

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2017-001106

RECEIVED
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SC Court of Appeals

Nathan Buchanan, Employee, Claimant..... Respondent.

v.

City of Hanahan, Employer, and State Accident Fund, Carrier,.....Appellants.

RECORD ON APPEAL

Monday, November 6, 2017

George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
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Attorney for Appellants

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Joye Law Firm
P.O. Box 62888
North Charleston, SC 29419
(843) 554-3100

Attorney for Respondent

Blake A. Hewitt, Esquire
John S. Nichols
Bluestein Nichols Thompson
& Delgado
PO Box 7965
Columbia, SC 29202

Attorney for Respondent

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



WCC File #: 1417078
Carrier File #: 2014-2515
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Nathan Buchanan SSN: 251-02-6575 Employer's Name: City of Hanahan
Address: 213 Owens Drive Address: 1255 Yeamans Hall Road
City: Summerville State: SC Zip: 29485 City: Hanahan State: SC Zip: 29410
Home Phone: _____ Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esquire Law Firm: State Accident Fund Preparer's Phone #: 803.896.5892

The date of injury reported on Form 12A is: 8/9/2014 (m/d/yyyy)

Check appropriate section(s). The Employer's Representative requests a hearing to:

- I. ☒ **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on 08/26/2015 (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of 12/29/2015 (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on 01/13/2016 (m/d/yyyy).

- II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**
☐ a. At any time pursuant to § 42-9-260(E).
☐ b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is _____

- III. ☒ **Determine if compensation is due pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:**
On 08/26/2015, Dr. James McCoy found Claimant to be at MMI with a 15% IR to the left knee.

Claimant reached maximum medical improvement on 08/26/2015 (m/d/yyyy) (copy of medical report must be attached).

- IV. ☒ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

- V. ☐ **Determine amount of compensation for claims involving a fatality.**
☐ a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
☐ b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

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

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.
Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Nathan Buchanan
address 213 Owens Drive, Summerville, SC 29485 on the 14th day of January 2016
by ☒ first class postage ☒ certified mail ☐ personal service. A \$25.00 filing fee and updated Form 18 is required.
Erin Farthing Deputy Chief Counsel efarthing@saf.sc.gov 1/12/16
Preparer's Signature Title Email Date

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or judicial@wcc.sc.gov or mediation@wcc.sc.gov
Refer to Regulations 67-211, 67-504, 67-505, 67-506; and 67-510.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov



WCC File #: 1417078
Carrier File #: 2014-2515
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Nathan C. Buchanan SSN: 251-02-6575 Employer's Name: City of Hanahan
Address: 213 Owens Drive Address: 1255 Yeamans Hall Road
City: Summerville State: SC Zip: 29485 City: Hanahan State: SC Zip: 29406
Home Phone: _____ Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Matthew W. Jackson Law Firm: Joye Law Firm, L.L.P. Preparer's Phone #: (843) 554-3100

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 8/9/2014

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to his left knee (Part(s) of Body Injured) on 8/9/2014 (Month/Day/Year) in Berkeley County, State of South Carolina.
Body part(s) affected are: LEFT KNEE AND LEFT LOWER EXTREMITY
2. Briefly describe how the accident occurred. Claimant was injured when he slipped and fell.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 8/9/2014 (Month/Day/Year) in the following manner: Verbal
- ☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for:
☒ (b) additional medical examination and treatment for: LEFT KNEE AND LEFT LOWER EXTREMITY
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one): TBD
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☒ 9a. ☒ A determination of permanent disability is premature at this time.
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ FORM 20 REQUESTED, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Employer Named Above
11. Further grounds or unusual aspects of claim: Lump sum award and Utica-Mohawk structuring of disability award sought; and to provide all applicable benefits under the Act.
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Concentra Medical Centers, 7519 Rivers Ave, North Charleston, SC 29406 / Concentra Medical Centers, 4115 Dorchester Road, Charleston, SC 29405 / Lowcountry Orthopaedics & Sports Medicine, 2880 Tricom Street, North Charleston, SC 29406 / Premier Physical Therapy, 2060 Northbrook Blvd, Suite 101, North Charleston, SC 29406 / St. Francis Hospital, 2095 Henry Tecklenburg Drive, Charleston, SC 29414 / Tricounty Radiology Associates, 1975-H Magwood Dr., Charleston, SC 29414
- 11b. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe:
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☒ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing:
- ☐ 13b. I am requesting a hearing. A \$25 fee is required.
- ☐ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to (see attached certificate of service), by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney: mjackson@joyelawfirm.com Date: February 16, 2016
Email: _____

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

WCC Form # 50
Revised 7/13

FEB 19 2016

50

Employee's Notice of Claim and/or
Request for Hearing

Division of Claims
Claims Administrator

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1417078

NATHAN C. BUCHANAN

EMPLOYEE / CLAIMANT,

vs.

CITY OF HANAHAN

EMPLOYER,

and

STATE ACCIDENT FUND

CARRIER,

DEFENDANTS.

MOTION TO POSTPONE HEARING

**TO: THE HONORABLE MIKE CAMPBELL, JURISDICTIONAL COMMISSIONER;
THE HONORABLE AMY BRACY, JUDICIAL DIRECTOR OF THE SOUTH
CAROLINA WORKERS' COMPENSATION COMMISSION; AND GEORGE T.
MIARS, JR., AND ERIN FARTHING, ATTORNEYS FOR THE EMPLOYER /
CARRIER / DEFENDANTS:**

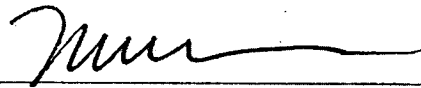
PLEASE TAKE NOTICE THAT the Claimant, Nathan Buchanan, by and through his undersigned counsel, hereby moves for a postponement of the hearing scheduled for Wednesday, March 9, 2016 at 12:00 p.m. in North Charleston, South Carolina. Claimant's request for postponement is made pursuant to S.C. Code Reg. 67-613 B(1)(c) and based on the following grounds:

1. Counsel for Claimant was retained on February 2, 2016. Counsel for Claimant would ask that the current hearing be postponed in order for proper discovery to be undertaken.

2. Upon being retained, Counsel for Claimant scheduled an IME for February 29, 2016.. Counsel for Claimant will not be in receipt of the IME report in time for pre-hearing briefs.

Based upon the foregoing, Claimant respectfully requests a postponement of the hearing scheduled for Wednesday, March 9, 2016 at 12:00 p.m. in North Charleston, South Carolina.

RESPECTFULLY SUBMITTED,



Matthew W. Jackson, Esquire
JOYE LAW FIRM, L.L.P.
5861 Rivers Avenue
N. Charleston, SC 29406
(843) 888-8888
mjackson@joyelawfirm.com
Attorneys for Claimant

North Charleston, SC
February 18, 2016



Claimant's Name: Nathan C. Buchanan Employer's Name: City of Hanahan
Address: 213 Owens Dr. Address: _____
City: Summerville State: SC Zip: 29485 City: _____ State: _____ Zip: _____
Home Phone: (843) 875-9747 Work Phone: _____ Carrier: State Accident Fund
Preparer's Name: George T. Miars, Jr. Preparer's Phone #: (843) 284-1091

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$638.50 2. AWW: \$ 957.70 Date of Injury: 8/9/2014
3. Type of injury and body part(s): Left Knee
4. Facts in controversy: As this is an admitted claim where the Claimant has reached maximum medical improvement (8/26/15), the issues are whether Defendants can stop payment of compensation, whether Defendants are entitled to a credit for overpayment of TTD benefits, and the extent of Claimant's permanent disability.
5. Legal issues involved: § 42-9-30; § 42-9-260; § 42-9-210; S.C. Reg. § 67-505, 506.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* Employer Representative
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: James McCoy, Jr., M.D. - Lowcountry Orthopaedics & Sports Medicine, 2880 Tricom Street, North Charleston, SC 29406
11. Impairment rating(s); body part(s); physician and date of opinion: 15% Left Knee; MMI 08/26/15; Dr. McCoy
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

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

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: R. Michael Campbell, II via E-Case and Matthew W. Jackson, P.O. Box 62888, North Charleston, SC 29419 on the 23rd day of February, 2016, by ☒ first class mail ☐ personal service ☐ certified mail.

[Signature]
Certifier, Karyn Demory

Signature:

[Signature] for GTM
George T. Miars, Jr., Willson Jones Carter & Baxley, P.A.

Email: gtmiars@wjlaw.net

Date of hearing: 03/09/2016

Time needed for hearing: 30 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

58

PRE-HEARING BRIEF

Revised 7/13

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1417078

Nathan C. Buchanan,	)	
Employee,	)	
Claimant,	)	
	)	
vs.	)	
	)	
City of Hanahan,	)	RESPONSE TO CLAIMANT'S MOTION
	)	TO POSTPONE HEARING
Employer,	)	
and	)	
	)	
State Accident Fund ,	)	
	)	
Carrier,	)	
Defendants.	)	

In response to the Claimant's Motion to Postpone Hearing, the Defendants would argue as follows:

I.

After sustaining an admitted injury to the knee on August 9, 2014, the Claimant treated with Dr. Mark Hanson, Dr. George Bryan, and Dr. James McCoy. Dr. McCoy performed arthroscopic knee surgery on January 19, 2015. The Claimant continued to follow up with Dr. McCoy after his procedure until August 26, 2015, at which point Dr. McCoy found the Claimant at maximum medical improvement, assigning him a 15% impairment to the left knee.

II.

As of January 12, 2016, the Claimant had received \$21,982.63 in temporary disability benefits. He is continuing to receive temporary disability benefits at the present time.

III.

Defendants filed a Form 21 Request for Hearing to stop payment of compensation on January 12, 2016. Pursuant to S.C. Code § 42-9-260(D), a hearing request to stop temporary total disability pursuant to this section must be held within sixty days of the date of the request.

IV.

A hearing was then properly scheduled for March 9, 2016 to determine whether Defendants could stop payment of compensation, and if so, to determine if the Claimant is entitled to an award of permanent disability.

V.

S.C. Code Reg. § 67-613(B)(1)(c) states that the Commission may postpone a hearing for good cause if additional discovery is necessary. Claimant's attorney cites this section in his Motion. Specifically, Claimant's attorney scheduled an independent medical evaluation for the Claimant on February 29, 2016 and has indicated that he will not have this record in time for pre-hearing briefs. Claimant's attorney has failed to show, however, that the Claimant is in need of an independent medical evaluation. He has not filed a Form 50, and otherwise has not shown that the Defendants did not authorize and provide reasonable and necessary medical treatment pursuant to S.C. Code Ann. § 42-15-60.

VI.

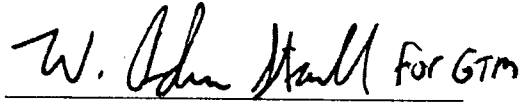
Due to the fact that the Claimant has been released at maximum medical improvement and Defendants are continuing to pay temporary disability compensation, Defendants would be prejudiced if the scheduled hearing were to be postponed.

VII.

For the reasons set forth above, the Defendants respectfully request that this Commission issue an Order denying the Claimant's Motion to Postpone Hearing.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.

 W. John Hall For GTM

George T. Miars, Jr., Esquire
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorneys for Defendants

Date: February 25, 2016



PRE-HEARING BRIEF
WCC File No: 1417078

Claimant's Name: Nathan C. Buchanan Employer's Name: City of Hanahan
Address: 213 Owens Drive Address: 1255 Yeaman's Hall Road
City: Summerville State: SC Zip: 29485 City: Hanahan State: SC Zip: 29406
Home Phone: (843) 875-9747 Work Phone: () - Carrier: State Accident Fund
Preparer's Name: Matthew W. Jackson, Esquire, Joye Law Firm, L.L.P. Preparer's Phone #: (843) 725-7141

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 638.50 2. AWW: \$ 957.70 Date of Injury: 8/9/2014
3. Type of injury and body part(s): Claimant was injured when he slipped and fell. (Left Knee/Left Lower Extremity)
4. Facts in controversy: Whether or not the current hearing should be postponed in order to allow Counsel for Claimant to conduct further discovery on the case. A Motion to Postpone was filed with the WCC on February 22, 2016.
5. Legal issues involved: See No. 4 Above.
6. Unusual aspects: Counsel for Claimant was retained on January 25, 2016. Counsel for Claimant scheduled an IME for the earliest date available, and the same is scheduled for February 29, 2016. Counsel for Claimant would contend that this claim qualifies for mandatory mediation, as the Claimant has indicated that his altered gait has worsened his back. Counsel for Claimant wishes to have the Defendants provide an evaluation of the back due to this complaint and/or allow the record to be left open for submission of an IME regarding this issue. Counsel for Claimant contends that this claim qualifies for mandatory mediation, due to the fact that the Claimant is totally and permanently disabled as a result of his work accident injuries.
7. Witnesses (designate if expert):* Claimant - Nathan C. Buchanan
8. Exhibits: See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Claimant.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Claimant.
10. Name, address, and specialty, if any, of the treating physician: James McCoy, M.D., Lowcountry Orthopaedics & Sports Medicine, 2880 Tricom Street North Charleston, SC 29406
11. Impairment rating(s); body part(s); physician and date of opinion: 15% Left Knee; James J. McCoy, M.D. (August 26, 2015)
12. I am amending my Form 50/51 in the following manner: Form 50 amended to include the back.

☒ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to (See Attached) by: ☐ first class postage ☐ certified mail ☐ personal service.

Signature:  Dated: February 26 2016 Email: mjackson@joyelawfirm.com

Date of Hearing: March 9, 2016
Commissioner: Mike Campbell

Time Needed for Hearing: 1 Hour
Type of Hearing: Form 21 - Stop Pay Hearing

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

WCC FILE NO. 1417078

Nathan C. Buchanan,

Claimant,

ADMINISTRATIVE ORDER

vs.

City of Hanahan,

Employer,

State Accident Fund,

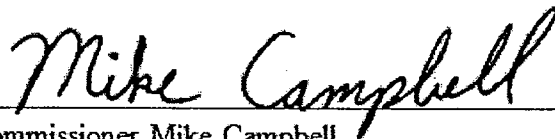
Carrier/Defendant,

A Motion regarding the following issues(s) has been received:

Claimant moves for a postponement of the hearing scheduled for Wednesday, March 9, 2016, pursuant to S.C. Code Reg. 67-613 B(1)(c): Counsel for Claimant was retained on February 2, 2016 and request time for proper discovery to be undertaken; Counsel for Claimant scheduled an IME for February 29, 2016. Counsel for Claimant will not be in receipt of the IME report in time for Pre-hearing Briefs.

The following disposition has been made:

Motion is **DENIED**; however, the record shall be left open for the IME to come in, should it not be received in time for the hearing.



Commissioner Mike Campbell

CC: Matthew W. Jackson, Esquire
George T. Miars, Jr., Esquire
Erin Farthing, Esquire

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1417078

NATHAN BUCHANAN,	)	
	)	
CLAIMANT,	)	HEARING
	)	BEFORE COMMISSIONER
	)	R. MICHAEL CAMPBELL, II
v.	)	
	)	<u>TRANSCRIPT</u>
CITY OF HANAHAN,	)	
	)	
EMPLOYER,	)	
AND	)	
	)	
STATE ACCIDENT FUND,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

 **COPY**

THE WORKERS' COMPENSATION HEARING, TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
11:59 A.M., WEDNESDAY, MARCH 9, 2016, BCD COUNCIL OF
GOVERNMENTS, 1362 McMILLAN AVENUE, NORTH CHARLESTON,
SOUTH CAROLINA, 29405.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

APPEARANCES

FOR THE CLAIMANT

MATTHEW W. JACKSON, ESQUIRE
 JOYE LAW FIRM
 5862 RIVERS AVENUE, SUITE 101
 NORTH CHARLESTON, SOUTH CAROLINA 29406
 843-554-3100

FOR THE DEFENDANT

GEORGE T. MIARS, JR., ESQUIRE
 WILLSON, JONES, CARTER & BAXLEY, P.A.
 421 WANDO PARK BOULEVARD, SUITE 100
 MOUNT PLEASANT, SOUTH CAROLINA 29464
 843-284-1091

REPORTED BY

CORA ELLIS BRUTON
 COURT REPORTER
 131 BROWNING COURT
 LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

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WITNESS - NATHAN BUCHANAN
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EXHIBITS

DEFENDANTS' EXH. 1, FORM 20 31
 (No Exhibits Proffered)

1 THE COURT: Today is March 9th, 2016. This is
2 South Carolina Workers' Compensation Case File Number
3 1417078. This is the case of the Claimant Nathan
4 Buchanan represented by Attorney Matthew W. Jackson.
5 The Employer is City of Hanahan. The Carrier is The
6 State Accident Fund; both Defendants represented by
7 Attorney George T. Miars, Jr.

8 The date of accident is August 9th, 2014.
9 Average weekly wage and corresponding compensation
10 rate are to be determined.

11 APAs have been submitted. Are there any
12 objections to APAs, jurisdiction, venue or any other
13 items?

14 MR. MIARS: As far as what Claimant's attorney
15 has submitted already and then the February 29th, 2016
16 report there is no objection. Obviously we would
17 object to any other medical reports or expert
18 witnesses.

19 THE COURT: And for the record, prior to the
20 hearing a Motion to Postpone was entered and was
21 denied. However, I'm allowing the record to stay open
22 for the submission of the IME, but beyond that, any
23 other objections?

24 MR. JACKSON: We just, in response, would ask
25 that you allow the record to be open -- to be left

1 open at least for a vocational evaluation as we are
2 alleging permanent and total disability. We also
3 object to the hearing going forward on the grounds
4 that it qualifies for mandatory mediation. We'd also
5 like the record to be left open for an IME of Mr.
6 Buchanan's back.

7 THE COURT: All right. Anything beyond that?

8 MR. MIARS: No, other than -- still the objection
9 to the subsequent IME and vocational evaluation.

10 THE COURT: And those are noted for the record.
11 Without further objection the Commission's file
12 becomes a part of the record with the exception of
13 self-serving declarations and unstipulated medical
14 reports.

15 Mr. Miars, we're here today on your Form 21, sir,
16 so if you would put your position on the record and
17 let us know exactly what you're seeking here today.

18 MR. MIARS: Yes, Your Honor. I represent State
19 Accident Fund and the City of Hanahan in this Workers'
20 Compensation claim. It's an admitted claim. The
21 Claimant -- the Claimant has an admitted injury to the
22 left knee, a slip and fall, as the evidence will show
23 that he slipped and fell and landed on that left knee.
24 We've denied any other body parts. The medical
25 records show that the only injury is to the left knee.

1 He received appropriate medical treatment with Dr.
2 McCoy, including an arthroscopic surgery. Dr. McCoy
3 found him at maximum medical improvement on August 26,
4 2015.. We've been paying TTD benefits since that date.
5 We would request a credit back for TTD benefits paid
6 after that and a determination of a permanent

7 disability for Mr. Buchanan's left leg only. We have
8 submitted a Form 14-B and that is Defendants' APA page
9 21. It does list additional medical treatment,
10 including anti-inflammatory medications, cortisone
11 injections and a knee replacement in the further.
12 Obviously we would consent to -- to those being the
13 extent of future medical treatment that he would need
14 under 42-15-60.

