

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION **AUG 29 2017**

SC Court of Appeals

Appellant Case No. 2014-001815

Clarence Winfrey Appellant,

v.

Archway Services Inc, Employer, and
American Fire & Casualty Insurance Company, and
Liberty Mutual Group, Carrier, Respondents,

**RESPONDENTS' RESPONSE TO APPELLANT'S
PETITION FOR REHEARING**

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and Liberty Mutual Group*

STATEMENT OF THE CASE

This claim arises out of an alleged accident on May 22, 2013. On that date, Claimant contends he was momentarily shocked by a rotisserie oven he was working on. Following the accident, Claimant continued to work for the remainder of the day and the following day. Claimant had scheduled time off after May 23, 2013. Claimant suffered a myocardial infarction on or around May 28, 2013. On May 28, 2013—six days after the accident—Claimant presented to Doctor's Care and Lexington Medical Center with severe three vessel coronary disease, an occluded coronary artery, and an acute myocardial infarction caused by a plaque rupture which caused an acute ventricular septal defect. At Doctor's Care, Claimant reported he was having no chest pressure and had started sweating that morning (on May 28th). At Lexington Medical Center, Claimant indicated he was not having chest pain but had been sweating. Following the diagnosis, Claimant underwent surgery to repair the ventricular septal defect caused by the plaque rupture and subsequent myocardial infarction. The medical records in the case revealed that Claimant has a distinct family history of coronary disease with his father passing away at a similar age from coronary disease and a myocardial infarction. Further, the medical records indicated that Claimant was a 35 year pack-a-day smoker and drank a case of beer per week. Based on all of the medical records available to Carrier, this claim was ultimately denied on September 13, 2013.

Immediately following the denial of benefits, Claimant filed a Form 15, Section III requesting a hearing as well as a Summons and Complaint in Richland County Circuit Court alleging a bad faith denial of benefits, alleging that S.C. Code Ann. § 42-9-260 is unconstitutional, seeking a temporary restraining order to stop Respondents from denying

the claim, and seeking an Order from Judge Lee finding the claim compensable and awarding benefits. The Summons and Complaint was filed on or around September 27, 2013. Judge Lee issued and then rescinded the temporary restraining order sought by Claimant on or around October 1, 2013. Judge Benjamin conducted a lengthy hearing on the merits of the Complaint but has not yet rendered a decision as to whether S.C. Code Ann. § 42-9-260 is unconstitutional. After the temporary restraining order was rescinded, the Commission set Appellant's Form 15, Section III for a hearing before Commissioner Beck. In addition, Respondents filed several motions with the Commission including a Motion to Quash the deposition of the adjuster, a Motion to Quash discovery of the adjuster's claim file, and a Motion to Postpone the Hearing.

A hearing on all of the motions and on Appellant's Form 15, Section III was set on September 30, 2013 for November 11, 2013. Prior to the hearing, Commissioner Beck conducted a standard pre-hearing conference as well as a Motions Hearing wherein Commissioner Beck ruled on all outstanding issues raised by the motions including Respondents' Motion to Postpone. Each of these motions affected the ability to conduct the Form 15 hearing and were necessary to have prior to the hearing. Specifically, Respondents' Motion to Postpone alleged the Commission did not have jurisdiction to hear the claim because Appellant had asserted the statute (42-9-260) by which the hearing was scheduled was unconstitutional and Appellant could not claim or exercise the benefits of the statute while simultaneously arguing it was unconstitutional for Respondents to also act pursuant to the statute. Commissioner Beck warned Appellant of the risk of proceeding based on the jurisdictional issues raised by Respondents. Commissioner Beck gave Appellant the opportunity to postpone the Form 15 hearing in

order to spend time preparing for each of the motions that were timely served. Appellant turned down that opportunity. At the hearing, all parties agreed that the only issue for Commissioner Beck was to determine whether or not Respondents had conducted a good faith investigation. In order to make that determination, Commissioner Beck limited the review of evidence to only those documents produced prior to the date of denial – September 13, 2013. Following the hearing, Commissioner Beck issued a Decision and Order on December 5, 2013 finding that Respondents had conducted a good faith investigation. The Full Commission conducted a review hearing on May 19, 2014. The Full Commission issued its Decision and Order on July 25, 2014. That Decision and Order is the subject of this appeal.

