submissions, a first report of injury. Mr. Sutherland testified that the way the form is completed is that an injured worker calls the insurance carrier directly, and the insurance carrier fills out the form over the phone based on the information provided by the injured worker. Mr. Sutherland testified that no employee of the Fire Department fills out the first report, and no employee would have completed the first report at page 124 of the APA Submissions. Mr. Sutherland testified that the form at page 124 of the APA Submissions indicates it was originated ~~on June 21, 2011~~. Mr. Sutherland again testified that all of the information on the first report at page 124 of the APA Submissions was provided by Claimant to the insurance carrier, and the form was not completed by an employee of the Fire Department.

On cross-examination by Claimant's attorney, Mr. Sutherland testified he has worked with Claimant since 2005 and she has always been able to fight through her asthma and work. Mr. Sutherland testified this is the first time she has missed a long period of time because of health issues, and Mr. Sutherland believes Claimant to be a truthful individual.

On re-direct examination by counsel for Defendants, Mr. Sutherland testified the hearing was the first time he had ever seen the first report of injury at page 124 of the APA Submissions, because the insurance carrier files the document and the Fire Department has no reason to see or change the document.

Medical Evidence

Claimant has suffered from asthma since she was approximately six weeks old, and throughout her lifetime, she has treated extensively for issues with asthma, sinus problems, allergies, and associated issues. She has treated extensively with family physicians, ENTs, and pulmonologists over the course of her lifetime.

On August 25, 2010, nine months before the smoke incident, Claimant presented to Dr. Gowdhami Mohan, a pulmonologist at AnMed Health Carolina Pulmonary Sleep, for an initial pulmonary consultation. Dr. Mohan noted:

She has a long standing history of asthma, but it was well controlled until two years ago. For the last two years, she has been having trouble with cough, sputum productions, etc. The patient has nebulizer machine and she uses the nebulizer treatment (aerosols three to four times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough.

Claimant was prescribed Levaquin, Singulair, Pulmicort aerosols, Brovana, and Combivent inhaler. (APA, pp. 99-101)

On May 11, 2011, Claimant presented to Dr. Glenn S. Poon at the Medical Center of Elberton for a general health physical. Dr. Poon noted Claimant's current medications to include Singulair, Oleptro, Ambien, Klonopin, Zyrtec, Advair Diskus, and Proair aerosols. Dr. Poon ordered labs and instructed Claimant to follow up to review the labs in three weeks. (APA, pp. 132-135)

On June 1, 2011, Claimant returned to Dr. Poon for her previously scheduled appointment to review her labs. Dr. Poon's note indicates Claimant presented on that date for "asthma and lab results. With asthma attacks since one month ago and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. (APA, pp. 141 - 142)

Dr. Poon admitted Claimant into Elbert Memorial Hospital on June 1, 2011. The hospital

records indicate: "Long history of asthma problems in the past. According to her, she started to have some attacks in between now for a month or so, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "48 year old female patient with long history of asthma problems in the past. According to her, she has been using her nebulizer treatments in the past month or so, and lately is just getting a lot worse. Patient finally came into the office for a checkup." (APA, pp. 176-199)

Claimant presented to AnMed Hospital on June 15, 2011, with complaints of sudden increasing chest pain. The hospital record indicates that during Claimant's initial evaluation, "she was noted to have significant dyspnea, which was pleuritic in nature." The hospital records further indicate: "No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant was seen by Dr. Mohan, her pulmonologist, in the hospital. Under Claimant's "Occupational History," Dr. Mohan's note indicates: "No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant remained in the hospital until June 18, 2011, at which time she was discharged with diagnoses of non-specific chest pain, asthma exacerbation, constipation, depression with anxiety, and sleep apnea. (APA, pp. 116-123)

Claimant returned to Dr. Mohan on July 14, 2011, with a complaint of shortness of breath. Dr. Mohan noted Claimant to "have significant psychogenic component to her dyspnea." There is no mention of smoke exposure or the fire incident in Dr. Mohan's July 14, 2011 record. (APA, pp. 102-103) Claimant returned to Dr. Poon on September 2, 2011, where she presented for a checkup and trouble breathing. (APA, pp. 157-158)

Claimant returned to Dr. Mohan on September 13, 2011. Dr. Mohan indicates Claimant returned for a "recheck of asthma, onset of the asthma has been gradual and has been occurring in

a persistent pattern for years. The course has been worsening.” Dr. Mohan again noted there to be a “psychogenic component to her problem,” and Dr. Mohan noted “the importance of regular follow up visits reinforced.” Claimant was instructed to follow up in one month. (APA, pp. 104-107)

Claimant did not return to Dr. Mohan until July 10, 2012, nearly nine months later. On that date, Claimant presented with shortness of breath, hoarseness, cough, cold symptoms, and she reported her issues began two months ago. (APA, pp. 285-288) Claimant returned to Dr. Mohan on September 20, 2012, and Claimant’s medications were refilled and she was instructed to follow up in six months. (APA, pp. 289-292)

Claimant presented to Dr. Michael A. Spandorfer of Carolina Lung and Critical Care in Charleston, South Carolina on December 20, 2012, for an independent medical evaluation at the referral of her attorney. (APA, pp. 5-12) The parties deposed Dr. Spandorfer on February 25, 2014. Dr. Spandorfer testified that his opinion to a reasonable degree of medical certainty is that Claimant’s asthma was worsened by the exposure to smoke on May 26, 2011. Dr. Spandorfer testified that inhalation of the smoke caused mucus, and the mucus then caused inflammation, leading to an aggravation of Claimant’s asthma condition.

Claimant presented to Dr. Gregory Feldman at Upstate Lung and Critical Care Specialists in Spartanburg, South Carolina on March 5, 2014, for an independent medical evaluation at the referral of Defendants. The parties deposed Dr. Feldman on October 20, 2014. Dr. Feldman testified that his opinion to a reasonable degree of medical certainty is that ~~any smoke exposure on May 26, 2011, did not cause or contribute to Claimant’s asthma condition~~. Dr. Feldman reviewed the deposition transcript of Dr. Spandorfer and testified he disagrees with Dr. Spandorfer’s causation opinion. Dr. Feldman agreed that the cause of any aggravation of Claimant’s asthma

was mucus production, but Dr. Feldman opined that the mucus production was related to Claimant's ongoing cold, or upper respiratory infection, rather than any smoke exposure.

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

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Sandy Chamblee as Employee-Claimant and Anderson County Fire Department as Employer and State Accident Fund as Carrier, Defendants.
2. The average weekly wage of Claimant at the time of the above-described accident was \$756.49, with a corresponding compensation rate of \$504.35.
3. Claimant alleges she suffered a permanent aggravation of her preexisting asthma condition arising out of and within the course and scope of her employment on May 26, 2011.
4. It is Claimant's contention that her asthma was aggravated by smoke from a fire in a field near a vehicle in which she was sitting on or about May 26, 2011.
5. Claimant asserts that, as a result of this aggravation, she is permanently and totally disabled.
6. Defendants deny this claim.
7. From a review of the medical records, Claimant has a relatively extensive medical history, and Claimant has a lifelong history of asthma. (Medical Record as a Whole)
 - a) Claimant testified she was first diagnosed with asthma at about six weeks old and has also had lifelong problems with sinuses and allergies. (Testimony of Claimant)
 - b) Claimant was treated at Duke Medicine for a diagnosis of asthma and allergic rhinitis as a child, and she treated numerous times at Duke Medicine from 1969 through 1976. (APA, pp. 200-219)
 - c) Claimant underwent sinus surgeries in both 1984 and 1986. (APA, p. 220)
 - d) On May 17, 1996, Claimant presented to Dr. Jane Reister, an ENT, where Claimant reported the following issues: excessive coughing, throat clearing, laryngeal tension and pain, persistent upper respiratory infections, severe gastric reflux, excessive head/neck/shoulder tension, asthma, sensation of something being caught in her throat, allergies, sinus drainage, quick vocal fatigue, and cigarette exposure. Claimant also

reported to Dr. Reister that she had a "hoarse, raspy voice for as long as she could remember." (APA, p. 222)

- e) Claimant returned to Dr. Reister on July 31, 1996, and Dr. Reister performed a laryngoscopy and vocal cord stripping procedure. (APA, p. 223)
- f) Dr. Reister's records from 1996 also indicate Claimant was using an asthma inhaler at that time. (APA, p. 220)
- g) Claimant returned to Dr. Reister on October 13, 2003, and Claimant indicated her current medications included Lexapro, Singular, Advair, Zithromax, Nexium, Zyrtec, Endall HD, and Cipro. Claimant reported to Dr. Reister that she had been "sent to an asthma doctor." (APA, p. 226)
- h) Claimant returned to Dr. Reister on November 5, 2003, with complaints of post-nasal drainage, and Claimant indicated she was still on all of the same medications. (APA, p. 229)
- i) Claimant returned to Dr. Reister on November 21, 2003, and Dr. Reister recommended a sinus surgery on account of Claimant's sinusitis, and the surgery was performed on December 17, 2003. (APA, pp. 229, 257)
- j) Claimant returned to Dr. Reister in March of 2004 with complaints of "significant allergies" and a sore throat. (APA, p. 231)
- k) Claimant returned to Dr. Reister in September 2004, with complaints of being congested and wheezing, and complaints that Claimant's throat and ears hurt and she felt stopped-up. At that time, Claimant's medications included Singular, Advair, hormones, Nexium, Celebrex and Albuterol. (APA, p. 232)
- l) Claimant returned to Dr. Reister in October of 2004, where she complained of sinus trouble, trouble breathing, wheezing, coughing, sore throat, pressure in the ears, and being very stuffy. Dr. Reister indicated she listened to Claimant's lungs and Claimant "sounds like she is wheezing." (APA, p. 232)
- m) Claimant returned to Dr. Reister in March of 2005, and Dr. Reister indicated Claimant was "having same symptoms." (APA, p. 235)
- n) Claimant returned to Dr. Reister in May of 2005, and Dr. Reister indicated Claimant had "significant sore throat." (APA, p. 235)
- o) Claimant returned to Dr. Reister in June of 2005, and Dr. Reister noted the following: "Her asthma has been a problem. I listened to her today and she really did sound like she was not moving a lot of air but she said in the next couple of days she felt she would probably be doing better." Dr. Reister further noted Claimant "...probably would go to a pulmonologist shortly." (APA, p. 234)
- p) Claimant presented to Dr. Gregg Seymour, her primary care physician, on June 20,

2005, with complaints of cough, congestion, and wheezing. (APA, p. 260)

- q) Claimant returned to Dr. Seymour on July 5, 2005, with complaints of shortness of breath and wheezing, and Dr. Seymour ordered spirometry testing and referred Claimant to a pulmonologist. (APA, p. 261)
- r) On July 25, 2005, Claimant presented to Dr. Stephen Hand, a pulmonologist with AnMed Health Carolina Pulmonary Sleep, per the referral of Dr. Seymour. Claimant indicated she had asthma since she was six weeks old, and "it became much worse during her pregnancy three years ago. She has had significant shortness of breath, wheezing, cough, worse with exposure to heat and humidity this summer." Claimant also indicated she "has been on four or five courses of prednisone this year." Claimant also told Dr. Hand, "she feels fatigued most of the time," and she had had "weight gain of approximately 100 pounds in the past three years." Claimant's issues were noted to include throat pain, intermittent hoarseness, snoring and witnessed apneas, shortness of breath, wheezing, cough, headaches, daytime sleepiness, fighting sleep while driving, falling asleep while working, fighting sleep during conversation, intermittent creeping and crawling sensation in her legs, and intermittent anxiety. Claimant also indicated she was suffering from gastro-esophageal reflux, and Dr. Hand indicated, "I have advised her that this could be a contributor to her problems with asthma. She reports her symptoms are difficult to control, and also reports she sometimes has difficulty swallowing liquids." At the time of her evaluation with Dr. Hand, Claimant's current medications included Singular, Advair, Nexium, allergy shots, Albuterol, and nebulizer treatments. Dr. Hand referred Claimant for a sleep study with a diagnosis of obstructive sleep apnea. (APA, pp. 91-94)
- s) Claimant returned to Dr. Seymour on August 16, 2005, with complaints of sinus/chest congestion, dry cough, and a yellow/brown discharge. (APA, p. 262)
- t) Claimant underwent a sleep study on August 26, 2005, per the referral of Dr. Hand, and she was diagnosed with obstructive sleep apnea. (APA, pp. 293-296)
- u) Claimant returned to Dr. Hand on September 6, 2005, for a follow up of her asthma and sleep apnea. Claimant "reports she had another flare of her asthma and was on prednisone briefly," and she also "notes occasional wheezing." Claimant also complained of nasal congestion and drainage, and a headache, and Dr. Hand indicated Claimant was "being set up for CPAP." (APA, p. 95)
- v) Claimant returned to Dr. Hand on October 10, 2005, and Dr. Hand indicated Claimant had increased cough productive of a yellowish sputum for the past week. (APA, p. 96)
- w) Claimant returned to Dr. Reister, the ENT, in 2005, with complaints of nasal congestion, facial pressure, sore throat, and dark green drainage. (APA, p. 234)
- x) Claimant returned to Dr. Reister in January of 2006 and requested a depo medrol shot. Dr. Reister denied Claimant's request, and indicated "pt should see fam MD or pulmonologist." (APA, p. 236)

- y) Claimant returned to Dr. Hand, her pulmonologist, on March 15, 2006, and Dr. Hand noted she "has had two episodes of bronchitis this winter that required an antibiotic and prednisone." (APA, p. 97)
- z) Claimant returned to Dr. Seymour on June 28, 2006, and Dr. Seymour noted Claimant was "known to have asthma. Over the past several days, she has had sinus congestion and drainage. The mucus is thick and yellow. Mild sore throat has been noted. Occasional wheezes. She uses her aerosol at times." (APA, p. 265)
- aa) Claimant returned to Dr. Reister in October of 2006 with complaints of hoarseness. Dr. Reister noted Claimant to be using Singular, Advair, and receiving allergy shots. (APA, p. 237)
- bb) Claimant returned to Dr. Reister in December of 2006 with complaints of sinus congestion and left ear fullness. Claimant indicated she had taken several Goody's headache powders that day. (APA, p. 237)
- cc) Claimant returned to Dr. Reister in June of 2007 with complaints of throat pain and reflux, and having had a nose bleed that day. Claimant's medications on that day included Singular, Advair, Nexium, Amitriptyline, allergy shots, Elavil, and Albuterol. (APA, pp. 239, 267)
- dd) Claimant returned to Dr. Seymour on July 2, 2007, with complaints of sinus congestion, and again to Dr. Seymour on August 16, 2007, with complaints of sinusitis, bronchitis, and bronchospasm. (APA, p. 271)
- ee) Claimant returned to Dr. Seymour on October 17, 2007, with complaints of chest congestion, shortness of breath, wheezing bronchospasm, and Claimant indicated she was out of Albuterol. (APA, p. 271)
- ff) Claimant returned to Dr. Reister in November of 2007 and indicated she had tried to stop her allergy shots but it did not work, and she was advised to continue her allergy shots. (APA, p. 240)
- gg) Claimant returned to Dr. Seymour on January 31, 2008, with complaints of sinusitis. (APA, p. 272)
- hh) Claimant returned to Dr. Reister in February of 2008 with complaints of severe sore throat, coughing, wheezing, and nasal congestion with brown colored nasal drainage. (APA, p. 241)
- ii) Claimant returned to Dr. Reister in March of 2008 with complaints of sore throat, increased facial pressure, and chest congestion, and Claimant indicated she used "last antibiotic this a.m. and believes to be getting sick all over again." Claimant requested a depo medrol shot, and Dr. Reister noted Claimant to have a cough and considerable mucus problem, along with bronchitis. (APA, pp. 242-243)
- jj) Claimant returned to Dr. Seymour on March 25, 2008, with complaints of cough,

shortness of breath, bronchitis, and bronchospasm. (APA, p. 272)

- kk) Claimant returned to Dr. Hand, her pulmonologist, on October 27, 2008. At that time, Claimant reported she had some problems with her asthma which were improving since going on allergy shots. (APA, p. 98)
 - ll) Claimant underwent a lap band surgery in December of 2008. (APA, p. 132; Testimony of Claimant)
 - mm) Claimant returned to Dr. Seymour on January 12, 2009, with complaints of cough and sinusitis. (APA, p. 273)
 - nn) Claimant returned to Dr. Seymour on April 14, 2009, with complaints of a cough and headache, and complaints of an "exacerbation of asthma." (APA, p. 275)
 - oo) Claimant returned to Dr. Reister in April of 2009, where she complained of "some asthma trouble, was outside on Easter." Claimant indicated she had just had a depo medrol shot that week, along with a Z-Pack and prednisone. (APA, p. 245)
 - pp) Claimant returned to Dr. Seymour on May 28, 2009, with complaints of sinus congestion, dry cough, bronchitis, and bronchospasm. (APA, p. 275)
 - qq) Claimant returned to Dr. Seymour two times in August of 2009, with complaints of chest congestion, wheezing, shortness of breath, and an "exacerbation of asthma," and she received a depo medrol shot. (APA, p. 276-277)
 - rr) Claimant returned to Dr. Seymour on September 28, 2009, with complaints of shortness of breath, cough, wheezing, and an "exacerbation of asthma/bronchitis." (APA, p. 278)
 - ss) Claimant returned to Dr. Reister in December of 2009, with complaints of having chest tightness during recent skin testing and having had to receive two Albuterol inhaler puffs during the testing, and Claimant also indicated she had been having "a lot of trouble with tomatoes and some wheezing." (APA, p. 246)
 - tt) Claimant returned to Dr. Reister on March 3, 2010, with complaints that she was "very congested and has a sore throat and not feeling well, lots of congestion." Claimant also complained of "lots of post nasal drip." (APA, p. 247)
 - uu) Claimant returned to Dr. Seymour on July 23, 2010, with complaints of chest congestion, wheezing, shortness of breath, and dark phlegm, and Dr. Seymour referred Claimant to a pulmonologist. (APA, p. 280)
8. Nine months before the alleged injury, Claimant was referred by her personal physician, Dr. Seymour, to Dr. Gowdhami Mohan, who is a pulmonologist. (APA, pp. 280, 99-101)
- a) In his medical note of August 25, 2010, Dr. Mohan writes in part, "The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been

having trouble with cough, sputum production, etc. The patient has a nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 months.” (APA, pp. 99-101)

- b) Dr. Mohan also noted Claimant to be suffering from runny nose and sinus congestion periodically and noted Claimant to have been diagnosed with sleep apnea and to be using a CPAP machine. Dr. Mohan diagnosed chronic persistent asthma, and he noted Claimant “is using nebulizer treatments regularly and despite this having significant dyspnea. Currently, also has bronchitis and has asthma exacerbation.” Claimant was prescribed Levaquin, Singulair, Pulmicort aerosols, Brovana, and Combivent inhaler. (APA, pp. 99-101)

9. Claimant and Larry Greer, Jr. presented to a grass fire on May 26, 2011.

- a) No one disputes that Claimant was with Larry Greer, Jr. on their way to install smoke detectors on May 26, 2011, when Mr. Greer stopped the vehicle to assist firefighters with a grass fire.
- b) No one disputes that Claimant stayed in the vehicle with the air conditioner running during this time.
- c) Claimant testified that when they arrived at the location of the smoke, Larry parked the truck and got out to assist with fighting the fire, but Claimant sat in the truck and left the truck running with the air conditioner on to “stay out of the smoke.” (Hr’g Tr., pp. 12-13)
- d) When the car was initially parked, Claimant testified she was not in any smoke. She testified she does not really know how long she was in that location, but she estimated it “could have been 30 minutes.” (Hr’g Tr., p. 13)
- e) Claimant testified that as they stayed at that location, the wind changed direction and the smoke began coming towards the truck. She testified she could smell smoke in the truck, and she wrapped a coat or some other object around her head “to diffuse it.” (Hr’g Tr., pp. 13-14)
- f) Claimant testified she probably sat in the truck with the smoke coming in her direction for approximately 45 minutes, but it could have been shorter or longer than that.
- g) Claimant was asked to describe the location of the truck she was in on May 26, 2011 in relation to the fire. She testified that Larry parked the truck in the front yard of a house. She testified she could not see the fire from her location, and between her truck and the fire were fire trucks, a house, and woods, then there was a field behind the woods where the fire was located. Claimant further testified:

A: “... We were back, way, way back. We were back way, way from it.”

Q: “Way back from the house?”

A: "From the fire and all of it." (Hr'g Tr., pp. 56-58)

- h) Claimant testified the windows of the truck were closed and she turned the air conditioner to the circulate function and covered her face with a coat. (Hr'g Tr., pp. 56-59)
 - i) Mr. Greer testified he parked in the front yard of a house, and on the other side of the house was a row of pine trees, and then there was a field on fire behind the pine trees. (Hr'g Tr., pp. 106-107)
 - j) Mr. Greer testified there was "a light haze of smoke" in the air, but he did not need to wear a mask. (Hr'g Tr., p. 108)
 - k) Mr. Greer estimated they were at this location for approximately 40 minutes, and Claimant remained in the truck the entire time. (Hr'g Tr., p. 109)
 - l) When Mr. Greer returned to the truck, he did not notice anything different about Claimant, and he did not notice any complaints of asthma, coughing or wheezing. (Hr'g Tr., p. 109)
 - m) Mr. Greer testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)
 - n) Mr. Greer testified they then left the fire scene and drove to the residence and installed smoke detectors. After installing the smoke detectors, they returned to the Fire Department, and on the way back, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Claimant was already sick that day. (Hr'g Tr., pp. 111-112)
 - o) On cross-examination by Claimant's attorney, Mr. Greer was again asked about Claimant referencing that she did not feel good on the way back to the Fire Department, and Mr. Greer testified: "She said she - well, she was already feeling bad, but she said again, she said, 'I don't feel - I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - p) Mr. Greer, who is no longer employed with the Anderson County Fire Department, testified that he has known Claimant since she was a teenager.
 - q) Mr. Greer also testified that he knew Claimant had asthma and that she had inhalers lying all over her desk. (Hr'g Tr., p. 105)
10. I find it interesting that Claimant, who alleges she was in great distress in the vehicle because of the fire, did not move the vehicle away from the area, nor did she exit the vehicle and walk a further distance from the area.
11. Claimant's allegation that she was never able to return to work after the fire incident is inaccurate.

- a) The fire was on a Thursday; May 26, 2011.
 - b) Claimant initially testified she had to leave work early on May 26, 2011, because she had gotten sick, and she testified she never worked again after May 26, 2011. (Hr'g Tr., pp. 64-65)
 - c) Claimant's signed timesheet dated May 31, 2011, indicates Claimant worked only four and a half hours on May 26, 2011, because she attended a field day for her son. The timesheet further indicates Claimant worked eight hours on Friday, May 27, 2011, and she worked eight hours on Tuesday, May 31, 2011. (Defendants' Exh. B, p. B1)
 - d) Claimant reviewed Defendants' Exhibit B, and she testified it was her signature at the bottom of the timesheet. She testified the timesheet indicates she only worked four and a half hours on May 26, 2011, due to a field day for her son, and she testified she probably did leave work early or arrive at work late on May 26, 2011 to attend her son's field day. (Testimony of Claimant)
 - e) A Facebook post from Starr Elementary School dated May 21, 2011, indicates the field day for second graders would take place on May 26, 2011, from 8:30 a.m. to 11:00 a.m. (Defendants' Exh. F, p. F1)
 - f) Claimant testified she attends all of her son's field days, and her son attended Starr Elementary School and was a second grader in May of 2011. Claimant testified the field days are outdoors, and she attended the field day on the morning of May 26, 2011, then came into work and worked four and a half hours. (Testimony of Claimant)
 - g) After being presented the timesheet, Claimant admitted she did not leave work early on May 26, 2011. (Testimony of Claimant)
 - h) Claimant further testified that she worked the next day, Friday, May 27, 2011. She testified she was not scheduled to work Saturday, Sunday or Monday (Memorial Day), and she returned to work as scheduled on Tuesday, May 31, 2011. (Hr'g Tr., pp. 65-70)
 - i) Claimant testified she missed no time from work between the time of the smoke incident on May 26, 2011, and the time she presented to Dr. Poon for her pre-scheduled appointment on June 1, 2011. (Hr'g Tr., p. 70)
12. ~~Claimant did not seek immediate medical attention following the smoke incident,~~ and the medical records for the year and a half after the fire do not reference the fire incident at all.
- a) Claimant sought no medical attention on the day of the fire, nor did she seek any medical attention until she returned to her personal care physician, Dr. Glenn Poon, on June 1, 2011, for a previously scheduled appointment to review her physical results. (Medical Record as a Whole; Testimony of Claimant)
 - b) On June 1, 2011, Claimant returned to Dr. Poon for her previously scheduled appointment to review her labs. Dr. Poon's note indicates Claimant presented on that

date for "asthma and lab results. With asthma attacks since one month ago and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. It is important to note that while this visit is just six days after the day of the fire, there is nothing in Dr. Poon's notes referencing the alleged smoke exposure, and the note indicates Claimant's asthma attacks had been occurring for one month. (APA, pp. 141 - 142)

- c) On June 1, 2011, Dr. Poon admitted Claimant to the hospital for a 10 day stay. The hospital records indicate: "Long history of asthma problems in the past. According to her, she started to have some attacks in between now for a month or so, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "48 year old female patient with long history of asthma problems in the past. According to her, she has been using her nebulizer treatments in the past month or so, and lately is just getting a lot worse." Patient finally came into the office for a checkup. There is no mention of smoke exposure or the fire incident in the hospital records from June 1 to 10, 2011, and the hospital records, in fact, report "no acute" event. (APA, pp. 176-199)
- d) Claimant presented to AnMed Hospital on June 15, 2011, with complaints of sudden increasing chest pain. The hospital record indicates that during Claimant's initial evaluation, "she was noted to have significant dyspnea, which was pleuritic in nature." The hospital records further indicate: "No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant was seen by Dr. Mohan, her pulmonologist, in the hospital, and Dr. Mohan's note indicates: "OCCUPATIONAL HISTORY: Currently is employed. No history of exposure to any unusual chemicals, fumes, dust, etc." Claimant remained in the hospital until June 18, 2011, at which time she was discharged with diagnoses of non-specific chest pain, asthma exacerbation, constipation, depression with anxiety, and sleep apnea. There is no mention of smoke exposure or the fire incident in the hospital records from June 15 to 18, 2011. (APA, pp. 116-123)
- e) Claimant returned to Dr. Mohan on July 14, 2011, with a complaint of shortness of breath. Dr. Mohan noted Claimant to "have significant psychogenic component to her dyspnea." There is no mention of smoke exposure or the fire incident in Dr. Mohan's record from July 14, 2011. (APA, pp. 102-103)
- f) Claimant returned to Dr. Poon on September 2, 2011, where she presented for a checkup and trouble breathing. There is no notation of any smoke or the fire incident in Dr. Poon's September 2, 2011 report. (APA, pp. 157-158)
- g) Claimant returned to Dr. Mohan on September 13, 2011. Dr. Mohan indicated Claimant returned for a "recheck of asthma, onset of the asthma has been gradual and has been occurring in a persistent pattern for years. The course has been worsening." Dr. Mohan again noted there to be a "psychogenic component to her problem," and Dr. Mohan noted "the importance of regular follow up visits reinforced." Claimant was instructed to follow up in one month. Again, there was no mention of any smoke

exposure or the fire incident in Dr. Mohan's September 13, 2011 record. (APA, pp. 104-107)

- h) Despite Dr. Mohan's record indicating Claimant was to follow up in one month, Claimant did not return to Dr. Mohan, or any other pulmonologist, until July 10, 2012, nearly nine months later. On that date, Claimant presented with shortness of breath, hoarseness, cough, cold symptoms, and she reported her issues began two months ago. Dr. Mohan prescribed Advair and Singulair and decided to hold off on Prednisone therapy, and again, there is no mention of the fire incident or smoke exposure in Dr. Mohan's July 10, 2012 record. (APA, pp. 285-288; Testimony of Claimant; Medical Record as a Whole)
- i) Claimant returned to Dr. Mohan on September 20, 2012, and Claimant's medications were refilled and she was instructed to follow up in six months. Again, there was no mention of the fire incident or smoke exposure in Dr. Mohan's September 20, 2012 report. (APA, pp. 289-292)
- 13. There is no mention or complaint of exposure to smoke in Claimant's post-May 26, 2011 medical records until Claimant was referred by her attorney to Dr. Spandorfer in December of 2012, more than a year and a half after the incident. (Medical Record as a Whole)
- 14. Claimant presented to Dr. Michael A. Spandorfer of Carolina Lung and Critical Care in Charleston, South Carolina on December 20, 2012, for an independent medical evaluation at the referral of her attorney. (APA, pp. 5-12)
 - a) Dr. Spandorfer's record indicates:

The patient reports a prior childhood history of asthma that has acutely worsened since smoke exposure while employed as a fire marshal. The patient reports that prior to her work related exposure, her asthma was relatively stable. The patient reports that she had rare symptoms related to her asthma. Her symptoms included the need for rescue Albuterol approximately two to three times per year without the need for daily usage. (APA, pp. 5-12)
 - b) Claimant further reported the following to Dr. Spandorfer:

Her asthma symptoms greatly increased since exposure to a fire in summer of 2010. The patient at that time was employed as a fire fighter training officer whose job did not include active firefighting duties. At the time of the patient's exposure, the patient was riding as a passenger with a fellow fire fighter who decided to respond to an active fire. The patient reports that she remained inside the fire truck with the echo initially running for up to one and a half to two hours in duration. During this time, the patient reports that she was exposed to fumes and smoke related to the fire which led to the immediate onset of cough with shortness of breath, wheezing, chest tightness, as well as dyspnea. The patient attempted to limit her exposure

about utilizing a wet towel as a mask. (APA, pp. 5-12)

- c) Dr. Spandorfer indicated that Claimant "has occupationally worsened chronic obstructive asthma with severe air flow limitation and chronic hypoxic respiratory failure." (APA, pp. 5-12)
- d) On November 26, 2013, Dr. Spandorfer assigned Claimant a 55% medical impairment to the bilateral lungs and opined that Claimant is unable to return to work at her previous employment. Dr. Spandorfer opined that Claimant would require future medical care to include use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics, and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least four times a year, expectation of an emergency room visit at least twice a year, and use of immune modulatory therapy such as Xolair and Leukotriene antagonists. (APA, pp. 5-12)

15. Claimant presented to Dr. Gregory Feldman at Upstate Lung and Critical Care Specialists in Spartanburg, South Carolina on March 5, 2014, for an independent medical evaluation at the referral of Defendants. (APA, pp. 379-386)

- a) Dr. Feldman noted Claimant had a history of asthma since six weeks old, and he went on to note the following history:

She had "cold." While sick with cold she was also exposed to smoke, not in direct proximity but while sitting in the fire truck that had stopped to help with some brush fire in the field some 100 yards away. She did not get exacerbation immediately, but about a week later, she had very severe exacerbation requiring prolonged hospital stay and steroids. Today she is wheezing and has significant chest congestion. (APA, pp. 379-386)

- b) Dr. Feldman went on to opine:

With regard to the etiology of recent hospitalization, she had a cold prior to this. Viral infections are most common triggers of asthma exacerbations. In addition, whatever role, if any, smoke inhalation played, it is impossible to know, except one would expect an immediate reaction with bronchospasm if her exacerbation was due even in part to smoke inhalation. (APA, pp. 379-386)

- c) Dr. Feldman further issued a letter and written statement opining the following:

Ms. Chamblee is an ~~unfortunate 48-year-old female~~ lifelong non-smoker, with long history of asthma since the age of six weeks. She has had numerous asthma attacks and exacerbations of her asthma throughout her adolescence. She reports that her asthma has gotten better, but about one week after her exposure to smoke, her condition deteriorated. She is attributing this to the incident in question. On May 26, 2011, Ms. Chamblee was in her fire truck, when they had stopped to assist with some

fire in a field. She stayed in the truck for approximately 45 minutes, about 100 yards or so away from the fire. Ms. Chamblee had also been suffering from persistent "cold" symptoms for about a week at that time. According to her medical records, she was admitted to Elbert Memorial Hospital on June 1, 2011, with severe asthma exacerbation. At that time, according to Ms. Chamblee, she started to have some attacks in between for about a month prior to her admission. To date, asthma is still not controlled. With regard to exposure to smoke, it is unlikely that smoke exposure has caused or contributed to her asthma. She did not develop an immediate bronchospasm as one would expect in asthma exacerbation secondary to smoke inhalation. She had poorly controlled asthma for weeks prior to exposure and had ongoing "cold" symptoms for several days prior to exposure. There is no doubt that Ms. Chamblee is suffering from lifelong and progressive asthma, but it is multifactorial and not properly managed at this time. (APA, pp. 379-386)

16. The first report of injury, which was filed by Claimant, reads, "IW (injured worker) states she had cold. Went to grass fire. Stayed in truck with air conditioner. Developed into carbon dioxide poisoning." (APA, p. 124)
 - a) There is no medical evidence in the record that Claimant suffered from ~~carbon dioxide poisoning~~. (Medical Record as a Whole)
17. There are several medical opinions in the record with regard to causation of Claimant's condition.
18. On August 1, 2014, Dr. Poon stated to a reasonable degree of medical certainty that Claimant's "...exposure to smoke as described in the attachment most probably caused an aggravation of her prior asthmatic condition ..." (APA, pp. 1-4)
 - a) It is important to note that Dr. Poon is not a pulmonologist. None of his records that are contemporaneous with the alleged date of injury mention the alleged exposure to smoke. This statement is signed more than 3 years after the fact. (Medical Record as a Whole)
 - b) In a letter dated May 14, 2012, Dr. Poon states: "Since she was under the care of her pulmonologist prior to and after this incident, I think her pulmonologist will be the best to consult. He can provide all your needed answers in detail." Despite this statement from Dr. Poon, there is no causation statement from Dr. Mohan in the medical records. (APA, p. 369; Medical Record as a Whole)
 - c) I give Dr. Poon's statement little weight.
19. Despite the fact that Dr. Mohan was Claimant's treating pulmonologist immediately before and after the smoke incident, and the fact that Dr. Poon indicated Dr. Mohan would be the best person to address causation of Claimant's condition, there is no causation statement from Dr. Mohan.

20. There is testimony from two pulmonologists in the record -- Dr. Michael Spandorfer and Dr. Gregory J. Feldman. Both pulmonologists speak to a reasonable degree of medical certainty. While I have read the depositions of both doctors in their entirety and have considered the testimony of both doctors, I am persuaded by the testimony of Dr. Feldman and give it much greater weight.

a) The parties deposed Dr. Spandorfer on February 25, 2014.

- i. Dr. Spandorfer testified that exposure to smoke can cause mucus production, and the mucus then aggravated Claimant's underlying asthma.
- ii. Dr. Spandorfer is definitive in his opinion that Claimant's exposure to the grass fire aggravated her pre-existing asthma and is the cause of her current medical condition.
- iii. Dr. Spandorfer testified in his deposition, "To a reasonable degree of medical certainty, I believe that the patient has occupationally induced -- excuse me, occupationally worsened asthma due to her smoke exposure."
- iv. Dr. Spandorfer assigned Claimant a 55% medical impairment rating.
- v. There are numerous ~~inconsistencies~~ in Dr. Spandorfer's report, and in much of the history provided to Dr. Spandorfer by Claimant.
- vi. Dr. Spandorfer testified that Claimant reported the following during the evaluation:

She reported to me that prior to the exposure her asthma was relatively stable and that she had rare symptoms that she related to her asthma. She reported that prior to the fire she only needed to use rescue bronchodilator therapy approximately two or three times a year without the need for daily usage, and she reported that she didn't require oral steroids or inhaled steroids, and she rarely required antibiotics which in our mind, you know, tells us the patient's controlled. They don't require rescue therapy or maintenance medicines or oral steroids and that their asthma is quiescent. (Spandorfer Dep. Tr., p. 15)

- vii. Dr. Spandorfer further testified that Claimant denied any history of allergies or post nasal drip, she denied any reflux, and she denied allergic rhinitis or allergy sinus disease. (Spandorfer Dep. Tr., p. 16)
- viii. Contrary to Claimant's report to Dr. Spandorfer, Claimant's asthma ~~was not~~ ~~relatively stable~~ prior to May 26, 2011, claimant required rescue bronchodilator therapy, oral steroids, inhaled steroids, and antibiotics, Claimant suffered from nasal drip and reflux, and Claimant suffered from extensive allergy and sinus issues. (Medical Record as a Whole)
- ix. Dr. Spandorfer reviewed a 2005 spirometry test from AnMed Health, introduced as

Exhibit 1 in the deposition, and Dr. Spandorfer testified: "She is not very much different based off of that..." (Spandorfer Dep. Tr., p. 31) Dr. Spandorfer further testified that the spirometry results from 2005 until after the smoke incident "didn't change." (Spandorfer Dep. Tr., pp. 32-33)

- x. Dr. Spandorfer testified that Claimant did not report to him that she had a cold at the time of the smoke incident. (Spandorfer Dep. Tr., p. 36)
 - xi. Claimant reported to Dr. Michael Spandorfer that she covered her face with a wet towel. In fact, while she may have covered her face, there was not a wet towel in the vehicle. (IME Report of Dr. Spandorfer; Deposition of Dr. Spandorfer; Deposition and Hearing Testimony of Claimant)
- b) The parties deposed Dr. Gregory Feldman on October 20, 2014, and Dr. Feldman offers a very different opinion.

- i. Dr. Feldman testified:

~~This is a patient that has a very, very severe asthma longstanding / asthma. She has a terrible breathing test preceding her asthma preceding her fire, and she continued to have a pretty bad cause~~
The fact that she got in to the hospital, it didn't happen after she was exposed to fire. It happened like a week later. In addition, she has a viral infection, cold symptoms, which is far more likely than fire that caused it, which is what generally we see in the pulmonary practice when severe asthmatics get upper respiratory infection, that would probably put you in the hospital. Far more likely than a fire.

- ii. Dr. Feldman testified that Claimant suffered from a cold during the week of the smoke exposure, and the cold was far more likely than the smoke exposure to have caused an aggravation of Claimant's asthma.
- iii. Dr. Feldman testified that the cold causes mucus inflammation, and the mucus then plugs the airways and produces difficulty breathing.
- iv. Dr. Feldman testified that, if the smoke caused a permanent aggravation of Claimant's asthma, he would have expected an "immediate asthma attack within like seconds or minutes."
- v. Dr. Feldman testified that, assuming there was an aggravation of Claimant's asthma, it is 99.9% likely that it was caused by her upper respiratory infection (cold), and .01% likely that it was caused by the smoke exposure.
- vi. Dr. Feldman testified that his opinion to a reasonable degree of medical certainty is that any smoke exposure on May 26, 2011, did not cause or contribute to Claimant's asthma condition.
- vii. Dr. Feldman reviewed the deposition transcript of Dr. Spandorfer and testified he

disagrees with Dr. Spandorfer's causation opinion.

- viii. Dr. Feldman testified Claimant was many yards away from the fire, Claimant already had significant preexisting symptoms, and Claimant's spirometry readings from 2005 and from after the smoke incident "has not changed." (Feldman Dep. Tr., pp. 16-17)
 - ix. Dr. Feldman agreed that the cause of any aggravation of Claimant's asthma was mucus production, but Dr. Feldman testified: "Well, I agree it was mucus, and – and it overwhelmingly likely was a viral infection that caused it. It's not even in my – in my judgment, not even close." (Feldman Dep. Tr., pp. 18-19)
 - x. Dr. Feldman testified that Claimant's asthma has been under-treated in the past, and he testified that upper respiratory infections are the most common cause of clinical deterioration in asthma patients. Dr. Feldman testified that Claimant's upper respiratory infection "preexisted the smoke, it continued, and then she finally was so sick that she had to be admitted, okay. If she come to me the day before the fire, I probably would have admitted her too." (Feldman Dep. Tr., pp. 20-21)
 - xi. Dr. Feldman further testified: "And I'm telling you, that the most common aggravation of preexisting condition is viral infection. And the fact that there was some smoking seven days prior [to Claimant being admitted to the hospital], okay, it is almost impossible to assign significance to that when we know that she has a viral infection, and that's the most common cause of exacerbation." (Feldman Dep. Tr., p. 42)
 - xii. On further questioning about the smoke causing an exacerbation of Claimant's asthma, Dr. Feldman stated: "If she would have gotten sick on the spot, cannot breathe, called the ambulance, I would say you're right. But seven days later, it's an utter speculation and unlikely." (Feldman Dep. Tr., p. 48)
 - xiii. Dr. Feldman further stated: "The greatest majority of the people today in every hospital in the United States of America and every other country are because of viral infection.... People are in the hospital today with asthma overwhelmingly because of a viral upper respiratory infection. That's a number one cause of asthma admission." (Feldman Dep. Tr., p. 49)
 - xiv. Dr. Feldman testified that Claimant had indicated she had a bad cold at the time of the fire incident, and Dr. Feldman testified: "When people say 'real bad cold,' what they really mean, 'really bad asthma,' okay. Because they ascribe it to cold, when in reality, their symptoms of asthma got bad. That's what they feel." (Feldman Dep. Tr., p. 59)
21. Consistent with Dr. Feldman's causation opinion, the evidence in the record indicates Claimant was suffering from a cold, or upper respiratory infection, during the weeks immediately preceding and following the smoke incident.

- a) At the hearing, Claimant testified to the following:
 - i. Claimant testified she had a cold which began around the beginning of the month in May of 2011, and that cold continued until the date she was admitted to the hospital on June 1, 2011. (Hr'g Tr., pp. 54-55)
 - ii. At the hearing, Claimant testified she had "a really bad head cold" on May 26, 2011. (Hr'g Tr., p. 55)
 - iii. Claimant testified that having a cold causes problems with her asthma. (Hr'g Tr., p. 55)
 - b) During her deposition, Claimant testified to the following:
 - i. At the doctor's office on June 1, 2011, Claimant told the doctor: "Well, while you're at it, you might better listen to my lungs because I think I've got a cold." (Claimant's Dep. Tr., pp. 48-49)
 - ii. Claimant further testified at her deposition that on the date of the accident, "I had a really bad cold." (Claimant's Dep. Tr., p. 44)
 - iii. Referring to her return to the Fire Department after installing smoke detectors on May 26, 2011, Claimant testified at her deposition: "I get to the fire department, and I was telling them, I said, 'I've got a cold. I think I'm going to go home early because I've done got sick. I'm real – my head is killing me.'" (Claimant's Dep. Tr., p. 47)
 - c) Claimant's mother, Maureen Chamblee, testified she was aware that Claimant had a cold in the weeks prior to the smoke incident.
 - d) Referring to the incident on May 26, 2011, Larry Greer, Jr. testified Claimant "was sick that day anyway at work," but he did not notice anything different about her condition when he returned to the truck. (Hr'g Tr., pp. 109-110)
 - e) On the drive back to the Fire Department after installing smoke detectors on May 26, 2011, Mr. Greer testified Claimant indicated she was not feeling good, but Mr. Greer testified he does not recall Claimant ever stating that her problems were related to the smoke, and Mr. Greer testified that Claimant was already sick that day. (Hr'g Tr., pp. 111-112) Mr. Greer further testified: "She said she – well, she was already feeling bad, but she said again, she said, 'I don't feel – I don't feel good.'" (Hr'g Tr., pp. 112-113)
 - f) Claimant testified she told Dr. Poon she was sick when she presented on June 1, 2011, and she testified she had been sick for about a month at that time. (Hr'g Tr., p. 71)
22. The medical records directly following the May 26, 2011 incident are also consistent with Dr. Feldman's opinion that any aggravation in Claimant's asthma condition was caused by her upper respiratory infection, or "cold."

- a) As noted above, Claimant testified she suffered from a cold from the beginning of May, 2011, and the cold was still ongoing when she presented to the doctor on June 1, 2011.
 - b) Dr. Poon's June 1, 2011, note indicates Claimant presented, "with asthma attacks since *one month ago* and is getting a lot worse." Claimant also presented with nasal congestion and a runny nose. (APA, pp. 141 – 142, emphasis added)
 - c) On June 1, 2011, the hospital records indicate: "According to her, she started to have some attacks in between now *for a month or so*, and it got to the point it was getting a lot worse in the past several days." Claimant was diagnosed with asthma and acute bronchitis. Claimant stayed in the hospital until June 10, 2011, and Claimant's discharge note indicates: "According to her, she has been using her nebulizer treatments in *the past month or so*, and lately is just getting a lot worse." (APA, pp. 176-199, emphasis added)
 - d) Dr. Mohan's September 13, 2011, narrative indicates Claimant returned for a "recheck of asthma, *onset of the asthma has been gradual and has been occurring in a persistent pattern for years.*" (APA, pp. 104-107)
23. Claimant testified she has remained on nasal oxygen since her hospitalizations following the May 26, 2011 incident, and she wears the oxygen "most all the time." (Hr'g Tr., pp. 22-23)
24. There is video evidence in this case that shows Claimant in a much better condition than she presented at the hearing. (Defendants' Exhibit C)
25. Claimant reviewed Defendants' Exhibit C, and she testified the Exhibit is comprised of two videos of herself singing karaoke at the restaurant Mi Fiesta. She testified her son recorded the videos and posted them to Claimant's Facebook page, and she is the individual on the left side of the videos. Claimant testified she was not wearing oxygen while she sang karaoke. (Hr'g Tr., pp. 81-83)
26. Claimant stated that she has good days and bad days.
27. When I consider the evidence as a whole, I believe Claimant is convinced that this event on May 26, 2011, is the cause of an aggravation to her asthmatic condition. ~~However, that conclusion is simply not supported by the facts in this case.~~
- a) Claimant testified it remains her opinion that, prior to May 26, 2011, her asthma had been the same for twenty years, it had been well-controlled, and it was not getting any worse in the two to five years leading up to May 26, 2011. (Hr'g Tr., p. 44) This is inconsistent with the medical evidence outlined above, and most notably, the August 25, 2010, report of Dr. Mohan. (Medical Evidence as a Whole; APA, pp. 99-101)
 - b) Claimant's assertion that she believed her asthma was well-controlled and was not worsening is consistent with Dr. Feldman's deposition testimony with regard to asthmatic patients.

- i. Dr. Feldman testified that Claimant's asthma was far worse than Claimant realized for a long time.
 - ii. Dr. Feldman testified, in referring to asthmatic patients, that "you cannot rely on the patient for assessing their asthma control; they're notoriously terrible, okay. They come in and tell you, 'I feel okay.' Why they say the feel okay, because they got used to not being okay." (Feldman Dep. Tr., p. 63)
 - i. Claimant's mother, Maureen Chamblee, testified Claimant worked the day after the smoke incident, and Claimant has a habit of going into work even when she does not feel like it.
 - ii. Ms. Chamblee testified Claimant has a personality that she will try to fight through things and she has always had that type of personality, and Claimant has always gone to work even when she does not feel like it.
28. The medical records are replete with references to Claimant's asthma. Not only does the narrative that results when one reviews the chronological history of her asthma not support a finding for Claimant, it paints a very clear picture that her underlying health conditions unrelated to the events of May 26, 2011 are much more likely the cause of her current condition.
29. Claimant has failed to meet her burden of proving she sustained an aggravation of her preexisting asthma condition which is causally related to exposure to smoke on May 26, 2011, and her claim for benefits under the South Carolina Workers' Compensation Act ("the Act") is hereby denied.
30. Claimant has failed to meet her burden of showing she suffered an injurious exposure or accident arising out of and within the course and scope of her employment on May 26, 2011.
31. Claimant is not entitled to any benefits under the Act and the case is dismissed.

VI. CONCLUSIONS OF LAW

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

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.
3. Under § 42-9-35, has failed to carry her burden of proving she sustained an aggravation of

her preexisting asthma/lung condition which is causally-related to exposure to smoke on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.

4. Under § 42-1-160 and § 42-9-35, Claimant's request for benefits is hereby denied and this case is dismissed.

VII. ORDER/AWARD

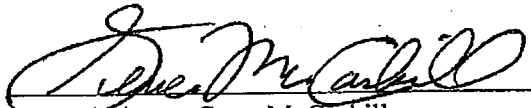
IT IS HEREBY ORDERED that Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.

IT IS FURTHER ORDERED that Claimant has failed to carry her burden of proving an injurious exposure or compensable injury by accident arising out of and within the course and scope of her employment on or about May 26, 2011, and her claim for benefits under the Act is hereby denied.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Gene McCaskill

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).

March 2, 2015

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill



WCC File #: 1107022
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Sandra(Sandy)Chamblee SSN: 249-06-2253 Employer's Name: Anderson County Fire Department
Address: 600 Whit.Chamblee Road Address: 201 McGee Road
City: Starr State: SC Zip: 29684 City: Anderson State: SC Zip: 29625
Home Phone: 864-353-3997 Work Phone: n/a Insurance Carrier: S.C. State Accident Fund
Preparer's Name: Richard E. Thompson, Jr. Law Firm: Thompson & King Preparer's Phone #: 864-222-0200

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** _____

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to lungs (Part(s) of Body Injured) on 5/25/2011 (Month/Day/Year) in Anderson county, state of Carolina. Body part(s) affected are: both lungs
2. Briefly describe how the accident occurred. claimant was exposed to smoke while responding to a fire
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 5/25/2011 (Month/Day/Year) in the following manner: County Fire Chief was notified
- ☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: lung injury
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☐ 9a. ☐ A determination of permanent disability is premature at this time.
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ 635.33, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None
11. Further grounds or unusual aspects of claim:
claimant makes claim to any and all rights she is entitled to under the SCWC Law
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See Attached List
- 11b. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe: no
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: _____
- ☐ 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 South Carolina State Accident Fund
address PO Box 102100 Columbia, SC 29221 on the 25 day of July 20 2013, by ☐ first class postage ☒ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney for Claimant: _____ Title: _____ Email: _____ Date: July 25, 2013

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



Claimant's Name: Sandra(Sandy) Chamblee SSN: 249-06-2253 Employer's Name: Anderson County Fire Department
Address: 600 Whit Chamblee Road Address: 201 McGee Road
City: Starr State: SC Zip: 29684 City: Anderson State: SC Zip: 29625
Home Phone: 864-353-3997 Work Phone: n/a Insurance Carrier: S.C. State Accident Fund
Preparer's Name: Richard E. Thompson, Jr. Law Firm: Thompson & King Preparer's Phone #: 864-222-0200

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: _____

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to the lungs (Part(s) of Body Injured) on 5/25/2011 (Month/Day/Year) in Anderson county, state of South C. Body part(s) affected are: both lungs

2. Briefly describe how the accident occurred: claimant was exposed to smoke while responding to a fire

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

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

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

6. Notice of the accidental injury was given to the Employer on 5/25/2011 (Month/Day/Year) in the following manner: County Fire Chief was notified

☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: lung injury

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: to be determined

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

☐ 9a. ☐ A determination of permanent disability is premature at this time.

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

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

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
none

11. Further grounds or unusual aspects of claim:
claimant makes claim to any and all rights she is entitled to under the South Carolina Workers' Compensation Law

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See attached list

11b. To the best of your knowledge, did you have any prior permanent disability?
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: _____

☒ 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 Employer's Attorney
address 872 S. Pleasantburg Dr. on the 2nd day of Sept 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.
Richard E. Thompson, Jr. SE 7-2-14
Preparer's Signature Title Email Date

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

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5739

www.wcc.sc.gov

WCC File #: **1107022**Carrier File #: **2011-1885**

Carrier Code #:

Employer FEIN #:

Claimant's Name: Sandy Chamblee SSN: 249-06-2253Address: 600 Whit Chamblee RdEmployer's Name: Anderson County Fire DepartmentAddress: 210 McGee RdCity: Starr State: SC Zip: 29202City: Anderson State: SC Zip: 29625Home Phone: () - Work Phone: () -Insurance Carrier: State Accident FundDate of Injury: 05/26/2011Preparer's Name: Ellen Goodwin, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5891Date of Injury or Illness: **05/26/2011****Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:**

1. It is Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
There was no injury by Accident in the course and scope of employment.
2. It is Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See #1
3. It is Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See #1
4. It is Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See #1
5. It is Denied that notice of injury was given the employer. The reasons for denial are:
See #1
6. It is Denied the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
See #1
7. It is Denied the employee is entitled to temporary total disability for the period(s) of :
See #1
8. It is Denied the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **\$ TBD** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Richard E. Thomson, Esquire

Judicial Director, SCWCC

Address: PO Box 14230, Anderson, SC 29624

P.O. Box 1715, Columbia, SC 29202-1715

on the 20th day of December, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Asst. Chief Counsel

EGoodwin@saf.sc.gov

Title

Email

Date

12/20/13

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51

Revised 9/07

51**Employer's Answer to Request for Hearing**

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 #: **1107022**Carrier File #: **2011-1885**

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Sandy Chamblee SSN: 249-06-2253 Employer's Name: Anderson County Fire Department
Address: 600 Whit Chamblee Road Address: 210 McGee Road
City: Starr State: SC Zip: 29202 City: Anderson State: SC Zip: 296
Home Phone: _____ Work Phone: (864) 352-3997 Insurance Carrier: State Accident Fund
Preparer's Name: Ian C. Gohean Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 272-2664

Date of Injury or Illness: 5/26/2011

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

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1 and 11
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1 and 11
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1 and 11
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See No. 1 and 11
6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See No. 1 and 11
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :

8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1 and 11.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
10. It is contended that an average weekly wage of \$TBD applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
S.C. Code Ann. §§ 42-15-20, 42-15-40. Also, see Attachment. Defendants reserve the right to amend and to assert defenses as they become aware of them.

☐ **Mediation**

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Richard E. Thompson, Jr., 300 S. Tower Street, PO Box 14230
Name & Address

Anderson, SC 29624 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 28th day of January, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Preparer's Signature

Attorney for the Employer/Insurer
Title

icgohean@wjlaw.net
Email

01/28/2014
Date

Certifier, Kellee J. Bobo

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

DEFENSES

1. The defendants deny that the employee sustained an injury by accident and deny that She contracted an occupational disease and deny that the claimant qualifies for benefits under the South Carolina Workers' Compensation Act, including the occupational disease provision, Section 42-11-10 through 42-11-200.
1. The injury claimed does not meet the requirements of Sections 42-11-10.
2. The claim does not meet the requirements of Section 42-11-20.
3. The injury claimed does not meet the requirements of Section 42-11-40.
4. The defendants specifically claim Section 42-11-50 as a defense.
5. The defendants specifically claim Section 42-11-60 as a defense.
6. The defendants specifically claim Section 42-11-70 as a defense and bar to the claim.
7. The defendants specifically request that, in the event an award by the Commission is issued, such award shall be apportioned in accordance with Section 42-11-90.
8. The defendants specifically claim Section 42-11-100 as a defense.
9. The defendants claim all affirmative defenses of Chapter 11 of the South Carolina Workers' Compensation Act.
10. The defendants reserve the right to request a referral to a medical panel under Section 42-11-120 or to a medical examiner as is their right by statute.
11. The defendants reserve the right to add additional parties, including insurance carriers, and/or defenses as more information becomes available.

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

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1107022

Sandy L. Chamblee,	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	TRANSCRIPT OF PROCEEDINGS
Anderson County Fire	)	
Department, Employer,	)	November 6, 2014
	)	
and	)	
	)	
State Accident Fund,	)	
Carrier,	)	
	)	
Defendants.	)	

This hearing was held before
Commissioner Gene McCaskill, reported by
Kimberly T. Power, Court Reporter and Notary
Public in and for the State of South Carolina;
said proceedings were held at the South
Carolina Workers' Compensation Commission,
Ronald Townsend Government Building, 2404 North
Main Street, Anderson, South Carolina, on
Thursday, November 6, 2014, commencing at the
hour of 3:00 p.m.

KIMBERLY T. POWER, CCR (803) 622-9057

APPEARANCES

2

ATTORNEYS FOR THE CLAIMANT

THOMPSON AND KING
BY: RICHARD E. THOMPSON, JR., ESQUIRE
300 South Tower Road
Anderson, South Carolina 29624

ATTORNEYS FOR THE DEFENDANTS

WILLSON, JONES, CARTER & BAXLEY, P.A.
BY: IAN GOHEAN, ESQUIRE
872 South Pleastanburg Drive
Greenville, South Carolina 29607

KIMBERLY T. POWER, CCR (803) 622-9057

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THE COURT: Today's date is
November 6, 2014. This is Workers'
Compensation Commission File Number 1107022.
This is the case of Sandy L. Chamblee vs.
Anderson County Fire Department. The carrier
is the State Accident Fund. The date of the
accident is May 26, 2011. The claimant is
represented today by Richard E. Thompson, Jr.
The employer/carrier are represented by Ian
Gohean.

The claimant has an average weekly
wage of \$756.49 with a corresponding
compensation rate of \$504.35.

Are there objections to
jurisdiction, venue, or APA submissions?

MR. THOMPSON: Not by me, Your
Honor.

