

STATEMENT OF THE CASE

The parties were heard by Commissioner R. Michael Campbell, II on August 17, 2016 in Columbia, South Carolina. The hearing was to determine issues set forth in Defendants' Form 21. The purpose of the hearing was to determine if employer/carrier is entitled to pay compensation to the Claimant, if employer/carrier is entitled to a credit for temporary total disability benefits paid in excess of award, and if the claimant suffered compensable repetitive trauma injuries.

The Claimant contends she injured her right wrist due to pulling down on an air gun while working an assembly line on October 8, 2013. The Claimant also contends she sustained bilateral rotator cuff tears as a result of repetitive trauma injuries caused by years of overhead assembly line work while employed by the Employer. She seeks a finding of compensability of her right and left shoulder injuries and seeks a finding of entitlement to future medical treatment and reimbursement for past medical treatment. She further denies she has reached maximum medical improvement and denies the Defendants are entitled to stop payment of temporary total disability benefits.

The Defendants contend the Claimant has been released at maximum medical improvement for her admitted right wrist injury with restrictions to the right elbow, wrist, and hand including no repetitive work and lifting less than one pound with the right upper extremity. The Defendants further contend that any finding of disability should be in line with the impairment rating of 7% given by Dr. William Muirhead. The Defendants deny compensability of the alleged right and left shoulder injuries.

Defendants' APAs and Exhibits were incorrectly numbered due to a clerical error and APA 3 does not exist. Claimant's Counsel objected to Exhibits 13-15, 17-20, and 22. Defendants' Counsel agreed to remove Exhibits 13-15, 18-20, and 22. Exhibits 18 and 22 are the Claimant's deposition and Dr. Nahigian's deposition, respectively, which were both submitted separately as

sealed copies to the undersigned. Exhibit 17 was not excluded and the undersigned agreed to give it the proper weight necessary.

On November 9, 2016, Commissioner Campbell issued the following:

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
2. The Claimant sustained an admitted injury to the right wrist arising out of and in the course and scope of her employment when she pulled down on an air gun while working on an assembly line. (H.T. p. 4, ll. 5-9; Defendant's APA #5, p. 780).
3. The Claimant has alleged repetitive trauma exacerbations to her preexisting bilateral shoulder conditions including bilateral rotator cuff tears due to years of overhead work. (H.T. p. 8, l. 1-23; Defendant's APA #5, pp. 807-11).
4. She initially underwent trial physical and occupational therapy that failed, and she was referred to Dr. Buckaloo at SC Orthopaedic Institute. (Defendant's APA #5, p. 780). Dr. Buckaloo had x-rays of the right hand and wrist performed that revealed some chronic deformities and osteoarthritis. She then underwent NVC testing and MRI that revealed an essentially negative MRI of the wrist but did show DeQuervain's tenosynovitis and right focal median neuropathy. Dr. Buckaloo recommended, and the Claimant received, an injection and night splint for her wrist. The injection provided little relief, but the Claimant did not wish to pursue surgery at the time. She attempted to return to work but continued symptoms forced her to seek additional treatment. In May 2014, the claimant underwent a right carpal

tunnel release and DeQuervain's tendon sheath release. (Defendant's APA #5, pp. 785-96).

5. The Claimant participated in occupational therapy after surgery, and despite attempting to return to work with restrictions, her symptoms persisted and she was given additional restrictions and ordered back to physical therapy for strengthening. (Defendant's APA #5, pp. 804-05).
6. On August 27, 2014, Dr. Ugino of Midlands Orthopaedic performed an independent medical examination where he noted the Claimant suffers from persistent problems including severe pain radiating along the volar aspect of the forearm. Upon examination, Dr. Ugino opined that the claimant was not at MMI currently and suggested a work hardening program. (Defendant's APA #8, pp. 821-22).
7. The Claimant was referred to the Charleston Hand Group where she began treatment on October 15, 2014 with Dr. Shealy and Dr. Muirhead for continued right hand pain and swelling status post carpal tunnel release and DeQuervain's release. Based on examination, she was diagnosed with carpal tunnel syndrome and cubital tunnel syndrome, and she was recommended for testing to reevaluate the status of the median and ulnar nerves in the cubital tunnel. (Defendant's APA #9, pp. 825-26).
8. On November 18, 2014, EMG testing results revealed moderate to severe ulnar neuropathy consistent with cubital tunnel syndrome in the right elbow and surgery was recommended. (Defendant's APA #9, pp. 833). The Claimant underwent a right cubital tunnel release on January 2, 2015 performed by Dr. Muirhead (Defendant's APA #11, pp. 858-59).