By way of further background, on October 22, 2013, after the Form 15 hearing was set by the Commission but before that hearing was held, Appellant filed a Form 50 requesting a hearing on compensability for alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. A hearing notice for the Form 50 hearing was sent by the Commission on December 6, 2013 with explicit instructions that the hearing would be to determine compensability of Appellant's alleged injuries to his head, brain, left hand, left arm, chest, heart, and all other organs, members, and bodily parts. The Form 50 hearing was held before the Single Commissioner on January 13, 2014. Following the hearing, the Single Commissioner issued a Decision and Order on February 27, 2014. The Full Commission conducted a review hearing on May 19, 2014. The Full Commission issued its Decision and Order on July 25, 2014. That Decision and Order is also on appeal by both parties in a companion action.

ARGUMENT

Appellant notified Employer he was shocked while working on a rotisserie oven on May 22, 2013. (R. p. 222). Employment records of Appellant indicate that he continued working the remainder of the day and the entire following day. (R. p. 224-25). An email from Appellant to Employer indicates that he was experiencing only neck pain on May 27, 2013 (5 days post-accident). (R. p. 223). Appellant first presented to Doctor's Care on May 28, 2013 (6 days post-accident) complaining that he woke up sweating that morning (6 days post-accident) (R. p. 215). Appellant was treated by Dr. Greenfield at Doctors' Care. Dr. Greenfield noted that Appellant had some tenderness in his shoulder and neck area. Id. Further, Dr. Greenfield noted that Appellant did not complain of any chest pressure. Id.

Dr. Greenfield testified in her deposition that the testing she conducted could not give any indication as to when Appellant suffered the myocardial infarction. Specifically, Dr. Greenfield stated that the myocardial infarction "...could have been 5 days ago..." and further admitted that the acute myocardial infarction could have occurred the evening of May 27 or the morning of May 28. (R. p. 448, line 10 – p. 449, line 8). Further, Dr. Greenfield indicated that she based portions of her opinion on articles that she read relating to electrocution from lightning strikes. When asked about these articles, Dr. Greenfield admitted the voltage involved in those articles was 10,000,000 volts—an amount that is 20,000-40,000 times higher than the voltage involved in this claim. (R. p. 464, line 19 – p. 465, line 4). Additionally, Dr. Greenfield stated that Appellant presented without any chest pain. (R. p. 452, line 5-9, p. 460, line 3-8). Dr. Greenfield also noted the pain in Appellant's arm and shoulder was not indicative of having sustained a

myocardial infarction. (R. p. 452, line 13-25). Dr. Greenfield issued a written opinion stating Appellant's heart condition was caused by the electrical shock.

Appellant was then referred to and saw Dr. Dasgupta at the South Carolina Heart Center on May 28. Dr. Dasgupta also noted sweating and noted that Appellant denied chest pain but did have minimal left shoulder pain. (R. p. 216). Dr. Dasgupta diagnosed Appellant with an acute myocardial infarction. *Id.* Dr. Dasgupta indicated that Appellant had a prior history of hypertension, tobacco abuse (one pack a day smoker), as well as a significant family history for heart disease (Appellant's father passed away from coronary disease and myocardial infarction). (R. p. 216-17). Dr. Dasgupta also noted that Appellant appeared to have a ventricular septal defect as a possible completion of his acute myocardial infarction. (R. p. 216). Dr. Dasgupta referred Appellant to Lexington Medical Center where Dr. Travis performed surgery to repair an acute ventricular septal defect that formed following the myocardial infarction. (R. p. 219-21).

Dr. Travis described the mechanism of Appellant's injury as being a plaque rupture that caused a myocardial infarction that caused the ventricular septal defect. (R. p. 415, line 24 – p. 416, line 2). Dr. Travis indicated that plaque ruptures can be caused by many things including getting up the wrong way from a couch, strenuous activity, stressful events in your personal life, emotional stresses, and many other things. (R. 416, line 3-11). Further, Dr. Travis was asked "...other than the timing of the heart attack...there's no way to know for certain the plaque rupture was caused by the electrical shock, is that correct?" (R. p. 416, line 12-15). Dr. Travis response was that "[i]s there a definitive way to—collate one to another absolutely not." (R. p. 416, line 16-18) (emphasis added). Dr. Travis also stated that "the [electrical shock] *could* of started

the whole domino effect.” (R. p. 431, line 23-24) (emphasis added). Finally, Dr. Travis indicated that the neck pain Appellant experienced “could be just neck pain.” (R. p. 432, line 12-16).