MR. GOHEAN: None from the
defendants, Commissioner.

THE COURT: Do I have APA
submissions?

MR. THOMPSON: Right here, Your
Honor.

MR. GOHEAN: And, Commissioner, we
have three deposition transcripts. I believe

1 Mr. Thompson is going to introduce the
2 deposition of Michael Spandorfer.

3 MR. THOMPSON: Correct.

4 MR. GOHEAN: I have the original.
5 I'm going to hand that to you. And then I am
6 going to introduce Ms. Chamblee's deposition
7 and also the deposition of Dr. Feldman.

8 MR. THOMPSON: That's agreeable to
9 me, Your Honor.

10 THE COURT: All right. So the
11 depositions are coming in. All right. Any
12 other objections, gentlemen?

13 MR. THOMPSON: I don't believe so,
14 Your Honor.

15 MR. GOHEAN: No, sir.

16 THE COURT: I said other. Are there
17 any objections. All right. Very good. The
18 Commission file becomes a part of the record
19 with the exception of self-serving declarations
20 and unstipulated medical reports.

21 Mr. Thompson, we're here today
22 pursuant to a Form 50 that you filed which
23 resulted in this hearing. If you would,
24 please, sir, place your client's position on
25 the record.

1 MR. THOMPSON: Your Honor, it's our 6
2 client's position -- the claimant's position
3 that she is employed with the employer, that
4 both employer and employee are subject to the
5 South Carolina Workers' Compensation Act. I
6 don't believe either of those first two points
7 are disputed.
8 As to disputed points, Your Honor,
9 we contend that she sustained an accidental
10 injury arising out of or within the course and
11 scope of her employment on May 26, 2011. We
12 contend that this injury occurred by an
13 accidental exposure to smoke. And as a result,
14 Your Honor, she is presently unable to work.
15 She has permanent and total
16 disability of employment, that she has lung
17 damage which has been quantified at the amount
18 of 55 percent to her lungs, that she is not
19 able to be employed now, that she's not been
20 employed by any other entity since the time of
21 the alleged incident, and that she is entitled
22 to such benefits under the comp act as you deem
23 appropriate.
24 THE COURT: Okay. Mr. Gohean.
25 MR. GOHEAN: Thank you,

1 Commissioner. It's the position of the
2 defendants that this claim is not compensable.
3 We would request that the Commission deny the
4 claim entirely.

5 The claimant had a severe and
6 under-treated asthma many years leading up to
7 her eventual hospitalization in June of 2011.
8 She had a severe cold or respiratory infection
9 for the weeks leading up to her
10 hospitalization, and it is the defendants'
11 position that if there was a permanent
12 aggravation of her pre-existing asthma at that
13 time leading to her hospitalization, it was
14 caused by her viral infection, not by the minor
15 smoke exposure which may have occurred on May
16 26, 2011.

17 Now, even if you were to find,
18 Commissioner, that there has been a permanent
19 aggravation which was related to this smoke
20 exposure and that this is a compensable claim,
21 defendants would argue that the claimant is not
22 at MMI per the opinion of Dr. Feldman. And we
23 would certainly disagree, even if you found
24 that she was at MMI, I believe this is a
25 scheduled member claim. It's a lung only

KIMBERLY T. POWER, CCR (803) 622-9057

1 claim. I believe that's the only body part 8
2 alleged on the 50 and the 58, and I think she
3 is entitled only to an award to the lungs if
4 you do find it is compensable and she has
5 reached MMI.
6 THE COURT: Anything else,
7 Mr. Thompson?
8 MR. THOMPSON: Not from me, Your
9 Honor, other than the claimant's testimony.
10 THE COURT: All right. Well, I
11 think we are ready to hear from the claimant.
12 Ma'am, I'm going to ask you to move over here,
13 please. While this is a small room, you
14 probably already noticed we have a vibration
15 that kicks in every now and again and it makes
16 hearing a little difficult. So I'm going to
17 ask you, please, ma'am, to speak up. It's
18 imperative, obviously, that the attorneys hear,
19 this young lady who is making the record has to
20 hear you and I have to hear you. So speak up.
21 And the second request I have for
22 you is if you are asked a yes or no question,
23 please give us a verbal yes or no answer. If
24 you just shake or nod your head, and I do that
25 all the time, that actually -- she has to put

1 that in the record. That will slow her down 9
2 and a yes or no answer is just clearer for
3 everyone. So if you would do that, I would
4 appreciate it. All right.

5 (SANDY LYNN CHAMBLEE, being duly
6 sworn to tell the whole truth, testified as
7 follows:)

8 THE COURT: Please state your full
9 name for the record.

10 THE WITNESS: Sandy Lynn Chamblee.

11 THE COURT: Thank you, Ms. Chamblee.
12 Mr. Thompson, your witness.

13 MR. THOMPSON: Thank you, Your
14 Honor.

15 DIRECT EXAMINATION

16 BY MR. THOMPSON:

17 Q. Sandy, do you live at 600 Whit
18 Chamblee Road in Starr, South Carolina?

19 A. I do.

20 Q. On or about May 26, 2011, were you
21 an employee of the Anderson County Fire
22 Department?

23 A. Yes.

24 Q. Were you employed as a fire marshal
25 and trainer?

KIMBERLY T. POWER, CCR (803) 622-9057

1 A. Yes.

2 Q. How long have you been involved in
3 firefighting?

4 A. Most of my life. .

5 Q. Do any of your family members have a
6 history of being involved in firefighting?

7 | A. My father, my nephews. Yes.

8 Q. What about your husband?

9 A. My husband, yes.

10 Q. You have a lifelong history of
11 asthma; is that correct?

12 A. Yes.

13 Q. You went to see a physician named
14 Dr. Poon, P-O-O-N, in Elberton, Georgia on or
15 about May 11th of 2011; is that correct?

16 A. Yes, sir.

17 Q. Was that for the purpose of getting
18 a physical?

19 A. Yes, sir.

20 Q. When you went to see Dr. Poon, did
21 he examine you and then later give you another
22 appointment to come back?

23 | A. Yes, sir.

24 Q. On or about May 26, 2011, were you
25 at work that day?

KIMBERLY T. POWER, CCR (803) 622-9057

1 A. Yes. 11
2 Q. That afternoon did you make a trip
3 out of the office?
4 A. Yes.
5 Q. What was the purpose of making the
6 trip out of the office?
7 A. To put up a smoke detector at a
8 lady's house in Townville.
9 Q. Is that in Anderson County?
10 A. Yes, sir.
11 Q. Is that something that the Anderson
12 County Fire Commission or fire department
13 routinely does if a citizen requests that?
14 A. Yes.
15 Q. Were you in a department vehicle?
16 A. Yes.
17 Q. Was anyone with you?
18 A. Yes. Larry Greer, Jr.
19 Q. On route to put up this smoke
20 detector at the citizen's house, was there a
21 stop made on the way?
22 A. Yes.
23 Q. Why was that, please, ma'am?
24 A. We seen smoke and Larry wanted to go
25 see what it was.

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1 Q. All right. At that particular time 12
2 had you suffered from a cold?
3 A. I had a sinus infection.
4 Q. All right. Did you get sinus
5 infections other times?
6 A. Yes.
7 Q. Did you get colds other times?
8 A. Yes.
9 Q. And have you had asthma at all times
10 throughout this entire case?
11 A. Yes.
12 Q. Have you been exposed to fire before
13 while you were employed with your employer?
14 A. Yes.
15 Q. Have you been exposed to smoke
16 before when you were with the employer?
17 A. Yes.
18 Q. Have you ever been in a position
19 before where you could not escape from smoke?
20 A. No.
21 Q. All right. When you got to the
22 place of the stop, what did Mr. Greer do?
23 A. He parked the truck and got out and
24 started fighting the fire.
25 Q. What did you do?

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A. I sat in the truck and left it running and turned the air conditioner on and I tried to stay out of the smoke.

4 Q. When he initially parked at this
5 location, were you in the smoke at that point?

6 | A. No.

7 Q. How long were you in the truck -- in
8 your best estimation, how long were you in the
9 truck before the smoke headed in your
10 direction?

11 A. I really don't know. Could have
12 been 30 minutes. I really don't know.

13 Q. Okay. What eventually -- how did
14 you happen to come into contact with this
15 smoke?

16 A. The wind changed and the smoke
17 started coming -- actually, the fire started
18 coming towards the house that we were fighting
19 and the wind switched and the fire started
20 coming to the house where we were at.

21 Q. Did you smell it in the truck?

22 A. Yes.

23 Q. What did you do?

24 A. There was a coat or something in
25 there and I wrapped my head up in the -- I

1 wrapped my head up trying to diffuse it.

14

2 Q. All right. Was the air condition
3 still running?

4 A. Yeah. I turned it on high and
5 turned it on non-circulate where it don't bring
6 in the outside air.

7 Q. How long did you sit in the truck
8 with the smoke coming towards you as best you
9 can recall?

10 A. Probably 45 minutes.

11 Q. Could have been shorter?

12 A. Could have been. I'm not -- I don't
13 recall.

14 Q. Could it have been longer?

15 A. Could have been.

16 Q. All right. Were you still in the
17 truck when Mr. Greer came back?

18 A. Yes.

19 Q. Did the smoke bother you while you
20 were in the truck?

21 A. Oh, yes, sir.

22 Q. How so?

23 A. I started coughing, got a real bad
24 headache.

25 Q. Anything else?

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1 A. Just wheezing, coughing. Just -- it 15
2 just -- it just made me sick feeling.
3 Q. When Mr. Greer came back to the
4 truck what, if anything, did the two of you do?
5 A. I told him he done made me sick and
6 I needed to go home.
7 Q. Did you go home?
8 A. No, we went and put the smoke
9 detector up.
10 Q. At the citizen's house?
11 A. Yes.
12 Q. Did you then later go back to the
13 fire department's office that afternoon with
14 Mr. Greer in the truck?
15 A. Yes, sir.
16 Q. Do you remember -- if you don't,
17 that's okay. But do you remember how close it
18 was to quitting time when you got back to the
19 fire headquarters?
20 A. I don't remember exactly, but it was
21 late.
22 Q. Did you see anyone when you got back
23 to the department headquarters?
24 A. I told our administrative assistant
25 that I had been in the smoke.

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1 Q. What's her name? 16
2 A. Patty Ellison.
3 Q. Did you actually talk to her?
4 A. I did.
5 Q. Inside the office or outside the
6 office?
7 A. I don't recall.
8 Q. Did you report the accident to her
9 that afternoon?
10 A. I did.
11 Q. All right. In connection with this
12 case, is it your understanding that the
13 employer's first report of accident was filed
14 that day?
15 A. Yes, sir.
16 Q. Now, you've reviewed the calendars
17 and you know that this date in question was on
18 a Thursday; is that correct?
19 A. Yes, sir.
20 Q. All right. Did you go to work that
21 Friday as best you can remember?
22 A. Yes, sir.
23 Q. How were you feeling?
24 A. Real bad.
25 Q. Did you still go to work anyway?

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1 A. Of course. Yes, sir. 17
2 Q. What about the next day which was
3 Saturday?
4 A. I was sick.
5 Q. Were you scheduled to work on
6 Saturday?
7 A. No, sir.
8 Q. What about Sunday, were you
9 scheduled to work?
10 A. No, sir.
11 Q. What about the next day which was
12 Monday which was Memorial Day, were you
13 scheduled to work?
14 A. No, I didn't work. No, sir.
15 Q. What about the next day which was
16 Tuesday?
17 A. I don't recall.
18 Q. What about the next day which was
19 June 1st of 2011?
20 A. I had an appointment to go back to
21 get my physical results.
22 Q. Was that with Dr. Poon?
23 A. Yes, sir.
24 Q. Was that in Elberton?
25 A. Yes, sir.

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1 Q. Did you go to Dr. Poon's office? 18
2 A. Yes, sir.
3 Q. There may be some evidence or
4 testimony presented in this case that you went
5 to a child's field day or something of this
6 nature between the time of the smoke exposure
7 and the time you went back to Dr. Poon. Do you
8 remember that?
9 A. I don't.
10 Q. When you went back to see Dr. Poon,
11 how did your visit at his office end?
12 A. I had to go to the hospital.
13 Q. Why was that?
14 A. Because my oxygen level was down so
15 low.
16 Q. Now, when this was going on before
17 you had the exposure to the smoke that you told
18 the judge about, were you ever wearing oxygen
19 like you are now?
20 A. No.
21 Q. You did have a nebulizer at home; is
22 that correct?
23 A. Yes, sir.
24 Q. You had been treated for asthma for
25 many years; is that correct?

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1 A. Yes, sir. 19
2 Q. Had you ever missed any appreciable
3 amount of time due to asthma?
4 A. No, sir.
5 Q. Okay. When you went to see Dr. Poon
6 on that June 1st, you were not wearing oxygen;
7 is that correct?
8 A. No, sir.
9 Q. After your visit in his office,
10 where did he send you?
11 A. Over at County Hospital.
12 Q. Were you admitted?
13 A. Yes, sir.
14 Q. How long did you stay?
15 A. Nine, ten days.
16 Q. When you went to the Elberton County
17 Hospital, did anyone take a detailed history
18 from you?
19 A. No.
20 Q. How was your ability to breathe at
21 that time?
22 A. Not very good.
23 Q. And you stayed the full nine or ten
24 days; is that correct?
25 A. Yes.

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1 Q. Were you dismissed from the 20
2 hospital?
3 A. Yes.
4 Q. Did you go back home for several
5 days?
6 A. No. He told me I had to come to the
7 respiratory doctor in Anderson.
8 Q. But you did get dismissed from the
9 hospital?
10 A. I did get dismissed with oxygen,
11 yes.
12 Q. So when you were dismissed from
13 Elberton County Hospital, you were on oxygen at
14 that time?
15 A. Yes.
16 Q. Then did you later -- several days
17 later have a readmission to AnMed Medical
18 Center in Anderson?
19 A. Yes.
20 Q. When you went to AnMed Medical
21 Center in Anderson, were you having trouble
22 breathing?
23 A. Yes.
24 Q. Did anyone take a detailed history
25 from you at that time?

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1 A. No, sir. 21

2 Q. Did you tell Dr. Poon about the

3 smoke and the fire?

4 A. I don't recall.

5 Q. Did you tell any of your family

6 members about the smoke and the fire when you

7 went home that day from work?

8 A. Yes.

9 Q. Who?

10 A. My momma, my daddy, my husband.

11 Q. Okay. What's your mom's name?

12 A. Maureen Chamblee.

13 Q. Is she present here this afternoon

14 to testify?

15 A. Yes, she is.

16 Q. After you got back home, after you

17 went to AnMed and stayed several days and were

18 dismissed, you had one or two follow-up visits

19 with Dr. Mohan; is that correct?

20 A. Yes.

21 Q. Were you otherwise satisfied with

22 Dr. Mohan's treatment?

23 A. Yes, I guess.

24 Q. How did you happen to change from

25 Dr. Mohan to Dr. Spandorfer?

1 A. I come to you and you found a
2 specialist.

3 Q. That's how you got to
4 Dr. Spandorfer?

5 A. Yes.

6 Q. He's in Charleston?

7 A. Yes.

8 Q. That's more inconvenient than going
9 to AnMed; is that correct?

10 A. Yes.

11 Q. Did you find your visit to him to be
12 beneficial?

13 A. Yes, he's helping.

14 Q. Have you been -- okay. Now, what
15 can you tell us that Dr. Spandorfer did for you
16 that Dr. Mohan did not do, if you can remember?

17 A. Just a whole lot more tests and -- a
18 whole lot more tests. I guess he just gives
19 me more hope.

20 Q. Now, all this time from when you
21 came home from Elberton County and got out of
22 AnMed, have you been on nasal oxygen since that
23 time?

24 A. Yes.

25 Q. Now, do you wear this all the time,

1 half the time? How does that work?

2 A. Most all the time.

3 Q. Do you have times when you're
4 better?

5 A. Yes, I have good days.

6 Q. Do you have times when you're worse?

7 A. Yes.

8 Q. Are there times when you get to
9 where you basically can't breathe at all now?

10 A. Yes.

11 Q. What happens at that point?

12 A. You just have to do breathing
13 treatments and lay around and do nothing.

14 Q. Do you have a rescue inhaler that
15 you usually carry with you wherever you go?

16 A. Yes.

17 Q. Okay. Now, I believe you have a
18 son; is that correct?

19 A. I do.

20 Q. How old is he?

21 A. Twelve.

22 Q. Since you had this exposure to
23 smoke -- when you had exposure to smoke, did
24 you know immediately that something had
25 happened to you that never had before?

1 A. Yes, sir.

2 Q. Is this the first smoke exposure
3 you've ever had with the fire department where
4 you were not able to get away from the smoke?

5 A. Yes.

6 Q. Have you felt well enough to be
7 employed since you breathed the smoke?

8 A. No, sir.

9 Q. Do you think you're well enough now
10 to go back to work?

11 A. No, sir.

12 Q. Do you still go to the grocery
13 store?

14 A. Not by myself.

15 Q. If you go with someone else, how
16 long do you stay?

17 A. Twenty minutes maybe.

18 Q. Do you go shopping in department
19 stores with other people?

20 A. Yes. Yes, with people.

21 Q. How long can you stay if you go to
22 the department store?

23 A. I can only go to one store at a time
24 now.

25 Q. What about going to the -- what is

1 your activity level like at home?

25

2 A. I don't -- I can't hardly do
3 anything.

4 Q. Do you remember when Mr. Gohean,
5 opposing counsel, took your deposition at my
6 office a while back?

7 A. Yes, sir.

8 Q. And do you remember he asked you a
9 bunch of questions?

10 A. Yes, sir.

11 Q. And on Page 46 of your deposition,
12 you were talking about the incident that
13 happened?

14 A. Uh-huh.

15 Q. This is a copy of your deposition.
16 It's in the record. I just want to bring out
17 part of it. On Page 46, Line 11, read what you
18 said. Start there and just read down for a few
19 lines.

20 A. Where at?

21 Q. Where it says, "And I'm like
22 embarrassed." That's Page 46, Lines 11 and 12.
23 Go on down for a while and I'll stop you.

24 A. "And I'm like embarrassed anyway
25 because I won't get out and help and I'm like

1 sitting there all covered up trying to -- so I 26
2 stay in the truck the whole time and I'm
3 coughing and carrying on because I just know
4 I'm going to die because I'm sitting in smoke."
5 Q. Stop. That was your answer to
6 Mr. Gohean at that time; is that right?
7 A. Yes, sir.
8 Q. Is that true now?
9 A. Yes, sir.
10 Q. Were you coughing and going on in
11 the truck at that time?
12 A. Yes, sir.
13 Q. It probably begs asking why didn't
14 you just get out of the truck? What was going
15 on around you while you were sitting in the
16 truck?
17 A. Firefighting.
18 Q. Was smoke out there?
19 A. Yes, sir.
20 Q. Do you think it would have benefited
21 you given your condition to have gotten out of
22 the truck?
23 A. There was more smoke outside than
24 there was inside.
25 Q. If you had gotten out of the truck,

1 where would you have gone?

2 A. I have no idea.

3 Q. What would you have done? Do you
4 know of anything you could have done?

5 A. I done what I thought was best.

6 Q. Is this the first time you've ever
7 been a firefighter where you have been exposed
8 to smoke and you could not extricate yourself
9 from the situation?

10 A. Yes, sir.

11 Q. Why didn't you go to the doctor
12 between the day this happened and when you were
13 supposed to go back to see Dr. Poon?

14 A. I was treating myself and I knew I
15 had an appointment on Wednesday and I thought I
16 could last till Wednesday.

17 Q. Did you work through difficulties
18 before with the fire department?

19 A. I always had.

20 Q. What type treatment did you have at
21 home that you gave yourself between the time
22 this happened and the time you went back to see
23 Dr. Poon?

24 A. I did my breathing treatments with
25 the nebulizer and I took some Prednisone that I

1 had in the cabinet. I was used to 28
2 self-medicating with my asthma. I always just
3 done the breathing treatments. I knew I had a
4 doctor's appointment on that Wednesday.
5 Q. At the time this happened you were
6 employed by the employer as a training officer
7 and fire marshal; is that correct?
8 A. I was a fire marshal only at that
9 time.
10 Q. And before that you had been a
11 training officer?
12 A. Yes, sir.
13 Q. So your job duties did not include
14 active firefighting for several years before
15 this happened; is that correct?
16 A. Correct.
17 Q. How old are you, Sandy?
18 A. Fifty-one.
19 Q. And when is your birthday?
20 A. 12/27/62.
21 Q. I believe that you have a high
22 school education plus some college; is that
23 correct?
24 A. I do.
25 Q. I believe you have another

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1 certification from the Firefighter Training 29
2 Institute?
3 A. I do.
4 Q. And do you think you're able to go
5 back to work?
6 A. No, sir.
7 Q. Now, at the time this happened, how
8 long had you worked -- how close were you to
9 retirement -- being able to retire on service
10 the time before this happened? At the time
11 this happened, how close were you to retiring?
12 A. Less than two years.
13 Q. You weren't that far away from
14 retiring?
15 A. No, sir.
16 Q. You're presently seeing Doctor --
17 presently you're treated by Dr. Spandorfer for
18 whatever medications he gives you; is that
19 correct?
20 A. Yes, sir.
21 Q. Did this happen in Anderson County?
22 A. Yes, sir.
23 MR. THOMPSON: Your Honor, that's
24 all my questions for this claimant.
25 THE COURT: All right. Please

1 answer any questions Mr. Gohean has for you,
2 ma'am.

30

3 CROSS-EXAMINATION

4 BY MR. GOHEAN:

5 Q. Ms. Chamblee, I'm not going to stand
6 up because I don't want to tower over you
7 there. You were first diagnosed with asthma at
8 about six weeks old; is that right?

9 A. Correct.

10 Q. And you also had some lifelong
11 problems with your sinuses and with allergies?

12 A. Correct.

13 Q. You treated at Duke Medical when you
14 were very young from about 1969 to 1976 or so?

15 A. Correct.

16 Q. Okay. You've also had -- in 1984
17 and 1986, I believe you had two separate sinus
18 surgeries; is that correct?

19 A. Correct.

20 Q. Okay. Now, in 1996 you were
21 referred to Dr. Riester. Am I saying that
22 right?

23 A. Riester.

24 Q. Riester?

25 A. Correct.

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1 Q. And that's an ENT?

2 A. Correct.

3 Q. And you've been treating with
4 Dr. Riester for quite some time?

5 A. Correct.

6 Q. Now, at that time in May of 1996,
7 you reported excessive coughing and throat
8 clearing, persistent upper respiratory
9 infections, severe gastric reflux, excessive
10 head, neck and shoulder tension, asthma,
11 sensation of something being caught in your
12 throat, allergies, sinus drainage, quick vocal
13 fatigue, and a history of exposure to cigarette
14 smoke; is that correct?

15 A. Correct.

16 Q. So in 1996 you were already having
17 all of those issues, correct?

18 A. Correct.

19 Q. Now, in July of 1996, Dr. Riester
20 performed a laryngoscopy and a vocal cord
21 stripping procedure; is that right?

22 A. Correct.

23 Q. Okay. And that was for your raspy
24 voice problems and breathing problems?

25 A. Yes, for my breathing problem. Yes.

1 Q. Okay. And at that time in 1996, you 32
2 were already using an asthma inhaler, correct?

3 A. As needed, yes.

4 Q. Okay. What year were you pregnant
5 with your son?

6 A. 2001.

7 Q. And your medical records indicate
8 that when you became pregnant, it gave you
9 additional issues with your asthma; is that
10 correct?

11 A. It did.

12 Q. Okay. In 2003 you were still
13 treating with Dr. Riester, correct?

14 A. Yes.

15 Q. And in an October visit with
16 Dr. Riester, this is APA Page 226, your
17 medication list included Lexapro which is an
18 anxiety and depression medication, Singulair
19 which is an asthma medication, Advair which is
20 an asthma medication, and Zithromax which is a
21 respiratory infection medication, Nexium which
22 is for reflux, Zyrtec which is for allergies,
23 Endal HD which is an antihistamine, and Cipro
24 which is an antibiotic. Do you agree with
25 that?

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1 A. I do.

2 Q. Okay. And at that time,
3 October 2003, Dr. Riester's notes also
4 indicated, "She was sent to an asthma doctor."
5 Do you recall seeing an asthma specialist in
6 2003?

7 A. I don't recall.

8 Q. Okay. And I asked -- because at
9 your deposition I also asked you had you ever
10 seen any asthma specialist or pulmonologist
11 before this incident and you told me you had
12 not, but at least according to this record it
13 looks like you saw an asthma doctor in 2003?

14 A. I don't recall.

15 Q. Okay. And you continued treatment
16 with Dr. Riester and also with a Dr. Seymour.
17 Was that your family doctor?

18 A. It was.

19 Q. Okay. November of 2003, a month
20 later, Dr. Riester noted claiming of post-nasal
21 drainage and she also prescribed you Flonase in
22 addition to all the other stuff you were being
23 prescribed. The same month Dr. Riester
24 recommended another sinus surgery due to your
25 chronic sinusitis. Do you remember in

1 December 2003, you had another sinus surgery 34
2 with Dr. Riester?

3 A. I do recall.

4 Q. Okay. And after that you continued
5 to treat with Dr. Riester, correct?

6 A. Correct.

7 Q. Okay. And in March 2004, you were
8 complaining of significant allergies and a sore
9 throat. September '04, you complained of being
10 congested and wheezing, your throat and your
11 ears feeling stuffed up, and you were still on
12 Singulair, Advair, hormones, Nexium, Celebrex,
13 and Albuterol. Do you agree with that?

14 A. Correct.

15 Q. Okay. You continued with Dr.
16 Riester October 2004. "Complains of sinus
17 trouble. Trouble breathing. Wheezing.
18 Coughing. Very stuffy. Sore throat. Pressure
19 in the ears. I listened to her lungs and she
20 sounds like she is wheezing."

21 March of 2005, the next year, "Sinus
22 trouble. Hurts from the chest. Coughing.
23 Sore throat. Very sniffy. Nasal congestion.
24 Wheezing."

25 April 2005, the next month.

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1 "Patient having the same symptoms." May, the 35
2 next month, "Significant sore throat."
3 June 2005, the next month. "Her asthma has
4 been a problem. I listened to her today and
5 she really did sound like she was not moving a
6 lot of air, but she said in the next couple of
7 days she felt she would probably be doing
8 better. Probably would go to a pulmonologist
9 shortly." And at that time you were still
10 being prescribed all those medications. Do you
11 remember discussing with Dr. Riester possibly
12 going to a pulmonologist in 2005?

13 A. I don't.

14 Q. The next month -- or, actually, I
15 apologize, the same month, June of 2005, you
16 also saw Dr. Seymour, your family doctor. You
17 complained of a cough, congestion, wheezing.
18 Went back to him the next month in July 2005,
19 shortness of breath, wheezing. And at that
20 time he ordered a pyrometry, which is a
21 pulmonology test, and referred you to a
22 pulmonologist. This is APA 260 and 261. Do
23 you recall that in 2005, Dr. Seymour referring
24 you to a pulmonologist?

25 A. I don't. I don't.

1 Q. Okay. Do you remember Dr. Stephen
2 Hand?

3 A. Dr. Hand, yes.

4 Q. And Dr. Hand is a pulmonologist,
5 correct?

6 A. Yes.

7 Q. And in 2005, Dr. Seymour referred
8 you to Dr. Hand, correct?

9 A. Yes.

10 Q. So following your 2002 pregnancy,
11 you had an increase in your asthma symptoms.
12 2003, 2004, 2005. At that time Dr. Seymour
13 referred you to a pulmonologist, Dr. Stephen
14 Hand, correct?

15 A. Yes.

16 Q. Okay. This is APA 91 and 94. You
17 were seen by Dr. Hand July 25th of '05. Now,
18 again, you told me in your deposition you
19 didn't recall seeing any pulmonologist or
20 asthma specialist, but you did in fact see a
21 pulmonologist in 2005, correct?

22 A. Yes.

23 Q. Okay. Dr. Hand's record indicates,
24 "Asthma since six weeks old. Quote, it became
25 much worse during her pregnancy three years

1 ago. She has persistent shortness of breath, 37
2 wheezing, cough, worse with exposure to heat
3 and humidity this summer." This is a July
4 record, so you're coming to the end of the
5 summer there. Generally does your asthma get
6 worse with heat and humidity and being
7 outdoors?
8 A. It does now, yes.
9 Q. Don't you also have a history of
10 being allergic to trees, pollens, dust?
11 A. I do.
12 Q. And that was before this incident,
13 correct?
14 A. I do.
15 Q. Okay. Dr. Hand also noted in July
16 2005 that you had been on four or five courses
17 of Prednisone that year. Prednisone is a
18 steroid you take for your asthma, correct?
19 A. Correct.
20 Q. Okay. And at that time your
21 medications are still Singulair, Advair,
22 Nexium, and you're also on allergy shots now,
23 Albuterol, and nebulizer treatments, correct?
24 A. Correct.
25 Q. And you've been on regular allergy

1 shots for quite some time now, correct? 38

2 A. At that time, yes.

3 Q. Are you currently on them?

4 A. No.

5 Q. Your allergies are doing better?

6 A. No. I just don't take allergy

7 shots. I don't see Dr. Hand. I only seen him

8 for a few months.

9 Q. And that was during the 2005 area,

10 right?

11 A. Yes.

12 Q. Dr. Hand also noted that you had a

13 weight gain of 100 pounds in the last three

14 years. So I guess after your pregnancy, a

15 weight gain of 100 pounds?

16 A. Yes.

17 Q. Did you attribute that to something

18 in particular, your Prednisone or anything

19 else?

20 A. I don't know.

21 Q. Okay. And you also told him you

22 were feeling fatigue most of the time, you were

23 dealing with throat pain, hoarseness, snoring,

24 apnea, shortness of breath, wheezing, cough,

25 headache, daytime sleepiness, fighting sleep

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1 while you're driving, falling asleep at work, 39
2 fighting sleep in conversation, and an
3 intermittent creeping and crawling sensation in
4 your legs. Do you recall having all these
5 symptoms back in 2005 with Dr. Hand?
6 A. I don't recall that.
7 Q. You also have reflux, correct, acid
8 reflux or GERD?
9 A. I don't recall that.
10 Q. Okay. And his note from that 2005
11 visit says, "I have advised her" -- I
12 apologize. "Gastroesophageal reflux. I have
13 advised her that this could be a contributor to
14 her problems with asthma. She reports her
15 symptoms are difficult to control and also
16 reports she sometimes has difficulty swallowing
17 liquids." You don't recall being diagnosed
18 with reflux?
19 A. No, sir.
20 Q. And one of those prescriptions you
21 were being prescribed, I believe the Nexium,
22 that's for reflux, correct?
23 A. I take Nexium. They said it's
24 for -- the medication that I take makes me sick
25 to my stomach.

1 Q. So it's to counteract your other 40
2 medications?
3 A. That's what they told me.
4 Q. Okay. So you didn't know you had
5 reflux?
6 A. No, sir.
7 Q. All right. In August 2005, you went
8 back to Dr. Seymour and he said sinus and chest
9 congestion, dry cough, yellow-brown discharge
10 and you were referred for a study. Do you
11 remember undergoing that sleep study in 2005?
12 A. Yes, sir.
13 Q. And that was August 26, 2005. Do
14 you remember being diagnosed with sleep apnea
15 in 2005?
16 A. Yes.
17 Q. Okay. Again, at your deposition
18 when I asked you about your sleep apnea, you
19 indicated Dr. Mohan diagnosed you with that
20 after the fire, but actually you had that in
21 2005, correct?
22 A. Okay.
23 Q. Do you agree with that?
24 A. If that's what it says. I don't
25 recall the dates.

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1 Q. But do you recall having sleep apnea 41
2 before this fire incident?
3 A. I don't recall. I don't recall the
4 dates. Sorry.
5 Q. And that's fine. Do you recall that
6 you were prescribed a CPAP machine during that
7 time, 2005? Do you recall having a CPAP and
8 using a CPAP in 2005 on?
9 A. No, sir.
10 Q. You don't recall that at all?
11 A. No, sir.
12 THE COURT: Did you purchase the
13 CPAP machine, ma'am?
14 THE WITNESS: I do have a CPAP
15 machine, but I don't recall when I had it. I
16 didn't use it before I was sick. No, sir, I
17 don't recall that.
18 THE COURT: So you don't know -- let
19 me make sure I clearly understand what you're
20 saying. You have a machine?
21 THE WITNESS: I do.
22 THE COURT: You do not remember when
23 you purchased it?
24 THE WITNESS: Right. I started
25 using it when I had got on oxygen.

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1 THE COURT: But you did not use it 42
2 prior to when you started using nasal oxygen?
3 THE WITNESS: Right.
4 THE COURT: Okay. All right.
5 BY MR. GOHEAN:
6 Q. Did you purchase it before this
7 accident? Did you already possess it and then
8 you started using it later?
9 A. No, sir.
10 Q. So back when he prescribed you one
11 in 2005, you didn't get it?
12 A. No.
13 Q. You continued treating with Dr. Hand
14 in 2005. October '05 he says, "For the past
15 week she has had increased cough productive of
16 yellowish sputum." So you did see Dr. Hand on
17 multiple occasions that year, correct?
18 A. Okay.
19 Q. And that's contrary to what you said
20 in your deposition that you have never seen a
21 pulmonologist before, correct?
22 A. I remember seeing Dr. Hand. I don't
23 remember how often.
24 Q. Okay. But do you remember that you
25 have seen him?

1 A. I did see Dr. Hand.

43

2 Q. Okay. December 2005, you went back
3 to Dr. Riester complaining of nasal congestion,
4 facial pressure, sore throat, and a dark green
5 drainage. The next month, January '06, back to
6 Dr. Riester and you requested a Depo shot and
7 Dr. Riester said the request was denied.
8 "Patient should see family doctor or
9 pulmonologist." What do you take the Depo shot
10 for?

11 A. It's like a Prednisone. It gets me
12 over -- when I'm having a bad spell with my
13 asthma, it usually gets me over my sickness
14 quick.

15 Q. So it's for your asthma?

16 A. Yes, or a cold. Not really asthma.
17 It just gets you over your cold quick.

18 Q. Okay. Two months later you went
19 back to Dr. Hand. This is in 2006 now,
20 March 2006. He indicated that you had had two
21 episodes of bronchitis over the winter that
22 required an antibiotic and Prednisone; is that
23 correct?

24 A. I don't recall.

25 Q. Okay. In October 2006, again, back

1 to Dr. Riester, hoarseness, still on Singulair, 44
2 Advair, still taking your allergy shots. And
3 then also in December, two months later, sinus
4 congestion, left ear fullness, and you had
5 indicated you had taken several Goody headache
6 powders during that individual day. Is that
7 something you do from time to time when you're
8 having sinus problems, you take Goody's?

9 A. I used to.

10 Q. So now we're in December 2006, so
11 we're three-plus years after your pregnancy and
12 we're only four years or so before this
13 incident. At your deposition I asked you how
14 your asthma was before this incident. You told
15 me it had been the same for 20 years, that it
16 was well-controlled, and it was not getting any
17 worse in the two to five years leading up to
18 this incident; is that correct?

19 A. Right.

20 Q. Is that still what you believe?

21 A. I still believe that.

22 Q. Okay. And I just want to run
23 through some of the records from 2007 up until
24 the date of your accident now. In June 2007,
25 Dr. Riester. Throat pain, nosebleed, some

1 reflux going on. You're still on your
2 Singulair, your Advair, your Nexium,
3 Amitriptyline, allergy shots, Elavil, and
4 Albuterol. The next month, July '07, sinus
5 congestion. The next month, August '07,
6 sinusitis, bronchitis, bronchospasm.
7 Bronchospasm, that means difficulty with your
8 asthma, correct?

9 A. I don't know.

10 Q. Okay. Two months later, October
11 '07, chest congestion, shortness of breath,
12 wheezing, bronchospasm, out of Albuterol. The
13 next month, November '07, tried to go off the
14 allergy shots and it didn't work. Continue
15 with the shots. What did you mean that the
16 allergy shots didn't work?

17 A. I have hay fever. My hay fever come
18 back bad.

19 Q. Okay. And you're not taking allergy
20 shots now?

21 A. No.

22 Q. When did you go back off them again?

23 A. I don't recall.

24 Q. You're not having issues, though?

25 A. Not now.

1 Q. Okay. From June to November of '07, 46
2 that's five visits where you went to Dr.
3 Riester or Dr. Seymour with asthma or sinus
4 type symptoms. Do you agree with that?
5 A. I do.
6 Q. Okay. Now, in 2008. January '08,
7 Dr. Seymour, sinusitis. February 2008,
8 Dr. Riester, severe sore throat, coughing,
9 sneezing, nasal congestion with brown colored
10 nasal drainage.
11 The next month, March of '08.
12 Riester. Throat sore, increased facial
13 pressure and chest congestion. Used last
14 antibiotic this morning and believes to be
15 getting sick all over again. Would like a Depo
16 shot. And, again, that Depo shot is for your
17 asthma symptoms, correct?
18 A. No, it gets me over my colds.
19 Q. So it's more for colds?
20 A. It is to me.
21 Q. Okay. Dr. Riester also noted cough
22 and considerable mucus problem and bronchitis.
23 Same month, March 2008, you went to Dr. Seymour
24 complaining of cough, shortness of breath,
25 bronchitis and bronchospasms. The next month,

1 April of '08, Dr. Seymour. Neck pain and arm 47
2 numbness.

3 Six months later, October of '08,
4 you went back to Dr. Hand. So you were still
5 seeing Dr. Hand as recent as 2008. "She
6 reports she has had some problems with her
7 asthma."

8 So that's 2008. That's at least six
9 visits where you went to the doctors
10 complaining of asthma-related type symptoms,
11 correct?

12 A. If that's what it says.

13 Q. December of '08 you had LAP-BAND
14 surgery, correct?

15 A. Correct.

16 Q. Okay. Three months later there was
17 an abdominal scan that shows the LAP-BAND had
18 become disconnected?

19 A. Right.

20 Q. Did they have to go back in and fix
21 it?

22 A. Yes.

23 Q. So you had to have two procedures
24 for that?

25 A. Yes.

1 Q. The LAP-BAND helped, though? 48
2 A. No.
3 Q. It did not help?
4 A. No.
5 Q. Did you lose weight?
6 A. No.
7 Q. Okay. 2009. January of '09,
8 Dr. Seymour. Cough and sinusitis. April of
9 '09, Dr. Seymour. Cough, headache,
10 exacerbation of asthma. Same month, April of
11 '09, Dr. Riester. Some asthma trouble. Was
12 outside on Easter. What was it about being
13 outside on Easter that would give you some
14 asthma trouble?
15 A. I don't know why she would write
16 that.
17 Q. Well, it would have been something
18 you would have told her, right?
19 A. I don't know.
20 Q. Dr. Riester also noted that you had
21 a Depo-Medrol shot Tuesday and a CPAP and
22 you're currently on Prednisone at that time.
23 So, again, you're on the steroids and the Depo
24 shot in April of 2009, correct?
25 A. Okay.

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1 Q. Next month, May of 2009, 49
2 Dr. Seymour. Sinus congestion, dry cough,
3 bronchitis, bronchospasm. August of 2009,
4 Dr. Seymour. Chest congestion, wheezing,
5 shortness of breath, exacerbation of asthma.
6 Same month, Dr. Seymour. Depo-Medrol shot.
7 The next month, September of '09,
8 Dr. Seymour. Shortness of breath, cough,
9 wheezing, exacerbation of asthma and
10 bronchitis. December of 2009, Dr. Riester.
11 Complains of tightness in the chest during skin
12 testing. Albuterol inhaler, two puffs given.
13 She has been having a lot of trouble with some
14 wheezing.
15 So in 2009, that's at least eight
16 visits where you went to your doctors with
17 asthma-related conditions, correct?
18 A. Okay.
19 Q. Okay. Now, let's go into 2010.
20 March 2010, Dr. Riester. Very congested and
21 has a sore throat and not felling well. Lots
22 of congestion. Lots of post-nasal drip. July
23 of 2010, Dr. Seymour. Chest congestion,
24 wheezing, shortness of breath, cough, dark
25 phlegm. At that time you were referred to a

1 pulmonologist. In July of 2010, Dr. Seymour
2 referred you to a pulmonologist. Do you recall
3 that?

4 A. I do.

5 Q. Okay. So 2007 we had at least five
6 visits where you went to your doctors with
7 allergy issues -- I apologize, asthma issues.
8 In 2008, we had at least six visits where you
9 did. In 2009, we had at least eight visits.
10 And in 2010, you were referred by your family
11 doctor to a pulmonologist and you went to
12 Dr. Mohan; is that correct?

13 A. Yes.

14 Q. And you saw Dr. Mohan on August 25,
15 2010; is that correct?

16 A. Yes.

17 Q. And he's a pulmonologist, right?

18 A. She. Yes.

19 Q. Or she. I apologize. Okay. So,
20 again, when you told me in your deposition that
21 you hadn't seen any pulmonologist or asthma
22 specialist until after this fire incident, that
23 was incorrect?

24 A. I guess, yes.

25 Q. You may have seen one in 2003

1 according to the records. You definitely saw 51
2 Dr. Hand in 2005, 2008, and you began treating
3 with Dr. Mohan in 2010, correct?

4 A. I did treat with her, yes.

5 Q. August 25, 2010, this is nine months
6 before you were admitted to the hospital in
7 June of 2011, correct?

8 A. Correct.

9 Q. All right. When you went to
10 Dr. Mohan, his records -- or her record, I
11 apologize, indicates, "Is here to see me for
12 increasing shortness of breath and chronic
13 cough. She has a long-standing history of
14 asthma, but it was well-controlled until two
15 years ago. For the last two years she has been
16 having trouble with cough, sputum production,
17 et cetera. The patient has nebulizer machine
18 and she uses the nebulizer treatment aerosols
19 three to four times a day. Currently also
20 receiving allergy shots on a regular basis.
21 Still continues to have persistent cough."
22 Also indicated you were having a runny nose and
23 sinus congestion. Do you recall having all
24 those issues with Dr. Mohan in August of 2010?

25 A. I do recall.

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Q. And do you recall that Dr. Mohan

prescribed you Levaquin, Singulair, Pulmicort
aerosols, Brovana and Combivent inhaler?

A. I don't recall all that.

Q. Would you dispute it if it's in her
records?

A. No.

Q. Again, in your deposition you had
told me that in the two to five years leading
up to this incident, your asthma had been
well-controlled, it was not getting worse, and
it had been the same for 20 years?

A. Uh-huh.

Q. Do all the records that we just went
through, does that sound like your asthma was
well-controlled and was not getting worse?

A. It was controlled. I never lost
much work. I worked just fine.

Q. And the question isn't were you able
to work. The question was you had been
referred to a pulmonologist just nine months
before this incident, but you're -- you believe
that your asthma was well-controlled?

A. I do.

Q. Okay. Now, that visit to Dr. Poon

1 on May 11, 2011, that's the first time you had 53
2 been to Dr. Poon, right, or maybe you had gone
3 for a pre-visit, but that was the first time
4 you had seen Dr. Poon, I believe?
5 A. I guess, yes.
6 Q. And your mom had told you you should
7 go get a physical and so you went?
8 A. Yes.
9 Q. And somebody made you --
10 A. They said he was the best doctor
11 around, yes.
12 Q. So you drove to Georgia and you saw
13 Dr. Poon?
14 A. Yes.
15 Q. Okay. May 11, this is 15 days
16 before this smoke incident, right? May 11th
17 and the incident was the 26th?
18 A. Yes.
19 Q. At that time, 15 days before, your
20 medications on Dr. Poon's record were listed as
21 Singulair, Electro, Ambien, Clonopin, Zyrtec,
22 Advair Diskus two puffs daily and Proair
23 aerosol two puffs as needed. Do you agree with
24 that?
25 A. I do.

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1 Q. Now, I think you also had some
2 muscle soreness and you had a neck sprain when
3 you were there, ran some labs, and then you
4 scheduled a recheck follow-up visit with
5 Dr. Poon for June 1, 2011, correct?

6 A. Correct.

7 Q. So that was a pre-scheduled
8 appointment?

9 A. Correct.

10 Q. Okay. Now, May 26, 2011, that's the
11 date of this incident. That was a Thursday,
12 correct?

13 A. Correct.

14 Q. Okay. Now, when you applied for
15 your retirement disability benefits, you
16 completed a written statement. Do you recall
17 completing that? And I can show it to you
18 here. It's Pages 112 to 114 in the APAs.

19 A. I do.

20 Q. Did you write this?

21 A. I did.

22 Q. Okay. In this statement that you
23 wrote you indicated, "Around the beginning of
24 May 2011, I caught a cold. I was freezing,
25 congested, and had an earache." Okay. So you

1 had a cold around the beginning of May 2011, 55
2 correct?
3 A. Right.
4 Q. And that cold was causing
5 congestion, correct?
6 A. In my head, yes. A head cold. It
7 was a head cold, yes.
8 Q. And that cold continued all the way
9 up until the time you were admitted to the
10 hospital, correct?
11 A. Yes.
12 Q. At your deposition, in fact, you
13 told me that you, quote, had a really bad cold
14 on May 26th on the day that this happened; is
15 that correct?
16 A. I did. I had a really bad head
17 cold.
18 Q. Okay. You also told me in your
19 deposition that, quote, it ain't good with me
20 and a cold and my asthma. Do you recall
21 telling me that?
22 A. I still say that, yes.
23 Q. So when you have a cold, that causes
24 you problems with your asthma, correct?
25 A. Sometimes, yes.

1 Q. Okay. Now, on the date this 56
2 incident occurred, which is May 26, 2011, you
3 were on the way to install smoke detectors?
4 A. Yes.
5 Q. You stopped at a grass fire or a
6 field fire?
7 A. Yes, with a tractor and combine
8 house.
9 Q. You parked in the front yard of that
10 field, correct?
11 A. Larry did, yes.
12 Q. Right. Larry did. And you were in
13 a pickup truck?
14 A. Yes.
15 Q. Windows were up?
16 A. Yes.
17 Q. On the other side of your truck in
18 between your truck and the fire was a row of
19 fire trucks?
20 A. In front.
21 Q. What do you mean by "in front?"
22 A. They were in front.
23 Q. Of the house?
24 A. They were in front of us.
25 Q. Okay. So they were not between you

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and the smoke?

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A. They were in front of us.

Q. So you parked behind the fire trucks when you pulled in?

A. Yes.

Q. Then there was the house, correct?

A. The house was right there. The fire trucks were right there and we were here. We were back, way, way back. We were back way, way from it.

Q. Way back from the house?

A. From the fire and all of it.

Q. And the fire was in a field located on the other side of the house, correct?

A. Yes. It was all here, yes.

THE COURT: You might want to explain "it was all here" because when someone reads the transcript, we want that to be real clear.

THE WITNESS: I'm sorry.

BY MR. GOHEAN:

Q. Okay. So could you see the fire from your location?

A. No, I couldn't.

Q. Okay. What was between you and the

1 fire? 58

2 A. A house and the fire trucks and

3 woods.

4 Q. So it was your truck, fire trucks,

5 the house, some woods, and then the fire?

6 A. Yeah. It was the house, fire

7 trucks, and woods. Yes.

8 Q. Okay. And they were all in between

9 your truck and the fire, correct?

10 A. Yes.

11 Q. Okay. How far would you estimate

12 that your truck was from the fire itself?

13 MR. THOMPSON: Object, Your Honor.

14 She hasn't testified she saw the fire.

15 BY MR. GOHEAN:

16 Q. I'll rephrase the question to make

17 it easier. Did you ever see the fire when you

18 were pulling in or leaving? Did you see the

19 fire at all?

20 A. When we were on the other side, I

21 did.

22 Q. So you at some point saw the fire?

23 A. I did.

24 Q. Okay. So you have -- so you know or

25 you can estimate roughly how far your truck was

1 from where the fire was? 59

2 A. I'm not good at distance.

3 Q. Okay. And that's fine. If you

4 don't feel comfortable estimating, that's fine.

5 You stayed in the truck the entire time?

6 A. Yes, sir.

7 Q. With the air conditioner running?

8 A. Yes, sir.

9 Q. And you told me you turned it to

10 that circulate button so the same air would

11 circulate, correct?

12 A. Yes, sir.

13 Q. Okay. You indicated you had covered

14 your face with, I think, a coat is what you

15 said?

16 A. Yeah, a coat or a -- I think it was

17 coat.

18 Q. And Dr. Spendorfer's records said

19 you covered it with a wet towel. Did you have

20 a wet towel?

21 A. No, sir. That's not true. There

22 wasn't a wet towel. There was a coat or

23 something in between where we were sitting in

24 the truck.

25 Q. So you didn't tell Dr. Spendorfer

1 that you used a wet towel?

2 A. No. I wish I had had a wet towel.
3 That would have been better.

4 Q. Okay. Now, in your position you
5 couldn't really smell a lot of smoke, could
6 you?

7 A. Oh, yes, sir.

8 Q. Okay. Well, at your deposition --

9 A. At first you couldn't, but then it
10 got worse.

11 Q. And at your deposition, I just want
12 to read you something. "And I really couldn't
13 smell a lot of smoke. But, you know, you're
14 getting in it because you can't smell carbon
15 monoxide anyway."

16 MR. THOMPSON: Can I ask you to
17 reference where that is in the deposition?

18 MR. GOHEAN: I apologize. It's Page
19 45 starting at Line 23 and then going on to
20 Page 46 a little bit.

21 BY MR. GOHEAN:

22 Q. Do you recall telling me that in
23 your deposition?

24 A. I don't recall it.

25 Q. You disagree with that statement

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now?

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A. I don't disagree with it, but -- I remember I could smell. But, I mean, you probably couldn't smell a lot, but I know I could smell it.

Q. And you started having an immediate problem with --

A. Not immediate, no. I sat there for a while before I even got the coat.

Q. Okay. Once you realized there was some smoke in the air, you started having problems while you were still sitting in the truck?

A. Yes.

Q. Before Larry ever returned, you were already --

A. Oh, gosh, yes.

Q. You indicated when your lawyer was asking you questions that this is the first time you had ever been in a smoke situation where you were unable to remove yourself from the smoke, correct?

A. Yes, sir.

Q. Why couldn't you move the truck?

A. It wasn't my truck. I couldn't

1 leave him.

2 Q. If you, as you testified, felt like
3 you were going to die sitting in that truck,
4 could you not move the truck? Could you not
5 get out and walk 100 yards the other direction?
6 Why didn't you do something like that to remove
7 yourself?

8 A. That was an exaggeration. I didn't
9 feel like I was going to die. I'm a
10 firefighter at heart and it's really -- it's
11 really embarrassing to admit that -- (Witness
12 cries.)

13 THE COURT: Take your time.

14 THE WITNESS: It's really
15 embarrassing to admit that you can't do what
16 you can't do anymore and they were -- they were
17 all telling me to get out and help and it was
18 embarrassing enough to sit there and hide. I
19 sure wasn't going to -- we had done parked the
20 truck where nobody could see me. I sure
21 wasn't going to -- I just -- I don't know why I
22 didn't move the truck. I don't know why I
23 didn't do nothing. I don't even know why I was
24 there. I don't know.

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BY MR. GOHEAN:

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Q. Larry eventually came back to the truck, correct?

A. Yes.

Q. At that time were you still having difficulty with your asthma?

A. Yes.

Q. What kind of symptoms and problems were you having right then when he got back?

A. Coughing. Coughing, wheezing. Real, real, real bad headache.

Q. Did you tell Larry about it?

A. Yes, I did.

Q. Okay. But your problems weren't bad enough where you needed to call an ambulance or go directly to the doctor?

A. No, I would not have called an ambulance.

Q. Why is that?

A. Because I'm a firefighter. I would not have called an ambulance.

Q. Okay. And then you went on and installed smoke detectors that day?

A. Yes, sir.

Q. Okay. Now, when I deposed you, I

1 asked you -- and this is on Page 52 starting at 64
2 Line 16. I asked you, "Did you tell anyone
3 specifically that the fire, you know, had made
4 your breathing problems worse?" And you
5 responded, "Larry."
6 A. Yes.
7 Q. And I said, "Okay." And you said,
8 "Bone." You called Larry, Bone, correct?
9 A. Yes, I call him Bone.
10 Q. You didn't mention the secretary to
11 me at your deposition. Why is that?
12 A. I didn't think about it.
13 Q. But now you're contending that you
14 did go back to the fire department and you told
15 Patty Ellison?
16 A. Yes.
17 Q. All right. Now, at your deposition
18 you also told me that you had to leave work
19 early on the day of the accident or maybe on
20 the next day, the Friday. You couldn't
21 100 percent remember which day, but you
22 definitely had to leave work early one of those
23 days. Do you recall that?
24 A. Yes.
25 Q. And you said, "I said I've got a

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1 cold. I think I'm going to go home early
2 because I done got sick. I'm real -- my head
3 is killing me." Do you remember saying that?

4 A. Yes, sir.

5 Q. Okay. You also told me that after
6 that day after you had to leave work early, you
7 were never able to work again. The day of the
8 fire was the last day you ever worked; is that
9 correct?

10 A. That's correct.

11 Q. I'm going to show you Defendants'
12 Exhibit B now. Is this your monthly time sheet
13 from May 2011?

14 A. It looks like it.

15 Q. Is this your signature right here at
16 the bottom?

17 A. It is.

18 Q. Dated May 31, 2011?

19 A. It is.

20 Q. Okay. According to this record,
21 here's May 26, it says you worked four and a
22 half hours and you took three and a half hours
23 of comp time for Ethan's field day. Ethan is
24 your son, correct?

25 A. It is.

1 Q. Okay. So did you either leave work 66
2 early that day or come in late that day because
3 you were at Ethan's field day?
4 A. I probably did if it says it.
5 Q. You wouldn't have written that on
6 there if that's not what you did, correct?
7 A. Exactly.
8 Q. And the next day is a Friday, the
9 27th. See where it says hours worked, eight
10 hours?
11 A. Right.
12 Q. Again, you wouldn't have written
13 that on there if you hadn't done that?
14 A. Right.
15 Q. So you worked a full day Friday?
16 A. Right.
17 Q. If you had left early, would that
18 have been noted on here if you hadn't worked
19 your full eight hours?
20 A. Not necessarily.
21 Q. So you would have worked your full
22 eight -- you would have worked less than eight
23 hours and written eight on here?
24 A. Maybe.
25 Q. Saturday and Sunday, you don't work

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1 weekends, correct?

2 A. No.

3 Q. You're a 9:00 to 5:00 employee,
4 correct?

5 A. Right.

6 Q. Monday was Memorial Day, a holiday?

7 A. Right.

8 Q. So you took eight hours of holiday
9 pay. Tuesday, the 31st, it says you worked
10 eight hours.

11 A. Okay.

12 Q. Again, this wouldn't be on here if
13 you didn't work eight hours, correct?

14 A. That's true.

15 Q. So you did work all day Friday,
16 Monday was a holiday, worked all day Tuesday?

17 A. I can't promise you I worked all
18 day. But if it's on there, I worked. You
19 can't go by the hours.

20 Q. Ethan's field day -- have you been
21 to multiple field days?

22 A. I go to all of them regardless of
23 how I feel. I go to every field day.

24 Q. Did he go to Starr Elementary
25 School?

1 A. Yes.

2 Q. Are those field days outdoors?

3 A. Yes.

4 Q. Outdoors in the middle of May in
5 South Carolina?

6 A. Yep.

7 Q. Was it hot?

8 A. I'm sure.

9 Q. And, again, does heat and humidity,
10 does that aggravate your asthma?

11 A. Not all the time. Sometimes. What
12 day was that?

13 Q. The field day was the day of the
14 accident, May 26, 2011.

15 A. That would have been the morning
16 before.

17 Q. So you would have gone that morning?

18 A. I would have been well, yes.

19 Q. So you would have gone three and a
20 half hours in the morning?

21 A. Uh-huh.

22 Q. And I actually have Defendants'
23 Exhibit F here. This is from Starr Elementary
24 School's Facebook page. They made a post on
25 May 21, 2011. Thursday, May 26, second and

1 third grade. Would that have been you?

2 A. Yes.

3 Q. Would that have been Ethan?

4 A. Uh-huh.

5 Q. Okay. And it says 8:30 to
6 11:00-ish. That's what it says on here.

7 A. Right.

8 Q. You would have gone that morning?

9 A. Yes.

10 Q. Taken your three and a half hours
11 comp time?

12 A. Right.

13 Q. And you worked your full four and a
14 half hours the remainder of the day?

15 A. Right.

16 Q. So you did not leave work early or
17 if you did leave work early one of those dates,
18 you didn't report it on your time sheet,
19 correct?

20 A. I would have went to the field day
21 that morning and then me and Bone put the smoke
22 detector up that afternoon.

