

THE STATE OF SOUTH CAROLINA
In the Supreme Court

RECEIVED
NOV 15 2016
SC Court of Appeals

IN THE ORIGINAL JURISDICTION
OF THE SUPREME COURT
PURSUANT TO RULE 245(a)(b), SCACR

Appellate Case No: 2016-_____

Clarence Winfrey, Employee,Petitioner,

v.

SC Workers' Compensation Commission
and Form Administrative Order filed
Without Hearing on November 8, 2016,
and American Fire & Casualty Insurance
Company c/o Liberty Mutual Group, Respondents.

IN RE:

Clarence Winfrey, Claimant, v. Archway Services, Inc., Employer,
and American Fire & Casualty Insurance Company,
c/o Liberty Mutual Group, Insurance Carrier;
SCWCC File No. 1306305

And Respondents' Appeal pending in the SC Court of
Appeals; Appellate Case No.: 2014-001788

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AFFIDAVIT OF PRESTON F. MCDANIEL

S.C. SUPREME COURT

I, Preston F. McDaniel having been duly and properly sworn,
do depose and state as follows:

1. That I am Counsel of Record for the Claimant in the
above-referenced workers' compensation claim filed with the SC
Workers' Compensation Commission that resulted in an Award of
benefits including the payment of weekly compensation benefits

and medical benefits. That the Commission Award was appealed by the Defendants and is currently pending before the SC Court of Appeals and is scheduled for oral argument on December 6, 2016.

2. That according to the mandatory provisions of SC Code §42-17-60 during the pendency of the appeal, the Defendants to that workers' compensation Award are paying weekly workers' compensation benefits and medical benefits to my client, the injured worker.

3. That Mr. Winfrey underwent surgery at the Medical University of South Carolina for a mitral valve replacement as medical care stemming from his work-related accident as set forth in the medical records from the Medical University of South Carolina and the assigned rehabilitation nurse case manager's notes both of which are attached hereto and incorporated herein by reference and are records that are kept in the normal course of business at my law firm in this matter.

4. That as set forth in those records, Mr. Winfrey underwent the mitral valve replacement on August 26, 2016 after which he sustained a stroke stemming from the surgery which affected his entire left side and which is affecting his lower extremity at this time and for which he has a prescribed wheel chair, walker and brace and needs a brace and a walker to walk. After in-patient rehabilitation, he has been transported to his home here in Columbia, South Carolina wherein he is currently

residing and wherein he is being provided with home health care services and transportation to and from all doctors' appointments and all medical-related appointments. Mr. Winfrey is totally disabled to my knowledge and his only source of income and ability to provide for the necessities of life on which to live, that being food and shelter, is his weekly workers' compensation payments. (He receives \$44.00/month Social Security due to his weekly workers' compensation payments set-off.)

5. That after the issuance of the Administrative Form Order issued by a lay Workers' Compensation Commissioner on November 8, 2016 and while we were attempting to draft a Motion for Reconsideration, on the afternoon of Thursday, November 10, 2016, somewhere between 4:00 o'clock and 5:00 o'clock p.m., the day before Veteran's Day, we were notified by Liberty Mutual Group that they were immediately stopping temporary compensation payments and all medical care, and all transportation pursuant to that Administrative Form Order which they did that day.

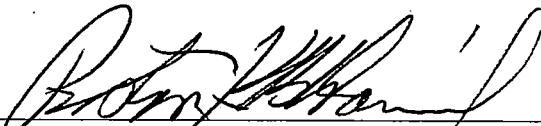
6. That I have contacted Counsel for the Defendants to see if they would be agreeable to a temporary Order suspending that Order until a Motion for Reconsideration or other action could be taken to get this situation addressed, to which I have had no response on that issue.

7. That to the knowledge of the Affiant, the Commission has no statutory or Regulatory authority for the issuance of an Emergency Order to correct this situation. The only Regulation addressing a Motion provides for ten (10) days to Reply, and Counsel for Liberty Mutual Group with copy to Counsel for the Claimant has advised the SC Workers' Compensation Commission that he will request the response time as provided for the in the Rule.

8. That based on my knowledge of my client's condition as established by the medical records, my client is in a dire situation wherein he cannot even drive himself safely, and due to the nature of this surgery and his condition, the failure to provide medical care could have dire consequences for my client, up to and including being life-threatening. Without his weekly compensation check, he does not have the wherewithal to purchase food and/or pay his rent or living expenses.

9. That this Affidavit is being submitted in support of the request for an Emergency Order of the Court staying the Administration Form Order of the Workers' Compensation Commission and enjoining the Respondent Liberty Mutual Group from stopping Mr. Winfrey's compensation benefits and medical benefits until this Court may rule upon the Writ of Mandamus and the Writ of Prohibition that has been filed with the Court.

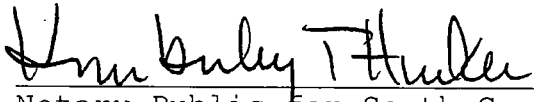
FURTHER THE AFFIANT SAYETH NOT.



Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

Dated: November 15, 2016

SWORN TO BEFORE ME this
15th day of November 2016.



(L.S.)
Notary Public for South Carolina
My Commission Expires: 4-26-20

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MONTHLY REPORT TEMPLATE

Genex - MCM Field Report

Claim #: 22209963 IW Name: Clarence Winfrey
Date of Assignment: 11-May-2015 Current Claims Case Owner: Elizabeth Wrinkle
DOI: 22-May-2013 Report Svc dates: 29-Sep-2016 to 28-Oct-2016
Referral Type: Medical - Field Vendor RN MCM: Howard Altman RN, BSN
Jurisdiction: South Carolina Employer: Archway Service
Attorney's Name: Preston McDaniel Contact Permission: Yes
**Referral objective: Mr. Winfrey's file was received on 11-May-2015 from Beth Wrinkle, CCO with Montgomery Insurance Company, for full case management to coordinate and schedule a neurology appointment to address balance and neuropathic complaints, attend appointments with Cardiologist to determine necessity of identifying a primary care provider at this time, and etiology of anemia and MMI.
Current work status: Not working (likely permanently disabled)
Target dates:
RTW mod duty: Mr. Winfrey will not likely return to same work.
RTW full duty: Mr. Winfrey will not likely return to same work. Date of Report: October 28, 2016
MMI: 18-Sep-2017 Supplier unique field: CNGTLJ

WC Diagnosis(es):