Dr. Travis indicated that part of his opinion formed because of the presence of a plaque on Appellant’s heart. However, Dr. Travis stated that this was his first open heart surgery on a patient who had received an electrical shock. (R. p. 431, line 2-5). Further, Dr. Travis stated that he had never “read about or seen anything” related to whether or not the plaque he observed is related to electrical shock or whether or not the plaque he observed is common in electrical shock. (R. p. 431, line 6-12). Following the care provided to Appellant, Dr. Travis issued a written opinion stating Appellant’s heart condition was caused by the electrical shock.

After the surgery, Appellant began treating with Dr. Lide on an outpatient basis for his heart condition. In his deposition, Dr. Lide stated that no one knows what causes a plaque rupture in the heart. (R. p. 551, line 13-15). Dr. Lide agreed with the statement that “...we don’t really know what causes plaque rupture.” (R. p. 551, line 16-22). Dr. Lide also testified that “I don’t know whether the electrical shock caused the plaque rupture... .” (R. p. 552, line 14-15). Further, Dr. Lide testified that he is not familiar with any research and he has not conducted any research on whether an electrical shock can cause a myocardial infarction or a ventricular septal defect. (R. p. 556, line 13 – p. 557, line 1). Dr. Lide also indicated that the longer in time the heart condition develops from the precipitating event (in this case an electrical shock), the less likely it is the heart condition is related to the electrical shock. (R. p. 557, line 2-6). Finally, Dr. Lide stated his overwhelming evidence that the electrical shock caused Appellant’s condition was

“proximity in time.” (R. p. 557, line 20-21). Dr. Lide issued a written opinion stating Appellant’s heart condition was caused by the electrical shock.

LEGAL ARGUMENT ON APPELLANT’S ISSUES RAISED ON APPEAL

I. NEITHER THIS COURT NOR THE COMMISSION ERRED AS A MATTER OF LAW BY FINDING RESPONDENTS MET THE REQUIREMENTS FOR CONDUCTING A GOOD FAITH INVESTIGATION PURSUANT TO S.C. CODE ANN. § 42-9-260.

The record is clear that the Commission reviewed all of the evidence relevant to the hearing¹, including testimony and representations of counsel, and rendered a decision on whether or not Respondents conducted a good faith investigation as required by S.C. Code § 42-9-260. The record is also clear that the Commission determined by a preponderance of the evidence (i.e. more likely than not) that Respondents conducted a good faith investigation based on the medical records available by statute at the time of the denial of benefits², records of the Nurse Case Manager³, the medical records provided by Appellant’s counsel to Respondents’ counsel on June 26, 2013⁴, as well as the Form 15 filed in this case⁵. There is no dispute that the burden rests with Respondents in proving that a good faith investigation occurred by a preponderance of the evidence. Respondents clearly met that burden as set out in the Commission’s Decision and Order. Nowhere in the Commission’s Decision and Order does the Commission state that Appellant has the initial burden of proving Respondents did not conduct a good faith

¹ As will be discussed further in other exceptions raised by Claimant/Appellant, the relevant evidence for this hearing was limited to only the evidence dated prior to the denial of benefits as that would have been the only evidence available to Defendants to make a decision on compensability.

² See R. p. 31-32

³ Id.

⁴ See R. p. 28

⁵ See R. p. 28, p. 30-31

investigation. Rather, the only finding by the Commission on this subject is a finding that Appellant presented no evidence to rebut Respondents' presentation that a good faith investigation occurred. This is not an error of law. The Commission did not shift or place the burden on Appellant. Rather, the Commission noted that once Respondents showed by a preponderance of the evidence that a good faith investigation occurred, Appellant presented no rebuttal evidence that showed a good faith investigation did not occur. This fact is noted by the careful sequential placement of the findings of fact and conclusions of law. All findings related to Appellant's burden of proof are located sequentially after the Commission finds Respondents conducted an investigation and had a good faith basis to terminate benefits. Further, the Commission noted that Appellant does have the burden of proving a compensable injury by accident arising out of and in the course and scope of his employment. *See Full Commission Conclusions of Law #2(e) citing to S.C. Code Ann. § 42-1-60; Hall v. Desert Aire, Inc., 376 S.C. 338, 656 S.E.2d 753 (S.C. App. 2009); Fowler v. Abbott Motor Co., 236 S.C. 226, 113 S.E.2d 737 (1960); S.C. Second Injury Fund v. Liberty Mut. Ins. Co., 353 S.C. 117, 576 S.E.2d 119 (S.C. App. 2003).*

Therefore, because Respondents proved they conducted a good faith investigation by a preponderance of the evidence and no contrary or rebuttal evidence was presented by Appellant, the Hearing Commissioner was required by law to make a finding that Respondents conducted a good faith investigation pursuant to S.C. Code Ann. § 42-9-260. For these reasons, this court should uphold the Commission's Decision and Order in its entirety.