23 Q. Right. But had you left early,
24 would you have written four and a half on
25 there?

1 A. Do what now?

2 Q. Well, you told me you left early
3 that day, but this --

4 A. On Thursday?

5 Q. Yes.

6 A. No, I didn't leave early that day.

7 Q. The day of the accident?

8 A. No, I didn't leave early that day.

9 Q. You did not leave early?

10 A. No.

11 Q. So the next day after that Tuesday
12 the 31st is the day you go back to Dr. Poon,
13 June 1, 2011?

14 A. Right.

15 Q. This was a pre-scheduled
16 appointment?

17 A. Yes.

18 Q. All right. So you actually missed
19 no time from work after this accident until you
20 went to see Dr. Poon, correct?

21 A. Yes. That's true.

22 Q. All right. Get to see Dr. Poon on
23 June 1st. At your deposition you told me that
24 when you went to see him you told the doctor,
25 "Well, while you're at it, you might better

1 listen to my lungs because I think I got a
2 cold." Do you recall telling the doctor that?

3 A. I don't recall what I said, but I
4 told him I was sick. Yes.

5 Q. Okay. You were there for asthma and
6 lab results, is what the doctor's note says.
7 And I says -- Dr. Poon's record says, "With
8 asthma attacks since one month ago and is
9 getting a lot worse." So you indicated to Dr.
10 Poon that you had been having asthma attacks
11 for a month, correct?

12 A. No.

13 Q. Okay. You didn't say that?

14 A. No.

15 Q. That's incorrect?

16 A. Yes, that's incorrect. I'm sorry.
17 I thought you were doing a statement.

18 Q. June 1st, you had a cold since the
19 beginning of May. So for about a month you had
20 a cold, correct?

21 A. Yes, sinus infection. Yes.

22 Q. Okay. You presented with nasal
23 congestion and a runny nose. Are those cold
24 symptoms?

25 A. Yes. To me, yes.

1 Q. Dr. Poon admitted you to the 72
2 hospital as we know. Did you tell Dr. Poon
3 about the smoke?
4 A. I did.
5 Q. Any idea why it's not in his record
6 if you told him about it?
7 A. I don't know. He did the CO -- the
8 oxygen things immediately, two a day for the
9 whole time I was there.
10 Q. You definitely told him about the
11 smoke, though?
12 A. I did.
13 Q. Okay. But instead of writing it had
14 been aggravated by this smoke, he wrote asthma
15 attacks for a month?
16 A. I don't know.
17 Q. Okay. You were admitted for ten
18 days to the hospital, correct?
19 A. Yes, sir.
20 Q. Okay. The intake record at the
21 hospital, I know you told your lawyer you
22 didn't have time to give any kind of detailed
23 history because you were having difficulty
24 breathing, but let me tell you what the
25 hospital record does say. "Long history of

1 asthma problems in the past. According to her,
2 she started to have some attacks in between now
3 for about a month or so and it got to the point
4 it was getting a lot worse in the past several
5 days." So, again, this says according to her
6 you were having problems for about a month; is
7 that inaccurate?

8 A. No, sir. Yeah, that is inaccurate.
9 That's not right.

10 Q. So you did not tell the hospital
11 personnel or Dr. Poon that?

12 A. No, sir, I did not.

13 Q. Okay. The hospital record also
14 says, "The patient has been using Advair,
15 Proair inhaler, and also using Jet nebulizer
16 treatments with Albuterol. In spite of that
17 the patient continues to have flare-ups."

18 A. Now that is true. I did tell them I
19 had been doing that all weekend.

20 Q. When you were discharged, they
21 basically said the same thing on your discharge
22 note. "40-year-old female patient with long
23 history of asthma problems in the past.
24 According to her she has been using Jet
25 nebulizer treatments in the past month or so

1 and lately is just getting a lot worse. The 74
2 patient finally came into the office for a
3 check-up." Again, they keep referencing a
4 month ago. That's not something you told them?
5 A. No, sir. I said a week.
6 Q. Did you tell people at the hospital,
7 your nurses, your doctors --
8 A. I told everybody.
9 Q. -- about the smoke?
10 A. Yes.
11 Q. Okay. Again, any idea why in ten
12 days in the hospital if you told them about the
13 smoke it is not in their records?
14 A. I have no idea.
15 Q. Did they ask you what was the cause
16 of your problems?
17 A. I don't recall. I don't know.
18 Q. You went back to the hospital. You
19 were admitted again June 15th, so about five
20 days after you got out, with chest pain. Do
21 you remember that?
22 A. I was not admitted for -- I wasn't
23 admitted for chest pains.
24 Q. What were you admitted for?
25 A. Because I couldn't breathe.

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1 Dr. Poon told me I had to come to go to 75
2 Dr. Riester. That's the only reason he would
3 let me out because he said he couldn't treat me
4 because he didn't know how to get the carbon
5 monoxide out of me. So he sent me to
6 Dr. Riester and she put me back in the hospital
7 and washed my lungs.
8 Q. And that was at AnMed?
9 A. Yes.
10 Q. That AnMed record says, "No history
11 of exposure to any unusual chemicals, fumes,
12 dust, et cetera." Did you tell them about the
13 smoke?
14 A. I don't know. She didn't ask.
15 Q. The hospital record also indicates,
16 "The patient has been diagnosed to have sleep
17 apnea, but currently not on any treatment and,
18 hence, has daytime sleepiness, tiredness, et
19 cetera." So at that time you were still not
20 treating for your sleep apnea, correct?
21 A. No, sir, I wasn't.
22 Q. And, again, you don't recall when
23 you bought that CPAP machine?
24 A. I don't recall.
25 Q. Was it before the incident or after?

1 A. I don't recall.

2 Q. Okay. You went back to Dr. Mohan
3 about a month later, July of 2011, July 14th,
4 and her record indicates dysthymia, shortness
5 of breath. "The patient does have significant
6 psychogenic component to her dysthymia." Do
7 you know what psychogenic means?

8 A. I don't.

9 Q. It means stemming from the mind.
10 Did you ever discuss that with Dr. Mohan that
11 part of your problems were stemming from your
12 mind from a psychogenic component?

13 A. No.

14 Q. Did you tell Dr. Mohan about the
15 smoke and the fire when you finally got in to
16 see her a month later?

17 A. I did.

18 Q. And, again, there's no mention in
19 her record of the smoke or fire. Do you know
20 how to explain that?

21 A. I don't.

22 Q. Okay. You then went and saw your
23 family doctor a couple months later in
24 September 2011, Dr. Poon. Again, did you tell
25 Dr. Poon about the smoke?

1 A. I did.

2 Q. Back to Dr. Mohan September 13th for
3 a recheck of your asthma. Let me tell you what
4 Dr. Mohan's record says in September 2011.

5 "The onset of the asthma has been gradual and
6 has been occurring in a persistent pattern for
7 years. The course has been worsening." Do you
8 disagree with that, a persistent pattern for a
9 year and has been worsening?

10 A. I do.

11 Q. So in your mind it was
12 well-controlled and stable until this incident
13 and then it got significantly worse?

14 A. I wouldn't say it was
15 well-controlled. I said it was controlled.

16 Q. Again, Dr. Mohan doesn't note any
17 notation of the smoke and she again notes the
18 psychogenic component to your problem. That's
19 something you never discussed with her?

20 A. She never said anything to me.

21 Q. Okay. Her record also indicates,
22 "The importance of regular follow-up visits
23 reinforced." Do you remember discussing with
24 her that you needed to have regular follow-ups?

25 A. No, sir.

1 Q. She also indicated you were to
2 follow up in a month and this was
3 September 2011, but I don't have any other
4 records for about ten months before you
5 returned to Dr. Mohan. Why didn't you return
6 for that one month follow-up or anytime between
7 then?

8 A. I made the appointments like she
9 told me to.

10 Q. Okay. And the only records I have
11 are September 2011 and then July 2012. So ten
12 months later you went back to Dr. Mohan. Did
13 you treat with anyone else during that nine
14 month span? Did you see any other
15 pulmonologist or you just didn't see any
16 pulmonologist for those ten months?

17 A. I don't -- I don't know. I made
18 appointments as she told me to.

19 Q. When you went back to her in 2012
20 after this ten month hiatus, her record
21 indicates shortness of breath, hoarseness, a
22 cough, cold symptoms, began two months ago.
23 She indicates she's going to hold off on
24 Prednisone therapy. So did you tell her at
25 that time that your symptoms had just begun two

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1 months before that?

79

2 A. I don't recall.

3 Q. You eventually went and saw
4 Dr. Spandorfer in December 2012. Your lawyer
5 sent you there, correct?

6 A. Yes.

7 Q. Dr. Mohan treated you before the
8 fire and also after the fire, correct?

9 A. Yes.

10 Q. And Dr. Poon has issued a statement
11 the person in best position to address whether
12 this fire caused your problems would be
13 Dr. Mohan. Did you ever ask Dr. Mohan whether
14 or not your asthma was aggravated by that
15 smoke?

16 A. I just told her to fix me.

17 Q. Why did you stop going to Dr. Mohan?

18 A. Because she wasn't fixing me.

19 Q. Because you began treating with
20 Dr. Spandorfer?

21 A. Yes.

22 Q. Okay. And then in December 2012,
23 Dr. Spandorfer's record indicates that you had
24 been to this fire and that your asthma had
25 gotten worse. This is the first time in your

1 medical records that there's a mention of this
2 fire and this is a year and a half after it
3 happened. Do you have any way to explain that?
4 You told all your doctors about it, correct?

5 A. I did.

6 Q. And they just all didn't put it in
7 their reports, is that your belief?

8 A. I guess.

9 Q. On this disability retirement
10 statement you issued on 112 to 114 in the APAs,
11 there are a -- few things you wrote. I'm going
12 to read a couple to you. "I'll never be able
13 to just get up and go out with friends. My
14 oxygen level does not allow me to get overly
15 excited any longer. I can no longer walk,
16 talk, or laugh a lot because my oxygen will
17 drop. Now if you get tickled or laugh
18 wholeheartedly, my oxygen will drop and leave
19 me coughing and gasping for air. I mostly just
20 lay around in the bedroom with my oxygen on. I
21 rarely even eat. I just don't have the
22 strength or energy to get up. I won't go
23 anywhere except to doctor appointments because
24 I'm afraid I'll fall. Plus people stare at you
25 when you have assistance to walk while pulling

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1 that oxygen tank."

2 Did you write all those things?

3 A. Uh-huh. Yes, sir.

4 Q. Do those all remain true today?

5 A. Mostly, yes.

6 Q. And you're wearing your oxygen tank
7 today?

8 A. Yes, sir.

9 Q. You wear it most all the time, I
10 believe is what you said?

11 A. Most all the time.

12 MR. GOHEAN: Commissioner, in my
13 APAs I included a video. It's in Defendants'
14 Exhibit C. I'm just going to play this for
15 Ms. Chamblee real quickly. It's actually two
16 very short videos.

17 THE WITNESS: That's my little boy.

18 BY MR. GOHEAN:

19 Q. That's your little boy talking?

20 A. Singing. Yeah, he's singing.

21 Q. Is that your boy videoing?

22 A. Yes. He's so precious. Bless his
23 heart.

24 Q. Is that you singing on the left?

25 A. Right there.

1 Q. That's you?

2 A. Yeah. Oh, my gosh.

3 Q. This is at a restaurant called Mi
4 Fiesta?

5 A. Yes.

6 Q. And y'all go up there most weeks?

7 A. Not most weeks. Just every once in
8 a while, but I love it. It's so much fun.

9 Q. Your son posted these on your
10 Facebook.

11 A. That's the first time I ever sang in
12 my life. I tell you, I have good days. Oh, my
13 God, that was so -- I told him I was high on
14 Diet Coke.

15 Q. This is you singing another song?
16 Is that your son?

17 A. I can't see. Yes, look at him.
18 Ain't he precious.

19 Q. So he's videoing these videos?

20 A. Yes. Look, that's me. I was
21 singing.

22 Q. That's you on the left?

23 A. Yes. I have good days.

24 Q. Okay. So this was a good day?

25 A. Yes.

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1 Q. You're not wearing your oxygen on in 83
2 the video, correct?

3 A. No. It's at the table. I don't
4 have to wear it all the time. I'm proud of my
5 good days. Mi Fiesta is a Mexican place where
6 they do karaoke. Ethan is usually the singer.
7 He talked me into singing that day. I'm not a
8 good singer, but it was fun. Ethan is usually
9 the singer. It was fun.

10 Q. Is that you laughing?

11 A. Yes. He's my little singer. He's
12 usually the one that sings. I rarely sing.
13 Ain't he precious. I try so hard to make
14 memories with him.

15 Q. Ms. Chamblee, we're on the record.
16 That was you singing karaoke on the video,
17 correct?

18 A. Yes, sir.

19 Q. And that is your son who videotaped
20 that?

21 A. Yes.

22 Q. And your son posted to your Facebook
23 page?

24 A. Yes.

25 Q. You're also the manager of your

1 son's, I don't know, entertainment venture? 84

2 A. Yeah.

3 Q. The Ethan Show, correct?

4 A. Yes.

5 Q. And he goes all over the place

6 singing for people, doesn't he?

7 A. Not really, but he pretends.

8 Q. Didn't he get a gig in Georgia?

9 A. One time.

10 Q. Who drove him to that?

11 A. My husband did.

12 Q. Did you go?

13 A. I did.

14 Q. All right. And he goes up to Mi

15 Fiesta on regular occasions and sings karaoke?

16 A. When I feel like it, yes.

17 Q. Okay. You also take an annual

18 spring break trip with your son, correct?

19 A. I used to.

20 Q. When is the last time you were able

21 to do that?

22 A. When he went to that singing thing,

23 my husband took us to the mountains for a day.

24 But we don't do the spring trips much like we

25 used to.

1 Q. And I'm going to show you a Facebook 85
2 post from your page dated February 2, 2012.
3 This is APA Page C6 in Defendants'. Is this
4 from your page?
5 A. Yes.
6 Q. This is something you posted?
7 A. Uh-huh.
8 Q. And you put, "Trying to plan Ethan
9 and my spring break trip. He wants to go back
10 to Tybee Island again. I was thinking Hilton
11 Head or maybe Amelia Island." And you were
12 asking for some suggestions. Did you end up
13 taking that trip in 2012?
14 A. No.
15 Q. You didn't get to go that year?
16 A. No.
17 Q. At your deposition you also
18 indicated y'all hunted, you and your husband
19 and your son hunt?
20 A. Yep.
21 Q. But you told me you had been unable
22 to hunt. You tried one time after this
23 incident, but you had been unable to do that?
24 A. They got me out one time. They took
25 me in a golf cart.

1 Q. Was that in November of last year;
2 do you recall?

3 A. I think so. I don't remember when
4 it was, but it was last year.

5 Q. Is this a picture posted to your --

6 A. Oh, that was out in our front yard.

7 Q. And this is a post from November of
8 2013. Is that you?

9 A. That was out in our front yard.
10 That wasn't me really hunting. That was just
11 in our front yard to make it look like I was
12 hunting. They were trying to make me feel part
13 of them.

14 Q. You got all dressed up in the camo,
15 though?

16 A. Yes.

17 Q. Who shot the deer?

18 A. My husband.

19 Q. You didn't go and get in a deer
20 stand or anything?

21 A. Not that time, no. My husband built
22 me a deer stand that's like this far off the
23 ground so I don't have to climb. (Witness
24 indicates.)

25 Q. Just in the yard?

1 A. They keep me -- no. It's out behind 87
2 the -- we got like a 100 acre backyard and he
3 drives me on the golf cart. They try to keep
4 me -- they try to keep me involved.
5 Q. During your deposition -- I'm going
6 to kind of paraphrase some things you said
7 about you've always been a woman in a man's
8 world firefighting and you -- I think you said
9 a little bit earlier about you tend to -- you
10 don't want to ask for help and you push things
11 back and you hide them and you didn't want to
12 get out of that truck. You've always kind of
13 fought through your asthma and pushed it back,
14 haven't you?
15 A. I do.
16 Q. And I think in your deposition you
17 said something about you knew you should have
18 gone to the doctor earlier, but you didn't
19 because you always fought it back, right?
20 A. I do sometimes.
21 Q. Okay. And you said -- in your
22 deposition you said, "I've always done such a
23 good job of pushing my asthma back and not
24 letting my asthma get in the way of my
25 firefighting because I'm so proud of my

1 firefighting till I never let it get in my way. 88
2 So I always push it back and I always treat it
3 myself until a cold might get me, but asthma
4 won't." Do you remember telling me that?
5 A. I don't remember it, but I'm sure I
6 did.
7 Q. What did you mean a cold might get
8 you, but your asthma won't?
9 A. I don't really know.
10 Q. Okay. Did you report to anybody
11 else at work other than Patty Ellison on the
12 day of the incident that you thought it had
13 aggravated your asthma?
14 A. I don't really recall. It was late
15 when we got back.
16 Q. After that day or actually the first
17 time -- well, what did you tell Patty?
18 A. I don't -- I don't recall.
19 Q. But you definitely told her that you
20 had been in smoke and it had aggravated your
21 asthma?
22 A. The reason I recall is because she
23 told me I had to call workers' comp and she
24 gave me the number to -- that number that you
25 had to call workers' comp. That's the only

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1 reason I remember it because I had the number
2 that I had to call workers' comp myself.
3 That's the only reason I remember it.

4 Q. When is the next time you told
5 somebody about it?

6 A. I talk a lot, so I probably told
7 everybody. I don't know. I would have been
8 embarrassed about it. I don't recall. I don't
9 know.

10 Q. And I'm going to show you
11 Defendants' Page A1 in the APA submissions.
12 This is a statement that Tim Dickson wrote on
13 June 22, 2011. Who is Tim Dickson?

14 A. He's a good friend of mine. He was
15 my boss.

16 Q. He was your direct supervisor?

17 A. Yes.

18 Q. In this statement he says that on
19 Monday June 20, 2011, so about 19 days after
20 your admitted hospital and about, I don't know,
21 25 days or so after this incident, you texted
22 him and wanted him to call you. Do you recall
23 texting him?

24 A. Not really.

25 Q. Did you report to Tim Dickson at

1 that time that you had had -- when he called
2 you later that day that you had a work
3 accident?

4 A. I don't recall.

5 Q. Did you ever tell Tim Dickson about
6 it before this?

7 A. I don't know.

8 Q. The only time you actually recall
9 telling someone about it is Patty Ellison on
10 the day of the accident?

11 A. That's the only reason is because
12 she gave me that number to call.

13 MR. GOHEAN: Ms. Chamblee, at long
14 last I am done. Thank you very much.

15 THE COURT: Mr. Thompson.

16 MR. THOMPSON: Thank you, Your
17 Honor.

18 REDIRECT EXAMINATION

19 BY MR. THOMPSON:

20 Q. Sandy, opposing counsel has gone
21 through a whole lot of treatment records and so
22 forth that you've had and you talked with him
23 about. When you went to those doctors and you
24 had those appointments, did you go back to work
25 after that? Like when you went to see Dr. Hand

1 in 2005 --

2 A. Yes, sir.

3 Q. -- did you quit work for a while or
4 did you --

5 A. Oh, heavens no.

6 Q. -- go back to work after that?

7 A. No, sir, I worked.

8 Q. When you had the LAP-BAND surgery in
9 2008, did you go back to work after that?

10 A. Yes, sir.

11 Q. When you went to see the doctor that
12 he asked about in 2010, did you go back to work
13 after that?

14 A. Yes, sir.

15 Q. When you went to your son's field
16 day on May 26, 2011, that was before you went
17 into work that day; is that right?

18 A. Yes, sir.

19 Q. Did you go to work after the field
20 day?

21 A. Yes, sir.

22 Q. So none of these events up to this
23 point had ever kept you out of work or put you
24 on oxygen; is that correct?

25 A. No, sir.

1 Q. Now, you've been asked a lot of
2 questions about who you told what to, but you
3 did file an accidental injury report this same
4 day that this happened; is that correct?

5 A. Yes, sir.

6 Q. So you told somebody about that; is
7 that correct?

8 A. I did.

9 Q. All right. And opposing counsel has
10 asked you about the Budget and Control Board
11 South Carolina Retirement System members
12 disability report which is in the APA
13 submissions as Claimant's Exhibit No. 4
14 starting on Page 108. So you reported to the
15 retirement people; is that correct?

16 A. Yes, sir.

17 Q. So are you responsible for making
18 doctor reports?

19 A. No, sir.

20 Q. Were you responsible for telling
21 somebody about your injury at work?

22 A. Yes, sir.

23 Q. Did you do it?

24 A. Yes, sir.

25 Q. Were you responsible for writing

1 down what happened when you made this admission 93
2 to the retirement system?
3 A. Yes, sir.
4 Q. Did you prepare what's in there?
5 A. Yes, sir.
6 MR. THOMPSON: Okay. That's all I
7 have, Your Honor.
8 THE COURT: Anything else,
9 Mr. Gohean?
10 MR. GOHEAN: Very quickly.
11 RECROSS-EXAMINATION
12 BY MR. GOHEAN:
13 Q. On this South Carolina Retirement
14 System's Budget and Control Board disability
15 report, did you write all this?
16 A. Yes, sir.
17 Q. And this is Page 108 of the APAs.
18 Here, G, about halfway down the page, "Have you
19 filed a workers' compensation claim? Yes. If
20 yes, when?" You said, "5/26/11. Was in a fire
21 truck when I got sick. 6/20/11 reported
22 claim." Is that correct?
23 A. That's when I reported it in the
24 hospital to the workers' comp. I thought
25 that's what they were asking me, if I reported

1 it to workers' comp. I didn't know they was 94
2 asking if I reported it at my work.

3 Q. Okay. The only person you told at
4 work was the secretary, though, correct?

5 A. I know I reported it to Patty. I
6 don't know who else I told. I don't know who
7 all. I just know I told Patty.

8 Q. You said all these treatments you
9 had in the past, you always went back to work
10 after these doctor appointments, correct?
11 Mr. Thompson just asked you.

12 A. Yes.

13 Q. After this fire incident, you kept
14 working. You worked that day, correct?

15 A. Yes, sir.

16 Q. You worked the next day for eight
17 hours, correct?

18 A. Yes, sir.

19 Q. You worked Tuesday the next week for
20 eight hours, correct?

21 A. Yes, sir.

22 Q. The only reason you went out of work
23 was because you went to your doctor for a
24 prescheduled appointment and he admitted you to
25 the hospital, correct?

1 A. Yes, sir.

2 Q. You also told me in your deposition
3 you had a very long and serious talk with
4 Dr. Poon where he pulled his chair up to you
5 real close and explained to you that you could
6 not go back to work and you did not want to
7 believe that. Do you recall that?

8 A. Yes, sir.

9 Q. So you were not -- had he not had
10 that conversation with you, would you have gone
11 back to work the next day?

12 A. I don't know if I could have.

13 Q. You would have tried?

14 A. I don't know.

15 MR. GOHEAN: I don't have anymore
16 questions.

17 THE COURT: Mr. Thompson.

18 MR. THOMPSON: I don't have anymore
19 questions, Your Honor.

20 THE COURT: All right, ma'am. You
21 may step down. Other witnesses, Mr. Thompson?

22 MR. THOMPSON: The claimant's
23 mother, Maureen Chamblee, Your Honor.

24 THE COURT: All right. We're in
25 recess for five minutes.

1 (Off the record.)

2 THE COURT: Back on the record.

3 Mr. Thompson, call your next witness.

4 THE WITNESS: Maureen Chamblee.

5 M-A-U-R-E-E-N Chamblee. That's the claimant's
6 mother.

7 THE COURT: All right. Ms.

8 Chamblee, good to see you today. Two requests
9 for you. One, speak up. You will find in a
10 few moments that some vibration kicks in behind
11 me and we can hardly hear ourselves. We don't
12 know what that is. But if you will speak up,
13 it will be fine.

14 The second is if you're asked a yes
15 or no question, please give us a verbal yes or
16 no answer. If you just shake or nod your head,
17 which I do all the time, she actually has to
18 put that in the record and that will slow her
19 down. Plus, too, a verbal yes or no makes for
20 a cleaner record. So if you could do that,
21 that will be helpful. Okay?

22 THE WITNESS: Yes, sir.

23 (MAUREEN CHAMBLEE, being duly sworn
24 to tell the whole truth, testified as follows:)

25 THE COURT: Please state your full

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name for the record.

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THE WITNESS: Maureen Chamblee.

DIRECT EXAMINATION

BY MR. THOMPSON:

Q. Ms. Chamblee, are you the claimant's mother?

A. Yes, sir.

Q. And how far away do you live from her?

A. About one or two miles.

Q. Do you remember the afternoon and evening of May 26, 2011?

A. Yes, sir.

Q. What in particular do you remember about that?

A. I remember Sandy coming home from work and she said, "I have been in smoke today and I am in a mess." I said, "Okay. Go home and go to the doctor in the morning." Which Sandy doesn't go to the doctor when you say go to the doctor. She goes when she feels like she needs to go. So she went home and she started on Prednisone and her nebulizer.

Q. Did you see her any that weekend?

A. I sure did.

1 Q. Now, the calendar shows the day she 98
2 had a problem was on a Thursday?
3 A. Right.
4 Q. And do you remember her mentioning
5 specifically to you this day what had happened
6 to her?
7 A. Yeah.
8 Q. The records also show that she went
9 to work the next day?
10 A. Yes, sir.
11 Q. Did Sandy ever have a habit of going
12 to work when she did not feel like it?
13 A. Always.
14 Q. Did it ever occur to you at that
15 time to try to get her to the doctor before her
16 pre-arranged doctor's appointment which was the
17 next week?
18 A. I told her to go to the doctor, but
19 she said she had an appointment on Wednesday
20 and she was waiting until Wednesday which a lot
21 of times she does.
22 Q. Do you remember specifically
23 anything different about this particular time
24 that she told you that she was sick?
25 A. Yes.

1 Q. What was this, please? 99
2 A. The Prednisone and nebulizer were
3 not clearing it up and usually they do make the
4 breathing better.
5 Q. And that was your experience with
6 her several days after the date in question
7 until she went back to the doctor?
8 A. Yes.
9 MR. THOMPSON: Thank you. That's
10 all I have from her, Your Honor.
11 THE COURT: Mr. Gohean.
12 MR. GOHEAN: I've just got a couple
13 of quick questions.
14 CROSS-EXAMINATION
15 BY MR. GOHEAN:
16 Q. My name is Ian Gohean and I
17 represent the fire department and their
18 insurance carrier in your daughter's claim.
19 Did you know that Sandy had a cold for many
20 weeks before that date?
21 A. I knew she had a head cold, yes.
22 Q. You said that Sandy is the kind of
23 person that doesn't go to the doctor when she
24 needs to go to the doctor. Has she always been
25 that way?

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1 A. She goes when she knows that she
2 needs to go. She doesn't go when I say go.
3 She goes when she knows she needs to go, yes.
4 She's always done that, yes.

5 Q. Does she have the kind of
6 personality where she tries to suck it up and
7 tough it out and work through things?

8 A. Yes, sir.

9 Q. Is that her nature of being a woman
10 in a firefighting world?

11 A. Yes, sir.

12 Q. Had she always been that way?

13 A. Yes, sir.

14 Q. And you said she's always gone to
15 work even when she doesn't feel like it, hasn't
16 she?

17 A. Yes, sir.

18 Q. And then when were you at the
19 hospital at all --

20 A. Yes, sir.

21 Q. -- when she was admitted?

22 A. Yes, sir.

23 Q. Were you in the room when Dr. Poon
24 came and talked to her about not being able to
25 go back to work?

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1 A. No, sir.

2 MR. GOHEAN: I don't have anymore
3 questions. Thank you, ma'am.

4 THE COURT: Mr. Thompson.

5 REDIRECT EXAMINATION

6 BY MR. THOMPSON:

7 Q. You can't say what someone else
8 said, but did Sandy ever have a conversation
9 with you about what Dr. Poon had told her?

10 A. She and her husband both did.

11 Q. So while you were not there -- I'm
12 not asking you what they said, but did they
13 have a conversation with you about what the
14 doctor told them?

15 A. Yes, sir.

16 MR. GOHEAN: Objection,
17 Commissioner. It's asking for what they said
18 without asking for what they said.

19 MR. THOMPSON: I'm just asking if
20 they had the conversation. I'm not asking what
21 anyone said.

22 THE COURT: We haven't gotten there
23 yet..

24 BY MR. THOMPSON:

25 Q. So don't say what they said. Did

1 they have a conversation -- did Sandy have a 102
2 conversation with you about Dr. Poon talking to
3 her and her husband?
4 A. Yes, sir.
5 MR. THOMPSON: Thank you. That's
6 all I have, Your Honor.
7 THE COURT: Mr. Gohean?
8 MR. GOHEAN: No more questions.
9 THE COURT: All right. Ma'am, you
10 may step down.
11 MR. THOMPSON: Your Honor, other
12 than the depositions that have been mentioned
13 and the APA submissions, that's the claimant's
14 case.
15 THE COURT: All right. Thank you
16 very much. Mr. Gohean, witnesses?
17 MR. GOHEAN: The defendants would
18 now like to call Mr. Larry Greer, Jr.
19 THE COURT: Two requests for you.
20 First, sir, is speak up. That sounds kind of
21 odd, doesn't it? This little room and I'm
22 asking you to speak up. Well, at some unknown
23 time for unknown reason, some vibration kicks
24 in back here and you will hardly be able to
25 hear yourself. So speak up so we all can hear

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you.

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The second thing is if you're asked a yes or no question, please give us a verbal yes or no answer. If you shake or nod your head like you're doing now and I do all the time, she actually has to put that in the record. So yes or no verbal answer gives us a clearer record. So if you would just do that, I would appreciate it.

(LARRY GREER, JR., being duly sworn to tell the whole truth, testified as follows:)

THE COURT: Please state and spell your full name for the record, sir.

THE WITNESS: Larry Greer, Jr.
L-A-R-R-Y, G-R-E-E-R, J-R.

THE COURT: Thank you, sir. Mr. Gohean, your witness.

MR. GOHEAN: Thank you,
Commissioner.

DIRECT EXAMINATION
BY MR. GOHEAN:

Q. Mr. Greer, what do you do for a living?

A. Firefighter.

Q. Okay. You're no longer employed

1 with Anderson; is that correct? 104
2 A. Yes, sir.
3 Q. When did that end?
4 A. Last Friday.
5 Q. Explain your employment situation
6 when you were employed there. Where else you
7 worked part-time somewhere --
8 A. I worked for Gantt District Fire in
9 Greenville and then part-time I worked for
10 County Fire in the fire marshal's office.
11 Q. You were employed with Anderson
12 County on May 26, 2011?
13 A. Yes.
14 Q. What was your job there at that
15 time?
16 A. Fire prevention, whatever they
17 needed.
18 Q. All right. You know Sandy Chamblee?
19 A. Yes.
20 Q. How long have you known her?
21 A. Since I was a teenager.
22 Q. You worked with her at Anderson
23 County Fire Department?
24 A. Yes.
25 Q. You're aware of her history of

1 asthma?

2 A. Yes.

3 Q. How did you know she had asthma?

4 And I'm talking before 2011, 2010.

5 A. Just working with her.

6 Q. What specifically -- were there any
7 specific things or just her saying it?

8 A. She had inhalers laying all over her
9 desk.

10 Q. Did she have any difficulty with
11 physical activities?

12 A. Well, what we did wasn't really that
13 hard.

14 Q. You're talking about the fire
15 marshal job?

16 A. Yes.

17 Q. You were with Sandy on May 26, 2011,
18 the day in question here, correct?

19 A. Yes.

20 Q. Where were y'all going that day?

21 A. Put up smoke alarms.

22 Q. You were going to a residence?

23 A. Yes, a residence to put up smoke
24 alarms.

25 Q. You were driving a pickup truck?

1 A. Uh-huh. 106
2 Q. Yes?
3 A. Yes, yes.
4 Q. Is that fire department truck your
5 personal truck?
6 A. It was a county vehicle.
7 Q. Were you driving it?
8 A. Yes.
9 Q. You were on the way to install the
10 smoke detector and you made a stop?
11 A. Yeah. We stopped by that fire that
12 happened that day.
13 Q. Why did you decide to stop?
14 A. That's what we do. I mean, they
15 needed help.
16 Q. Did you hear it called in?
17 A. Yes. We could hear it come over the
18 radio and we were in the area and we responded
19 over to the fire and assisted the departments
20 that were there on scene.
21 Q. Describe where you parked the car in
22 relation to where the fire was.
23 A. We parked in the front yard of the
24 house and we pulled off on the grass and then
25 there was a house and then a row of pines and

1 then off probably, I don't know, 100 yards or 107
2 so was a wheat field or oat field or something
3 and you could hear the fire burning back there.
4 Q. The field was on fire?
5 A. Yes.
6 Q. Okay. So there was your truck and
7 then there was a house in between your truck
8 and the fire?
9 A. The truck -- the truck was sitting
10 here. The house was over to the right. The
11 pines were to the left. And then if you kind
12 of went at a diagonal back behind the pines,
13 the field was back there.
14 Q. Was there anything between your
15 truck and the fire itself? Could you see it
16 where it parked?
17 A. No. You could hear it, but you
18 couldn't see.
19 Q. You could not see it? There were
20 things between?
21 A. Yes.
22 Q. What was between you and the fire
23 where you couldn't see it?
24 A. Pine trees.
25 Q. How far would you estimate your

1 truck was from the fire? You got out and 108
2 walked around?

3 A. I have no idea.

4 Q. So the fire was 100 yards from this
5 row of trees?

6 A. I don't know.

7 Q. And that's what you estimated a
8 second ago, was the fire was about 100 yards
9 from the trees?

10 A. Oh, the trees were -- I don't know
11 how far the fire was from the trees.

12 Q. Okay. What did you do when you got
13 out the truck?

14 A. Used a hose line to wet a roof on a
15 house.

16 Q. Why were you wetting the roof?

17 A. Just in case the fire got close to
18 that house.

19 Q. Was there smoke in the air?

20 A. Yeah, there was like -- I mean, it
21 wasn't heavy, but there was a light haze of
22 smoke.

23 Q. Did you have to wear a mask?

24 A. No.

25 Q. How long were you at that location

1 would you estimate?

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2 A. I don't know. That's a long time to
3 remember. Guessing maybe 40 minutes or so. I
4 guess. I don't know.

5 Q. Did you do anything out there other
6 than help wet down the roof?

7 A. Yes. I assisted with some --
8 putting some of the tankers -- some of the guys
9 coming in didn't know how to pump and I went up
10 and assisted with pumping some of the
11 apparatus.

12 Q. Did Sandy stay in the truck the
13 whole time?

14 A. Yes.

15 Q. When you went back to the truck, did
16 you notice anything different about her?

17 A. I didn't, no.

18 Q. Any complaints of asthma or coughing
19 or wheezing or anything?

20 A. I didn't notice. She was sick that
21 day anyway at work.

22 Q. You remember that she was sick
23 already that day?

24 A. Yes.

25 Q. Okay. But you didn't notice

1 anything different from when you left the truck 110
2 to when you got back?
3 A. No, not really.
4 Q. Where did you go next?
5 A. We left there and rode around the
6 backside of the fire and one of the guys that
7 used to be an arson investigator flagged us
8 down and wanted us to go in and thought to help
9 out back there. And so we rode in and followed
10 Double Springs Fire Department in there and
11 they said they didn't need us and we pretty
12 much left.
13 Q. So you just drove back there and
14 pretty much drove out?
15 A. Yeah, just pretty much drove back
16 there. Thought they needed us, but didn't.
17 The fire was out.
18 Q. Was there any smoke back there?
19 A. No.
20 Q. Okay. After you left the field, did
21 you go on to the house and install the smoke
22 detectors?
23 A. Yes.
24 Q. Did you notice any problems Sandy
25 was having with installing?

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1 A. Well, I installed them. She didn't 111
2 install them. Of, course, they normally take
3 two people just so somebody can't say, hey, you
4 did this or whatever.
5 Q. Okay. At any point that day did she
6 tell you that she had problems from that fire?
7 A. On the way back she said she wasn't
8 feeling good.
9 Q. But she was already sick that day?
10 MR. THOMPSON: Objection to leading,
11 Your Honor.
12 THE COURT: Let's rephrase.
13 MR. GOHEAN: I believe he already
14 said that.
15 BY MR. GOHEAN:
16 Q. You mentioned earlier she was
17 already sick that day, correct?
18 A. I said I think she was already sick
19 that day, yes.
20 Q. Okay. Did you notice that she was
21 more sick before or after this fire or do you
22 not recall?
23 THE COURT: Did she say anything
24 about being sick and tie it to the smoke from
25 the fire?

1 THE WITNESS: I don't remember, I 112
2 mean, on that point. I know she said she
3 didn't feel good on the way back. And that was
4 2011 this happened?
5 BY MR. GOHEAN:
6 Q. Correct.
7 A. Okay. So I remember her saying she
8 didn't feel good. Now whether it was due to
9 the smoke or what it was or whatever --
10 THE COURT: But you just don't
11 remember?
12 THE WITNESS: I don't remember.
13 THE COURT: Fair enough.
14 MR. GOHEAN: All right. I don't
15 have anymore questions, Mr. Greer.
16 Mr. Thompson probably has a few, though.
17 THE COURT: Mr. Thompson.
18 MR. THOMPSON: Thank you, Your
19 Honor.
20 CROSS-EXAMINATION
21 BY MR. THOMPSON:
22 Q. But you do remember on the way back
23 she made some reference about not feeling well?
24 A. She said she -- well, she was
25 already feeling bad, but she said again, she

1 said, "I don't feel -- I don't feel good." 113

2 Q. And she made that statement on the
3 way back?

4 A. Yes.

5 Q. Now, when you got -- when you were
6 on route to put up the smoke detectors and you
7 stopped at this house where there was a field
8 on fire near the house, right?

9 A. Correct.

10 Q. You say the air was already kind of
11 hazy with smoke?

12 A. There was smoke in the air, a light
13 haze of smoke in the air.

14 Q. And you say that you estimate that
15 you were out of the truck probably I think you
16 said 40 minutes?

17 A. Somewhere around there.

18 Q. Could have been more, could have
19 been less. Is that a fair statement?

20 A. Yes, yes, yes.

21 Q. And Sandy was in the truck while you
22 were out doing whatever you were doing?

23 A. Yes.

24 Q. And you say when you got to the
25 house to install the smoke detector, did she go

1 into the house or stay in the truck? 114

2 A. No, she went in.

3 Q. Did she sit down? What did she do?

4 A. She watched. Stood and watched.

5 Q. Do you know Sandy Chamblee to be a

6 truthful person?

7 A. Yes.

8 Q. Do you know her mother?

9 A. I know all of them.

10 Q. Do you know Ms. Maureen Chamblee to

11 be a truthful person?

12 A. Yes.

13 MR. THOMPSON: That's all I have,

14 Your Honor.

15 THE COURT: Anything else,

16 Mr. Gohean?

17 MR. GOHEAN: No, sir.

18 (Off the record.)

19 THE COURT: Appreciate you being

20 here this afternoon. Got two requests for you.

21 One is speak up. You will find out as everyone

22 else, there's a reason for that. Something

23 kicks in and vibrates back here and it's hard

24 to hear. So make sure you speak up.

25 And the other is if you're asked a

1 yes or no question, give us a verbal yes or no 115
2 answer. I shake and nod my head all the time.
3 Well, if you do that on the record, she
4 actually has to put that in the record. It
5 slows her down. Plus, too, it makes for a
6 cleaner transcript if we have verbal yes or no
7 answers. Okay?
8 THE WITNESS: Yes, sir.
9 (TIMOTHY DICKSON, being duly sworn
10 to tell the whole truth, testified as follows:)
11 THE COURT: Please state and spell
12 your full name for the record, sir.
13 THE WITNESS: Timothy Aaron Dickson.
14 T-I-M-O-T-H-Y, D-I-C-K-S-O-N.
15 THE COURT: All right. Thank you,
16 sir. Mr. Gohean, your witness..
17 MR. GOHEAN: Thank you,
18 Commissioner.
19 DIRECT EXAMINATION
20 BY MR. GOHEAN:
21 Q. Mr. Dickson, what do you do for a
22 living?
23 A. Anderson County fire marshal.
24 Q. How long have you been working for
25 Anderson County Fire Department?

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1 A. Since 1986 -- '96. Excuse me. 116
2 Q. Okay. On May 26, 2011, the day of
3 the date -- the date of the incident in
4 question, you were employed with Anderson
5 County Fire Department, correct?
6 A. Yes, sir.
7 Q. What was your job at that time?
8 A. Fire marshal.
9 Q. You know Sandy Chamblee?
10 A. I do.
11 Q. You worked with her at Anderson
12 County Fire Department?
13 A. Yes, sir.
14 Q. Do you consider her a friend?
15 A. I do.
16 Q. Were you her direct supervisor on
17 the date of the accident, 5/26/11?
18 A. Yes, sir.
19 Q. Are you aware that Ms. Chamblee has
20 a history of asthma?
21 A. Yes.
22 Q. How did you know that?
23 A. Just knowing her through the years.
24 Q. What specifically, her saying it or
25 what gave it -- how did you know?

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1 A. Her saying she had asthma and, you 117
2 know, her going to doctor appointments and that
3 kind of thing.
4 Q. Okay. Did she ever have any
5 difficulties with physical type activities?
6 A. Not that I'm aware of.
7 Q. Okay. May 26, 2011, she and Larry
8 Greer went out to a fire. I'm sure you're
9 fairly aware of the circumstances. That day
10 did you notice any difference in her behavior
11 or hear her say anything about having problems
12 from the fire?
13 A. No.
14 Q. Did you have any -- do you recall if
15 you spoke with her that day?
16 A. That morning, yeah. But that
17 afternoon, I don't recall.
18 Q. Before they left you would have, but
19 not after?
20 A. That's correct.
21 Q. Okay. You issued a written
22 statement on June 22, 2011. This is APA Page
23 A1 of Defendants' exhibits. If you can give
24 that a look real quick. Did you type this
25 written statement yourself?

KIMBERLY T. POWER, CCR (803) 622-9057

1 A. I did.

2 Q. When did you do that?

3 A. Should have been -- here on it, it
4 says here June 21.

5 Q. Is that your signature at the
6 bottom?

7 A. Yes.

8 Q. 6/22/11 is the date you signed it?

9 A. It is.

10 Q. And you would have typed it up that
11 day or the day before?

12 A. I did.

13 Q. Okay. Does that statement still
14 represent an accurate and true representation
15 of your memory of the events described in that
16 statement?

17 A. Yes, sir.

18 Q. And that statement indicates that
19 Ms. Chamblee texted you on the 20th and asked
20 you to call her and you called her later that
21 afternoon?

22 A. Uh-huh.

23 Q. Yes?

24 A. Yes.

25 Q. Is that the first time you were

1 aware of this incident?

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2 A. I knew that they had went and put up
3 smoke detectors and they went to the fire that
4 day.

5 Q. Was this June 20th when you spoke
6 with her on the phone, was that the first day
7 you were aware that she was alleging she was
8 having problems from that fire?

9 A. Yes.

10 Q. You hadn't heard of it before then?

11 A. No..

12 Q. And you were her direct supervisor?

13 A. Uh-huh.

14 Q. Yes?

15 A. Yes.

16 Q. Okay. If someone has a work injury,
17 what's the protocol? Do they tell their
18 supervisor? Is there a specific person they
19 are supposed to tell?

20 A. Usually, you know, supervisor or
21 assistant chief, head of personnel.

22 Q. So some sort of supervisor?

23 A. Yes, sir.

24 MR. GOHEAN: Mr. Dickson, that's all
25 the questions I have. Mr. Thompson probably

1 has some. I appreciate it. 120
2 THE COURT: Mr. Thompson.
3 CROSS-EXAMINATION
4 BY MR. THOMPSON:
5 Q. One or two questions. Up to this
6 time, Ms. Chamblee had always been a good
7 employee; is that correct?
8 A. Yes, sir.
9 Q. And for the past several years she
10 had worked as a trainer and fire marshal and
11 was not actively involved in fighting fires; is
12 that correct?
13 A. That's correct.
14 Q. Now, on the date in question, May
15 26th of '11, were you the highest ranking
16 officer at the Anderson County Fire Department?
17 A. No, sir.
18 Q. Who would have been above you?
19 A. Assistant Chief Jimmy Sutherland and
20 Chief Billy Gibson.
21 Q. So you would have been the third
22 person?
23 A. I was her direct supervisor at that
24 time, yes.
25 Q. Now, as your direct -- as her direct

1 supervisor, would you have been notified if she
2 filed a workers' compensation first report of
3 injury?

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4 A. No. That would have been the
5 assistant chief or the chief.

6 Q. Are you aware that Ms. Chamblee
7 filed a South Carolina workers' comp form first
8 report of injury on that same day?

9 A. No, sir.

10 Q. Nobody has ever told you that?

11 A. (Witness shakes head.)

12 Q. You have to say yes or no.

13 A. No.

14 MR. THOMPSON: Your Honor, just for
15 the record, I'm making reference to Claimant's
16 Exhibit 6, APA Page 124.

17 BY MR. THOMPSON:

18 Q. So you're saying the first you ever
19 heard about this is when you talked to her
20 about a month later?

21 A. Yes, sir.

22 Q. And nobody ever told you she filed a
23 report of injury on that date?

24 A. No, sir.

25 MR. THOMPSON: Thank you. That's

1 all I have, Your Honor. 122

2 THE COURT: Mr. Gohean.

3 MR. GOHEAN: Just one more.

4 REDIRECT EXAMINATION

5 BY MR. GOHEAN:

6 Q. Again, the date of that telephone

7 call when she called you was June 20th,

8 correct?

9 A. Yes.

10 Q. And that was an evening when you

11 spoke with her on the 20th and the 21st is when

12 you would have gone back into work?

13 A. That's correct.

14 MR. GOHEAN: No more questions.

15 THE COURT: Any other questions?

16 MR. THOMPSON: Nothing else from me,

17 Your Honor.

18 THE COURT: All right. Thank you,

19 sir. You may step down. You're free to go.

20 MR. GOHEAN: I was going to call

21 Chief Sutherland. He is the employee

22 representative. He is the fire chief. He

23 would have sat in.

24 THE COURT: He would have had the

25 right to sit in. Come up here, sir. You've

1 heard it three or four times, so I'm not going 123
2 to say it again.
3 (JIMMY SUTHERLAND, being duly sworn
4 to tell the whole truth, testified as follows:)
5 THE COURT: Please state your full
6 name for the record, sir.
7 THE WITNESS: Jimmy Sutherland.
8 J-I-M-M-Y, S-U-T-H-E-R-L-A-N-D.
9 THE COURT: All right. Mr. Gohean,
10 your witness.
11 DIRECT EXAMINATION
12 BY MR. GOHEAN:
13 Q. Chief, what do you do for a living?
14 A. I'm the county fire chief.
15 Q. How long have you been with Anderson
16 County Fire Department?
17 A. Since 2005.
18 Q. And you were employed there on the
19 date 5/26/11?
20 A. Yes, sir.
21 Q. At that time what was your job
22 position?
23 A. I was assistant chief.
24 Q. Now you are the chief?
25 A. Yes, sir.

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1 Q. Who was the chief at that time? 124
2 A. Billy Gibson.
3 Q. Where is Billy now?
4 A. Pickens County.
5 Q. So he's no longer with Anderson
6 County?
7 A. No, sir.
8 Q. You know Sandy Chamblee?
9 A. Yes, sir, I do.
10 Q. Did you know her since 2005 or
11 before that?
12 A. No, sir. I grew up with her.
13 Q. Okay. Are you aware that she has
14 asthma?
15 A. Yes, sir.
16 Q. I only want to ask you about one
17 thing, Chief, and this should be quick. I'm
18 going to hand you Claimant's APA Page 124,
19 first report of injury. Tell me who completes
20 this form.
21 A. The State Accident -- the way it
22 worked -- we was supposed to do it is the
23 employee that's making the claim has to make
24 the first initial call and they fill it out
25 over the phone most of the time.

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1 Q. So she calls the insurance carrier. 125
2 The insurance carrier fills that out?
3 A. Right.
4 Q. Nobody at the fire department would
5 have filled that out?
6 A. No, sir, not as I know of. Because,
7 like I say, they changed that on us a couple
8 years ago that they needed to talk to the
9 initial person that was injured.
10 Q. Okay. And so down here it says the
11 original date this was sent was June 21, 2011.
12 You agree?
13 A. That's what it says on the form.
14 Q. And this is something that would
15 have been sent by State Accident Fund, not the
16 fire department?
17 A. Right.
18 Q. Okay. You were in here for the
19 testimony of Tim Dickson, correct?
20 A. Yes.
21 Q. You heard him say the first time he
22 was aware of this was on June 20th, correct?
23 A. Yes, sir.
24 Q. And that was an afternoon, he said,
25 and he said he would have returned to work the

1 next morning, correct?

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2 A. Yes, sir.

3 Q. The next morning would have been
4 June 21st, the date this was sent into the
5 insurance carrier?

6 A. Yes.

7 Q. Again, all of the information on
8 this form was provided by Sandy Chamblee to the
9 insurance carrier?

10 A. Yes, sir.

11 Q. This was not completed by the fire
12 department?

13 A. No, sir.

14 MR. GOHEAN: No further questions.

15 THE COURT: Mr. Thompson.

16 CROSS-EXAMINATION

17 BY MR. THOMPSON:

18 Q. But you would agree this first
19 report of accident does have a space on it,
20 "Date employer notified?"

21 A. Yes, sir, it does.

22 Q. And it says the date the employer
23 was notified of this was May 26th of '11?

24 A. Yes, that's what it says.

25 Q. Y'all have never filed any kind of

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1 papers saying that's wrong, have you, or trying 127
2 to have this amended?

3 A. No, sir, we have not.

4 Q. All right. And that's been on the
5 records for at least about three years; is that
6 correct?

7 A. Yes, sir.

8 Q. How long have you worked with Sandy
9 Chamblee?

10 A. Since 2005.

11 Q. Have you known her to have a problem
12 with asthma?

13 A. Yes, sir, over the years.

14 Q. Has she always been able to fight
15 through it and come back to work?

16 A. Yes, sir, she has.

17 Q. Is this the first time she has ever
18 missed a long period of work because of health
19 issues?

20 A. Yes.

21 Q. Did you find her to be a truthful
22 person when you were working with her?

23 A. Yes, sir, I did.

24 Q. Do you believe she's a truthful
25 person now?

1 A. Yes, sir, I do. 128
2 MR. THOMPSON: Thank you. That's
3 all the questions I have, Your Honor.
4 THE COURT: Mr. Gohean.
5 MR. GOHEAN: Just to follow that up.
6 REDIRECT EXAMINATION
7 BY MR. GOHEAN:
8 Q. He mentioned you never changed this
9 document?
10 A. No, sir.
11 Q. Again, the insurance company files
12 this?
13 A. Yes.
14 Q. You report to them an accident -- or
15 the injured worker reports it and they take
16 care of it?
17 A. Yes, sir.
18 Q. So you would have never had a reason
19 to go in and try to change this?
20 A. No, sir. That's the first time I've
21 seen it.
22 Q. This is the very first time you've
23 seen this?
24 A. Yes, sir.
25 Q. And you're the chief of the fire

1 department? 129

2 A. Yes, sir.

3 Q. And you were the assistant chief at

4 that particular time?

5 A. Yes, sir.

6 MR. GOHEAN: No more questions.

7 THE COURT: Mr. Thompson?

8 MR. THOMPSON: That's all from me,

9 Your Honor.

10 THE COURT: All right. Thank you,

11 sir. Any other witnesses, Mr. Gohean?

12 MR. GOHEAN: That is all,

13 Commissioner.

14 THE COURT: All right. Then that

15 concludes this hearing.

16 (The hearing concluded at 4:20 p.m.)

17

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CERTIFICATE OF REPORTER

130

I, Kimberly T. Power, Court Reporter
and Notary Public for the State of South
Carolina at Large, do hereby certify:

That the foregoing transcript of
proceedings was taken before me on the date and
at the time and location stated on Page 1 of
this transcript; that the witness was duly
sworn to testify to the truth; that the
testimony of the witness and all objections
made at the time of the proceeding were
recorded stenographically by me and were
thereafter transcribed; that the foregoing
transcript of proceedings as typed is a true,
accurate, and complete record of the
proceedings made at the time to the best of my
ability.

I further certify that I am neither
related to nor counsel for any party to the
cause pending or interested in the events
thereof.

Witness my hand, I have hereunto
affixed my official seal this 11th day of
February, 2015, Lexington County, South
Carolina.

Kimberly T. Power, Court Reporter
Notary Public State of South Carolina
My Commission Expires: 07/22/2015

KIMBERLY T. POWER, CCR (803) 622-9057

Rec'd 10/16/15

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1107022

Sandy L. Chamblee,)
)
Claimant,)
)
v.)
)
Anderson County Fire)
Department,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier/Defendants.)

FULL COMMISSION HEARING

Monday, June 15, 2015

1:33 p.m. - 1:57 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, T. Scott Beck and Avery Wilkerson, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 15th day of June, 2015, before Jennifer Nottle, Court Reporter and Notary Public in and for the State of South Carolina.



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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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SANDY CHAMBLEE V. ANDERSON COUNTY FIRE DEPARTMENT

3

1 **COURT REPORTER:** Today is Monday, June 15th, 2015.

2 This is South Carolina Workers' Compensation
3 case number 1107022. This is the case of Sandy
4 L. Chamblee, Claimant, versus Anderson County
5 Fire Department, Employer, and state accident
6 fund. The appellant is the Claimant
7 represented by Richard E. Thompson, Jr. The
8 Respondent is represented by Ian Gohean. Each
9 side is allowed 10 minutes for oral argument
10 and the Appellant three minutes in reply. You
11 are requested to argue the grounds of exception
12 and stay within the record.

13 **COMMISSIONER WILKERSON:** Mr. Thompson?

14 **MR. THOMPSON:** Thank you.

15 **COMMISSIONER WILKERSON:** Sure.

16 **ARGUMENT BY MR. THOMPSON:**

17 **MR. THOMPSON:** Pleasure to be before the -- this
18 panel this afternoon. We filed an initial
19 brief in this case, also a reply brief. This
20 is a case where a 26-year employee alleges that
21 she's received a severe lung injury by an
22 accidental exposure to smoke. We first argued
23 that her testimony, in and of itself, is
24 sufficient to carry the weight of burden in
25 this case. Because of her own testimony, also



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1 we felt that the testimony of her physician,
2 Dr. Spandorfer in Charleston was sufficient
3 also to bear this burden.

4 **COMMISSIONER BARDEN:** But don't the temporal records
5 refute her testimony in a lot of salient ways?

6 **MR. THOMPSON:** We don't think so, Commissioner, for
7 this reason. This is an employee with a very
8 long history of asthma. Both doctors, both Dr.
9 Spandorfer and Dr. Feldman, both say that this
10 lady probably shouldn't have been working on
11 the date in question. The co-workers say that
12 she always pressed through and tried to work,
13 even though she suffered with asthma. And so
14 her asthma condition was not anything that was
15 new. The Defendants say, well, she might have
16 had a problem, but it was because she had a
17 cold that day. But their own expert says,
18 well, yes, but a cold -- viral infection is
19 something that everybody gets, including
20 asthmatics.

21 **COMMISSIONER BARDEN:** But she did tell one doctor,
22 I believe it was her doctor, that she had a
23 cold that day, didn't she?

24 **MR. THOMPSON:** Well, let me reply to that. There
25 are two trains of thought in this case. One



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1 train of thought is we should be -- we should
2 stick with the written records in this case.
3 Now that comes up in two different ways. One
4 written record that comes up is the Employer's
5 first support of injury. The other written
6 records that come up are the hospital records.
7 Now, if -- we should either stick to the
8 written records or we shouldn't. If we stick
9 to the written record, we're stuck with the
10 hospital records where she didn't mention this
11 when she went in. But then the Employer is
12 also stuck with the Employer's first report of
13 injury, because that states that she notified
14 the Employer the date of the incident, what
15 happened. So I say if we stick to the written
16 record in this case, that's going to enure to
17 the Claimant's benefit because she thought that
18 she -- according to the first report of injury,
19 she notified the Employer the same date, which
20 was before she went to either hospital. So I
21 think that kind of gets us around, what may be
22 called by some, a deficient history at the
23 hospital because she notified the Employer the
24 same day. Now, if we don't go by the written
25 record and we -- we talked about, well, she



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1 didn't really file her first report of injury,
2 she didn't really tell the Employer about it
3 the same day. If we whittle around that and
4 explain that away, then we should let the
5 Claimant explain away why there's nothing in
6 her medical records from these two hospitals,
7 which she's done ---

8 **COMMISSIONER BARDEN:** Didn't she say she was in one
9 of them for about five days, and she said there
10 was no acute injury or trauma or event that
11 resulted in the -

12 **MR. THOMPSON:** Well, Commissioner, she was -- that's
13 correct, but she was -- the first
14 hospitalization was 10 days in Elbert County.
15 Second was in AnMed, but she was never
16 specifically asked about smoke. And also, you
17 might remember this Claimant when she went into
18 the Elbert County Hospital, according to Dr.
19 Spandorfer's deposition, was in something
20 called status asthmaticus, which ended up being
21 an emergent entry into this hospital. And so
22 as the Claimant said, she didn't have a whole
23 lot of air and -- you know, a whole lot of time
24 and a lot of air to be giving a history,
25 particularly if she was not exactly asked about



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1 this.