15 THE COURT: All right. Mr. Jackson.

16 MR. JACKSON: It's our position that the Claimant
17 is not at maximum medical improvement, that he's
18 sustained, due to altered gait, he's having problems
19 with his low back which he'll testify to today. We
20 would like to have his back evaluated by the Defense
21 prior to any adjudication -- any adjudication about
22 maximum medical improvement to the degree of
23 permanency. That is what the IMEs are directed at
24 establishing. It's also our position that this claim
25 qualifies for mandatory mediation and the same should

1 be had prior to any final adjudication in that we are
2 alleging that Mr. Buchanan is totally and permanently
3 disabled as a result of his work accident injury. We
4 would also like an Order requiring the Defendants to
5 comply with a subpoena for wage records so that we can
6 verify Mr. Buchanan's average weekly wage and

7 corresponding compensation rate. And we're asking
8 that the record be left open for us to fully develop
9 our claim of total and permanent disability for Mr.
10 Buchanan.

11 THE COURT: All right. Anything more?

12 MR. MIARS: As far as the average weekly wage and
13 compensation rate, Commissioner, Claimant's attorney's
14 -- Claimant's Prehearing Brief, their statement of the
15 average weekly wage and compensation rate conforms
16 with ours and as far as any wages are concerned,
17 obviously we'll produce those. But given that they
18 haven't raised that issue until today I -- I think
19 that it's late in being raised. As far as the
20 mandatory mediation, all the evidence shows -- well,
21 that's been submitted, shows this is a knee injury.
22 There's only one body part, therefore, it does not
23 qualify for permanent and total disability so we would
24 object to -- to any mediation.

25 THE COURT: All right. Anything to add? Okay.

1 MR. JACKSON: No, sir.

2 THE COURT: Mr. Buchanan, before we get started I
3 have a couple of quick things I need to run through
4 with you, sir. If you would please speak up and speak
5 clearly for us. It's important that we all hear your
6 responses to the questions, but most importantly that

7 the court reporter get them for the record. If you
8 are asked a yes or no question please give us a verbal
9 yes or no answer. Try and stay away from things like
10 uh-huh or huh-uh, that's just took easily
11 misunderstood for the record. So if you could help us
12 out with those things we'd appreciate it.

13 THE WITNESS: Yes, sir.

14 THE COURT: Okay. Please raise your right hand.
15 Do you swear or affirm that the testimony you're about
16 to give is the truth, the whole truth and nothing but
17 the truth?

18 THE WITNESS: Yes, sir.

19 THE COURT: Please state and spell your name for
20 the record.

21 THE WITNESS: Nathan Calvin Buchanan.

22 N-A-T-H-A-N, C-A-L-V-I-N, B-U-C-H-A-N-A-N.

23 THE COURT: Thank you, sir. Mr. Jackson, your
24 witness.

25 Nathan Calvin Buchanan,

1 Having first been duly sworn, testified as follows:

2 DIRECT EXAMINATION

3 BY MR. JACKSON:

4 Q Mr. Buchanan, how old are you today, sir?

5 A 56, sir.

6 Q And before your work accident on August 9th

7 of 2014 what was the general state of your health?

8 A Generally in good health, sir.

9 Q Any serious or significant health problems,
10 high blood pressure, cholesterol?

11 A Just high blood pressure. I take medication
12 for that.

13 Q Is it controlled with that medication?

14 A Yes, sir.

15 Q Have you ever had any prior problems with
16 either your knee that you injured on this accident or
17 your back; your left knee or your back before this
18 accident?

19 A Not to my left knee, no, sir, but I did have
20 a back injury, I believe it was back in 2000. I
21 actually had a sinus infection and coughed and when I
22 did I slipped a disc and I had to be treated for that.
23 I was out of work for about four months and they
24 treated it and I went back to work.

25 Q Okay. Did you have to -- so that -- did

1 that get better?

2 A Yes, sir. I was -- I was cleared for duty
3 100 percent; I had to be to go back to work.

4 Q Okay. So over time do -- do you feel like
5 that completely went away in your back?

6 A Yes, sir.

7 Q When was that?

8 A That was back in 2000 approximately, yes,
9 sir.

10 Q Did you have to have a surgery for it?

11 A No, sir, I received shocks for that.

12 Q Have you ever had a prior workers'
13 compensation claim?

14 A Not that I remember, sir.

15 Q Have you had -- have you ever hired a lawyer
16 for any kind of personal injury to your body and
17 gotten money?

18 A No, sir.

19 Q What was the last grade you completed?

20 A The 11th grade, sir.

21 Q Did you complete the 11th or did you leave
22 in the 11th?

23 A Well, I -- I left in the 11th.

24 Q Did you get a GED?

25 A Yes, sir, I did.

1 Q Any college?

2 A No, sir.

3 Q All right.

4 MR. JACKSON: And Commissioner, with Defense
5 counsel's permission I'm going to lead a little bit
6 through the work history.

7 Q Mr. Buchanan, it's my understanding that you
8 -- your first job to your recollection is you were a
9 laborer for Charleston Steel Erectors back in 1977?

10 A Yes, sir.

11 Q And you did that for about a year?

12 A Yes, sir.

13 Q And at that point you went into the Army; is
14 that correct?

15 A Yes, sir.

16 Q What did you do in the Army?

17 A I was a Crash Rescue Specialist, sir.

18 Q What does that mean?

19 A I rescued pilots from aircraft that had been
20 involved in accidents or general fire alarms when we
21 were on -- in a regular base duty. Whatever was
22 required to save a life is what my job was.

23 Q How long did you do that?

24 A Approximately four and a half years, sir.

25 Q What was your rank when you left?

1 A I was an E-4, sir.

2 Q Were you honorably discharged?

3 A Yes, sir.

4 Q After you got out of the -- that was the
5 Army?

6 A Yes, sir.

7 Q After you got out of the Army where did you
8 go work?

9 A I worked as a clerk and a cashier at the
10 Magic Market for a little while and then I went to
11 work for the City of Hanahan Fire Department.

12 Q How long have you been employed with the
13 City of Hanahan Fire Department?

14 A 30 and a half years.

15 Q What was the highest rank you obtained while
16 you were with them?

17 A I was a Captain, sir.

18 Q Tell me what you did for them.

19 A Well, I was -- I was a shift officer. I was
20 responsible for running the shift on a regular basis.
21 I worked every third day, was in charge of
22 approximately nine different men and three different
23 engine companies.

24 Q Is that physically strenuous work that you
25 did?

1 A Yes, sir.

2 Q How physically strenuous?

3 A Bending, walking, sitting, squatting. You
4 know, if you have a fire you use every muscle -- every
5 muscle in your body during that fire. It's a very
6 strenuous, very -- very hard work.

7 Q Did you go home with aches and pains?

8 A Yes, sir, quite often.

9 Q Did you run to the doctor or tell your
10 supervisor every time you had a single ache or pain?

11 A No, sir.

12 Q Have you ever had a sit down job?

13 A No, not really, sir.

14 Q How much -- what would be the heaviest thing
15 you've got to lift in a shift as a firefighter?

16 A It -- it could vary, sir, but I mean as a
17 person, you know, somebody might be 175 or 200 pounds
18 or -- and we have -- you just never know.

19 Q Did you hold the fire hoses?

20 A I -- I mainly directed the men, sir. I was
21 an officer. I led engine companies in fighting fires.

22 Q Okay. So then -- before you were an officer
23 were you a firefighter?

24 A Yes, sir.

25 Q Did you hold the hoses?

1 A Yes, sir.

2 Q You know what that's like?

3 A Yes, sir.

4 Q And you rolled hoses?

5 A Yes, sir.

6 Q You know what that's like?

7 A I rolled hoses as an officer.

8 Q Okay.

9 A I didn't let my men do anything I didn't do
10 myself.

11 Q Don't you have to go through some sort of
12 physical to stay active to be a firefighter?

13 A Yes, sir -- we -- we have, you know, agility
14 tests that we have to go through. We have a -- a
15 yearly physical that we have to take, so yeah, you --
16 you're always being checked on.

17 Q Did you like your job?

18 A I loved my job, sir.

19 Q On August 9th of 2014 how did you get hurt?

20 A I was walking into the truck stall, actually
21 walking to my locker to get a cigarette; I smoked at
22 the time. And I stepped on a spot that was slick and
23 I pointed it out to my engineer to clean that up. I
24 asked what was going on with it and was told that
25 there was a fish-fry in the station the night before

1 and they hadn't properly cleaned the floor. So I told
2 the guy to get it cleaned up and I went on about my
3 business. I came back out probably 30, 45 minutes
4 later to go to my locker; I usually leave my coffee
5 cup sitting in there too, and I slipped and fell on
6 the floor.

7 Q Did -- did -- had they cleaned it?

8 A No, sir, they hadn't properly cleaned it.
9 They had placed Dawn dishwashing soap on the spot, but
10 no -- had not cleaned it and rinsed it away.

11 Q And when -- when and who did you notify you
12 were hurt?

13 A Well, at the time we were working and each
14 of the officers in turn was serving as an acting
15 Chief, and I believe Mike Lane was acting Chief at the
16 time. He was one of the first people that was
17 notified immediately.

18 Q What happened after you told them you were
19 hurt?

20 A I was taken to Roper-St. Francis Hospital to
21 get checked out.

22 Q By who?

23 A Our EMS Service, sir.

24 Q What was bothering you when you got there,
25 to Roper?

1 A It was -- my left knee was hurting.

2 Q And who did you -- okay, what treatment or
3 evaluation did St. Francis recommend for you?

4 A Well, when I was there they did x-rays and
5 they told me I needed to see an orthopedist and get an
6 MRI done because they couldn't detect any broken

7 bones, but they told me I needed to have an MRI done
8 on it so they could see if there was any damages done
9 to it.

10 Q Was that MRI done?

11 A It was done later; it wasn't done
12 immediately.

13 Q How much later?

14 A I believe it happened some time in September
15 -- last September, sir.

16 Q So you -- you were hurt on August 9th and
17 taken to St. Francis that day?

18 A Yes, sir.

19 Q Recommended for an MRI?

20 A Yes, sir.

21 Q And that was not undertaken until the end of
22 September?

23 A Approximately the end of September, yes,
24 sir.

25 Q Once you had the MRI where -- where did they

1 send you?

2 A They?

3 Q Work?

4 A Work sent me to Concentra.

5 Q Once you finally had the MRI were you

6 eventually referred to Dr. Cox?

7 A I believe Dr. Cox and Dr. McCoy contracted

8 Concentra on a -- on a as needed basis and the day

9 that I saw Dr. Cox he said he had reviewed my MRI --

10 MR. MIARS: Object to hearsay.

11 A He said that --

12 THE COURT: Sir, you can't tell me what somebody

13 told you. Tell me what your understanding is about

14 something, but since they're not here to testify about

15 that, you can tell me what your understanding about

16 something was.

17 A Okay, sir. My understanding is that my MRI

18 had been reviewed by Dr. Cox and he stated that --

19 MR. MIARS: Object as far as what he said.

20 THE COURT: Sustained. I know it's hard to do

21 that, but just like I say just tell us what your

22 understanding about it was and not what he told you.

23 A Okay. My understanding from Dr. Cox was

24 that I needed knee surgery.

25 Q And did you ultimately -- and so was Dr. Cox

1 at Concentra when he told you that?

2 A Yes, sir.

3 Q Okay. So once you saw him at Concentra
4 where did you go after that?

5 A Dr. Cox sent me to Dr. McCoy and that was at
6 Lowcountry Orthopedics.

7 Q And did Dr. McCoy provide you surgery?

8 A Yes, sir.

9 Q Okay. What -- did Dr. McCoy give you some
10 understanding of what was wrong with your knee?

11 A They were not sure, sir. They would need to
12 scope it and see what the internal damage was.

13 Q After he scoped it do you have an
14 understanding of what was --

15 A He said --

16 MR. MIARS: Object.

17 A -- the --

18 Q Testify to your understanding.

19 A The -- I had watched my surgery be done on
20 the video camera; I did not go to sleep during it.

21 And the inside of my knee looked like crab meat.

22 Q After you had your surgery did you have some
23 physical therapy?

24 A Yes, sir.

25 Q Who prescribed that cane that you use?

1 A That was -- I was told to use the cane by
2 the doctor at Concentra.

3 Q Did work comp ever send you to any other
4 specialists?

5 A Only to physical therapy.

6 Q Are there any other parts of your body that
7 bother you that you relate to this incident?

8 A I -- I believe my back is directly related
9 to my knee hurting because of the way I walk with this
10 limp and having to use the cane. I don't walk like a
11 normal person anymore.

12 Q And how -- how long has that bothered you?

13 A About six to eight months now.

14 Q And why did you not bring that up during
15 those six to eight months?

16 A Well, I really didn't know who to bring it
17 up to and, you know, I -- I just figured it would go
18 away. I just figured it was soreness, it would go
19 away on its own, but it hasn't; it's been persistent.

20 Q When has it been at its worse?

21 A If I'm out a lot walking around or trying to
22 do a lot of walking. If I have to negotiate a bunch
23 of stairs or whatever, you know. If I do something
24 strenuous the more stress I put on my -- my leg, the
25 more stress I put on my back.

1 Q So your back bothered you, you said, for six
2 -- for six to eight months?

3 A Yes, sir.

4 Q Has it gotten better or worse over time?

5 A Progressively worse, sir.

6 Q And at what point did you start to begin to

7 feel that you needed to see a doctor for your back?

8 A I would say probably within the last two
9 months, sir.

10 Q Can you compare it when you hurt your back
11 back in 2000?

12 A It's not as bad as it was in 2000, but it
13 hurts pretty bad.

14 Q Would you like to have -- have that back
15 evaluated?

16 A Yes, I would like for somebody to tell me,
17 you know, what's going on with it. I mean I don't
18 know what it is; maybe it's just old age, but it
19 hurts.

20 Q And you believe it's related to your limp?

21 A Yes, sir.

22 Q Why do you believe that?

23 A Because I -- I don't walk like a normal
24 person anymore. When I step I limp, I have to use the
25 cane for my balance.

1 Q And how did your employment end with the --
2 the fire department?

3 A Well, essentially I was forced into
4 retirement. I was -- I was mainly given a choice to
5 retire or go out on workman's comp.

6 Q Who gave you that choice?

7 A The Human Resource Director at the City of
8 Hanahan.

9 Q And what choice did you take?

10 A I retired, sir.

11 Q Okay. And why did you choose to retire
12 rather than to go out on work comp?

13 A I didn't think I would draw enough money on
14 workman's compensation payments so I retired and went
15 out that way.

16 Q Is -- would -- is that -- but for this
17 injury would you have been retired right now?

18 A No, sir. I -- I even told them if it was
19 possible I would have went back to work immediately.

20 Q What kind of problems are you having with
21 your knee right now?

22 A Well, it swells and aches quite frequently,
23 most of the time. I have to take the steps one at a
24 time. I can't -- can't run, can't do a lot of the
25 things I used to do.

1 Q How about do you have a hard time walking?

2 A Excessively, yes, sir. I mean I can walk a
3 little bit then I have to stop and rest, but I can't
4 walk like I used to.

5 Q Do you have grandkids?

6 A Yes, sir, I have 12 of them.

7 Q How is it playing with them?

8 A Well, they're between the ages of two and 16
9 and I -- I can't get on the floor and play with my
10 grandkids no more; not like I used to. I can't tussle
11 with them and I can't take the -- the oldest ones deer
12 hunting and duck hunting anymore like I used to.

13 Q How often does your back bother you now?

14 A Frequently, on a daily basis actually. It's
15 a -- it's a -- like a dull toothache pain that's real
16 sharp sometimes, but there's not hardly a day goes by
17 that my back and my knee aren't hurting.

18 Q What do you do when you're in pain? How do
19 you relieve it?

20 A Well, I take Ibuprofen or I have to get up
21 and walk around. If I've been sitting I've got to get
22 up and move a little bit and try and relieve some of
23 the pain. Or I have to lay down with a heating pad to
24 try and loosen it up or, you know, take a hot shower
25 to -- to loosen it up.

1 Q Is it your intention to try to get something
2 out of this claim that you don't feel you're entitled
3 to?

4 A No, sir, I just want to be treated fairly.

5 Q Do you think your back hurts because of your
6 limp?

7 A Yes, sir.

8 Q Would you like that evaluated?

9 A Yes, sir.

10 Q What's it like for you now not being able to
11 go do your job?

12 A I don't know how not to do my job. I've
13 been working since I was 11. A man once said find a
14 job that you love and you'll never work a day in your
15 life. I haven't worked in 37 years. I miss my job.
16 I was good at it.

17 MR. JACKSON: Nothing further.

18 THE COURT: Mr. Miars.

19 MR. MIARS: Thank you, Commissioner. Excuse me,
20 I've got a little cough. I'll try to speak up.

21 CROSS EXAMINATION

22 BY MR. MIARS:

23 Q Mr. Buchanan, you said when you were asked
24 earlier about any chronic medical conditions you have
25 -- you mentioned high blood pressure and high

1 cholesterol, correct?

2 A I have high blood pressure, yes, sir, and
3 high cholesterol.

4 Q Your medical records also show that you have
5 emphysema; is that correct?

6 A No, sir, they said I had possibly the
7 beginning stages of COPD, but it was never confirmed.

8 Q Okay. Do you know why in all of your
9 records from Lowcountry Orthopedics they note that you
10 have emphysema?

11 A No, sir, I don't.

12 Q At least at the time of your accident you
13 were smoking a pack and a half of cigarettes per day;
14 is that correct?

15 A Yes, sir.

16 Q When did you stop smoking?

17 A I actually quit smoking on March the 7th,
18 2015, sir.

19 Q You don't know why they would have put that
20 you have emphysema in your medical records?

21 A No, sir.

22 MR. JACKSON: Your Honor, I'm going to object to
23 that. Those records just repeat the one time entry.

24 THE COURT: Sustained.

25 BY MR. MIARS:

1 Q When you fell on the job you landed on your
2 left knee, correct?

3 A Yes, sir.

4 Q And you didn't land on your back?

5 A I kind of landed on my left side, but the
6 left knee -- my left knee, I believe, struck first.

7 Q Now, you said before that you had injured
8 your back in about the year 2000, correct?

9 A Yes, sir.

10 Q How long did you receive medical treatment
11 for your back?

12 A Approximately four months, sir.

13 Q All right. So that would have been in the
14 year 2000 that you stopped receiving treatment for
15 your low back?

16 A Yes, sir.

17 MR. MIARS: Commissioner, I'm going to point you
18 to Claimant's APAs. This would be the report of -- I
19 don't see page numbers on here. I think I may have
20 given you my copy.