II. THIS COURT AND THE COMMISSION DID NOT ERR AS A MATTER OF LAW BY NOT ORDERING REINSTATEMENT OF BENEFITS BECAUSE RESPONDENTS COMPLIED WITH S.C. CODE § 42-9-260.

Appellant next argues that the Commission erred in not reinstating medical and temporary disability benefits. Out the outset it should be noted that Appellant misstates the series of event surrounding the Form 15. Respondents' fine was rescinded by the Commission on October 3, 2013 and Respondents' did not pay any fine associated with the Form 15 in this case.

Appellant likewise misstates that it is "undisputed" that Respondents did not serve Appellant with "any supporting documentation as required by Commission Regulation 67-504 setting forth the reason for termination." Respondents provided Appellant with the supporting documented reasons for the termination of benefits. This is undisputed as it appears on the face of the Form 15⁶. Appellant cannot say that he was not put on notice as to the reason for the denial nor can Appellant say that Respondents did not comply with Regulation 67-504 related to the reason for termination. There is likewise no dispute that Appellant received a copy of the Form 15 when it was filed. The Commission specifically notes this is shown by Appellant filing a Form 15, Section III (which would not have been done unless Appellant received a Form 15, Section II). Appellant's exception or complaint is that he did not receive two copies of the Form 15. The Commission determined that because Appellant was represented by counsel at the time the Form 15, Section II was served, the requirement to serve two copies was unnecessary. Case law on this issue indicates only that an employer *should* apply to the commission

⁶ See R. p. 37

for permission to terminate benefits and that the employee *should* receive notice of the application⁷.

Because the Form 15, Section II was determined to be properly filed and served and because Respondents complied with the “reason for denial” component of Reg. 67-504, the denial of benefits was properly enacted under the Act. The denial of benefits is not defective or otherwise inoperable because Appellant only received one copy of the Form 15, Section II. Appellant was on notice of the denial of benefits within the statutorily prescribed period and in full compliance with S.C. Code Ann. § 42-9-260 and Reg. 67-504. Therefore, for the foregoing reasons, the Commission’s Decision and Order should be affirmed in its entirety.

III. THIS COURT AND THE COMMISSION DID NOT ABUSE ITS DISCRETION BY CONSIDERING RESPONDENTS’ PRE-HEARING BRIEF AND APA SUBMISSIONS.

Appellant next argues that the Commission erred by allowing Respondents’ pre-hearing brief and APA submissions into the record. This is based on two factors: (1) pursuant to Reg. 67-612(B)⁸, Respondents are the moving party and, therefore, were required to serve their APA submission fifteen days prior to the hearing; and (2) Reg. 67-611 requires all parties file a Form 58 ten days before the hearing. Each of these will be addressed in turn.

First, Appellant is patently incorrect that Reg. 67-612(B) makes Respondents the moving party insofar as it subjects Respondents to filing APA submissions fifteen days before a hearing. **Reg. 67-612 is limited in scope to the admission of expert reports as**

⁷ See e.g. Halks v. Rust Engineering Co., 208 S.C. 39, 36 S.E.2d 852 (1946).

⁸ Claimant repeatedly refers to Reg. 67-613 in his Brief. Defendants presume this to be an error and presume Claimant is referring to Reg. 67-612.

evidence. Respondents did not submit any expert reports into the record that were considered by the Commission for the purpose of the hearing⁹ (e.g. determining if a good faith investigation occurred prior to denial of benefits). Therefore, Reg. 67-612(B) simply does not apply to the hearing before the Commission. In addition, it should be noted that Appellant submitted his pre-hearing brief and APA submissions fifteen days prior the hearing¹⁰. This is evidence that Appellant, in fact, believed he was the moving party under the Act and did not believe Respondents were the moving party under the Act.

Second, Appellant is correct that Reg. 67-611 requires a Form 58 be filed ten days before a hearing. However, Respondents are unsure what Appellant's basis for this exception is. In this case, this 10 day requirement was met by Respondents. Ten days prior to the November 13, 2013 hearing was November 3, 2013. November 3, 2013 was a Sunday. The Commission is not open on Sundays and cannot accept service of documents on that day. Likewise, Appellant's attorney's office is not open on Sundays and cannot accept service of documents on that day. Because all entities available for service were closed and unable to accept service on November 3, 2013, Respondents Form 58 was filed on Monday, November 4, 2013. South Carolina Rule of Civil Procedure 6 states "[i]n computing any period of time prescribed or allowed by these rules, by order of the court, or by any applicable statute, the day of the act, event, or default after which the designated period of time begins to run is not to be included. The last day of the period so computed is to be included, **unless it is a Saturday, Sunday, or a State or Federal holiday, in which event the period runs until the end of the next**

⁹ Defendants did submit the report of Dr. Barry Feldman but the Hearing Commissioner excluded it from evidence.