Primary	Diagnosis Code	Diagnosis Description	Compensable
N	425.4	OTHER PRIMARY CARDIOMYOPATHIES	Y
Y	V45.81	POSTSURGICAL AORTOCOR BYPS STATUS	Y
N	782.0	DISTURBANCE OF SKIN SENSATION	N
N	I34.0	NONRHEUMATIC MITRAL INSUFFICIENCY	N

Body Parts: Heart

Current treatment plan:

On 10-Oct-2016, I attended an appointment with Mr. Winfrey and the Coumadin Specialist at Dr. Lanneau Lide's office for face-to-face assessment of Mr. Winfrey and to assist with any problems. I met with Mr. Winfrey in a secluded area of the waiting room. He reported he felt worse overall than before the surgery because of the stroke. He was wearing his AFO and using his walker. He stated his breathing was improved since his surgery but that he still does not have much stamina. We discussed PT/OT will help with his strength and stamina as he continues to recover. We discussed his medications and the purpose for each. We discussed transportation to his appointment with Dr. Ikonomidis tomorrow. He indicated his transportation from Charleston and his transportation today was through a local cab company.

We met with the Coumadin Specialist and watched a video regarding introduction to anticoagulant therapy with Coumadin (warfarin). Judy, the Coumadin Specialist, completed detailed education for Mr. Winfrey regarding diet, medications, activities, side effects, and risks when taking this medication. She stated his PT/INR should remain in the 2-3 range. Today's result was 2.2. She indicated Mr. Winfrey will need to return once weekly for 4 weeks during the initiation phase of the therapy. He was schedule





for his next appointment on 10-17-16. A copy of the PT/INR results were forwarded to Dr. Ikonomidis office.

LOV 25-Oct-2016, Dr. Lanneau Lide, Cardiologist

On, 25-Oct-2016, I attended an appointment with Mr. Winfrey and Dr. Lanneau Lide, Cardiologist. I met with Mr. Winfrey in a secluded area outside the Coumadin clinic. He was walking with the assistance of a cane today. He reported he is doing better overall. He stated the Physical Therapist recommended not using the AFO brace while in his home. Mr. Winfrey voiced concern because of the weakness in his leg and pain when his knee hyperextends. I suggested using the walker without the AFO brace when at home to strengthen the left leg. I explained the brace prevents the muscles from having to work the way they should. We discussed his Coumadin, diet, and activity. He stated he is to take 2 tablets daily Monday-Saturday and three tablets on Sunday as instructed by the clinic. He is to be consistent with his intake of greens and foods containing vitamin K. His INR today is 2.1 and within the appropriate range. He is to follow up with the Coumadin clinic on 11-3-16 at 9:50am after PT. Staff indicated he will be extended to 2 week rechecks, if all is well at that visit. We discussed his upcoming appointments including the 11-4-16 Stroke Clinic follow up at MUSC.

Following a private examination, I met with Mr. Winfrey and Dr. Lide in the exam room. Dr Lide reported Mr. Winfrey's atrial fibrillation will likely resolve as it is a common occurrence after open heart surgery. He stated his blood pressure was a little elevated and advised Mr. Winfrey to resume taking Ramipril previously prescribed. Mr. Winfrey indicated he still has some at home. Dr. Lide indicated Mr. Winfrey's breathing and breathing effort are improved since before surgery. Mr. Winfrey complained of constipation. Dr. Lide indicated warfarin can contribute as well as his narcotic pain medication. He recommended oral laxative, increased fluid and fiber intake, and walking. I informed Dr. Lide of upcoming PT, Coumadin, and Stroke clinic appointments. Dr. Lide ordered additional blood work to be completed in 3 weeks with follow up in 4 weeks for Mr. Winfrey. A lab appointment at Dr. Lide's office is scheduled on 11-15-16 to be coordinated with his Coumadin check. The follow up appointment is 11-22-16 at 9:00am with Dr. Lide.

NOV 22-Nov-2016, Dr. Lanneau Lide, Cardiologist

All critical appointments were attended in person? Yes

If no, explain:

Global Assessment:

1. Subjective symptoms: Mr. Winfrey reported improvement in his general wellbeing. He stated his respiratory effort was improved and less labored. He explained he has some constipation issues.
2. Objective findings/Visual observations: Dr. Lide indicated Mr. Winfrey's PT/INR was 2.1; within the 2-3 ranges specified for DVT prophylaxis. He added his heart rate and respiratory effort were much better. He stated hi blood pressure was elevated.
3. Is the diagnosis confirmed to be consistent with the mechanism of injury? Yes, per discussion with Dr. Lanneau Lide, Cardiologist on 29-Mar-2016, damage to the heart valve leaflet adjacent to the path of electrical current from the injury resulted in a poorly functioning mitral valve and mitral regurgitation.



Description of injury: Mr. Winfrey was repairing a commercial appliance when he came in contact with a bare wire which transmitted significant current through his arm and torso.

If no, explain: Not applicable

4. Does current treatment conform to evidence based guidelines? Yes, for cardiomyopathy

Guideline: Treatment for 425.4 (cardiomyopathy) includes diuretics and antihypertensive medications; and 782.4 (disturbance of skin sensation) includes EMG/NCV and MRI. The addition of a beta-blocker to the cardiomyopathy regimen is within guidelines. Diagnosis I34.0 (mitral regurgitation-primary) has not been accepted as of this report. MUSC Valve Team recommended and completed mitral valve replacement surgery. Extent of causation is in question.

Tx. appears to be consistent with guidelines

Tx. does not appear to be consistent with guidelines

If No, Explain: Not applicable

Were exceptions to established medical protocols addressed with provider or through the use of medical resources? No

Explain: Not applicable

5. Is the injured worker responding to the current treatment plan, and how/to what extent? Yes

If not, what next steps are recommended or needed? Cardiac rehabilitation and recovery.

6. What is the current work status? Not working

What is the RTW plan? Mr. Winfrey is unlikely to return to the same work.

Are RTW target dates consistent with evidence based guidelines? No

If no, explain: Mr. Winfrey is currently outside of guidelines for return to work as Mr. Winfrey is unlikely to return to the same work.

What are the current physical capabilities? Limited sedentary work, at best at this time

Job Description on file: No

If no, explain: Not provided by CCO as this is long-term claim. I will request a copy of the job description for my file.

Job Title and Job Requirements: Maintenance, Unknown at this time.

Modified Duty Available with Employer: No

Is the injured worker on target to meet the modified duty or full duty RTW plan? No

If no, what are the barriers and plan to overcome the barriers? Mr. Winfrey is unlikely to return to the same work. The goal for Mr. Winfrey is MMI.