9. The claimant underwent additional follow up treatment including physical therapy and injections for symptoms including numbness, tingling and pain with Dr. Muirhead and The Charleston Hand Group. (Defendant's APA #9, pp. 838-49). From May 13, 2015 through June 30, 2015, the Claimant attended therapy with Sports Plus Physical Therapy where she was treated for symptoms in her right arm in addition to symptoms in both shoulders. (Defendant's APA #12, pp. 860-81).
10. On June 30, 2015, the Claimant was released from therapy because she was not making progress on her shoulder range of motion, was not making any functional gains from therapy, and had met her maximum rehab potential. (Defendant's APA #12, pp. 882-83).
11. On July 16, 2015, authorized treating physician Dr. William Muirhead of Charleston Hand Group completed a 14B where he placed the Claimant at maximum medical improvement for her right elbow, wrist, and hand and assigned a 7% permanent impairment rating. Additionally, Dr. Muirhead released the Claimant with work restrictions of lifting less than one pound, no impact or vibrating tools, and limited repetitive motion. Dr. Muirhead opined that the Claimant would not require future medical care for her right elbow, wrist, and hand. (Defendant's APA #9, p. 853).
12. On September 22, 2015, the Defendants obtained a one-time examination with Dr. Jerrold Buckaloo of South Carolina Orthopedic Institute. Dr. Buckaloo opined that the Claimant's MRIs of the shoulders were consistent with chronic retracted supraspinatus tendon injuries. Dr. Buckaloo also opined that while the bilateral shoulder injuries were age-indeterminate, they were certainly chronic given the

atrophy of the associated supraspinatus muscle belly of the shoulder. (Defendants' APA #5, p. 811).

13. On March 14, 2016, Dr. Kevin Nahigian of Carolina Shoulder and Knee Specialists completed a post-operative questionnaire where he opined to a reasonable degree of medical certainty that the Claimant's bilateral rotator cuff tears were more likely than not the proximate result of her repetitive actions arising out of her employment. While Dr. Nahigian stated that no additional medical treatment or surgeries would be needed and she has reached maximum medical improvement, he clarified during his deposition that he thought questions 3, 4, and 5 were pertaining only to the right shoulder, which he had already repaired (Claimant's APA #26, pp. 1941-42; Dr. Nahigian's Deposition, p. 48, ll. 17-25, p. 49, ll. 1-6)
14. In a May 26, 2016 follow up questionnaire, Dr. Nahigian opined, to a reasonable degree of medical certainty, that the Claimant's bilateral rotator cuff tears were due to repetitive trauma and are causally related to her employment. He further opined that the Claimant would benefit from additional medical treatment for her shoulders and with time would be without restrictions permanently. (Claimant's APA #27, pp. 1943-44).
15. On May 31, 2016, the Defendants obtained a questionnaire from Dr. Buckaloo in which he opined that the Claimant was diagnosed with bilateral shoulder tendonitis prior to the October 8, 2013 right wrist injury and that most probably the cause of her bilateral shoulder complaints stems from preexisting conditions predating her October 8, 2013 right wrist injury. (Defendants' APA #21, pp. 1819-20).

16. In his June 27, 2016 deposition, Dr. Nahigian testified that, to a reasonable degree of medical certainty, there is a causal connection between the Claimant's work and the repetitive trauma injuries to her bilateral shoulders. He testified that the damage in her right shoulder included severe changes to the right AC joint that are "very common in laborers, and it's very common in people of her age group and people that has done repetitive things." Dr. Nahigian affirmed that his treatment notes stated "[h]er job required many years of overhead activities and use of an air gun and this, no doubt, contributed to her degenerative process" and that opinion was based mostly ". . . on what she has on her findings and tests, whatever, clinical exam and what she has told me." (Dr. Nahigian Deposition, p. 31, ll. 1-2; p. 32, ll. 2-5; p. 34, ll. 6-11; p. 38, ll. 17-21; p. 45, ll. 18-23; p. 46, ll. 2-14).
17. In a July 1, 2016 follow-up questionnaire, Dr. Nahigian opined, to a reasonable degree of medical certainty, that based on the facts and information presented at his deposition, nothing had changed regarding his opinion from the May 26, 2016 questionnaire he completed. Additionally, Dr. Nahigian opined that the Claimant will require future medical treatment for her left shoulder including, but not limited to, an MRI, surgery, and therapy. (Claimant's APA #28, pp. 1946-47).
18. As the physician who performed the Claimant's right shoulder surgery and has most recently treated her, I give the greatest weight to Dr. Nahigian. Dr. Buckaloo only evaluated the Claimant one time on September 22, 2015, compared to Dr. Nahigian who evaluated the Claimant on numerous occasions, performed right shoulder surgery, and gave sworn deposition testimony. Dr. Nahigian's opinions regarding causation and medical treatment are, therefore, given greater weight.