21 THE COURT: I was wondering if this is the one
22 you're talking about.

23 MR. MIARS: Sorry.

24 THE COURT: That's all right.

25 MR. MIARS: This would be Claimant's APA page 3.

1 BY MR. MIARS:

2 Q I'm looking at your report from Dr. McCoy on
3 March 4th, 2014. He notes --

4 A I'm sorry. On page 3?

5 MR. JACKSON: Yeah, it's on page -- it's the
6 third page of my APAs.

7 THE COURT: Now is that -- I see one --

8 MR. JACKSON: It's the third page. That's it.

9 THE COURT: And Matt, you've have the right copy,
10 right?

11 MR. JACKSON: Yes.

12 THE COURT: All Right.

13 BY MR. MIARS:

14 Q And under your surgical history --

15 MR. MIARS: And Commissioner, I'm looking at the
16 top of that page, Surgical History.

17 Q -- it notes that you had in 2005 a lumbar
18 epidural steroid injection; is that correct?

19 A I can't remember the dates.

20 Q You did have an epidural steroid injection
21 into your back as a result of your back injury?

22 A Yes, sir, but I thought that was in 2000. I
23 don't remember the dates.

24 Q All right. And who gave you that injection?

25 A I think it was done through the Southeastern

1 Spine, before I had it done over at East Cooper
2 Hospital.

3 Q So you treated at Southeastern Spine for
4 your low back before this accident?

5 A Yes, sir.

6 Q All right. And so you treated with two
7 different orthopedists for your knee; Dr. Cox and Dr.
8 McCoy, correct?

9 A No, sir. Dr. Cox I only saw him the one
10 time. He gave me no treatment. Dr. McCoy was my
11 physician for that.

12 Q But you saw two different orthopedists, Dr.
13 Cox and Dr. McCoy?

14 A Yes, sir.

15 Q Dr. McCoy performed surgery on you, correct?

16 A Yes, sir.

17 Q Have you reviewed Dr. McCoy's medical
18 records?

19 A Have I reviewed his records?

20 Q Yes.

21 A I've read what he wrote, you know, about
22 what happened and what he thought should -- or should
23 happen with my knee and stuff.

24 Q So you said that you began having back pain
25 about six to eight months ago. Approximately what day

1 was it? Was it before or after you last saw Dr. McCoy
2 that you began having back pain?

3 A I believe it was actually before I saw Dr.
4 McCoy.

5 Q All right. Do you -- are you aware that --
6 in nowhere in his records does he indicate that you
7 had any complaints of back pain?

8 A No, sir.

9 Q Did you ever --

10 A I didn't -- I don't remember if I ever
11 mentioned it to him or not.

12 Q So you don't even know --

13 A You know, like I said, I thought it was just
14 a pain and I was going to suck it up and let it go.

15 Q So you -- you don't know if you even ever
16 told him that you had back pain?

17 A Not that I can recall.

18 Q All right. So when you first started having
19 back pain did you believe that it was related to this
20 accident and your injury?

21 A I wasn't sure.

22 Q When did you become sure?

23 A The more my knee was hurting, the more my
24 back is hurting.

25 Q Well, actually, what time was that?

1 A I don't know, I just said the last six
2 months.

3 Q Okay. And you never asked, at least before
4 you retained an attorney, you never asked anyone at
5 State Accident Fund or the City of Hanahan to provide
6 you with treatment for your low back did you?

7 A No, sir, because I wasn't given any advice
8 for a phone number and who to contact for any further
9 medical treatment. I wasn't even made aware whether I
10 could return to see Dr. McCoy for my knee again.

11 Q Never -- never called the State Accident
12 Fund and told them that you had a back injury did you?

13 A No, I did not.

14 Q You never called your supervisor at the City
15 of Hanahan and told him that you had a back injury did
16 you?

17 A No, sir, I did not, because I was not an
18 Employee at the City of Hanahan; I had retired.

19 Q So is it fair to say that it was at least 90
20 days between the time that you knew that your back
21 injury was related to your accident until you told
22 anybody at the State Accident Fund or at the City of
23 Hanahan that you thought that you had a back injury?

24 A I don't understand the question.

25 Q Let's put it this way. So you said that it

1 was at least six months ago that you knew that your
2 back was related to this accident?

3 A That I thought it was, yes, sir.

4 Q And before you retained an attorney in
5 January of 2016 you never told anyone at the State
6 Accident Fund or the City of Hanahan that you thought

7 you had a back injury did you?

8 A No, sir.

9 Q You said that you were given that cane by --
10 prescribed that cane by Concentra, correct?

11 A Yes, sir.

12 Q Approximately how long after your accident
13 was that?

14 A Approximately two weeks after, but
15 immediately after the accident I was on crutches.

16 Q And you've been using those -- that cane or
17 a crutch two weeks since the accident onto today?

18 A Yes, sir.

19 Q And you were walking with a limp the entire
20 time from two weeks after the accident to today?

21 A Yes, sir.

22 Q But your back pain didn't begin until about
23 six to eight months ago?

24 A Yes, sir.

25 Q Do you have health insurance?

1 A No, sir, not now.

2 Q When is the last time that you had health
3 insurance?

4 A In July of 2015.

5 Q Have you applied for Social Security
6 Disability?

7 A No, sir.

8 Q Do you have Medicare or Medicaid?

9 A No, sir

10 Q When you were working for the City of
11 Hanahan, at least as of 2014 at the time of this
12 accident, were you paid by the hour or by salary?

13 A Salary, I believe, sir.

14 Q What was your salary, at least as of August
15 9th, 2014?

16 A I think my -- my pay was \$49,900 per year.

17 Q I'm going to show you what we'll mark as
18 Defendants' 1; a Form 20.

19 (Defendants' Exhibit number 1, Form 20, marked
20 for identification and entered into the record.)

21 So your testimony is, at least as of the time of
22 this accident, you were making \$49,900 per year?

23 A Correct. Yes, sir.

24 Q And then it was based on the Form 20 it
25 notes that your wages were \$49,800.32 in the year

1 before your accident, correct?

2 A Yes, sir.

3 Q So that's within \$100 of your salary that
4 you believe --

5 MR. JACKSON: Objection. Calls for speculation.

6 Q As far as your testimony --

7 THE COURT: Can you please rephrase it?

8 BY MR. MIARS:

9 Q As far as your testimony and belief that you
10 were making \$49,900 per year, if that's the case then
11 this calculation was within \$100 of that amount,
12 right?

13 MR. JACKSON: Objection. Renew my objection,
14 your belief, that's speculation.

15 MR. MIARS: He can testify to what he believes he
16 was -- was earning at the time.

17 THE COURT: I'll allow it.

18 MR. MIARS: And I'm saying that this amount is
19 within \$100 of what he believes; he's already
20 testified to that.

21 THE COURT: I'll allow that.

22 BY MR. MIARS:

23 A Yes, sir.

24 Q And as far as your claim is concerned since

25 --

1 A Yes.

2 Q -- let me put it this way. You received
3 sick and annual leave for a period of time after you
4 went out of work, correct?

5 A Excuse me, I don't understand.

6 Q Did you receive sick pay or annual leave
7 time from the City of Hanahan initially after you went
8 out of work?

9 A Do you mean before I retired?

10 Q Before you retired?

11 A Yes, sir.

12 Q And then after you retired you received
13 weekly checks from the State Accident Fund for your
14 workers' compensation claim, correct?

15 A Yes, sir.

16 Q And are you still receiving those up to
17 today?

18 A No, sir.

19 Q Do you have a family doctor?

20 A Yes, sir.

21 Q Who's your family doctor?

22 A Dr. Malik.

23 Q What's Dr. Malik's first name?

24 A I don't know, to tell you the truth.

25 Q Where does Dr. Malik practice?

1 A At Trident Family Medicine.

2 Q How long has Dr. Malik been your family
3 doctor?

4 A I don't know, probably a year and a half,
5 two years.

6 Q When's the last time you saw Dr. Malik?

7 A About a year and a half ago. Actually a
8 year ago, because I had the flu last year. So I'm
9 sorry, last year.

10 Q And have you complained to Dr. Malik about
11 any problems with your back?

12 A No, sir.

13 Q All right. Since you've been found at
14 maximum medical improvement by Dr. McCoy have you
15 looked for any jobs or applied for any jobs?

16 A No, sir. I haven't been told by anybody I
17 was cleared to go back to work.

18 Q You haven't looked for any jobs since last
19 seeing Dr. McCoy?

20 A No, sir.

21 Q You don't know what jobs are out there that
22 you could do do you?

23 A No, sir.

24 Q You haven't looked?

25 MR. JACKSON: Asked and answered.

1 A No, sir, I have not looked.

2 MR. MIARS: No other questions.

3 THE COURT: Mr. Jackson.

4 MR. JACKSON: Nothing further.

5 MR. MIARS: We don't have -- the Defense has no
6 other questions.

7 THE COURT: There being nothing further that
8 concludes this proceeding.

9 MR. MIARS: Commissioner, I would like to go on
10 the record just briefly. I know normally if you want
11 to post hearing motions, but given his testimony that
12 he knew of his -- he believed that his back pain was
13 work related six months ago and didn't notify until
14 after he obtained an attorney we would also assert a
15 -- sorry, a notice defense as far as the low back is
16 concerned.

17 MR. JACKSON: Notice applies to the notification
18 of an accident by injury. He doesn't know -- he's not
19 a medical doctor. That's what we're trying to figure
20 out.

21 THE COURT: Okay.

22 MR. MIARS: I just wanted to note it for the
23 record.

24 THE COURT: All right. We'll note it for the
25 record. How soon can you get the IME done?

1 MR. JACKSON: We -- I mean which one?

2 THE COURT: Well, the one that's already been
3 conducted. Just so that I'm clear; that IME you were
4 also looking to see that he's at MMI for everything,
5 correct?

6 MR. JACKSON: Correct, including the back.

7 THE COURT: Including the back? That's what I'm
8 getting at.

9 MR. JACKSON: Yes.

10 THE COURT: Okay. So I know you're trying to get
11 it in as quickly as you can, but just get it to me and
12 the other issues that y'all have raised I'll get y'all
13 answers on those, but obviously I'm not going to do
14 anything until I get the IME in first anyhow. We'll
15 just go from there.

16 THE COURT: That concludes this proceeding.

17 (The hearing concluded at 12:45 p.m.)
18
19

South Carolina Workers' Compensation Commission
1330 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov



WCC File #:	1417078
Carrier File #:	2014-2515
Carrier Code #:	
Employer FEIN #:	

Claimant's Name: Nathan C. Buchanan SSN: 251-02-6575 Employer's Name: City of Hanahan
Address: 213 Owens Dr. Address: _____
City: Summerville State: SC Zip: 29485 City: _____ State: _____ Zip: _____
Home Phone: (843) 875-9747 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: George T. Miars, Jr. Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1091

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 8/9/2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attached.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Matthew W. Jackson, P.O. Box 62888

Name & Address

North Charleston, SC 29419 and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 15th day of March, 2016 by ☒ first class mail ☐ personal service ☐ certified mail

[Signature]
Preparer's Signature

Attorney for Defendants
Title

gtmiars@wilaw.net
Email

03/15/2016
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

1. Did the Hearing Commissioner err in allowing the record for Defendants' Form 21 hearing on March 9, 2016 to remain open for Claimant's February 29, 2016 independent medical evaluation to come in as evidence, the error being that Claimant's attorney failed to timely include the independent medical evaluation in his Pre-Hearing Brief? This is also an error of law.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

Nathan Buchanan v City of Hanahan

SCWCC: 1417078

Commissioner: Campbell

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby:

☒ Dismissed as Interlocutory.

☐ Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;

☐ Granted.

☐ Denied.

☐ Dismissed

☐ Preserved for hearing

BEFORE THE;

☐ Hearing Comm.

☐ Jurisdictional Comm.

☐ Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

☐ Remand to Panel as indicated below.

☐ Barden

☐ James

☐ Taylor

☐ Beck

☐ Campbell

☐ Wilkerson

☐ McCaskill

☐ Remand for Order consistent with the Order of the Court.

☐ Remand to the Hearing Commissioner.

☐ Remand to the Jurisdictional Commissioner.

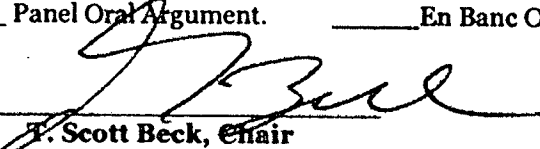
☐ Other: _____

☐ Remand:

☐ Panel Oral Argument.

☐ En Banc Oral Argument.

AND IT IS SO ORDERED.


T. Scott Beck, Chair
For the Commission

Columbia, South Carolina

4/13 2016

CONCURRING:

Commissioner Susan S. Barden

Commissioner Melody James

Commissioner Aisha Taylor

Commissioner Avery Wilkerson

Commissioner Michael Campbell

Commissioner Gene McCaskill

NOT PARTICIPATING:

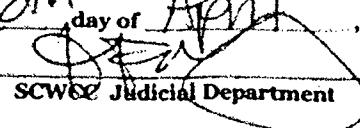
☒ _____

DISSENTING:

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPY HEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL.

This 18th day of April, 2016.

By: 
SCWCC Judicial Department

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1417078

NATHAN C. BUCHANAN

EMPLOYEE / CLAIMANT,

vs.

CITY OF HANAHAN

EMPLOYER,

and

STATE ACCIDENT FUND

CARRIER,

DEFENDANTS.

DECISION AND ORDER

HEARING:

Held in North Charleston, South Carolina on March 9, 2016

APPEARANCES:

Matthew W. Jackson, Esquire, on behalf of the Employee / Claimant.

George T. Miars, Esquire, on behalf of the Employer - Carrier / Defendants.

PURPOSE OF HEARING:

To determine issues as set forth on Form 21.

DECISION AND ORDER:

Honorable Commissioner Mike Campbell

FILED:

September 14, 2016

STIPULATIONS

It was stipulated and agreed upon at the time of the hearing that jurisdiction and venue were proper in Charleston County.

APA SUBMISSIONS AND EXHIBITS

The following APA Submissions and Exhibits were submitted on behalf of the Employee/Claimant:

APA MEDICAL SUBMISSIONS

APA #	PROVIDER	DATED	NO. PAGES	PAGE NOS.
4	James J. McCoy, M.D. Lowcountry Orthopaedics & Sports Medicine	01/15/2015 to 03/04/2015	19 Pages	Pages 22 – 40
5	Bright McConnell, III, M.D. Charleston Sports Medicine & Orthopaedic Center	02/29/2016	4 Pages	Pages 41 - 44

APA EXHIBIT SUBMISSIONS

NONE

The following APA Submissions and Exhibits were submitted on behalf of the Employer - Carrier / Defendants:

APA MEDICAL SUBMISSIONS

APA #	PROVIDER	DATED	PAGE NOS.
(1)	BonSecours St. Francis Hospital	08/09/14	Page 01
(2)	TriCounty Radiology West Ashley	09/15/14	Page 02
(3)	Dr. McCoy, Lowcountry Orthopaedics	01/19/15 – 09/17/15	Pages 03 - 21

SUMMARY OF EVIDENCE AND STATEMENT OF THE CASE

The above case came to be heard before the undersigned Commissioner in North Charleston on March 9, 2016 pursuant to notice timely and properly given to all parties of record.

The Defendants had filed a Form 21 hearing request seeking a hearing to address the Claimant's entitlement to permanent disability benefits related to a work accident he sustained on August 9, 2014. The Claimant contended that he was not at MMI, and that the claim warranted mandatory mediation. The Defendants contended that the injury was limited to a single member (the left lower extremity) and that the Claimant had been released for the same. The Claimant contended that due to altered gait he had been having problems with his low back and would testify to the same at the hearing. The Claimant asked that the defense have his low back evaluated prior to the adjudication of MMI or the degree of permanency. The Claimant had obtain an IME directed at addressing those two issues, and claim that should the Claimant be found to have sustained an injury affecting more than one body part, he would plead total and permanent disability as a result of his work accident injury. The Claimant also had sent a Subpoena for wage records and none had been produced by the Defendants at the time of the hearing. The Claimant asked that the AWW and CR be adjudicated after such time as the Defendants had produced wage records in order to verify the Claimant's AWW.

CLAIMANT'S TESTIMONY

The Claimant testified that he had no significant problems with his health prior to his work accident injury on August 9, 2014. The Claimant testified that he did have a back injury back in 2000 and was out of work for four months, received treatment, and then went back to work. The Claimant testified that he was cleared after that incident with his back for full duty work. The Claimant felt like that his issue with his back in 2000 had completely resolved. He never received surgery, instead he just received shots. That injury was

not related to a workers' compensation claim. The Claimant testified that he had never hired an attorney for any kind of personal injury. The Claimant testified that he left school in the 11th grade and subsequently received a GED. The Claimant testified that he never attended college.

The Claimant's first job was with Charleston Steel Erectors in 1977 at which he worked for about a year. The Claimant then went into the Army and was a crash rescue specialist, rescuing pilots from aircraft that had been involved in accidents or general fire alarms on regular base duty. The Claimant did that job in the military for approximately 4½ years. The Claimant was an E-4 at the time he was honorably discharged. After leaving the Army, the Claimant worked as a clerk and a cashier at the Magic Market for a brief period and then went to work with the City of Hanahan Fire Department. The Claimant had been employed with the City of Hanahan Fire Department for 30½ years. The Claimant had obtained the rank of Captain in the Hanahan Fire Department. The Claimant was responsible for approximately nine different men and three different engine companies. The Claimant testified that the work he did was very physically strenuous and involved bending, walking, sitting, and squatting. He also testified that if there was a fire he would use every muscle in his body during that firefight. He testified that it was very hard work. The Claimant testified that he often went home with aches and pains. However, he would not run to the doctor every time he had a single ache or pain.

The Claimant testified that he had never had a sit-down job. The Claimant testified that the most he would lift on a shift would be a person weighing anywhere from 175 to 200 pounds. The Claimant testified that he held water hoses and rolled hoses as an officer. The Claimant testified that they have an agility test they have to go through and yearly physicals they have to take to make sure they are able to do their job. The Claimant testified that he loved his job.

On August 9, 2014, the Claimant was walking into a truck stall, actually walking to his locker, and stepped on a spot that was slick. He pointed it out to the engineer to get it cleaned up. He was told that it came from a fish fry from the night before that hadn't been properly cleaned up. He came back approximately 30-45 minutes later to go to his locker and slipped and fell on the spot. They had not cleaned the spot, instead had put Dawn dishwashing soap on the spot but had not rinsed it away.

At the time the Claimant fell, he was working with other officers and serving as acting Chief. He believes that Mike Lane was the acting Chief at the time of his accident, and he was the first person he notified of his accident.

After his accident, their own EMS service took the Claimant to Roper St. Francis. At the time, his left knee was hurting. The Claimant subsequently received an MRI in September. The Claimant was ultimately referred to Dr. Cox. It was the Claimant's understanding that he needed knee surgery. Dr. Cox sent the Claimant to Dr. McCoy at Lowcountry Orthopaedics who provided surgery for the knee. After the surgery, the Claimant had some physical therapy and a cane was prescribed by a doctor at Concentra Medical Center.

The Claimant testified that he believes that his back is hurting because of the way he has to walk and limp and having to use the cane. He testified that he did not walk like a normal person anymore. He testified that his back had bothered him for nearly 6-8 months. The Claimant testified that he thought it would go away, and figured it was just soreness and would go away on its own but it hadn't, it had been persistent. The Claimant testified that it is at its worse when he is out walking a lot or trying to do a lot of walking or having to negotiate a bunch of stairs. The more stress he puts on his leg, the more stress is put on his back. The Claimant testified that for 6-8 months his back had gotten progressively worse.