7. Medication concerns: Ongoing Coumadin (warfarin) management.

Name	Dosage	Type	Frequency	Purpose	Prescribing Physician	Pharmacy	Start Date	End Date
Altase	5 mg	OTC	One capsule daily	Anti-hypertensive	Lide, Lanneau D.			8/25/2016
HCTZ	12.5	Rx	One tablet daily	Anti-hypertensive	Lide, Lanneau D.			8/25/2016
Lasix	80 mg	Rx	One tablet daily	Diuretic/ Anti-hypertensive	Lide, Lanneau D.			
Spironolactone	25 mg	Rx	One tablet daily	Diuretic/ Anti-hypertensive	Lide, Lanneau D.			8/25/2016
Nitrostat	0.4 mg	Rx	One tablet under tongue for chest pain. May repea	Antianginal	Lide, Lanneau D.			
Ranexa	500 mg ER	Rx	One tablet twice daily	Antianginal	Lide, Lanneau D.			8/25/2016
Pravastatin	40 mg	Rx	One tablet at bedtime	Dyslipidemic	Lide, Lanneau D.			8/25/2016



Vitamin C	500 mg	OTC	One tablet twice daily	Dietary supplement	Lide, Lanneau D.		
Amiodarone	200 mg	Rx	One tablet daily	Anti-hypertensive	Nicholson, MD, John		10/5/2016
Atenolol	25 mg	Rx	One tablet daily at night	Antihypertensive	Nicholson, MD, John		10/5/2016
Atorvastatin	20 mg	Rx	Two tablets daily at night		Nicholson, MD, John		10/5/2016
Delsym	30mg/5ml	Rx	10 ml twice daily as needed for congestion	Decongestant	Nicholson, MD, John		10/5/2016
Ferrous Sulfate	325 mg	Rx	One tablet daily	Iron deficiency	Lide, Lanneau D.		11/2/2015
Ibuprofen	800 mg	Rx	One tablet three time daily as needed for pain	Anti-inflammatory	Nicholson, MD, John		10/5/2016
Omeprazole	20 mg	Rx	One tablet every morning	Proton Pump Inhibitor	Nicholson, MD, John		10/5/2016
Oxycodone	5 mg	Rx	One tablet every 4 hours as needed for pain	Pain relief	Nicholson, MD, John		10/5/2016
Warfarin	1 mg	Rx	2 tablets daily Monday-Saturday and 3 tablet on Su	Anticoagulant	Lide, Lanneau D.		10/5/2016

8. Address barriers and impact on diagnosis, treatment and RTW plan:

Co-Morbid Conditions: Mr. Winfrey is an every day smoker with hyperlipidemia. He is quickly fatigued and deconditioned. He has reported reduction in the number of cigarettes he smokes but has not quit.

Prior Injuries: None reported

Consequential/Intervening injuries: The septal defect reportedly created by the electrical current at the time of injury may have damaged the mitral valve leaflets.

Body Parts added subsequent to Initial Injury: Dental extractions for surgery clearance.

Malingering and/or symptom magnification: None identified

Noncompliance with recommended treatment Plan: Drs. Lide, Travis, Steinberg, and Ikonomidis have recommended smoking cessation. Mr. Winfrey has not complied but reports reduction in frequency.

Psychological/behavioral health issues: None identified

Employee's unresponsive to Carrier, Customer or Provider: No

Attorney Involvement: Yes

Non-medical risk factors: Smoking and lack of exercise. Poor oral hygiene.

9. Medical Case Management Strategy:

- I will contact Mr. Winfrey on a weekly basis for report of medical status and to coordinate and schedule appointments through 28-NOV-2016.
- I will keep the CCO and attorneys promptly advised of case developments as they occur through 28-Nov-2016.
- I will coordinate transportation for each of Mr. Winfrey's covered appointments as approved by CCO.



- I will facilitate weekly Coumadin evaluation appointments and blood work as recommended by Dr. Lide's office, if approved by CCO.
- I will attend the appointment with Dr. Lide on 22-Nov-2016 to address diagnosis, treatment plan, response to treatment, physical limitations, and projections for MMI.
- I will follow up for PT and speech therapy evaluation reports by 10-Nov-2016.

10. Case Management Impact: I promptly updated CCO and attorneys with all case developments as they occurred. I functioned as liaison for all parties affiliated with Mr. Winfrey's care. I facilitated DME, PT, OT, Speech therapy, home health, and transportation referral throughout reporting period. I contacted Mr. Winfrey regularly during his transitions from rehabilitation facility to home.

Case Management Interventions:

Activity Date: 29-Sep-2016 - 28-Oct-2016

Activity Date	Activity Note
9/30/2016	3 emails from Beth, CCO, with hospital records.
9/30/2016	Delayed entry: Email from Betsy at MUSC with Mr. Winfrey's follow up appointment information.
9/30/2016	Secure email from Roper with update and 29 pages of clinical records for Mr. Winfrey.
9/30/2016	Delayed entry: Email from Andrea with letter from plaintiff attorney regarding discharge from rehabilitation facility.
9/30/2016	Monthly Report completed
10/3/2016	Email from Beth, CCO, regarding DME scripts. Email from Beth regarding AFO brace. Email to Beth advising I was unaware but with left side weakness from CVA it is probable. Email to Beth with wheelchair and walker script. Email to Beth advising of AFO brace received by Mr. Winfrey. Requested approval for HH, transportation, and therapy referrals.
10/3/2016	Secure email from Kathryn at Roper advising of discharge plan and AFO brace delivery.
10/3/2016	Email from Rose, paralegal, with letter from plaintiff attorney re discharge needs.
10/4/2016	Email to Rose, paralegal, advising working on transportation and will set up referrals once approved. Email update regarding discharge and plan for HH, transportation, DME and therapies. Email from Andrea requesting clarification of HH.
10/4/2016	Email from Beth, CCO, advising of approvals through Homelink. Contact information provided. Email to Beth acknowledging approvals. Email to Beth requesting DME clarification and Homelink clarification. Email from Beth advising Homelink for everything. Email to Beth informing I do not have HH order yet. Email from Beth indicating she does not have the HH order yet.