19. I find, by a preponderance of the evidence, that there is a causal connection established by the medical evidence between the Claimant's repetitive activities that occurred while employed by the Employer while engaged in the regular duties of her employment and the injuries to her right and left shoulders based on the deposition testimony, treatment records, and questionnaires answered by Dr. Nahigian. (Claimant's APAs 25-28; Dr. Nahigian Deposition, p. 31, ll. 1-2; p. 32, ll. 2-5; p. 34, ll. 6-11; p. 38, ll. 20-21; p. 45, ll. 18-23; p. 46, ll. 2-14).
20. The Claimant did sustain a compensable repetitive trauma exacerbation to her right and left shoulders arising out of and in the course and scope of her employment with the Employer.
21. The Defendants are to authorize Dr. Nahigian as the treating physician and the Claimant is entitled to all causally-related medical treatment as recommended by Dr. Nahigian.
22. The Claimant is entitled to, and the Defendants are responsible for, reimbursement for all out-of-pocket causally-related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries.
23. I find that the Claimant has not reached maximum medical improvement for her right arm, right shoulder, or left shoulder.
24. I find that a determination of permanency is premature at this time.
25. I find that the Defendants are not entitled to stop payment of temporary total disability benefits at this time.

RULINGS OF LAW

1. Under S.C. Code Ann. § 42-1-130, the Claimant was a covered Employee at the time in question and under § 42-1-140, the Employer was a covered Employer.
2. Under S.C. Code Ann. § 42-1-160, the Claimant sustained a compensable injury to her right arm arising out of and in the course of her employment on October 8, 2013.
3. Under S.C. Code Ann. § 42-1-172, the Claimant sustained repetitive trauma injuries to her left and right shoulders which arose out of and occurred in the course and scope of her employment.
4. Under S.C. Code Ann. § 42-1-40, the Claimant's average weekly wage is \$361.18, yielding a compensation rate of \$240.79, and the Defendants are not entitled to a credit or allowed to stop payments of temporary total disability at this time.
5. Under S.C. Code Ann. § 42-15-60, the Claimant has not reached maximum medical improvement and requires additional treatment for her right arm, right shoulder, and left shoulder.
6. Under S.C. Code Ann. § 42-15-60, the Defendants shall authorize Dr. Nahigian as the treating physician for the right and left shoulder injuries.
7. Under S.C. Code Ann. § 42-15-60, the Defendants shall reimburse the Claimant for all out-of-pocket causally-related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries.
8. Under S.C. Code Ann. § 42-9-10, the Defendants shall continue payment of temporary total disability benefits.
9. Under S.C. Code Ann. §§ 42-9-10, 42-9-20, and 42-9-30, a determination of the permanency of the Claimant's injuries is premature at this time.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant has not reached maximum medical improvement for her right arm, right shoulder, or left shoulder injuries;

IT IS FURTHER ORDERED that the Defendants are to authorize Dr. Nahigian as the treating physician and the Claimant is entitled to all causally related medical treatment as recommended by Dr. Nahigian;

IT IS FURTHER ORDERED that Defendants shall reimburse the Claimant for all out-of-pocket causally related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries;

IT IS SO ORDERED!

Within the statutory period, the Defendants filed a Form 30 Application for Review in the case setting forth their grounds for appeal, copies of which were furnished to all interested parties prior to oral argument before the Appellate Panel on February 21, 2017. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has since been under study and consideration.