The Claimant testified that he would like to have his back evaluated. The Claimant testified that his back is related to his limp.

The Claimant said that he was essentially forced into retirement after his injury. He felt he was mainly given a choice to retire or to go out on workers' compensation, so he retired. The Claimant testified that he did not think he would draw enough money under the workers' compensation system; therefore, he retired in order to have an appropriate income. The Claimant testified that if it weren't for his work accident injury he would not have retired.

The Claimant testified that his left knee swells and aches quite frequently, most of the time. The Claimant testified that he has to take the stairs one step at a time. The Claimant testified that there are a lot of things he can no longer do anymore.

The Claimant testified that he cannot get on the floor and play with his grandkids like he used to. He cannot tussle with them or take the oldest ones duck hunting anymore as he did in the past. The Claimant testified that hardly a day goes by that his back and knee aren't hurting. The Claimant testified that he uses ibuprofen and gets up and walks around to try to relieve some of his pain. At times, he has to lay down with a heating pad to try to loosen it up or take a hot shower.

The Claimant testified that it was not his intention to try to get something out of the workers' compensation claim he was not entitled to. The Claimant testified that he just wanted to be treated fairly. The Claimant testified that he would like to have his back evaluated, as he feels it is directly related to his limping. The Claimant testified that he had been working since he was 11-years old and he misses his job very much. He felt he was very good at his job.

On cross-examination, the Claimant testified that his medical records did show that he possibly had the beginning stages of COPD, but it was never confirmed. The Claimant testified that he did not know why all of his records at Lowcountry Orthopaedics noted that he had emphysema. The Claimant testified that he

was smoking around a pack and a half of cigarettes per day at the time of his accident. The Claimant testified that he quit smoking on March 7, 2015.

The Claimant testified that when he fell he landed on his left side, but his left knee struck first. The Claimant testified that he had injured his back in 2000 and received medical treatment for approximately four months. Defense pointed to Claimant's APA, Page 3 that the Claimant had a lumbar epidural steroid in 2005. The Claimant testified that he was unsure of the dates. He thought it was 2000, but he did not remember the exact year. The Claimant testified he thought he had his injection done by Southeastern Spine.

The Claimant testified that he treated with Southeastern Spine for his low back prior to this accident. The Claimant testified that he had treated with two different orthopaedists for his knee, Dr. Cox and Dr. McCoy. The Claimant testified that Dr. McCoy did the surgery and Dr. Cox simply evaluated him. The Claimant testified that he thought his back started hurting him before he saw Dr. McCoy. The Claimant testified that he did not remember if he mentioned his back hurting him to Dr. McCoy. He thought it was just a pain and he would suck it up and let it go. The Claimant testified that he did not recall ever mentioning his back to Dr. McCoy. The Claimant testified that he felt he was sure that his back pain was related to his knee pain because his back would hurt more as his knee would hurt more. The Claimant testified that he had never asked for treatment for his back from the State Accident Fund or the City of Hanahan. The Claimant testified that he was not given any advice or a phone number on whom to contact for further medical treatment. He wasn't even made aware of whether he could return to Dr. McCoy for his knee again. The Claimant testified that he did not call the City of Hanahan and tell them he had a back injury because he was not an employee, he had retired.

The Claimant testified that before January of 2016 he never told anyone at the State Accident Fund or the City of Hanahan that he thought he had a back injury. The Claimant testified that he was prescribed a

cane by a doctor at Concentra Medical Center approximately two weeks after the accident, following being on crutches. The Claimant testified that he had used crutches or the cane from the time of the accident to the present. The Claimant testified that he had limped from two weeks after the accident to the present. The Claimant testified that his back had not begun hurting until about 6-8 months ago.

The Claimant testified that he did not currently have health insurance. The Claimant testified that he had not applied for Social Security disability, Medicare, or Medicaid.

The Claimant testified that he believed he was paid salary, and thought his pay was \$49,900.00 per year.

The Claimant testified that he received sick and annual leave after his accident and before he retired. The Claimant testified that he is no longer receiving weekly checks from the State Accident Fund for his workers' compensation claim. The Claimant testified that his family doctor is Dr. Malik at Trident Family Medicine. The Claimant testified that he had been his family doctor for approximately 1½ to 2 years. The Claimant testified that the last time that he saw Dr. Malik was about 1½ years ago because of the flu. The Claimant testified that he never complained to Dr. Malik about his back problems. The Claimant testified that he had not looked for any jobs since he had been released by Dr. McCoy, as he had not been cleared to go back to work. The Claimant testified that he did not know if there were jobs out there that he could do.

The defense, at the end of the hearing, attempted to assert a notice defense for the back. Counsel for the Claimant stated that notice applies to the notification of an accident by injury, not every specific affected body part. The Commission asked that the IME be sent to their office as soon as possible. This concluded the hearing.

MEDICAL EVIDENCE

The medical evidence was consistent with the Claimant's testimony. In particular, the IME of Dr. Bright McConnell performed on February 29, 2016 stated that it was his opinion that the abnormal gait pattern, secondary to his knee pathology, within a reasonable degree of medical certainty, aggravated his lower back problems. He stated that the Claimant should be seen by a spine specialist to undergo evaluation to include a current MRI of his lumbar spine, to determine future treatment options for his lower back.

As noted, the left knee, which was the admitted body part in this accident, was at risk of developing progressive post-traumatic changes in the patellofemoral as well as medial compartments, as stated by Dr. McCoy and Dr. McConnell, requiring total knee arthroplasty in the future.

FINDINGS OF FACT

After due consideration of the claim and defenses, and after reviewing all of the evidence contained in the record, the following Findings of Fact as required under Section 42-17-40, South Carolina Code of Laws, 1976, as Amended, are set forth:

1. That the South Carolina Workers' Compensation Commission has jurisdiction over this claim. The Claimant was a covered employee and the Employer was a covered employer at the time in question. The employee/employer relationship existed at the time of the Claimant's injury by accident.
2. That the claim was heard before the undersigned Commissioner on March 9, 2016, in North Charleston, South Carolina, in accordance with notices timely and properly served upon all parties of interest.
3. That venue for this claim was properly set in North Charleston, South Carolina.

4. That the Claimant sustained an admitted injury by accident to his left knee arising out of and in the course and scope of his employment on 08/09/2014. The injuries were sustained when the Claimant slipped on a wet spot on a floor, striking the anterior medial aspect of his knee in a flexed position. This occurred when a grease spot was being cleaned in the fire station with some detergent. The detergent was left on the grease spot and the Claimant slipped on it.
5. That the Claimant alleges an additional causally related injury to his back.
6. That the Claimant underwent various evaluations and treatments for his admitted and alleged work related injuries. The Claimant was placed in an immobilizer at the site and was subsequently transported to St. Francis Emergency Room for an evaluation and treatment. X-rays were obtained which revealed some spurring in the patella, but no evidence for acute trauma or fracture. The Claimant was diagnosed with a knee sprain, was kept in a knee immobilizer and placed on anti-inflammatory medications. The Claimant was subsequently referred to Concentra Medical Center for follow-up. He was initially seen on August 13, 2014. He was felt to sustain a contusion of his left knee and, at that time, was placed into a patella knee wrap and advised to begin physical therapy. The Claimant received various physical therapy, but typically had provocation of pain during his physical therapy.

He subsequently followed-up at Concentra Medical Center. He was seen by Dr. George Bryan on September 2, 2014. Based on his persistent symptoms and unresponsiveness to conservative measures, further diagnostics were requested and an MRI of his left knee was ordered. The patient was subsequently referred to Dr. McCoy, who carried out an arthroscopic surgery of the Claimant's left knee on January

19, 2015. On review of the operative narrative, the Claimant was found to have some chondral lesions in both the patella, with some focal grade 4 chondral defect noted. Chondroplasty in both the medial and lateral compartment was carried out.

The Claimant was evaluated by Dr. Bright McConnell on February 29, 2016. Dr.

McConnell noted that the Claimant had antalgic gait with shortened stance phase as well as intermittent use of cane or crutch for distance walking. He opined that the patient required cane assisted ambulation for abnormal gait pattern, secondary to his knee pathology. It was his opinion, within a reasonable degree of medical certainty, that the abnormal gait pattern aggravated the Claimant's lower back problems. He opined that he should be seen by a spine specialist to undergo evaluation, to include a current MRI scan of his lumbar spine, to determine future treatment options for his lower back.

7. That on August 26, 2015, the authorized treating physician, Dr. James J. McCoy of Lowcountry Orthopedics and Sports Medicine, placed Claimant at MMI, and assigned a 15% permanent impairment to the left knee and permanent restrictions of no climbing in the future, which Dr. McCoy opined would pretty much keep him from doing his regular job as a firefighter. In addition, Dr. McCoy opined, to a reasonable degree of medical certainty, that Claimant will need continued treatment for his left knee in the future and that at the very least, will require anti-inflammatory medications and possibly later cortisone injections and most probably a knee replacement. (Defendant's APA, p. 19).
8. That on February 29, 2016, in an IME for the Claimant, Dr. Bright McConnell of Charleston Sports Medicine and Orthopedic Center opined he agreed with Dr. McCoy

regarding MMI for the left knee and restrictions. In addition, Dr. McConnell assigned a 15% impairment to the whole person and a 38% impairment to the left lower extremity. However, Dr. McConnell further opined to a reasonable degree of medical certainty that Claimant's abnormal gait pattern has aggravated his lower back problems and that he should be seen by a spine specialist to undergo an evaluation, including a current MRI of his lumbar spine, to determine future treatment options for his lower back. (Claimant's APA, p. 44).

CONCLUSIONS OF LAW

Accordingly, as provided in Section 42-17-40, South Carolina Code of Laws, 1976, as amended, it is the determination of the undersigned Commissioner as follows:

1. Under Section 42-1-130, the Claimant was a covered employee at the time in question.
2. Under Section 42-1-140, the Defendant employer was a covered employer under the Act.
3. Under Section 42-1-160, the Claimant sustained a compensable injury to his left knee.
4. Under Section 42-15-20, proper notice was provided to the Employer.
5. That based on Dr. McConnell's evaluation and opinion regarding Claimant's back, and Claimant's sworn testimony at the hearing, which I found to be very credible, I find that Claimant's back issues are causally related to his admitted work related injury and therefore is compensable. The Claimant testified that he believes that his back is hurting because of the way he has to walk and limp and having to use the cane. He testified that he did not walk like a normal person anymore. He testified that his back had bothered him for nearly 6-8 months. The Claimant testified that he thought it would go away, and figured it was just soreness and would go away

on its own but it hadn't, it had been persistent. The Claimant testified that it is at its worse when he is out walking a lot or trying to do a lot of walking or having to negotiate a bunch of stairs. The more stress he puts on his leg, the more stress is put on his back. The Claimant testified that for 6-8 months his back had gotten progressively worse. The Claimant testified that he would like to have his back evaluated. The Claimant testified that his back is related to his limp.

6. Claimant is not at MMI.
7. A determination of permanency is premature at this time; therefore, mandatory mediation is premature as well.
8. Claimant is entitled to an evaluation and all causally related medical treatment by an orthopaedic surgeon, with a specialty to the back, of the Defendants' choosing.
9. Defendants' chosen surgeon is not to have previously treated the Claimant or be from a practice that has previously treated the Claimant. All prior medical records pertaining to Claimant's work related injury are to be provided.
10. Defendants are not entitled to stop TTD.
11. Defendants are to provide Claimant with subpoenaed wage records to verify AWW.

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, sustained a compensable injury to his left knee, arising out of the course and scope of his employment with the City of Hanahan, on August 9, 2014; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has not reached maximum medical improvement and, therefore, a determination of permanency is premature at this time, as well as a determination of mandatory mediation applies; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has sustained injuries to his back as a result of the altered gait and is entitled to all causally related medical treatment; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants are to provide the Claimant with an orthopaedic surgeon, with a specialty to the spine of their choosing; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants chosen surgeon may not have previously treated the Claimant or be from a practice that has previously treated the Claimant, and all prior medical records pertaining to the Claimant's work-related injury are to be provided to this physician; and it is further

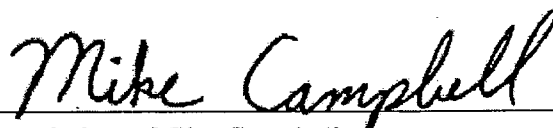
ORDERED, ADJUDGED, AND DECREED, that the Defendants are not entitled to stop payment of TTDs; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants will provide the Claimant with subpoenaed wage records to verify the AWW and corresponding CR.

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED!

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Mike Campbell

Columbia, SC

Dated: September 14, 2016

Bon Secours St. Francis Hospital Imaging Services

Name: BUCHANAN, NATHAN C
Exam Date: 08/09/14 1000
Ord. Phy.: LLOYD-PA, ERIC

MR#: C000936718
DOB: 10/20/59
Pt. Phone#: (843) 875-9747
Ord. Phy.#: (843) 761-8800
Phy. Fax #: 8437618824

LLOYD-PA, ERIC
*2061 HWY 52

MONCKS CORNE SC

29461

Acct_Nbr : C1422100157
Pat_Type : ERC

Chk-in #	Order	Exam	
3666386	0001	30224	XR KNEE 1 OR 2 VIEWS*L
			Ord Diag: *Pain with Trauma/Injury

LEFT KNEE AP and Lateral: 8/9/2014 9:51 AM

Comparison: None

Indication: *Pain with Trauma/Injury

Findings: No fracture or dislocation is appreciated. No abnormal joint effusion is identified. Inferior and superior patellar spurs are present. No joint space narrowing or subchondral sclerosis.

IMPRESSION:

No fracture identified. No joint effusion.

Patellar spurs.

Transcriptionist- JAMES W MELTON-JR-MD
Reading Radiologist- JAMES W MELTON-JR-MD
Releasing Radiologist- JAMES W MELTON-JR-MD
Released Date Time- 08/09/14 1027

FINAL

Page 1

Bon Secours St. Francis Hospital Imaging Services
2095 Henry Tecklenburg Drive, Charleston, S.C. 29414 * (843) 402-1079

Patient: BUCHANAN, NATHAN C

MRN: 000936718

Encounter: 1422100157

Page 1 of 1



SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology West Ashley
1975 H. Magwood Drive Charleston, SC 29414
p: (843) 529-0800 f: (843) 769-5450

PATIENT: BUCHANAN, NATHAN
DOB: 10/20/1959
MRN: 544054
PHONE: 843-875-9747 (Home)
PHYSICIAN: GEORGE BRYAN, MD
EXAM DATE: 09/15/2014

EXAM: MR Left Knee Without Contrast

REASON FOR EXAM: sprain strain

TECHNIQUE: Multiple T1 and T2-weighted MRI images of the left knee obtained in the sagittal, axial, and coronal plane. Open MRI 0.3 Tesla unit.

COMPARISON: None.

FINDINGS: Moderate subcutaneous edema anterior to the patellar tendon. Fluid signal in the prepatellar bursa suggesting mild bursitis. Intact quadriceps tendon. Heterogeneous signal the patellar tendon suggesting recent contusion versus mild tendinopathy. Intact fat pads. Heterogeneous signal in the posterior horn of the medial meniscus suggests intrasubstance degeneration, no surfacing tear seen. Intact lateral meniscus. Anterior menisiofemoral ligament of Humphrey, a variant of normal. Intact MCL, iliotibial band, biceps femoris tendon and fibular collateral ligament. Mild osteoarthritis (OA) of the left knee, with a few foci of moderate high-grade chondromalacia of the patella. Tiny Bakers cyst. Trace fluid within the pes anserine bursa.

IMPRESSION:

1. Mild OA of the left knee, with a few foci of moderate high-grade chondromalacia.
2. Mild prepatellar bursitis and soft tissue swelling anterior to the patellar tendon.
3. Intrasubstance degeneration of the posterior horn of the medial meniscus. No surfacing tear seen.

Donald E Olofsson, DO

DEO/

DD: 09/16/2014 02:07 P

DT: 09/16/2014 02:15 P

Accession#: 08-1918573 VS#: CS#: 990648

cc:

Electronically Signed and Reviewed by Donald E Olofsson, DO 09/16/2014 02:15 P

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Clinical Documents

KNEE ARTHROSCOPY AND DEBRIDEMENT - 01/21/2015

SUMMERVILLE MEDICAL CENTER
295 MIDLAND PARKWAY
SUMMERVILLE, SC 29485

NAME: BUCHANAN, NATHAN C Acc #: D00047252115
UNIT #: D251026575 Room#:
Adm Date: 01/19/15
Dictated By: McCoy, James J Jr MD
REPORT: Operative Report

Date of Operation: 01/19/2015

PREOPERATIVE DIAGNOSES:

1. Pain, left knee.
2. Chondromalacia, left knee.

POSTOPERATIVE DIAGNOSES:

1. Pain, left knee.
2. Chondromalacia of patella, medial and lateral femoral condyle.

PROCEDURE:

Arthroscopy, left knee with chondroplasty of patella, medial and lateral femoral condyle.

SURGEON:

James Joseph McCoy, MD

DESCRIPTION OF PROCEDURE:

The patient was brought to the operating room following a knee block in the holding area. He transferred to the OR table. Tourniquet was placed at left mid thigh, and the left leg was incorporated in the leg holder. Portal sites were supplemented with local anesthetic, and the left knee was scrubbed and prepped and draped with a leg ____ in the usual fashion. Scope was introduced in the mid patellar tendon portal. Inspection of the suprapatellar area showed a good bit of synovitis, and the retropatellar cartilage showed some mild chondromalacia, but no cracking, flaking or lifting of bone. The power shaver was brought in. With a chondroplasty technique, the cartilage was shaved down to good underlying cartilage with a little bit of bone exposed. The cartilage in the femoral groove was fit. No loose bodies in the medial and lateral sulcus. Coming down to the femoral condyles, there was good cartilage of the distal femur until coming into the lateral compartment of the knee flex, there was some cracking and lifting of cartilage, which again was treated in a chondroplasty fashion with a power shaver. Coming down to good underlying cartilage, there was a little bit of bone exposed. The lateral meniscus was intact as was the cartilage on the proximal tibia. The anterior cruciate ligament was intact. Coming into the medial compartment, again, there was good cartilage on the tibia, and the medial meniscus was intact. There was also damage to the articular cartilage of the medial compartment on the distal femur just posterior to the weightbearing area of any extended. The power shaver again was brought in, and a chondroplasty technique was carried out of the cartilage in the medial compartment. Finally, the knee was irrigated ____ was removed. The stab wound was closed with interrupted 4-0 nylon. Dry sterile dressings were applied as well as Ace wraps from the toes to thigh. The patient was transferred to the gurney and was taken to the recovery room in good

Patient Name: BUCHANAN, NATHAN C Account #: D00047252115

condition. The patient tolerated the procedure well.