	<p>Email update to Beth regarding discharge, transportation, therapies, and HH.</p> <p>Email from Beth acknowledging update.</p> <p>Email copied to Beth regarding HH order receipt to Jordan at Homelink.</p>
10/4/2016	<p>Phone call to Kathryn at Roper regarding HH order. We discussed specific orders for PT/OT/and Speech She advised covering MD will be rounding shortly and she will work on these today.</p> <p>Email to Kathryn advising of approvals.</p> <p>Email from Kathryn advising AFO delivered today.</p> <p>Email from Kathryn with HH order.</p>
10/4/2016	<p>Phone call to Homelink to set up PT, OT, Speech therapy, DME, transportation, and HH services. Provided all requested information for each referral.</p>
10/4/2016	<p>Phone call from Susan, coordinator, regarding referrals for Mr. Winfrey. We discussed CCO approval and need for orders. We discussed each referral. She provided contact information to forward orders.</p> <p>Email to Susan with copies of orders received and records for HH staff. Advised HH order not yet received. Requested notification of vendors and contact information once scheduled. Requested HealthSouth for PT, OT and Speech, if in network.</p>
10/4/2016	<p>Email introduction from Jordan, Homelink coordinator. She advised they are working on referrals.</p> <p>Email from Jordan's associate advising of DME delivery to Roper on 10-5-16. Advised of local vendor with Columbia location for servicing, if needed.</p> <p>Email from Jordan regarding HH agency and evaluation plan. Requested approval for LPN if RN unavailable for evaluation.</p> <p>Email from Beth to Jordan with approval.</p> <p>Email to Jordan with HH order.</p>
10/5/2016	<p>Email from Beth, CCO, regarding transportation from Charleston.</p> <p>Phone call from Beth advising of additional charge for transportation today related to the impending hurricane.</p>
10/5/2016	<p>Phone call to Mr. Winfrey for report of status. He indicated he is feeling better but has left side weakness. He advised his wheelchair, walker, and AFO brace have been delivered. Requested he contact me when he is discharged and picked up by transportation.</p> <p>Phone call from Mr. Winfrey advising he is in route home. Requested he contact me when he arrives.</p> <p>Phone call from Mr. Winfrey informing he arrived home safely. Advised him to call me if he has any problems. Advised HH should be by today for evaluation.</p>
10/5/2016	<p>Phone call from Kathryn at Roper Rehab advising of discharge instructions and need for Coumadin evaluation on Monday. Advised I would coordinate it. She indicated she would be sending copies of the instructions shortly.</p>



	Email from Kathryn with discharge instructions.
10/6/2016	<p>Phone call from Mr. Winfrey advising HH nurse did not show up. Advised I would follow up but they should be there today.</p> <p>Phone call to Mr. Winfrey to inform of 10-10-16 Coumadin evaluation appointment at 10:00am at Dr. Lide's office. He verbalized appreciation. Advised I would arrange transportation.</p> <p>Phone call from Mr. Winfrey indicating they arrived for the HH evaluation.</p>
10/6/2016	<p>I met with Alicia at Dr. Lide's office to coordinate Coumadin evaluation on Monday per Dr. Ikonomidis. Advised Mr. Winfrey does not have a PCP for titration. She advised they like to monitor it in-house for their patients. Appointment schedule on 10-10-16 at 10:00am in the Coumadin Clinic.</p> <p>Fax to Alicia with recent records from MUSC. Advised I would request additional record be sent by CCO. Confirmation received.</p>
10/6/2016	<p>Email to Beth, CCO, requesting records to be sent to Dr. Lide's office from MUSC. Copied to attorneys.</p> <p>Email from Beth indicating a large amount of records. Requested clarification.</p> <p>Email to Beth requesting MD, PT, OT, Speech notes from MUSC and Roper.</p> <p>Email to Beth re Mr. Winfery's medications.</p> <p>Email from Beth advising all authorized accept vitamin C, Delsym, and omeprazole.</p> <p>Email to Beth advising I would notify Mr. Winfrey.</p>
10/6/2016	Email from Mr. Bayne, defense attorney, advising consent is needed from Mr. Winfrey's attorney to forward records to Dr. Lide.
10/6/2016	<p>Phone call from Mr. McDaniel, plaintiff attorney, regarding records to Dr. Lide's office. We discussed previous issues with providing records to providers. He gave verbal authorization to send the MUSC and Roper records to Dr. Lide as requested. He indicated he would provide written authorization as well.</p> <p>Email from Mr. McDaniel by way of paralegal's email regarding approval for records to Dr. Lide.</p>
10/6/2016	<p>Email to Rose, paralegal, with upcoming appointments information and Coumadin clinic evaluation for the appointment with Dr. Ikonomidis. Advised transportation would be arranged.</p> <p>Email from Crystal for Mr. McDaniel regarding DVT evaluation.</p>
10/7/2016	Email from Beth, CCO, advising records sent to Dr. Lide's office.
10/7/2016	<p>Email from Jordan at Homelink regarding HH recommendation for HH aide for ADLs and housekeeping.</p> <p>Email to Jordan requesting frequency and duration for HH aide service. Copied to Beth for authorization.</p> <p>Email from Jordan advising she is waiting for confirmation of frequency and duration.</p> <p>Email to Jordan inquiring about transportation services.</p>



	<p>Email from Jordan informing she can coordinate transportation.</p> <p>Email from Jordan regarding duration of DME rentals.</p> <p>Email to Jordan with transportation needs with date, time, and locations.</p> <p>Email from Jordan advising she would notify me when finalized.</p> <p>Email from Jordan informing of HH recommendations and plan for re-evaluation for continued services.</p> <p>Email from Jordan to Yvonne at LM acknowledging receipt of authorization and set up.</p> <p>Email from Jordan to Yvonne requesting wait time for transportation.</p> <p>Email to Jordan regarding recommendation for wait time to Charleston and Coumadin visits but not for MD or therapy appointments locally.</p> <p>Email from Jordan with transportation confirmations for next week's appointments.</p>
10/7/2016	Email from Rose, paralegal, with letter from Mr. McDaniel, plaintiff attorney, regarding HH aide and need for services soon.
10/7/2016	<p>Email from Yvonne, TCM, advising Beth, CCO, out the rest of the day. She provided approval for DME rentals for 2 months initially. She indicated 4 hours daily and 4 weeks' duration with reassessment for determination of additional services needed would be recommended.</p> <p>Email from Yvonne with approvals for transportation. Advised additional approvals would be from Beth.</p> <p>Email to Yvonne informing transportation for all visits has been established by the attorneys and Beth.</p> <p>Email from Yvonne confirming update.</p> <p>Email from Yvonne with approval for HH aide and requested daily notes on a weekly basis.</p> <p>Email from Yvonne with approval for wait times for transportation as needed.</p>
10/10/2016	<p>Phone call from Mr. Winfrey regarding transportation for today. Advised pick up will be at 9:15am.</p> <p>Phone call from Mr. Winfrey advising he returned home after the appointment but had to call the cab company for pick up at Dr. Lide's office. He voiced concern if he had to do the same tomorrow in Charleston and did not want significant delay in return pick up. Advised the drivers are authorized wait time and should not leave. He stated he would reject transportation tomorrow if a cab arrives to take him to Charleston. We discussed he cannot miss his appointment with Dr. Ikonomidis and should not have any issues with transportation to or from Charleston. He stated he would be contacting his attorney.</p>
10/10/2016	Roundtrip travel to attend an appointment with Mr. Winfrey and Coumadin Clinic at Dr. Lide's office.
10/10/2016	Roundtrip mileage to attend an appointment with Mr. Winfrey and Coumadin Clinic at Dr. Lide's office.
10/10/2016	I met with Mr. Winfrey in a secluded area of the waiting room. He reported he felt worse overall than before the surgery because of the stroke. He was wearing his AFO and using