In their Form 30 Application for Review, the Defendants questioned whether Commissioner Campbell erred in finding as a matter of fact and law that the Claimant sustained a compensable injury by accident to her shoulders, the Claimant met her burden of proof for establishing compensable repetitive trauma injuries to her shoulders, the Claimant is entitled temporary total disability benefits, the Claimant met her burden of proof for establishing her entitlement to temporary total disability benefits, the Claimant is entitled to reimbursement for medical treatment previously sought for her shoulders, the Claimant is entitled to medical

treatment for her shoulders, the Claimant met her burden of proof for establishing her entitlement to medical treatment for her shoulders, in appointing Dr. Nahigian as the authorized treating physician, and in not finding the Claimant was at maximum medical improvement and the Defendants were entitled to an overpayment. In their Brief to the Appellate Panel, the Defendants requested that the Order of the Single Commissioner be reversed in its entirety, that the Claimant be found at maximum medical improvement for her accepted right arm injury, and that the Defendants be reimbursed for overpayment of benefits.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. 42-17-50 (1985), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusion of Law consistent with or inconsistent with those of the Hearing Commissioner. While it is well-established that the Commission is the ultimate finder in workers' compensation cases and is not necessarily bound by the Hearing Commissioner's Findings of Fact, "it is logical for the Full Commission, which did not have the benefit of observing the witnesses, to give weight to the Hearing Commissioner's opinion..." *Green v. RayBestos-Manhattan, Inc.*, 250 S.C. 58, 64, 156 S.E.2d. 318, 321 (1967); *Muir v. C.R. Bared, Inc.*, 336 S.C. 266, 519 S.E.2d. 583 (S.C. Ct. App. 1999).

Based upon a review of the foregoing, the Panel has determined that the Hearing Commissioner did not err in his Findings of Fact, Rulings of Law, and Orders. The Appellate Panel of the Full Commission finds that the overwhelming weight of the evidence in the record supports finding the Claimant has sustained repetitive trauma injuries to her bilateral shoulders, is entitled to additional medical treatment for her bilateral shoulders by Dr. Nahigian, has not reached maximum medical improvement, is entitled to ongoing temporary total disability benefits, and is entitled to reimbursement for medical expenses she incurred to date for her bilateral shoulders. The Appellate

Panel hereby **AFFIRMS** the Hearing Commissioner's Decision and Order and enters the following Findings of Fact and Order as its own.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
2. The Claimant sustained an admitted injury to the right wrist arising out of and in the course and scope of her employment when she pulled down on an air gun while working on an assembly line. (H.T. p. 4, ll. 5-9; Defendant's APA #5, p. 780).
3. The Claimant has alleged repetitive trauma exacerbations to her preexisting bilateral shoulder conditions including bilateral rotator cuff tears due to years of overhead work. (H.T. p. 8, l. 1-23; Defendant's APA #5, pp. 807-11).
4. She initially underwent trial physical and occupational therapy that failed, and she was referred to Dr. Buckaloo at SC Orthopaedic Institute. (Defendant's APA #5, p. 780). Dr. Buckaloo had x-rays of the right hand and wrist performed that revealed some chronic deformities and osteoarthritis. She then underwent NVC testing and MRI that revealed an essentially negative MRI of the wrist but did show DeQuervain's tenosynovitis and right focal median neuropathy. Dr. Buckaloo recommended, and the Claimant received, an injection and night splint for her wrist. The injection provided little relief, but the Claimant did not wish to pursue surgery at the time. She attempted to return to work but continued symptoms forced her to seek additional treatment. In May 2014, the claimant underwent a right carpal tunnel release and DeQuervain's tendon sheath release. (Defendant's APA #5, pp. 785-96).

5. The Claimant participated in occupational therapy after surgery, and despite attempting to return to work with restrictions, her symptoms persisted and she was given additional restrictions and ordered back to physical therapy for strengthening. (Defendant's APA #5, pp. 804-05).
6. On August 27, 2014, Dr. Ugino of Midlands Orthopaedic performed an independent medical examination where he noted the Claimant suffers from persistent problems including severe pain radiating along the volar aspect of the forearm. Upon examination, Dr. Ugino opined that the claimant was not at MMI currently and suggested a work hardening program. (Defendant's APA #8, pp. 821-22).
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9. The claimant underwent additional follow up treatment including physical therapy and injections for symptoms including numbness, tingling and pain with Dr. Muirhead and The Charleston Hand Group. (Defendant's APA #9, pp. 838-49).

From May 13, 2015 through June 30, 2015, the Claimant attended therapy with Sports Plus Physical Therapy where she was treated for symptoms in her right arm in addition to symptoms in both shoulders. (Defendant's APA #12, pp. 860-81).