Dictation ID / Confirmation #: 1572579 / 1399088

DD: 01/19/2015 12:04 / DT: 01/19/2015 13:26

Authenticated by JAMES JOSEPH MCCOY, MD On 01/21/2015 08:09:55 AM

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Electronically Signed by James J McCoy, Jr, MD on 01/21/15 at 0910

Patient Name: BUCHANAN, NATHAN C Account #: D00047252115

Clinical Document - TRIDENT MEDICAL CENTER (TMC LAB) - 01/19/2015

EKG Report
Summerville Special Testing
295 Midland Parkway
Summerville, SC 29485

Patient: BUCHANAN, NATHAN C
Unit #: D251026575

Service Date: 01/19/15
Service Time: 0652

Test Reason : orl/19.

Blood Pressure : ***/** mmHG

Vent. Rate : 070 BPM Atrial Rate : 070 BPM

P-R Int : 178 ms QRS Dur : 106 ms

QT Int : 430 ms P-R-T Axes : 068 072 067 degrees

QTc Int : 464 ms

Normal sinus rhythm

Normal ECG

When compared with ECG of 24-JAN-2011 14:06,

No significant change was found

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Confirmed by FUNKE MD, FREDERICK (3109) on 1/19/2015 8:47:53 PM

Referred By: James Mccoy

Confirmed By: FREDERICK FUNKE MD

Electronically Signed by Frederick W Funke, Jr, MD on 01/19/15 at 2048

Patient Name: BUCHANAN, NATHAN C

Account #: D00047252115

SUMMERVILLE MEDICAL CENTER
295 MIDLAND PARKWAY
SUMMERVILLE, SC 29485

NAME: BUCHANAN, NATHAN C
UNIT #: D251026575
Adm Date: 01/19/15
D/C Date: 01/19/15
Dictated By: James J McCoy, Jr, MD
REPORT: HISTORY PHYSICAL

ACCT #: D00047252115
Room #:

Location: D.SACC

ADMISSION DIAGNOSIS:
Left knee chondromalacia patellae.

PROCEDURE TO BE PERFORMED:
Left knee arthroscopy.

HISTORY OF PRESENT ILLNESS:
The patient is a 55-year-old male who was seen and evaluated by Dr. McCoy, and the arthroscopy was recommended. Therefore, the patient has elected to proceed with this operation. Risks, benefits, and details of this operation have been discussed with the patient. He has expressed understanding and wishes to proceed.

PAST MEDICAL HISTORY:
Hypercholesterolemia, emphysema, and hypertension.

PAST SURGICAL HISTORY:
LESI in 2005.

ALLERGIES:
NKDA.

MEDICATIONS:
Albuterol sulfate 2.5 mg/3 mL 0.083% solution for nebulizer, use 1 vial in nebulizer every 6 hours as needed; benazepril 20 mg; hydrochlorothiazide 25 mg tablet take 1 tablet by mouth every day; Combivent Respimat 20 mcg/100 mcg actuation solution for inhalation inhale 1 puff 4 times a day; ibuprofen 600 mg tablet take 1 tablet by mouth every 6 hours as needed for pain; tamsulosin ER 0.4 mg capsule extended release take 1 capsule by mouth every day; Viagra 100 mg tablet take 1 tablet by mouth 20 minutes prior to intercourse.

SOCIAL HISTORY:
Current every day smoker of 1-1/2 packs per day. Alcohol intake occasional. Marital status, married. Currently employed by City of Hanahan. He is a fire captain and EMS.

FAMILY HISTORY:
Mother: Diabetes, hypertension, heart disease. Father: Diabetes, heart disease, hypercholesterolemia, hypertensive disorder.

REVIEW OF SYSTEMS:
Shortness of breath when walking and mild cough intermittently due to emphysema. He has difficulty urinating, increased urine frequency. He has no fever. No

Patient Name: BUCHANAN, NATHAN C

Account #: D00047252115

diarrhea, no vomiting, no chills. He has muscle aches and arthralgia with joint pain.

PHYSICAL EXAMINATION:

VITAL SIGNS: The patient is 6 feet 2 inches tall, weighing 225 pounds, blood pressure is 137/79, pulse of 83.

GENERAL: He is a well-nourished male in no acute distress. He is alert and oriented x3 and cooperative with this exam.

HEENT: Normocephalic, atraumatic head.

RESPIRATORY: Mild wheezing.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs.

ABDOMEN: Soft, nontender abdomen.

GENITOURINARY: Deferred.

EXTREMITIES: Exam of the left knee, skin intact. He has mild swelling. He has tenderness over the patella. He has pain with range of motion. He has full sensation distally. Dorsalis pedis pulses are 1+ and symmetric.

ASSESSMENT:

Left knee chondromalacia patellae.

PLAN:

The patient is going to be admitted to undergo a left knee arthroscopy with Dr. McCoy. Risks, benefits, and details of this have been discussed with the patient, and he has expressed understanding and wishes to proceed. He has signed informed consent. He will be n.p.o. after midnight the night before surgery. After the operation, he will be followed by Dr. McCoy in our clinic.

Dictated by: Savannah M Spearman, NP

Dictation ID / Confirmation #: 1562328 / 1389436

DD: 01/14/2015 17:55 / DT: 01/15/2015 00:35

Authenticated by Savannah Spearman, NP On 02/09/2015 02:58:49 PM

Authenticated by JAMES JOSEPH MCCOY, MD on 02/11/2015 08:37:45 AM

Electronically Signed by James J McCoy, Jr, MD on 02/11/15 at 0938

Patient Name: BUCHANAN, NATHAN C

Account #: D00047252115

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Encounters and Procedures**Clinical Encounter Summaries****Encounter Date: 04/15/2015**

Patient

Name BUCHANAN, NATHAN
(55, M) ID# 2133621 **Appt. Date/Time** 04/15/2015 08:30AM

DOB 10/20/1959 **Service Dept.** LCO_Tricom

Provider JAMES J. MCCOY, MD

Insurance

Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Policy/Group # : 2014-2515
Referring Provider Name : COX, JOEL R
Employer Name : CITY OF HANAHAN
Case # : 2014-2515
Case Injury Date : 08/09/2014
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files.
Please verify coverage and all member demographic information, details

Chief Complaint

Followup: Chondromalacia

HPI**Knee7388**

Reported by patient.

Location: left

Duration: date of onset: **(Date of Injury: 08/09/2014)**Alleviating Factors: ice; elevation; stretching; PT/OT (**aggressive resistive exercises. 2-3 times a week x2 weeks.**); cane

Aggravating Factors: weightbearing

Associated Symptoms: **swelling; grinding; radiation down leg**Previous Surgery: surgical procedure: **(Left •KNEE ARTHROSCOPY AND DEBRIDEMENT)**; date: **(1/19/2015)**

Prior Imaging: x ray

Previous PT: helped a little; aggressive resistive exercises. 2-3 times a week x2 weeks.

Work Related: yes

Vitals

Ht: 6 ft 2 in
04/15/2015 08:20
am

Wt: 225 lbs
04/15/2015 08:20
am

BMI: 28.9 04/15/2015
08:20 am

BP: 144/80 sitting
04/15/2015 08:35
am

Pulse: 82 bpm
04/15/2015 08:35
am

Medications**Reviewed Medications**

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL VIA NEBULIZATION EVERY 6 HOURS AS NEEDED	03/30/15 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	03/17/15 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	03/17/15 filled

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15	filled
hydrocodone-homatropine 5 mg-1.5 mg/5 mL syrup TAKE 5 mL BY MOUTH EVERY 8 HOURS AS NEEDED FOR COUGH	03/09/15	filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14	filled
levofloxacin 750 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 7 DAYS	03/09/15	filled
ondansetron HCl 4 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR NAUSEA	03/09/15	filled
prednisone 20 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY FOR 3 DAYS	03/09/15	filled
tamsulosin ER 0.4 mg capsule, extended release 24 hr. TAKE ONE CAPSULE BY MOUTH EVERY DAY	03/17/15	filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE	03/30/15	filled

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- * Chondromalacia of patella
- * Knee pain
- * Chondromalacia

Past Medical History

Reviewed Past Medical History

Elevated Cholesterol: **Y**Emphysema: **Y**High Blood Pressure: **Y**

Notes: noted 3/4 tdp

Family History

Reviewed Family History

Mother - Diabetes mellitus

- Heart disease

- Hypertensive disorder

Father - Diabetes mellitus

- Heart disease

- Hypercholesterolemia

- Hypertensive disorder

Surgical History

Reviewed Surgical History

* Knee arthroscopy and debridement - 01/19/2015

* Other - 2005 - LESI's

Social History

Reviewed Social History

Smoking Status: Current every day smoker.

Smoker (1 1/2 PPD).

Alcohol intake: Occasional.

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Marital status: Married.
Are you currently employed?: Y.
Occupation: Fire Captain / EMS.
Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715

Referring Provider (Worker's Comp): COX, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient is 8 months post work-related injury left knee. 3 months post arthroscopy with chondroplasty patella medial and lateral femoral condyles. He says he is doing fairly well.

Physical exam shows the left quad still weaker than the right. Good range of motion with some patellofemoral crepitus.

We're going to continue him in physical therapy and keep him on limited duty was no climbing. Will reevaluate him in 4 weeks.

Assessment / Plan

1. Knee pain

719.46: Pain in joint, lower leg

- KNEE PAIN: AFTER YOUR VISIT

2. Chondromalacia

733.92: Chondromalacia

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

3. Chondromalacia of patella

717.7: Chondromalacia of patella

- PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 05/13/2015 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 04/15/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 04/15/2015 at 9:48pm.

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

APR/15/2015 WED 01:13 PM

FAX No.

P. 0:9

To: _____
 Fax: _____
 Date: _____

Lowcountry Orthopaedics & Sports Medicine
 Phone: 843.797.5050 Fax: 843.764.2308

Chart #: _____

RETURN TO WORK RECOMMENDATIONSEmployee: Nathan Buchanan

Injury Date: _____

- ☒ Work related
☐ Not work related

Work Status

- ☐ Return to regular duty on, Date: _____
☐ Unable to return to regular duty.
☒ Modified duty if available, Date: 4-15-15
☐ Discharged from current care on, Date: _____
☐ Return for follow up if needed with Dr. _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.

☐ Patient must wear brace/cast.☐ Other: _____**Recommendations**

(Please give WNC copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: _____

Consult to Dr: _____

Patient ☐ has ☒ hasn't reached MMI Expected MMI date: 1 month

Physician Signature: _____

Date: 4-15-15

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____

Date: _____

WHITE - CHART

YELLOW - WORK COMP

PINK - PATIENT

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/13/2015

Patient

Name BUCHANAN, NATHAN (55, M) ID# 2133621 Appt. Date/Time 05/13/2015 08:30AM

DOB 10/20/1959

Service Dept. LCO_Tricom

Provider JAMES J. MCCOY, MD

Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND

Policy/Group # : 2014-2515

Referring Provider Name : COX, JOEL R

Employer Name : CITY OF HANAHAN

Case # : 2014-2515

Case Injury Date : 08/09/2014

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Chondromalacia

HPI

Knee7388

Reported by patient.

Location: left

Duration: date of onset: (Date of Injury: 08/09/2014)

Alleviating Factors: ice; elevation; stretching; PT/OT (aggressive resistive exercises. 2-3 times a week x2 weeks.); cane

Aggravating Factors: weightbearing

Associated Symptoms: swelling; grinding; radiation down leg

Previous Surgery: surgical procedure: (Left KNEE ARTHROSCOPY AND DEBRIDEMENT); date: (1/19/2015)

Prior Imaging: x ray

Previous PT: helped a little; aggressive resistive exercises. 2-3 times a week x2 weeks.

Work Related: yes

Vitals

05/13/2015 08:28 am

Ht: 6 ft 2 in

Wt: 225 lbs

BMI: 28.9

BP: 125/76 sitting

Pulse: 80 bpm

Medications

Reviewed Medications	
Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL VIA NEBULIZATION EVERY 6 HOURS AS NEEDED	03/30/15 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	04/19/15 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	03/17/15 filled
hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15 filled
hydrocodone-homatropine 5 mg-1.5 mg/5 mL syrup TAKE 5 MLS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH	03/09/15 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled
levofloxacin 750 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 7 DAYS	03/09/15 filled
ondansetron HCl 4 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR NAUSEA	03/09/15 filled

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

prednisone 20 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY FOR 5 DAYS	03/09/15 filled
tamsulosin ER 0.4 mg capsule, extended release 24 hr TAKE ONE CAPSULE BY MOUTH EVERY DAY	04/19/15 filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE	03/30/15 filled

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Chondromalacia of patella
- Knee pain
- Chondromalacia

Past Medical History

Reviewed Past Medical History
Elevated Cholesterol: Y
Emphysema: Y
High Blood Pressure: Y
Notes: noted 3/4 tdp

Family History

Reviewed Family History
Mother - Diabetes mellitus
- Heart disease
- Hypertensive disorder
Father - Diabetes mellitus
- Heart disease
- Hypercholesterolemia
- Hypertensive disorder

Surgical History

Reviewed Surgical History
- Knee arthroscopy and debridement - 01/19/2015
Other - 2005 - LESI's

Social History

Reviewed Social History
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol intake: Occasional.
Marital status: Married.
Are you currently employed?: Y.
Occupation: Fire Captain / EMS.
Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715
Referring Provider (Worker's Comp): COX, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient 9 months post work-related injury left knee. 4 months post arthroscopy left knee. He's been going to physical therapy and working limited duty. He does not feel he is ready for his regular job.

Physical exam shows a mild synovitis on the left knee. Range of motion from 0° to 105° of flexion. Quad tone improving.

We will keep him on limited duty and continue the therapy. We have our doubts that she can or should return to his regular job as a firefighter in the future. We'll give him the benefit of the doubt and have him work on this for another 3 months and then reevaluate.

Assessment / Plan

1. Chondromalacia

733.92: Chondromalacia

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 08/12/2015 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 05/13/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 05/13/2015 at 8:35pm

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Admin Documents

MAY/13/2015/WED 04:32 PM

FAX No.

P. 008/013

To: _____

Fax: _____

Date: 13 May 15**Lowcountry Orthopaedics & Sports Medicine**

Phone: 843.797.5050 Fax: 843.764.2308

Chart #: _____

RETURN TO WORK RECOMMENDATIONSEmployee: Nathan Buchanan

Injury Date: _____

☒ Work related☐ Not work related**Work Status**☐ Return to regular duty on, Date: _____☐ Unable to return to regular duty.☒ Modified duty if available, Date: x 3 months☐ Discharged from current care on, Date: _____☐ Return for follow up if needed with Dr. _____☐ Permanent Restrictions: _____☐ Requires sedentary position.☐ Patient must wear brace/cast.☐ Other: _____**Recommendations**

(Please give WC copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: _____

Consult to Dr: _____

Claim #: _____

Next Appt: _____

Diagnosis: Glute injury& surgery**Physical Ability**☒ Restricted standing, walking:☐ Never ☒ Occasional ☐ Frequent as Tolerated☒ Restricted climbing, bending, stooping:☒ Never ☐ Occasional ☐ Frequent as Tolerated☐ Limited use of ☐ right ☐ left hand/arm.☐ Driving ☐ yes ☐ no☒ Alternate position (sit, stand, walk...)☐ Weight lifting restrictions:R ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#L ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#☐ Overhead work:☐ Never ☐ Occasional ☐ Frequent as ToleratedPatient ☐ has ☒ hasn't reached MMI. Expected MMI date: 3 monthsPhysician Signature: [Signature] Date: 13 May 15

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART

YELLOW - WORK COMP

PINK - PATIENT

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

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Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 08/26/2015

Patient

Name BUCHANAN, NATHAN (55, M) ID# 2133621

Appt. Date/Time 08/26/2015 09:05AM

DOB 10/20/1959

Service Dept. LCO_Tricom

Provider JAMES J. MCCOY, MD

Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND

Policy/Group #: 2014-2515

Referring Provider Name: COX, JOEL R

Employer Name: CITY OF HANAHAN

Case #: 2014-2515

Case Injury Date: 08/09/2014

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Chondromalacia

Followup: Knee pain

Followup: Chondromalacia of patella

HPI**Knee 7388**

Reported by patient.

Location: left

Duration: date of onset: (Date of Injury: 08/09/2014)

Alleviating Factors: ice; elevation; stretching; PT/OT (aggressive resistive exercises. 2-3 times a week x2 weeks.); cane

Aggravating Factors: weightbearing

Associated Symptoms: swelling; grinding; radiation down leg

Previous Surgery: surgical procedure: (Left KNEE ARTHROSCOPY AND DEBRIDEMENT); date: (1/19/2015)

Prior Imaging: x ray

Previous PT: helped a little; aggressive resistive exercises. 2-3 times a week x2 weeks.

Work Related: yes

Notes: WC Pt for Left knee

VitalsHt: 6 ft 2 in 08/26/2015
08:46 amWt: 225 lbs 08/26/2015
08:46 amBMI: 28.9 08/26/2015
08:46 amBP: 176/97 sitting
08/26/2015 08:57
amPulse: 71 bpm 08/26/2015
08:57 am**Medications**

Reviewed Medications:	
Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083%) solution for nebulization USE 1 VIAL EVERY 6 HOURS AS NEEDED FOR SHORTNESS OF BREATH	06/23/15 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH DAILY	05/20/15 filled
Combivent RespiMat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	06/29/15 filled
hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15 filled
hydrocodone-bromatropine 5 mg-1.5 mg/5 mL syrup TAKE 5 MLS BY MOUTH EVERY 6 HOURS AS NEEDED FOR COUGH	03/09/15 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled
levofloxacin 750 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 7 DAYS	03/09/15 filled
ondansetron HCl 4 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR NAUSEA	03/09/15 filled

Attachment for claim 307517V7388

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

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prednisone 20 mg tablet TAKE 2 TABLETS BY MOUTH EVERY DAY FOR 30 DAYS	03/09/15 filled
tamsulosin ER 0.4 mg capsule, extended release 24 hr TAKE ONE CAPSULE BY MOUTH DAILY	05/20/15 filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES BEFORE SEX	06/23/15 filled

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Chondromalacia of patella
- Knee pain
- Chondromalacia

Past Medical History

Reviewed Past Medical History

Elevated Cholesterol: Y

Emphysema: Y

High Blood Pressure: Y

Notes: noted 8/26 tdp

Family History

Reviewed Family History

- Mother
- Diabetes mellitus
 - Heart disease
 - Hypertensive disorder
- Father
- Diabetes mellitus
 - Heart disease
 - Hypercholesterolemia
 - Hypertensive disorder

Surgical History

Reviewed Surgical History

- * Knee arthroscopy and debridement - 01/19/2015
- * Other - 2005 - LES's

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1 1/2 PPD)

Alcohol intake: Occasional

Marital status: Married

Are you currently employed?: Y

Occupation: Fire Captain / EMS

Employer: City of Hanahan

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715

Referring Provider (Worker's Comp): COX, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, no vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Attachment for claim 307517V7388

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

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Patient is a 55-year-old male.

patient is one year post work-related injury left knee. He is 6 months post arthroscopic surgery left knee with patelloplasty and chondroplasty medial and lateral femoral condyles. He has been retired from his job recently.

Physical exam reveals a mild synovitis in the left knee. 0° to 95° of flexion with pain at both extremes. Some patellofemoral crepitus. The right knee moves well from 0-120°.