	<p>his walker. He stated his breathing was improved since his surgery but that he still does not have much stamina. We discussed PT/OT will help with his strength and stamina as he continues to recover. We discussed his medications and the purpose for each. We discussed transportation to his appointment with Dr. Ikonomidis tomorrow. He indicated his transportation from Charleston and his transportation today was through a local cab company.</p> <p>We met with the Coumadin Specialist and watched a video regarding introduction to anticoagulant therapy with Coumadin (warfarin). Judy, the Coumadin Specialist, completed detailed education for Mr. Winfrey regarding diet, medications, activities, side effects, and risks when taking this medication. She stated his PT/INR should remain in the 2-3 range. Today's result was 2.2. She indicated Mr. Winfrey will need to return once weekly for 4 weeks during the initiation phase of the therapy. He was schedule for his next appointment on 10-17-16.</p>
10/10/2016	Email to Jordan at Homelink regarding transportation for 10-11-16 appointment for Mr. Winfrey.
10/10/2016	<p>Email update to Mr. Bayne, defense attorney, following the appointment attended with Mr. Winfrey and the Coumadin Specialist at Dr. Lide's office. Advised of weekly follow up for 4 weeks and issues with transportation.</p> <p>Email from Mr. Bayne advising Mr. Winfrey does not have a choice regarding transportation vendors.</p>
10/10/2016	Email to Rose, paralegal, following the appointment attended with Mr. Winfrey and the Coumadin Specialist at Dr. Lide's office. Advised of weekly follow up for 4 weeks and issues with transportation.
10/10/2016	<p>Email update to Beth, CCO, following the appointment attended with Mr. Winfrey and the Coumadin Specialist at Dr. Lide's office. Advised of weekly follow up for 4 weeks and issues with transportation.</p> <p>Email from Beth to Jordan at HomeLink confirming wait time was authorized.</p> <p>Email from Beth advising Jordan at HomeLink is off today but that transportation vendor was notified again of wait time authorization and expectation.</p>
10/10/2016	Email to Betsy and Deidre at MUSC with PT/INR results for Mr. Winfrey from Dr. Lide's office.
10/10/2016	<p>Email from Kim, paralegal, with letter regarding transportation from Mr. McDaniel.</p> <p>Email to Kim advising transportation vendor is aware of wait time authorization. Informed her of pick up time for 10-11-16 transportation to and from Charleston.</p> <p>Email from Kim requesting if vendor is aware of wait time authorization.</p> <p>Email to Kim advising vendor was aware when referral was made and service scheduled. Informed her vendor was reminded today.</p>
10/10/2016	Provider Visit Report completed
10/11/2016	<p>Email from Jordan at Homelink advising vendor is aware wait times are authorized and driver will wait for Mr. Winfrey in Charleston.</p> <p>Email to Jordan requesting status of therapies and HH aide.</p> <p>Email from Jordan advising she would get back to me regarding therapies. She indicated HH aide is to start tomorrow.</p>
10/11/2016	Email from Deidre at MUSC advising she would be sure appropriate staff received PT/INR



	results.
10/11/2016	Email to Betsy at MUSC requesting a copy of the visit note for today's visit when completed. Email from Betsy advising she would send it when completed.
10/11/2016	Phone call to Mr. Winfrey for report of status. He reported he was on his way home from the appointment with Dr. Ikonomidis. He stated Dr. Ikonomidis released him to follow up with Dr. Lide. He stated the HH agency contacted him this morning and stated the aide will start coming tomorrow. I advised him to contact me if they do not show up.
10/12/2016	Email from Beth, CCO, to Jordan at Homelink regarding referral for outpatient PT/OT/Speech through Medrisk or Align.
10/12/2016	Phone call to Align to follow up on referral by Beth, CCO. Staff indicated detailed PT/OT/Speech orders are needed. Provided contact information for Roper Rehabilitation in Charleston. Advised the current script allows for Therapist evaluation and recommendations regarding treatment. Voicemail from Align requesting additional contact information for Roper. Stated number not valid. Phone call to Align to provide contact information requested. Left voicemail with all contact information I have for Roper.
10/12/2016	Email from Jordan at Homelink advising she will close PT/OT/Speech referrals on her end.
10/13/2016	Phone call from Beth, CCO, advising she is setting up PT/OT/Speech referrals through Align. She requested I follow up on the referrals and contact Align to see what else they may need. Email from Beth with PT/OT/Speech authorization for 3 visits only initially. Email to Beth for rationale for 3 visits. Email from Beth indicating the script is hard to read and she believes it reads 2-3x one week. Email to Beth explaining that refers to 2-3x weekly without a duration set. Advised it allows the Therapists to recommend duration based on their evaluation. Email from Beth advising not scheduled yet.
10/14/2016	Email from Beth, CCO, requesting contact with Align regarding additional information. Email to Beth advising I left a voicemail with the information requested and advised not to use Vital Energy for any therapies. Email from Beth acknowledging update.
10/14/2016	Fax from MUSC with 10-11-16 copy of letter for transfer of care to Dr. Lide from Dr. Ikonomidis.
10/17/2016	Email from Align with physical therapy evaluation appointment information. Email from Align with speech therapy evaluation appointment information. Email from Align with occupational therapy evaluation appointment information.
10/17/2016	Phone call from Judy at Dr. Lide's office advising Mr. Winfrey's PT/INR is significantly elevated and must return on 10-19-16 at 11:00am for a recheck. She stated he is to not take Coumadin on Tuesday or before his recheck on Wednesday and she will instruct him