2 **COMMISSIONER BARDEN:** Well let's talk about the
3 accident itself. Wasn't the vehicle well away
4 from this fire, like separated by another
5 house, woods, and all that, and she said that
6 she had a wet towel in the car, and there was
7 no wet towel in the car?

8 **MR. THOMPSON:** But not the smoke. The issue here is
9 not fire. The issue was ---

10 **COMMISSIONER BARDEN:** I wasn't really speaking to
11 the fire so much. Fire produces smoke, so ---

12 **MR. THOMPSON:** The issue ---

13 **COMMISSIONER BARDEN:** --- I was speaking of the
14 smoke.

15 **MR. THOMPSON:** The issue is smoke. What did the
16 Claimant do. Granted there was testimony there
17 was no towel in the truck, but we do know that
18 the Claimant -- we know something happened to
19 this Claimant between her first visit to Dr.
20 Poon and the second visit to Dr. Poon. We know
21 that something happened to her that afternoon
22 whereas she mentioned to -- mentioned it to a
23 co-worker. We know that there was a haze of
24 smoke present as the co-worker testified. We
25 know that she went home and told her -- we know



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1 that she told at least two -- by her testimony,
2 two people about it before she went home, one
3 of which admitted it. We know she told her
4 family about it when she got home. And we know
5 within a week of when this happened, she went
6 into Elbert County Hospital and stayed 10 days.
7 We know that this lady, granted, was not in
8 real good physical condition before this
9 happened. But if you read the cases that we
10 cite in our reply brief, any exaggeration or
11 exacerbation of a pre-existing condition is
12 compensable. It doesn't have to be something
13 that would cause the average person an injury
14 ---

15 **COMMISSIONER BARDEN:** No question there are
16 compensable aggravations, no question about
17 that. But I think -- go ahead. You finish
18 your argument.

19 **MR. THOMPSON:** I'm just saying that -- and if you
20 also look at Dr. Spandorfer's deposition, just
21 a small amount -- this lady had a 55 percent
22 spirometer reading both, before and after this
23 accident. Dr. Spandorfer explains in his
24 deposition how just a minute exposure to smoke,
25 as little as 30 seconds to perhaps several



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1 minutes, could cause this lady to have enough
2 compromised lung function to put her in the
3 condition that she found herself in after this
4 incident. Now, some fault is made about why
5 she didn't get out of the truck. My argument
6 is, well, what would she have done if she had
7 gotten out of the truck. She was in a bad
8 situation. She was in a situation that she
9 never should have been in, an unfortuitous
10 location with unfortuitous events. But she was
11 there, and what should she do. I dare it never
12 crossed this lady's mind what ---

13 **COMMISSIONER BARDEN:** Didn't she tell her provider
14 that she didn't -- couldn't work after the date
15 of that incident, and she in fact went to a
16 function for her child and then worked four
17 more days?

18 **MR. THOMPSON:** Function for the child, I think, for
19 ---

20 **COMMISSIONER BARDEN:** I mean, aren't there just a
21 whole lot of inconsistencies as to what she
22 told -- that she didn't use a nebulizer but
23 maybe a couple of times a year, and she was
24 using them multiple times a day and things like
25 that?



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1 MR. THOMPSON: We were -

2 COMMISSIONER BARDEN: I mean, how do we get around
3 all that?

4 MR. THOMPSON: We get around that by looking at the
5 major facts in this case and not arguably
6 cherry picking the evidence. Obviously in most
7 cases, there are certain factors that favor one
8 side and favor the other.

9 COMMISSIONER BARDEN: What if there are a bunch of
10 factors and not just one or two, like you say,
11 cherry picking, but just a whole myriad --
12 myriad of factors?

13 MR. THOMPSON: I say the record is not -- does not
14 support that. Primarily because there's not --
15 because Dr. Poon, when he saw this lady a few
16 days before and a few days after, there was a
17 substantial difference in her condition. And
18 there's no other evidence of anything that
19 happened to this lady in between to cause this.
20 And this was a major exacerbation of a long-
21 standing condition admittedly by a truthful
22 employee, which the Employer's own witnesses
23 admit to being true -- truthful and a hard-
24 working individual. Her mother's testimony,
25 the day when she came home from work, the co-



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1 worker's testimony, on the way back, that she
2 was feeling ill. Dr. Spandorfer - Dr.
3 Spellman's testimony that when an individual
4 has an exposure to smoke of such a degree that
5 it is doing damage, they know it immediately,
6 we think backs up and it supports the
7 Claimant's position in this case, not the
8 Employer's position.

9 **COMMISSIONER BARDEN:** Go ahead, sir.

10 **MR. THOMPSON:** Clearly, this lady has had a major
11 life-changing event. She's gone from being
12 able to be able to maintain employment to being
13 on oxygen. Not nose oxygen, obviously, all the
14 time. Some days she does better than others.
15 They put the CD in of her singing with her son
16 on the -- on the karaoke event. However, both
17 doctors in this case have said that this lady
18 should not be working now, probably shouldn't
19 have been working, admittedly, before this
20 incident happened. Is this a natural
21 progression of her disease, or is this an
22 accident within the meaning of workers' comp
23 statute.

24 **COMMISSIONER BARDEN:** There is a medical record,
25 you'll admit, that says her condition was



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1 worsening right before this happened?

2 **MR. THOMPSON:** I will agree that it's been
3 worsening, Commissioner, probably the whole 26
4 years she's been employed by the Employer.

5 **COMMISSIONER BARDEN:** But I'm talking about
6 particularly just right before this happened.

7 **MR. THOMPSON:** I will agree that it was worsening
8 then, and I will agree that she had a cold when
9 it happened. The question -- a viral infection
10 or whatever you call it, but the question is
11 was there an exposure to smoke. What -- and we
12 say there was, was that good for this Claimant.
13 Nobody in the whole record says it's good for
14 an individual in this lady's condition to be
15 exposed to smoke. Nobody's saying that's a
16 good thing. In fact, I even asked Dr. Feldman
17 if anyone had ever done any experiments like
18 this, and he became somewhat irritated with me
19 that I would even suggest such a thing. But we
20 just submit that based on the facts as we've
21 argued and the evidence that we think that this
22 should find -- should support a finding of
23 compensability. No other evidence what -- we
24 don't have to prove this case beyond a
25 reasonable doubt. We can use circumstantial



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1 evidence. It's not a criminal case. We don't
2 have to absolutely clearly throw out every --
3 any other possible cause. The question is, is
4 there substantial evidence, there's
5 circumstantial evidence, that bears the
6 Claimant's burden on a remedial statute,
7 supposedly to help injured employees. And we
8 think we've carried our burden on the facts and
9 circumstances of this case.

10 **MR. WILKERSON:** Any questions? Thank you. You'll
11 have three minutes in reply.

12 **MR. THOMPSON:** Thank you, sir.

13 **MR. WILKERSON:** Thank you. Mr. Gohean?

14 **ARGUMENT BY MR. GOHEAN:**

15 **MR. GOHEAN:** Thank you, Commissioners. It is
16 undisputed that Ms. Chamblee had a lifelong,
17 severe problem with asthma. And she also has
18 an incredibly poor understanding of her
19 condition. And she's basically spent her
20 entire life suppressing her condition and
21 refusing to accept the severity of her issues.
22 And that was essentially her testimony, her
23 mother testified to the same, her co-workers
24 testified to the same. All that happened in
25 this case is it finally caught up with her, as



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1 it was inevitably going to do. As Mr. Thompson
2 just said, both doctors have said she probably
3 shouldn't have been working already. It's not
4 this minor fire incident that put her out of
5 work. Furthermore, this is a medically driven
6 case. The medical records, the doctors, they
7 -- they are the most important aspect of this
8 case. Especially in light of the fact that the
9 Claimant cannot be relied on. She's a terrible
10 historian. She testified she'd never seen a
11 pulmonologist before this incident, but she saw
12 one in 2005. She saw one 9 months before the
13 accident occurred. She testified that her
14 asthma was stable, it was well controlled, it's
15 -- it hadn't changed in 20 plus years. But
16 obviously, based on the hundreds of pages of
17 medical records, that was not the case,
18 especially the record 9 months before with Dr.
19 Mohan that you referenced, Commissioner Barden,
20 where she basically says it's been worsening
21 for two years. She testified she never had a
22 CPAP machine, but there are multiple records
23 that indicate she's using one at home. She
24 testified she didn't even know she had reflux,
25 but it's in about, you know, 20 medical

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1 records. She reported to Dr. Spandorfer: she
2 was relatively stable and had rare symptoms,
3 she only used her bronchodilator therapy two to
4 three times a year without the need for daily
5 usage, she didn't use oral steroids, she didn't
6 use inhaled steroids, she rarely required
7 antibiotics. She denied any history of
8 allergies. She denied any post-nasal drip.
9 She denied reflux. She denied allergic
10 rhinitis or allergic -- allergy sinus disease.
11 All of that is incorrect. She has not
12 relatively stable asthma. She used her rescue
13 bronchodialtor therapy. She had oral steroids.
14 She had inhaled steroids. She had antibiotics.
15 She suffered from post-nasal drip. She
16 suffered from reflux. Then she had terrible,
17 terrible allergy and sinus issues. She had
18 multiple sinus surgeries. She had allergy
19 shots on a regular basis. She told Dr.
20 Spandorfer she used a wet towel, then she later
21 admitted that wasn't the case. She cannot be
22 relied on. And Dr. Feldman says as much in his
23 deposition. He says asthma patients are
24 notoriously terrible historians. Not only the
25 fact that she's misrepresenting all this, but



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1 they get used to their condition because
2 they've lived with it on a day in and day out
3 basis, and it's their new normal. And they
4 don't understand how bad they are because it
5 just kind of becomes their new normal. And he
6 said, look, you can't rely on what she's
7 telling you because she doesn't even understand
8 how bad she is. And that goes to, again, what
9 Mr. Thompson was saying. She probably
10 shouldn't have been working already. So not
11 only can you rely on her complaints and her
12 allegations to prove this case, you certainly
13 cannot rely on the medical records. As you saw
14 exhaustively outlined in the order and in my
15 brief, the prior medical records paint a very
16 clear picture, and that picture is that she is
17 progressively worsening and has regular and
18 steady problems. She's got uncontrolled
19 problems. She's got under-treated problems and
20 countless associated health issues like her
21 allergies and her -- her sleep apnea, and all
22 these other issues that come -- kind of go
23 hand-in-hand with her asthma. Most
24 importantly, the 9 months right before the
25 accident, she's sent to a pulmonologist, Dr.



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1 Mohan, having increased issues for two years.
2 She's using her aerosols three to four times a
3 day. She's getting allergy shots. She's got
4 a runny nose.

5 **COMMISSIONER BARDEN:** So three and four times a day
6 versus two or three times a year?

7 **MR. GOHEAN:** A year, correct, as she reported to Dr.
8 Spandorfer, 18 months after this incident.
9 Then you get to this exposure, the incident,
10 the alleged cause of her problems. As you
11 pointed out, they pulled into this house, they
12 parked in the front yard or side or front.
13 Then there are a number of fire trucks.
14 They're in a pickup truck, then there's the
15 house, then there's a row of trees, then
16 there's a field. And in that field, there's
17 some kind of tractor combine -- some type of
18 equipment on fire. What they were doing at the
19 house was wetting the house down to keep it
20 from catching fire in the event the fire
21 spread. They weren't at the fire. They
22 weren't on scene of the fire. Mr. Grier
23 testified there was a light haze of fire in the
24 air. He didn't need a mask or anything. She
25 stayed in the truck the entire time with the



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1 air conditioner on that circulate function
2 where no outside air comes in. And then, most
3 importantly, when Mr. Grier returns to the
4 truck, he testified -- he said, I've known her
5 since I was a teenager, she's a friend. I
6 didn't notice anything different. She didn't
7 say anything to me. She said she reported to
8 him. He says, look, she didn't tell me about
9 it. If she did, I don't remember it. So there
10 was nothing noticeably different about her.
11 Then they go on and install smoke detectors at
12 the lady's house like they were scheduled to
13 do. They don't go straight back home or to the
14 fire department. They went on with their day.
15 And again, as you point out Commissioner
16 Barden, she didn't leave work early that day
17 like she told me in her depo. She didn't never
18 work again like she told me in her depo. She
19 went on to work the next day. And she went on
20 to work another full day. The only days she
21 missed were the weekend and Memorial Day when
22 she was already scheduled to be off.

23 **COMMISSIONER BARDEN:** One thing I noticed that
24 Commissioner McCaskill made a special point of
25 stating in his order is that she was two years



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1 away from her retirement or something like
2 that. Did that -- was that explored through
3 her testimony or ---

4 MR. GOHEAN: Not much more than the fact that she
5 said that she was close to retiring. I think
6 there may have also been some testimony about
7 wanting to continue doing things though. I
8 don't know that it was going to be a two years
9 end-game type of deal. She also did some
10 training at a -- through another job. So I
11 don't know that that was a huge factor in the
12 case, really. And it wasn't really explored
13 beyond her testimony. Then you get to June 1,
14 2011 when she goes to her family doctor for a
15 previously scheduled appointment to review her
16 lab work. And from there, there is nothing to
17 support her claim until 18 months when she goes
18 to an IME in Charleston with Dr. Spandorfer.
19 And not only does the record -- do the records
20 not support her claim, they are completely
21 inconsistent with her claim, and they are
22 completely consistent with either the natural
23 progression or her cold, as Dr. Feldman
24 testified, causing her problems. She sees Dr.
25 Poon, problems with one -- since one month ago,



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SANDY CHAMBLEE V. ANDERSON COUNTY FIRE DEPARTMENT

20

1 consistent with the day she had the cold, the
2 beginning of May. Next, she goes to the
3 hospital, she's admitted for 10 days. Again,
4 problems in the past month or so. Ten days of
5 hospital records. She says she was never once
6 asked about what caused your problems. That
7 just doesn't seem possible to me. Somebody in
8 there asked her what caused your problems. It
9 says no acute event, as you pointed out. She
10 goes back to another hospital June 15th. She's
11 again admitted, this time for four days.
12 Again, not a single mention of the fire. And
13 more importantly, during this four day stay,
14 she is visited by Dr. Mohan, her personal
15 pulmonologist. Mohan notes in his records, "No
16 history of exposure to any unusual chemicals,
17 fumes, dust, etc." So it specifically said
18 that she was not exposed to anything. It says
19 that two times in her records, in fact, one in
20 Mohan's and one in the regular hospital
21 records. Goes back to Mohan in July. Again,
22 no mention of fire. Continues treating with
23 Dr. Poon and Dr. Mohan for months, not a single
24 mention of this incident. So again, the
25 records indicate a one month type of history



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1 of problems consistent with her cold. They do
2 not ever mention the fire until she sees
3 Spandorfer 18 months later.

4 **COMMISSIONER BARDEN:** So is the first mention of the
5 fire 18 months later in a medical record?

6 **MR. GOHEAN:** In the IME report, correct. That's the
7 first time it's ever mentioned. So you can't
8 rely on her subjective complaints, her
9 allegations. The medical records certainly do
10 not support her claim, so all that's left is
11 the experts. You have Feldman, you have
12 Spandorfer. They both say they agree that her
13 2005 spirometry reading and her post-accident
14 spirometry reading show no change. That's the
15 only objective testing in the record. No
16 change. They also agree that mucus is likely
17 what led to her hospitalization. Now, as I
18 pointed out and as is pointed out in the brief,
19 it is undisputed she had a very bad cold that
20 lasted a month before this accident. When she
21 saw Mohan 9 months before, she said sputum
22 production for 6 months. So clearly, this
23 mucus problem, in Dr. Feldman's eyes and my
24 client's, is more likely related to cold than
25 to this very minor smoke exposure. And Feldman



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1 is unequivocal in his opinion. Now, Dr.
2 Spandorfer essentially just says, oh, I didn't
3 know she had a cold when I saw her. Oh, I
4 agree all these things that she told me are
5 inaccurate, but, you know, just a little bit of
6 smoke can cause this to happen. I think that's
7 the cause of it. Feldman, on the other hand,
8 says if she had -- if this had caused a
9 permanent aggravation to her problem, he would
10 have expected an immediate asthma attack within
11 minutes or seconds. He went on to say, look,
12 if she had gotten sick on the spot, can't
13 breathe, called an ambulance, I'd say you're
14 right. But 7 days later, it's an utter
15 speculation and unlikely. I asked the doctor
16 can you place a percentage on it, hypothetical,
17 if this fire caused it versus her cold.

18 **COMMISSIONER WILKERSON:** Go ahead and finish your
19 thought.

20 **MR. GOHEAN:** He said 99.9 percent likely that this
21 cold caused it and is overwhelmingly the number
22 one cause of asthma patients who have
23 exacerbations in the world, and it is .1
24 percent likely that maybe this fire could've
25 done it.



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1 MR. WILKERSON: Thank you.

2 MR. GOHEAN: Thank you, Commissioners.

3 MR. WILKERSON: Mr. Thompson, three minutes in
4 reply.

5 REPLY BY MR. THOMPSON:

6 MR. THOMPSON: Yes, sir. Thank you. Obviously,
7 I'll try to be brief. If you are asking about
8 the first time this fire and smoke incident was
9 discussed, it was discussed, according to the
10 Claimant, that afternoon when she told a co-
11 worker ---

12 COMMISSIONER BARDEN: No, we were talking about the
13 medical records.

14 MR. THOMPSON: Well, other records.

15 COMMISSIONER BARDEN: Oh, okay.

16 MR. THOMPSON: The superior, Tim Dixon, testified
17 that he had a conversation with the Claimant on
18 June 20th, which was less than a month. So Dr.
19 Spandorfer's report is not the first time this
20 fire comes up, this smoke comes up. Depending
21 on how you look at the evidence, it's the co-
22 worker that afternoon, it's the clerical person
23 that afternoon that the Claimant said she told
24 about this, it's her supervisor less than a
25 month later, and it's -- and there are



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1 documents in the record of her report to the
2 South Carolina Retirement System when she put
3 in her retirement. So when Dr. Spandorfer
4 heard about this, this is not the first time
5 that this Claimant mentioned this incident. If
6 you read Dr. Feldman's deposition, I seriously
7 argue 90 to 95 to maybe most of all what's in
8 there is in the Claimant's favor. For example,
9 on Page 46, Line 10, Dr. Feldman testified that
10 he has known people to have an exacerbation of
11 asthma, then get slightly improved, then
12 exacerbate again to a late response. He
13 testified it was very common for asthmatics to
14 fluctuate from day to day. That's on his
15 deposition on Page 46, Line 10 through Line 16.
16 I submit to you, when she went to see Dr.
17 Spandorfer, that's not the first time this
18 theory was floated about the exposure to smoke.
19 It was mentioned contemporaneously with when it
20 happened. And that's why the Employer's
21 attempt to get around the contents of their
22 Employer's first report of injury is so
23 important. I mean, can we rely on what's in a
24 report -- first report of injury or not? If
25 the filing of the first report of injury is the



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1 Employer's responsibility, like the statute
2 says and like the Commission's regulations say,
3 then it should be a jurisdictional foundational
4 argument that can be relied upon ---

5 **COMMISSIONER BARDEN:** What was the date it was
6 filed? I know what they put down is what the
7 Claimant alleged the injury to be, but when was
8 it filed?

9 **MR. THOMPSON:** It was filed, I believe -- don't hold
10 me to this, June 17th ---

11 **COMMISSIONER BARDEN:** So about a month later?

12 **MR. THOMPSON:** 16th -- less than a month later. Of
13 course, the statute required you to report the
14 accident within a month and ---

15 **COMMISSIONER BARDEN:** But you said that she told her
16 supervisor in the month. They can't report
17 something they don't know about, correct?

18 **MR. THOMPSON:** Well, she also says, Commissioner,
19 that she reported it to a clerical individual
20 the same afternoon and also to her co-worker
21 that same afternoon. I think it's interesting
22 that this lady who is a long-time employee of
23 this agency would be gone this long and not
24 call in unless they knew why she was out. I
25 think that's a very telling circumstance.



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1 Thank you very much for your attention to this
2 case.

3 COMMISSIONER BARDEN: Thank you.

4 COMMISSIONER WILKERSON: Thank you. I appreciate
5 y'all's time. I appreciate it. This concludes
6 the hearing.

7 (There being nothing further, the hearing concluded
8 at 1:57 p.m.)



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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1107022

Sandy Chamblee	)	
	)	
Employee/Claimant	)	Notice of Witnesses and Written Medical Reports to be
	)	Introduced on Behalf of the Claimant
	)	
Vs.	)	
	)	
Anderson County Fire Dept.	)	
	)	
Employer	)	
	)	
And	)	
	)	
State Accident Fund	)	
	)	
Carrier, Defendants	)	
	)	

To: Commissioner Gene McCaskill of the South Carolina Workers Compensation Commission, P.O. Box 1715, Columbia, SC 29602-1715 and Ian C. Gohean of Wilson Jones Carter & Baxley, P.A. 872 S. Pleasantburg Drive, Greenville, SC 29607.

YOU ARE HEREBY NOTIFIED THAT the undersigned give please take notice that the undersigned gives notice of his intention to introduce the following medical exhibits and sources of evidence pursuant to Rule 67-612.

Exhibit Number	Provider-Dates	Number of Pages
1.	Statement of Dr. Poon; 8-1-14	1-4
2.	Dr. Michael Spandorfer; 12-20-12 through 11-26-13 Deposition taken February 25, 2014	5-90
3.	AnMed Health Carolina Pulmonary Sleep f/k/a Internal Medical Assoc./Drs. Hand & Mohan; 7-25-05 through 7-14-11	91-107

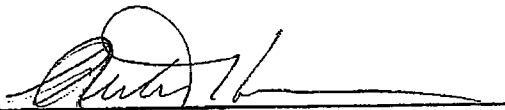
4.	South Carolina Retirement System Disability Application by Sandra L. Chamblee; 6-27-11	108-114
5.	AnMed Health; 6-15-11 through 6-18-11	115-123
6.	S.C. Workers Compensation Commission First Report of Injury; 5-26-2011	124
7.	Documents to file claim; 5-22-12 through 4-2-13	125-131
8.	Dr. Glen Poon; 5-11-11 through 9-2-11	132-158
9.	Elberton Memorial Hospital; 5-11-11 through 6-10-11	159-199

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employee/Claimant: Sandy Chamblee, Maureen Chamblee, Whitt Chamblee, and Janet Shaw, and any other witnesses that may be submitted at a later date who may have knowledge of this accident.

THOMPSON & KING LAW FIRM



Richard E. Thompson, Jr.
P.O. Box 14230
Anderson, SC 29624
(864) 222-0200

Dated: October 22, 2014

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1107022

Sandy Chamblee)
)
Employee/Claimant)
)
)
)
)
)
Vs.)
)
Anderson County Fire Dept.)
)
Employer)
)
And)
)
State Accident Fund)
)
Carrier, Defendants)
_____)

Affidavit of Service by Mail

This is certify that the undersigned who, on oath, states that she is an employee of the Law Firm of Thompson & King, attorney for the claimant, did cause the Notice of Witnesses and Written Medical Reports and the Pre-Hearing Brief to be served upon all parties on October 22, 2014.

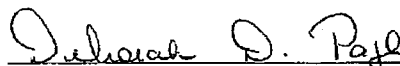
Via e-mail to : klindler@scc.sc.gov
Commissioner Gene McCaskill
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

Via e-mail to icgohean@wjlaw.net
Ian C. Gohean
872 S. Pleasantburg Drive
Greenville, SC 29607



Tammy Riley

Sworn to before me this 22nd
Day of October, 2014.



Notary Public for South Carolina
My Commission expires: 5-30-2023



Claimant's Name: Sandy Chamblee Employer's Name: Anderson County Fire Department
Address: 600 Whit Chamblee Road Address: 201 McGee Road
City: Starr State: SC Zip: 29655 City: Anderson State: SC Zip: 29625
Home Phone: () - Work Phone: () - Carrier: State Accident Fund
Preparer's Name: Richard E. Thompson, Jr. Preparer's Phone #: (864) 222-0200

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$504.35 2. AWW: \$756.60 Date of Injury: May 26, 2011
3. Type of Injury and body part(s): Lung Disease-Exacerbation of pre-existing asthma
4. Facts in controversy: 1) Whether or not claimant was exposed to smoke on the alleged onset date.
2. Whether or not claimant received a worsening of her pre-existing condition as a result of her smoke exposure.
3. Whether or not claimant now suffers from reactive airway disease, chronic obstructive asthma, and post inflammatory pulmonary fibrosis.
5. Legal Issues Involved: This is an accidental injury case and not an occupational disease case.
Employer has asserted several defenses which are not applicable to this case because they would apply to occupational disease situations.
Claimant seek mediation and Employer has refused.
6. Unusual aspects: The claimant has been an employee of the Anderson County Fire Department since 1979; however, for the last few years, she has worked as a trainer and Fire Marshal and was not assigned fire fighting duties on the date in question.
7. Witnesses (designate if expert):* Claimant, Maureen Chamblee-claimant's mother, Whitt Chamblee-claimant's father, 302 Whitt Chamblee Road, Starr, SC 29684 and Janet Shaw-friend of claimant, 151 Wexford Drive, Unit 203, Anderson, SC 29621.
8. Exhibits: South Carolina Workers Compensation form first report of injury; also documents used to file this claim and toll the Statutes of Limitations.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): (1) Medical reports and deposition of Dr. Michael Spandorfer, (2) medical reports and statement from Dr. Glenn Poon submitted by APA Submission, (3) Elbert Memorial Hospital records from May 11, 2011 through June 10, 2011, admission and discharge summaries, submitted by APA Submission, (4) office reports dated July 25, 2005 through July 14, 2011 from AnMed Health Pulmonary Sleep f/k/a/ Internal Medical Associations/ Dr. Hand & Mohan, submitted by APA Submission and (5) Anderson Area Medical Center, admission and discharge summary from June 15 through June 18, 2011, submitted by APA Submission.
10. Name, address, and specialty, if any, of the treating physician: Dr. Michael Spandorfer, 2097 Henry Tecklenburg Drive, Suite 305, Greenville, SC 29515, and Dr. Glenn Poon., 109 College Ave., Elberton, GA 30635.
11. Impairment rating(s); body part(s); physician and date of opinion: 55% -Lungs dated November 26, 2013 by Dr. Michael A. Spandorfer.
12. I am amending my Form 50/51 in the following manner: Not seeking to amend at this time.

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Ian C. Gohean, 872 S. Pleasantburg Drive, Greenville, SC 29607 on the 22nd day of October 2014 by: ☐ first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]
Date of hearing: 11-6-14

Email: _____
Time needed for hearing: 2 AM

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

**Statement of Dr. Poon
September 1, 2014**

State of Georgia)
)
County of Elberton) Statement Glenn S. Poon, M.D.

My name is Glenn S. Poon and I am a physician at the Medical Center Elberton, LLP.

I have reviewed the past history for Sandy Chamblee's timing of exposure to smoke inhalation which is attached.

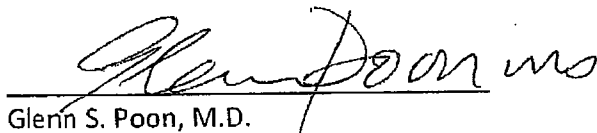
I am aware that prior to May 24, 2011, Sandy had a long standing history of asthma, however it was reasonably well controlled to the extent that she was able to be employed full-time.

I am aware that between Sandy's visit in my office on June 1, 2011 and her visit prior to that, her condition was much worse, which necessitated a stay in the Elberton Hospital from June 1, 2011 until June 10, 2011. When I saw Sandy on June 1, 2011, her condition was such that hospitalization was medically necessary.

I can state that to a reasonable degree of medical certainty that Sandy's exposure to smoke as described in the attachment most probably caused an aggravation of her prior asthmatic condition to the extent that she was not able to pursue full-time work and would have great difficulty with activities of daily living as of the last time I saw her in the summer of 2011.

I have not followed Sandy's progress since the summer of 2011.

In witness hereof, I have set my hand and seal this First day of August, 2014.


Glenn S. Poon, M.D.

1. Sandy Chamblee as of May 24, 2011 was a 48 year old female.
2. As of the date in question, Sandy had worked for the Anderson County Fire Department for approximately 23 years. At one time, she was a firefighter, but for the past four years prior to the date in question, she had taught classes, performed fire inspections, and engaged in other work activities not related to fighting fires and not involving any contact with smoke.
3. On May 25, 2011, Sandy and other employee, Larry Greer, Jr. were on route to a citizen's home to install a fire detector. While on route to this location, they noticed a grass fire at another location. Larry Greer, Jr., being an active firefighter at the time, drove Sandy and himself to the site of the fire in an Anderson County Fire Department vehicle. When they came to the fire scene, the vehicle in which Sandy was a passenger left the road and parked in three separate locations. The first location was not in the immediate vicinity of the fire and the wind was blowing the smoke away from where Sandy was located. On the other two locations where the vehicle was parked off the roadway, Sandy was exposed to smoke from a grass fire, which she estimates was approximately 30 minutes to an hour. During this period of time, Larry Greer, Jr. was out assisting in the fighting of the fire and was not in the truck with Sandy. During this period of time, Sandy was in the County vehicle with the motor running and the air conditioner on attempting to get the smoke out of the truck. She also wrapped some type of fabric around her nose. This was not totally successful and she inhaled a quantity of smoke during this experience.
4. That after this episode Sandy went on home that day from work feeling bad and somewhat short of breath because of the exposure of the smoke. She also had a cold that day.
5. That after May 25, 2011, Sandy continued to feel worse over the next several days. She did not miss any time from work, but was not otherwise feeling well.
6. On June 1, 2011, Sandy went to see Dr. Poon in Elberton, Georgia. She had seen him three weeks earlier for a physical. This physical was not required by Sandy's job, however her mother, Mr. Maureen Chamblee has encouraged her to have a physical, so she made arrangements with Dr. Poon for the physical and saw him again as stated, on June 1, 2011 to get the result.
7. While Sandy was in Dr. Poon's office, her condition worsened and he was sufficiently concerned about her condition that he had her admitted in the Elberton Hospital. She stayed there for approximately ten days and was released on June 10, 2011. She later continued to have difficulty and was seen at the Anderson Area Medical Center as an inpatient from June 15, 2011 through June 18, 2011.

8. Sandy was not using nose oxygen prior to May 25, 2011, other than for breathing treatments. It was not necessary for her to have oxygen for activities of daily living and she did not require oxygen while performing the duties of employment from Anderson County Fire Department.
9. That after her release from Anderson Area Medical Center on June 18, 2011, her breathing system was severely comprised and she has been on oxygen delivered by nose cannula ever since June 1, 2011.
10. She has since retired on disability from the Anderson County Fire Department and has been drawing retirement from the State Retirement System and has applied for social security disability and was immediately approved.

Dr. Michael Spandorfer
December 12-20-2012 through 11-26-2013
Deposition of Dr. Spandorfer
February 25, 2014

**CHAMBLEE, SANDY**

49 Y old Female, DOB: 12/27/1962

Account Number: 00004073300

600 WHIT CHAMBLEE ROAD, STAR, SC-29684

Home: 864-352-3997

Guarantor: CHAMBLEE, SANDY

Appointment Facility: Carolina Lung And Critical Care

12/20/2012

Progress Notes: Michael A Spandorfer MD

Current Medications

Prevacid 24HR 15 MG Capsule Delayed Release 1 capsule before a meal Once a day
 Magnesium 500 MG Tablet 1 tablet with a meal twice daily
 D 2000 2000 UNIT Tablet as directed
 Quetiapine Fumarate 100 MG Tablet 1 tablet at bedtime nightly
 Topiramate -- Tablet 1 tablet at bedtime nightly
 Clonazepam 0.5 MG Tablet 1 tablet at bedtime twice daily
 Temazepam 30 MG Capsule 1 capsule at bedtime as needed as directed
 Furosemide 40 MG Tablet 1 tablet twice daily
 Montelukast Sodium 10 MG Tablet 1 tablet Once a day
 Advair Diskus 500-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Twice a day
 Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML Solution 3 ml Four times a day
 Lyrica 75 MG Capsule 1 tablet Twice a day
 ProAir HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs as needed every 4 hrs
 Savella 50 MG Tablet 1 tablet as directed
 Cymbalta 30 MG Capsule Delayed Release Particles 1 capsule Twice a day
 Bystolic 5 MG Tablet 1 tablet Once a day
 HydroXYZine Pamoate 50 MG Capsule 1 capsule as directed
 Lortab 7.5-500 MG Tablet 1 tablet as needed every 6 hrs
 Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
 Obstructive sleep apnea
 Fibromyalgia
 Allergic rhinitis with chronic sinusitis
 Insomnia
 Hypertension
 Gastroesophageal reflux disease
 Bipolar disorder
 Posttraumatic stress disorder

Surgical History

cesarean section
 hysterectomy with bilateral salpingo-oophorectomy
 gastric banding procedure with subsequent removal
 post tonsillectomy with adenoidectomy
 endoscopic sinus surgery x 3
 status post cyst excision back of head

Reason for Appointment

1. NEW PATIENT
2. IME
3. Occupationally worsened asthma with chronic hypoxic respiratory failure

History of Present IllnessSymptom(s):

The patient has been referred for evaluation of her respiratory status. The patient reports a prior childhood history of asthma that has acutely worsened since smoke exposure while employed as a fire marshal. The patient reports that prior to her work related exposure. Her asthma was relatively stable. The patient reports that she had rare symptoms related to her asthma. Her symptoms included the need for rescue albuterol approximately 2-3 times a year without the need for daily usage. The patient did not require daily and held steroids and rarely required oral antibiotics or oral steroids. Prior to her exposure she reports that her exercise tolerance was stable and she can walk without limitations. The patient has previously attempted allergy shots however majority of her symptoms were intermittent and did not require daily therapy. The patient denied the presence of any sinus difficulties, postnasal drip or difficulties related to reflux. The patient had no prior history of exposure to birds or unusual pets. The patient reports that her asthma symptoms however greatly increased since exposure to a fire and summer of 2010. The patient at that time was employed as a firefighter training officer whose job did not include active firefighting duties. At the time of the patient's exposure the patient was riding as a passenger with a fellow firefighter who decided to respond to an active fire. The patient reports that she remained inside the fire truck with the echo initially running for up to one and a half to 2 hours in duration. During this time the patient reports that she was exposed to fumes and smoke related to the fire which led to the immediate onset of cough with shortness breath, wheezing, chest tightness as well as dyspnea. The patient attempted to limit her exposure about utilizing a wet towel as a mask. The patient subsequently developed the onset of persistent difficulties as noted above including progressive shortness of breath cough and wheezing. Cough was productive of a thick mucoid white phlegm. Wheezing with chest tightness and severe dyspnea was noted. The patient presented to her physician where she was admitted for a 10 day hospital stay related to respiratory failure due to status asthmaticus. The patient reports that she was treated with antibiotics, IV steroids, oxygen therapy, bronchodilator therapy. The patient was subsequently released home on oxygen and was seen by a pulmonologist. At time of that evaluation the patient was felt to be clinically ill and was readmitted for an additional 6 day period. The patient has subsequently been placed on medical disability related to her respiratory failure and pulmonary condition.

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Progress Note: Michael A Spandorfer MD 12/20/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Family History

Father: hypertension
 Mother: hypertension
 All siblings are half siblings.

Social HistoryGeneral:

Mold exposure?: no. Alcohol consumption per week?: none. Use of injection drugs?: no. Where was patient born?: Greenville, SC. Lived and currently live?: Star, SC. Travel in past 5 years?: Disney World. Current and past work?: Firefighter. Exposure concerns?: no. Influenza vaccine last year?: yes. Pneumonia vaccine?: yes. Tuberculosis exposure?: no.

Tobacco Use:

Tobacco Use/Smoking Are you a nonsmoker.

Drugs/Alcohol:

Alcohol Screen Did you have a drink containing alcohol in the past year? No, Points 0. Married, 1 child, no tobacco, no alcohol, former firefighter.

The patient has been a volunteer firefighter beginning at age 16. From 1983-1988 she was a firefighter. From 1988 until her exposure to she has been a firefighter training officer. The patient reports that early in her firefighting career she did not utilize an air pack however for the past several years (more than 10 years) she had utilize a air pack.

Allergies

N.K.D.A.

**Hospitalization/Major
 Diagnostic Procedure**

Denies Past Hospitalization

Review of SystemsGeneral/Constitutional:

Loss of appetite denies. Weight change increased. Chills not associated with fever. Fever denies. Night sweats **admits**.

Ophthalmologic:

Change in vision denies. Blurred vision denies. Diminished visual acuity denies.

ENT:

Hoarseness denies. Allergies **admits**. Decreased hearing denies. Sinusitis Denies. Sore throat denies.

Endocrine:

Cold intolerance denies. Excessive thirst denies. Frequent urination denies. Heat intolerance denies.

Respiratory:

Shortness of breath **admits**. Pleurisy **admits**. Comments See HPI for details. Chest pain at rest. Hemoptysis denies. Sputum production denies. Wheezing denies.

Cardiovascular:

Leg/ankle Swelling **admits**. Chest pain at

Since the patient smoke exposure the patient reports the presence of daily symptoms to include cough with shortness of breath as well as wheezing. Cough typically is nonproductive to productive of a clear phlegm. At times the patient does note that production of a discolored yellow to brown phlegm. The patient denies any symptoms of hemoptysis. The patient does experience chest tightness and chest pain. Dyspnea now occurs with most activities including dressing, showering and walking on level ground. The patient notes the presence of edema. The patient reports the need for multiple rescue bronchodilator therapy treatments throughout the day at times greater than 6 treatments are needed to improve the patient's respiratory status. The patient remains on oxygen therapy at 2 L. The patient does report lightheadedness as well as dizziness at times. The patient has required courses of antibiotics and steroids since her work exposure. The patient believes that she is unable to return to work. The patient does report a 70 pound weight gain since her work exposure and medical disability.

The patient denies any daily symptoms of heartburn or reflux. The patient has no complaints of headaches, visual changes or new onset rashes or arthritis changes. The patient has no history of a connective tissue disorder and specifically denies any history of rheumatoid arthritis, scleroderma, lupus and she denies any history of a sarcoidosis diagnosis.

The patient does admit to a history of obstructive sleep apnea as well as fibromyalgia with insomnia. The patient reports mood difficulties to include anxiety with depression and posttraumatic stress disorder related to her employment. The patient reports that she has not recently received cardiac evaluation that she has no history of cardiac disease. The patient does not believe that she has received an echocardiogram or stress test. The patient denies any dysphagia. The patient denies any history of bleeding or clotting abnormalities.

Vital Signs

Ht 65 in, Wt 270 lbs, BMI 44.93, Pulse Sitting 83, BP Sitting 127/95, RR 16, Oxygen saturation 92 %
 Saturation 90% off of oxygen on room air.

ExaminationGeneral Examination:

GENERAL APPEARANCE: normal, in no acute distress, obese female. HEAD: normocephalic, atraumatic. EYES: pupils equal, round, reactive to light, extraocular movement intact (EOMI), extraocular movement intact (EOMI). EARS: tympanic membrane intact, clear. NOSE: septum intact, frontal sinus nontender to percussion, maxillary sinus nontender to percussion. ORAL CAVITY: no lesions, no thrush, mallampati score of III. THROAT: normal, no erythema, no exudate. NECK: neck supple, full range of motion, no thyromegaly. LYMPH NODES: no lymphadenopathy. SKIN: no rashes noted, no suspicious lesions.

Pulmonology:

LUNGS Occasional fine expiratory wheeze to auscultation bilaterally, reduced volumes, normal fremitus, no accessory muscle usage.

Cardiology Exam:

Jugular Venous Distention: normal. Heart: normal S1, S2, no S3, no S4, no murmur, no rub, no gallop, regular rate and rhythm. Peripheral Pulses: radial pulses intact, 2+ bilaterally.

Abdominal:

Abdomen soft, non-tender/non-distended, bowel sounds present, no masses felt, no hernia, no costovertebral angle tenderness, well healed surgical scar, obese.

Lower Extremity:

Extremities No cords, no clubbing, no cyanosis, no edema, no calf

rest denies. Chest pain while exerting yourself denies. Dyspnea on exertion with mild activity. Paroxysmal nocturnal dyspnea denies. Palpitations denies. Orthopnea that is mild. Weight gain admits.

Gastrointestinal:

Reflux Denies. Abdominal pain denies. Blood in stool denies. Difficulty swallowing denies. Hematemesis denies.

Hematology:

Abnormal bleeding denies. Clotting disorder denies. Swollen glands denies. Anemia Denies.

Musculoskeletal:

Arthritis **admits**. Muscle aches denies. Swollen joints denies. Weakness denies.

Genitourinary:

Blood in urine denies. Difficulty urinating denies. Frequent urination denies. Nocturia denies. Kidney Stones denies.

Skin:

Rash Yes.

Neurologic:

Weakness denies. Difficulty walking denies. Headache denies. Comments denies sleep apnea symptomatology. Memory loss denies.

Psychiatric:

Anxiety **admits**. Depressed mood admits.

tenderness.

Spine:

Back No scoliosis, No kyphosis, No CVA tenderness.

Neurological:

MOTOR STRENGTH: motor is grossly normal. SPEECH: normal.

Psychiatry:

MOOD: normal affect, alert, oriented, cooperative with exam.

Assessments

1. Asthma, chronic obstructive - 493.20 (Primary), occupationally worsened with chronic hypoxic respiratory failure
2. Reactive airway disease - 493.90
3. Postinflammatory pulmonary fibrosis - 515
4. GERD - 530.11
5. Hypersomnia with sleep apnea, unspecified - 780.53
6. Morbid obesity with BMI of 45.0-49.9, adult - 278.01

Treatment

1. Asthma, chronic obstructive

Continue Montelukast Sodium Tablet, 10 MG, 1 tablet, Orally, Once a day
Continue Advair Diskus Aerosol Powder Breath Activated, 500-50 MCG/DOSE, 1 puff, Inhalation, Twice a day
Continue Ipratropium-Albuterol Solution, 0.5-2.5 (3) MG/3ML, 3 ml, Inhalation, Four times a day
Continue ProAir HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 2 puffs as needed, Inhalation, every 4 hrs
Diagnostic Imaging: SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
The patient has occupationally worsened chronic obstructive asthma with severe airflow limitation and chronic hypoxic respiratory failure. The patient appears to have severe symptomatology. The patient is instructed remain on her same medical therapy and she may benefit from the use of daily oral steroids or the use of an immune modulatory therapy. Serologic evaluation will be obtained. Use of oral steroids however has a relative contraindication due to the patient's obesity. The patient symptoms have been present for more than 6 months without change and I believe the patient may have achieved maximal medical improvement.

2. Reactive airway disease

Diagnostic Imaging: Pulmonary Full PFT (Ordered for 01/31/2013), SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
While the patient has developed occupationally worsened asthma she does appear to have a reactive airway dysfunction component including the onset of increasing symptoms with exposure to nonspecific irritants. A methacholine challenge study will be obtained as well as a Southeastern allergy panel and an IgE.

3. Postinflammatory pulmonary fibrosis

Diagnostic Imaging: CT CHEST W/CONTRAST, Pulmonary Full PFT (Ordered for 01/31/2013), SPIROMETRY Abnormal, Spirometry reveals severe airflow and restrictive impairment. FVC is 1.51 L which is 46% of predicted and FEV1 is 1.31 L which is 49% predicted
The patient may have an element of post inflammatory pulmonary fibrosis contributive to some of the patient's symptomatology including the

development of bronchiectasis or frank pulmonary fibrosis. A screening CT scan of the chest will be requested.

4. GERD

Start Dexilant Capsule Delayed Release, 60 MG, 1 tablet, po, every day, 30 days, 30, Refills 5

Stop Prevacid 24HR Capsule Delayed Release, 15 MG, 1 capsule before a meal, Orally, Once a day

The patient will be placed on anti-reflux measures and treatment.

5. Hypersomnia with sleep apnea, unspecified

Start CPAP ---, --, as directed, nasal, 16 cm with heated humidifier and 20 min. ramp, 30 days, 1 device, Refills 11

LAB: IGE BLOOD

LAB: ALLERGY:PROFILE REGIONAL (SOUTH EASTERN)

Procedure:METHACOLINE CHALLENGE TEST (Ordered for 12/27/2012)

The patient is instructed to proceed with efforts of weight loss and exercise remain on her CPAP.

6. Morbid obesity with BMI of 45.0-49.9, adult

Weight loss, exercise, failed lap banding procedure.

7. Others

More than 95 min. was spent in the evaluation and treatment of this patient. More than half of the encounter time was spent face-to-face with the patient discussing and coordinating care. Spirometry will be ordered to be obtained upon return to evaluate response to above therapy and for disease state monitoring.

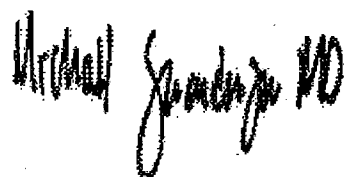
Provided medical records were reviewed and evaluation of this patient.

Procedure Codes

94010 SPIROMETRY

Follow Up

6 Weeks (Reason: Follow-up appointment)



Electronically signed by MICHAEL SPANDORFER MD, MD on
12/20/2012 at 01:11 PM EST

Sign off status: Completed

Carolina Lung And Critical Care
2097 HENRY TECKLENBURG
CHARLESTON, SC 29414-5744
Tel: 843-763-3360
Fax: 843-606-8033

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Progress Note: Michael A Spandorfer MD 12/20/2012

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864-222-0201

14:42:45 10-24-2013

3/5

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



Physician's Statement

Claimant's Name: Sandy Chambers
Physician's Name: Michael Spangler
Practice/Clinic: _____
Preparer's Name: _____
Phone: _____

Employer's Name: _____
Insurance Carrier: _____
SCWCC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: _____

Date of first office visit: 12.20.12 Date of last visit: 10.17.13

Diagnosis or nature of Injury or Illness: Reactive airway disease / Occupationally worsened asthma

Body part(s) Injured: lung, bronchial tube Body part(s) affected: lung, bronchial tube

Date of Maximum Medical Improvement: 10.17.13

Based on the AMA Guidelines, the claimant has sustained a 55 % medical impairment to lung & bronchial tube injured body part(s) and a 5 % medical impairment to whole person other affected body part(s).

- ☐ The claimant is able to return to work without restriction.
☐ The claimant is able to return to work with the following restrictions:

☒ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

use of daily medications - bronchodilators, inhaled steroids, albuterol, oral steroids
inhaler tx, MO evaluation 4x/yr with follow up tests,

ER visit - 2x yr. ; avoid exposure to triggers, dusts, fumes, irritants, if
temp/humidity. no heavy lifting

Michael Spangler
Treating Physician

or albuterol
NO EXPOSURE TO DUSTS
OR CHEMICALS

11.20.13
Date

9/07

14B

Physician's Statement

**CHAMBLEE, SANDY**

50 Y old Female, DOB: 12/27/1962
600 WHITE CHAMBLEE RD, STARR, SC 29684
Home: 864-352-3997
Provider: SPANDORFER, MICHAEL A, MD

Telephone
Encounter

Answered by SPANDORFER, MICHAEL A

Date: 11/26/2013

Time: 03:58 PM

Message Received a message to complete a 14 B in regard to the patient's work related injury

Current Medications

None

Past Medical History

Asthma
Obstructive sleep apnea
Fibromyalgia
Allergic rhinitis with chronic sinusitis
Insomnia
Hypertension
Gastroesophageal reflux disease
Bipolar disorder
Posttraumatic stress disorder

Assessments

1. Reactive airway disease - 493.90 (Primary), smoke exposure as firefighter/fire marshal
2. Asthma, chronic obstructive - 493.20, occupationally worsened with chronic hypoxic respiratory failure
3. Postinflammatory pulmonary fibrosis - 515

Treatment**1. Reactive airway disease**

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a year, use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

2. Asthma, chronic obstructive

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Provider: SPANDORFER, MICHAEL A, MD 11/26/2013

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year, use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

3. Postinflammatory pulmonary fibrosis

Treatment Notes: The patient is felt to have achieved maximal medical improvement on October 17, 2013. Based upon the AMA guidelines Ms. Chamblee has sustained a 55% medical impairment to her lungs and bronchial tubes bilaterally and a 55% medical impairment to her whole person. Ms. Chamblee is unable to return to work at her current employment. The patient will require future medical care and treatment related to her work-related injury based upon a reasonable degree of medical certainty and that medical care and treatment that includes use of daily medications including bronchodilator therapy, inhaled steroid therapy, oral steroid therapy, antibiotics and nebulized bronchodilator therapy, routine physician evaluation with pulmonary function testing at least 4 times a year, expectation of an emergency room visit at least twice a year, use of immune modulatory therapy such as Xolair and leukotriene antagonists, treatment of complications related to active therapy for her work-related injury includes and the possible treatment of steroid induced gastritis and osteoporosis, cataracts or glaucoma, hypertension and weight gain. The patient is advised to avoid exposure to known triggers including dusts, chemicals, fumes, extremes of temperature or humidity, smoke exposure. The patient is advised not to proceed with heavy lifting or activity. This impairment is considered lifelong and permanent.

Follow Up

as scheduled

Patient: CHAMBLEE, SANDY DOB: 12/27/1962 Provider: SPANDORFER, MICHAEL A. MD 11/26/2013

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In The Matter Of:
Chamblee v.
Anderson County Fire Department

A rectangular stamp with the word "COPY" in a bold, sans-serif font. To the left of the word is a small square icon containing the letters "CC".

Michael Spandorfer, MD
February 25, 2014

Janice D. Hayward, RMR
Independent Court Reporter
843.478.6756
JanHayward1@gmail.com

Original File 022514MSpandorfer.txt

Min-A-Script II

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1107022

SANDY CHAMBLEE,)
)
 Claimant,)
)
 -versus-)
)
 ANDERSON COUNTY FIRE)
 DEPARTMENT,)
)
 Employer,)
)
 -and-)
)
 STATE ACCIDENT FUND,)
)
 Carrier-Defendants.)

DEPONENT: MICHAEL SPANDORFER, MD
DATE: Tuesday, February 25, 2014
TIME: 5:15 p.m.
LOCATION: Carolina Lung Associates
2097 Henry Tecklenburg Drive
Suite 305
Charleston, South Carolina 29414
REPORTED BY: Janice D. Hayward, RMR
NCRA Registered Merit Reporter
101 Dorchester Court
Charleston, South Carolina 29418
843.478.6756
JanHayward1@gmail.com

Janice D. Hayward, RMR
843.478.6756

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8 APPEARANCES

9 For the Claimant

Richard E. Thompson, Jr.
Law Office of Richard E.
Thompson, Jr.
300 South Tower Street
PO Box 14230
Anderson, South Carolina 29624

10 For the Carrier-
11 Defendants

Tucker Cecil
Willson Jones Carter & Baxley
421 Wando Park Boulevard
Suite 100
Mt. Pleasant, South Carolina
29464

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4

1 (Michael Spandorfer, after being sworn,
2 testified as follows:)

3 EXAMINATION

4 BY MS. CECIL:

5 Q All right. Hi, Doctor Spandorfer. I'm
6 Tucker Cecil. I'm Foster's mom. And I'm here to
7 take your deposition in this workers' compensation
8 case of Sandy Chamblee.

9 And I know you had the
10 opportunity to see her, and I'm just going to ask
11 you a little bit about your practice and then a
12 little bit about when you first saw her and
13 diagnosis, treatment, plans and kind of your 14B, I
14 think was the last report.

15 MS. CECIL: I believe that's all we
16 have. Is that correct?

17 MR. THOMPSON: Well, there are two
18 reports. One was sometime in December of
19 2012, and then the second report is
20 December 26th of '13.

21 MS. CECIL: And then the 14B?

22 MR. THOMPSON: 14B, correct.

23 BY MS. CECIL:

24 Q That's really all I'm here to ask you
25 about. Before we start I'm just going to maybe get

1 a brief little background of who you are.

2 MS. CECIL: And then hopefully we can
3 stipulate on the record as to his
4 expertise. I forgot to mention that to
5 you outside earlier, if that works for
6 you?

7 MR. THOMPSON: That's fine.

8 BY MS. CECIL:

9 Q Let me just get your full name for the
10 record then.

11 A It's Michael Alan Spandorfer.

12 Q All right. And where are you -- what's
13 your practice?

14 A I'm a pulmonary critical care specialist.
15 I'm board certified in internal medicine, pulmonary
16 diseases, and critical care medicine as well as
17 sleep medicine.

18 I attended Emory University for
19 my undergraduate where I received a BA in history.
20 I attended the Medical College of Georgia for
21 medical school. I returned to Atlanta at Emory
22 where I received my internship, residency and
23 fellowship. And my last year of fellowship in
24 pulmonary critical care was for lung
25 transplantation.

6

1 I arrived in Charleston, South
2 Carolina in 1998 in private practice and have been
3 here since.

4 MS. CECIL: And we're going to
5 stipulate that you are an expert in
6 pulmonary medicine and internal medicine,
7 is that --

8 MR. THOMPSON: Agreed.

9 MS. CECIL: Okay, thank you.

10 BY MS. CECIL:

11 Q All right. Let me get into when you had
12 the first opportunity to see Miss Sandy Chamblee.

13 A I first examined Miss Chamblee on
14 December 20th, 2012.

15 Q And how did she get to you, if you know?

16 A I should be able to find out. She was
17 referred to us for an evaluation. Well, I don't
18 have the referring provider.

19 Q I think it's, if it's in your first
20 report, does it say IME? Would it have been --

21 A It is, but I usually have a referring
22 either attorney or physician.

23 Q Right. Okay.

24 A She was referred for an IME, but I don't
25 have the listed attorney.

1 Q Okay. And what was she referred to you
2 for and kind of what was the purpose of the visit?

3 A She was referred for evaluation for
4 occupationally-induced lung disease.

5 Q Okay. And let me ask you this. When she
6 came to see you did she bring to you her prior
7 medical records, or did you have an opportunity to
8 review those?

9 A I did take a detailed history from her. I
10 do not know if I have seen all of her prior medical
11 history.

12 Q And let me see if I can clarify this. So
13 when you got a detailed history, that would be what
14 she informed you as to her prior medical history?

15 A Yes.

16 Q But you're not sure if you were provided
17 any medical records with that visit, or?

18 A I'm looking into our paperwork that is
19 scanned into our medical records. And from that
20 initial visit from December of 2012 I do not see any
21 old records scanned in.

22 Q Okay. All right.

23 A I do have a hospital discharge summary.
24 And I apologize for this, but this screen size is
25 very small. It's very difficult to review.

8

1 Q That's fine.

2 A So I have a discharge summary from AnMed.

3 Q From where? I'm sorry?

4 A I have 54 pages of scanned records.

5 Q Okay.

6 A And that includes a discharge summary from
7 AnMed Health in Anderson. And this is what's
8 problematic with electronic records 'cause the paper
9 goes away. I do have, I actually did review prior
10 medical records in this first visit.

11 Q Okay. And in those medical records was
12 there already a diagnosis of asthma?

13 A Yes. She reported preceding history of
14 asthma.

15 Q And the medical records reported that as
16 well?

17 A Yes.

18 Q And do you know -- I don't know what you
19 kind of call her type of asthma, but was there a
20 certain type of asthma, a certain medication that
21 she was on, and --

22 A Well, there's intrinsic asthma and
23 extrinsic asthma. In her case I believe she would
24 have been diagnosed with intrinsic asthma though
25 it's not so listed. She was just diagnosed as

1 asthma that occurred preceding her exposure.

2 Q Did you know if she was having like these
3 allergy shots weekly prior to this incident?

4 A She did report allergies, yes.

5 Q And these allergies, did she say anything
6 about specifically or did any of the reports
7 specifically say what she was allergic to and what
8 kind of medicine? I'm just trying to get an idea of
9 what kind of allergies she had.

10 A Before the incident?

11 Q Yeah, sorry, this is all before the
12 incident.

13 A I don't have a list of her particular skin
14 testing or serologic evaluation, but I haven't
15 reviewed all of her records on the computer thus
16 far.

17 Do you know if they're included
18 in here?

19 Q I don't want to say that they are, and I
20 don't want to act like I would know what they
21 exactly say. Take your time.