¹⁰ Claimant filed his brief on October 30, 2013 for the November 13, 2013 hearing.

day which is neither a Saturday, Sunday nor such holiday.” Monday, November 4, 2013 was the first day available to file and serve Respondents’ Form 58 and readily complies with the Act and the South Carolina Rules of Civil Procedure.

Therefore, for the foregoing reasons, the Commission did not abuse any discretion in allowing Respondents’ Pre-Hearing Brief and APA Submissions because the Commission did not have any discretion to exercise. Reg. 67-612 is inapplicable to the underlying hearing as it relates only to expert reports as evidence and Reg. 67-611 is not in issue as Respondents filed their pre-hearing brief 10 days prior to the hearing. Appellant functionally argues he was prejudiced by a timely and properly filed pre-hearing brief—that argument fails outright. Therefore, the Commission’s Decision and Order should be upheld in its entirety.

IV. THIS COURT AND THE COMMISSION DID NOT ERR BY EXCLUDING EVIDENCE DATED AFTER SEPTEMBER 13, 2013.

Respondent must first point out to the court that this limitation and/or exclusion of records was a stipulation as noted by Commissioner Beck in his December 5, 2013 Order. Appellant appealed the actual application of that date but has not at any time formally appealed the actual stipulation to the Full Commission or this court. Respondents would submit Appellant is bound by his unappealed stipulation regardless of whether or not he agrees with the application of the date in the context of the case.

Appellant next argues that the Commission erred by limiting the evidence in the record to any evidence created prior to the verbal denial of benefits on September 13,

2013¹¹. The basis for this ruling is that Respondents could not have had access on or before September 13, 2013 to any documents or records created after September 13, 2013. When the Commission was asked to determine if Respondents conducted a good faith investigation, the only relevant documents to review were the documents available to Respondents at the time the decision to deny benefits was made. To permit or consider documents produced or created after September 13, 2013 would circumvent and undermine the stated purpose of the hearing on the Notice of Hearing.

Appellant argues that by excluding evidence after September 13, 2013, the Commission excluded written opinions from medical doctors related to causation. Again, that was the purpose of the decision by the Commission. The records and written opinions created after September 13, 2013 were not available to Respondents prior to September 13, 2013 and therefore cannot be weighed against the evidence used to deny benefits to Appellant. The only evidence relevant to the Commission's inquiry was the evidence available prior to September 13, 2013. Therefore, for the foregoing reasons, the Commission's Decision and Order should be upheld in its entirety.

V. THIS COURT AND THE HEARING COMMISSIONER DID NOT ERR AS A MATTER OF LAW IN ANY OF HIS ORDERS RELATED TO THE OUTSTANDING MOTIONS.

Appellant next argues that the Hearing Commissioner erred as a matter of law related to specific findings and decisions in the Motions Hearing conducted prior to the

¹¹ Appellant mistakenly uses the date "September 15, 2013" in his brief. A review of the Stipulations in the Single Commissioner Decision and Order dated December 5, 2013 clearly states "No documentary evidence dated after September 13, 2013 would be considered by the undersigned in the adjudication of the dispute."

Form 15 hearing. Respondents would respond to each sub part of the exception as follows:

- (a) Appellant first argues that the Hearing Commissioner denied his right to take the deposition of the adjuster “as a managing agent” of Carrier. Appellant also asserts error in that the Hearing Commissioner did not make a finding of fact that Respondents failed to obtain an Order prior to the adjuster refusing to appear for the deposition. First, Appellant’s request to depose the adjuster failed for several reasons. However, the chief reason is that the adjuster is not a managing agent of Carrier and, therefore, is not subject to subpoena for a deposition *as a managing agent*. Simply naming the adjuster as a managing agent does not magically make it so. Appellant sought to depose the wrong person with Carrier and the Hearing Commissioner properly denied his request. Second, the Hearing Commissioner properly refused to make a finding that Respondents failed to obtain an Order prior to the adjuster refusing the deposition. Interestingly, Appellant refused to appear for his own properly noticed deposition without filing a Motion to Quash and without obtaining an Order to postpone the deposition and took the position that no Order was needed to choose not to appear his own deposition. Therefore, the Hearing Commissioner did not err in regards to this sub-part of the exception.
- (b) Next, Appellant argues the Hearing Commissioner erred by not holding a hearing on the Motion to Quash the subpoena of the adjuster’s file prior to the Form 15 hearing. Appellant never requested an alternate date for the motion to quash and never asked that it be expedited. Therefore, Appellant has waived any objection to its expediency. Further, Appellant’s position stated herein was that the motions

should not have been heard at all at the Form 15 hearing (rather, they should have been done later). If Appellant was successful on that issue, it would be at odds with this position stated herein. Therefore, the Hearing Commissioner did not err in regards to this sub-part of the exception.