	base on results. She stated he was told to take 3 daily at his appointment in Charleston. I explained I was unaware of any changes to the treatment and would instruct Mr. Winfrey to only take as directed by Dr. Lide's office only.
10/17/2016	Phone call from Mr. Winfrey. He indicated he was told to return for a Coumadin recheck on Wednesday, 10-19-16, at 11:00am because his blood was too thin. We discussed his Coumadin treatment and that he is to take it only as directed by Dr. Lide's office. He verbalized understanding. I advised I would arrange transportation.
10/17/2016	Email to Jordan at Homelink with additional transportation requests for appointments. Copied to Beth, CCO, for wait time authorizations.
10/17/2016	Email update to attorneys with appointment information including outpatient therapy evaluations. Advised transportation arrangements are being set up. Attached copy of transfer of care letter to Dr. Lide from Dr. Ikonomidis.
10/18/2016	Email from Jordan with transportation confirmations including 10-19-16 added yesterday.
10/19/2016	Phone call from Mr. Winfrey stating his ride had not arrived. Advised transportation pick up is 10:15am. He stated he did not want to be late again. Phone call from Mr. Winfrey advising he was just pick up at 10:41am and will likely not be on time for his Coumadin check. Advised I would contact the clinic and let them know. Informed I would follow up with the vendor as well. Phone call from Mr. Winfrey advising his Monday Coumadin check was rescheduled to Tuesday just before the appointment with Dr. Lide. Advised I would notify transportation.
10/19/2016	Phone call to Judy at SC Heart to inform of possible delay for Mr. Winfrey's arrival. She stated it was not a problem at all and she would take care of him when he arrived. Advised her to contact me directly if his PT/INR was still out of therapeutic range. She indicated she would.
10/19/2016	Email to Jordan at Homelink regarding late pick up for Mr. Winfrey today. Requested research as to why they were late again. Email from Jordan informing she would have the transportation specialist look into it. Email from Jordan informing the driver reported heavy traffic as the reason for delay. She indicated they apologized for the delay or any inconvenience. Email to Jordan advising Coumadin Clinic rescheduled 10-24-16 recheck appointment to 10-25-16 at 2:00pm. Requested adjustment of pick times to accommodate the changes for transportation. Email from Jordan indicating she would cancel the Coumadin service for 10-24-16. Email to Jordan advising to be sure to keep the transportation of therapy evaluation on 10-24-16 and adjust the pick-up time for 10-25-16 service.
10/21/2016	Phone call from Mr. Winfrey regarding transportation. He indicated the HH aide takes him to the store and to run errands and stated she could take him to and from his appointments as well. I advised I would have to investigate the liability before she could transport him. I advised I would reach out to the agencies today.
10/21/2016	Email to Jordan at Homelink requesting evaluation of HH aide transporting Mr. Winfrey versus transportation vendor.
10/24/2016	Email from Beth, CCO, with transportation confirmation for today's therapy evaluations. Email to Beth advising of Mr. Winfrey's report that the OT and Speech Therapists indicated he no longer needs these therapies. Informed of scheduled PT on 11-1 and 11-3-16. Indicated Jordan is researching transportation option by HH aide, if possible.



	Email from Beth acknowledging update.
10/24/2016	Email from Jordan at Homelink advising she would have clinical review staff research HH aide transportation. Email from Jordan with update transportation confirmation for 10-25-16 Coumadin and MD appointments.
10/24/2016	Phone call from HealthSouth PT advising no orders have been received for Mr. Winfrey. Advised I only have simple script for PT/OT/SLP 2-3x per week but I would send it. He advised that would be adequate to allow the Therapists to evaluate and make recommendations for treatment. Fax to HealthSouth PT with copy of orders. Confirmation received. Phone call to HealthSouth PT to confirm receipt. Staff indicated order received and evaluation initiated.
10/24/2016	Phone call with extended hold to Dr. Lide's office to confirm Coumadin and MD appointment on 10-25-16. Staff confirmed 2:15pm Coumadin appointment and 2:30pm MD appointment with Dr. Lide.
10/24/2016	Phone call from Mr. Winfrey following his PT/OT/Speech therapy evaluations. He reported the Therapists indicated he only needs PT at this time and no longer needs OT or speech therapies. We discussed his appointments tomorrow with Dr. Lide and his Coumadin check prior to the MD appointment.
10/25/2016	Email from Staci at Homelink advising agency is reviewing and verifying credentialing for the HH aide for transportation. She indicated HH aide, if vetted, could begin transportation today. Email to Staci advising transportation already set for today and to not change it. Requested coordination with Jordan to provide the most cost-effective, safe transportation method for Mr. Winfrey and inform me of the outcome. Email from Staci advising she would inform the agency.
10/25/2016	Email from Align with OT evaluation attendance information.
10/25/2016	Roundtrip travel in heavy traffic to attend an appointment with Mr. Winfrey and Dr. Lide, Cardiologist.
10/25/2016	Roundtrip mileage to attend an appointment with Mr. Winfrey and Dr. Lide, Cardiologist.
10/25/2016	I met with Mr. Winfrey in a secluded area outside the Coumadin clinic. He was walking with the assistance of a cane today. He reported he is doing better overall. He stated the Physical Therapist recommended not using the AFO brace while in his home. Mr. Winfrey voiced concern because of the weakness in his leg and pain when his knee hyperextends. I suggested using the walker without the AFO brace when at home to strengthen the left leg. I explained the brace prevents the muscles from having to work the way they should. We discussed his Coumadin, diet, and activity. He stated he is to take 2 tablets daily Monday-Saturday and three tablets on Sunday as instructed by the clinic. He is to be consistent with his intake of greens and foods containing vitamin K. His INR today is 2.1 and within the appropriate range. He is to follow up with the Coumadin clinic on 11-3-16 at 9:50am after PT. Staff indicated he will be extended to 2 week rechecks, if all is well at that visit. We discussed his upcoming appointments including the 11-4-16 Stroke Clinic follow up at MUSC. Following a private examination, I met with Mr. Winfrey and Dr. Lide in the exam room. Dr Lide reported Mr. Winfrey's atrial fibrillation will likely resolve as it is a common occurrence after open heart surgery. He stated his blood pressure was a little elevated