22 I know some of the records I was
23 looking at were those of Dr. Poon, P-o-o-n.

24 A Yes, I saw his report.

25 Q Medical Center of Elbertson.

10

1 A I don't see specific testing as it relates
2 to asthma.

3 Q I know at one point you talked about
4 having, in her history, that she had a history as a
5 child.

6 A Yes, she reported that to me.

7 Q And it seemed like it was more of kind of
8 a breathing-type allergy with wheezing and --

9 A Yes.

10 Q And the medications she was on were those
11 for allergies that have to do with breathing, lungs
12 and wheezing and --

13 A She was on appropriate medicine for her
14 asthma exacerbations.

15 Q And the asthma that she had before this,
16 looking through the records that she had, basically
17 was this her whole adult life?

18 A Yes.

19 Q And the asthma that she was treated before
20 for, before this incident, had she reported any type
21 of flare-ups and/or continuation of the asthma
22 getting worse prior --

23 A Can you repeat that question?

24 Q Had she been reporting any problems with
25 the asthma worsening prior to this incident?

1 A Miss Chamblee reported to me that she felt
2 that her asthma was fairly well controlled, that it
3 acutely worsened after her exposure.

4 And the majority of the records
5 I have occur after that exposure. I don't see any
6 pre-existing records describing her allergy testing
7 or control, including spirometry or any kind of
8 serologic evaluation.

9 Q So if she did complain prior to the
10 incident of her allergies getting worse, prior to
11 this incident, would that change any of your medical
12 opinions for causation as to the incident she
13 relates to as being the fire as the, I guess,
14 triggering event for the asthma?

15 A Unfortunately, I don't have any medical
16 records prior to her exposure at the fire. I only
17 have records afterwards. And she reported to me
18 that she did not experience any acute worsening of
19 her respiratory symptoms prior to exposure, that her
20 asthma was quiescent.

21 Q Okay. If I showed you a record what shows
22 that she talked about her asthma attacks getting a
23 lot worse prior to the incident, would that change
24 your opinion regarding her asthma worsening due to,
25 I guess, other reasons other than the fire?

12

1 A It could. If she had objective findings
2 of a spirometry or some other kind of measurement
3 that showed that pre-imposed exposure that was not
4 different and that she was on the same amount of
5 inhaled steroids or oral steroids or required oxygen
6 therapy.

7 Q And let me ask you this then. So you
8 would need to see diagnostic testing that would show
9 that her allergies were worsening prior to this fire
10 to really be able to relate, I guess, the worsening
11 of the allergies?

12 A Objectively, I'd like to see spirometry.
13 That's the maximal effort. Spirometry is where we
14 have the patient take a giant breath in and blast
15 out as forcefully and as long as they can.

16 And we compare it to 5,000
17 people who are supposed to be just like them but no
18 history of asthma. So we compare the patient's lung
19 function versus a pool of people who we think are
20 considered normal.

21 And we have a normal-gram. We
22 say, you know, based off your lung function compared
23 to them, do you have any limitation. And we follow
24 that serially.

25 Q Okay. And what if there was no testing

1 done but that she just reported that she was having
2 gradual persistent worsening of the asthma prior to
3 the fire?

4 A Well, I think we need to delve into
5 getting a little more information. Was she
6 requiring oxygen? Were those symptoms related to
7 her asthma or some other cause from possibly reflux
8 or allergic rhinitis or heart disease?

9 Q And were you aware that she had the sleep
10 apnea before this incident, the fire incident?

11 A Yes.

12 Q Okay. And I want to ask you about --
13 well, let me get in some more general questions,
14 then I may ask you more specifically about these
15 medical records.

16 I don't see any type of -- I
17 guess if she's just going to her family doctor, do
18 they normally do this, you called it spirometry?

19 A Spirometry.

20 Q Spirometry.

21 A Some doctors do, some do not.

22 Q Okay. But it wouldn't be the norm for
23 them to always do that?

24 A Well, we do make recommendations for most
25 physicians, whether they're a family practitioner or

14

1 internist or a pulmonologist to do spirometry. We
2 kind of at times consider it like the fifth vital
3 sign as a way to kind of guide your therapy.

4 Q But if her doctor was just treating her
5 and was keeping her pretty much on the same
6 medications, and she just reported that it was
7 worsening and they didn't do that testing, you
8 wouldn't really have any way to tell if it had
9 worsened or not objectively?

10 A Correct. And sometimes we use what's
11 called a step care approach based off the patient's
12 symptoms. So we use objective data like spirometry
13 or blood gas or oxygen measurements or x-rays. And
14 sometimes we use objective data where the patients
15 are reporting need for rescue therapy or they have
16 to use a medication in the middle of the night, to
17 kind of up our care.

18 So if the doctor takes a history
19 from a patient that a person's getting worse but
20 doesn't really address it by increasing the
21 medications or giving them oral steroids, doing some
22 other intervention, one often kind of questions what
23 the patient's reporting or what the doctor's doing,
24 you know, how severe could it possibly be.

25 Q Okay. And, but she reported to you that

1 her, I guess, asthma worsened after the fire?

2 A Yes.

3 Q And did she tell you that it was worsening
4 before the fire?

5 A No. She reported to me that prior to the
6 exposure her asthma was relatively stable and that
7 she had rare symptoms that she related to her
8 asthma.

9 She reported that prior to the
10 fire she only needed to use rescue bronchodilator
11 therapy approximately two or three times a year
12 without the need for daily usage, and she reported
13 that she didn't require oral steroids or inhaled
14 steroids, and she rarely required antibiotics which
15 in our mind, you know, tells us the patient's
16 controlled. They don't require rescue therapy or
17 maintenance medicines or oral steroids and that
18 their asthma is quiescent.

19 Q And did you have medical records that were
20 provided to you that supported what she reported to
21 you?

22 A I did not review any records to that
23 regard. She reported that she had previously
24 attempted allergy shots. However, she reported that
25 the majority of her symptoms were intermittent and

16

1 did not require daily therapy.

2 Q All right. And did she tell you what
3 medicines specifically she had been taking for the
4 asthma before the fire, like how much of the
5 inhaler, how much of the --

6 A She reported that prior to the fire she
7 only utilized a rescue bronchodilator therapy,
8 albuterol, two or three times a year.

9 Q And did she tell you that she was getting
10 allergy shots and how often?

11 A She said they were intermittent and she
12 did not believe they were a benefit.

13 Q Did she tell you any, I guess, any other
14 triggering factors for the asthma other than the
15 fire?

16 A She reported negative symptoms, meaning
17 that she denied any history of allergies or post
18 nasal drip. She denied any reflux. She denied any
19 exposure to birds or any kind of unusual pets,
20 things that one would associate with worsening of
21 asthma.

22 Q So she's had no reflux and no --

23 A No allergic rhinitis or allergy sinus
24 disease.

25 Q And did you look at any previous medical

1 records or were any provided to you that showed that
2 she had any of those problems before the fire?

3 A No, I did not review any records.

4 Q Okay. And -- all right. Tell me what she
5 told you about with, when she talked to you about
6 the fire and being exposed to the fumes and what
7 happened.

8 A She reported a relatively detailed
9 history --

10 (There was an interruption in the
11 deposition, and the deposition went off
12 the record.)

13 BY MS. CECIL:

14 Q All right. Let me get back on here and
15 let me see what -- so what did she tell you about
16 specifically what happened right after that fire?

17 A The patient reported that her symptoms for
18 her asthma greatly increased after exposure to a
19 fire in the summer of 2010.

20 She reports that she was
21 employed as a firefighter training officer whose job
22 did not include active firefighter duties.

23 She reports at the time of her
24 exposure she was riding as a passenger with a fellow
25 firefighter who decided to respond to an active

18

1 fire.

2 She reported that she remained
3 inside that firetruck, initially running up to one
4 and a half to two hours in duration that she was at
5 the fire site.

6 During that time she reports
7 that she was exposed to fumes and smoke related to
8 the fire which led to the immediate onset of cough,
9 shortness of breath, wheezing, chest tightness as
10 well as dyspnea, shortness of breath. She limited
11 her exposure by utilizing a wet towel as a mask.

12 She felt the sudden onset of
13 difficulties including persistent shortness of
14 breath, coughing, wheezing. Her cough was
15 productive of a thick mucoid white phlegm. Her
16 wheezing occurred with chest tightness, and severe
17 breathlessness was noted.

18 She presented to her physician
19 where she was diagnosed with status asthmaticus and
20 was admitted urgently to the hospital. She reports
21 that she developed respiratory failure and required
22 a ten-day hospital stay.

23 She reports that she was treated
24 with IV steroids, oxygen, antibiotics as well as
25 bronchodilators.

1 (There was an interruption in
2 the deposition.)

3 She was seen by a pulmonologist.
4 She was given oxygen. After she was released she
5 subsequently re-exacerbated, and she was readmitted
6 for another six days.

7 And following that hospital stay
8 she was placed on medical disability related to
9 respiratory failure and pulmonary condition.

10 She reports that since her smoke
11 exposure she's had daily symptoms that include cough
12 with shortness of breath as well as wheezing. Her
13 cough is typically nonproductive but may have been
14 productive of a clear phlegm. She noted that at
15 times it becomes discolored.

16 She had no coughing of blood.
17 Shortness of breath now occurs with most activities
18 including activities of daily living including
19 dressing, showering, and walking on level ground.

20 She notes the presence of lower
21 extremity edema. She now reports a need for
22 multiple rescue bronchodilator treatments.
23 Throughout the day more than six treatments at times
24 are needed to improve her respiratory status, and
25 she has been placed on oxygen continuously.

20

1 She reports other symptoms
2 including lightheadedness and dizziness and has
3 required multiple courses of antibiotics and
4 steroids.

5 She believes that she was unable
6 to return to work and then gained 70 pounds since
7 her work exposure.

8 She denied again any symptoms of
9 reflux or heartburn. She had no headaches, visual
10 changes, rashes or arthritis. She had no history of
11 lupus or a connective tissue disorder.

12 She again did report symptoms of
13 sleep apnea as well as insomnia and fibromyalgia.

14 Q Well, let me ask you this. Backing up,
15 when she first --

16 A Yes.

17 Q -- came to you and told you about all
18 those issues, right, with the fire, did she tell you
19 that she went and saw the doctor right then, you
20 know, after that fire?

21 A Yes. I don't know the time course after
22 the exposure to when she saw the doctor and was
23 admitted.

24 Q Okay. So you weren't provided those
25 medical records?

1 A No.

2 Q Would she at that point, I guess if she
3 went and saw a doctor right after the fire, would
4 she have said to that doctor all these conditions
5 came upon right after she was exposed to the fire?

6 A I've had people that have been exposed to
7 fires and they report cough, shortness of breath and
8 wheezing, and you treat them acutely and send them
9 home, and then they transiently improve and then get
10 worse.

11 So it's not unusual for someone
12 to get slightly improved and then exacerbate again
13 due to a late response.

14 I'm not sure exactly the time
15 course of her symptoms, as I did not obtain that
16 history, after she was exposed to the time course
17 before she saw the doctor until she was admitted to
18 the hospital.

19 Q Okay. And do you have any kind of records
20 to even show that she reported to her doctors that
21 she was having problems with the coughing and
22 breathing shortly thereafter from the time of the
23 fire?

24 A I do not have any medical records.

25 Q And do you have any type of testing that

22

1 would show that she had any kind of testing to show
2 that after the fire she had any kind of objective
3 testing to show that her allergies worsened due to
4 the fire?

5 A I don't have any data showing worsening of
6 her allergies or breathing prior to the exposure --
7 I mean, between the exposure and admission to the
8 hospital.

9 Q Okay. And do you have anything -- I know
10 the time with Doctor Hewitt (phonetic) was in 2012.
11 So do you have anything between the time she said
12 she was exposed in May of 2011 until she saw you in
13 December of 2012 to show that she went to the doctor
14 complaining of the coughing and breathing issues and
15 everything she said to you in that note was a result
16 of the fire?

17 A I have medical records as it relates to a
18 discharge summary from AnMed.

19 Q And what did that say?

20 A I believe this is a second admission with
21 chest pain and shortness of breath.

22 Q And does that record refer anywhere in
23 there about the fire, talking about the exposure to
24 the fire?

25 A This admission was related to shortness of

1 breath and chest pain, and they were concerned about
2 a pulmonary embolus. And it does not relate to the
3 fire though.

4 She was placed on very high dose
5 steroids and inhaled bronchodilators and inhaled
6 corticosteroids therapy. She was placed on IV
7 steroids at a high dose, inhaled bronchodilators,
8 inhaled corticosteroids treating asthma condition.

9 Q And when was that record?

10 A This record relates to a hospital stay
11 from June 15th, 2011 through June 18th, 2011 at
12 AnMed in Anderson, South Carolina.

13 Q And does anywhere in those records talk
14 about that she was complaining about, I guess,
15 increased shortness of breath or the chest pains due
16 to the exposure to the fire?

17 A Unfortunately, that was a discharge
18 summary. It wasn't an H&P, and that was not made
19 note of in the discharge summary.

20 Q What other notes do you have?

21 A I have an H&P from September 1st, 2011
22 from the Medical Center of Elberton that reports
23 shortness of breath, trouble breathing.

24 Q Does it mention that she was complaining
25 about that because of the exposure to the fire?

24

1 A The records are incomplete in that regard.

2 Q Meaning incomplete not found in there or
3 incomplete you don't have all the records?

4 A Patient words, checkup and trouble
5 breathing.

6 Q So it does not say anything about a fire?

7 A Does not say anything about a fire.

8 Q What else do you have?

9 A They do treat her with inhaled nebulized
10 bronchodilators, inhaled bronchodilators as well,
11 treating a respiratory condition.

12 Q Okay. What other records have you got?

13 A They gave her steroids as well, and they
14 diagnosed her with asthma on that visit.

15 We have a visit from July 1st,
16 2011 for neck pain, and they do make note of a prior
17 recent hospital stay for a lung problem.

18 Q Any mention about the recent exposure to
19 the smoke and the fire?

20 A They diagnosed her with asthma and acute
21 bronchitis, and they have not listed the cause. Her
22 oxygen saturation was 94 percent with supplemental
23 oxygen, and we would consider that abnormal.

24 There's another history and
25 physical from that same location. Complaints at

1 this time are abdominal pain. She was on oxygen at
2 that time with a low oxygenation of 92 percent.

3 On December -- no, June the 1st,
4 2011 she presented to that same location with
5 asthma, with asthma attacks since one month and is
6 getting worse.

7 Q She talk about the fire, being exposed to
8 the fire and that was --

9 A This medical record does not list the
10 fire. They treated her with nebulized
11 bronchodilator therapy.

12 On May the 13th, 2011 there is
13 another presentation, menopause, it looks like the
14 diagnosis, and Vitamin D deficiency.

15 On May the 11th, 2011, muscle
16 soreness and the diagnosis is myalgia, muscle aches..

17 Q Any mention of the respiratory in that
18 one?

19 A No. There was a discharge handwritten
20 note from August the 5th, 2011. Patient was ordered
21 oxygen, two liters with a nasal cannula and
22 instructed to follow up with a respiratory
23 therapist. That's from AnMed Health in Anderson,
24 home care. I guess they evaluated her in her home.

25 Q Was there any mention in that note about

26

1 her being exposed to fumes and smoke?

2 A No. Here's a discharge summary from
3 Elberton Memorial Hospital at Elberton, Georgia from
4 June 1st, 2011 through June 10th, 2011 that
5 describes an asthma exacerbation. It does not note
6 the cause of her asthma's exacerbation.

7 Q Any mention in that note that she talked
8 about smoke related to the fire which led to
9 immediate onset of cough, shortness of breathing,
10 wheezing, chest tightness as well as --

11 A No.

12 Q Do you have any medical records that talk
13 about her reporting to any physician immediate onset
14 of cough, shortness of breath, wheezing, chest
15 tightness as a result of smoke related to the fire
16 or exposure to the fumes and smoke?

17 A I have an admission to Elberton Memorial
18 Hospital in Elberton, Georgia, relates severe
19 shortness of breath for which the patient's been
20 admitted to the hospital but the physician did not
21 state a cause, just said the patient has been
22 wheezing and had low oxygen counts.

23 Q They get an H&P at that visit?

24 A That was the H&P.

25 Q So no mention of exposure to fumes and

1 smoke related to the fire?

2 A Correct. As a matter of fact, there was
3 no mention of any cause of her problems, just that
4 she had a problem.

5 Q Okay. I'll just give you time to look
6 over, see if there are any other records.

7 A None of these are germane to the case.

8 Q Okay.

9 A Okay.

10 Q All right. All right. So then she came
11 to see you, and you went through her history and
12 physical. And tell me what, I guess, kind of your
13 plan or what your thoughts were on the examination
14 and treatment.

15 A So we diagnosed her with chronic
16 obstructive asthma that was occupational worsened,
17 related to her smoke exposure.

18 (There was an interruption in
19 the deposition.)

20 Q All right. Let me ask you, so when you
21 diagnosed her with occupational worsened chronic
22 obstructive asthma with severe air flow limitation,
23 and you related it to her being exposed to the smoke
24 and fire?

25 A The smoke and fire did not cause her

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1 asthma since she had childhood asthma, but it did
2 acutely worsen her asthma.

3 Unfortunately, I don't have any
4 medical records that detailed her air flow or her
5 lung function or her physiology prior to her
6 exposure.

7 But the patient reported that
8 she was active and was able to be gainfully
9 employed, and that since her exposure that she
10 requires oxygen, requires the need for what most
11 pulmonologists consider one of the markers for lung
12 disease and lung control is the use of inhaled
13 rescue bronchodilator therapy, oral steroids,
14 inhaled corticosteroids, and their exercise capacity
15 or exercise tolerance.

16 Q Can you testify to a medical, in your
17 medical opinion to a reasonable degree of medical
18 certainty that her, I guess, chronic obstructive
19 asthma worsened as a result of exposure to the smoke
20 and fire?

21 A Yes. If you get a small cut on your hand,
22 even a mild soap like Ivory is going to burn. So
23 while the smoke exposure and the chemicals she may
24 breathe in might not have caused the process
25 initially of the chronic obstructive asthma, but she

1 now is sensitized and now has developed recurrent
2 difficulties, even to mild symptoms that she may
3 breathe in, any dust or fumes or chemical changes.

4 Q And was there any other, I guess, cause of
5 that versus the exposure to the smoke?

6 A I think it's very difficult to partition
7 off the causation as it relates to this individual's
8 chronic obstructive asthma without having a clear
9 definition of what her lung function is before her
10 exposure.

11 Had she had just normal lungs
12 with normal spirometry or pulmonary function studies
13 it would be easier. What we're left with is that
14 she was not on medications and she reports that she
15 was active.

16 And since her exposure now she
17 does clearly have an impairment, and that's measured
18 based off physiology, stuff that we can measure
19 based off pulmonary function testing, and is
20 measured based off of her oximetry, the measured
21 oxygen content of her blood, and her history and her
22 symptoms.

23 Q And your opinion would change, I presume,
24 if you were provided some type of report prior to
25 the exposure then of her lung?

30

1 A It would change to some degree. But even
2 if she had severe lung dysfunction prior to her
3 exposure but since her exposure now has increased
4 symptoms, that still is consistent with the reactive
5 airway dysfunction syndrome by definition.

6 MS. CECIL: The only thing I can see
7 in here is -- I'm just going to ask him.
8 I think it's like a 2005, I don't know how
9 to read any of that.

10 MR. THOMPSON: Yeah, looks like
11 July 5th of '05.

12 MS. CECIL: And I was just going to
13 ask him to look at that and tell me what
14 that test could be. That's the only one I
15 have in here.

16 A So she weighed about the same. Since our
17 lung function is based on our height, our weight,
18 our ethnicity, our gender, and we're comparing 5,000
19 people who are supposed to be normal compared to the
20 patient.

21 So on this test they did size of
22 the patient's lungs, what we call body
23 plethysmography, spirometry by measuring the air
24 flow, gas exchange, what we call diffusion capacity,
25 and usually they include another parameter. They

1 did not. And we're comparing what her lung function
2 is before and after she received a bronchodilator.

3 So this study in and of itself
4 does show the patient does have severe air flow
5 limitation with response to a bronchodilator.

6 Q So that's what she had before?

7 A Um-hum.

8 Q And that's what she had when you saw her
9 as well?

10 A She is not very much different based off
11 of that, other than her room air saturation was
12 normal -- oxygen, room air saturation was normal.

13 The interesting thing as well is
14 that this could have been done when she was sick
15 because I see the next day they did spirometry -- is
16 that the same patient?

17 Q You can take it out.

18 A It looks like a different patient. They
19 gave you someone else's records.

20 MS. CECIL: Off the record.

21 (The deposition went off the record.)

22 BY MS. CECIL:

23 Q I'm going to mark it as Exhibit 1, on the
24 record, and this would have been her 2005 spirometry
25 testing?

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1 A Pulmonary function studies, yes.
2 (Marked for identification was Defendants'
3 Exhibit 1.)

4 MS. CECIL: If that's okay.

5 MR. THOMPSON: I have no objection.

6 MS. CECIL: It's just one page. All
7 right.

8 BY MS. CECIL:

9 Q Let me get back into kind of the, I guess,
10 getting back into where we are today. So when she
11 said she was exposed to smoke and that fire and
12 there was a worsening of her asthma, objectively do
13 you have some testing that shows that her asthma
14 worsened as a result of exposure to the smoke and
15 fire?

16 A Well, subjectively it would be that she
17 required admission to the hospital with then now
18 initiation of oxygen therapy, need for daily inhaled
19 steroid therapy and frequent rescue bronchodilator
20 therapy.

21 Q But that's just what she told you?

22 A Yes.

23 Q You don't have any medical records that
24 say that she had exposure to smoke that caused a
25 worsening of her asthma?

1 A Only that she now requires oxygen therapy.

2 Q You don't know -- no one said that's
3 because of the exposure to the smoke?

4 A Well, she didn't require it before, and
5 she had been evaluated on several occasions, or she
6 had been evaluated before.

7 Q And this isn't something that these kind
8 of people will possibly get without any kind of
9 exposure?

10 A Not without the loss of lung function.

11 Q So you have to have, for these type of
12 asthma patients, some type of exposure to something
13 that worsens your asthma and then will make your
14 oxygen level decrease?

15 A Not always. Some people do have low
16 oxygen levels. But if her spirometry, and that's
17 what those pulmonary function studies from 2005
18 show, didn't change but now she requires oxygen
19 therapy when she didn't before, something either
20 occurred. She developed a hole in her heart or she
21 lost lung function, which we didn't see on your
22 comparison to her studies, or she developed scarring
23 condition of her lungs like what we call pulmonary
24 fibrosis which we didn't see on her x-rays that she
25 had from those reports.

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1 She's not living on a mountain,
2 you know. There's a reason that she now requires
3 supplemental oxygen.

4 Q And so before she didn't have fibrosis?

5 A Correct.

6 Q And then when you saw her, you have a
7 diagnosis of fibrosis?

8 A Unfortunately, when you see patients,
9 since electronic records you have to use a code.
10 And the real code would be restrictive lung disease
11 which is 515, which unfortunately the computer pops
12 up as fibrosis.

13 Q All right. So is it your testimony to a
14 reasonable degree of medical certainty that her
15 asthma symptoms increased since her exposure to the
16 fire in the summer of 2011?

17 A Yes.

18 Q Okay. And that required her to now have
19 to use increased medications?

20 A Yes.

21 Q Okay. And the oxygen?

22 A Yes.

23 Q And do you have -- I know you filled out a
24 14B. Can I ask you a little bit about that?

25 A Yes.

1 Q And you gave her a, I think, 55 percent
2 impairment to the lungs, would that be correct?

3 A Yes.

4 Q And that's based on the aggravation due to
5 the exposure from the smoke, or was that from the
6 original condition?

7 A That would be based off her pulmonary
8 function studies when we -- can I see what I wrote?

9 Q Yeah, sorry. This was your note. All
10 right.

11 A That would be worsening of her
12 pre-existing condition, yes.

13 Q Okay. So the rating is for the worsening
14 and the aggravation to her pre-existing condition?

15 A Yes.

16 Q Not to the original condition?

17 A Right. It didn't cause her chronic
18 obstructive asthma. It just worsened it.

19 Q Okay. I think those are all the questions
20 I have.

21 (Marked for identification was Plaintiff's
22 Exhibit 1.)

23 EXAMINATION

24 BY MR. THOMPSON:

25 Q Doctor, I have just a few questions.

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1 Number 1, I'm going to show you what will probably
2 be established at some point as an employee's first
3 report of injury.

4 A Okay.

5 Q Which is something somebody has to file
6 when they claim they're hurt at work. It says
7 describe employee's activities when the injury
8 occurred. That's where my thumb was.

9 What did the claimant -- what
10 does that form show the claimant reported?

11 A She had a cold. She went to a grass fire.
12 She stayed in the truck with air-conditioner. She
13 developed into carbon dioxide poisoning.

14 Q Simply stated, is that basically what she
15 told you?

16 A That she had a cold? No.

17 Q What about the rest of it?

18 A That she got exposed to smoke and she
19 tried to put a mask on which she made out of a rag
20 and water as a filter.

21 Q But simply stated, is what she told you
22 inconsistent with what's on that form?

23 A Yes.

24 Q To what degree?

25 A She described the onset of shortness of

1 breath, cough and wheezing. She had no measurement
2 of her carbon dioxide as far as I can determine. So
3 I'm not sure how that was determined.

4 Q Okay.

5 A Nothing a patient would report.

6 Q But it does mention she had a problem when
7 she went to a fire?

8 A Yes.

9 Q And I believe the date on that form is May
10 the 26th of '11?

11 A Yes.

12 Q Okay.

13 MR. THOMPSON: I'd like to mark this.

14 BY MR. THOMPSON:

15 Q Now, as I understand it, the medical
16 records that you have and that we have talked about
17 today indicate that she has a history of asthma,
18 which you've talked about, that she went to the
19 doctor at the Medical Center of Elberton on May 11th
20 of '11.

21 And I think just for the record
22 the report, the date of the fire in your report is a
23 year off. It's '11 instead of '10?

24 A Yes. It's a year off, and there are other
25 errors that occur with my speech to text Dragon

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1 software.

2 Q I think we're all talking about the same
3 thing.

4 MS. CECIL: That's fine. We're all
5 in agreement.

6 BY MR. THOMPSON:

7 Q When she went to the doctor on May 11th
8 which was about two weeks before this incident, it's
9 got a listing of the medication she's on. Is she on
10 any steroids at that time?

11 A She's not on oral steroids but she does
12 utilize an inhaled steroid listed.

13 Q All right, sir. Does that medical sheet,
14 such as it is, show anybody in any kind of acute
15 distress, respiratory distress?

16 A No.

17 Q All right, sir.

18 MR. THOMPSON: I'd like to mark this
19 as an exhibit.

20 MS. CECIL: Fine.

21 (Marked for identification was Plaintiff's
22 Exhibit 2.)

23 A The patient reported to me, what's
24 different than that is she was not utilizing an
25 inhaled steroid, that she rarely used them prior to

1 her exposure. That says that she was utilizing it.

2 Q All right, sir. All right. Then I'm
3 going to show you what's listed as history and
4 physical report Number 2, May 13th of '11. Does
5 that show anybody in any kind of acute respiratory
6 distress?

7 A No.

8 Q All right, sir.

9 MR. THOMPSON: I'd ask to make that
10 an exhibit.

11 MS. CECIL: That's fine.

12 (Marked for identification was Plaintiff's
13 Exhibit 3.)

14 Q May 16th of '11, same medical provider,
15 does that show anybody in any kind of acute
16 distress?

17 A No.

18 MR. THOMPSON: Ask to make that an
19 exhibit.

20 MS. CECIL: That's fine.

21 (Marked for identification was Plaintiff's
22 Exhibit 4.)

23 BY MR. THOMPSON:

24 Q This is a history and physical June 1st,
25 2011 from the Medical Center of Elberton. Does that

40

1 show anyone in any acute distress as far as what
2 that sheet shows?

3 A It reports that asthma attacks have been
4 occurring and it's getting a lot worse, what she
5 reports.

6 Q That's basically all it says as far as
7 what's on the sheet?

8 A Yes.

9 Q All right, sir.

10 MR. THOMPSON: I'd ask to make this
11 as an exhibit.

12 A It additionally shows that now her oxygen
13 counts are 90 percent of room air.

14 Q All right. What's the significance of
15 that?

16 A That is evidence of low oxygen. Normal
17 oxygenation is typically 94 percent to a hundred
18 percent. We supplement oxygen when your oxygen
19 counts are 88 or less.

20 Q When you take someone's reading on room
21 air, are they normally in a seated or sedentary
22 position?

23 A Yes.

24 Q So they're not up and moving around with
25 activity like you might do with cardiac

1 measurements?

2 A Correct.

3 Q So if this person's at 90 percent and
4 they're sedentary, could I conclude that if they
5 were up moving around it would be less?

6 A It could.

7 Q Could be?

8 A It could be.

9 Q All right.

10 A Some individuals you have better matching
11 of the blood flow, the perfusion to the ventilation
12 with their breathing, and so their oxygen counts
13 actually go up, could go up. But in this case I
14 would expect it would go down with activity.

15 Q Is there any other thing of significance
16 on this report other than what you pointed out?

17 A They received a history the patient had
18 cough and wheezing without fever or chills or sputum
19 production.

20 Q What's the significance of that?

21 A That if she's short of breath, it's not
22 from a bronchial pneumonia. She's not producing
23 mucus or phlegm or it doesn't sound infectious.

24 They noted expiratory wheezes
25 and provided her with a rescue bronchodilator

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1 therapy.

2 Q All right, sir.

3 MR. THOMPSON: I'm going to move to
4 make that an exhibit.

5 MS. CECIL: That's fine.

6 (Marked for identification was Plaintiff's
7 Exhibit 5.)

8 BY MR. THOMPSON:

9 Q Doctor, I don't know how many records you
10 have from the Elberton Memorial Hospital, but this
11 is a copy of Miss Chamblee's discharge summary and
12 other medical records from a hospitalization that
13 apparently occurred from June 1st of '11 to
14 June 10th of '11, June 1st of '11 being the same
15 date as Plaintiff's Exhibit Number 5, and I think
16 less than a week after the alleged incident. Are
17 there any records here that you haven't seen
18 previously?

19 (There was an interruption in the
20 deposition.)

21 A I believe I reviewed all these records.

22 Q All right, sir. What's the significance
23 of her being immediately -- what's the significance
24 of her being placed in the hospital after the -- I
25 assume the visit in the doctor's office would have

1 preceded the hospital admission?

2 A Yes.

3 Q All right. What's the significance of
4 that, if any?

5 A I believe he diagnosed her with status
6 asthmaticus which we consider a medical emergency,
7 status asthmaticus, treated her immediately with
8 bronchodilator therapy and then led to her acute
9 hospitalization to be treated for her respiratory
10 condition.

11 Had they not done so she might
12 have developed impending respiratory failure
13 followed by a cardiac arrest.

14 Q Simply stated, what is status asthmaticus?

15 A It's acute exacerbation of the asthma that
16 requires immediate intervention, lasts more than
17 four hours.

18 Q So we're not talking about an asthma
19 attack?

20 A We're talking asthma attack that
21 exacerbates even further, that you can't relieve
22 with simple rescue bronchodilator therapy, that
23 requires the initiation of aggressive therapy to
24 prevent any further respiratory decline.

25 Q And had she not gone into a hospital for

44

1 this treatment, what might have happened?

2 A Well, as evidenced by her blood gas
3 measurements, it looks like she was developing
4 impending respiratory failure and possibly could
5 have developed a cardiac arrest.

6 Q What is respiratory failure?

7 A Lungs have multiple functions. One is to
8 blow off carbon dioxide. Another is to provide
9 oxygen.

10 Based off her blood gas
11 measurements that were obtained in the hospital in
12 therapy, she had evidence that her carbon dioxide
13 levels, she was retaining carbon dioxide and her
14 oxygen counts were low, that she had inappropriate
15 oxygenation and ventilation based off her status
16 asthmaticus.

17 Q You don't get treatment for that, you may
18 not do very well?

19 A You may end up on life support and then
20 intensive care unit and/or subsequently some people
21 die from status asthmaticus.

22 Q There's no record of her ever having this
23 before in the records that you reviewed, is that
24 right?

25 A Correct.

1 Q And she's never told you about having this
2 before?

3 A No.

4 Q All right, sir. Is a nine-day
5 hospitalization about what you would expect with
6 someone in this condition?

7 A That's a little long.

8 Q What would you expect if she had been at,
9 perhaps here at your facility, or at the Medical
10 University?

11 A Our typical hospital stays are possibly
12 four to five, depending on the extent of their
13 asthma. But if they have very severe airflow
14 limitation and then start retaining carbon dioxide
15 or require supplemental oxygen sometimes they can be
16 up to a week or two.

17 Q So best case scenario, you're talking
18 about almost a week in the hospital?

19 A Yes.

20 Q For someone in her condition, is that
21 correct?

22 A Yes.

23 Q And this is certainly inconsistent with
24 working, being employed?

25 A What would --

46

1 Q This is inconsistent with working, being
2 at work when you have this going on?

3 A Yes. You're not -- you're medically
4 disabled. I would not recommend anyone try to
5 return to work.

6 Q All right, sir. Now, Doctor, what is the
7 significance of the fact that the lady, the claimant
8 had to -- she got out of the Elberton County
9 Hospital, Elberton Memorial Hospital on June the
10 10th of '11, and she gets put in AnMed from
11 June 15th to June 18th?

12 A That her respiratory impairment had not
13 improved. At that time they were also, I believe if
14 I recall, that they were worried about chest pain as
15 well. Is that the same hospital stay?

16 Q Yes, sir.

17 A And they thought maybe she may have
18 another additional condition. Now, if they were
19 just concerned about developing a blood clot, that
20 would be a procedure they could do in the emergency
21 room and not admit into the hospital. But they made
22 the decision to keep her in the hospital and
23 continue to treat her for her asthma condition.

24 Q All right, sir. Doctor, based on the
25 history that you got from the claimant, her activity

1 level has gone down quite a bit since this occurred,
2 is that correct?

3 A Yes.

4 Q You say that her spirometry readings are
5 not that different from the ones you took from the
6 ones she had back in 2005?

7 A Correct.

8 Q What then do we use to explain why her
9 activities level is -- go ahead.

10 (There was an interruption in
11 the deposition.)

12 A They can wait. Sorry.

13 Q You might have answered this to opposing
14 counsel's question, but let me just be sure I
15 understand it.

16 What would we then say is the
17 explanation of why her functioning level, activities
18 of daily living, shortness of breath, having to have
19 oxygen, this type of thing, what changed in her
20 lungs between the exposure to the smoke to make her
21 the way she is now?

22 A When you have impaired lungs, it doesn't
23 take much change in that function to make someone a
24 lot worse, which means -- think of it this way.

25 Our lungs are very large. If

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1 you take someone's lungs out, my lungs, and you
2 unfold them over their true surface area, a human's
3 lungs will cover one and a half to two tennis
4 courts.

5 And so you can really lose a lot
6 of your lung function before you feel a physical
7 impairment. Typically, you have to get an amount of
8 air out in the first second, FEV-1 of about
9 30 percent before people become impaired with
10 symptoms at rest.

11 And so that when you have
12 limited lung capacity, it doesn't take much change
13 in your lung function to develop that impairment.

14 So in her case I would use her
15 symptomatology, things that she reports like her
16 ability to tolerate normal activities of daily
17 living, you know, dressing, showering, bending,
18 stooping as well as other data. You wouldn't
19 necessarily have much change in her spirometry
20 because if you change much more you'd be in the ICU
21 on life support or you'd be dead.

22 Other findings that you can
23 measure that would objectively count would be her
24 oxygenation, the fact that she requires supplemental
25 oxygen to maintain normal levels. That means that

1 she's lost surface area for gas exchange, or more
2 specifically probably in asthma she can't ventilate
3 as well. And you have to supplement the oxygen
4 because she's not able to oxygenate and ventilate
5 appropriately.

6 Q Are you saying that once she has
7 compromised lung function, there's not a whole lot
8 of room for error or impairment to make her a lot
9 worse?

10 A Correct. That when she has limited lung
11 function, it doesn't take much change in that lung
12 function. She just has no reserves. So a little
13 bit of disease, a little bit of inflammation, a
14 little bit of mucus goes a very long way in her
15 body.

16 Q How does exposure to smoke cause this?

17 A Smoke acutely will cause her bronchial
18 glands to hyper secrete mucus and lead to more
19 mucous plugging and can lead to more recurrent
20 infections and set off this pathologic process where
21 you have recruitment of inflammatory cells, and
22 leads to small airway disease, bronchospasm, loss of
23 oxygenation.

24 Q How much exposure to smoke would it take
25 for this to happen? Are we talking about one

50

1 minute, five minutes, two hours or --

2 A Oh, it can be a very short time, 30
3 seconds, sometimes minutes.

4 Q So you're saying just a 30-second exposure
5 to smoke with somebody in this lady's condition
6 initially could damage her lungs to the extent that
7 she could be in -- have to have oxygen for ADLs for
8 the rest of her life?

9 A She has limited lung function, so it
10 doesn't take much change in her physiology to cause
11 this. And so that smoke exposure in and of itself
12 could have been more or less the proverbial straw
13 that broke the camel's back to lead to more
14 inflammation and mucous plugging that led to this
15 condition.

16 Q So you're saying just a small amount of
17 smoke could do a great deal of damage to her ability
18 to function normally?

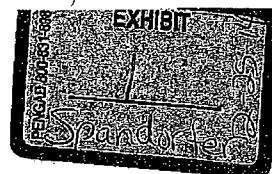
19 A Yes.

20 Q Now, assuming that the history that Miss
21 Chamblee gave you is true, can you state to a
22 reasonable degree of medical certainty that the
23 diagnosis that you put in your report and the fact
24 of -- that this is an aggravation of pre-existing
25 condition, is that still your opinion?



ANMED HEALTH CAMPUS
2000 E. GREENVILLE ST.
ANDERSON S.C. 29621

864-716-6626



Name: CHAMBLEE, SANDRA LYNNE

Gender: Female Room: Out-Pt

Age: 42 Race: Caucasian

Height(in): 65 Weight(lb): 265

Any Info:

Id: 249-06-2253

Date: 07/05/05 Diagnosis: ASTHMA

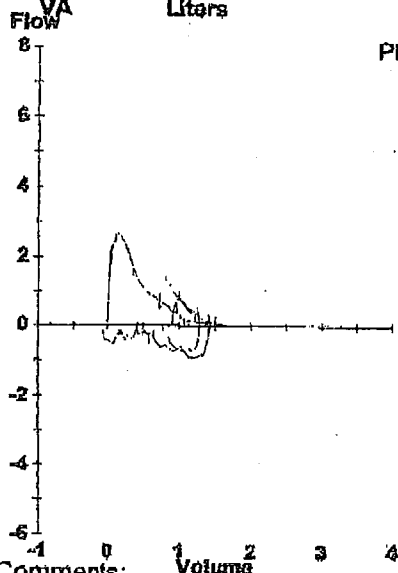
Temp: 20 PBar: 753

Physician: SEYMOUR

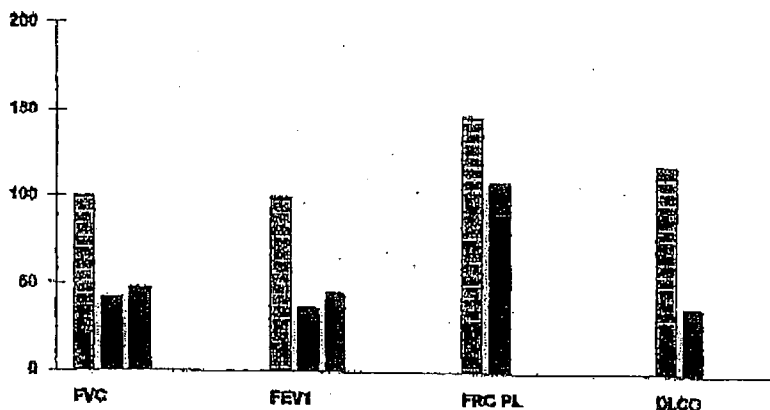
Technician: PAIGE WARREN

Spirometry		(BTPS)	PRE-RX		POST-RX		
		PRED	BEST	%PRED	BEST	%PRED	% Chg
FVC	Liters	3.42	1.43	42	1.63	48	14
FEV1	Liters	2.86	1.03	36	1.28	45	24
FEV1/FVC	%	84	72		79		
FEF25-75%	L/sec	3.25	0.69	21	1.19	37	72
FEF50%	L/sec	3.85	(0.71)	(18)	(1.40)	(38)	97
FET100%	Sec		8.05		7.39		-8
PEF	L/sec	6.30	2.71	43	3.27	52	21
Lung Volumes (BTPS)							
TLC	Liters	5.24	(3.57)	(68)			
RV	Liters	1.76	1.87	106			
RV/TLC	%	33	(52)				
FRC PL	Liters	1.99	2.18	109			
VC	Liters	3.42	1.70	50			
Vtg	Liters		3.29				
Raw	cmH2O/L/sec	2.00	3.16	158			
Diffusion							
DLCO	mL/min/mmHg	30.1	(11.2)	(37)			
DL Adj	mL/min/mmHg	30.1	(11.2)	(37)			
DLCQVA	1/min/mmHg	4.28	(8.10)	(212)			
DLVA Adj	1/min/mmHg		9.10				
VA	Liters		1.23				

CHAMBLEE, SANDRA LYNNE
12/27/62 042Y F #VISITS 1
M/R # 96346 SEYMOUR, ZACHAR
7/05/05 5141167 F/C: T CC: 03



PRED PRE POST



Comments: Spirometry data is ACCEPTABLE and REPRODUCIBLE. GOOD EFFORT/CO-OPERATION FROM PT. WITH TEST, 4 PUFFS VENTOLIN MDI WAS GIVEN VIA SPACER WITH INSTRUCTIONS ON PROPER USE OF MDI/SPACER WITH NO COMPLICATIONS NOTED. HR 82 SAT ON RM AIR 96%.

Interpretation:

There is a mild obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 25%, 50% and 75% of the flow volume curve. There is a mild restrictive lung defect. There is a severe decrease in diffusing capacity. FVC changed by 14%. FEV1 changed by 24%. PEF 25-75 changed by 72%. This is interpreted as a good response to bronchodilator.

• OUTSIDE 95% CONFIDENCE INTERVAL

Norm Set: Knudson (1983)

Version: IVS-0101-04-1

See Dr. Hand
7-26-05

[Signature]

1 A Yes. To a reasonable degree of medical
2 certainty, I believe that the patient has
3 occupationally induced -- excuse me, occupationally
4 worsened asthma due to her smoke exposure.

5 Q Is that to a reasonable degree of medical
6 certainty?

7 A Yes.

8 Q All right, sir. Now, I understand -- I
9 was going to say I understand the 55 percent rating.
10 I may not understand that. Did you get that off of
11 a table or how did you come up with that figure?

12 A My usual standard routine is to use the
13 AMA guidelines, and I usually write down the number,
14 the page and the table, but I do not have that in
15 front of me right now.

16 Q But that's routinely what you'd use?

17 A Yes.

18 Q All right, sir. So that's what you think
19 you used in this case?

20 A Yes.

21 Q Do you think this lady is able to return
22 to work as of the date you last saw her in December
23 of last year?

24 A No.

25 Q Someone in her condition, what would you

52

1 expect a person in her condition to be restricted in
2 doing?

3 A I believe that someone in her condition
4 would be restricted in any physical activities. I
5 would not allow -- I would restrict her from lifting
6 or carrying more than ten pounds. I don't believe
7 she'd be fully employed because of the frequency of
8 her symptomatology.

9 I believe that she would require
10 frequent rescue bronchodilator therapy. She would
11 need a clean environment, and by that I mean she
12 needs to avoid exposure to chemicals, dust, fumes,
13 extremes of temperature, humidity, molds. And so
14 she would be very limited in her ability to be
15 employed.

16 Q And so given her condition as you've seen
17 it, you would expect her to be regularly restricted
18 in her activities of daily living?

19 A Yes.

20 Q Housework?

21 A Yes.

22 Q Any type of walking?

23 A Yes.

24 Q Shopping?

25 A That would be problematic for her, yes.

1 Q And you're saying that her shortness of
2 breath -- what's the word you use?

3 A Dyspnea.

4 Q Yes. Is that going to be pretty much a
5 constant problem?

6 A Yes.

7 Q And are you also saying that in addition
8 to all this, she's going to have episodes where she
9 would be missing amounts of time from work because
10 there are certain days she wouldn't be able to go
11 in?

12 A Due to the exacerbation, mucous plugging,
13 she will require frequent medications or rescue
14 therapy.

15 Q I think I'm almost through. I have one
16 more, one or two more questions about your report.

17 You basically gave this lady, I
18 think, either three or four diagnoses. You
19 explained the one about, starts with an F, fibrosis.
20 You explained that.

21 A Yes.

22 Q You say what you actually meant by that is
23 what?

24 A Restrictive lung disease.

25 Q What does that mean?

54

1 A It's for -- it's a diagnosis we reserve
2 for people who have lungs that are smaller than
3 expected, and so that limitation may be due to a
4 belt that stuck across their chest, or their body
5 habitus, being weight.

6 It could be due to increased
7 elastic recoil of the lungs due to something we call
8 pulmonary fibrosis, a scarring condition. It could
9 be due to vascular-related changes including
10 something we call congestive heart failure or
11 pulmonary hypertension.

12 Q All right. Reactive airway disease?

13 A Reactive airway disease is a phenomenon
14 that when you get exposed to some chemical or fume
15 or some agent that causes worsening respiratory
16 systems, even though you're no longer exposed to
17 that same agent, much in the way if you get a small
18 cut on your hand, even a mild soap like Ivory is
19 going to burn. The Ivory didn't cause the cut, but
20 it acts as an inflammatory condition.

21 So that in some of these
22 patients who are exposed to chemical dust fumes,
23 anything they breathe in, dust, perfumes, household
24 cleaning agents causes her lung condition to worsen
25 and acutely exacerbate.

1 Q And chronic obstructive asthma?

2 A That was her preceding diagnosis..

3 Q And you believe that the diagnosis that
4 you have given, with the qualifications that you
5 gave about the post-inflammatory pulmonary fibrosis,
6 all of these were aggravated by the exposure to the
7 smoke, and that's your opinion that those most
8 probably occurred and to a reasonable degree of
9 medical certainty?

10 A Yes.

11 Q I think that's -- does she need any more
12 care and treatment?

13 A Yeah, I believe so. She will require
14 lifelong use of certain medications, including
15 inhaled corticosteroids and long-acting
16 bronchodilators and rescue bronchodilator therapy.

17 She'll need oxygen therapy. The
18 expectation that she's going to likely require
19 antibiotics and oral steroids or possibly hospital
20 stay once or twice a year is expected.

21 Side effects from the
22 medications used to treat this would be cataracts,
23 glaucoma, hypertension, possibly weight gain which
24 would worsen her pre-existing condition of the sleep
25 apnea.

56

1 Q This lady's pretty much permanently
2 disabled from doing anything, is that correct?

3 A Yes.

4 Q Thank you, Doctor. That's all my
5 questions..

6 MS. CECIL: Thank you. That's all.
7 We'll let you out of here.

8 THE WITNESS: I waive my signing and
9 reading.

10 (The deposition was concluded at
11 6:22 p.m.)

12 ---oOo---

1 STATE OF SOUTH CAROLINA)
2 COUNTY OF DORCHESTER) CERTIFICATE

3 I, Janice D. Hayward, Registered Merit
4 Reporter and Notary Public, certify that I was
5 authorized to and did stenographically report the
6 foregoing deposition, and that the transcript is
7 a true record of the testimony given by the witness.

8 I further certify that the witness was
9 duly sworn and cautioned by me to tell the truth,
10 the whole truth and nothing but the truth. I
11 certify that the same was reduced to typewritten
12 form from my original stenograph notes by
13 computer-aided transcription.

14 I further certify that I am not of
15 counsel or kin to any of the parties to this cause
16 of action, nor am I interested in any manner in
17 its outcome.

18 IN WITNESS WHEREOF I have hereunto set
19 my hand and seal this the 12th day of March, 2014.

20
21 **COPY**

22
23 Janice D. Hayward, RMR
24 Notary Public, South Carolina
25 My Comm. Expires 10-10-22

Janice D. Hayward, RMR
843.478.6756

ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

R: ANDERSON COUNTY FIRE DEPARTMEN
210 MCGEE RD

CARRIER CLAIM#: 2011001885

ANDERSON, SC 29625

SCWCC CLAIM#: 1107022 9999

C CODE:

UNEMPLOY/FED. TAX I.D. NO.: 570509846

INSURANCE STATE ACCIDENT FUND

CARRIER P.O. Box 102100

CARRIER FEIN: 576000286

CARRIER ID: 00500

Columbia, SC 29221

EMPLOYEE NAME (Last, First, Middle)
CHAMBLEE, SANDY L

SOCIAL-SECURITY-NUMBER
249-06-2253

PHONE NO.

ADDRESS: 600 WHIT CHAMBLEE RD

DATE OF BIRTH: 12/27/1962 MARITAL STATUS: M

STARR, SC 29684

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 07/07/88

OCCUPATION:

WAGE INFORMATION

RATE: \$635.33

WAGE PERIOD: WEEKLY

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: Y

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: 29625-
ANDERSON

DATE OF INJ: 05/26/11 TIME OF INJ: 2:00 PM

EMPLOYER'S PREMISES: N LAST WORKDATE: 05/26/11

DATE EMPLOYER NOTIFIED: 05/26/11

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 82 ABSORPTION, INGESTION OR INHALATION, NOC

NATURE: 10 CONTUSION

LOCATION: 48 INTERNAL ORGANS

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

IW STATES SHE HAD COLD. WENT TO GRASS FIRE. STAYED IN TRUCK WITH AIR
CONDITIONER. DEVELOPED INTO CARBON DIOXIDE POSIONING.

IF FATAL GIVE DATE OF DEATH:

** Created **

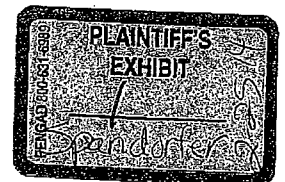
ELECTRONIC FILING

ORIGINAL DATE SENT: 06/21/11

DATE PROCESSED: 06/22/11

TRADING PARTNER: State Accident Fund
P. O. Box 102100

Columbia, SC 292215000



History & Physical Report #1

Sandy L. Chamblee

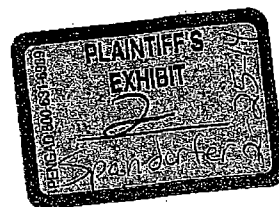
5/11/2011 9:24 AM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White
Female



History of Present Illness (Glenn S Poon, MD; 5/11/2011 9:52 PM)

Patient words: pap physical with a lot of muscle soreness as been seeing a psychiatrist lately.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 5/11/2011 10:34 PM)

Dust
Trees
Pollens

Family History (Glenn S Poon, MD; 5/11/2011 11:18 PM)

Chronic Ischemic Heart Disease. Father.
Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 5/11/2011 11:19 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 5/11/2011 11:24 PM)

Singulair (10MG Tablet 1 Oral daily) Active.

Olaptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 5/11/2011 11:26 PM)

Cesarean Delivery. 10-2002

Hysterectomy Abdominal 11-2002 for endometriosis
tubes in ears

lap-band surgery in 12-2008

Other Problems (Glenn S Poon, MD; 5/11/2011 10:33 PM)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

MYALGIA (729.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

ABDOMINAL PAIN (789.0)

NECKSPRAIN (847.0)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

Review of Systems (Glenn S Poon, MD; 5/11/2011 11:16 PM)

General: Not Present- Fever and Chills.

HEENT: Not Present- Headache.

Respiratory: Not Present- Cough

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Female Genitourinary: Present- Painful Intercourse.

Musculoskeletal: Present- Muscle Aches.

Vitals (Deborah Tate; 5/11/2011 9:25 AM)

5/11/2011 9:24 AM

Weight: 221 lb Height: 65 in

Height was reported by patient.

Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²

Temp: 98.5° F (Oral) Pulse: 73 (Regular)

BP: 136/82 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 5/11/2011 11:27 PM)

The physical exam findings are as follows:

Clinical Summary for Sandy L Chamblee

Date of Encounter: 05/11/2011 09:24 AM

The Medical Center of Elberton

109 College Avenue

Elberton, GA 30635

Phone: (706) 283-3315 Fax: (706) 283-2159

Reason for today's visit and reported symptoms

Patient words: pap physical. with a lot of muscle soreness.

The patient is a 48 year old female

Medical problems addressed today

- COMPLETE MEDICAL EXAMINATION (V70.0)
- MYALGIA (729.1)
- MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)
- NECK SPRAIN (847.0)
- ABDOMINAL PAIN (789.0)

Medications

**No medications ordered or changed today.

Vital Signs

Temp.: 98.5 °F (Oral) Pulse: 73 (Regular)

BP: 136/82 Electronic (Sitting, Left Arm, Standard)

Weight: 221 lb Height: 65 in

Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²

Procedures ordered today

- MAMMOGRAM, SCREENING, BOTH BREASTS (76092)
- X-RAY EXAM OF NECK SPINE (72040)
- ULTRASOUND OF ABDOMEN, COMPLETE (76700)
- ULTRASOUND, PELVIC (76856)

2335
60 min

Judy

Laboratory tests ordered today

- **TMC-CBC, PLATELETS & AUT DIFF (85025)** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **SED RATE ERYTHROCYTE (85651) LC5215** Ordered
Diagnosis: MYALGIA (729.1)
- **Estrogens, Total; CPT 82672; LC#4549** Ordered
Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- **THIN PREP PAP (88175) LC 194074** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **CREATINE KINASE TOTAL (82550) LC 1362** Ordered
Diagnosis: MYALGIA (729.1)
- **Estradiol; CPT 82670; LC#4515** Ordered
Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
- **METABOLIC PANEL, COMPREHENSIVE (80053) LC 322000** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **ANA (ANTINUCLEAR ANTIBODY) (86038) LC6254** Ordered
Diagnosis: MYALGIA (729.1)
- **TSH (THYROID STIMULATING HORMONE) (84443) LC 2188** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **URINALYSIS W MICROSCOPY (81000) LC 3772** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
- **LIPID PANEL (80061) LC 303756** Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

Instructions and recommendations discussed today

Next appointment (if scheduled)

Your next appointment is on 05/11/2011 at 09:40 AM with Glenn S Poon, MD.
Your appointment is scheduled at the The Medical Center of Elberton.

History & Physical Report #2

Sandy L. Chamblée

5/13/2011 7:14 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White
Female

The patient is a 48 year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/13/2011 8:15 PM)

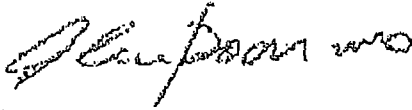
MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

VITAMIN D DEFICIENCY, NOS (268.9)

Current Plans

1 Vitamin D 2000UNIT, 1 Capsule three times daily for 3 months than one a day, 360 days starting 05/13/2011, No Refill. Active.
for vitamin d replacement

Note: all the labs are ok. except the hormone is low and low vitamin d. all the x-ray are good. left her a message. recheck as planned.



Signed electronically by Glenn S Poon, MD (5/13/2011 8:16 PM)



History & Physical Report #3

Sandy L. Chamblee

5/16/2011 8:31 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

The patient is a 48 year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/16/2011 8:57 PM)

Note: talked to her, told her the lab report. recheck as planned.



A handwritten signature in cursive script, appearing to read "Glenn S Poon".

Signed electronically by Glenn S Poon, MD (5/16/2011 8:57 PM)

History & Physical Report #4

Sandy L. Chamblee

6/1/2011 2:28 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female



History of Present Illness (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Patient words: asthma and lab results. with asthma attacks since one month ago and is getting a lot worse.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Pollens

Dust

Trees

Family History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Chronic Ischemic Heart Disease. Father.

Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Vitamin D (2000UNIT Capsule 1 Oral three times daily for 3 months than one a day, Taken starting 05/13/2011) Active. (for vitamin d replacement)

Singulair (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base) MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

tubes in ears

lap-band surgery in 12-2008

Cesarean Delivery. 10-2002

Hysterectomy; Abdominal. 11-2002 for endometriosis

Other Problems (Glenn S Poon, MD; 6/1/2011 3:06 PM)

VITAMIN D DEFICIENCY, NOS (288.9)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

MYALGIA (729.1)

NECK SPRAIN (847.0)

ABDOMINAL PAIN (789.0)

Review of Systems (Glenn S Poon, MD; 6/1/2011 3:01 PM)

General: Not Present- Fever and Chills.

HEENT: Present- Nasal congestion and Runny Nose. Not Present- Headache.

Respiratory: Present- Cough and Wheezing. Not Present- Sputum Production.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Vitals (Jessica D Norris; 6/1/2011 2:29 PM)

6/1/2011 2:29 PM

Weight: 218 lb Height: 65 in

Body Surface Area: 2.13 m² Body Mass Index: 36.28 kg/m²

Temp.: 98.1° F (Oral) Pulse: 85 (Regular) P.Ox: 90% (Room air)

BP: 126/87 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 6/1/2011 3:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert, **General Appearance** - Not in acute distress. **Build & Nutrition** - Well nourished and Well developed.