Standing AP x-ray of both knees shows good cartilage space medially and laterally in both knees.

We reviewed the pictures from arthroscopy and again see the cartilage damage on both the medial and lateral femoral condyles. We think the patient has done well rehabilitating his knees but we would keep him on permanent restrictions of no climbing in the future. We think that would pretty much keep him from doing his regular job as a firefighter. We think he has reached a point of maximum medical improvement. We think it's quite probable that he will need to a reasonable degree of medical certainty continued treatment for his left knee in the future. At the very least that will require anti-inflammatory medicines and possibly later cortisone injections and most probably a knee replacement in the future. We think the present situation is consistent with a 15% permanent impairment to the left knee. We'll just see him back on an as-needed basis.

Results / Interpretations

X-RAY, KNEE

- Possibility of Pregnancy?: N, Views (X-RAY, KNEE): Bilateral AP Standing
standing x-ray of both knees AP shows good cartilage space medially and laterally in both knees.

X-RAY, KNEE

- Possibility of Pregnancy?: N, Side: LEFT, Views (X-RAY, KNEE): Lateral
x-ray of the left knee lateral shows small bone spurs top and bottom of patella.

Assessment / Plan

1. Knee pain

719.46: Pain in joint, lower leg

- KNEE PAIN: AFTER YOUR VISIT
- X-RAY, KNEE
Possibility of Pregnancy?: N Views (X-RAY, KNEE): Bilateral AP Standing
- X-RAY, KNEE
Possibility of Pregnancy?: N Side: LEFT
Views (X-RAY, KNEE): Lateral

2. Chondromalacia of patella

717.7: Chondromalacia of patella

- PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

3. Chondromalacia

733.92: Chondromalacia

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 08/26/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 08/26/2015 at 8:36pm

Attachment for claim 307517V7388

Imaging Results

X-RAY, KNEE 08/26/2015 - LEFT (#5258061)

Interpretation	x-ray of the left knee lateral shows small bone spurs top and bottom of patella.
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X-RAY, KNEE 08/26/2015 (#5258059)

Interpretation	standing x-ray of both knees AP shows good cartilage space medially and laterally in both knees.
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Physician Authorizations

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5773
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Nathan Buchanan Employer's Name: City of Hazleton
Physician's Name: James McCoy MD Insurance Carrier: SC State Accident Fund
Practice/Clinic: Lowcountry Orthopaedics & Sports Medicine/Arts SQWCC File No: _____
Referrer's Name: Maria Barrantes
Phone: 843 717-6000

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 09/2014

Date of first office visit: 1/19/2015 Date of last visit: 02/26/2015

Diagnosis or nature of injury or illness: 719.45, 717.2, 733.92

Body part(s) injured: left knee Body part(s) affected: _____

Date of Maximum Medical Improvement: 02/26/2015

Based on the AMA Guidelines, the claimant has sustained a 15 % medical impairment to left knee injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

☐ The claimant is able to return to work without restriction.

☒ The claimant is able to return to work with the following restrictions:

permanent restrictions of no climbing in the future.

☐ The claimant is unable to return to work at his or her current employment.

☐ Claimant possesses retained hardware casually related to this injury.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

At the very least that will require anti-inflammatory medications and possibly later cortisone injections and most probably a knee replacement in the future.

Treating Physician

Electronic signature on 09/17/2015 13:56:55

Date

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient is 8 months post work-related injury left knee. 3 months post arthroscopy with chondroplasty patella medial and lateral femoral condyles. He says he is doing fairly well.

Physical exam shows the left quad still weaker than the right. Good range of motion with some patellofemoral crepitus.

We're going to continue him in physical therapy and keep him on limited duty was no climbing. Will reevaluate him in 4 weeks.

Assessment / Plan

1. Knee pain

719.46: Pain in joint, lower leg

- KNEE PAIN: AFTER YOUR VISIT

2. Chondromalacia

733.92: Chondromalacia

3. Chondromalacia of patella

717.7: Chondromalacia of patella

- PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 05/13/2015 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 04/15/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 04/15/2015 at 9:48pm

Encounter Date: 03/04/2015

Patient			
Name	BUCHANAN, NATHAN (55, M) ID# 2133621	Appt. Date/Time	03/04/2015 08:30AM
DOB	10/20/1959	Service Dept.	LCO_Tricom
Provider	JAMES J. MCCOY, MD		
Insurance	Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND Policy/Group # : 2014-2515 Referring Provider Name : COX, JOEL R Employer Name : CITY OF HANAHAN Case # : 2014-2515 Case Injury Date : 08/09/2014 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Followup: Chondromalacia

Followup: Knee pain

Followup: Chondromalacia of patella

HPI

Knee7388

Reported by patient.

Location: left

Duration: date of onset: (Date of Injury: 08/09/2014)

Alleviating Factors: ice; elevation; stretching; PT/OT (aggressive resistive exercises. 2-3 times a week x2 weeks.); cane

Aggravating Factors: weightbearing

Associated Symptoms: swelling; grinding; radiation down leg

Previous Surgery: surgical procedure: (Left•KNEE ARTHROSCOPY AND DEBRIDEMENT); date: (1/19/2015)

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Prior Imaging: x ray

Previous PT: helped a little; aggressive resistive exercises. 2-3 times a week x2 weeks.

Work Related: yes

Notes: Pt F/U for LT Knee Scope Chondroplasty. Pt sts knee is feeling better. Still having some swelling below. PT is helping with ROM and strength.

Vitals

Ht: 6 ft 2 in 03/04/2015
08:24 am

Wt: 225 lbs 03/04/2015
08:24 am

BMI: 28.9 03/04/2015
08:24 am

BP: 150/81 sitting
03/04/2015 08:39 am

Pulse: 73 bpm 03/04/2015
08:39 am

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization INHALE 1 VIAL VIA NEBULIZATION EVERY 6 HOURS AS NEEDED	02/25/15 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	02/12/15 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	02/12/15 filled
hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled
tamsulosin ER 0.4 mg capsule,extended release 24 hr TAKE ONE CAPSULE BY MOUTH EVERY DAY	02/12/15 filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE	12/04/14 filled

Allergies

Reviewed Allergies

NKDA

Problems

Problems not reviewed (last reviewed 02/11/2015)

- Chondromalacia of patella
- Knee pain
- Chondromalacia

Past Medical History

Reviewed Past Medical History

Elevated Cholesterol: Y

Emphysema: Y

High Blood Pressure: Y

Notes: noted 3/4 tdp

Family History

Reviewed Family History

Mother	- Diabetes mellitus
	- Heart disease
88	- Hypertensive disorder
Father	- Diabetes mellitus

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

- Heart disease
- Hypercholesterolemia
- Hypertensive disorder

Surgical History

Reviewed Surgical History

- Knee arthroscopy and debridement - 01/19/2015
- Other - 2005 - LESI's

Social History

Reviewed Social History

Smoking Status: Current every day smoker.

Smoker (1 1/2 PPD).

Alcohol intake: Occasional.

Marital status: Married.

Are you currently employed?: Y.

Occupation: Fire Captain / EMS.

Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715

Referring Provider (Worker's Comp): COX, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Cardiovascular:: HBP. Respiratory:: **Emphysema**. Patient reports arthralgias/joint pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient is 6 weeks post arthroscopy left knee chondroplasty patella and medial and lateral femoral condyles. Says he has some "rubbing" occasionally. Has been going to PT and has more visits planned. Working light duty. He is concerned about some left calf swelling. Says it down in the morning.

Physical exam shows just a mild synovitis on the left knee. 0° to 120° of flexion with some discomfort at both extremes. Some patellofemoral popping. Quadriceps tone and bulk not equal to the right. Has some swelling at left mid calf. There are skin marks above the area from his Ace bandage and below from his socks. We're going to ask him to not use the Ace bandage for about 10 days. I think this is just swelling between the 2 constricting areas. No calf tenderness generally and negative Homan.

Going to renew his physical therapy and work note. Still no squatting or ladders. We'll reevaluate in 6 weeks.

Assessment / Plan

1. Chondromalacia of patella

717.7: Chondromalacia of patella

- PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

2. Chondromalacia

733.92: Chondromalacia

3. Knee pain

719.46: Pain in joint, lower leg

- KNEE PAIN: AFTER YOUR VISIT

• PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider: 89
Patient is 6 weeks post arthroscopy left knee and chondroplasty patella medial and lateral femoral condyles. Patient

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

doing better. Motion good. Would still benefit from short arc progressive resistive exercises for 2-3 times a week x4 more weeks. Modalities p.r.n. Consider dynamic patellar taping.

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 04/15/2015 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 03/04/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 03/04/2015 at 11:02pm

Encounter Date: 02/11/2015

Patient

Name BUCHANAN, NATHAN (55, M) ID# 2133621 **Appt. Date/Time** 02/11/2015 10:25AM

DOB 10/20/1959

Service Dept. LCO_Tricom

Provider JAMES J. MCCOY, MD

Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND

Policy/Group #: 2014-2515

Referring Provider Name : COX MD, JOEL R

Employer Name : CITY OF HANAHAN

Case #: 2014-2515

Case Injury Date : 08/09/2014

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Knee pain

HPI

Knee7388

Reported by patient.

Location: left

Notes: LT Knee Scope Chondroplasty f/u, Pt states that he has most of his pain directly following PT.

Vitals

02/11/2015 10:12 am

Ht: 6 ft 2 in

Wt: 225 lbs

BMI: 28.9

BP: 179/79 sitting

Pulse: 74 bpm

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization USE 1 VIAL IN NEBULIZER EVERY 6 HOURS AS NEEDED	12/04/14 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	12/05/14 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	12/05/14 filled
hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

tamsulosin ER 0.4 mg capsule, extended release 24 hr
TAKE ONE CAPSULE BY MOUTH EVERY DAY

12/05/14 filled

Viagra 100 mg tablet
TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE

12/04/14 filled

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
• Chondromalacia of patella
• Knee pain
• Chondromalacia

Past Medical History

Reviewed Past Medical History
Elevated Cholesterol: Y
Emphysema: Y
High Blood Pressure: Y

Family History

Reviewed Family History

Mother	- Diabetes mellitus - Heart disease - Hypertensive disorder
Father	- Diabetes mellitus - Heart disease - Hypercholesterolemia - Hypertensive disorder

Surgical History

Reviewed Surgical History
• Knee arthroscopy and debridement - 01/19/2015
• Other - 2005 - LESI's

Social History

Reviewed Social History
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol intake: Occasional.
Marital status: Married.
Are you currently employed?: Y.
Occupation: Fire Captain / EMS.
Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715
Referring Provider (Worker's Comp): COX MD, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient is 3 weeks post arthroscopy right knee with chondroplasty 3 compartments. He says he is doing better. Better going up stairs but still challenge coming down. Has started taking glucosamine.

Physical exam shows a mild synovitis/effusion of the right knee and 0° to 105° of flexion. Quadriceps tone improving.

We will keep him in therapy a bit longer before we send him back to limited duty. He seems to be going in the right direction and we've talked about no squatting or pivoting and we'll see him back in 3 weeks.

Assessment / Plan

1. Knee pain

719.46: Pain in joint, lower leg
• KNEE PAIN: AFTER YOUR VISIT

2. Chondromalacia

733.92: Chondromalacia

Return to Office

• James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 03/04/2015 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD; 02/11/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 02/11/2015 at 7:48pm

Encounter Date: 01/28/2015

Patient

Name	BUCHANAN, NATHAN (55, M) ID# 2133621	Appt. Date/Time	01/28/2015 09:30AM
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DOB	10/20/1959	Service Dept.	LCO_Tricom
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Provider	JAMES J. MCCOY, MD
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Insurance	Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
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Policy/Group # : 2014-2515

Referring Provider Name : COX MD, JOEL R

Employer Name : CITY OF HANAHAN

Case # : 2014-2515

Case Injury Date : 08/09/2014

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Knee pain

HPI

Knee7388

Reported by patient.

Location: left

Notes: LT Knee Scope Chondroplasty f/u

/itals

01/28/2015 09:23 am

Ht: 6 ft 2 in

Wt: 225 lbs

BMI: 28.9

92

BP: 151/84 sitting

Pulse: 81 bpm

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization USE 1 VIAL IN NEBULIZER EVERY 6 HOURS AS NEEDED	12/04/14 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	12/05/14 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	12/05/14 filled
hydrocodone 5 mg-acetaminophen 325 mg tablet TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN	01/19/15 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled
tamsulosin ER 0.4 mg capsule,extended release 24 hr TAKE ONE CAPSULE BY MOUTH EVERY DAY	12/05/14 filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE	12/04/14 filled

Allergies

Reviewed Allergies

NKDA

Problems

Problems not reviewed (last reviewed 01/14/2015)

- Chondromalacia of patella
- Knee pain
- Chondromalacia

Past Medical History

Reviewed Past Medical History

Elevated Cholesterol: Y

Emphysema: Y

High Blood Pressure: Y

Family History

Reviewed Family History

Mother	- Diabetes mellitus - Heart disease - Hypertensive disorder
Father	- Diabetes mellitus - Heart disease - Hypercholesterolemia - Hypertensive disorder

Surgical History

Reviewed Surgical History

- Knee arthroscopy and debridement - 01/19/2015
- Other - 2005 - LESI's

Social History

Reviewed Social History

Smoking Status: Current every day smoker.

Smoker (1 1/2 PPD).

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Alcohol intake: Occasional.
Marital status: Married.
Are you currently employed?: Y.
Occupation: Fire Captain / EMS.
Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715
Referring Provider (Worker's Comp): COX MD, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 55-year-old male.

Patient is 9 days post arthroscopy left knee. He's doing pretty well.

Physical exam shows the wounds are benign. He can straight leg raise. He has 5° to 95° of flexion. Mild swelling.

We removed the sutures and gave him a tour through the knee using the pictures from the arthroscopy. We're going to get him started in physical therapy. No pivoting squatting running jumping. We'll check him back in 2 weeks and see how he is doing. We'll keep him out of work in the meantime.

Assessment / Plan

1. Knee pain

719.46: Pain in joint, lower leg

• KNEE PAIN: AFTER YOUR VISIT

• PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider:
Patient one week post arthroscopy chondroplasty left knee, patella, medial and lateral femoral condyles. Would benefit from active range of motion and short arc or aggressive resistive exercises. 2-3 times a week x2 weeks. Modalities p.r.n.

2. Chondromalacia of patella

717.7: Chondromalacia of patella

• PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

3. Chondromalacia

733.92: Chondromalacia

Return to Office

• James J. McCoy, MD for New Patient 15 at LCO_Tricom on 02/11/2015 at 10:25 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 01/28/2015.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 01/28/2015 at 9:21pm

Encounter Date: 01/14/2015 (Last amended by Savannah M.Spearman, FNP-BC on 01/14/2015 at 5:04pm)

Patient

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Name BUCHANAN, NATHAN (55, M) ID# 2133621 Appt. Date/Time 01/14/2015 02:35PM
DOB 10/20/1959 Service Dept. LCO_Tricom
Provider SAVANNAH M. SPEARMAN, FNP-BC
Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Policy/Group # : 2014-2515
Referring Provider Name : COX MD, JOEL R
Employer Name : CITY OF HANAHAN
Case # : 2014-2515
Case Injury Date : 08/09/2014
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Left Knee problem

HPI

Knee7388

Reported by patient.

Location: left

Context: work injury

Previous Surgery: none

Work Related: yes

Working: regular duty

Notes: Pt. in for pre-op of LEFT knee arthroscopy scheduled for 1-19-15 at SMC with Dr. McCoy. Pt. originally seen at Concentra for a fall at work on 8-9-14, landing directly on his left knee.

Vitals

Ht: 6 ft 2 in 01/14/2015
02:38 pm

Wt: 225 lbs 01/14/2015
02:38 pm

BMI: 28.9 01/14/2015
02:38 pm

BP: 137/79 sitting
01/14/2015 02:39 pm

Pulse: 83 bpm 01/14/2015
02:39 pm

Medications

Reviewed Medications

Name	Date
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization USE 1 VIAL IN NEBULIZER EVERY 6 HOURS AS NEEDED	12/04/14 filled
benazepril 20 mg-hydrochlorothiazide 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	12/05/14 filled
Combivent Respimat 20 mcg-100 mcg/actuation solution for inhalation INHALE 1 PUFF 4 TIMES A DAY	12/05/14 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	09/23/14 filled
tamsulosin ER 0.4 mg capsule,extended release 24 hr TAKE ONE CAPSULE BY MOUTH EVERY DAY	12/05/14 filled
Viagra 100 mg tablet TAKE 1 TABLET BY MOUTH 20 MINUTES PRIOR TO INTERCOURSE	12/04/14 filled

Allergies

Reviewed Allergies
NKDA

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Problems

Reviewed Problems

- Chondromalacia of patella
- Knee pain

Past Medical History

Reviewed Past Medical History

Elevated Cholesterol: Y

Emphysema: Y

High Blood Pressure: Y

Family History

Reviewed Family History

Mother

- Diabetes mellitus
- Heart disease
- Hypertensive disorder

Father

- Diabetes mellitus
- Heart disease
- Hypercholesterolemia
- Hypertensive disorder

Surgical History

Reviewed Surgical History

- Other - 2005 - LESI's

Social History

Discussed Social History

Smoking Status: Current every day smoker.

Smoker (1 1/2 PPD).

Alcohol intake: Occasional.

Marital status: Married.

Are you currently employed?: Y.

Occupation: Fire Captain / EMS.

Employer: City of Hanahan.

Patient's Pharmacies

CVS/PHARMACY #4204 (ERX): 301 N MAIN ST, SUMMERVILLE SC 29483, Ph (843) 873-4840, Fax (843) 873-4046

Patient's Care Team

Insurance Adjuster (Worker's Comp): JENNIFER STONE: Ph (803) 896-5913, Fax (803) 612-2715

Referring Provider (Worker's Comp): COX MD, JOEL R: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports shortness of breath when walking. He reports cough and shortness of breath. He reports difficulty urinating and increased urinary frequency. He reports muscle aches and arthralgias/joint pain.

Physical Exam

Patient is a 55-year-old male.

Constitutional: General Appearance: well-nourished and well-developed.

Psychiatric: Orientation: to time, place, and person.

Skin: Inspection and palpation: no lesions.

Lungs: Auscultation: mild wheezing.

Cardiovascular: Heart Auscultation: RRR.

Abdomen: Inspection and Palpation: soft and no tenderness (no guarding, no rebound). Liver: non-tender. Spleen: non-tender.

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

ambulating with a cane and wearing brace. Left knee. pain with extension and flexion. pain with palpation over patella. decreased strength. quad weakness. full sensation distally. right knee. no pain with ROM. full ROM. good strength. full sensation distally.

Assessment / Plan

Surgical intervention was discussed along with the risk and complications, post op protocols and restrictions, along with reasonable outcomes, and the risks of not having surgery. Scheduled for left knee arthroscopy on at SMC 1/19/15 with Dr. McCoy.