	<p>and advised Mr. Winfrey to resume taking Ramipril previously prescribed. Mr. Winfrey indicated he still has some at home. Dr. Lide indicated Mr. Winfrey's breathing and breathing effort are improved since before surgery. Mr. Winfrey complained of constipation. Dr. Lide indicated warfarin can contribute as well as his narcotic pain medication. He recommended oral laxative, increased fluid and fiber intake, and walking. I informed Dr. Lide of upcoming PT, Coumadin, and Stroke clinic appointments. Dr. Lide ordered additional blood work to be completed in 3 weeks with follow up in 4 weeks for Mr. Winfrey. A lab appointment at Dr. Lide's office is scheduled on 11-15-16 to be coordinated with his Coumadin check. The follow up appointment is 11-22-16 at 9:00am with Dr. Lide.</p>
10/25/2016	Wait time for Dr. Lide, Cardiologist
10/25/2016	Email update to Beth, CCO, following the appointment attended with Mr. Winfrey and Dr. Lide. Attached a copy of the PT/INR results. Requested authorization of medications.
10/25/2016	Email update to attorneys following the appointment attended with Mr. Winfrey and Dr. Lide. Attached a copy of the PT/INR results.
10/25/2016	Provider Visit Report completed
10/26/2016	<p>Email from Align advising Mr. Winfrey missed his 10-24-16 PT evaluation.</p> <p>Email from Align advising Mr. Winfrey missed his 10-24-16 speech therapy evaluation.</p> <p>Email to Align advising Mr. Winfrey attended his PT evaluation as scheduled and requested copies of the report as soon as possible.</p> <p>Email to Align advising Mr. Winfrey attended his speech therapy evaluation as scheduled and requested copies of the report as soon as possible.</p>
10/27/2016	Email from Beth, CCO, inquiring about PT and speech therapy attendance and if Align sent misinformation.
10/27/2016	<p>Email from Align acknowledging request for speech therapy evaluation report.</p> <p>Email from Align with apology for confusion and confirmed Mr. Winfrey completed his evaluations. Indicated they would send reports upon receipt.</p> <p>Email from Align with revised PT evaluation attendance report.</p> <p>Email from Align with revised speech therapy evaluation attendance report.</p>
10/28/2016	<p>Email to Beth, CCO, requesting if she has received any authorization requests for PT.</p> <p>Email from Beth indicating she has not received any additional requests.</p>
10/28/2016	<p>Email to Staci and Jordan at Homelink requesting status of HH aide transportation to upcoming appointments.</p> <p>Email to Staci and Jordan requesting status of HH reassessment for service duration for HH aide.</p> <p>Email from Staci indicating the HH aide is credentialed to transport Mr. Winfrey and will verify she is planning to transport him to the specific appointments.</p>
10/28/2016	Received and reviewed over 100 pages of medical and hospital records, letters, and therapy information. Reviewed and revised Care Plan.
10/28/2016	Monthly Report completed



Wm. Howard Altman, RN

Submitted By: Howard Altman RN, BSN
Title: Case Manager - Medical
Phone #: (704) -503-4775, (803) 530-9693
Email: Howard.Altman@genexservices.com

DB Gray

Supervised By: Debra Gray BA, M.Ed, CRC, CCM
Supervisor - CM

Cc: McAngus, Goudelock, & Courie, LLC. (with all attachments)
c/o Brett Bayne, Esq.
Meridian, 10th Floor
1320 Main Street
Columbia, SC 29201

McDaniel Law Firm (with all attachments)
c/o Preston McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Scott Alan Hittinger, Resident
MD

Signed

SUR-
CARDIOTHORACIC
SURGERY

Op Note

8/26/2016
8:40 PM

PATIENT NAME: Clarence Winfrey

MRN: 005586198

DATE OF SURGERY: August 26, 2016

SERVICE: Cardiothoracic Surgery.

SURGEON: Ikonomidis, John M.D.

ASSISTANTS: Hittinger, Scott M.D.

PREOPERATIVE DIAGNOSIS: Severe regurgitation of mitral valve

POSTOPERATIVE DIAGNOSIS: Severe regurgitation of mitral valve

PROCEDURE PERFORMED: Mitral valve replacement with 31mm Edwards pericardial valve

COMPLICATIONS: None.

INTRAOPERATIVE FINDINGS: Difficult redo due to past VSD repair, poor LV function, poor visibility on mitral valve partially due to patient habitus. Difficult to de-air because of slow clearing of air from previously repaired, akinetic myocardium.

INDICATION FOR PROCEDURE: This a pleasant 54yom who presents for surgical evaluation for mitral valve replacement. PMHx includes cardiac injury 2/2 to electrocution injury in 2013, s/p VSD patch repair and lv CABG to ramus intermedius, complicated by ventricular arrhythmia. Subsequently, pt had NSTEMI in 2014 requiring RCA stent. The patient was seen by us in consultation and was found to be symptomatic with severe mitral valve regurgitation. The department including complications and risks were explained to him in detail, and he gave informed consent for the procedure and presented today for operative intervention.

DESCRIPTION OF PROCEDURE IN DETAIL: After a time-out and preoperative antibiotics, anesthesia was induced and monitoring lines were positioned. The chest, abdomen, groins, and bilateral legs were prepped and draped in the usual aseptic fashion. The chest was opened in the usual redo fashion with an oscillating saw. The redo sternotomy was extremely challenging. Multiple areas of detached calcified tissue were adherent to the myocardium. The major vascular structures were exposed without incident or entry into the myocardium. The sternal retractor was positioned with the opening of the pericardium in an inverted-T fashion and creating of a well. Systemic heparinization was performed and ACT was confirmed to be greater than 400 seconds. The innominate vein was densely

EXHIBIT

tabbles

adherent to the ascending aorta. The patient was then cannulated through the distal aorta.

Next, the SVC and IVC were cannulated and connected to the venous limb of the bypass circuit. A retrograde cardioplegia catheter was placed as was an antegrade ascending aortic root vent. Retrograde autologous prime was performed.

The heart was then arrested with a cross-clamp and antegrade cardioplegia of 1.2 liter total volume. This achieved good cardiac arrest.