10. On June 30, 2015, the Claimant was released from therapy because she was not making progress on her shoulder range of motion, was not making any functional gains from therapy, and had met her maximum rehab potential. (Defendant's APA #12, pp. 882-83).
11. On July 16, 2015, authorized treating physician Dr. William Muirhead of Charleston Hand Group completed a 14B where he placed the Claimant at maximum medical improvement for her right elbow, wrist, and hand and assigned a 7% permanent impairment rating. Additionally, Dr. Muirhead released the Claimant with work restrictions of lifting less than one pound, no impact or vibrating tools, and limited repetitive motion. Dr. Muirhead opined that the Claimant would not require future medical care for her right elbow, wrist, and hand. (Defendant's APA #9, p. 853).
12. On September 22, 2015, the Defendants obtained a one-time examination with Dr. Jerrold Buckaloo of South Carolina Orthopedic Institute. Dr. Buckaloo opined that the Claimant's MRIs of the shoulders were consistent with chronic retracted supraspinatus tendon injuries. Dr. Buckaloo also opined that while the bilateral shoulder injuries were age-indeterminate, they were certainly chronic given the atrophy of the associated supraspinatus muscle belly of the shoulder. (Defendants' APA #5, p. 811).

13. On March 14, 2016, Dr. Kevin Nahigian of Carolina Shoulder and Knee Specialists completed a post-operative questionnaire where he opined to a reasonable degree of medical certainty that the Claimant's bilateral rotator cuff tears were more likely than not the proximate result of her repetitive actions arising out of her employment. While Dr. Nahigian stated that no additional medical treatment or surgeries would be needed and she has reached maximum medical improvement, he clarified during his deposition that he thought questions 3, 4, and 5 were pertaining only to the right shoulder, which he had already repaired (Claimant's APA #26, pp. 1941-42; Dr. Nahigian's Deposition, p. 48, ll. 17-25, p. 49, ll. 1-6)
14. In a May 26, 2016 follow up questionnaire, Dr. Nahigian opined, to a reasonable degree of medical certainty, that the Claimant's bilateral rotator cuff tears were due to repetitive trauma and are causally related to her employment. He further opined that the Claimant would benefit from additional medical treatment for her shoulders and with time would be without restrictions permanently. (Claimant's APA #27, pp. 1943-44).
15. On May 31, 2016, the Defendants obtained a questionnaire from Dr. Buckaloo in which he opined that the Claimant was diagnosed with bilateral shoulder tendonitis prior to the October 8, 2013 right wrist injury and that most probably the cause of her bilateral shoulder complaints stems from preexisting conditions predating her October 8, 2013 right wrist injury. (Defendants' APA #21, pp. 1819-20).
16. In his June 27, 2016 deposition, Dr. Nahigian testified that, to a reasonable degree of medical certainty, there is a causal connection between the Claimant's work and the repetitive trauma injuries to her bilateral shoulders. He testified that the damage in

her right shoulder included severe changes to the right AC joint that are “very common in laborers, and it’s very common in people of her age group and people that has done repetitive things.” Dr. Nahigian affirmed that his treatment notes stated “[h]er job required many years of overhead activities and use of an air gun and this, no doubt, contributed to her degenerative process” and that opinion was based mostly “. . . on what she has on her findings and tests, whatever, clinical exam and what she has told me.” (Dr. Nahigian Deposition, p. 31, ll. 1-2; p. 32, ll. 2-5; p. 34, ll. 6-11; p. 38, ll. 17-21; p. 45, ll. 18-23; p. 46, ll. 2-14).

17. In a July 1, 2016 follow-up questionnaire, Dr. Nahigian opined, to a reasonable degree of medical certainty, that based on the facts and information presented at his deposition, nothing had changed regarding his opinion from the May 26, 2016 questionnaire he completed. Additionally, Dr. Nahigian opined that the Claimant will require future medical treatment for her left shoulder including, but not limited to, an MRI, surgery, and therapy. (Claimant’s APA #28, pp. 1946-47).
18. As the physician who performed the Claimant’s right shoulder surgery and has most recently treated her, we give the greatest weight to Dr. Nahigian. Dr. Buckaloo only evaluated the Claimant one time on September 22, 2015, compared to Dr. Nahigian who evaluated the Claimant on numerous occasions, performed right shoulder surgery, and gave sworn deposition testimony. Dr. Nahigian’s opinions regarding causation and medical treatment are, therefore, given greater weight.
19. We find, by a preponderance of the evidence, that there is a causal connection established by the medical evidence between the Claimant’s repetitive activities that occurred while employed by the Employer while engaged in the regular duties of her