ENMT

Global Assessment

Upon examination of the ears, nose, mouth and throat - normal pinnae with no scars, masses or lesions and otoscopic exam reveals normal external auditory canals, with tympanic membranes clear and mobile.

Nose and Sinuses

Nasal Mucosa - Bilateral - congested.

Frontal Sinuses - Bilateral - no tenderness observed. **Maxillary Sinuses** - Bilateral - no tenderness observed.

Mouth and Throat

Hypopharynx - mild pharyngeal erythema noted.

Chest and Lung Exam

Auscultation:

Adventitious sounds: Expiratory wheeze - Both Lung Fields (and right).

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness and No Rigidity (guarding).

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Lymphatic

General Lymphatics

Description - Normal.

Assessment & Plan (Glenn S Poon, MD; 6/1/2011 3:08 PM)

ASTHMA (493.)

Current Plans

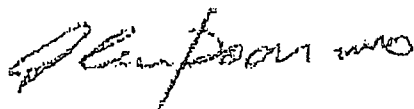
1 Albuterol Sulfate (5 MG/ML) 0.5%, 0.5cc In 3cc NS NOW. Active.

ACUTE BRONCHITIS (466.0)

NECK SPRAIN (847.0)

VITAMIN D DEFICIENCY, NOS (268.9)

Note: with Jet. neb. treatment with some help. will admit for more breathing Rx.



Signed electronically by Glenn S Poon, MD (6/2/2011 11:26 PM)

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note

HISTORY AND PHYSICAL

DATE: 07/25/2005

REFERRING PHYSICIAN: Gregg Seymour, MD

Sandy Chamblee is a 42-year-old Caucasian female who I was asked to see by Dr. Seymour for respiratory problems including asthma. She also has symptoms suggestive of sleep apnea.

The patient has had asthma since she was 6 weeks. She reports it improved after age 11 or 12, then became worse after receiving a DPT booster at age 18. It became much worse during her pregnancy 3 years ago. She has had persistent shortness of breath, wheezing, cough, worse with exposure to heat and humidity this summer. It also tends to get worse with exposure to cold weather. She has already been started on allergy shots for ALLERGY TO HAY, TREE POLLENS, and DUST MITES, but she is not certain how much improvement has resulted from this.

She states that she does respond nicely to prednisone and has been on 4 or 5 courses of prednisone this year the last of which was completed yesterday. Shortness of breath gets markedly better after taking prednisone and then it usually recurs after 3 to 4 weeks. She states she has had sinus surgery x 3 in the past, the last being by Jane Riester, MD, in 2004. She has not had any nasal congestion since then.

She does have a history of gastroesophageal reflux and symptom control requires daily Nexium. She has; however, had some difficulty affording this. She has not had an EGD in many many years.

CURRENT MEDICATIONS:

1. Singulair 10 mg p.o. q.h.s.
2. Advair 500/50 one puff b.i.d.

CONTINUED

3. Nexium 40 mg p.o. daily.
4. Allergy shots q.week.
5. Goody's Headache powder p.r.n.
6. Multivitamins daily.
7. Albuterol 2 puffs q.4 h. p.r.n.
8. Albuterol nebulizer treatments 2.5 mg q.4 p.r.n.

ALLERGIES: THE PATIENT HAS NO KNOWN DRUG ALLERGIES.

PAST MEDICAL HISTORY: Significant for removal of a cyst on the back of her head. She had a hysterectomy in 2002, cesarean section in 2002, 3 different sinus surgeries, most recently in 2004, and local nodules removed in 2000. She has a history of asthma throughout her life. She had pneumonia as an infant every 2 to 3 years.

Other medical illness is negative as per checklist.

FAMILY HISTORY: Significant for a son who has had SVT, a brother who has had congenital heart disease, another brother who is healthy, a sister who is healthy. Her parents have had hypertension.

SOCIAL HISTORY: She has been a firefighter-training officer since 1979. She is married. She denies tobacco, alcohol, or drug abuse and does not keep any pets.

REVIEW OF SYSTEMS: General: Constitutional significant for weight gain of approximately 100 pounds in the past 3 years. She feels fatigued most of the time. Eyes negative. ENT significant for occasional throat pain. She had tonsillitis 2 months ago. She has had intermittent hoarseness. Does report snoring and witnessed apneas. Cardiac: Significant for 2-pillow orthopnea and occasional PND. Pulmonary: Significant for shortness of breath, wheezing, and cough. Gastrointestinal: Significant occasional abdominal pain or heartburn. Genitourinary: Negative. Neurologic: Significant for headaches and excessive daytime sleepiness. She reports she is always sleepy. She had an abnormal Epworth score of 12. She fights sleep when driving, will sometimes fall asleep working, fights sleep in conversation. She denies any history consistent with cataplexia or sleep paralysis. Question reports some vivid hallucinations while dreaming. She has had automatic behavior. She has had intermittent creeping and crawling sensations in her legs, and likes to rub her legs and arms to get to sleep. She _____ bed partner with low movement. She generally goes to bed
CONTINUED

HISTORY AND PHYSICAL
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CHAMBLEE, SANDRA
Stephen Hand, MD

around 11 p.m. and gets up around 6 a.m. She gets up 2 or 3 times a night. Psychiatric: Significant for intermittent anxiety, but she denies any depression.

PHYSICAL EXAMINATION: Height 5 feet 5 inches, weight 269 pounds, blood pressure 110/80, heart rate 80, respiratory rate 16, temperature 98.1, O2 saturation 93%. HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light. TMs are clear. Nasal mucosa and oral mucosa unremarkable. Airways grade 2. Dentition is good. Neck: Supple, thyroid is smooth and without enlargement. There is no lymphadenopathy. Cardiovascular: Regular rate and rhythm without murmurs, gallops, or rubs. There is no JVD. Chest: Clear to percussion and auscultation. There is no wheezing on forced expiration. Respirations are unlabored. Chest is normal to palpation. Abdomen: Active bowel sounds, soft, nontender, without mass or organomegaly. Extremities: Without cyanosis, clubbing, or edema. There is no deep calf tenderness. Homans signs are negative. Neurologic: She appears to be alert, responsive, oriented x 3. Cranial nerves are intact. DTRs are 2+ and equal. Motor is 5/5 and equal.

LABORATORY DATA: Chest x-ray: No mass, infiltrate, or effusion, very minimal interstitial prominence in the bases though, this appears to be related to breast attenuation.

ABGs done on 07/06/2005, on room air: pH 7.42, pCO2 40, pO2 92, bicarbonate 25, and O2 hemoglobin of 97%. PFTs done on 07/05/2005, showed an FEV-1 to FVC ratio of 72%, FEV-1 of 1.03, 36% of predicted, FVC 1.43, 42% of predicted, FEF25-75 0.69, 21% of predicted. There is a 24% rise in FEV-1. Total lung capacity is 3.57 or 68% of predicted. RV 1.87 or 106% of predicted, DLCO 11.2 or 37% of predicted.

Spirometry today was much improved with an FEV-1 to FVC ratio of 84%, FEV-1 2.41 or 79% of predicted, FVC 2.89 or 76% of predicted, FEF25-75 2.77 or 89% of predicted. Findings are consistent with only a minimal restriction.

IMPRESSION:

1. Asthma: The patient has had recurrent exacerbation. Currently she has no symptoms to suggest infection, and allergies seem to be under reasonable control. Her spirometry has improved markedly over the last 20 days. I do not see an indication for prednisone at present, and I think her current regimen is appropriate.

CONTINUED

HISTORY AND PHYSICAL
<Page> 3 of 4

CHAMBLEE, SANDRA
Stephen Hand, MD

2. Possible sleep apnea: The patient has snoring, extreme fatigue, and sleepiness, as well as body habitus and pharyngeal anatomy to suggest this history. Will arrange an overnight sleep study as soon as possible.
3. Gastroesophageal reflux: I have advised her that this could be a contributor to her problems with asthma. She reports her symptoms are difficult to control, and also reports she sometimes has difficulty swallowing liquids. I will ask Charles Scowcroft, MD, to see her for a gastrointestinal evaluation and possible esophagogastroduodenoscopy.
4. Allergic rhinitis on allergy shots.
5. Obesity and weight gain: Obtain thyroid function studies.

I will plan to see her back in 2 months for followup.

Stephen Hand, MD

MLS: 96041
61681686 /61681686

cc: Gregg Seymour MD, Anmed Sleep Lab

COPY

HISTORY AND PHYSICAL
<Page> 4 of 4

CHAMBLEE, SANDRA
Stephen Hand, MD

CHAMBLEE, SANDY
DOB: 12/27/62

09/06/05

IMA#54793

606.329

FOLLOW-UP REPORT

HISTORY OF PRESENT ILLNESS: The patient comes in today for follow-up of her asthma and sleep apnea. She reports she had another flare of her asthma and was on prednisone briefly. She has been off for 11 days and has done reasonably well. She still notes occasional wheezing. Her shortness of breath has been controlled. She does have some nasal congestion, drainage and headache. She has not had any yellow or green nasal drainage or infection, and denies any fever or chills. She is still having snoring and sleepiness. Has been found to have sleep apnea and is to be set up with CPAP this week.

CURRENT MEDICATIONS: As per medication list.

ALLERGIES: No known drug allergies.

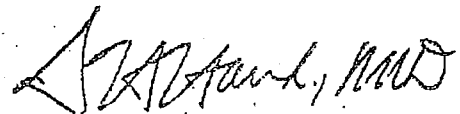
PHYSICAL EXAMINATION: On physical exam, weight is 266 lb. Blood pressure 120/80. Heart rate 68. Respiratory rate 12. T. 98.2, O2 sat 97% on room air. TSH was normal at 2.657.

IMPRESSION/PLAN:

- 1) Asthma, currently without wheezing and normal O2 sat and no alteration of meds.
- 2) Headache, congestion. This may all be related to sinus and allergy. We will begin Maxifed 1 p.o., b.i.d. to help with her sinus drainage. I have advised her that if she felt improved, she may want to consider a CT of the sinuses at some point.
- 3) Sleep apnea with AHI of 12.2 and minimum O2 sat of 75%. The patient is being set up for CPAP with 16 cm of water pressure this week.

I will see her back in one month for follow-up.

Stephen H. Hand, M.D.
SHH/DTI/oper7



cc: AnMed Sleep Lab, Dr. Gregg Seymour

CHAMBLEE, SANDY
DOB: 12/27/1962

10/10/05

IMA#54793

606.520

FOLLOW-UP REPORT

HISTORY OF PRESENT ILLNESS: The patient comes in today for follow-up of her sleep apnea. She reports that she has started CPAP at 16 cm of water pressure and is trying to wear this through the night. It does help control her snoring and sleepiness. She is having some difficulty tolerating it because of the air coming out through her mouth and drying of her mouth. She does have a cool humidifier. She had been tried on a full face mask in the Sleep Lab and seemed to do well on that, but the patient had stated that she preferred to go on a nasal mask. She now requests to go on a full face mask, which is to be arranged.

She also reports that for the past week she has had increased cough productive of yellowish sputum. She has had some sweats, but no fever or chills. She has not had chest pain or hemoptysis and does not really have wheezing or shortness of breath. She denies any nausea or diarrhea.

CURRENT MEDICATIONS: As per med list.

ALLERGIES: She has no known drug allergies.

PHYSICAL EXAMINATION: Weight: 267 pounds. BP: 120/70. Heart Rate: 56. Respiratory rate: 16. Temperature: 98.2. O2 sat 97% on room air. HEENT: Nasal mucosa is moderately boggy bilaterally with good air flow through both nares. TMs are clear. Oropharynx: Significant for prominent pharyngeal structures, but no erythema or exudate is noted. Neck: There is no cervical or axillary lymphadenopathy. Cardiovascular: Regular rate and rhythm without murmur, gallop, or rub. There is no JVD. Chest: Clear to percussion or auscultation. There is no wheezing on forced exhalation.

IMPRESSION/PLAN:

- 1). Acute bronchitis. Treat with amoxicillin 500 mg p.o. t.i.d. for 7 days.
- 2). Asthma with no apparent flare from her acute bronchitis yet.
3. Sleep apnea with AHI of 12.2, minimum O2 sat of 75%. Continue CPAP at 16 cm of water pressure with cool humidifier. We will change mask from nasal to full face. We will ask her to follow up with Sarah in 1 month to make sure she is doing well with this. She is to see me back in 6 months.

Stephen H. Hand, M.D.
SHH/DTIoper25
cc: Dr. Gregg Seymour
AnMed Sleep Lab



CHAMBLEE, SANDY
DOB: 12/27/1962

03/15/06

IMA#54793

606.389

FOLLOW-UP REPORT

HISTORY OF PRESENT ILLNESS: The patient comes in today for a follow-up of her sleep apnea. She reports that she has been doing much better on her CPAP since going to a full-face mask. She is wearing this approximately 5 hours per night. It is controlling her snoring and sleepiness. She does get sleepy while working, talking to people, or driving. She has had 2 episodes of bronchitis this winter that required an antibiotic and prednisone, but is not currently having this problem. She does complain of a fever blister on her lip and requested Valtrex since Dr. Seymour is out of town.

CURRENT MEDICATIONS: As per med list.

ALLERGIES: She has no known drug allergies.

PHYSICAL EXAMINATION: Weight: 264 pounds. Blood pressure: 120/80. Heart Rate: 100. Respiratory Rate: 16. Temperature: 98.5. O2 sat 98% on room air.
HEENT: Good airflow through both nares. Oropharynx shows prominent pharyngeal structures and a grade 3 airway. There is no adenopathy. There is a fever blister on her lower lip. Chest: Clear to percussion and auscultation.

IMPRESSION/PLAN:

- 1) Sleep apnea with AHI of 12.2 and minimum O2 sat of 75%. Continue CPAP at 16 cm of water pressure, cool humidifier, and full-face mask. Currently she is doing well.
- 2) Asthma, currently under adequate control.
- 3) Fever blister, treat with Valtrex 500 mg p.o. b.i.d. which worked well for her in the past.

I will see her back in 12 months for follow-up.

Stephen H. Hand, M.D.
SHH/DTloper25

cc: Zachary G. Seymour, M.D.



CHAMBLEE, SANDY L.
DOB: 12/27/1962

10/27/08

CPSM#54793 606.471

FOLLOW-UP REPORT

HISTORY OF PRESENT ILLNESS: The patient comes in today for a follow-up of her sleep apnea after a 2½-year absence. She reports she has done extremely well and is wearing her CPAP throughout the night without difficulties. This is controlling her snoring and sleepiness. She reports she had had some problems with her asthma that are improving since going on allergy shots per Dr. Kathy Liddle. She has not recently had problems with wheezing, shortness of breath, cough, or sputum production. She reportedly is to have Lap-Band surgery in Atlanta. Current medications include Advair 500/50 one puff b.i.d., albuterol 2 puffs q.4h. p.r.n. shortness of breath, albuterol aerosols 2.5 mg q.4h. p.r.n., CPAP 16 cm of water pressure, Nexium 40 mg daily, and allergy shots q. week. The patient has no known drug allergies.

PHYSICAL EXAMINATION: Weight: 261 pounds. Blood pressure: 124/80. Heart Rate: 84. Respiratory Rate: 12. Temperature 98.1. O2 sat 95% on room air. Neck: There is no cervical or axillary lymphadenopathy. Cardiovascular: Regular rate and rhythm without murmur, gallop, or rub. Chest: Clear to percussion and auscultation. Respirations are unlabored.

LABORATORY DATA: Recent chest x-ray read by Dr. Yon was negative with no mass, infiltrate, or effusion. Recent 6-minute walk test showed a minimum O2 sat of 96% on room air and a 6-minute walk distance of 384 meters or 80% of predicted. PFTs showed an FEV1/FVC ratio of 81%, FEV1 2.47 or 88% of predicted, FVC 3.05 or 91% of predicted, FEF₂₅₋₇₅ 2.41 or 76% of predicted, TLC 5.08 or 97% of predicted, RV 1.55 or 87% of predicted, DLCO 22.3 or 75% of predicted. Findings are consistent with minimal airflow obstruction and a mild diffusion defect.

IMPRESSION/PLAN:

- 1) Obstructive sleep apnea with AHI of 12.2 events per hour and minimum O2 sat of 75% symptomatically controlled on CPAP at 16 cm of water pressure with cool humidifier and full-face mask. I have given her a prescription for her CPAP supplies. Symptomatically, she is well controlled.
- 2) Asthma, currently under good control. She has been helped by the addition of allergy shots. Her PFTs and 6-minute walk test show only minimal abnormalities and chest x-ray was negative. She appears to be an expectable candidate for Lap-Band surgery from a pulmonary standpoint.

I will see her back in 12 months for a follow-up.

Stephen H. Hand, M.D.
SHH/DTloper25

cc: Zachary G. Seymour, M.D.



REFERRING PHYSICIAN: Z. Gregg Seymour, M.D.

INITIAL PULMONARY CONSULTATION

CHIEF COMPLAINT AND REASON FOR THE CONSULT: Dyspnea on exertion and chronic cough.

HISTORY OF PRESENT ILLNESS: The patient is a pleasant 47-year-old female with few medical problems including reflux esophagitis, seasonal allergy, and history of asthma, is here to see me for increasing shortness of breath and chronic cough. The patient has been suffering from chronic cough for the last 6 months. She has a longstanding history of asthma, but it was well controlled until 2 years ago. For the last 2 years, she has been having trouble with cough, sputum production, etc. The patient has nebulizer machine and she uses the nebulizer treatment (aerosols 3 to 4 times a day). Currently, also receiving allergy shots on a regular basis. Still continues to have persistent cough. Sputum production has been noted for the last 6 weeks. No hemoptysis present. Two pillow orthopnea present. Nocturnal attacks of wheezing present.

No complaints of runny nose or sinus congestion now, but suffers from it periodically. She has no recent travel history. No history of exposure to any unusual chemicals, fumes, dust, etc. No pleuritic type of chest pain. The patient has been diagnosed to have sleep apnea and was using the CPAP machine, but currently uses it only a few nights in a week. She has no significant daytime sleepiness or tiredness.

REVIEW OF OTHER SYSTEMS: Constitutional: No fever, no chills. Weight loss present and has lost about 80 pounds within the last one and half years. Cardiovascular: No chest pain suggestive of cardiac etiology present. No pedal edema, no PND, no syncope, no dizziness. Respiratory: As mentioned above. Gastrointestinal: No nausea, no vomiting, no altered bowel habits. Symptoms of reflux esophagitis present. Genitourinary: No polyuria, no pyuria. Neurological: No headache, no gait disturbances, no focal neurological deficit.

PAST MEDICAL HISTORY:

1. Asthma.
2. Allergic rhinitis.
3. Sinusitis.
4. Sleep apnea.

SOCIAL HISTORY: Not a smoker, not an alcoholic. No history of any other illicit drug abuse.

PAST SURGICAL HISTORY:

1. Tonsillectomy.

Page 2

2. Lap-Band surgery.
3. C-section.
4. Hysterectomy.

FAMILY HISTORY: No one in the family suffers from any sleep related problems.

OCCUPATIONAL HISTORY: She works as a fire marshal.

ALLERGIES: NKDA.

MEDICATIONS: Reviewed and updated.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature: Afebrile. Vital signs stable. The patient is not in any acute distress. Blood pressure 138/83. Weight is 216 pounds.

HEENT: Unremarkable except for mild narrowing of the oropharynx.

LUNGS: Wheezing noted bilaterally.

HEART: S1, S2 heard. No murmur, no gallop.

ABDOMEN: Soft. Bowel sounds present. No organomegaly.

EXTREMITIES: No cyanosis, no clubbing, no pedal edema.

NEUROLOGICAL: No focal neurological deficit.

INVESTIGATIONS: A 6-minute walk test reveals the patient was able to walk up to 72% of the predicted distance, minimal desaturation is noted to 92%.

Pulmonary function tests showed FEV1 is 1.28, which is 46% of prediction. FVC is 1.82, which is 54% of prediction. FEV1/FVC is 71, this indicates severe obstructive airways disease. RV is 1.78, which is 147% of prediction. RV/TLC is 187% of prediction. DLCO/VA is 122% of prediction.

CT scan of the chest done on July 13, 2010 was unremarkable. Fatty infiltration of the liver noted.

FINAL IMPRESSION AND PLAN:

1. Chronic persistent asthma. The patient is a pleasant 47-year-old female with longstanding history of asthma, here for initial evaluation. The patient is using nebulizer treatments regularly and despite this having significant dyspnea. Currently, also has bronchitis and has asthma exacerbation. We will start the patient on prednisone 10 mg for a 10 day course. Also we will give Levaquin 500 mg once a day for 7 days, Singulair 10 mg once a day started. The patient to be on Pulmicort aerosols 0.5 mg unit dose q.12 h. along with Brovana one unit dose q.12 h. Combivent inhaler to be used on a p.r.n. basis.

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2. Sleep apnea. The patient has lost significant amount of weight, this may be the reason she is not able to tolerate CPAP treatment. Once chronic cough and asthma symptoms are well controlled, we will readdress the CPAP titration.

Thank you for allowing me to participate in the care of this patient. I will see the patient in 4 to 6 weeks.



Gowdhami Mohan, M.D.

GM/DTI/user9mt X113904

cc: Z. Gregg Seymour, M.D.

REFERRING PHYSICIAN:

FOLLOW-UP VISIT

HISTORY OF PRESENT ILLNESS: The patient is a pleasant middle-aged Caucasian female with few medical problems who is here for followup visit. The patient was recently admitted to the hospital because of shortness of breath, nausea, constipation, etc. The patient was treated appropriately for nonspecific chest pain. The patient had CT angio done, which was unremarkable. No evidence for PE noted. The patient has been treated for obstructive airways disease, likely secondary to chronic asthma. As the patient was doing symptomatically better, she was discharged home on O2 supplementation at 2 liters per minute.

No fever, no chills. No weight loss. No loss of appetite. No nausea, no vomiting, no altered bowel habits. No chest pain. No palpitations. No dizziness.

PAST MEDICAL HISTORY:

1. Asthma.
2. Allergic rhinitis.
3. Pneumonia.
4. Sinusitis.
5. Sleep apnea.
6. Depression with anxiety.

SOCIAL HISTORY: The patient is not a smoker, not an alcoholic. No history of any other illicit drug abuse.

MEDICATIONS: Reviewed and updated.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is 97.5. Pulse is 81. Respirations 16. Blood pressure is 113/77. Weight is 221 pounds. On 2 liters, the patient's O2 sat is 98%. On room air, the patient at rest has O2 of 95%. Upon exertion, the patient desaturated only to 91%.

GENERAL: The patient is not in any acute distress at rest.

LUNGS: Clear.

HEART: S1, S2 heard. No murmur, no gallop.

ABDOMEN: Soft. Bowel sounds present. No organomegaly.

EXTREMITIES: No cyanosis, no clubbing, no pedal edema.

NEUROLOGICAL: No focal neurological deficit present.

ASSESSMENT AND PLAN:

1. Chronic asthma. The patient is to be continued on Pulmicort 0.5 mg unit dose as aerosols twice daily along with DuoNeb aerosols 3 to 4 times a day. The patient is encouraged to ambulate. Pulmonary rehab also to be arranged for. The patient is to use ProAir on a p.r.n. basis.

Page 2

2. Sleep apnea. The patient has been diagnosed to have sleep apnea in the past. The patient had CPAP titration study done recently. We will make arrangements for the patient to be started on CPAP treatment soon. The patient had the sleep study done on 07/01/11. She was noted to require 12 cm of CPAP pressure to obliterate all the respiratory events during sleep. The sleep study was done on nocturnal O2 supplementation. I have discontinued the O2 supplementation at this time. The patient may not need oxygen supplementation. We will do nocturnal oximetry on CPAP alone within the next several months.
3. Dyspnea. The patient does have significant psychogenic component to her dyspnea. We will reassess her symptoms later. The patient may need further workup including right heart catheterization depending upon her clinical symptoms.



Gowdhami Mohan, M.D.
GM/DTI/ user3mt X148421

Sandy L Chamblee

ID: 54793

DOB: 12/27/1962 (48 years)

Date of Encounter: 09/13/2011 10:40 AM

History of Present Illness

Recheck of Obstructive Sleep Apnea 1 (Reason for Visit)

The patient is a 48 year old female who presents for a recheck of obstructive sleep apnea 1. Issues include excessive daytime sleepiness is not occurring, frequent nocturnal awakenings are not present and snoring is not occurring. They have no symptoms of restless leg syndrome. The patient reports difficulty falling asleep. Patient reports sleep walking is not present. Symptoms of narcolepsy are not present. Symptoms of nocturnal seizures are not present. Patient reports they does not have difficulty remembering things. Sleep talking is not present. Hypnagogic hallucinations are not present. Hypnopompic hallucinations are not present. Cataplexy is not present. Sleep paralysis is not occurring. Automatic behavior is not present.

Recheck of Asthma The onset of the asthma has been gradual and has been occurring in a persistent pattern for years. The course has been worsening. The asthma is described as a moderate crushing sensation and tightness.

Review of Systems

General: Present- Feeling well. Not Present- Weight Gain, Weight Loss, Chills, Fatigue, Fever and Medication Changes.

HEENT: Not Present- Headache, Ear Pain, Nasal Congestion, Sinus Pain, Snoring, Choking/Gasping in Sleep and Someone saw pt stop breathing in sleep.

Respiratory: Present- Decreased Exercise Tolerance, Dyspnea, Wheezing, Short of Breath with Exertion and CPAP usage >4 hours/night. Not Present- Cough and Chest pain with cough or deep breath.

Cardiovascular: Not Present- Chest Pain, Palpitations and Dizziness.

Gastrointestinal: Not Present- Abdominal Pain.

Neurological: Not Present- Uncontrolled arm or leg movements, Excessive Daytime Sleepiness, Vivid Dreams and Episodes of sleep walking/talking.

Psychiatric: Not Present- Insomnia.

Patient History Summary

Allergy

- No Known Drug Allergies

Past Medical

- DISORDERS, ORGANIC SLEEP APNEA, NOS (327.20)
- Asthma (493.90)
- Allergic Rhinitis (477.9)
- Sinusitis, Chronic (473.9)

Past Surgical

- Lap-Band surgery Status is Active
- Hysterectomy: Total Status is Active
- Cesarean Delivery Status is Active

Social

- No Drug Use
- Non Drinker/No Alcohol Use
- Non Smoker/No Tobacco Use

Sandy L Chamblee

ID: 54793

Regular Medications

- **Advair HFA** 115-21MCG/ACT Aerosol
- **Singulair** 10MG Tablet
- **Pulmicort** 0.5MG/2ML Suspension
- **Clonazepam** 0.5MG Tablet
- **Multivitamin**
- **Estradiol** 1MG Tablet
- **Calcium-Vitamin D** 1000MG Tablet Effer
- **Zolpidem Tartrate** 10MG Tablet
- **Vitamin D** 2000UNIT Capsule

Weight: 220 lb

Temp.: 97.1 °F **Pulse:** 85 (Regular) **Resp.:** 18 (Unlabored) **P. OX:** 87% (Room air)
BP: 174/103 Manual

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative. Not in acute distress. **Voice** - Normal.

Integumentary

General Characteristics: **Temperature** - normal warmth is noted. **Texture** - normal skin texture.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Neck

Global Assessment - supple.

Trachea - midline.

Thyroid

Gland Characteristics - normal size and consistency.

ENMT

Mouth and Throat

Nasopharynx - Note: wnl

Oral Cavity/Oropharynx: **Oropharynx** - Note: wnl

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Inspection: **Shape** - Normal and Symmetric. **Movements** - Symmetrical.

Auscultation:

Adventitious sounds: **Expiratory & inspiratory wheeze** - Both Lung Fields.

Cardiovascular

Cardiovascular examination reveals - normal heart sounds, regular rate and rhythm with no murmurs.

Inspection: **Carotid artery** - **Bilateral** - Inspection Normal. **Jugular vein** - **Bilateral** - Inspection Normal.

Palpation/Percussion: Examination by palpation and percussion reveals - No Thrills.

Auscultation: **Carotid arteries** - No Carotid bruit.

Assessment & Plan**DISORDERS, ORGANIC SLEEP APNEA, NOS (327.20)****Plans:**

Mild sleep apnea Apnea-hypopnea index = 12.2, Minimum Oxygen Saturation = 75%, CPAP = 12cm H2O;
Diagnosed in 2005 (year)
Company: AnMed

Using the machine regularly. NO daytime sleepiness

The patient is aware of the adverse effects of untreated sleep apnea. Importance of continued CPAP compliance emphasized today. Sleep hygiene measures discussed. Diet and Exercise strategies reinforced.

Allergic Rhinitis (477.9)**Plans:**

Singulair 10MG, 1 (one) Tablet daily, #30, 30 days starting 09/13/2011, Ref. x2. Active.

Asthma (493.90)

Complained of increased wheezing. Started on puls dose prednisone therapy. also has a psychogenic component to her problem. CXR negative

Plans:

DuoNeb 0.5-2.5 (3)MG/3ML, 1 vial every four hours as needed, 09/13/2011, No Refill. Active.

Pulmicort 0.5MG/2ML, 1 vial two times dally, 09/13/2011, No Refill. Active.

Advair HFA 115-21MCG/ACT, 2 (two) Puff(s) two times daily, #1, 30 days starting 09/13/2011, Ref. x6. Active.

ProAir HFA 108 (90 Base)MCG/ACT, 2 puffs every four to six hours as needed, 09/13/2011, No Refill. Active.

The importance of regular use of maintenance medications was discussed today. The importance of regular follow-up visits reinforced.

Patient is complaint with medications. Reports mild shortness of breath with activity. No recent infections or admissions.

Vocal Cord dysfunction

Discussed with the patient and her mother. NOTed to have fluctuating wheezing spells when I was examining her .
PATient needs Vord cord training By the Speech pathologist . Councelling also recommended

Plans:**BRONCHITIS (490.)**

has symptoms to suggest acute bronchitis Will give a course of Doxycycline for 10 days

Plans:

FOLLOW UP IN 1 MONTH



Gowdhami Mohan MD

Sandy L Chamblee

ID: 54793

**South Carolina Retirement System Disability
Application by Sandra L. Chambers
June 27, 2011**

BUDGET & CONTROL BOARD
South Carolina Retirement Systems

Member's Disability Report
(please complete all sections)

To be completed by member or legal representative

Section I				PERSONAL INFORMATION	
1. Last Name & Suffix CHAMBLEE		2. First/Middle Name SANDRA L.		3. Social Security Number 249-06-2253	
4. Date of Birth 12-27-1962	5. Address 600 WHIT CHAMBLEE ROAD			6. Phone	
7. City STARR		8. State SC		9. ZIP+4 29684	

Section II

a) Describe your disability? I Am home after several days in hospital after being at a fire. I Am now on Home Oxygen & Blue Vision. Nerves are horrible - Depressed and can't drive

b) When did your disability prevent you from working? Month 6 Day 1 Year 11

c) Explain why you stopped working: I WAS put in the hospital with CO2 poison 6-1 to 6-10 then again back to hospital 6-15 to 6-18 because my oxygen level won't stabilize

d) Have you returned to work? ☐ Yes ☒ No If yes, when _____

e) Have you applied for Social Security Disability benefits? ☐ Yes ☒ No If yes, when _____

f) Has your disability resulted from an on the job injury? ☒ Yes ☐ No If yes, when 5/26/11 Was at a fire where

g) Have you filed a Workers Compensation claim? ☒ Yes ☐ No If yes, when 6/20/11 I got so sick. Reported claim

Section III

A) Please list the names, addresses, and telephone numbers of physicians who have your current medical records. Or, submit any current medical records you have with this Disability Report. If further medical evidence develops while your claim is being evaluated, please forward the documentation to the SCRS Medical Board.

1. Physician's name: DR GLENN POON
Address: 109 College Ave. Elberton, GA 30635
Telephone: 706-283-3315
How often did you see this physician? every day
Date first seen: 6-1-11 Date last seen: 7-1-11
Treatment Received: CO2 POISONING, bronchitis, Asthma treatments such as Blood work, Oxygen, steroids, X-rays, Cat scans, breathing treatments, etc.

2. Physician's name: DR. MOHANI
Address: 2000 E. Greenville Street
Telephone: 844-225-5667
How often did you see this physician? Every day
Date first seen: 6-15-11 Date last seen: 6-18-11
Treatment Received: Trying to stabilize Oxygen level with Breathing treatments, oxygen and steroids, blood work, cat scans and x-rays.

Sent home with Home Oxygen and breathing treatments

3. Physician's name: _____

Address: _____

Telephone: _____

How often did you see this physician? _____

Date first seen: _____ Date last seen: _____

Treatment Received: _____

B) Have you been treated at a hospital or clinic for your disability? ☒ Yes ☐ No If yes, complete the following:

① Name and Address: Elbert Co Hospital

Ellerton, Georgia

☒ Inpatient: If yes, give dates of admission and dates of discharge.

☐ Outpatient: If yes, give date of admission

6-1-11 to 6-10-11

to _____

Reason for admission: CO2 poisoning,
bronchitis

Type of treatment received: Breathing treatment
steroids, X RAYS, CATSCAN, blood work

② Name and Address: _____

☐ Inpatient: If yes, give dates of admission and dates of discharge.

☐ Outpatient: If yes, give date of admission

_____ to _____

_____ to _____

Reason for admission: _____

Type of treatment received: _____

③ Name and Address: Anderson AREA Medical Center

Greenwich Street, Anderson

☒ Inpatient: If yes, give dates of admission and dates of discharge.

☐ Outpatient: If yes, give date of admission

6-15-11 to 6-18-11

to _____

Reason for admission: Trying to stabilize
Oxygen levels

Type of treatment received: Breathing treatments
steroids, X RAYS, CATSCAN, blood work
Lung flushes.

④ Name and Address: _____

☐ Inpatient: If yes, give dates of admission and dates of discharge.

☐ Outpatient: If yes, give date of admission

_____ to _____

_____ to _____

Reason for admission: _____

Type of treatment received: _____

C) Have you been evaluated by other agencies for your disability? ☐ Yes ☐ No (for example, Veterans Administration, Workers Compensation, Vocational Rehabilitation, Social Security Administration)

If yes, name of agency: _____

Address: _____

Your claim number with this Agency: _____

Dates of visits: _____

Type of treatment or examinations received: _____

D) If you have additional medical information to support your disability, please attach a separate sheet listing information required above.

Section IV

Has your doctor restricted your work activities in any way? ☒ Yes ☐ No

If yes, which doctor? Dr. Pool and Dr. Mohan

State what the physician told you not to do: Do Not Return to work. Stay home very light activities and wear Oxygen at All times

Do not drive

Section V

Has your disability restricted your activities of daily living such as: home duties, social activities, or your ability to care for your personal needs? ☒ Yes ☐ No

If yes, please describe your limitations:

This has changed my whole life. I can't play with my son, have intimate relations with my husband. I can not have visitors or phone calls because my NERVES ARE SO messed up. My vision is blurred and I stay dizzy All the time. I fall a lot. I Am NOT Allowed to be Alone. And I have to have help taking baths - This is awful.

Section VI

a) What was your most recent job(s) before you stopped working? If you have more than one job, please list separately.

Job Title: Fire Marshal

Employer: Anderson County Fire Dept

From: 7-1988

to: 7-2011

b) In this job did you:

1. Use machines, tools, or equipment of any kind? ☒ Yes ☐ No

If yes describe type of tools/equipment used: Drills, ladders, hammers, etc -

2. Use technical knowledge or skills? ☒ Yes ☐ No

If yes, describe technical knowledge or skills: Set up Fire Safety Houses, 1815 tall smoke alarms - Fight Fire when needed. Taught Fire classes

3. Do any writing, complete reports, or perform similar duties? ☒ Yes ☐ No

If yes, please describe: Entered Inspection Form in Computer - Wrote letters of Reports.

4. Have supervisory responsibility? ☐ Yes ☒ No

If yes, please indicate the number of employees supervised and the extent of your supervision:

c) Please describe your essential job duties:

I did Annual Fire Inspections, performed Fire Safety Educational classes on kids and Adults. Taught Fire Extinguisher training classes - Set up Fire Prevention Trailers, etc -

d) Describe the amount of physical activity your job involves during a typical work day.

WALKING (check number of hours a day)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☒ 7 ☐ 8 ☐

STANDING (check number of hours a day)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☒ 7 ☐ 8 ☐

SITTING (check number of hours a day)

1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

BENDING / STOOPING (check number of hours per day)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ 6 ☐ 7 ☐ 8 ☐

CLIMBING (check number of hours per day)

1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

RUNNING (check number of hours per day)

1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

LIFTING AND CARRYING:

OCCASIONALLY (UP TO 1/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

☐ LESS THAN 10 LBS.

Kinds of objects lifted:

☐ 10 LBS.

Kinds of objects lifted:

☒ 20 LBS.

Kinds of objects lifted:

☐ 50 LBS.

Kinds of objects lifted:

☒ 100 LBS. OR MORE

Kinds of objects lifted:

Fire Extinguishers etc
Fire prevention House, etc

FREQUENTLY (1/3 TO 2/3 OF AN 8-HOUR DAY) LIFTS AND/OR CARRIES:

☐ LESS THAN 10 LBS.

Kinds of objects lifted:

☒ 10 LBS.

Kinds of objects lifted:

☒ 25 LBS.

Kinds of objects lifted:

☐ 50 LBS. OR MORE

Kinds of objects lifted:

Prevention material
Fire fighting equipment

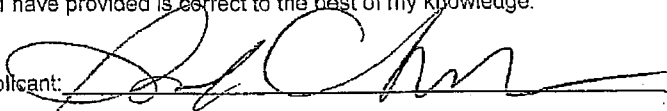
Section VII

Remarks: This section may be used for additional information that will be helpful to make a decision about your disability claim:

Please see the attachments -
3 pages

The information I have provided is correct to the best of my knowledge.

Signature of Applicant:



Date:

6-30-11

(If signed by other than the applicant, a copy of the Power of Attorney for the person signing must be attached)

Return to:
State Budget and Control Board
South Carolina Retirement Systems
Customer Annuity Claims
PO Box 11960, Columbia SC 29211-1960

South Carolina Retirement System's Member's Disability Report

Attachment for Section VII By Sandra Lynne Chamblee 2253

I have had Asthma since birth, when I was real young I had a lot of problems with it. However as I got older it seems to get better and better. I never let Asthma stand in my way of becoming a firefighter. I went to several Doctors, including Duke Medical University just to prove that my Asthma was under complete control and I was given approval to become a firefighter. 1979 I joined Starr Volunteer Fire Department as soon as my age permitted. 1982 I was hired as a paid firefighter/engineer for the Belton City Fire Department. 1988 I was hired as the Chief of Training for the Anderson County Fire Department. My Asthma never caused any problems.

Around the beginning of the May (2011) I caught a cold; I was freezing, congested and had an earache (not signs of asthma). As always with congestion, I began my breathing treatments as a preventive measure. On Thursday, May 26, 2011 my partner, Larry Greer, Jr. and I were on our way to Townville to install some Smoke Alarms for a shut-in. Station 5 and Station 17 was dispatched to a big fire call. We had to drive right by the fire to get to where we were going. Everyone started hollering for us to stop and help, because that's what we always do. I told Larry that I didn't have my gear and didn't think I should be in that smoke with my cold. I begged Larry not to park me in the line of smoke. At first where we parked was fine, no smoke was coming our way, however the fire was getting worse on the other side and was about to burn a home, so Larry moved the truck. Again, I begged him not to park me in the smoke. However, for him to be useful, we had to park right behind the pumper where all the smoke was coming. I refused to get out of the vehicle; I rolled the windows up tight and turned the air conditioner to high. Soon I started coughing so I covered my mouth with a shirt. After the fire was under control and Larry returned, I was coughing very badly. Larry apologized so many times for leaving me in the smoke for so long. I coughed so much after that fire my head was hurting so badly and I was very dizzy. I already had an appointment with my Doctor on June 1, 2011 to go over the results from the complete physical that I had three week prior to all this. When I went in, the Doctor said everything came out great with my physical except that I needed to add 2000 i.u. of Vitim D every day. Then the Doctor said "let me listen to your lungs, and get your BP".

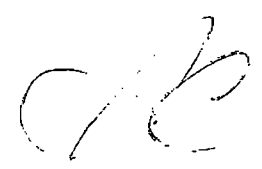


South Carolina Retirement System's Member's Disability Report

Attachment for Section VII By Sandra Lynne Chamblee 2253

He asked me what had happened to cause all the noise in my lungs. I told him about the fire and smoke with my cold. He checked my Oxygen level and it was 77%. He admitted me straight into the hospital for Oxygen, extreme steroid intravenously, breathing treatments, blood work, X-rays, CAT scan, etc. They wound up doing 19 Blood gases. Doctor Poon informed me that I had severe CO2 Poisoning. He explained the reason that I was so sick and dizzy was that my lungs were rejecting Oxygen and retaining way too much CO2. The first week in the hospital I was so sick that I did nothing but lay there. My oxygen level would not stabilize: it would go from 91% to sometimes reaching all the way down to 71%. I honestly thought I was going to die. I started making planning for my son's future. This was the most devastating thing that had ever happened to me. After about 8 days in the hospital, I was able to sit but with severe chest pains and headache. Doctor Poon came in one night when it was just my husband and I there and talked openly with us for the first time. The doctor stated that I would never be able to go back to work and that I would most likely be on oxygen the rest of my life. The doctor told us that my quality of life as we had known it was over. The Doctor told us that we will have to learn a different standard for living.

I will never be able to take my son, Ethan to an amusement park and play. I will never be able to just get up and go out with friends. My oxygen level does not allow me to get overly excited any longer. MY friends will always have to call to see if I'm having a good oxygen day and then give enough time so someone can help me bathe and get dressed. Then make sure that we are not gone longer than three (3) hours because I will run out of oxygen, not to mention make sure they have enough room for that oxygen tank. I can no longer walk, talk or laugh a lot because my oxygen will drop. Now if I get tickled or laugh whole-heartedly, my oxygen will drop and leave me coughing and grasping for air. That is so very embarrassing!!! This has pushed me into a deep, dark depression and I am so overly emotional these days. The least bit of up-set or noise or movements blunders my nerves; which is not fair to my husband, son and the rest of the family that is helping out. This causes me to become very frustrated and agitated, which in turn causes me to be very hateful to the ones I love the most...I can't stand this part!!



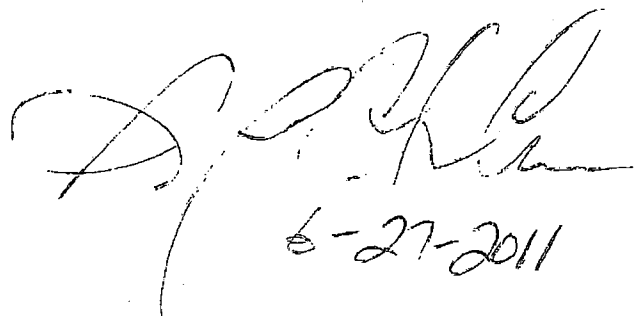
South Carolina Retirement System's Member's Disability Report

Attachment for Section VII By Sandra Lynne Chamblee 2253

I have blurred vision and stay very dizzy all the time. I have constant chest, back and head pains. I am only forty eight (48) years old and I require assistance to walk, bathe, and sometimes even to use the bathroom. I can't be alone and I'm not allowed to drive anywhere. This is all so very humiliating for me. I have always been a very private person – now I have to depend on my husband, mother, son and sister to help me do the most frivolous tasks. I believe the hardest part of all this is having all my relationships change overnight! No longer am I and my mom best friends, we're back to being mother/child because of the care she having to give me. My son, Ethan and I used to play so hard, riding dirt bikes, wrestling on the trampoline, etc. Now I can only watch from the kitchen window. My husband and I had a wonderfully fulfilling life. We used to hunt, fish, play, laugh and talk to all hours of the night. We had a normal healthy marital relationship. Now my husband, Rob has to do all the household duties; we can't go hunting or fishing because I can't be outside for long periods of time and we no long have sex because the exertion will cause my oxygen level to drop dangerously low and I will began to cough, gasp for air and get sick.

I mostly just lay around in the bed with my oxygen on. I rarely even eat. I just don't have the strength or energy to get up. I am so ashamed to be seen this way. I won't go anywhere except to doctor's appointments because I am afraid I'll fall, plus people just stare at you when you have to have assistance to walk while pulling that oxygen tank.

I can barely wait on myself. I literally depend on my little boy, Ethan, most of the time because my husband has to work. It breaks my heart for my son to be so responsible when he should be out have a blast during his summer vacation. Kids call to invite him places and I hear him tell them, "Nah, I need to watch out after my mama today, maybe tomorrow". That kills a mama's heart!!



6-27-2011

AnMed Health
June 15, 2011 through June 18, 2011

ANMED HEALTH

ADMISSION FORM



ML

MEDICAL RECORD # 000096346		PATIENT NAME AND ADDRESS CHAMBLEE, SANDRA		ADMISSION DATE / TIME 6/16/11 17:21		PR. ADMIT/OBV DATE 6/11/07		ACCOUNT # 7125260				
BIRTHDATE 12/27/62		600 WHIT CHAMBLEE RD STARR, SC 29684		TEL 864 352-3997 COUNTY 004		SRV. CD INT	SOCIAL SECURITY # 249062263	BED # 2	ROOM # 5S 581	ACC. P	ISO.	RELIGION BP
ADMIT DIAG. PE ACUTE HYPOXEMIA				PHYSICIAN NAME				ST. LIC. #		DR. #		
AGE SEX RC FC MS ADM CAT. SPOUSE 048Y F C T M UR ROBERT BURGESS/S GRNVL				ATT. MOHAN, GOWDHAMI				1793520		868		
				REF. MOHAN, GOWDHAMI				1793520		868		
				ADM. MOHAN, GOWDHAMI				1793520		868		
IN CASE OF EMERGENCY CONTACT MAUREEN CHAMBLEE 834-4614 302 WHIT CHAMBLEE RD STARR SC 29684 TEL. 864 352-6555 REL. MOTHER				PATIENT EMPLOYER NAME AND ADDRESS ANDERSON COUNTY FIRE DEPT 210 MCGEE RD ANDERSON SC 29625 TEL. 864 332-5432								
GUARANTOR NAME AND ADDRESS SANDRA CHAMBLEE 600 WHIT CHAMBLEE RD STARR SC 29684 TEL. 864 332-5432 REL. PATIENT IS I				GUARANTOR EMPLOYER NAME AND ADDRESS ANDERSON COUNTY FIRE DEPT 210 MCGEE RD ANDERSON SC 29625 TEL. 864 332-5432								
INSURANCE SUBSCRIBER A BC BS STATE EMPLOYEE CHAMBLEE, SANDY L B C D				REL. POLICY # PT ZCS95835281		GROUP # STATESC		COMP. CD 400		PLAN CD 21		
ETHNICITY:				LANG. PREF.: EN		POA: 1		LW: 1		ADM. BY: TWAR		
DISCHARGE DIAGNOSIS												
PRINCIPAL DIAGNOSIS (DESIGNED AND DEFINED AS THE CONDITION ESTABLISHED AFTER STUDY TO BE CHIEFLY RESPONSIBLE FOR OCCASIONING THE ADMISSION OF THE PATIENT TO THE HOSPITAL FOR CARE)												
SECOND DIAGNOSIS (CONDITIONS THAT COEXIST AT THE TIME OF ADMISSION, THAT DEVELOP SUBSEQUENTLY, OR THAT AFFECT TREATMENT RECEIVED AND OR LENGTH OF STAY)												
PRINCIPAL PROCEDURE (PROCEDURE THAT WAS PERFORMED FOR DEFINITIVE TREATMENT RATHER THAN ON PERFORMED FOR DIAGNOSTIC OR EXPLORATORY PURPOSES OR WAS NECESSARY TO TAKE CARE OF A COMPLICATION)												
DATE		PROCEDURE										
DATE		PROCEDURE										
DISCHARGE STATUS		☒ HOME ☐ DEATH + 48 ☐ DEATH - 48 ☐ AUTOPSY ☐ P.O. ☐ O.R. TIME OF DEATH: AM PM ☐ DISC. SUM: DICT. ☐ TRANSFER ☐ AMA ☐ HOME HEALTH										
		"I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE." M.D. _____ DATE _____										

SCAN ORDER CARD CONSENT NON COV PAID STATE CO PAY \$75 LV
CONSENT NEEDED
1718 (9-04)

History and Physical

DATE OF ADMISSION: June 15, 2011.

CHIEF COMPLAINT AND REASON FOR ADMISSION: Sudden increasing chest pain.

HISTORY OF PRESENT ILLNESS: Mrs. Sandra Lynne Chamblee is a pleasant 48-year-old Caucasian female with multiple medical problems including sleep apnea, asthma, anxiety disorder, etc. was admitted to the hospital because of sudden increase in chest pain. The patient was seen by me in the office. During her initial evaluation she was noted to have significant increasing dyspnea which was pleuritic in nature.

The patient had recently been admitted to the hospital in Georgia, where she was treated for some cardiac problems. The patient is brought from information, which was reviewed but could not find any detailed information about the tests that were done in the hospital where she was recently admitted. I was able to only review the discharge medication information.

As per the patient and her family members, she was admitted for palpitations and was placed in the telemetry unit for a couple of days. All the investigations have been done which were unremarkable. The patient was doing well at the time of discharge, but has developed sudden chest pain within the last 24 hours, which has increased in severity. Minimal cough present, no sputum production present. The patient has no recent travel history. No history of exposure to any unusual chemicals, fumes, dust, etc. The patient has no hemoptysis. Two pillow orthopnea present.

The patient has snoring, frequent nocturnal awakenings present. Excessive daytime sleepiness also noted. The patient has been diagnosed to have sleep apnea but currently not on any treatment, and hence has daytime sleepiness, tiredness, etc.

REVIEW OF SYSTEMS: CONSTITUTIONAL: No fever, no chills. No weight loss. No loss of appetite. CARDIOVASCULAR: Has vague chest pain which does not suggest noncardiac etiology. No syncope. Questionable dizziness. No pedal edema. No PND. RESPIRATORY: Cough present. Occasional episodes of wheezing present. No hemoptysis. Two-pillow orthopnea present. No other significant problems present. GENITOURINARY: No polyuria, no pyuria. NEUROLOGICAL: No headache, no gait disturbances. No focal neurological deficit present.

MEDICAL HISTORY:

1. Sleep apnea.
2. Asthma.
3. Insomnia.
4. Depression with anxiety.
5. Allergic rhinitis.
6. Constipation problem.

SOCIAL HISTORY: Not a smoker. Not an alcoholic. No history of any other illicit drug abuse.

OCCUPATIONAL HISTORY: Currently is employed. No history of exposure to any unusual chemicals, fumes, dust, etc.

ALLERGIES: CODEINE.

MEDICATIONS: Reviewed and updated.

PHYSICAL EXAMINATION: Temperature afebrile. Vital signs stable. The patient is in mild distress secondary to chest pain PE a day next head. HEAD, ENT: No sinus tenderness. Ear exam normal. Throat clear. No lymphadenopathy. Narrow oropharynx present. LUNGS: Distant breath sounds present. Mild wheezing present. HEART: S1, S2 heard. No murmur. No gallop. ABDOMEN: Soft. Bowel sounds present. No organomegaly. EXTREMITIES: No cyanosis, no clubbing. Trace pedal edema.

No focal neurological deficit present.

Chest x-ray, PA and lateral, unremarkable. BUN is 19, creatinine is 1.0, glucose is 132, potassium is 4.6. CO2 is 33. BUN is 19, creatinine is 1.0. Magnesium is 2.2. Blood gases: pH 7.48, pCO2 is 44, pO2 is 99. CBC: WBC is 17, hemoglobin 13, hematocrit 39, platelets 290 (currently on tapering dose of prednisone therapy). Urinalysis unremarkable.

FINAL IMPRESSION AND PLAN:

1. Progressive chest pain. Mrs. Sandra Chamblee is a pleasant middle-aged Caucasian female with few medical problems, was admitted to the hospital because of increasing chest pain, especially of pleuritic etiology. The patient recently was admitted to the hospital in Georgia for nonspecific cardiac problems. Any information on this is not available at this time. Will admit the patient, start the patient on heparin protocol. CT angio ordered to rule out pulmonary embolism.
2. Asthma. Mild exacerbation present. DCd the tapering dose of prednisone therapy and started patient on IV Solu-Medrol 40 q.6 along with frequent aerosol treatments with DuoNeb.
3. The complains questionable dizziness, etiology not clear. Will get PT consult and encourage the patient to exercise as tolerated.
4. Constipation. Milk of magnesia to be continued. Colace also to be given. Fleets enema p.r.n. started.
5. Depression with anxiety. Klonopin to be continued.
6. Allergic rhinitis. Nasonex nasal spray also to be continued 2 sprays on both nostrils once a day.

Thank you for allowing me to participate in the care of this patient.

Gowdhami Mohan, MD

MLS: 95991

33204717 /33204717

Dictate Date: Mon Jul 18 07:18:24 2011

Transcribe Date: Mon Jul 18 07:52:17 2011

Authenticated by Gowdhami Mohan, MD On 08/10/2011 08:10:50 AM

ANMED HEALTH
MEDICAL RECORD
ANDERSON, S.C.

CHAMBLEE, SANDRA
Gowdhami Mohan, MD
12/27/1962
7125260

HISTORY AND PHYSICAL

DATE OF ADMISSION: June 15, 2011.

CHIEF COMPLAINT AND REASON FOR ADMISSION: Sudden increasing chest pain.

HISTORY OF PRESENT ILLNESS: Mrs. Sandra Lynne Chamblee is a pleasant 48-year-old Caucasian female with multiple medical problems including sleep apnea, asthma, anxiety disorder, etc. was admitted to the hospital because of sudden increase in chest pain. The patient was seen by me in the office. During her initial evaluation she was noted to have significant increasing dyspnea which was pleuritic in nature.

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ALLERGIES: CODEINE.

MEDICATIONS: Reviewed and updated.

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Chest x-ray, PA and lateral, unremarkable. BUN is 19, creatinine is 1.0, glucose is 132, potassium is 4.6. CO2 is 33. BUN is 19, creatinine is 1.0. Magnesium is 2.2. Blood gases: pH 7.48, pCO2 is 44, pO2 is 99. CBC: WBC is 17, hemoglobin 13, hematocrit 39, platelets 290 (currently on tapering dose of prednisone therapy). Urinalysis unremarkable.

FINAL IMPRESSION AND PLAN:

HISTORY AND PHYSICAL

<Page> 2 of 3

CHAMBLEE, SANDRA
Gowdhami Mohan, MD

1. Progressive chest pain. Mrs. Sandra Chamblee is a pleasant middle-aged Caucasian female with few medical problems, was admitted to the hospital because of increasing chest pain, especially of pleuritic etiology. The patient recently was admitted to the hospital in Georgia for nonspecific cardiac problems. Any information on this is not available at this time. Will admit the patient, start the patient on heparin protocol. CT angio ordered to rule out pulmonary embolism.
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Thank you for allowing me to participate in the care of this patient.

Gowdhami Mohan, MD

MLS: 95991

33204717 /33204717

Dictate Date: Mon Jul 18 07:18:24 2011

Transcribe Date: Mon Jul 18 07:52:17 2011

COPY

HISTORY AND PHYSICAL

<Page> 3 of 3

CHAMBLEE, SANDRA
Gowdhami Mohan, MD

Discharge Summary

DATE OF ADMISSION: 06/15/2011

DATE OF DISCHARGE: 06/18/2011

DISCHARGE DIAGNOSIS:

1. Nonspecific chest pain. PE ruled out.
2. Asthma exacerbation.
3. Constipation.
4. Depression with anxiety.
5. Sleep apnea.

DISCHARGE FOLLOW-UP: The patient to be seen by me 1-2 weeks after the CPAP titration study done.

DISCHARGE MEDICATIONS: As per universal medical reconciliation form.

BRIEF HISTORY AND REASON FOR THE ADMISSION: Mrs. Sandra Chamblee is a pleasant 48-year-old female with few medical problems, was admitted to the hospital because of sudden pleuritic chest pain after a recent hospitalization.

HOSPITAL COURSE: The patient was admitted to the hospital. CT angio was done. PE was ruled out. The patient was placed on prophylactic Lovenox after PE was ruled out. PT consult was obtained as the patient was having some vague nonspecific dyspnea and dizziness. The patient did very well and was able to feel symptomatically much better, and dizziness and chest pain or palpitations was not noted at the time of discharge.

The patient also has symptoms and signs to suggest sleep apnea and nocturnal desaturations was noted during this hospitalization. CPAP titration study was arranged for for better control of the respiratory events during sleep. The patient has had initial PFT done in the past, which showed that he that she had sleep apnea.