Soundegaard's groove was opened and stay stitches were placed in the left atrial appendage. Exposure was extremely challenging and identifying the mitral valve was much more challenging than usual. The mitral valve was identified and the anterior leaflet was retracted deep into the left ventricle. The anterior leaflet was identified and the subvalvular apparatus was examined. The anterior leaflet was not capable of being spared. Resection was very challenging. The posterior leaflet was left intact and it was spared as was the the subvalvular apparatus. The valve was sized to fit a 31 Edwards bioprosthetic mitral valve. The 2-0 Ethibond stitches for the mitral valve were placed around the mitral valve annulus from ventricular to atrial side with care taken to avoid damaging the circumflex, aortic valve, and AV node. The valve was selected and stitches taken through the sewing ring; sewn and tied into place. Soundergaard's groove was closed in a running fashion with prolene suture. After a warm dose of cardioplegia, the cross-clamp was removed and the heart was allowed to reperfuse with deairing maneuvers performed. Deairing was extremely challenging. More than 45 minutes were spent attempting to deair the left ventricle. Air was very challenging to remove from the LV apex due to akinesis. The antegrade cardioplegia root vent tack was removed after confirmation of absence of air and the patient was weaned off cardiopulmonary bypass without any complications and without need for inotropic support. Of note, the patient also regained a normal sinus rhythm. With the patient completely weaned off cardiopulmonary bypass, the venous cannulas were removed, protamine sulfate was administered, and the aortic cannula was removed. Ventricular pacing wires were positioned at the diaphragmatic aspect of the RV and exited subxiphoid. A 36-French anterior chest tube was positioned that also exited subxiphoid. Blake drains were appropriately positioned. Final assessment of hemostasis confirmed any absence of bleeding at all our cannulation as well as left atrial site. Exit TEE demonstrated good cardiac function and a absence of mitral regurgitation or SAM. The chest was then closed with 8 #6 stainless steel wires followed by suprasternal closure with a running Vicryl in 3 layers anatomically including the skin. Sterile dressings were applied and the patient was brought to the CTICU in a hemodynamically stable condition.

All sponge and needle counts were reported correct and Dr. Ikonomidis was scrubbed and present for the entirety of the case.

Dictated by: Hittinger, Scott MD

Cosigned by: John S. Ikonomidis, MD at 8/27/2016 6:24 AM

Revision History



THE STATE OF SOUTH CAROLINA
In the Supreme Court

IN THE ORIGINAL JURISDICTION
OF THE SUPREME COURT
PURSUANT TO RULE 245(a)(b), SCACR

Appellate Case No: 2016-_____

Clarence Winfrey, Employee, Petitioner,

v.

SC Workers' Compensation Commission
and Form Administrative Order filed
Without Hearing on November 8, 2016,
and American Fire & Casualty Insurance
Company c/o Liberty Mutual Group, Respondents.

IN RE:

Clarence Winfrey, Claimant, v. Archway Services, Inc., Employer,
and American Fire & Casualty Insurance Company,
c/o Liberty Mutual Group, Insurance Carrier;
SCWCC File No. 1306305

And Respondents' Appeal pending in the SC Court of
Appeals; Appellate Case No.: 2014-001788

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NOV 15 2016

SC Court of Appeals

PROOF OF SERVICE

I certify that I have served the **PETITION FOR WRITS OF PROHIBITION AND MANDAMUS AND FOR AN EX PARTE EMERGENCY ORDER STAYING THE ADMINISTRATIVE FORM ORDER ISSUED WITHOUT HEARING AND ORDERING THE REINSTATEMENT OF BENEFITS UNTIL THE WRITS OF MANDAMUS AND PROHIBITION CAN BE HEARD AND RULED UPON; MEMORANDUM OF LAW IN SUPPORT; and AFFIDAVIT OF PRESTON F. MCDANIEL** on November 15, 2016 addressed as follows:

VIA HAND DELIVERY

Daniel E. Shearouse, Clerk of Court
SC Supreme Court
1231 Gervais Street
Columbia, South Carolina 29201

RECEIVED

NOV 15 2016

S.C. SUPREME COURT

VIA PERSONAL SERVICE

Ms. Amy Bracy
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Ste. 500
Columbia, South Carolina 29202

VIA CERTIFIED MAIL - 7002 3150 0005 0281 5623

RETURN RECEIPT REQUESTED

The Honorable Alan Wilson
SC Attorney General
P.O. Box 11549
Columbia, South Carolina 29211

VIA US MAIL

Honorable Jenny Abbott Kitchings
Clerk of Court
SC Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

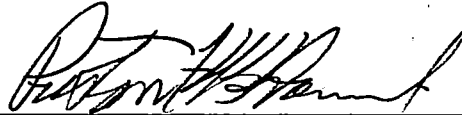
VIA PERSONAL SERVICE

Brett H. Bayne, Esquire
McAngus, Goudelock & Courie
1320 Main Street, 10th Floor
Columbia, SC 29211

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NOV 15 2016

SC Court of Appeals



Preston F. McDaniel
SC Bar No. 3770
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
Attorney for Petitioner

November 15, 2016

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NOV 15 2016

SC SUPREME COURT

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 25 years.

Preston F. McDaniel

Telephone (803) 771-7211

Matthew Robertson

Facsimile (803) 252-0709

November 15, 2016

VIA HAND DELIVERY

Honorable Daniel E. Shearouse
Clerk of Court
SC Supreme Court
1231 Gervais Street
Columbia, South Carolina 29201

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NOV 15 2016

SC Court of Appeals

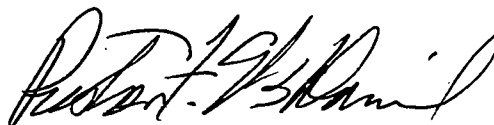
RE: **Clarence Winfrey v. Archway Services, Inc.**
Appellate Case No. 2016-_____

Dear Mr. Shearouse:

Please find attached hereto which I am filing with the Court the original and seven (7) copies of our **PETITION FOR WRITS OF PROHIBITION AND MANDAMUS AND FOR AN EX PARTE EMERGENCY ORDER STAYING THE ADMINISTRATIVE FORM ORDER ISSUED WITHOUT HEARING AND ORDERING THE REINSTATEMENT OF BENEFITS UNTIL THE WRITS OF MANDAMUS AND PROHIBITION CAN BE HEARD AND RULED UPON; MEMORANDUM OF LAW IN SUPPORT; and AFFIDAVIT OF PRESTON F. MCDANIEL** in accordance with the provisions of Rule 240 and 245(b), SCACR. Proof of Service on opposing Counsel, the SC Workers' Compensation Commission with copy to the Attorney General via US Registered Mail is attached hereto.

As always, I appreciate all the courtesies and kindnesses shown to me by the Court.

Sincerely yours,



Preston F. McDaniel

PFM/kth
Enclosures

cc: Brett H. Bayne, Esquire (Via Personal Service)
Amy Bracy, SC Workers' Compensation Commission
(Via Personal Service)
Alan Wilson, SC Attorney General
(Via Certified Mail, Return Receipt Requested)
Hon. Jenny Abbott Kitchings, SC Court of Appeals
(Via US Mail)

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NOV 15 2016

S.C. SUPREME COURT