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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM APPELLATE PANEL OF THE S.C. WORKER'S COMPENSATION
COMMISSION

T. Scott Beck, Commissioner

Melody L. James, Commissioner

Gene McCaskill, Commissioner

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SEP 19 2016

SC Court of Appeals

WCC File No. 1303465

Appellate Case No. 2016-000790

Ann Stevenson

Claimant/Appellant

vs.

Wal-Mart Stores, Inc.

AND

New Hampshire Insurance Co.

Carrier,

Defendants. Respondents

MOTION TO EXTEND TIME FOR FILING APPELLANT'S BRIEFS

I, Ann Stevenson, hereby request a Time Extension until April 2, 2017 to file appellant's briefs in the above-captioned appeal for the following reasons:

- 1) I am currently being treated for Facial Shingles lingering nerve damage effects involving the nerves on the right side of my face, nose, eye, ear, mouth, and head .
- 2) I have been seen by an ophthalmologist-retina specialist and other doctors for the complications of the shingles, who recommend lubrication and avoidance of triggers.
- 3) Before contracting The Shingles and before my lawyer, Carter Martling, was removed from my case, everyone I contacted – lawyers and others -- about my case refused to give me any information, refused to discuss anything with me, including the ombudsman evidently because my lawyer had not released me. I was refused access to my case files and all information, as well as some medical files and witness statements.
- 4) I was able to make an appointment with Amy Bracy (09/01/16) to pick up a copy of most of my case file in Columbia and some of my file from my former lawyer which was recently sent to me (still missing some). I contacted Coral Strickland to get a copy of Dr. Merritt's Deposition.

- 5) After more than two years of trying to get my records from the Columbia Office of Doctors Care,(the original physicians who treated me that most of the doctors used as a basis), I was able to go there to their local office again and this time pick up a copy of my file on 09/14/16.
- 6) New facts were found in the above file showing "that the WRONG DOCTOR had REFUSED Dr Merritt's orders for physical therapy that he thought I had attended because he had signed for it. I would like the time to find more information in my files at Dr Merritt's office and make a double appointment with him (sometimes specialists have a long wait) in order to 1)show him why I did not get the physical therapy he wrote for, and 2) show him who decided to deny his therapy.
- 7) None of the lawyers, I tried to contact when I was allowed to, would agree to take on a case unless they were given a minimum of 6 months, I am not a lawyer and really do not know what I am doing or supposed to do "to become my own lawyer". I would like to be able retain another lawyer.
- 8) Also I have prior injuries from this appeal that cause problems walking, driving, and moving distances which slow and prevent me from some physical activities to places that I would need access to be able to research legal citations.

For these and many other reasons, In The Pursuit of Justice, I respectfully request this time extension. I am not educated in the legal procedures enough to accurately file the information which has recently surfaced and to find legal wording for information acquired after the last hearing.

September 16, 2016

Ann Stevenson

Ann Stevenson
2261 Greenleaf Drive
Conway, S.C. 29526
843-347-5151
Appellant / Claimant

Counsel of Record

W. Johnnie Baxley III, Esquire
Wilson, Jones, Carter, & Baxley, PA
421 Wando Park Blvd.
Mt. Pleasant, SC 29464
843-284-1082
Attorney for Respondents



Authorization for Release of Health Information

Expires upon one time release.

Patient Name: Ann Stevenson DOB: 5/19/1956
Address: _____
City, State, Zip: _____ Phone: _____

I authorize the practice listed below to release my health information:

Practice Name: DOCTORS CARE CAROLINA FOREST
Address: 200 MIDDLEBURG DR Phone: 843-903-6650
City, State, Zip: MYRTLE BEACH, SC 29579 Fax: 843-903-0758

Please forward/release my health information to:

Self

The information below is provided at the request of the patient. (Describe PHI needed)

Patient Information

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. I understand that information disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the address of the Doctors Care center above. I also understand that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification.

Ann Stevenson Date: 9/14/16
Signature of Patient or Personal Representative

Description of Personal Representative's Authority (attach necessary documentation)

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:8562-H-6247]



05/13/2013

From Provider	To Provider
JAMES O. MERRITT, IV, MD STRAND ORTHOPAEDIC CONSULTANTS, LLC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	PROGRESSIVE PHYSICAL THERAPY 1220 21ST AVE N MYRTLE BEACH, SC 29577 Phone: (843) 443-9368 Fax: (843) 916-2348

Order Information

Order
Orders included: 1 844.9: Sprains and strains of knee and leg; unspecified site of knee and leg • PHYSICAL THERAPY REFERRAL Send To: PROGRESSIVE PHYSICAL THERAPY Note to Provider: PLS CONTINUE CURRENT TREATMENT Visits per Week: 3 Number of Weeks: 4-6

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	F 05/19/1956 57 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O. MERRITT, IV., MD

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Order to continue therapy 6/21/13 WC must have stopper

STRAND ORTHOPAEDIC CONSULTANTS, LLC - 2 Village Center Blvd., Ste 200, MYRTLE BEACH, SC 29579-6206

STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Consult Orders

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/notifyfax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-488-8436 to notify the sender and confirm that the information will be destroyed. [ID:46497-H-6247]



06/11/2013

From Provider:	To Provider:
JAMES O. MERRITT, IV., MD STRAND ORTHOPAEDIC CONSULTANTS, LLC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	PROGRESSIVE PHYSICAL THERAPY 1220 21ST AVE N MYRTLE BEACH, SC 29577 Phone: (843) 443-9368 Fax: (843) 916-2348

Order Information

Order:
Orders included: 1 840: Sprains and strains of shoulder and upper arm* • PHYSICAL THERAPY REFERRAL Send To: PROGRESSIVE PHYSICAL THERAPY Note to Provider: PLS CONTINUE CURRENT TREATMENT

Patient Information

Patient Name	STEVENSON, ANN W
Sex DOB Age	F 05/19/1956 57 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O. MERRITT, IV., MD

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Progressive Physical Therapy
 The Leader in Innovative Therapies

FUNCTIONAL MOBILITY PROGRESS SUMMARY

1220 21st Avenue North
 Myrtle Beach, SC 29577
 ph: (843) 443-9368
 fax: (843) 916-2546

- To MED:
 Faxed
 Mailed
 Given to Patient
 Filed in DC chart

Patient Name: Ann Stevenson Dx: ICD-9: Physical Injury Date: 10/12/13
 DOB: 5/19/50 Date of Onset: 2/11/13 Physician: Dr. Mervin
 Claim #: 108154710 Date of Surgery: NA Therapist: Kristina Courtney, DPT

Date of initial evaluation: 4/3/13 Date of last treatment: _____ Total visits attended? 2 Missed?: 1

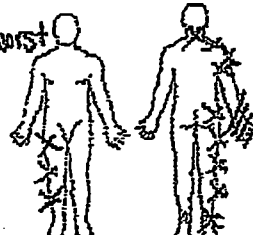
Benefit of treatment perceived by the patient? Good Fair Poor
 Compliance to PT HEP perceived by therapist? Good Fair Poor
 Current Work status: N/A on regular duty off duty: Reason refuses light duty

SUMMARY OF TREATMENTS

- General Strengthening Manual Treatments Gait Training Physical Agents/Modalities
 General Conditioning Postural Education Wheelchair Training Patient/ Caregiver Education
 General Stretching Home Exercise Program Transfer Training

SUBJECTIVE REPORT OF CURRENT STATUS: Shoulder: 0/10 now, 0/10 at best 2/10 at worst

neck: Pain: 1/10 @ present, 1/10 @ best, 10/10 @ worst Location: (B) side of body
 Quality: (sharp) dull aching (throbbing) (stinging) (sore) other:
 Neuro/Radicular Complaints:
 Functional Limitations / Aggravating Factors: walking 75', using (bladder) reaching
Wrist: 4/10 at present, 0/10 at best, 10/10 at worst
Elbow: 3/10 at present, 0/10 at best, 10/10 at worst
Throat worst



SUMMARY OF OBJECTIVE FINDINGS:

ROM: Cervical: ✓ 48° ext 39°, SR (B) 24° (L) 35°, Rot (R) 59° (L) 55°
 Shoulder: ✓ 146° abd 112°, IR: 11° (SR) 11° (L) 14° (SR) 14° (L) 14°
 Wrist: ✓ 118° ext 7° @ hip 108°
 Strength: 4-15 E. (squared) present on motions of strength testing
 Functional Abilities Demonstrated: able to walk w/ a handrail and begins w/ to start/ walk 7-10-15 min
due to pain; w/ to perform most therapy & refusal due to inability to maintain these (B) hand (B) feet
 Other Objective Findings: continued low level non-organic sx's. subjective & objective
not observed performing activities she states she cannot do & performs 4 ABDM when not
objectively measured

REVIEW OF ESTABLISHED GOALS

Patient has met 2 out of 2 initial PT goals established at the initial evaluation.
 independent with HEP (partially met/ fully met/ not met) improve functional mobility (specifically met/ fully met/ not met)
 decrease symptoms (partially met/ fully met/ not met) improve quality of movement (partially met/ fully met/ not met)
 increase range of motion (partially met/ fully met/ not met) increase functional capacity (partially met/ fully met/ not met)
 increase strength (partially met/ fully met/ not met)

RECOMMENDATIONS REQUESTED BY PT

Continue Physical Therapy for _____ x per week for _____ weeks
 Discontinue PT - no improvement

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

Continue Physical Therapy _____ x per week for _____ weeks
 Hold Physical Therapy
 Discharge Physical Therapy
 Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!
 Physician / Nurse Practitioner / Physician's Asst. Date: 6/11/2013 Physical Therapist Date: 6/12/13

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

MOTION TO EXTEND TIME FOR FILING APPELLANT'S BRIEFS
T. Scott Beck, Commissioner

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Ann Stevenson

Claimant/Appellant

vs.

Wal-Mart Stores, Inc.

AND

New Hampshire Insurance Co.