1. Knee pain

719.46: Pain in joint, lower leg

- KNEE PAIN: AFTER YOUR VISIT
- WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 08/09/2014

Next Follow up appt:

(X) Work Related () Not Work Related

() Regular Duty (X) Modified Duty

() Sedentary Duty <10lbs wt lifting () Off work

() 0lbs () 1-15lbs () 16-35 lbs () 36-50 lbs wt lifting restrictions

() R (X) L () B

Climbing, Bending Stooping: () Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: () Never () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: (X)

Comments: 8 hour shifts. No prolonged standing and/or walking longer than 2 hours. No squatting or kneeling. Must wear brace. No climbing stairs or ladders. Scheduled for left knee arthroscopy on 1/19/15

MMI: () Yes (X) No Date of MMI:

*Occasionally is defined as up to one third of the time (33%); 1-4 times per hour

*Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour

*Constantly is defined as over two thirds (67-100%) of the time

2. Chondromalacia of patella

717.7: Chondromalacia of patella

- PATELLOFEMORAL PAIN SYNDROME: AFTER YOUR VISIT

Return to Office

- James J. McCoy, MD for Surgery at LCO_SMC Surgery on 01/19/2015 at 08:00 AM
- James J. McCoy, MD for Post Operative at LCO_Tricom on 01/28/2015 at 09:30 AM

Amendment Sign-Off

Encounter signed-off by Savannah M. Spearman, FNP-BC, 01/14/2015.

Encounter performed and documented by Savannah M. Spearman, FNP-BC

Encounter reviewed & signed by Savannah M. Spearman, FNP-BC on 01/14/2015 at 5:03pm

Amendment closed by Savannah M. Spearman, FNP-BC on 01/14/2015 at 5:04pm

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Imaging Results

X-RAY, KNEE 08/26/2015 - LEFT (#5258061)

Interpretation	x-ray of the left knee lateral shows small bone spurs top and bottom of patella.
----------------	--

X-RAY, KNEE 08/26/2015 (#5258059)

Interpretation	standing x-ray of both knees AP shows good cartilage space medially and laterally in both knees.
----------------	--

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Clinical Documents

MAR/23/2015/MON 02:48 PM

FAX No.

P. 002

To: _____
Fax: _____
Date: _____

Lowcountry Orthopaedics & Sports Medicine

Phone: 843.797.5050 Fax: 843.764.2308

Chart #: 2133621

RETURN TO WORK RECOMMENDATIONS

Employee: Nathan Buchanan
Injury Date: _____

- ☒ Work related
☐ Not work related

Work Status

- ☐ Return to regular duty on, Date: _____
☐ Unable to return to regular duty.
☒ Modified duty if available, Date: 4 Mar 15
☐ Discharged from current care on, Date: _____
☐ Return for follow up if needed with Dr: _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.
☐ Patient must wear brace/cast.
☐ Other: _____

Recommendations

(Please give W/C copies of all orders.)

Radiograph Studies: _____
Diagnostic Tests: _____
Surgery: _____
Physical Therapy: Continue
Consult to Dr: _____

Claim #: _____
Next Appt: _____
Diagnosis: L knee injury
+ surgery

Physical Ability

- ☒ Restricted standing, walking:
☐ Never ☒ Occasional ☐ Frequent as Tolerated
☒ Restricted climbing, bending, stooping:
☒ Never ☐ Occasional ☐ Frequent as Tolerated
☐ Limited use of ☐ right ☐ left hand/arm.
☐ Driving ☐ yes ☐ no
☒ Alternate position (sit, stand, walk, ...)
☐ Weight lifting restrictions:
R ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#
L ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#
☐ Overhead work:
☐ Never ☐ Occasional ☐ Frequent as Tolerated

Patient ☐ has ☒ hasn't reached MMI. Expected MMI date: _____

Physician Signature: _____ Date: 4 Mar 15

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of any examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART

YELLOW - WORK COMP

PINK - PATIENT

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Other Orders

01/14/2015

From Provider	To Provider
SAVANNAH M.SPEARMAN, FNP-BC ARCIS HEALTHCARE 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	

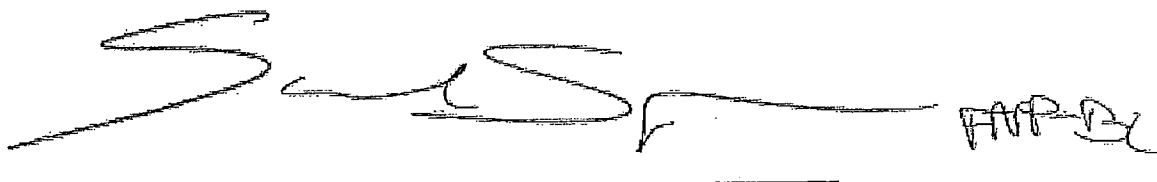
Order Information

Order
Orders included: 1 Knee pain ICD-9: 719.46: Pain in joint, lower leg • WORK STATUS REPORT Note to Provider: LCO Workcomp Dep Fax Number: 843-793-5442 Date of Injury: 08/09/2014 Next Follow up appt: (X) Work Related () Not Work Related () Regular Duty (X) Modified Duty () Sedentary Duty<10lbs wt lifting () Off work () 0lbs () 1-15lbs () 16-35 lbs () 36-50 lbs wt lifting restrictions () R (X) L () B Climbing, Bending Stopping: () Never () Occasional () Frequent Standing, Walking: () Never () Occasional () Frequent Overhead Work: () Never () Occasional () Frequent Driving: () Yes () No Alternate between sit/stand: (X) Comments: 8 hour shifts.No prolonged standing and/or walking longer than 2 hours. No squatting or kneeling. Must wear brace. No climbing stairs or ladders. Scheduled for left knee arthroscopy on 1/19/15 MMI: () Yes (X) No Date of MMI: *Occasionally is defined as up to one third of the time (33%); 1-4 times per hour *Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour *Constantly is defined as over two thirds (67-100%) of the time

Patient Information

Patient Name	BUCHANAN, NATHAN
DOB	10/20/1959
Primary Insurance	SOUTH CAROLINA STATE ACCIDENT FUND Group: 2014-2515 Policy Holder: CITY OF HANAHAN
Secondary Insurance	None recorded.

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)



A handwritten signature in black ink, appearing to read 'Nathan Buchanan', is written over a horizontal line. To the right of the signature, the letters 'HAP-B' are handwritten.

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

Consult Orders



Referral Order

03/04/2015

Patient Information	Ordering Provider
Name : BUCHANAN, NATHAN Sex, DOB, Age: M 10/20/1959 56 YR Athena ID #: 2133621	JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Knee pain ICD-9: 719.46: Pain in joint, lower leg
Order Name	PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL
Provider	
Address	
Phone	
Notes	Patient is 6 weeks post arthroscopy left knee and chondroplasty patella medial and lateral femoral condyles. Patient doing better. Motion good. Would still benefit from short arc progressive resistive exercises for 2-3 times a week x4 more weeks. Modalities p.r.n. Consider dynamic patellar taping.

Patient Information

Patient Address	213 OWENS DRIVE SUMMERVILLE, SC 29485-7058
Phone	H: (843) 875-9747 W: (843) 554-4221 x123 M: (843) 297-2010
Primary Insurance	SOUTH CAROLINA STATE ACCIDENT FUND Group: 2014-2515 Policy Holder: CITY OF HANAHAN
Secondary Insurance	None recorded.

Electronically Signed by: JAMES J. MCCOY, MD

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)



LOWCOUNTRY ORTHOPAEDICS

Referral Order

01/28/2015

Patient Information	Ordering Provider
Name : BUCHANAN, NATHAN Sex, DOB, Age: M 10/20/1959 56 YR Athena ID #: 2133621	JAMES J. MCCOY, MD LCO Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Knee pain ICD-9: 719.46: Pain in joint, lower leg
Order Name	PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL
Provider	
Address	
Phone	
Notes	Patient one week post arthroscopy chondroplasty left knee, patella, medial and lateral femoral condyles. Would benefit from active range of motion and short arc or aggressive resistive exercises. 2-3 times a week x2 weeks. Modalities p.r.n.

Patient Information

Patient Address	213 OWENS DRIVE SUMMERVILLE, SC 29485-7058
Phone	H: (843) 875-9747 W: (843) 554-4221 x123 M: (843) 297-2010
Primary Insurance	SOUTH CAROLINA STATE ACCIDENT FUND Group: 2014-2515 Policy Holder: CITY OF HANAHAN
Secondary Insurance	None recorded.

Electronically Signed by: JAMES J. MCCOY, MD

JAMES J. MCCOY, MD

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)

DME Orders



LOWCOUNTRY ORTHOPAEDICS
2880 TRICOM STREET
CHARLESTON, SC 29406-9171

Durable Medical Equipment Order

01/15/2015

Prescriber	Supplier
JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	CAROLINA SPORTS & ORTHOPEDICS 1920 DUNBAR ST STE E CHARLESTON, SC 29407 Phone: (800) 775-5666 Fax: (843) 300-1100

Patient Information

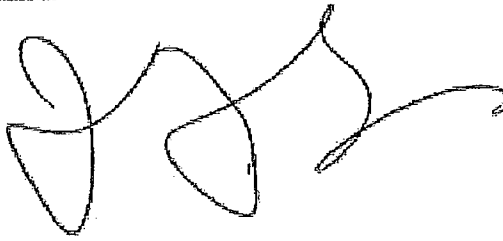
Patient Name	BUCHANAN, NATHAN
Sex - DOB - Age	M 10/20/1959 56 YR
Address	213 OWENS DRIVE SUMMERVILLE, SC 29485-7058
Phone	H: (843) 875-9747 W: (843) 554-4221 x123 M: (843) 297-2010
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	Chondromalacia of patella ICD-9: 717.7: Chondromalacia of patella
Supply	GAME READY ICE MACHINE Duration/Estimated Length of Need: 28 Days Side: LEFT Size: Straight Knee
Quantity	1
SIG	Game Ready - intermittent pneumatic compression and cold therapy system to help reduce pain and swelling allowing for increased function during post op recovery and rehabilitation.
Refills Allowed	
DAW?	N
Note to Supplier	

Electronically Signed by: JAMES J. MCCOY, MD

BUCHANAN, NATHAN (id #2133621, dob: 10/20/1959)



Electronically ordered/documentated by: JAMES J. MCCOY, MD
Ordering Provider NPI#: 1730119090

Prescription is void if more than one (1) prescription is written per blank.

INDEPENDENT MEDICAL EVALUATION**RE: BUCHANAN, NATHAN C.****SOCIAL SECURITY#: 251-02-6575****DATE OF BIRTH: 10/20/1959****DATE OF ACCIDENT: 08/09/2014****DATE OF EVALUATION: 02/29/2016**

Mr. Mathew W. Jackson
Joye Law Firm
P.O. Box 62888
North Charleston, SC 29419.

Bright McConnell, III, MD
900 Island Park Drive • Suite 105
Charleston, SC 29492
Phone: 843.284.5200
Fax: 843.284.5201
www.CharlestonSportsMed.com

Dear Mr. Jackson:

Mr. Nathan Buchanan was seen in the office today, 02/29/2016, for purposes of independent medical evaluation related to a work injury to his left knee. As you are aware, this now 56-year-old white male was employed as a captain with the Hanahan Fire Department and Rescue. By the patient's history, on 08/09/2014, he sustained an injury to his left knee when he slipped on a wet spot on a floor striking the anteromedial aspect of his knee in a flexed position. This apparently occurred when they were trying to clean up a grease spot in the fire station and had some dish detergent on it, of which he was unaware.

The patient noted pain on weightbearing. He was placed into an immobilizer at the site and was subsequently transported to St. Francis emergency room for evaluation.

On review of the emergency room note, the patient's history was basically as noted above. He was complaining of pain primarily along the anterior knee with swelling.

X-rays were obtained, which revealed some spurring in the patella, but no evidence for acute trauma or fracture.

The patient was diagnosed as a knee sprain, was kept in his knee immobilizer and placed on antiinflammatory medications.

The patient was subsequently referred to Concentra Medical Center for follow up. He was initially seen on 08/13/2014. Again, his history was noted as above. He was felt to have sustained a contusion of his left knee, and at that time, was placed into a patella knee wrap and advised to begin physical therapy.

By patient history, the patient states he did receive a various amount of physical therapy, but typically had provocation of pain during his physical therapy.

He was followed subsequently at Concentra Medical Center. He was seen by Dr. George Bryan on 09/02/2014. Based upon persistent symptoms not responsive to conservative measures, further diagnostics were requested and an MRI scan of his left knee was ordered.

CLIENT: BUCHANAN, NATHAN C.
DATE OF SERVICE: 02/29/2016
PAGE 2

CLIENT #: 57571

The patient did undergo MRI scan of his left knee carried out at Tricounty Radiology on 09/15/2014. The scan is available for review today. This did reveal some mild osteoarthritis of the left knee with some focal high-grade chondromalacia. Prepatellar bursitis and soft tissue swelling anterior to the patella tendon was likewise noted. Small degenerative changes in the posterior horn of the medial meniscus was noted, but no evidence for tear extending to the surface.

The patient was seen back by Dr. Bryan. On 09/22/2014, his MRI scan was reviewed. At that point in time, orthopedic surgery referral was requested.

During the interim, the patient did continue with physical therapy measures.

Orthopedic referral was eventually approved and he was apparently seen by Dr. James McCoy with Lowcountry Orthopedics on 01/14/2015.

His history and physical therapy course was reviewed. MRI scan was reviewed, and based upon his current status, it was recommended that he proceed with arthroscopy of his left knee. This was accepted by the patient and subsequently carried out by Dr. McCoy on January 19, 2015.

On review of the operative narrative, the patient was found to have some chondral lesions in both the patella with some focal grade 4 chondral defect noted. Chondroplasty in both the medial and lateral compartment was likewise carried out.

The patient's postoperative course was remarkable for the fact he had some continued discomfort and swelling with some difficulty achieving full flexion. He did undergo fairly extensive physical therapy, but noted persistence of pain, particularly when going up and down steps. He has relied on the use of a cane routinely to avoid discomfort as well as loss of confidence with a sensation of his knee giving way.

The patient was last seen by Dr. McCoy on 08/26/2015. At that time, standing and lateral x-rays of his knees were obtained, which showed good articular cartilage medially and laterally. The patient was apparently released from care at that time. He was assessed a 15% medical impairment to the left knee and was felt to have reached maximum medical improvement on 08/26/2015. Restrictions included permanent restriction regarding climbing activities with the knee. Future medial treatment was felt to include use of antiinflammatory medications and possibly intraarticular injections. Question about knee replacement in the future was likewise discussed.

Currently, the patient's primary issue with respect to his left lower extremity is discomfort. He describes this as a dull constant pain with occasional sharp episodes. He does note occasional episodes of giving way and has loss of confidence of his knee. This is accentuated when attempting an incline. He is seen ambulating in the office today with the use of a cane, which he states he uses routinely. He also notes some moderate pain at night.

CLIENT: BUCHANAN, NATHAN C.

CLIENT #: 57571

DATE OF SERVICE: 02/29/2016

PAGE 3

With respect to current medications, his only medication for his knees includes intermittent ibuprofen.

The patient states he has not had any intraarticular medications in the past, including corticosteroids or hyaluronate therapy.

The patient denies any prior history of significant knee problems. He does state a history of lower back pain years previously, which did require treatment as well as epidural blocks.

PHYSICAL EXAMINATION: Today reveals the patient to be alert, oriented, and in no acute distress. On observation of his gait, he walks with a slightly antalgic gait utilizing a cane assist. On stance, the spine is straight and the pelvis is level. In the seated position, he has painless hip flexion and internal rotation exceeding 20 degrees without pain. He does have discomfort in full terminal knee extension, which he can achieve. A 1+ clinical effusion is present. He does have moderate patellofemoral crepitus accentuated on resisted knee extension. He has central tracking. Static exam reveals a negative Lachman. There is no medial or lateral instability. He has minimal medial and lateral joint line tenderness today and I cannot elicit true McMurray. He does have pain on palpation at the inferior pole of the patella. He has a negative Homans. Negative straight leg raise. Distal neurovascular examination is unremarkable.

Diagnostic studies available for review include his MRI scan of 09/15/2014. On personal review, he does have focal chondral changes in the patella as well as a focal area of medullary edema seen within the patella.

A 0 and 45-degree flexion weightbearing film with merchant was obtained in the office today. His medial and lateral articular interval exceeds 4 mm, as does his patellofemoral interval seen on the merchant view.

IMPRESSION: Status post traumatic chondromalacia of the left knee, primarily patellofemoral with residual extensor mechanism dysfunction.

DISPOSITION: I would agree with Dr. McCoy that practically this patient is at maximal medical improvement. The patient will have a degree of permanent impairment, as defined the AMA guidelines with evaluation of permanent impairment fifth edition. The patient does have arthroscopically documented full-thickness chondral defects in at least two compartments. However, based upon his standing x-rays, there is no ratable impairment based upon his overall cartilage interval. However, based on table 17-5, the patient is felt to have a mild gait derangement as demonstrated by his antalgic gait with shortened stance phase as well as intermittent use of a cane or crutch for distance walking. This is assessed as a 15% impairment of the whole person. Utilizing a 40% modifier for the lower extremity, this is a 38% impairment of the left lower extremity.

CLIENT: BUCHANAN, NATHAN C.**CLIENT #: 57571****DATE OF SERVICE: 02/29/2016****PAGE 4**

With respect to permanent restrictions, I would agree with Dr. McCoy's restrictions to include avoidance of any type of climbing-type activities, any kneeling, squatting, stooping, or bending type activities, particularly on a repetitious basis.

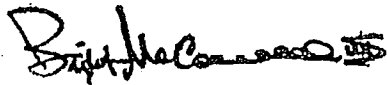
With respect to future medical treatment, the patient may benefit from occasional use of either transdermal antiinflammatory medications for his documented cartilage abnormality, or possibly use of intraarticular medications to include a trial of either corticosteroids or hyaluronate therapy.

As noted above, the patient requires cane assisted ambulation for an abnormal gait pattern secondary to his knee pathology. It is my opinion, within a reasonable degree of medical certainty, that the abnormal gait pattern has aggravated his lower back problems. Patient should be seen by a spine specialist to undergo evaluation, to include a current MRI scan of his lumbar spine, to determine future treatment options for his lower back.

Based upon his current x-ray, I do not believe that any subsequent surgery will be required in the near future. The patient does have some increased risk of developing progressive posttraumatic changes in his patellofemoral as well as medial compartments and is at increased risk, as stated by Dr. McCoy, of requiring total knee arthroplasty in the future.

If there are any further questions, please do not hesitate to contact me.

Sincerely yours,



Bright McConnell, III, M.D.

BMcC:ATL 001

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1417078

NATHAN C. BUCHANAN

EMPLOYEE /CLAIMANT/RESPONDENT,

vs.

CITY OF HANAHAN

EMPLOYER,

and

STATE ACCIDENT FUND

CARRIER,

DEFENDANTS/APPELLANTS.

CLAIMANT/RESPONDENT'S REPLY BRIEF

STATEMENT OF THE CASE

The Employee/Claimant/Respondent, Nathan Buchanan, a 54-year old firefighter, sustained a compensable injury to his left knee on August 9, 2014 during the course and scope of his employment while walking to the engine bay, he slipped on grease and fell. The Defendants admitted the left knee injury and provided medical treatment and temporary, total disability benefits. The Claimant also sustained an aggravation of his lower back problems due to a shortened stance phase, as well as intermittent use of a cane or crutch for distance walking, causing antalgic gait.