Patient was started on IV Solu-Medrol 40 q.6 and later dose was decreased and later switched over to p.o. prednisone. DuoNeb aerosols were continued q.6 hours. Pulmicort aerosols 0.5 mg unit dose q.12 hours. was continued. The patient was able to function well. The patient had complaints of significant constipation. KUB was done which was unremarkable. The patient was given Fleets enema, magnesium citrate, etc., had good symptomatic relief.

SOCIAL HISTORY, PAST MEDICAL HISTORY, OCCUPATIONAL HISTORY, FAMILY HISTORY: See my initial H&P.

ALLERGIES : NKDA.

CURRENT MEDICATIONS: Reviewed and updated.

PHYSICAL EXAMINATION: Temperature is is afebrile. Vital signs stable. Patient is not in any acute distress at rest. HEAD, ENT: No sinus tenderness. Ear exam normal. Throat clear. No lymphadenopathy, no elevated JVD. Narrow oropharynx present. LUNGS: Distant breath sounds present. Mild wheezing heard during expiration. HEART: S1, S2 heard. No murmur. No gallop. ABDOMEN: Soft. Bowel sounds present. No organomegaly. EXTREMITIES: No cyanosis, clubbing present, trace pedal edema.

No focal neurological deficit present.

CBC: WBC is 70, hemoglobin 13, hematocrit 39, platelets 290. Chest x-ray PA and lateral unremarkable. CT angio was negative. Blood gases, pH 7.48, pCO2 44, pO2 is 111. O2 saturation is 99%. Blood glucose is 144-156. Serial cardiac enzymes negative. BNP was 83. BUN is 19, creatinine 1.0. Calcium is 8.8.

Follow-up appointment made to see me. Outpatient CPAP titration study was also arranged for.

Gowdhami Mohan, MD

MLS: 95991

33204843 /33204843

Dictate Date: Mon Jul 18 07:25:25 2011

Transcribe Date: Wed Jul 20 09:38:19 2011

Authenticated by Gowdhami Mohan, MD On 08/10/2011 08:10:48 AM

South Carolina Workers' Commission
First Report of Injury
May 26, 2011

EDI CREATED/UPDATED FIRST REPORT

ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

FROM: ANDERSON COUNTY FIRE DEPTMEN | CARRIER CLAIM#: 2011001885
 210 MCGEE RD |
 ANDERSON, SC 29625 | SCWCC CLAIM#: 1107022 9999
 C CODE: | UNEMPLOY/FED. TAX I.D. NO.: 570509846

INSURANCE STATE ACCIDENT FUND CARRIER FEIN: 576000286
 CARRIER P.O. Box 102100 CARRIER ID: 00500

Columbia, SC 29221

EMPLOYEE NAME (Last, First, Middle) | SOCIAL-SECURITY-NUMBER | PHONE NO.
 CHAMBLEE, SANDY L | 249-06-2253 |

ADDRESS: 600 WHIT CHAMBLEE RD DATE OF BIRTH: 12/27/1962 MARITAL STATUS: M

STARR, SC 29684 MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 07/07/88
 OCCUPATION:

WAGE INFORMATION
 RATE: \$635.33 WAGE PERIOD: WEEKLY DATE RETURNED TO WORK:
 FULL DAY PAY FOR DAY OF INJURY: Y DID SALARY CONTINUE: N

OCCURRENCE
 PLACE OF ACCIDENT OR OCCURRENCE: 29625- | DATE OF INJ: 05/26/11 | TIME OF INJ: 2:00 PM
 ANDERSON |
 EMPLOYER'S PREMISES: N LAST WORKDATE: 05/26/11 DATE EMPLOYER NOTIFIED: 05/26/11

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 82 ABSORPTION, INGESTION OR INHALATION, NOC
 NATURE: 10 CONTUSION
 LOCATION: 48 INTERNAL ORGANS

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

IN STATES SHE HAD COLD. WENT TO GRASS FIRE. STAYED IN TRUCK WITH AIR
 CONDITIONER. DEVELOPED INTO CARBON DIOXIDE POSIONING.

IF FATAL GIVE DATE OF DEATH:

** Created **

ELECTRONIC FILING ORIGINAL DATE SENT: 06/21/11 DATE PROCESSED: 06/22/11

TRADING PARTNER: State Accident Fund
 P. O. Box 102100
 Columbia, SC 292215000

Documents to file claim
May 22, 2012 through April 2, 2013

THOMPSON & KING

300 S. TOWERS STREET

POST OFFICE BOX 14230

ANDERSON, SOUTH CAROLINA 29624

WWW.THOMPSONKING.COM

TELEPHONE

864-222-0200

FACSIMILE

864-222-0201

RICHARD E. THOMPSON, JR.
ROBERT B. KING, JR.

January 30, 2014

Ian C. Gohean
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

RE: Sandy Chamblee v Anderson County Fire Department
WCC File No: 1107022 DOI: 5-26-2011
Carrier: State Accident Fund-Claim No: 2011-1885

Dear Ian:

I received your amended Form 51 this morning and have some questions about your company's position on this case.

We alleged that Sandy Chamblee was injured at work on May 26, 2011. We filed a letter with the Workers Compensation to toll the statute of limitations on May 27, 2012. (Exhibit 1). I am enclosing a copy of this letter. A copy was sent to the State Fund and I am enclosing a copy of the green card where they acknowledged receipt. (Exhibit 2). Unfortunately, they did not put the date on the green card, but I'm pretty sure it was received sometime in May 2012.

We never heard from the State Fund or the Workers Compensation Commission about this case. Accordingly, I filed another letter to toll the statutes of limitations on March 13, 2013. I'm enclosing a copy of that letter. (Exhibit 3). It went to the Workers Compensation Commission and also to the State Accident Fund. I'm enclosing a copy of that green card. (Exhibit 4)

As far as I know, I have done more than is necessary to toll the statute of limitations in this case.

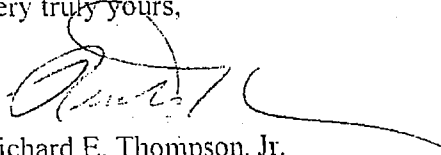
Another thing that I noticed in your Form 51, which you say notice was not given to the employer in this matter. I am enclosing a copy of a letter from State Accident Fund dated June 30, 2011 to Sandy Chamblee where they indicate that they are declining her case because it did not arise out of and in the scope of employment. They then go forward to say that if she believes that decision is wrong, she could write to the Director pointing out any errors which you believe we have made and any facts which we need to consider. That is signed by Amanda Hoyle at the State Accident Fund. (Exhibit 5).

Based on the above, could you please review these documents and indicate to me whether or not your client is serious in alleging that this is a statute of limitations and notice problems in this case.

I'm sending Ms. Chamblee's medical records under separate cover.

I look forward to hearing from you at your earliest convenience.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Richard E. Thompson, Jr.", with a long horizontal flourish extending to the right.

Richard E. Thompson, Jr.

RET:ddp
enclosure

LAW OFFICES
THOMPSON & KING

300 S. TOWERS STREET
POST OFFICE BOX 14230
ANDERSON, SOUTH CAROLINA 29624
WWW.THOMPSONKING.COM

RICHARD E. THOMPSON, JR.
ROBERT B. KING, JR.

Exhibit 1

May 22, 2012

S.C. Workers Compensation Commission
Attn: Judicial Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: WCC File No:

Employee: Sandra L. Chamblee
Employee's Address: 600 Whit Chamblee Road, Starr, SC 29684
Employee's Phone Number: 1-864-352-3997
Social Security #: 249-06-2253
Date of Injury: May 25, 2011
Type of Injury: both lungs
Description of Accident: Claimant was exposed to smoke while responding to a fire as an employee of the Anderson County Fire Department
Employer: Anderson County Fire Department
Employer's Address: 210 McGee Road, Anderson, SC 29625
Employer's Telephone No: 1-864-332-5432
Insurer Carrier: South Carolina State Accident Fund

Dear Sir/Madam:

The injured employee has retained me for representation in a claim for injured covered by the Workers Compensation Act and to establish a claim prior to the expiration of the statute of limitations.

I am requesting the following documents if a file has been established:

(X) First Report of Injury	Form 12-A
(X) Physician's Report	Form 14
(X) Agreement as to Compensation	Form 15
(X) Supplement Agreement for Compensation	Form 16
(X) Application t Stop Payment of Compensation	Form 21
(X) Any other Information in this File	

Enclosed is our check for \$20.00 in payment of your copying fee.

Very truly yours,

Richard E. Thompson, Jr.

RET:ddp
Enclosure

6/4/2012 SROBINSON
6/04/2012 11:51:54 AM
File has been copied
and sent out.

LAW OFFICES

THOMPSON & KING

300 S. TOWERS STREET
POST OFFICE BOX 14230
ANDERSON, SOUTH CAROLINA 29624
WWW.THOMPSONKING.COM

RICHARD E. THOMPSON, JR.
ROBERT B. KING, JR.

EXHIBIT L

C-999 May 22, 2012
1107022
S.C. Workers Compensation Commission
Attn: Judicial Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: WCC File No:

Employee: Sandra L. Chamblee
Employee's Address: 600 Whit Chamblee Road, Starr, SC 29684
Employee's Phone Number: 1-864-352-3997
Social Security #: 249-06-2253
Date of Injury: May 25, 2011
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Employer: Anderson County Fire Department
Employer's Address: 210 McGee Road, Anderson, SC 29625
Employer's Telephone No: 1-864-332-5432
Insurer Carrier: South Carolina State Accident Fund

CHECK REC:	<i>53112</i>
#	<i>2329</i>
	<i>14407 YCS</i>
COPY FILE:	_____
COPY MAILED	_____
TO BE INVOICED:	_____
ATTY ENTERED:	_____
PREV. COPY:	_____
END #	_____
BEG. #	_____
TOTAL	_____

Dear Sir/Madam:

The injured employee has retained me for representation in a claim for injured covered by the Workers Compensation Act and to establish a claim prior to the expiration of the statute of limitations.

I am requesting the following documents if a file has been established:

(X) First Report of Injury	Form 12-A
(X) Physician's Report	Form 14
(X) Agreement as to Compensation	Form 15
(X) Supplement Agreement for Compensation	Form 16
(X) Application t Stop Payment of Compensation	Form 21
(X) Any other Information in this File	

Enclosed is our check for \$20.00 in payment of your copying fee.

Very truly yours,

Richard E. Thompson, Jr.
Richard E. Thompson, Jr.

RET:ddp
Enclosure

SCWCC

MAY 30 2012

JUDICIAL

Exhibit 5

LAW OFFICES
THOMPSON & KING
300 S. TOWERS STREET
POST OFFICE BOX 14230
ANDERSON, SOUTH CAROLINA 29624
WWW.THOMPSONKING.COM

RICHARD E. THOMPSON, JR.
ROBERT B. KING, JR.

March 13, 2013

S.C. Workers Compensation Commission
Attn: Judicial Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

9669 1107022

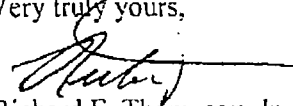
RE: WCC File No:
Employee: Sandra L. Chamblee
Employee's Address: 600 Whit Chamblee Road, Starr, SC 29684
Employee's Phone Number: 1-864-352-3997
Social Security #: 249-06-2253
Date of Injury: May 25, 2011
Type of Injury: both lungs
Description of Accident: Claimant was exposed to smoke while responding to a fire as an employee of the Anderson County Fire Department
Employer: Anderson County Fire Department
Employer's Address: 210 McGee Road, Anderson, SC 29625
Employer's Telephone No: 1-864-332-5432
Insurer Carrier: South Carolina State Accident Fund

CHECK REC:	3-22-13
#	31833713
COPY FILE:	cit
COPY MAILED	3/15/13
TO BE FILED	
REV. COPY:	
END #	
BEG. #	
TOTAL	

Dear Sir/Madam:

The injured employee has retained me for representation in a claim for injured covered by the Workers Compensation Act and to establish a claim prior to the expiration of the statute of limitations.

- I am requesting the following documents if a file has been established:
- | | |
|--|-----------|
| (X) First Report of Injury | Form 12-A |
| (X) Physician's Report | Form 14 |
| (X) Agreement as to Compensation | Form 15 |
| (X) Supplement Agreement for Compensation | Form 16 |
| (X) Application t Stop Payment of Compensation | Form 21 |
| (X) Any other Information in this File | |
- Enclosed is our check for \$20.00 in payment of your copying fee.

Very truly yours,

Richard E. Thompson, Jr.

RET:ddp
Enclosure

SCWCC
MAR 22 2013
JUDICIAL

Exhibit 3

SOUTH CAROLINA
STATE ACCIDENT FUND

HARRY B. GREGORY, JR., Director

JUNE 30, 2011

600 Whit Chamblee Rd
Starr, SC 29684

RE: Sandy L Chamblee vs. ANDERSON COUNTY FIRE DEPARTMENT

WCC #: 1107022

SF #: 2011-001885

D'A: 05/26/2011

Dear Ms. Chamblee:

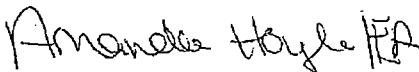
We have received from your employer a First Report of Injury (ACORD Form) relating to the above referenced incident. To qualify for workers' compensation benefits you must have either received an accident injury to your body or contracted an occupational disease arising out of and in the course of your employment. Additionally, the claim for benefits must have been reported and filed within the time and manner provided by the workers' compensation law.

Our review indicates that your case does not meet these requirements. Not arising out of or while in the course of employment.

If you believe this decision is wrong we invite you to write to the Director pointing out any error you believe we have made and any fact we need to reconsider.

You should ask your employer's benefits coordinator about other possible coverage for your claim such as group insurance. Please feel free to call us at (803) 896-5837 if you have questions or if we can assist you further.

Sincerely,



Amanda Hoyle
Claims Adjuster
ahoyle@saf.sc.gov
Fax: (803) 612-2719

cc: Mr. Greg Line, S.C. Workers' Compensation Commission, P.O. Box 1715, Columbia, South Carolina, 29202-1715

cc: ANDERSON COUNTY FIRE DEPARTMENT 210 McGee Rd Anderson, SC 29625

Dr. Glenn Poon
May 11, 2011 through September 2, 2011

History & Physical Report #1

Sandy L. Chamblee

5/11/2011 9:24 AM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

History of Present Illness (Glenn S Poon, MD; 5/11/2011 9:52 PM)

Patient words: pap physical. with a lot of muscle soreness.as been seeing a psychiatrist lately.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 5/11/2011 10:34 PM)

Dust

Trees

Pollens

Family History (Glenn S Poon, MD; 5/11/2011 11:18 PM)

Chronic Ischemic Heart Disease. Father.

Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 5/11/2011 11:19 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 5/11/2011 11:24 PM)

Singulair (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 5/11/2011 11:26 PM)

Cesarean Delivery. 10-2002

Hysterectomy; Abdominal 11-2002 for endometriosis

tubes in ears

lap-band surgery in 12-2008

Other Problems (Glenn S Poon, MD; 5/11/2011 10:33 PM)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

MYALGIA (729.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

ABDOMINAL PAIN (789.0)

NECKSPRAIN (847.0)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

Review of Systems (Glenn S Poon, MD; 5/11/2011 11:16 PM)

General: Not Present- Fever and Chills.

HEENT: Not Present- Headache.

Respiratory: Not Present- Cough.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Female Genitourinary: Present- Painful Intercourse.

Musculoskeletal: Present- Muscle Aches.

Vitals (Deborah Tate; 5/11/2011 9:25 AM)

5/11/2011 9:24 AM

Weight: 221 lb Height: 65 in

Height was reported by patient.

Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²

Temp: 98.5° F (Oral) Pulse: 73 (Regular)

BP: 136/82 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 5/11/2011 11:27 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative and Well groomed. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished. **Posture** - Normal posture. **Gait** - Normal.

Eye

Eyeball - Bilateral - Normal. **Fundl** - Bilateral - Normal. **Sclera/Conjunctiva** - Bilateral - Normal. **Pupil** - Bilateral - Normal.

ENMT

Global Assessment

Upon examination of the ears, nose, mouth and throat - normal pinnae with no scars, masses or lesions, otoscopic exam reveals normal external auditory canals, with tympanic membranes clear and mobile, on external inspection of the nose, there are no scars, lesions or bony deformities, internal examination of the nose reveals midline septum and pink nasal mucosa with normal turbinates, nasopharynx is normal and without visible mass, examination of the oral cavity reveals normal lips, teeth, gums and oral mucosa and pharyngeal walls and pyriform sinuses are normal with no pooling of saliva, asymmetry or lesions.

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls, quiet, even and easy respiratory effort with no use of accessory muscles, non-tender and normal tactile fremitus and on auscultation, normal breath sounds, no adventitious sounds and normal vocal resonance.

Breast

Breast - Bilateral - Normal.

Cardiovascular

Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders, normal heart sounds, regular rate and rhythm with no murmurs, carotid auscultation reveals no bruits and abdominal aorta auscultation reveals no bruits.

Inspection: Jugular vein - Bilateral - Inspection Normal.

Abdomen

Inspection: Inspection of the abdomen reveals - No Hernias.

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No hepatosplenomegaly and No Palpable abdominal masses.

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Female Genitourinary

Evaluation of genitourinary system reveals - no tenderness, inflammation, rashes or lesions of external genitalia, normal anus and perineum, no lesions, urethral meatus normal, no discharge, normal vaginal walls and mucosa, no lesions and no adnexal tenderness or palpable masses.

Speculum & Bimanual

Cervix: Characteristics - Surgically absent.

Uterus: Characteristics - Surgically absent.

Rectal

Anorectal Exam: Internal - normal internal exam.

Peripheral Vascular

Lower Extremity: Inspection - Bilateral - Inspection Normal.

Palpation: Popliteal pulse - Bilateral - Normal. Dorsalis pedis pulse - Bilateral - Normal. Edema - Bilateral - No edema.

Neurologic

Neurologic evaluation reveals - normal visual acuity, pupils equal and reactive to light and accommodation, normal sensation of trigeminal nerves, symmetrical functioning of facial nerves, normal hearing, normal gag reflex, symmetrical functioning of accessory nerves, symmetrical functioning of hypoglossal nerve, normal sensation, normal coordination and upper and lower extremity deep tendon reflexes intact bilaterally.

Musculoskeletal

General

Movements - Full range of motion in all joints. **Joints and Muscles** - Normal joints and muscles.

Lymphatic

General Lymphatics

Description - Normal.

Assessment & Plan (Glenn S Poon, MD; 5/11/2011 11:28 PM)

COMPLETE MEDICAL EXAMINATION (V70.0)**Current Plans**

- | TMC-CBC, PLATELETS & AUT DIFF (85025)
- | THIN PREP PAP (88175) LC 194074
- | METABOLIC PANEL, COMPREHENSIVE (80053) LC 322000
- | TSH (THYROID STIMULATING HORMONE) (84443) LC 2188
- | URINALYSIS W MICROSCOPY (81000) LC 3772
- | LIPID PANEL (80061) LC 303756

MYALGIA (729.1)**Current Plans**

- | SED RATE ERYTHROCYTE (85651) LC5215
- | CREATINE KINASE TOTAL (82550) LC 1362
- | ANA (ANTI NUCLEAR ANTIBODY) (86038) LC6254

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)**Current Plans**

- | Estrogens, Total; CPT 82672; LC#4549
- | Estradiol; CPT 82670; LC#4515

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)**Current Plans**

- | MAMMOGRAM, SCREENING, BOTH BREASTS (76092)

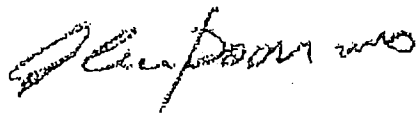
NECK SPRAIN (847.0)**Current Plans**

- | X-RAY EXAM OF NECK SPINE (72040)

ABDOMINAL PAIN (789.0)**Current Plans**

- | ULTRASOUND OF ABDOMEN, COMPLETE (76700)
- | ULTRASOUND, PELVIC (76856)

Note: call back for the lab report, recheck in 3 weeks.



Signed electronically by Glenn S Poon, MD (5/11/2011 11:28 PM)

Laboratories

TMC-CBC, PLATELETS & AUT DIFF (85025) Preliminary, Partially Reviewed (Collected: 05/11/2011)

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

WBC	6.7 10 X 9 cells/L	(Normal Range: 4.3-10.8 10 X 9 cells/L)
LYMPHOCYTE %	21.6 %	(Normal Range: 16-45 %)
MONOCYTES	2.8 (abn) %	(Normal Range: 4-10 %)
GRANULOCYTE %	75.6 (abn) %	(Normal Range: 45-74 %)
RBC	4.35 10 X 6/uL	(Normal Range: 4.15-4.90 10 X 6/uL)
HGB (HEMOGLOBIN)	11.7 (abn) g/dL	(Normal Range: 12-17 g/dL)
HCT (HEMATOCRIT)	34.4 (abn) %	(Normal Range: 38-51 %)
MCV (MEAN CORPUSCULAR VOLUME)	79.1 (abn) cu um	(Normal Range: 86-98 cu um)
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.9 (abn) pg	(Normal Range: 28-33 pg)
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.0 g/dl	(Normal Range: 32-36 g/dl)
BLOOD COUNT, PLATELET, AUTOMATED	396 10 X 6/uL	(Normal Range: 130-400 10 X 6/uL)
MPV	7.9 fL	(Normal Range: 7.6-11.0 fL)
CBC COMMENTS		(Normal Range: C)

SED RATE ERYTHROCYTE (85651) LC5215 Ordered

Diagnosis: MYALGIA (729.1)

Estrogens, Total; CPT 82672; LC#4549 Ordered

Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

THIN PREP PAP (88175) LC 194074 Ordered

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

CREATINE KINASE TOTAL (82550) LC 1362 Ordered

Diagnosis: MYALGIA (729.1)

Estradiol; CPT 82670; LC#4515 Ordered
Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

METABOLIC PANEL, COMPREHENSIVE (80053) LC 322000 Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

ANA (ANTINUCLEAR ANTIBODY) (86038) LC6254 Ordered
Diagnosis: MYALGIA (729.1)

TSH (THYROID STIMULATING HORMONE) (84443) LC 2188 Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

URINALYSIS W/MICROSCOPY (81000) LC 3772 Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

LIPID PANEL (80061) LC 303756 Ordered
Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)

Procedures

MAMMOGRAM, SCREENING, BOTH BREASTS (76092) Performed: 05/11/2011 (Ordered)

X-RAY EXAM OF NECK SPINE (72040) Performed: 05/11/2011 (Ordered)

ULTRASOUND OF ABDOMEN, COMPLETE (76700) Performed: 05/11/2011 (Ordered)

ULTRASOUND, PELVIC (76856) Performed: 05/11/2011 (Ordered)

ANMED HEALTH
FAX TRANSMITTAL FORM

Horné Caré
PO Box 105, Anderton, South Carolina 29002

DATE 8/5/11 TOTAL PAGES 3
FROM Larry Peterson, EPT/RSF
PHONE 512-6440 FAX 512-64406

TO Dr. Glen Parn
ATTN: Dr. Parn

PHONE _____ FAX 704-383-2159

IF ALL PAGES ARE NOT RECEIVED OR NOT LEGIBLE, YOU MAY CONTACT: AT

COMMENTS _____

Discharge Summary - Sandra Chalkley

Privileged and Confidential

This facsimile message is privileged and confidential. It is intended solely for the use of the individual named above in the attention line. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this facsimile message in error, please notify the sender immediately by telephone and return the original message to the sender via U.S. Mail.

7170101688

PAGE 01/03

PAGE 01/01
225301
DOB 12-27-67

ANMED HEALTH TRANSFER/DISCHARGE SUMMARY

Home Care

☒ MEDICAL EQUIPMENT ☐ HOME INFUSION
☐ TRANSFER SUMMARY ☒ DISCHARGE SUMMARY

PT NAME Chamblee Sandra L DOB: 11/27/1962 SETUP DATE 6/10/11, 7/10/11
(LAST) (FIRST)

PHYSICIAN: Dr. Glen Poon EQUIPMENT/TREATMENT: portable/concentrator
stationary

REASON FOR TRANSFER/DISCHARGE: Doctor discharged

SUMMARY OF CARE, TREATMENT, AND SERVICES PROVIDED: Patient was ordered oxygen @ 2Lpm
Vig. nasal Cannula Continuous and was using @ 2Lpm for hours on initial
follow-up by the Respiratory Therapist.

PROGRESS TOWARDS GOALS: Good

COMMUNITY RESOURCES/REFERRALS PROVIDED: none

REPORT CALLED TO: (EMPLOYEE, NAME & LOCATION OF FACILITY) Dr. Glen Poon
Fax: (706) 283-3315
2/59

☐ TRANSFER TRANSFER DATE: _____ ☐ AHMO ☐ OTHER HOSPITAL _____
☒ DISCHARGE DISCHARGE DATE: 8/5/11 ☐ SKILLED INPATIENT FACILITY: _____
☐ EXPIRED DATE: _____ (no order necessary)
☒ ORDERED BY MD: Dr. Poon ☐ FROM MD _____
☐ PT REQUEST O/C ☐ WAIVER SIGNED ☐ MD NOTIFIED
☐ PT REMAINS IN SKILLED FACILITY ☐ VERBAL ORDER WRITTEN
☐ TRANSFERRED TO ANOTHER VENDOR ☐ VERBAL ORDER WRITTEN

ANMED HEALTH REPRESENTATIVE: Terry Peterson, DRT/RCP DATE: 8/5/11

**Medication Profiles attached

HC 49

REV 0110

History & Physical Report #2

Sandy L. Chamblee

5/13/2011 7:14 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White
Female

The patient is a 48 year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/13/2011 8:15 PM)

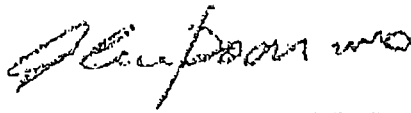
MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

VITAMIN D DEFICIENCY, NOS (268.9)

Current Plans

1 Vitamin D 2000UNIT, 1 Capsule three times daily for 3 months than one a day, 360 days starting 05/13/2011, No Refill. Active.
for vitamin d replacement

Note: all the labs are ok, except the hormone is low and low vitamin d. all the x-ray are good. left her a message. recheck as planned.



Signed electronically by Glenn S Poon, MD (5/13/2011 8:16 PM)

History & Physical Report #3

Sandy L. Chamblee

5/16/2011 8:31 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

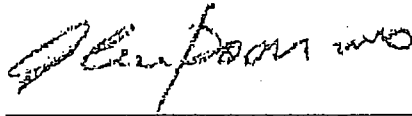
Undefined / Language: Undefined / Race: White

Female

The patient is a 48 year old Female.

Assessment & Plan (Glenn S Poon, MD; 5/16/2011 8:57 PM)

Note: talked to her, told her the lab report, recheck as planned.



Signed electronically by Glenn S Poon, MD (5/16/2011 8:57 PM)

History & Physical Report #4

Sandy L. Chamblee

6/1/2011 2:28 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White
Female

History of Present Illness (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Patient words: asthma and lab results. with asthma attacks since one month ago and is getting a lot worse.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Pollens

Dust

Trees

Family History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Chronic Ischemic Heart Disease. Father.

Hypertension. Father, Brother, Sister.

Social History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Tobacco Use. Never smoker.

Alcohol Use. Occasional alcohol use, Drinks wine.

Medication History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

Vitamin D (2000UNIT Capsule 1 Oral three times daily for 3 months than one a day, Taken starting 05/13/2011) Active. (for vitamin d replacement)

Singulair (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Past Surgical History (Glenn S Poon, MD; 6/1/2011 3:01 PM)

tubes In ears

lap-band surgery in 12-2008

Cesarean Delivery. 10-2002

Hysterectomy; Abdominal. 11-2002 for endometriosis

Other Problems (Glenn S Poon, MD; 6/1/2011 3:06 PM)

VITAMIN D DEFICIENCY, NOS (268.9)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

MYALGIA (729.1)

NECKSPRAIN (847.0)

ABDOMINAL PAIN (789.0)

Review of Systems (Glenn S Poon, MD; 6/1/2011 3:01 PM)

General: Not Present- Fever and Chills.

HEENT: Present- Nasal congestion and Runny Nose. Not Present- Headache.

Respiratory: Present- Cough and Wheezing. Not Present- Sputum Production.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Vitals (Jessica D Norris; 6/1/2011 2:29 PM)

6/1/2011 2:29 PM

Weight: 218 lb Height: 65 in

Body Surface Area: 2.13 m² Body Mass Index: 36.28 kg/m²

Temp: 98.1° F (Oral) Pulse: 85 (Regular) P.Ox: 90% (Room air)

BP: 126/87 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 6/1/2011 3:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Not in acute distress. **Build & Nutrition** - Well nourished and Well developed.

ENMT

Global Assessment

Upon examination of the ears, nose, mouth and throat - normal pinnae with no scars, masses or lesions and otoscopic exam reveals normal external auditory canals, with tympanic membranes clear and mobile.

Nose and Sinuses

Nasal Mucosa - Bilateral - congested.

Frontal Sinuses - Bilateral - no tenderness observed. **Maxillary Sinuses** - Bilateral - no tenderness observed.

Mouth and Throat

Hypopharynx - mild pharyngeal erythema noted.

Chest and Lung Exam

Auscultation:

Adventitious sounds: Expiratory wheeze - Both Lung Fields (and right).

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Abdomen

Palpation/ Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness and No Rigidity (guarding).

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

Lymphatic

General Lymphatics

Description - Normal.

Assessment & Plan (Glenn S Poon, MD; 6/1/2011 3:08 PM)

ASTHMA (493.)

Current Plans

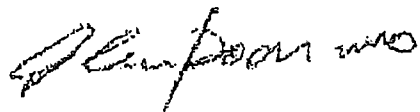
1 Albuterol Sulfate (5 MG/ML) 0.5%, 0.5cc In 3cc NS NOW. Active.

ACUTE BRONCHITIS (466.0)

NECK SPRAIN (847.0)

VITAMIN D DEFICIENCY, NOS (268.9)

Note: with J&J. neb. treatment with some help. will admit for more breathing Rx.



Signed electronically by Glenn S Poon, MD (6/2/2011 11:26 PM)

History & Physical Report #5

Sandy L. Chamblee

6/14/2011 1:01 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

The patient is a 48 year old Female.

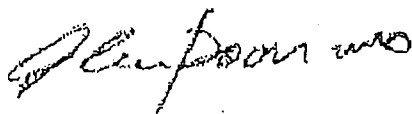
Assessment & Plan (Glenn S Poon, MD; 6/15/2011 12:35 AM)

ABDOMINAL PAIN (789.0)

Current Plans

- | Klonopin 0.5MG, 1 Tablet two times daily, #60, 30 days starting 06/14/2011, No Refill. Active.
- | Zofran 4MG, 1 Tablet three times daily, as needed, #60, 06/14/2011, Ref. x1. Active.
for nausea
- | Amitiza 24MCG, 1 Capsule two times daily, #60, 06/14/2011, Ref. x1. Active.
for IBS problem

Note: talked to her sister, she is to see pul. to-morrow. the O2 sat is about 92% with 1L/min O2. need refill some of the medication and wants to try amitiza for IBS probab.



Signed electronically by Glenn S Poon, MD (6/15/2011 12:35 AM)

JUN-29-2011 08:13 FROM HOME CARE FAX

654 512 6405

To: 917062839658

P. 2/3

ANMED HEALTH MEDICAL EQUIP (2) DATE OF BIRTH:

PO BOX 195

ANDERSON, SC 29622-0195

654 512-6410

CERTIFICATE OF MEDICAL NECESSITY

12/27/62

225301

Health Insurance Requires the following information be provided on claims for durable medical equipment. This form is to be completed by the beneficiary's physician and returned to us IMMEDIATELY.

CMN # 19

Patient's Name

Health Insurance Claim No.

Date this Equipment Prescribed: CHAMBLEE, SANDY L

Equipment to be provided for

mon 2253015

This Prescription applies to rental period from 06/10/11

to

Prognosis 12

Diagnosis

496.

CHR AIRWAY OBSTRUCT NRC

493.20

CHRONIC OBST ASTHMA NOS

The following equipment is prescribed by

GLEN POON MD

E0671RR GASEOUS PORTABLE OXYGEN - E

G0100

E1390RR INVACARE OXYGEN CONCENT - 5LEM

G0200

HOME OXYGEN THERAPY WAS PRESCRIBED FOR THE ABOVE PATIENT, DUE TO THE ABOVE DIAGNOSIS.

THE EQUIPMENT PRESCRIBED AND LISTED ABOVE IS MEDICALLY NECESSARY.

THANK YOU !!

E1399RR HOME OXYGEN THERAPY

OXYGEN

HOME OXYGEN THERAPY WAS PRESCRIBED FOR THE ABOVE PATIENT. THE FOLLOWING IS VERIFICATION OF THE VERBAL ORDER:

DURATION OF USE: (☒) 24 HOURS () OTHER SPECIFY

ROUTE OF ADMINISTRATION: (☒) NASAL CANNULA
 () O2 CONSERVING DEVICE
 () PULSE O2 SYSTEM
 () RESERVOIR SYSTEM
 () OTHER

OXYGEN FLOW RATE: 1 LITERS PER MINUTE

CONSERVATION DEVICE IN USE: () YES (☒) NO

***** CONTINUED *****

This form must be SIGNED & DATED by the prescribing Physician before the equipment may be considered for payment.

If Equipment isn't used in patient's home, indicate name and address of the place where the patient resides.

PHYSICIAN'S NAME, ADDRESS & PHONE:

GLEN POON MD

Physician's 109 COLLEGE AVENUE

Date ELBERTON GA 30635

706 283-3315

Physician's signature certifies that the above represents his judgment of the patient's need for the equipment.

JUN-29-2011 09:13 From: HOME CARE FAX

864 512 6405

Tel: 917 262 3965

P. 3/3

ARMED HEALTH MEDICAL EQUIP (2) DATE OF BIRTH:
PO BOX 195
ANDERSON, SC 29622-0195
864 512-6410
CERTIFICATE OF MEDICAL NECESSITY

12/27/62

22530

Health Insurance Require the following information be provided on claims for durable medical equipment. This form must be completed by the beneficiary's physician and returned to us IMMEDIATELY.
EQUIP # 00015
OWN # 19

Patient's Name

Health Insurance Claim No.

Durable Equipment Prescribed: CHAMBLEE, SANDY L

Equipment to be used for

month 2253528

This Prescription applies to rental period from 06/10/11

to

Prognosis 12

Diagnosis

06/10/11

06/09/12

456, CHR AIRWAY OBSTRUCT NEC
693.20 CHRONIC OBST ASTHMA NOS

The following equipment is prescribed by DR. SANDY L. CHAMBLEE

***** CONTINUED *****

213998A HOME OXYGEN THERAPY

OXYGEN

MAY DISPENSE STERILE WATER FOR HUMIDIFICATION? () Y ☒ N

RCP MAY PERFORM OXIMETRY PRN H/SX RESPIRATORY DISTRESS OR FOR
EVALUATION OF ACTIVITY TOLERANCE,
MO TO BE NOTIFIED IF SPO2 LESS THAN 90%

MAY DISPENSE ALL MEDICALLY NEEDED SUPPLIES.

This form must be SIGNED & DATED by the prescribing Physician
before the equipment may be considered for payment.

PHYSICIAN'S NAME, ADDRESS & PHONE:

GLEN POON MD

109 COLLEGE AVENUE

ELBERTON GA 30635

Physician's Signature: *[Signature]*
706 283-3315

Date: 6/28/11

If Equipment isn't used in patient's home, indicate
name and address of the place where the patient resides.

Physician's signature certifies that the above represents
his judgement of the patient's need for the equipment.

Sandy L Chamblee

07/01/2011 11:34 AM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Language: English / Race: White / Ethnicity: Not Hispanic or Latino

Gender: Female

History of Present Illness (Glenn S Poon, MD; 07/01/2011 11:24 PM)

Patient words: hospital follow up. a lot of neck pain for a long time. may be more than 10 yrs. and pain will go down to the left shoulder. was admitted to the hosp. for lung problem.

The patient is a 48 year old female

Allergies (Glenn S Poon, MD; 07/01/2011 11:25 PM)

Dust

Pollens

Trees

Family History (Glenn S Poon, MD; 07/01/2011 11:25 PM)

Chronic Ischemic Heart Disease: Father

Hypertension: Father, Brother, Sister

Social History (Glenn S Poon, MD; 07/01/2011 11:25 PM)

Alcohol Use: Occasional alcohol use, Drinks wine

Tobacco Use: Never smoker

Medication History (Glenn S Poon, MD; 07/01/2011 11:25 PM)

Vitamin D (2000UNIT Capsule 1 Oral three times daily for 3 months than one a day, Taken starting 05/13/2011) Active. (for vitamin d replacement)

Albuterol Sulfate ((5 MG/ML)0.5% Nebulized Soln 0.5cc Inhalation NOW, Taken starting 06/01/2011) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily, Taken starting 06/14/2011) Active - Hx Entry.

Zofran (4MG Tablet 1 Oral three times daily, as needed, Taken starting 06/14/2011) Active. (for nausea)

Amitiza (24MCG Capsule 1 Oral two times daily, Taken starting 06/14/2011) Active. (for IBS problem)

Estradiol (1MG Tablet 1 Oral daily, Taken starting 07/01/2011) Active. (for hormone replacement)

Singulair (10MG Tablet 1 Oral daily) Active.

Oleptro (300MG Tablet ER 24HR 1 Oral at bedtime) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Zyrtec (10MG Tablet 1 Oral as needed) Active.

Advair Diskus (250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed) Active.

ProAir HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Other Problems (Glenn S Poon, MD; 07/01/2011 11:25 PM)

ASTHMA (493.)

ABDOMINAL PAIN (789.0)

NECK SPRAIN (847.0)

POSTMENOPAUSAL H RT (V07.4)

ACUTE BRONCHITIS (466.0)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

COMPLETE MEDICAL EXAMINATION (V70.0)

VITAMIN D DEFICIENCY, NOS (268.9)

MYALGIA (729.1)

Past Surgical (Glenn S Poon, MD; 07/01/2011 11:25 PM)

tubes in ears

lap-band surgery in 12-2008

Hysterectomy; Abdominal; 11-2002 for endometriosis

Cesarean Delivery; 10-2002

Review of Systems (Glenn S Poon, MD; 07/01/2011 11:25 PM)

General: Not Present- Fever and Chills.

HEENT: Not Present- Headache.

Respiratory: Present- Sputum Production, Wheezing and Shortness of Breath. Not Present- Cough.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Vitals (Jessica D Norris; 07/01/2011 11:35 AM)

07/01/2011 11:34 AM

Weight: 216 lb **Height:** 65 in

Body Surface Area: 2.12 m² **Body Mass Index:** 35.94 kg/m²

Temp.: 97.8 °F (Oral) **Pulse:** 84 (Regular) **P. OX:** 94% (2L O2)

BP: 137/80 Manual (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 07/01/2011 11:26 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Not in acute distress. **Build & Nutrition** - Well nourished and Well developed.

ENMT

Global Assessment

Upon examination of the ears, nose, mouth and throat - normal pinnae with no scars, masses or lesions, otoscopic exam reveals normal external auditory canals, with tympanic membranes clear and mobile, examination of the oral cavity reveals normal lips, teeth, gums and oral mucosa and hard and soft palates, tongue, tonsils and posterior pharynx are moist and symmetric without lesions.

Chest and Lung Exam

Auscultation:

Breath sounds: - Normal.

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Abdomen

Inspection: Inspection of the abdomen reveals - No Visible peristalsis and No Abnormal pulsations.

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No hepatosplenomegaly and No Palpable abdominal masses.

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema.

ASTHMA (493.)

Current Plans:

ACUTE BRONCHITIS (466.0)

Current Plans:

NECK SPRAIN (847.0)

Current Plans:

- MRI OF CERVICAL SPINE (72141) Routine

POSTMENOPAUSAL H RT (V07.4)

Current Plans:

- DUAL ENRG XRAY ABSORPMTRY AXIAL SKE (DEXA) (76075) Routine
Comments AP Spine T-score -1.5, Z-score -2.3 , Dual Femur T-score -1.0, Z-score -1.4 .
- Estradiol 1MG, 1 Tablet daily, #30, 07/01/2011, Ref. Q 30 Days x1 Year. Active.

talked to her at length about side effect of hormone. recheck in one month. she will continue to be followed per her lung doctor.



Glenn S Poon MD

Clinical Summary for Sandy L Chamblee

Date of Encounter: 07/01/2011 11:34 AM

The Medical Center of Elberton

109 College Avenue

Elberton, GA 30635

Phone: (706) 283-3315 Fax: (706) 283-2159

Reason for today's visit and reported symptoms

Patient words: hospital follow up. a lot of neck pain for a long time. may be more than 10 yrs. and pain will go down to the left shoulder. was admitted to the hosp. for lung problem.

The patient is a 48 year old female

Medical problems addressed today

- ASTHMA (493.)
- ACUTE BRONCHITIS (466.0)
- NECK SPRAIN (847.0)
- POSTMENOPAUSAL H RT (V07.4)

Medications

Ordered/Changed Medications during today's visit

- Estradiol 1MG Tablet 1 Tablet Oral daily

Active Medication List

- Estradiol 1MG Tablet 1 Tablet Oral daily
- Amitiza 24MCG Capsule 1 Capsule Oral two times daily
- Zofran 4MG Tablet 1 Tablet Oral three times daily, as needed
- Klonopin 0.5MG Tablet 1 Oral two times daily
- Albuterol Sulfate (5 MG/ML) 0.5% Nebulized Soln 0.5cc in 3cc NS Inhalation NOW
- ProAir HFA 108 (90 Base) MCG/ACT Aerosol Soln 2 puffs Inhalation as needed
- Advair Diskus 250-50MCG/DOSE Aero Pow Br Act 1 puff Inhalation two times daily, as needed
- Zyrtec 10MG Tablet 1 Oral as needed
- Ambien 10MG Tablet 1 Oral as needed
- Oleptro 300MG Tablet ER 24HR 1 Oral at bedtime
- Singulair 10MG Tablet 1 Oral daily
- Vitamin D 2000UNIT Capsule 1 Oral three times daily for 3 months than one a day

Vital Signs

Temp.: 97.8 °F (Oral) Pulse: 84 (Regular) P. OX: 94% (2L O2)

BP: 137/80 Manual (Sitting, Left Arm, Standard)

Weight: 216 lb Height: 65 in

Body Surface Area: 2.12 m² Body Mass Index: 35.94 kg/m²

Procedures ordered today

- MRI OF CERVICAL SPINE (72141)
- DUAL ENRG XRAY ABSORPMTRY AXIAL SKE (DEXA) (76075)

Laboratory tests ordered today

**No lab tests were ordered today.

Instructions and recommendations discussed today

The Medical Center of Elberton

109 College Avenue
Elberton, GA 30635
Phone: (706) 283-3315
Fax: (706) 283-2159
Contact Phone: 706-283-3315

Procedure Order

Ordering Site

The Medical Center of Elberton
109 College Avenue
Elberton, GA 30635
(706) 283-3315
Fax: (706) 283-2159

Report Date: 07/01/2011

Patient Information

Sandy L Chamblee
600 Whit Chamblee Road
Starr, SC 29684
(864) 352-3997

Gender: Female

Date of Birth: 12/27/1962

SSN (last 4 digits): 2253

Patient Insurance Information

Blue Cross Blue Shield PPO (800) 441-2273

Group #NONE

Plan #ZCS95635281

Rx Selections Drug List 2

Group #STATE01

Plan #RHN

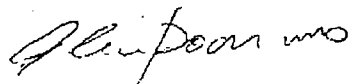
Procedures Ordered

MRI OF CERVICAL SPINE (72141)

Diagnosis: NECK SPRAIN (847.0)

Ordered by: Glenn S Poon, MD

End of Procedures Ordered



Glenn S Poon MD

7-8-11
9:00

The Medical Center of Elberton

109 College Avenue
Elberton, GA 30635

DEXA Bone Densitometry Report: Friday, July 01, 2011

Dear GLENN POON, MD.

Your patient Sandy Chamblee completed a BMD test at our facility. The following summarizes the results of our evaluation.

Patient:

Name:	Sandy Chamblee	Height:	55.0 in.
Patient ID:	249062253	Weight:	217.0 lbs.
Date of Birth:	12/27/1962	Exam Date:	07/01/2011
Gender:	Female	BMD Device:	GE Medical Systems Lunar Prodigy

Indications: Family History of Fracture, Hysterectomy
Fractures: Elbow Left, Forearm, Leg -Left
Treatments: Vitamin D

Results:

Scan Type	Region	Measured	Age	BMD	T-Score	Z-Score
AP Spine	L1-L4	07/01/2011	48.5	1.101 g/cm ³	-0.7	-1.5
DualFemur	Neck Mean	07/01/2011	48.5	0.975 g/cm ³	-0.5	-0.5
DualFemur	Troch Mean	07/01/2011	48.5	0.738 g/cm ³	-1.0	-1.4
DualFemur	Total Mean	07/01/2011	48.5	0.939 g/cm ³	-0.5	-0.9

Assessment:

World Health Organization - Definition of Osteoporosis and Osteopenia for White Women.

- Normal: T-Score at or above +1 SD
- Osteopenia: T-Score between -1 and +2.5 SD
- Osteoporosis: T-Score at or below -2.5 SD
- Established Osteoporosis: T-Score at or below -2.5 SD plus history of fracture

- The BMD measured at Femur Troch Left is 0.737 g/cm³ with a T-score of -1.0. Bone density is up to 10% below young normal. This patient is considered normal according to World Health Organization (WHO) criteria. Fracture risk is low.
- The BMD measured at Femur Troch Right is 0.738 g/cm³ with a T-score of -1.0. Bone density is up to 10% below young normal. This patient is considered normal according to World Health Organization (WHO) criteria. Fracture risk is low.

Recommendations:

For patients with Osteoporosis (T-score at or below -2.5 SD), guidelines recommend initiating therapy to reduce fracture risk in association with BMD testing at or below -2.5 SD.

- All patients should ensure an adequate intake of dietary calcium (1200 mg/d) and vitamin D (400-800 IU daily). Effective therapies for the prevention of osteoporosis include bisphosphonates (Fosamax and Actonel) and Evista. Hormone therapy may be an option based on review of risks and benefits of treatment.
- People with diagnosed cases of osteoporosis or at high risk for fracture should have regular bone mineral density tests. For patients eligible for Medicare, routine testing is allowed once every 2 years. The testing frequency can be increased to one year for patients who have rapidly progressing disease, those who are receiving or discontinuing medical therapy to restore bone mass, or have additional risk factors.

The Medical Center of Elberton

109 College Avenue
Elberton, GA 30635

Patient:	Chamblee, Sandy L	Patient ID:	249062253
Birth Date:	12/27/1962 48.5 years	Referring Physician:	GLENN POON, MD
Height / Weight:	55.0 in. 217.0 lbs.	Measured:	07/01/2011 1:11:26 PM (9:30)
Sex / Ethnic:	Female White	Analyzed:	07/01/2011 1:12:26 PM (9:30)

DualFemur Bone Density

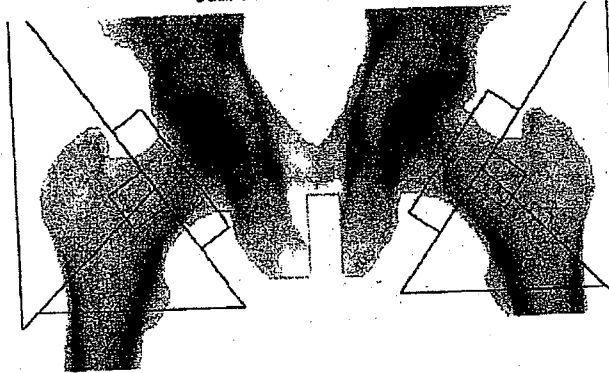
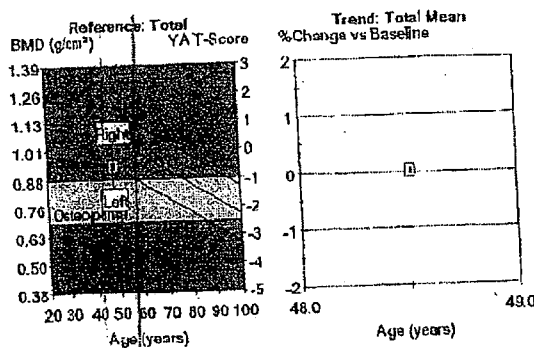


Image not for diagnosis



Region	BMD ¹ (g/cm ²)	Young-Adult ^{2,7} T-Score	Age-Matched ³ Z-Score
Neck			
Neck Left	0.968	-0.5	-0.5
Neck Right	0.983	-0.4	-0.4
Neck Mean	0.975	-0.5	-0.5
Neck Diff.	0.015	0.1	0.1
Total			
Total Left	0.934	-0.6	-1.0
Total Right	0.944	-0.5	-0.9
Total Mean	0.939	-0.5	-0.9
Total Diff.	0.010	0.1	0.1

Measured Date	Age (years)	BMD ¹ (g/cm ²)	Change vs Previous (%)	Change vs Baseline (%)
07/01/2011	48.5	0.939	-	baseline

COMMENTS:

- 1 - Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for DualFemur Total Mean)
- 2 - NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (r105)
- 3 - Matched for Age, Weight (females 25-100 kg), Ethnic
- 7 - DualFemur Total Mean T-Score difference is 0.1. Asymmetry is None.
- 11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

Printed: 07/01/2011 1:12:50 PM (9:30); Filename: r1znibcd.dfe; Right Femur; 20.4% Fat=39.0%; Neck Angle (deg)= 55; Scan Mode: Standard 37.0 μ Gy; Left Femur; 20.2% Fat=42.3%; Neck Angle (deg)= 55; Scan Mode: Standard 37.0 μ Gy



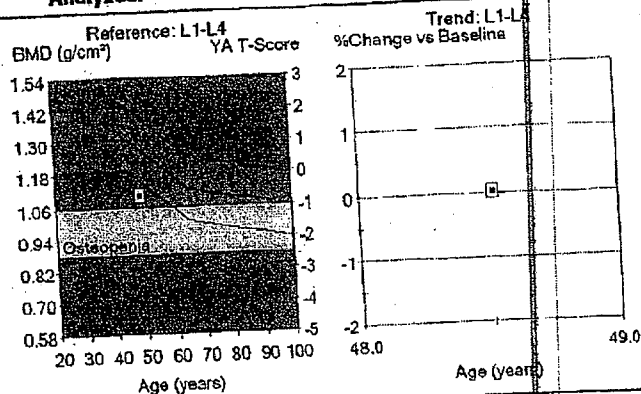
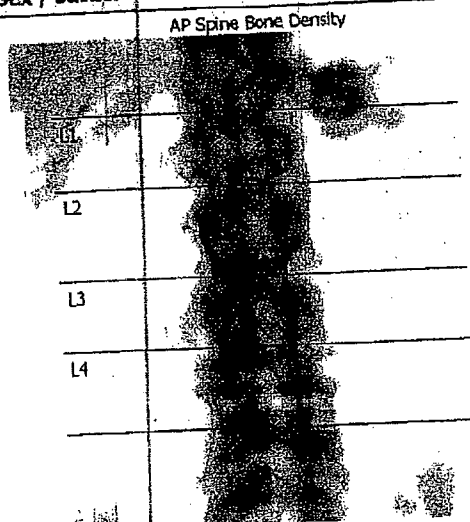
GE Healthcare

Lunar Prodigy
DF-14688

The Medical Center of Elberton

109 College Avenue
Elberton, GA 30635

Patient:	Chamblee, Sandy L	Patient ID:	249062253
Birth Date:	12/27/1962 48.5 years	Referring Physician:	GLENN POON, MD
Height / Weight:	55.0 in. 217.0 lbs.	Measured:	07/01/2011 1:07:32 PM (9:30)
Sex / Ethnic:	Female White	Analyzed:	07/01/2011 1:12:05 PM (9:30)



Region	¹ BMD (g/cm ²)	² Young-Adult T-Score	³ Age-Matched Z-Score
L1	0.954	-1.5	-2.3
L2	1.162	-0.3	-1.2
L3	1.124	-0.6	-1.5
L4	1.139	-0.5	-1.3
L1-L4	1.101	-0.7	-1.5
L2-L4	1.143	-0.5	-1.3

Measured Date	Age (years)	Trend: L1-L4	
		¹ BMD (g/cm ²)	Change vs Previous (%)
07/01/2011	48.5	1.101	Baseline

COMMENTS:

Image not for diagnosis
Printed: 07/01/2011 1:12:47 PM (9:30) 76:3.00:22.22:27.0 0.00:10.32 0.60x1.05
27.2% Fat=15.2%
0.00:0.00 0.00:0.00
Filename: y02m1b03.dfs
Scan Mode: Thick 83.0 µGy

- 1 - Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4)
2 - NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105)
3 - Matched for Age, Weight (females 25-100 kg), Ethnic
11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)



GE Healthcare

Lunar Prodigy
DF-14688

History & Physical Report #7

Sandy L. Chamblee

7/4/2011 6:33 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

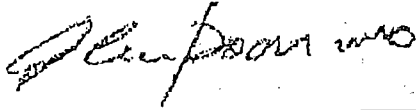
Undefined / Language: English / Race: White

Female

The patient is a 48 year old Female.

Assessment & Plan (Jessica D Norris; 7/6/2011 1:58 PM)

Note: DEXA showed no osteoporosis, with osteopenia, not able to contact her. will try again
told pt. jdn



Signed electronically by Glenn S Poon, MD (7/6/2011 2:08 PM)

History & Physical Report #8

Sandy L. Chamblee

8/20/2011 1:23 PM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

The patient is a 48 year old Female.

History and Physical Note

Chart Review Note (Glenn S Poon, MD: 8/20/2011 2:28 PM)

I have reviewed the history and physical note and findings.

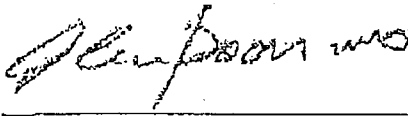
Flow Sheets (Shellie B Vickery; 8/20/2011 1:28 PM)

HIPAA PHI Disclosure

PHI Disclosure

Date of Disclosure: 06/01/2011 Requested by: S.C. DISABILITY DETERMINATION SERVICES What PHI Disclosed: 6/1/11 TO PRESENT Reason For Disclosure: DISABILITY BENEFITS To Whom Disclosed: S.C. DISABILITY DETERMINATION SERVICES

Completed and submitted for review by Vickery, Shellie B (8/20/2011 1:28 PM)



Signed electronically by Glenn S Poon, MD (8/20/2011 2:28 PM)

History & Physical Report #9

Sandy L. Chamblee

9/1/2011 9:06 AM

Location: The Medical Center of Elberton

Patient #: 1052310

DOB: 12/27/1962

Undefined / Language: Undefined / Race: White

Female

History of Present Illness (Glenn S Poon, MD; 9/2/2011 5:48 AM)

Patient words: check up and trouble breathing. need to come in for hormone check. doing ok. was checked per pul. and some of the medication was stopped.

The patient is a 48 year old female who presents with a complaint of Transition into care. The patient most recently received care from another physician.

Allergies (Glenn S Poon, MD; 9/1/2011 9:10 AM)

Pollens

Dust

Trace

Family History (Glenn S Poon, MD; 9/1/2011 9:10 AM)

Hypertension. Father, Brother, Sister.

Chronic Ischemic Heart Disease. Father.

Social History (Glenn S Poon, MD; 9/1/2011 9:10 AM)

Alcohol Use. Occasional alcohol use, Drinks wine.

Tobacco Use. Never smoker.

Medication History (Glenn S Poon, MD; 9/1/2011 9:19 AM)

DuoNeb (0.5-2.5 (3)MG/3ML Solution 1 Inhalation four times daily and prn) Active.

Budesonide (0.5MG/2ML Suspension 1 Inhalation two times daily) Active.

Ambien (10MG Tablet 1 Oral as needed) Active.

Estradiol (1MG Tablet 1 Oral daily, Taken starting 07/01/2011) Active. (for hormone replacement)

Vitamin D (2000UNIT Capsule 1 Oral three times daily for 3 months then one a day, Taken starting 05/13/2011) Active. (for vitamin d replacement)

Ventolin HFA (108 (90 Base)MCG/ACT Aerosol Soln 2 puffs Inhalation as needed) Active.

Klonopin (0.5MG Tablet 1 Oral two times daily) Active.

Medications Reconciled.

Past Surgical History (Glenn S Poon, MD; 9/1/2011 9:10 AM)

tubes in ears

Cesarean Delivery. 10-2002

lap-band surgery in 12-2008

Hysterectomy; Abdominal. 11-2002 for endometriosis

Other Problems (Glenn S Poon, MD; 9/1/2011 9:20 AM)

MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)

SCREENING FOR MALIGNANT NEOPLASMS OF THE BREAST (V76.1)

COMPLETE MEDICAL EXAMINATION (V70.0)

MYALGIA (729.1)

VITAMIN D DEFICIENCY, NOS (268.9)

ABDOMINAL PAIN (789.0)

ASTHMA (493.)