VI. THIS COURT AND THE COMMISSION DID NOT ERR AS A MATTER OF LAW BY MAKING FINDINGS OF FACT #4 THROUGH #11 BECAUSE EACH FINDING IS SUPPORTED BY TESTIMONY, STIPULATIONS OR DOCUMENTARY EVIDENCE IN THE RECORD.

Appellant next argues that the Hearing Commissioner erred as a matter of law related to Findings of Fact #4 through #11¹². Respondents would respond to each individual Finding of Fact of the exception as follows:

a. Finding of Fact #4

This finding of the Full Commission states “Defendants began providing Claimant with temporary total disability benefits beginning on June 1st, 2013 and continuing through September 14, 2013. This is based on the Form 19 Status Report and Compensation Receipt filed by Defendants on September 12, 2013.” This evidence for this finding is a matter of record with the Commission. It is undisputed that Respondents *did* pay temporary total disability benefits from June 1, 2013 through September 14, 2013 and Respondents *did* file a Form 19 with the Commission on September 12, 2013. Respondents are not aware of any ground or basis under which Appellant asserts this finding of fact is an error of law (or fact).

b. Finding of Fact #5

This finding of the Full Commission states “Defendants also provided Claimant with medical treatment between the alleged date of injury and September 12, 2013. This

is based on the Form 19 Status Report and Compensation Receipt filed by Defendants on September 12, 2013.” This evidence for this finding is a matter of record with the Commission. It is undisputed that Respondents *did* provide medical care to Appellant through September 12, 2013 and Respondents *did* file a Form 19 with the Commission on September 12, 2013. Respondents are not aware of any ground or basis under which Appellant asserts this finding of fact is an error of law (or fact).

c. Finding of Fact #6

This finding of the Full Commission states “Defendants terminated Claimant’s workers’ compensation benefits 114 days after employer could have had notice of his alleged injury, on September 12, 2013. The termination was based on a denial of the claim following an investigation. This is based on the Form 15, Section II dated September 12, 2013.” This evidence for this finding is a matter of record with the Commission. It is undisputed that Respondents *did* terminate benefits on September 12, 2013 and that Respondents terminated those benefits by filing a Form 15, Section II dated September 12, 2013.

Appellant’s contentions related to Finding of Fact #6 appear to center around the portion of the finding related to the language “following an investigation.” Specifically, throughout his brief, Appellant challenges any finding that indicates an investigation was conducted because Respondents did not present live testimony from Employer or Carrier related to an investigation. While Appellant is correct that Respondents did not present live testimonial evidence, Respondents did present documentary evidence in the form of medical records and form filings with the Commission. The Act does not require live

¹² See R. p. 27-29

testimonial evidence to support a denial of benefits pursuant to S.C. Code Ann. § 42-9-260. The evidence presented by Respondents and the forms filed with the Commission make it clear that an investigation was performed and a conclusion that the claim was not compensable was reached based on a review of the medical records produced to Respondents prior to September 13, 2013.

Because the record is clear that Respondents denied compensation benefits because Appellant failed to meet his burden of proving a compensable claim, the Commission did not err in relying on those form filings and submitted medical records to support a conclusion that Respondents conducted an investigation in this claim. Therefore, the Commission's Decision and Order should be affirmed in its entirety.

d. Finding of Fact #7

This finding of the Full Commission states "We find that the communications by and through the Claimant's attorney and the Defendants' representatives are sufficient to prove that the medical records were provided to the Defendants prior to September 13, 2013, and provide a basis for the Defendants knowledge and good faith denial."

Appellant's challenge to this finding of fact should raise serious concerns to this court. Specifically, on page 41 of his brief, Appellant states:

"[t]here is absolutely no evidence...as to when the Respondents received any of the belated medical records that they were allowed to put into evidence...and there was simply no testimonial or documentary evidence submitted into the Record that would establish whether or not those records were received by the Respondents before September 13, 2013..."