Carrier,

Defendants. Respondents

PROOF OF SERVICE

I certify that I have served the Motion to Extend Time For Filing Appellant's Briefs on Wal-Mart Stores, Inc., and New Hampshire Insurance Co. by depositing a copy of it in the United States Mail, postage prepaid, on September 15, 2016, addressed to their attorney of record, W. Johnnie Baxley III, Esquire, 421 Wando Park Blvd., Mt. Pleasant, S.C. 29464.

September 16, 2016

Ann Stevenson

Ann Stevenson
1622 Greenleaf Drive
Conway, S.C. 29526
843-347-5151
Claimant/ Appellant

September 16, 2016

W. Johnnie Baxley III, Esquire
Wilson, Jones, Carter, & Baxley, PA
421 Wando Park Blvd.
Mt. Pleasant, SC 29464
843-284-1082
Attorney for Respondents

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SC Court of Appeals

RE: Ann Stevenson, Claimant/Appellant, vs. Wal-Mart Stores, Inc., Employer, and New Hampshire Insurance Company, Carrier/Defendants/Respondents, Worker's Compensation File No. 1303465

Dear Mr. Baxley:

Enclosed for filing is a motion for extension of time to file the appellant's briefs in the above case.

Sincerely,



Ann Stevenson, Claimant/Appellant
2261 Greenleaf Drive
Conway, S.C. 29526
843-347-5151

cc: Ms. Jenny Abbott Kitchings
Clerk, S.C. Court of Appeals
P.O. Box 11629
1220 Senate Street
Columbia, SC 29211

September 16, 2016

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
Post Office Box 11629
1220 Senate Street
Columbia, South Carolina 29211

RE: Ann Stevenson, Claimant/Appellant, vs. Wal-Mart Stores, Inc., Employer, and New Hampshire Insurance Company, Carrier/Defendants/Respondents, Worker's Compensation File No. 1303465

Dear Ms. Kitchings:

Enclosed for filing is a Motion For Extension Of Time to file the initial brief in the above case. Also enclosed are the following:

- (1) Proof of service of the Motion For Extension of Time on the respondents
- (2) The Hipaa release for records sheet dated 09/14/16 when my records were available.
- (3) Dr Merritt's Physical Therapy authorization 05/13/13
- (4) Dr Merritt's Physical Therapy authorization 06/11/13
- (5) Along With Paperwork showing which doctor canceled Dr Merritt's orders
- (6) A filing fee of \$25 for the Motion.

Sincerely,

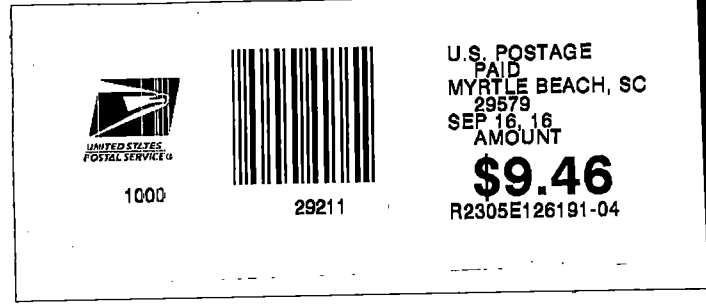
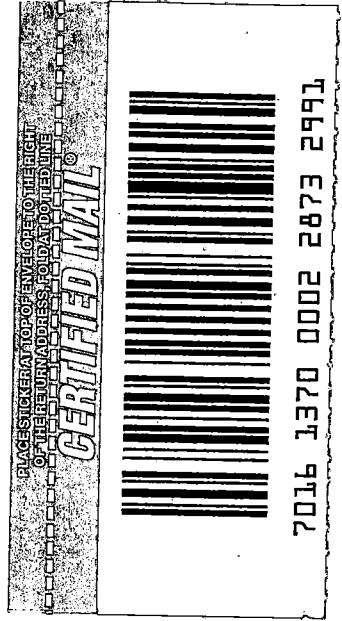
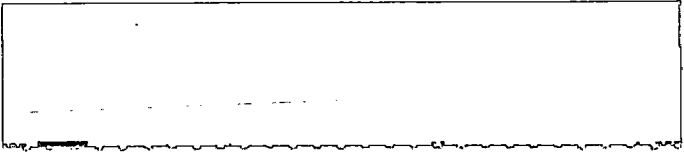


Ann Stevenson, Claimant/Appellant
2261 Greenleaf Drive
Conway, S.C. 29526
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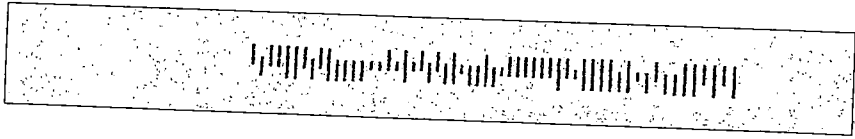
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cc: W. Johnnie Baxley III, Esquire
Wilson, Jones, Carter, & Baxley, PA
421 Wando Park Blvd.
Mt. Pleasant, SC 29464
843-284-1082
Attorney for Respondents

Ann Stewenson
2261 GREENLEAF DR.
CONWAY, SC 29526-9303



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