NECK SPRAIN (847.0)

ACUTE BRONCHITIS (466.0)

POSTMENOPAUSAL H RT (V07.4)

Review of Systems (Glenn S Poon, MD; 9/2/2011 6:12 AM)

General: Not Present- Fever and Chills.

HEENT: Not Present- Headache.

Respiratory: Not Present- Cough.

Cardiovascular: Not Present- Chest Pain and Shortness of Breath.

Gastrointestinal: Not Present- Nausea, Vomiting and Diarrhea.

Vitals (Glenn S Poon, MD; 9/1/2011 9:18 AM)

9/1/2011 9:17 AM

P.O₂: 98% (Room air)

BP: 170/100 (Sitting, Left Arm, Standard)

9/1/2011 9:06 AM

Weight: 221 lb Height: 65 in

Body Surface Area: 2.14 m² Body Mass Index: 36.78 kg/m²
Temp.: 98.6° F (Oral) Pulse: 75 (Regular)
BP: 184/109 (Sitting, Left Arm, Standard)

Physical Exam (Glenn S Poon, MD; 9/2/2011 6:13 AM)
The physical exam findings are as follows:

General

Mental Status - Alert. General Appearance - Not in acute distress. Build & Nutrition - Well nourished and Well developed.

Chest and Lung Exam

Auscultation:

Breath sounds: - Normal.

Cardiovascular

Auscultation: Rhythm - Regular. Heart Sounds - Normal heart sounds.

Abdomen

Palpation/ Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness and No Rgidity (guarding).

Peripheral Vascular

Lower Extremity:

Palpation: Edema - Bilateral - No edema

Assessment & Plan (Glenn S Poon, MD; 9/2/2011 6:14 AM)

ASTHMA (493.)

Current Plans

- I Dexamethasone Sodium Phosphate 4MG/ML, 6 mg IM NOW, 6 mg, 09/01/2011, No Refill. Active.
for wheezing
- I Klonopin 0.5MG, 1 Tablet two times daily, #60, 30 days starting 09/01/2011, Ref. x1. Active.
for anxiety

VITAMIN D DEFICIENCY, NOS (268.9)

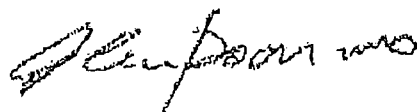
POSTMENOPAUSAL H RT (V07.4)

HYPERTENSION, NOS (401.9)

Current Plans

- I Amlodipine Besylate 5MG, 1 Tablet daily, #30, 09/01/2011, Ref. x5. Active.
for hypertension

Note: recheck in 2 months. told her the side effect of the medication. watch the blood pressure.



Signed electronically by Glenn S Poon, MD (9/2/2011 6:14 AM)

Vital Signs

Date:	09/01/2011 09:06 AM	Height:	65 in	Pulse Ox:	-
Temperature:	98.6 °F (Oral)	Weight:	221 lb	Pain Level:	/10
Pulse:	75 (Regular)	Neck:		LMP Date:	-
Respirations:		Waist:		Note:	
Peak Flow:		BMI:	36.78 kg/m ²		
Blood Pressure:	184/ 109	BSA:	2.14 m ²		
Reading Type:	Manual				
Cuff Location:	Left Arm				
Position:	Sitting				

Elberton Memorial Hospital
May 11, 2011 through June 10, 2011

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

PHYSICIAN: GLENN POON

VISIT #: 01068194

PATIENT LOCATION: OUTPATIENT

DOB: 12-27-1962

SEX: F

EXAM: MG DIGITAL BILATERAL

EXAM DATE: 05-11-2011 14:19:00

SCREENING MAMMOGRAM

FILM #: 86843

HISTORY: Screening mammogram.

BILATERAL SCREENING MAMMOGRAM 5/11/2011.

VIEWS: MLO and CC.**COMPARISON:** No prior mammogram is available for comparison.**FINDINGS:**

The breast parenchyma is mostly fatty with scattered fibrous tissue. The breasts are symmetrical. There are no predominant masses or abnormal microcalcifications. The skin of both breasts is normal.

IMPRESSION:

1. MOSTLY FATTY BREASTS WITH NO RADIOGRAPHIC SUGGESTION OF NEOPLASTIC DISEASE.
2. THE APPEARANCE OF THE BREASTS IS BENIGN. BI-RADS CLASSIFICATION 1. RECOMMEND ANNUAL MAMMOGRAPHY.

Classification Legend:

0- Incomplete. Needs additional imaging evaluation.

1- Negative mammogram.

2- Abnormal: benign finding.

3- Abnormal: probably benign finding. Short term interval follow up suggested.

4- Suspicious finding: Biopsy should be considered.

5- Highly suggestive for malignancy: Appropriate action should be taken.

6- Proven breast carcinoma.

NOTE:

1. Negative mammogram report should not delay biopsy if a dominant or clinically suspicious mass is present. 8-10% of cancers are not identified by mammogram.
 2. Adenosis and dense breasts may obscure an underlying neoplasm.
 3. False positive reports average 6-10%.
-

Rodolfo Celis, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.
This report e-signed, verified and authenticated by physician on:
2011-05-11 21:21:26

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA PHYSICIAN: GLENN POON
VISIT #: 01068194 PATIENT LOCATION: OUTPATIENT
DOB: 12-27-1962 SEX: F
EXAM: XR CERVICAL SPINE (2 OR 3 VIEWS) EXAM DATE: 05-11-2011 13:15:00
FILM #: 86843

HISTORY: Neck sprain.

AP AND LATERAL VIEWS OF THE CERVICAL SPINE.

FINDINGS:

No fractures or dislocations are seen. The intervertebral spaces are normal. All of the vertebral bodies are intact. No lytic or blastic lesions are identified.

IMPRESSION:

NORMAL CERVICAL SPINE.

Rodolfo Celis, MD, Body Imaging Radiologist
Thank you for allowing us to participate in the care of your patient.
This report e-signed, verified and authenticated by physician on:
2011-05-11 21:21:16

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

VISIT #: 01068194

DOB: 12-27-1962

EXAM: US PELVIS COMPLETE

FILM #: 86843

PHYSICIAN: GLENN POON

PATIENT LOCATION: OUTPATIENT

SEX: F

EXAM DATE: 05-11-2011 14:27:00

CLINICAL HISTORY: Abdominal pain**FINDINGS:**

Transabdominal pelvic sonography was performed.

The uterus and ovaries have been removed. No definite abnormality of the vaginal cuff is seen. No soft tissue mass or fluid collection is identified. No free fluid is seen within the pelvis. The urinary bladder appears unremarkable.

IMPRESSION:

UNREMARKABLE PELVIC SONOGRAM AFTER PRIOR HYSTERECTOMY AND BILATERAL OOPHORECTOMY

Aamer Farooki, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-05-11 15:09:50

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

VISIT #: 01068194

DOB: 12-27-1962

EXAM: US ABDOMEN COMPLETE

FILM #: 86843

PHYSICIAN: GLENN POON

PATIENT LOCATION: OUTPATIENT

SEX: F

EXAM DATE: 05-11-2011 14:32:00

CLINICAL HISTORY: Pain**FINDINGS:**

The liver is sonographically normal with no focal lesion seen. The gallbladder appears normal as well with normal wall thickness and no stones seen within it. There is no intrahepatic or extrahepatic bile duct dilatation. The common bile duct measures up to 4 mm in diameter.

The kidneys are of normal size and echogenicity. The right kidney measures 11.6 cm in length and the left kidney measures 11.9 cm in length. There is no hydronephrosis or evidence of nephrolithiasis. The spleen appears unremarkable. The visualized portions of the pancreatic body and head appear normal also. The aorta and inferior vena cava are normal in appearance.

IMPRESSION:

NORMAL ABDOMINAL SONOGRAM.

Aamer Farooki, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-05-11 15:13:45

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

THE MEDICAL CENTER
109 COLLEGE AVE
ELBERTON GA 30635

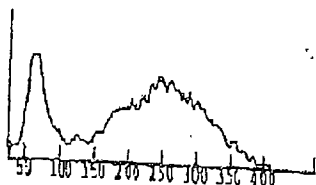
Sandy Chamblee
12-27-62

ID: 000000005
CVWB

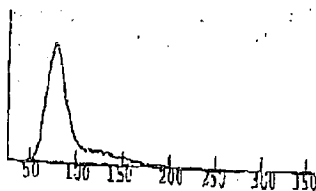
05-11-11
10:49

Patient
Limit 3

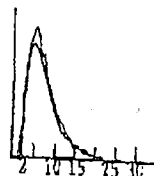
WBC	6.7	$\times 10^3/uL$	4.5	10.5
LY	21.6	%	20.5	51.1
MO	2.8	%	1.7	9.3
GR	75.6	H %	42.2	75.2
LY#	1.4	$\times 10^3/uL$	1.2	3.4
MO#	0.2	$\times 10^3/uL$	0.1	0.6
GR#	5.1	$\times 10^3/uL$	1.4	6.5
RBC	4.35	$\times 10^6/uL$	4.00	6.00
Hgb	11.7	g/dL	11.0	18.0
Hct	34.4	L %	35.0	60.0
MCV	79.1	L fL	80.0	99.9
MCH	26.9	L pg	27.0	31.0
MCHC	34.0	g/dL	33.0	37.0
RDW	14.4	H %	11.6	13.7
Plt	396	$\times 10^3/uL$	150	450
MPV	7.9	fL	7.8	12.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
 Patient #: 1052310 Collected: 5/11/2011 10:57 AM
 Patient DOB: 12/27/1962 (Female) Reported: 5/15/2011 6:51 AM
 Reviewed: 5/16/2011 8:31 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Pap IG, rfx HPV ASCU	Requisition:	131G1537190
Status:	Reviewed	Accession:	131G1537190

Result Note:

Source.....Cervical;Endocervical;Vaginal
 No. of containers..01 CYTC Thin Prep Vial
 PATIENT WAS FASTING
 PERFORMED BY: BA LabCorp Birmingham Cyto Histo
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: KWCYT LabCorp Louisville Cyto
 11751 Interchange Drive
 Louisville KY 402293126
 5024564700
 Clinical Information: CO-ATC2011-13137190 300703

Test Name	Result	Units	Normal Range	Status
DIAGN	SPRCS			Reviewed

NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY.
 Satisfactory for evaluation. Endocervical and/or squamous metaplastic
 cells (endocervical component) are present.
 Lisa M Price, Cytotechnologist (ASCP)

COMM

Reviewed

NOTE

PAPSMR

Reviewed

The Pap smear is a screening test designed to aid in the detection of
 premalignant and malignant conditions of the uterine cervix. It is not a
 diagnostic procedure and should not be used as the sole means of detecting
 cervical cancer. Both false-positive and false-negative reports do occur.

This liquid based ThinPrep(R) pap test was screened with the
 use of an image guided system.

The HPV DNA reflex criteria were not met with this specimen result
 therefore, no HPV testing was performed.

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:21 AM by Glenn S Poon, MD
 Patient #: 1052310 Collected: 5/11/2011 10:21 AM
 Patient DOB: 12/27/1962 (Female) Reported:
 Reviewed:

Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
 Order Name: Estradiol; CPT 82670; LC#4515
 Status: Ordered

Site: LABORATORY
 Requisition:
 Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:20 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:20 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: MENOPAUSAL OR FEMALE CLIMACTERIC STATES (627.2)
Order Name: Estrogens, Total; CPT 82672; LC#4549
Status: Ordered

Site: LABORATORY
Requisition:
Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:19 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:19 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: MYALGIA (729.1)
Order Name: ANA (ANTINUCLEAR ANTIBODY) (86038) LC6254
Status: Ordered

Site: LABORATORY
Requisition:
Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:19 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:19 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: MYALGIA (729.1)
Order Name: CREATINE KINASE TOTAL (82550) LC 1362
Status: Ordered

Site: LABORATORY
Requisition:
Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:19 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:19 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: MYALGIA (729.1) Site: LABORATORY
Order Name: SED RATE ERYTHROCYTE (85651) LC5215 Requisition:
Status: Ordered Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:18 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:18 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0) Site: LABORATORY
Order Name: LIPID PANEL (80061) LC 303756 Requisition:
Status: Ordered Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:18 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:18 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0) Site: LABORATORY
Order Name: URINALYSIS W MICROSCOPY (81000) LC 3772 Requisition:
Status: Ordered Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:18 AM by Glenn S Poon, MD
Patient #: 1052310 Collected: 5/11/2011 10:18 AM
Patient DOB: 12/27/1962 (Female) Reported:
Reviewed:

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0) Site: LABORATORY
Order Name: TSH (THYROID STIMULATING HORMONE) (84443) LC 2188 Requisition:
Status: Ordered Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee
 Patient #: 1052310
 Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:18 AM by Glenn S Poon, MD
 Collected: 5/11/2011 10:18 AM
 Reported:
 Reviewed:

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
 Order Name: METABOLIC PANEL, COMPREHENSIVE (80053) LC 322000
 Status: Ordered

Site: LABORATORY
 Requisition:
 Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee
 Patient #: 1052310
 Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:17 AM by Glenn S Poon, MD
 Collected: 5/11/2011 10:17 AM
 Reported:
 Reviewed:

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
 Order Name: THIN PREP PAP (88175) LC 194074
 Status: Ordered

Site: LABORATORY
 Requisition:
 Accession:

Test Name	Result	Units	Normal Range	Status
No Results Available				

Patient: Sandy L. Chamblee
 Patient #: 1052310
 Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:17 AM by Glenn S Poon, MD
 Collected: 5/11/2011 10:17 AM
 Reported: 5/11/2011 1:00 PM
 Reviewed: 5/12/2011 6:22 PM by Glenn S Poon, MD

Diagnosis: COMPLETE MEDICAL EXAMINATION (V70.0)
 Order Name: TMC-CBC, PLATELETS & AUT DIFF (85025)
 Status: Partially Reviewed

Site: LABORATORY
 Requisition:
 Accession:

Test Name	Result	Units	Normal Range	Status
WBC	6.7	10 X 9 cells/L	4.3-10.8	Reviewed
LYMPHOCYTE %	21.6	%	16-45	Reviewed
MONOCYTES	2.8 (Abn)	%	4-10	Reviewed
GRANULOCYTE %	75.6 (Abn)	%	45-74	Reviewed
RBC	4.35	10 X 6/uL	4.15-4.90	Reviewed
HGB (HEMOGLOBIN)	11.7 (Abn)	g/dL	12-17	Reviewed
HCT (HEMATOCRIT)	34.4 (Abn)	%	38-51	Reviewed
MCV (MEAN CORPUSCULAR VOLUME)	79.1 (Abn)	cu um	86-98	Reviewed
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.9 (Abn)	pg	28-33	Reviewed
MCHC (MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATI	34.0	g/dl	32-36	Reviewed
BLOOD COUNT, PLATELET, AUTOMATED	396	10 X 6/uL	130-400	Reviewed
MPV	7.9	fL	7.8-11.0	Reviewed
CBC COMMENTS			C	Pending

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
 Patient #: 1052310 Collected: 5/11/2011 10:57 AM
 Patient DOB: 12/27/1962 (Female) Reported: 5/13/2011 5:35 AM
 Reviewed: 5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Comp. Metabolic Panel (14)	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055613500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344
 Clinical Information: 100703

Test Name	Result	Units	Normal Range	Status
Glucose, Serum	79	mg/dL	65-99	Reviewed
BUN	11	mg/dL	6-24	Reviewed
Creatinine, Serum	0.77	mg/dL	0.57-1.00	Reviewed
eGFR If NonAfricn Am	92	mL/min/1.73	>59	Reviewed
eGFR If Africn Am	106	mL/min/1.73	>59	Reviewed
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	14		9-23	Reviewed
Sodium, Serum	142	mmol/L	135-145	Reviewed
Potassium, Serum	4.6	mmol/L	3.5-5.2	Reviewed
Chloride, Serum	104	mmol/L	97-108	Reviewed
Carbon Dioxide, Total	23	mmol/L	20-32	Reviewed
Calcium, Serum	9.2	mg/dL	8.7-10.2	Reviewed
Protein, Total, Serum	6.6	g/dL	6.0-8.5	Reviewed
Albumin, Serum	4.2	g/dL	3.5-5.5	Reviewed
Globulin, Total	2.4	g/dL	1.5-4.5	Reviewed
A/G Ratio	1.8		1.1-2.5	Reviewed
Bilirubin, Total	0.2	mg/dL	0.0-1.2	Reviewed
Alkaline Phosphatase, S	84	IU/L	25-150	Reviewed
AST (SGOT)	12	IU/L	0-40	Reviewed
ALT (SGPT)	7	IU/L	0-40	Reviewed

Patient: Sandy L. Chamblee Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
 Patient #: 1052310 Collected: 5/11/2011 10:57 AM
 Patient DOB: 12/27/1962 (Female) Reported: 5/13/2011 5:35 AM
 Reviewed: 5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Lipid Panel	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
Cholesterol, Total	159	mg/dL	100-199	Reviewed
Triglycerides	64	mg/dL	0-149	Reviewed
HDL Cholesterol	59	mg/dL	>39	Reviewed
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
VLDL Cholesterol Cal	13	mg/dL	5-40	Reviewed
LDL Cholesterol Calc	87	mg/dL	0-99	Reviewed

Patient:	Sandy L. Chamblee	Ordered:	5/11/2011 10:57 AM by Glenn S Poon, MD
Patient #:	1052310	Collected:	5/11/2011 10:57 AM
Patient DOB:	12/27/1962 (Female)	Reported:	5/13/2011 5:35 AM
		Reviewed:	5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	TSH	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
TSH	2.550	uIU/mL	0.450-4.500	Reviewed

Patient:	Sandy L. Chamblee	Ordered:	5/11/2011 10:57 AM by Glenn S Poon, MD
Patient #:	1052310	Collected:	5/11/2011 10:57 AM
Patient DOB:	12/27/1962 (Female)	Reported:	5/13/2011 5:35 AM
		Reviewed:	5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Estradiol	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
Estradiol	6.9	pg/mL		Reviewed
Adult Female:				
	Follicular phase	12.5 -	166.0	
	Ovulation phase	85.8 -	498.0	
	Luteal phase	43.8 -	211.0	
	Postmenopausal	<6.0 -	54.7	
Pregnancy				
	1st trimester	215.0 -	>4300.0	
	Girls (1-10 years)	6.0 -	27.0	

Roche ECLIA methodology

Patient:	Sandy L. Chamblee	Ordered:	5/11/2011 10:57 AM by Glenn S Poon, MD
Patient #:	1052310	Collected:	5/11/2011 10:57 AM
Patient DOB:	12/27/1962 (Female)	Reported:	5/13/2011 5:35 AM
		Reviewed:	5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Vitamin D, 25-Hydroxy	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
Vitamin D, 25-Hydroxy	29.3 (Abn: L)	ng/mL	32.0-100.0	Reviewed

Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health.

Hollis BW. J Nutr. 2005 Feb;135(2):317-22.

Patient: Sandy L. Chamblee
Patient #: 1052310
Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
Collected: 5/11/2011 10:57 AM
Reported: 5/13/2011 5:35 AM
Reviewed: 5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Antinuclear Antibodies Direct	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
PERFORMED BY: MB LabCorp Birmingham
1801 First Avenue South
Birmingham AL 352331935
2055813500
PERFORMED BY: BN LabCorp Burlington
1447 York Court
Burlington NC 272153361
8007624344

Test Name	Result	Units	Normal Range	Status
ANA Direct	Negative		Negative	Reviewed

Patient: Sandy L. Chamblee
Patient #: 1052310
Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
Collected: 5/11/2011 10:57 AM
Reported: 5/13/2011 5:35 AM
Reviewed: 5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Sedimentation Rate-Westergren	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
PERFORMED BY: MB LabCorp Birmingham
1801 First Avenue South
Birmingham AL 352331935
2055813500
PERFORMED BY: BN LabCorp Burlington
1447 York Court
Burlington NC 272153361
8007624344

Test Name	Result	Units	Normal Range	Status
Sedimentation Rate-Westergren	14	mm/hr	0-20	Reviewed

Patient: Sandy L. Chamblee
Patient #: 1052310
Patient DOB: 12/27/1962 (Female)

Ordered: 5/11/2011 10:57 AM by Glenn S Poon, MD
Collected: 5/11/2011 10:57 AM
Reported: 5/13/2011 5:35 AM
Reviewed: 5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Creatine Kinase, Total, Serum	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
Creatine Kinase, Total, Serum	57	U/L	24-173	Reviewed

Patient:	Sandy L. Chamblee	Ordered:	5/11/2011 10:57 AM by Glenn S Poon, MD
Patient #:	1052310	Collected:	5/11/2011 10:57 AM
Patient DOB:	12/27/1962 (Female)	Reported:	5/13/2011 5:35 AM
		Reviewed:	5/13/2011 7:14 PM by Glenn S Poon, MD

Diagnosis:		Site:	1100
Order Name:	Estrogens, Total	Requisition:	13156041210
Status:	Reviewed	Accession:	13156041210

Result Note:

PATIENT WAS FASTING
 PERFORMED BY: MB LabCorp Birmingham
 1801 First Avenue South
 Birmingham AL 352331935
 2055813500
 PERFORMED BY: BN LabCorp Burlington
 1447 York Court
 Burlington NC 272153361
 8007624344

Test Name	Result	Units	Normal Range	Status
Estrogens, Total	24	pg/mL		Reviewed
		Prepubertal	<40	
		Female Cycle:		
		1-10 Days	61 - 394	
		11-20 Days	122 - 437	
		21-30 Days	156 - 350	
		Post-Menopausal	<40	
		HMG Treatment for Ovulation		
		Induction:	400 - 800	

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DRIVE
ELBERTON, GA 30635

HISTORY AND PHYSICAL

NAME: CHAMBLEE SANDRA L.
ROOM: 104
AGE: 48
DOB: 12/27/1962
SEX: F

MR NUMBER: 157590
ACCT NUMBER: 01069380
ADMITTING PHY: Glenn Poon, M.D.
ADMIT DATE: 06/01/11
DISCHARGE DATE:
STAY TYPE: I/P

CHIEF COMPLAINT: Severe asthmatic attack.

HISTORY OF PRESENT ILLNESS: This is a 48-year old female patient with long history of asthma problems in the past. According to her she started to have some attacks in between now for about a month or so and it got to the point it was getting a lot worse in the past several days. She had significant difficulty in breathing with diffuse wheezes in both lungs. She has been using a jet nebulizer treatment at home but according to her it only lasts for about an hour or so and then it will return. In fact she used a double dose of the breathing treatment prior to this office visit. The patient was seen at that time and was found to have diffuse wheezes in both lungs, the lungs appeared to be very tight also. The O2 saturation is 90% on room air. Because of the severity of breathing problems the patient was given a jet neb treatment in the office with some relief. Considering her age and room air oxygen levels only about 90% I feel like the best approach is to go ahead and get her admitted. The patient was subsequently admitted to the hospital for further management.

For the rest of the dictation please refer to my office note.

IMPRESSION:

1. Asthma.
2. Acute bronchitis.
3. Neck sprain.
4. Vitamin D deficiency.

PLAN: Will admit to the hospital. This is a 48-year old female patient with significant history of asthma problems. The patient has been using Advair, ProAir inhaler and also using jet nebulizer treatments with Albuterol. In spite of that the patient continues to have flair ups. I feel like the best approach is to go ahead let her come in. We will start her on some IV steroids, jet neb

Electronically reviewed and signed by:
Glenn Poon, M.D.

1

06/16/11 09:16

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DRIVE
ELBERTON, GA 30635

HISTORY AND PHYSICAL

NAME: CHAMBLEE SANDRA L

MR NUMBER: 157590

ROOM: 104

ACCT NUMBER: 01069380

AGE: 48

ADMITTING PHY: Glenn Poon, M.D.

DOB: 12/27/1962

ADMIT DATE: 06/01/11

SEX: F

DISCHARGE DATE:

STAY TYPE: I/P

treatments with bronchodilators and steroids. We will watch her closely.

Glenn S. Poon, M.D./dfd

D: 06/02/2011 23:22

T: 06/03/2011 10:06

Electronically reviewed and signed by:
Glenn Poon, M.D.

2

06/16/11 09:16

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE:706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA
VISIT #: 01069380
DOB: 12-27-1962
EXAM: XR CHEST (SINGLE VIEW)
FILM #: 86843

PHYSICIAN: GLENN POON
PATIENT LOCATION: INPATIENT
SEX: F
EXAM DATE: 06-01-2011 17:30:00

CLINICAL: Asthma and bronchitis

TECHNIQUE: Portable AP view of the chest.

COMPARISON: None.

MEDIASTINUM: Normal.

HEART: Normal.

LUNGS: Clear without focal consolidation or significant edema. No suspicious pulmonary nodularity.

PLEURAL SPACES: No pneumothorax or pleural effusion.

UPPER ABDOMEN: Unremarkable.

BONES: Age appropriate.

IMPRESSION:

UNREMARKABLE PORTABLE AP VIEW OF THE CHEST.

James Bramlette, MD, Neuroradiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-06-01 18:05:26

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name:	CHAMBLEE SANDRA	Account Number:	01069380
DOB: 1962-12-27	Age: 48	X-ray Number:	86843 1111119815
Gender:	F	Admit Date:	2011-06-01
17:30:00		Discharge Date:	
Telephone Number:		F/C	
Stay Type:	1	Med Rec Number:	4130072
Room Number:		Transcribed by:	
Ordering Physician:	GLENN POON		
Transcribed:	2011-06-01 17:30:00		

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-01 18:05:26
Reason for Procedure: Unknown

CLINICAL: Asthma and bronchitis

TECHNIQUE: Portable AP view of the chest.

COMPARISON: None.

MEDIASTINUM: Normal.

HEART: Normal.

LUNGS: Clear without focal consolidation or significant edema. No suspicious pulmonary nodularity.

PLEURAL SPACES: No pneumothorax or pleural effusion.

UPPER ABDOMEN: Unremarkable.

BONES: Age appropriate.

IMPRESSION:

UNREMARKABLE PORTABLE AP VIEW OF THE CHEST.

Electronically reviewed and released by
James Bramlette, MD, Neuroradiologist

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name:	CHAMBLEE SANDRA	Account Number:	01069380
DOB: 1962-12-27	Age: 48	X-ray Number:	868431111119815
Gender:	F	Admit Date:	2011-06-01
17:30:00			
Telephone Number:		Discharge Date:	
Stay Type:	1	F/C	
Room Number:		Med Rec Number:	4130072
Ordering Physician:	GLENN POON		
Transcribed:	2011-06-01 17:30:00	Transcribed by:	

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Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name: CHAMBLEE SANDRA
DOB: 1962-12-27 Age: 48
Gender: F
15:03:00
Telephone Number:
Stay Type: 1
Room Number:
Ordering Physician: GLENN POON
Transcribed: 2011-06-02 15:03:00

Account Number: 01069380
X-ray Number: 868431111119937
Admit Date: 2011-06-02
Discharge Date:
F/C
Med Rec Number: 4130108
Transcribed by:

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-02 18:03:16
Reason for Procedure: Unknown

HISTORY: Severe back pain.

AP AND LATERAL VIEWS OF THE DORSAL SPINE.

FINDINGS: No fractures or dislocations are seen. The intervertebral spaces are normal. The vertebral bodies are intact. There is what appears to be a catheter in the projection of the stomach.

IMPRESSION:

1. NORMAL DORSAL SPINE.
2. CATHETER IN THE PROJECTION OF THE STOMACH.

Electronically reviewed and released by
Rodolfo Celis, MD, Body Imaging Radiologist

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

VISIT #: 01069380

DOB: 12-27-1962

EXAM: XR CHEST (SINGLE VIEW)

FILM #: 86843

PHYSICIAN: GLENN POON

PATIENT LOCATION: INPATIENT

SEX: F

EXAM DATE: 06-06-2011 14:39:00

CLINICAL: Asthma. Bronchitis.

TECHNIQUE: Portable AP view of the chest.

COMPARISON: None.

MEDIASTINUM: Normal.

HEART: Normal.

LUNGS: Clear without consolidation or infiltrate. No pulmonary nodule.

PLEURAL SPACES: No pneumothorax or pleural effusion.

BONES: No acute osseous abnormality.

IMPRESSION:

UNREMARKABLE PORTABLE AP VIEW OF THE CHEST.

Aamer Farocki, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-06-06 19:08:01

Professional Interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name: CHAMBLEE SANDRA
DOB: 1962-12-27 Age: 48
Gender: F
14:39:00
Telephone Number:
Stay Type: 1
Room Number:
Ordering Physician: GLENN POON
Transcribed: 2011-06-06 14:39:00

Account Number: 01069380
X-ray Number: 86843 1111120313
Admit Date: 2011-06-06
Discharge Date:
F/C
Med Rec Number: 4130241
Transcribed by:

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-06 19:08:01
Reason for Procedure: Unknown

CLINICAL: Asthma. Bronchitis.

TECHNIQUE: Portable AP view of the chest.

COMPARISON: None.

MEDIASTINUM: Normal.

HEART: Normal.

LUNGS: Clear without consolidation or infiltrate. No pulmonary nodule.

PLEURAL SPACES: No pneumothorax or pleural effusion.

BONES: No acute osseous abnormality.

IMPRESSION:

UNREMARKABLE PORTABLE AP VIEW OF THE CHEST.

Electronically reviewed and released by
Aamer Farooki, MD, Body Imaging Radiologist

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name: CHAMBLEE SANDRA
DOB: 1962-12-27 Age: 48
Gender: F
14:39:00
Telephone Number:
Stay Type: 1
Room Number:
Ordering Physician: GLENN POON
Transcribed: 2011-06-06 14:39:00

Account Number: 01069380
X-ray Number: 86843 1111120313
Admit Date: 2011-06-06
Discharge Date:
F/C
Med Rec Number: 4130241
Transcribed by:

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Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name:	CHAMBLEE SANDRA	Account Number:	01069380
DOB: 1962-12-27	Age: 48	X-ray Number:	86843 1111120364
Gender:	F	Admit Date:	2011-06-07
06:27:00			
Telephone Number:		Discharge Date:	
Stay Type:	1	F/C	
Room Number:		Med Rec Number:	4130260
Ordering Physician:	GLENN POON		
Transcribed:	2011-06-07 06:27:00	Transcribed by:	

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-07 07:33:28
Reason for Procedure: Unknown

CLINICAL: Asthmatic bronchitis

TECHNIQUE: Portable AP view of the chest.

COMPARISON: None.

MEDIASTINUM: Normal.

HEART: Normal.

LUNGS: Clear without consolidation or infiltrate. No pulmonary nodule.

PLEURAL SPACES: No pneumothorax or pleural effusion.

BONES: No acute osseous abnormality.

IMPRESSION: NO ACTIVE CHEST DISEASE OR INTERVAL CHANGE.

Electronically reviewed and released by
Michael Reed, MD, Body Imaging Radiologist

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

VISIT #: 01069380

DOB: 12-27-1962

EXAM: XR CHEST (SINGLE VIEW)

FILM #: 86843

PHYSICIAN: GLENN POON

PATIENT LOCATION: INPATIENT

SEX: F

EXAM DATE: 06-07-2011 06:27:00

CLINICAL: Asthmatic bronchitis**TECHNIQUE:** Portable AP view of the chest.**COMPARISON:** None.**MEDIASTINUM:** Normal.**HEART:** Normal.**LUNGS:** Clear without consolidation or infiltrate. No pulmonary nodule.**PLEURAL SPACES:** No pneumothorax or pleural effusion.**BONES:** No acute osseous abnormality.**IMPRESSION:** NO ACTIVE CHEST DISEASE OR INTERVAL CHANGE.

Michael Reed, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-06-07 07:33:28

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services".

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name: CHAMBLEE SANDRA
DOB: 1962-12-27 Age: 48
Gender: F
14:35:00
Telephone Number:
Stay Type: 1
Room Number:
Ordering Physician: GLENN POON
Transcribed: 2011-06-09 14:35:00

Account Number: 01069380
X-ray Number: 868431111120848
Admit Date: 2011-06-09
Discharge Date:
F/C
Med Rec Number: 4130356
Transcribed by:

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-09 16:28:23
Reason for Procedure: Unknown

HISTORY: Sinus headache.

CT SCAN OF THE BRAIN WITHOUT INTRAVENOUS CONTRAST MEDIA.

TECHNIQUE: Multiple images of the brain were obtained.

FINDINGS: The brain parenchyma is normal. There are no high or low density lesions. The ventricles are normal and there is no mass effect. The cerebral sulci are also normal. No lytic or blastic lesions are identified. All of the paranasal sinuses are clear.

IMPRESSION:
NORMAL CT SCAN OF THE BRAIN.

Electronically reviewed and released by
Rodolfo Celis, MD, Body Imaging Radiologist

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name: CHAMBLEE SANDRA
DOB: 1962-12-27 Age: 48
Gender: F
14:37:00
Telephone Number:
Stay Type: 1
Room Number:
Ordering Physician: GLENN POON
Transcribed: 2011-06-09 14:37:00

Account Number: 01069380
X-ray Number: 868431111120849
Admit Date: 2011-06-09
Discharge Date:
F/C
Med Rec Number: 4130358
Transcribed by:

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-09 16:28:28
Reason for Procedure: Unknown

HISTORY: Headache, bronchitis.

CT SCAN OF THE PARANASAL SINUSES.

TECHNIQUE: Multiple images of the paranasal sinuses in the axial projection were obtained.

FINDINGS: Slight mucosal thickening is seen in the left maxillary antrum. The rest of the paranasal sinuses are clear. The visualized bony structures are normal.

IMPRESSION:
MILD LEFT CHRONIC MAXILLARY SINUSITIS.

Electronically reviewed and released by
Rodolfo Celis, MD, Body Imaging Radiologist

Elbert Memorial Hospital

4 Medical Drive
Elberton Georgia 30635

Radiology Report

Patient Name:	CHAMBLEE SANDRA	Account Number:	01069380
DOB:	1962-12-27	Age:	48
Gender:	F	X-ray Number:	86243 1111120849
14:37:00		Admit Date:	2011-06-09
Telephone Number:		Discharge Date:	
Stay Type:	1	P/C:	
Room Number:		Med Rec Number:	4130356
Ordering Physician:	GLENN POON	Transcribed by:	
Transcribed:	2011-06-09 14:37:00		

Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document

COMPLETE: 2011-06-09 16:25:28
Reason for Procedure: Unknown

HISTORY: Headache, bronchitis.

CT SCAN OF THE PARANASAL SINUSES.

TECHNIQUE: Multiple images of the paranasal sinuses in the axial projection were obtained.

FINDINGS: Slight mucosal thickening is seen in the left maxillary antrum. The rest of the paranasal sinuses are clear. The visualized bony structures are normal.

IMPRESSION:
MILD LEFT CHRONIC MAXILLARY SINUSITIS.

Electronically reviewed and released by
Rodolfo Celis, MD, Body Imaging Radiologist

ELBERT MEMORIAL HOSPITAL

4 Medical Drive Elberton, GA 30635

PHONE: 706-213-2569 - FAX:

PATIENT NAME: CHAMBLEE, SANDRA

VISIT #: 01069380

DOB: 12-27-1962

EXAM: CT HEAD/BRAIN WITHOUT
CONTRAST

FILM #: 86843

PHYSICIAN: GLENN POON

PATIENT LOCATION: INPATIENT

SEX: F

EXAM DATE: 06-09-2011 14:35:00

HISTORY: Sinus headache.**CT SCAN OF THE BRAIN WITHOUT INTRAVENOUS CONTRAST MEDIA.****TECHNIQUE:** Multiple images of the brain were obtained.**FINDINGS:**

The brain parenchyma is normal. There are no high or low density lesions. The ventricles are normal and there is no mass effect. The cerebral sulci are also normal. No lytic or blastic lesions are identified. All of the paranasal sinuses are clear.

IMPRESSION:**NORMAL CT SCAN OF THE BRAIN.**

Rodolfo Celis, MD, Body Imaging Radiologist

Thank you for allowing us to participate in the care of your patient.

This report e-signed, verified and authenticated by physician on:

2011-06-09 16:28:23

Professional interpretation by Prodigy Healthcare "24/7 Subspecialized Radiology Services"

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DRIVE
ELBERTON, GA 30635

DISCHARGE SUMMARY

NAME: CHAMBLEE SANDRA L
ROOM: 104
AGE: 48
DOB: 12/27/1962
SEX: F
STAY TYPE: I/P

MR NUMBER: 157590
ACCT NUMBER: 01069380
ADMITTING PHY: Glenn Poon, M.D.
ADMIT DATE: 06/01/11
DISCHARGE DATE: 06/10/11

DISCHARGE DIAGNOSIS:

1. Acute bronchitis.
2. Asthma with acute exacerbation.
3. Cervical spine sprain.
4. Back sprain.
5. Vitamin D deficiency.
6. Hypoxemia.

This is a 48 year-old female patient with long history of asthma problems in the past. According to her she has been using her jet nebulizer treatments in the past month or so and lately is just getting a lot worse. According to her the jet nebulizer treatment will work a little bit but the bronchospasm will recur again. The patient finally came to the office for a check up. At that time the patient was having significant diffuse wheezing of both lungs. She appeared to be quite tight. The O2 saturation was around 90% on room air. Because of the significant problems the patient was given jet nebulizer treatment in the office with a little bit of relief. Again the O2 saturation did not go up much. Because of that the patient was subsequently admitted to the hospital for further management. After the patient was admitted a culture was done and also blood gas was done. The patient was put on jet nebulizer treatments with bronchodilators including steroids, Atrovent and Albuterol. The patient was given IV steroids, IV antibiotics and supportive treatment. The patient did improve but again off and on the patient continued to have significant flare ups as soon as I cut down the IV steroids. We checked a chest x-ray and again it did not show any acute pneumonia or infiltrate. The patient does have a lot of back pain and also significant headache. Because of that CT scan of the brain was done. It did not show any acute abnormality. The patient does show some chronic left side sinusitis problem. Cervical spine is okay. The patient continued to be treated supportively. We gradually cut down the IV steroids and subsequently changed to by mouth steroids. IV antibiotic which was Levaquin was discontinued. The patient was

Electronically reviewed and signed by:
Glenn Poon, M.D.

1

07/31/11 11:06

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DRIVE
ELBERTON, GA 30635

DISCHARGE SUMMARY

NAME: CHAMBLEE SANDRA L

MR NUMBER: 157590

ROOM: 104

ACCT NUMBER: 01069380

AGE: 48

ADMITTING PHY: Glenn Poon, M.D.

DOB: 12/27/1962

ADMIT DATE: 06/01/11

SEX: F

DISCHARGE DATE: 06/10/11

STAY TYPE: I/P

put on Levaquin by mouth. At one point I tried to take her off the oxygen and her O2 sat was around 90 to 95% on room air but it did not take long the O2 sat would drop down to about 85% range. She had significant difficulty when she tried to get up and move about without oxygen. Because of that home oxygen was arranged. The patient was subsequently discharged back to home.

CONDITION AT DISCHARGE: Fair and stable.

MEDICATION AT DISCHARGE:

1. Jet nebulizer treatments with Albuterol and Atrovent 4x a day on prn basis.
2. Jet nebulizer treatment with Pulmicort 1 mg twice a day.
3. Singulair 10 mg by mouth daily.
4. Oleptroer 300 mg by mouth hs.
5. Klonopin 0.5 mg by mouth twice a day.
6. Zyrtec 10 mg by mouth daily.
7. Ambien 10 mg by mouth hs on prn basis.
8. Nasonex nasal spray, 2 sprays per each nostril twice a day.
9. Zolof 50 mg by mouth daily.
10. Peri-Colace 1 tablet by mouth twice a day.
11. Lortab elixir 5 mg per 15 cc x6 ounces, 15 cc every 6 hours on prn basis.
12. Prednisone dose pack, 10 mg #12 dose pack started for wheezing.

FOLLOW UP CARE: The patient will be back to the office in 3 or 4 weeks time. Patient will see her pulmonologist in 4 days time. Patient will also use nasal oxygen 1 liter per minute at home.

ACTIVITY: Up as tolerated.

DIET: Low fat diet.

LABORATORY TESTS: Blood gas initially on room air pH 7.43, PCO2 43, PO2 89, base excess 3.9, HCO3 28.5. O2 saturation 97%. Before

Electronically reviewed and signed by:
Glenn Poon, M.D.

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07/31/11 11:06

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DRIVE
ELBERTON, GA 30635

DISCHARGE SUMMARY

NAME: CHAMBLEE SANDRA L

MR NUMBER: 157590

ROOM: 104

ACCT NUMBER: 01069380

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DOB: 12/27/1962

ADMIT DATE: 06/01/11

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DISCHARGE DATE: 06/10/11

STAY TYPE: I/P

the patient was discharged on room air pH 7.46, PCO2 53, PO2 51, base excess 11.5, HCO3-37.5. O2 saturation 88%. CMP total protein 7.0, albumin 3.8, AG ratio 1.2, calcium 9.1, glucose 115, BUN 12, creatinine 0.9, BUN creatinine ratio 13.3, total bilirubin 0.2, alkaline phosphatase 96, SGOT 11, sodium 138, potassium 3.5, chloride 105, CO2 27, anion gap 6.0, GPT 26. CBC WBC count 6.5, RBC 4.53, hemoglobin 12.0, hematocrit 35.7, MCV 78.7, MCH 26.4, MCHC 33.6, platelet count 345,000, differential count 76 segs, 22 lymphs, 2 monos. Before the patient was discharged - CBC WBC count 16.4, RBC 4.68. Urinalysis - negative. Urine culture - negative. Blood culture - negative. Rapid strep test came back - negative. Chest x-ray - unremarkable portable AP view of the chest. Thoracic spine was normal. Follow up chest x-ray again showed no acute changes. CT scan of the brain showed normal CT scan of the brain. CT scan of the paranasal sinuses showed mild left chronic maxillary sinusitis.

GLENN POON, M.D./jbb

D: 07/28/11 (11:19 a.m.)

T: 07/28/11 (2:43 p.m.)

Electronically reviewed and signed by:
Glenn Poon, M.D.

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07/31/11 11:06

PRINT DATE: 08/03/11 347

Thomas P. Crocker, M.D.

Medical Director

TIME: 14:05

Elbert Memorial Hospital

4 Medical Drive

Elberton, GA 30635

LABORATORY -- COMPARATIVE REPORT

PAGE 1

CLIA Number:

11D0262037

LACUMV

NAME.: CHAMBLEE SANDRA L

SEX.....: F

ATTENDING: POON GLENN S MD

ACCT#: 01069380

AGE.....: 48 Y

SECOND...:

ROOM.: 104 DISCH 6/10/11 - NO PENDING ORDERS

DOB.....: 12/27/1962

PRIM CARE.:

PAT. PHONE: 8643526555

ADMIT: 06/01/11

MR#.....: 157590

CHEMISTRY

	06/08/11 0950	06/06/11 1115	06/01/11 1635	REFERENCE RANGE	UNITS
TOTAL PROTEIN		6.2 L	7.0	6.4 -	8.2 g/dl
ALBUMIN		3.4	3.8	3.4 -	5.0 g/dl
A/G RATIO		1.2	1.2		
CALCIUM	8.4 L	8.2 L	9.1	8.5 -	10.5 mg/dl
GLUCOSE	107 H	107 H	115 H	75 -	99 mg/dl
BUN	21 H	19 H	12	7 -	18 mg/dl
CREATININE	1.1	1.1	0.9	0.6 -	1.3 mg/dl
BUN/CREAT	19.1	17.3	13.3		
T BILI		0.2	0.2	0.0 -	1.0 mg/dl
ALK PHOS		81	96	50 -	136 U/L
AST/GOT		10 L	11 L	15 -	37 U/L
SODIUM	135	139	138	133 -	141 mMol/L
POTASSIUM	4.2	4.3	3.5	3.2 -	4.7 mMol/L
CHLORIDE	101	104	105	97 -	105 mMol/L
CO2	32	32	27	24 -	32 mMol/L
ANION GAP	2.0 L	3.0	6.0	3.0 -	15.0 mMol/L
UA/GPT		21 L	24 L	30 -	65 U/L
eGFR	56	56	>60		
eGFR - AA	>60	>60	>60		

Chronic kidney disease is defined as either kidney damage or GFR less than 60 for at least three months. eGFR should be correlated with patient's clinical status. eGFR should not be used to calculate drug dosage.

ARTERIAL BLOOD GAS

	06/10/11 1112	06/09/11 0915	06/09/11 0500	06/07/11 0510	06/06/11 1115	06/03/11 0659	06/01/11 1635	REFERENCE RANGE	UNITS
SITE	RTRAD	LFRAD	LFRAD	RTRAD	RTRAD	RTRAD	LFRAD		
O2	ROOM AIR	1 LITER NC	ROOM AIR	ROOM AIR	ROOM AIR	ROOM AIR	ROOM AIR		
ALLEN'S TEST	ACCEPTABLE	ACCEPTABLE	ACCEPTABLE	ACCEPTABLE	ACCEPTABLE	ACCEPTABLE	ACCEPTABLE		
PH	7.46 H	7.38	7.37	7.47 H	7.41	7.31 L	7.43	7.35 -	7.45
PCO2	53 H	60 HC	64 HC	48	54 H	55 H	43	35 -	48 mmHG
PO2	51 LC	65 L	56 L	85	64 L	63 L	89	83 -	108 mmHG
BE	11.5 H	7.9 H	9.5 H	9.8 H	7.7 H	0.2	3.9 H	-2.0 -	3.0 mmol/L
HCO3	37.5 H	34.9 H	37.0 H	34.9 H	34.1 H	27.6 H	28.5 H	18.0 -	23.0 mmol/L
TCO2	39.2 H	36.7 H	39.0 H	36.4 H	35.8 H	29.3 H	29.8 H	23.0 -	27.0 mmol/L
SAT	88.0 L	92.0 L	88.0 L	97.0	93.0 L	90.0 L	97.0	95.0 -	98.0 %
CALLED TO/BY	VICKY:BEA	KELLIE:BEA	BH @ 0607/SAM						

PRINT: 08/03/11 14:05 **CHAMBLEE SANDRA L**

347 Page: 1 CONTINUED

LEGEND: L-Low, H-High, C-Critical, A-Abnormal, *E-Error

PRINT DATE: 08/03/11 347

Thomas P. Crocker, M.D.

Medical Director

TIME: 14:05

Elbert Memorial Hospital

4 Medical Drive

Elberton, GA 30635

LABORATORY -- COMPARATIVE REPORT

PAGE 2

CLIA Number:

11D0262037

LACUMV

Name.: CHAMBLEE SANDRA L

ACCT#: 01069380

ROOM.: 104 DISCH 6/10/11 - NO PENDING ORDERS

ADMIT: 06/01/11

SEX.....: F

AGE.....: 48 Y

DOB.....: 12/27/1962

PAT. PHONE: 8643526555

MR#.....: 157590

ATTENDING: POON GLENN S MD

SECOND....:

PRIM CARE.:

ARTERIAL BLOOD GAS

	06/10/11	06/09/11	06/09/11	06/07/11	06/06/11	06/03/11	06/01/11	REFERENCE	
	1112	0915	0500	0510	1115	0659	1635	RANGE	UNITS
COMMENT:	SEE BELOW*	SEE BELOW*	SEE BELOW*						
REPEAT/VERIF	ABG'S	ABG,S	ABG'S						
* TEST: COMMENT:	PO2		06/10/11 11:12	READ BACK & VERIFIED					
* TEST: COMMENT:	PCO2		06/09/11 09:15	READ BACK & VERIFIED					
* TEST: COMMENT:	PCO2		06/09/11 05:00	READ BACK & VERIFIED					

HEMATOLOGY

	06/08/11	06/06/11	06/01/11	REFERENCE
	0950	1115	1635	RANGE UNITS
WBC	16.4 H	9.5	6.5	3.8 - 10.7 th/cmm
RBC	4.68	4.54	4.53	3.80 - 5.20 ml/cmm
HGB	12.5	12.2	12.0	11.5 - 15.3 g/dl
	36.8	35.8	35.7	35.0 - 46.0 %
	78.7 L	78.9 L	78.7 L	80.0 - 99.9 fl
MCH	26.8	26.9	26.4	26.0 - 35.0 pg
MCHC	34.0	34.0	33.6	33.5 - 35.9 g/dl
PLT	370	284	345	150 - 450 th/cmm
SEG%	86.9 H	82.7 H	56.6	43.0 - 75.0 %
LYMPH%	7.5 L	12.2 L	25.7	18.0 - 46.0 %
MONO%	5.4	4.7	7.8	2.0 - 12.0 %
EOSIN%	0.0	0.3	7.1 H	0.0 - 6.0 %
BASO%	0.2	0.1	2.8 H	0.0 - 2.0 %
SEG#	14.3 H	7.9 H	3.6	1.5 - 7.5 th/cmm
LYMPH#	1.2	1.2	1.7	0.6 - 4.6 th/cmm
MONO#	0.9	0.4	0.5	0.1 - 1.2 th/cmm
EOSIN#	0.0	0.0	0.5	0.0 - 0.7 th/cmm
BASO#	0.0	0.0	0.2 H	0.0 - 0.1 th/cmm
RDW-CV	13.7	13.8	13.8	11.0 - 15.0 %
MPV	7.4 L	7.8 L	7.4 L	8.0 - 13.0 fl
MANUAL DIFF	INDICATED	INDICATED	INDICATED	
SEG	82 H	80 H	76 H	43 - 75 %
BAND	4	3		0 - 5 %
LYMP	13 L	17 L	22	18 - 46 %
MONO	1		2	1 - 11 %
PLT ESTIMATE	ADEQ	ADEQ	ADEQUATE	
COMMENT:	SEE BELOW*	SEE BELOW*	SEE BELOW*	
* TEST: COMMENT:	RBC MORPH		06/08/11 09:50	No abnormalities seen in RBC Morphology
* TEST: COMMENT:	RBC MORPH		06/06/11 11:15	No abnormalities seen in RBC Morphology
* TEST: COMMENT:	RBC MORPH		06/01/11 16:35	No abnormalities seen in RBC Morphology

PRINT: 08/03/11 14:05 CHAMBLEE SANDRA L

347 Page: 2 CONTINUED

LEGEND: L-Low, H-High, C-Critical, A-Abnormal, *E-Error

PRINT DATE: 08/03/11 347
Thomas P. Crocker, M.D.
Medical Director
TIME: 14:05

Elbert Memorial Hospital
4 Medical Drive
Elberton, GA 30635
LABORATORY -- COMPARATIVE REPORT

PAGE 3
CLIA Number:
11D0262037
LACUMV

NAME.: CHAMBLEE SANDRA L
ACCT#: 01069380
ROOM.: 104 DISCH 6/10/11 - NO PENDING ORDERS
ADMIT: 06/01/11

SEX.....: F
AGE.....: 48 Y
DOB.....: 12/27/1962
PAT. PHONE: 8643526555
MR#.....: 157590

ATTENDING: POON GLENN S MD
SECOND...:
PRIM CARE..:

URINALYSIS

	06/03/11	REFERENCE
	1424	RANGE UNITS
COLLECTED?	CCMS	
COLOR	Yellow	straw - yellow
APPEARANCE	Clear	clear - sl cloudy
GLUCOSE	NEGATIVE	negative
BILIRUBIN	NEGATIVE	negative
KETONES	NEGATIVE	negative
SP GRAVITY	1.015	1.001 - 1.030
PH	5.0	5.0 - 8.0
PROTEIN	NEGATIVE	negative
UROBILINOGEN	0.2	0.2 - 1.0 EU/dl
NITRITE	NEGATIVE	negative
OCCULT BLD	NEGATIVE	negative
LEUK ESTERAS	NEGATIVE	negative
MICROSCOPIC	NOTIND	
C&S Set Up	MD ORDERED	

MICROBIOLOGY

Chronic kidney disease is defined as either kidney damage or GFR less than 60 for at least three months. eGFR should be correlated with patient's clinical status. eGFR should not be used to calculate drug dosage.

PRINT DATE: 08/03/11 347
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Medical Director
TIME: 14:05

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LABORATORY -- COMPARATIVE REPORT

PAGE 4
CLIA Number:
11D0262037
LACUMV

NAME.: CHAMBLEE SANDRA L
ACCT#: 01069380
ROOM.: 104 DISCH 6/10/11 - NO PENDING ORDERS
ADMIT: 06/01/11

SEX.....: F
AGE.....: 48 Y
DOB.....: 12/27/1962
PAT. PHONE: 8643526555
MR#.....: 157590

ATTENDING: POON GLENN S MD
SECOND...:
PRIM CARE.:

MICROBIOLOGY

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED---
6/01/11 1603	6/03/11 1423	6/03/11 1457	6/05/11 1008	6/05/11 1008
JR	JAS	PDJ	CKG	CKG

CULTURE URINE

SEND PHARM? NO
NOTIFY IC? NO

MICROBIOLOGY REPORT SUMMARY

** FINAL **

Antimicrobial Susceptibility and Organism Identification Report	
Specimen Number : 20754	Requested : / /
Specimen Source : URINE-SEE BELOW	Collected : 06/03/11 15:00
Ward of Isolation : INPATIENT	Received : 06/03/11 15:23
Requesting Physician :	

Miscellaneous Tests and Comments

PRELIMINARY REPORT
NO GROWTH AT 24 HRS.
FINAL REPORT
NO GROWTH AT 48 HRS.

Comments : CCMS

Iso/Result	Identity	Organisms Identified	
		Tested	Comments

* Susceptibilities, if performed, appear on the following page(s).

Tech :	Source : URINE-SEE BELOW	ID # : 01069380
Report Date : / /	Collected : 06/03/11 15:00	

** FINAL **

PRINT DATE: 08/03/11 347
Thomas P. Crocker, M.D.
Medical Director
TIME: 14:05

Elbert Memorial Hospital
4 Medical Drive
Elberton, GA 30635
LABORATORY -- COMPARATIVE REPORT

PAGE 5
CLIA Number:
11D0262037
LACUMV

NAME.: CHAMBLEE SANDRA L
ACCT#: 01069380
ROOM.: 104 DISCH 6/10/11 - NO PENDING ORDERS
ADMIT: 06/01/11

SEX.....: F
AGE.....: 48 Y
DOB.....: 12/27/1962
PAT. PHONE: 8643526555
MR#.....: 157590

ATTENDING: POON GLENN S MD
SECOND...:
PRIM CARE.:

MICROBIOLOGY

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED--
6/01/11 1602	6/01/11 1635	6/01/11 1642	6/06/11 2037	6/06/11 2037
JR	BAB	EET	SAM	SAM

CULTURE BLOOD
SEND PHARM?
NOTIFY IC?

MICROBIOLOGY REPORT SUMMARY

** FINAL **

----- Antimicrobial Susceptibility and Organism Identification Report -----	
Specimen Number : 20751	Requested : / /
Specimen Source : BLOOD	Collected : 06/01/11 16:35
Ward of Isolation : ACUTE CARE	Received : 06/01/11 17:00
Requesting Physician :	

Miscellaneous Tests and Comments

PRELIMINARY REPORT
NO GROWTH AT 48 HRS.
FINAL REPORT
NO GROWTH AT 5 DAYS

Iso/Result	Identity	Organisms Identified	
		Tested	Comments

* Susceptibilities, if performed, appear on the following page(s).

Tech : _____	Source : BLOOD	ID # : 01069380
Report Date : / /	Collected : 06/01/11 16:35	

** FINAL **

PRINT DATE: 08/03/11 347
Thomas P. Crocker, M.D.
Medical Director
TIME: 14:05

Elbert Memorial Hospital
4 Medical Drive
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LABORATORY -- COMPARATIVE REPORT

PAGE 6
CLIA Number:
11D0262037
LACUMV

NAME: CHAMBLEE SANDRA L
ACCT#: 01069380
ROOM: 104 DISCH 6/10/11 - NO PENDING ORDERS
ADMIT: 06/01/11

SEX: F
AGE: 48 Y
DOB: 12/27/1962
PAT. PHONE: 8643526555
MR#: 157590

ATTENDING: POON GLENN S MD
SECOND: :
PRIM CARE: :

MICROBIOLOGY

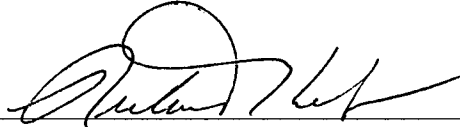
--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED---
6/01/11 1603	6/01/11 1807	6/01/11 1826	6/01/11 1836	6/01/11 1836
JR	DLT	EET	EET	EET
STREP SCREEN		NEGATIVE		(NORMAL: NEGATIVE

CERTIFICATE OF COUNCIL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

March 14, 2016

THOMPSON & KING LAW FIRM

A handwritten signature in black ink, appearing to read "Richard E. Thompson, Jr.", is written over a horizontal line.

Richard E. Thompson, Jr.
P.O. Box 14230
Anderson, SC 29624
864-222-0200
Attorney for Appellant