This same contention was made in Appellant's prior brief to the Full Commission. The undersigned brought it to Appellant's attention at that time, and before the Full

Commission, that this statement/allegation is patently false. **Appellant's counsel provided Appellant's medical records to Respondents via e-mail on June 26, 2013.** This email has been previously provided to both the Full Commission and Appellant's counsel¹³. Appellant's counsel has not denied sending this e-mail. This specific issue was not raised with the Hearing Commissioner because Respondents never imagined or contemplated Appellant's counsel would later deny providing Respondents with the medical records he previously provided via e-mail. Nevertheless, that is the situation this case finds itself in. Appellant's counsel has been notified by Respondents' counsel of this incorrect and inaccurate allegation on several occasions prior to filing the present brief with this court and Appellant's counsel apparently still insists on pursuing it with this court. At best Appellant's position is disingenuous. At worst it is a position which Appellant's counsel knows to be false and misleading.

Respondents received the records Appellant on June 26, 2013. The receipt of these records is a sufficient basis for the Commission to determine Respondents conducted an investigation before denying the case over six weeks later.

e. Finding of Fact #8

This finding of the Full Commission states: "We find that a heart attack and its relationship to a work related injury is a medically complex case."

¹³ Due to it being evidence presented after the Single Commissioner hearing, it was not accepted into the file as a piece of evidence by the Full Commission. However, the existence of Finding of Fact #7 reflects the Commission's belief that Appellant's counsel did, in fact, submit the records to Respondents prior to September 13, 2013.

Claimant argues that the Commission erred by determining and stating this claim is medically complex. Claimant, on his Form 50 and Form 58 indicates that he is seeking medical benefits for his heart, left hand, left arm, left shoulder, neck, head, brain, chest, and all organs, members, and body parts. Alleging the entire body, including brain injury, necessarily makes this a medically complex claim. Therefore, the Commission did not err by stating this claim is “medically complex.”

f. Finding of Fact #9

This finding of the Full Commission states: “The Form 15, Section II was received by the Commission no later than September 18th, 2013. This is based on the records in the Commission’s file and the Form 15, Section III filed by the Claimant.” This evidence for this finding is a matter of record with the Commission. It is undisputed that Commission *did* receive the Form 15, Section II no later than September 18, 2013 and that Appellant *did* file a Form 15, Section III. . Respondents are not aware of any ground or basis under which Appellant asserts this finding of fact is an error of law (or fact).

g. Finding of Fact #10

This finding of the Full Commission states: “The Form 15, Section II documented that the reason for termination was that the employee fails to meet the burden of a compensable injury under the S.C. Workers’ Compensation Act. This is based on the Form 15, Section II dated September 12th, 2013.”

Appellant argues that the Commission erred in Finding of Fact #10 for two reasons: (1) the finding is in error because the Commission found Appellant was not prejudiced by receiving only one copy of the Form 15 when there is no evidence of lack

of prejudice to Appellant; and (2) the finding is in error because Appellant was prejudiced when Respondents did not attach a separate attachment setting forth the grounds for denial. Each of these will be addressed in turn.

First, Finding of Fact #10 is not an error of law because there was no evidence of prejudice. If Appellant was prejudiced by receiving only one copy of the Form 15, Appellant was required to present evidence of prejudice to rebut the Commission's finding. Appellant failed to present any evidence that he was prejudiced by receiving only one copy of the Form 15. Therefore, the Commission properly determined that Appellant was not prejudiced by receiving only one copy of the Form 15.

Second, Finding of Fact #10 is not an error of law because Respondents *did* attach the grounds for denial of benefits. Appellant reasserts issues raised previously in his brief that Respondents Form 15, Section II was deficient because it did not include the reasons for denial. In fact, the Form 15, Section II clearly includes the information required by the Act. Respondents Form 15, Section II states that Appellant's claim is being denied because "Claimant fails to meet the burden of a compensable injury under the SC Workers' Compensation Act." Therefore, Appellant cannot say he was prejudiced by receiving the very notice the Act requires.