employment and the injuries to her right and left shoulders based on the deposition testimony, treatment records, and questionnaires answered by Dr. Nahigian. (Claimant's APAs 25-28; Dr. Nahigian Deposition, p. 31, ll. 1-2; p. 32, ll. 2-5; p. 34, ll. 6-11; p. 38, ll. 20-21; p. 45, ll. 18-23; p. 46, ll. 2-14).

20. The Claimant did sustain a compensable repetitive trauma exacerbation to her right and left shoulders arising out of and in the course and scope of her employment with the Employer.
21. The Defendants are to authorize Dr. Nahigian as the treating physician and the Claimant is entitled to all causally-related medical treatment as recommended by Dr. Nahigian.
22. The Claimant is entitled to, and the Defendants are responsible for, reimbursement for all out-of-pocket causally-related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries.
23. We find that the Claimant has not reached maximum medical improvement for her right arm, right shoulder, or left shoulder.
24. We find that a determination of permanency is premature at this time.
25. We find that the Defendants are not entitled to stop payment of temporary total disability benefits at this time.

RULINGS OF LAW

1. Under S.C. Code Ann. § 42-1-130, the Claimant was a covered Employee at the time in question and under § 42-1-140, the Employer was a covered Employer.

2. Under S.C. Code Ann. § 42-1-160, the Claimant sustained a compensable injury to her right arm arising out of and in the course of her employment on October 8, 2013.
3. Under S.C. Code Ann. § 42-1-172, the Claimant sustained repetitive trauma injuries to her left and right shoulders which arose out of and occurred in the course and scope of her employment.
4. Under S.C. Code Ann. § 42-1-40, the Claimant's average weekly wage is \$361.18, yielding a compensation rate of \$240.79, and the Defendants are not entitled to a credit or allowed to stop payments of temporary total disability at this time.
5. Under S.C. Code Ann. § 42-15-60, the Claimant has not reached maximum medical improvement and requires additional treatment for her right arm, right shoulder, and left shoulder.
6. Under S.C. Code Ann. § 42-15-60, the Defendants shall authorize Dr. Nahigian as the treating physician for the right and left shoulder injuries.
7. Under S.C. Code Ann. § 42-15-60, the Defendants shall reimburse the Claimant for all out-of-pocket causally-related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries.
8. Under S.C. Code Ann. § 42-9-10, the Defendants shall continue payment of temporary total disability benefits.
9. Under S.C. Code Ann. §§ 42-9-10, 42-9-20, and 42-9-30, a determination of the permanency of the Claimant's injuries is premature at this time.

ORDER

IT IS, THEREFORE, HEREBY ORDERED that the Claimant has not reached maximum

medical improvement for her right arm, right shoulder, or left shoulder injuries;


IT IS FURTHER ORDERED that the Defendants are to authorize Dr. Nahigian as the treating physician and the Claimant is entitled to all causally related medical treatment as recommended by Dr. Nahigian;

IT IS FURTHER ORDERED that Defendants shall reimburse the Claimant for all out-of-pocket causally related medical expenses, including but not limited to office visits, surgery, medications, co-pays, and mileage, incurred as a result of the compensable right arm, right shoulder, and left shoulder injuries;

IT IS SO ORDERED!

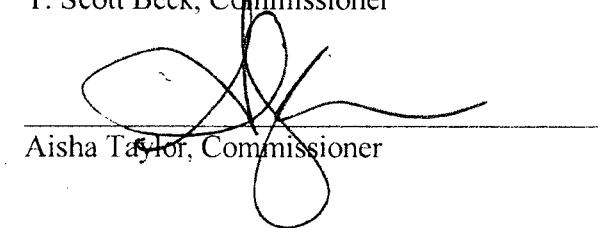
Full affidavit - [Signature]

S.C. WORKERS' COMPENSATION COMMISSION


Avery B. Wilkerson, Commissioner

WE CONCUR:


T. Scott Beck, Commissioner


Aisha Taylor, 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 Eugenia Hollmon on May 2, 2017