Because Appellant presented no evidence of prejudice by only receiving one copy of the Form 15, Section II and because Respondents complied with the Act in stating the reasons for denial, the Commission's Decision and Order should be affirmed in its entirety.

h. Finding of Fact #11

This finding of the Full Commission states:

“Claimant received the Form 15, Section II in a timely manner and was able to exercise his rights under § 42-9-260(C) and R.67-504(C). This is based on the Form 15, Section III filed by the Claimant. Claimant alleged that the Form 15, Section II was not served on him properly pursuant to R.67-504(A) because he was only served with one copy of the Form 15, Section II and the documented reason for termination was printed on the Form 15 under Section II, rather than on an attached document. However, Claimant was in no way prejudiced from exercising his rights under the Act by the manner of service of this is evident by the fact that Claimant filed a Form 15, Section III asserting his rights shortly after receiving the Form 15, Section II. Claimant had the benefit of counsel at the time he was served with the Form 15, Section II, rendering the requirement to provide him with two copies unnecessary. Therefore, Defendants alleged failure to provide Claimant with a second copy of the Form 15, Section II, and including the reasons for denial on the form itself rather than on a separate attachment are not grounds to find the termination of benefits was improper.”

Appellant argues that the Commission erred in Finding of Fact #11 for two reasons: (1) the finding is in error because the Commission found Appellant was not prejudiced by receiving only one copy of the Form 15 when there is no evidence of lack of prejudice to Appellant; and (2) the finding is in error because Appellant was prejudiced when Respondents did not attach a separate attachment setting forth the grounds for denial. Each of these will be addressed in turn.

First, Finding of Fact #11 is not an error of law because there was no evidence of prejudice. If Appellant was prejudiced by receiving only one copy of the Form 15, Appellant was required to present evidence of prejudice to rebut the Commission's finding. Appellant failed to present any evidence that he was prejudiced by receiving only one copy of the Form 15. Therefore, the Commission properly determined that Appellant was not prejudiced by receiving only one copy of the Form 15.

Second, Finding of Fact #11 is not an error of law because Respondents *did* attach the grounds for denial of benefits. Appellant reasserts issues raised previously in his brief that Respondents Form 15, Section II was deficient because it did not include the reasons for denial. In fact, the Form 15, Section II clearly includes the information required by the Act. Respondents Form 15, Section II states that Appellant's claim is being denied because "Claimant fails to meet the burden of a compensable injury under the SC Workers' Compensation Act." Therefore, Appellant cannot say he was prejudiced by receiving the very notice the Act requires.


Because Appellant presented no evidence of prejudice by only receiving one copy of the Form 15, Section II and because Respondents complied with the Act in stating the reasons for denial, the Commission's Decision and Order should be affirmed in its entirety.

CONCLUSION

This court should DENY Appellant's Petition for Rehearing in its entirety.

Respectfully submitted,

McANGUS GOUDELOCK & COURIE, L.L.C.


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*Attorneys for Appellants, Archway Services, Inc.
American Fire & Casualty Insurance Company,
and Liberty Mutual Group*

August 23, 2017

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

AUG 29 2017

SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION

Appellant Case No. 2014-001815

Clarence Winfrey Appellant,

v.

Archway Services Inc, Employer, and
American Fire & Casualty Insurance Company, and
Liberty Mutual Group, Carrier, Respondents s.

PROOF OF SERVICE

I certify that I have served the Respondents' Response to Appellant's Petition for Rehearing on the attorney of record for Clarence Winfrey, by depositing a copy of it in the United States Mail, postage prepaid, on the 28th day of August, 2017 addressed to his attorney of record, Preston F. McDaniel, Esquire, The McDaniel Law Firm, 1315 Elmwood Avenue, Columbia, South Carolina 29201 and at preston@pfmcdlaw.com.

McANGUS GOUDELOCK & COURIE, L.L.C.



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Reply To

BRETT H. BAYNE
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August 28, 2017

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SC Court of Appeals

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

RE: Clarence Winfrey v. Archway Services
Appellant Case No.: 2014-001815
Carrier Claim No.: 22209963
MGC File No.: 2095.13137

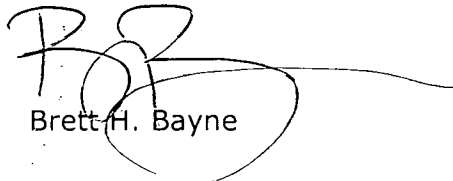
Dear Ms. Kitchings:

Enclosed please find the original and seven (7) copies of Respondents' Response to Appellant's Petition for Rehearing regarding the above-referenced matter. Please file the original and return a filed-stamped copy of the same to me in the self-addressed, stamped envelope provided.

By copy of correspondence to opposing counsel, I am notifying him of my communication with the Court and serving a copy of the same as evidenced by the Proof of Service.

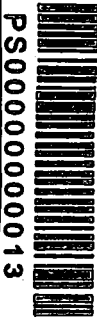
With kind regards, I am,

Very truly yours,



Brett H. Bayne

BHB/mdl
Enclosures
cc: Preston F. McDaniel, Esquire





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