After the Claimant was released at MMI for his left knee and assigned a 15% impairment rating, the Defendants filed a Form 21 request for hearing to stop payment of compensation and to address the Claimant's entitlement to permanent disability benefits. The Claimant contended that he was not at MMI, and that the claim warranted mandatory mediation. A hearing on the Defendants' Form 21 was scheduled for March 9, 2016.

Prior to the hearing on March 9, 2016, the Claimant's attorney filed a Motion to Postpone the hearing citing the fact that he was retained as counsel on February 2, 2016 and because the Claimant had an IME scheduled for February 29, 2016, only nine days before the scheduled hearing. This was the soonest that counsel for Claimant was able to schedule an IME. The Hearing Commissioner issued an Order denying the Claimant's Motion to Postpone; however, he allowed the record to remain open to allow the Claimant to submit the IME report after the hearing. The Defendants appealed this Order to the Full Commission, but the appeal was dismissed as interlocutory. Counsel for Claimant submitted a Form 22 alleging total and permanent disability on February 24, 2016, the same was received by the Judicial Department on February 29, 2016. The Form 22 was late due to the fact that Counsel for the Claimant was retained on February 2, 2016.

The hearing went forward as scheduled on March 9, 2016. The Claimant contended that he was not at MMI and that he was entitled to an IME to address the issues of MMI and compensability of the low back in addition to a vocational evaluation. The Claimant further contended that his AWW and CR may not be accurate, as he never received any wage records verifying their accuracy. The Claimant further contended the hearing should not go forward in the first place, as he was alleging permanent and total disability. As a result, the Claimant argued the case should be subject to mandatory mediation before a hearing was held.

The Defendants asserted that the Claimant's only compensable body part was the left knee. The Defendants therefore argued there was no need or requirement for mandatory mediation, as the Claimant did not meet the two body part rule under § 42-9-10, which would entitle him to a potential award of permanent and total disability. The Defendants requested to proceed with the stop pay hearing to determine the extent of the Claimant's permanent disability and to request a credit for temporary, total disability payments paid after the Claimant was released at MMI.

The Hearing Commissioner ultimately chose to go forward with the hearing as scheduled but to leave the record open for the February 29, 2016 IME report, over Defendants' objection. The Claimant then submitted supplemental APAs on March 9, 2016, including a report from Dr. Bright McConnell. In his report, Dr. McConnell indicated that the Claimant's abnormal gait pattern had aggravated his pre-existing low back condition.

The Defendants never sought an opinion from any physician regarding the altered gait allegation. As such, the substantial (and only) evidence in the record regarding this assertion is that of Dr. Bright McConnell. As a result, the Hearing Commissioner found that the Claimant had sustained an injury to his low back as a result of his work accident, that he was not at MMI, that the Defendants could not stop TTD benefits, and the Defendants were to provide an evaluation of the low back. The Hearing Commissioner also ordered that the Defendants provide the Claimant with subpoenaed wage records to verify the AWW and corresponding CR. The Defendants were to send the Claimant for an evaluation and causally related medical treatment by an orthopaedic surgeon, with a specialty to the back, of the Defendants' choosing. The Defendants chosen surgeon was not to have previously treated the Claimant or be from a practice that has previously treated the Claimant. All prior medical records pertaining to the Claimant's work-related injury were to be provided. The Defendants appealed this Decision and Order.

MEDICAL EVIDENCE

The Claimant was evaluated by Dr. McConnell on February 29, 2016. Dr. McConnell agreed with Dr. McCoy that the Claimant was at MMI for his left knee. He assigned a 38% impairment to the left lower extremity. He agreed with Dr. McCoy's permanent restrictions to include avoidance of any type of climbing, kneeling, squatting, stooping, or bending type activities, particularly on a repetitive basis. Dr. McConnell also stated that it was his opinion, within a reasonable degree of medical certainty, that the abnormal gait pattern caused by the knee injury had aggravated the Claimant's lower back problems. The Claimant should be seen by a spine specialist to undergo evaluation, to include a current MRI of his lumbar spine, to determine future treatment options for his low back.

The Claimant was initially seen for his left knee at Concentra and began treating with Dr. James McCoy at Lowcountry Orthopaedics & Sports Medicine. An MRI of the left knee was done on September 15, 2014 and revealed mild osteoarthritis of the left knee with moderate to high chondromalacia, mild prepatellar bursitis, and soft tissue swelling interior to the patellar tendon, anterior to the patellar tendon, and intrasubstance degeneration of the posterior horn of the medial meniscus, but no surface tear. Following the MRI, the Claimant underwent arthroscopic surgery to the left knee with chondroplasty of the patella, medial and lateral femora condyle on January 19, 2015. Dr. McCoy completed a Form 14B on September 17, 2015 wherein he assigned a 15% impairment to the left knee. (APA 21). Dr. McCoy restricted the Claimant from climbing, and he indicated that the

Claimant would need anti-inflammatories, cortisone injections, and a possible total knee replacement in the future.

CLAIMANT'S TESTIMONY

The Claimant testified that he had no significant problems with his health prior to his work accident injury on August 9, 2014. The Claimant testified that he did have a back injury back in 2000 and was out of work for four months, received treatment, and then went back to work. The Claimant testified that he was cleared after that incident with his back for full duty work. The Claimant felt like that his issue with his back in 2000 had completely resolved. He never received surgery, instead he just received shots. That injury was not related to a workers' compensation claim. The Claimant testified that he had never hired an attorney for any kind of personal injury. The Claimant testified that he left school in the 11th grade and subsequently received a GED. The Claimant testified that he never attended college.

The Claimant's first job was with Charleston Steel Erectors in 1977 at which he worked for about a year. The Claimant then went into the Army and was a crash rescue specialist, rescuing pilots from aircraft that had been involved in accidents or general fire alarms on regular base duty. The Claimant did that job in the military for approximately 4½ years. The Claimant was an E-4 at the time he was honorably discharged. After leaving the Army, the Claimant worked as a clerk and a cashier at the Magic Market for a brief period and then went to work with the City of Hanahan Fire Department. The Claimant had been employed with the City of Hanahan Fire Department for 30½ years. The Claimant had obtained the rank of Captain in the Hanahan Fire Department. The Claimant was responsible for approximately nine different men and three different engine companies. The Claimant testified that the work he did was very physically strenuous and involved bending, walking, sitting, and squatting. He also testified that if there was a fire he would use every muscle in his body during that firefight. He testified that it was very hard work. The Claimant testified that he often went home with aches and pains. However, he would not run to the doctor every time he had a single ache or pain.

The Claimant testified that he had never had a sit-down job. The Claimant testified that the most he would lift on a shift would be a person weighing anywhere from 175 to 200 pounds. The Claimant testified that he held water hoses and rolled hoses as an officer. The Claimant testified that they have an agility test they have to go through and yearly physicals they have to take to make sure they are able to do their job. The Claimant testified that he loved his job.

On August 9, 2014, the Claimant was walking into a truck stall, actually walking to his locker, and stepped on a spot that was slick. He pointed it out to the engineer to get it cleaned up. He was told that it came from a fish fry from the night before that hadn't been properly cleaned up. He came back approximately 30-45 minutes later to go to his locker and slipped and fell on the spot. They had not cleaned the spot, instead had put Dawn dishwashing soap on the spot but had not rinsed it away.

At the time the Claimant fell, he was working with other officers and serving as acting Chief. He believes that Mike Lane was the acting Chief at the time of his accident, and he was the first person he notified of his accident.

After his accident, Employer's own EMS service took the Claimant to Roper St. Francis. At the time, his left knee was hurting. The Claimant subsequently received an MRI in September. The Claimant was ultimately referred to Dr. Cox. It was the Claimant's understanding that he needed knee surgery. Dr. Cox sent the Claimant to Dr. McCoy at Lowcountry Orthopaedics who provided surgery for the knee. After the surgery, the Claimant had some physical therapy and a cane was prescribed by a doctor at Concentra Medical Center. The Claimant testified that he believes that his back is hurting because of the way he has to walk and limp and having to use the cane. He testified that he did not walk like a normal person anymore. He testified that his back had bothered him for nearly 6-8 months. The Claimant testified that he thought it would go away, and figured it was just soreness and would go away on its own but it hadn't, it had been persistent. The Claimant testified that it is at its worse when he is out walking a lot or trying to do a lot of walking or having to negotiate a bunch of stairs. The more stress he puts on his leg, the more stress is put on his back. The Claimant testified that for 6-8 months his back had gotten progressively worse.

The Claimant testified that he would like to have his back evaluated. The Claimant testified that his back is related to his limp.

The Claimant said that he was essentially forced into retirement after his injury. He felt he was mainly given a choice to retire or to go out on workers' compensation, so he retired. The Claimant testified that he did not think he would draw enough money under the workers' compensation system; therefore, he retired in order to have an appropriate income. The Claimant testified that if it weren't for his work accident injury he would not have retired.

The Claimant testified that his left knee swells and aches quite frequently, most of the time. The Claimant testified that he has to take the stairs one step at a time. The Claimant testified that there are a lot of things he can no longer do anymore.

The Claimant testified that he cannot get on the floor and play with his grandkids like he used to. He cannot tussle with them or take the oldest ones duck hunting anymore as he did in the past. The Claimant testified that hardly a day goes by that his back and knee aren't hurting. The Claimant testified that he uses ibuprofen and gets up and walks around to try to relieve some of his pain. At times, he has to lay down with a heating pad to try to loosen it up or take a hot shower.

The Claimant testified that it was not his intention to try to get something out of the workers' compensation claim he was not entitled to. The Claimant testified that he just wanted to be treated fairly. The Claimant testified that he would like to have his back evaluated, as he feels it is directly related to his limping. The Claimant testified that he had been working since he was 11-years old and he misses his job very much. He felt he was very good at his job.

On cross-examination, the Claimant testified that his medical records did show that he possibly had the beginning stages of COPD, but it was never confirmed. The Claimant testified that he did not know why all of his records at Lowcountry Orthopaedics noted that he had emphysema. The Claimant testified that he was smoking around a pack and a half of cigarettes per day at the time of his accident. The Claimant testified that he quit smoking on March 7, 2015.

The Claimant testified that when he fell he landed on his left side, but his left knee struck first. The Claimant testified that he had injured his back in 2000 and received medical treatment for approximately four months. Defense pointed to Claimant's APA, Page 3 that the Claimant had a lumbar epidural steroid in 2005. The Claimant testified that he was unsure of the dates. He thought it was 2000, but he did not remember the exact year. The Claimant testified he thought he had his injection done by Southeastern Spine.

The Claimant testified that he treated with Southeastern Spine for his low back prior to this accident. The Claimant testified that he had treated with two different orthopaedists for his knee, Dr. Cox and Dr. McCoy. The Claimant testified that Dr. McCoy did the surgery and Dr. Cox simply evaluated him. The Claimant testified that he thought his back started hurting him before he saw Dr. McCoy. The Claimant testified that he did not remember if he mentioned his back hurting him to Dr. McCoy. He thought it was just a pain and he would suck it up and let it go. The Claimant testified that he did not recall ever mentioning his

back to Dr. McCoy. The Claimant testified that he felt he was sure that his back pain was related to his knee pain because his back would hurt more as his knee would hurt more. The Claimant testified that he had never asked for treatment for his back from the State Accident Fund or the City of Hanahan. The Claimant testified that he was not given any advice or a phone number on whom to contact for further medical treatment. He wasn't even made aware of whether he could return to Dr. McCoy for his knee again. The Claimant testified that he did not call the City of Hanahan and tell them he had a back injury because he was not an employee, he had retired.

The Claimant testified that before January of 2016 he never told anyone at the State Accident Fund or the City of Hanahan that he thought he had a back injury. The Claimant testified that he was prescribed a cane by a doctor at Concentra Medical Center approximately two weeks after the accident, following being on crutches. The Claimant testified that he had used crutches or the cane from the time of the accident to the present. The Claimant testified that he had limped from two weeks after the accident to the present. The Claimant testified that his back had not begun hurting until about 6-8 months ago.

The Claimant testified that he did not currently have health insurance. The Claimant testified that he had not applied for Social Security disability, Medicare, or Medicaid.

The Claimant testified that he believed he was paid salary, and thought his pay was \$49,900.00 per year.

The Claimant testified that he received sick and annual leave after his accident and before he retired. The Claimant testified that he is no longer receiving weekly checks from the State Accident Fund for his workers' compensation claim. The Claimant testified that his family doctor is Dr. Malik at Trident Family Medicine. The Claimant testified that he had been his family doctor for approximately 1½ to 2 years. The Claimant testified that the last time that he saw Dr. Malik was about 1½ years ago because of the flu. The Claimant testified that he never complained to Dr. Malik about his back problems. The Claimant testified that he had not looked for any jobs since he had been released by Dr. McCoy, as he had not been cleared to go back to work. The Claimant testified that he did not know if there were jobs out there that he could do.

The defense, at the end of the hearing, attempted to assert a notice defense for the back. Counsel for the Claimant stated that notice applies to the notification of an accident by injury, not every specific affected body part. The Commission asked that the IME be sent to their office as soon as possible. This concluded the hearing.

ARGUMENTS/DISCUSSION

- I. The Hearing Commissioner did not err in allowing the medical evidence supporting a finding that the Claimant's low back was causally related in that he had sustained an aggravation of the same, as the report was introduced untimely.**

The Defendants point to South Carolina Code §67-612(E); however, they fail to quote the entire provision. The Defendants simply state that this provides: "Failure to provide reports and notices as required under this section may result in the exclusion of such reports from the evidence of the case." This is not the end of the regulation. The regulation goes on to state, "This paragraph shall not be construed to limit the discretionary authority of a Hearing Commissioner to accept reports, depositions or other evidence at the conclusion of the scheduled hearing pursuant to subsection J below." Subsection J states that, "All available evidence and testimony shall be presented at the scheduled hearing or a party must move for an adjournment according to R.67-613." This is precisely what counsel for the Claimant did upon being retained by the Claimant at such a late date. A motion was made pursuant to R.67.613 for a postponement of the hearing in order to conduct proper discovery, to include obtaining an IME report. This is precisely why the word "may" result in the exclusion of such reports is used as all commissioners are very aware they have discretion. The discretion is clearly laid out in the regulation to which the Defendants point to. There was no abuse of discretion made in this claim.

The Hearing Commissioner correctly ruled that although the Motion to Postpone was denied, he was within his discretion after such Motion to allow reports into evidence. It is not the goal of the Commission to limit a Claimant's rights under the S.C. Workers' Compensation Act. The Claimant has a right to obtain counsel, and counsel h

as a right to diligently and properly pursue the claim. This is exactly why there is a discretionary provision in R.67-612.

The Defendants state that they first learned the Claimant was alleging total and permanent disability upon receiving a Form 22 on February 29, 2016. The Defendants also state they first learned that the Claimant was alleging a low back injury in addition to the admitted knee injury in the Claimant's Pre-Hearing Brief on March 1, 2016. They state the Claimant has not filed a Form 50. This further provides reason why the second part of the Defendants' argument should fail. They were aware that these allegations were being made. They were made as timely as they could be, given the time in which counsel for Claimant was obtained. The Defendants had every right and ability to withdraw their Form 21, and seek an evaluation of their own to be submitted with regard to the issue of the low back. They chose to force the hearing, they are unhappy with the result and, therefore, this appeal has followed. The fact is that there were alternatives the Defendants could have pursued that would have provided them with an opportunity to defend the findings from which they are now in a position of appealing.

The Defendants assert the primary purpose of the notice requirement contained in Regulations of the South Carolina Workers' Compensation Commission are to allow all parties to a workers' compensation claim to adequately assess a claim and prepare for an evidentiary hearing on the claim. This is a strong example of "What is good for the goose, is good for the gander." In filing a Form 21 and seeking to force the issue to a hearing and failing to withdraw their Form 21, with every right to refile, which would preserve any and all arguments the Defendants would have been able to make and properly address the assertions that they were by their own admission aware of, they placed themselves in the position to receive a decision from which they now seek relief.

The whole equitable reason that the Claimant sought to postpone the hearing was so that the Claimant would have the ability to assess the claim and properly prepare for the evidentiary hearing on the claim. The Defendants sought to use the Form 21 as a weapon to deny the Claimant his right to do the same. Clearly, as laid out in the entire R.67-612, the Hearing Commissioner had every right to allow the report in. This is a

risk that the Defendants took in moving forward. The Claimant would respectfully request that this Commission not allow an appeal to aid the Defendants in their attempt to correct strategic errors made by them in preparing for the evidentiary hearing.

II. The Hearing Commissioner did not err in finding that the Claimant sustained a compensable low back injury.

The Hearing Commissioner did not err in finding that the Claimant sustained a compensable low back injury subsequent to his work accident on August 9, 2014. The substantial, overwhelming, and only evidence regarding the allegation of a low back injury is that of a medical opinion submitted by the Claimant. Again, the Defendants had every right and ability to withdraw their Form 21 hearing or agree to a postponement and get an opinion of their own. Instead, they chose to take the risk of boxing themselves in. A risk from which the Commission should not release them. As indicated above, pursuant to R.67-612, Commissioners have the discretion to allow these reports in. The defense is well aware of this discretionary ability of the Commission, and should have accounted for the same.

Also, it is interesting to note that the Hearing Commissioner found that the Claimant's testimony regarding the problems he had been having with his low back for the 6-8 months leading up to the hearing, the last time he was seen by Dr. McCoy was August 26, 2015 and the hearing was held on March 9, 2016, were found to be not only credible, but very credible. Based on Dr. McConnell's evaluation and opinion regarding the Claimant's back and the Claimant's sworn testimony at the hearing, which was deemed to be very credible, the Hearing Commissioner found the Claimant's back issues were causally related to his work injury and, therefore, compensable. This is precisely what claimants appear in front of a Commissioner to determine. Whether or not something is compensable. Much of what can be gleamed at the hearing is based on credibility of a claimant's assertions. This Claimant was deemed to be very credible in his allegations about his low back. Those allegations were supported by expert medical opinion, neither of which was contradicted at any point.

III. The Hearing Commissioner did not err in finding that the Claimant was not at MMI for his left leg.

It is the position of counsel for Claimant that this was not the finding of the Hearing Commissioner. The Hearing Commissioner simply found the Claimant was not at MMI and a determination of permanency, as well as a requirement of mandatory mediation, was premature. This is due to the fact that the Claimant may not be at MMI for his back. This has nothing to do with whether or not the Claimant was at MMI for his left leg.

IV. The Hearing Commissioner did not err by not awarding permanent, partial disability for the left leg injury.

The Hearing Commissioner utilized his discretion legally through the provisions of R.67-612 to allow medical evidence regarding the Claimant's low back into the record. He also accepted the Claimant's testimony as very credible. Therefore, the issue of permanent and partial disability to the left leg was moot at the time of the hearing, as the Claimant had not reached MMI regarding his lower back. Therefore, there is no error in not awarding permanent and partial disability to the left leg injury, as the same would fly in the face of what may ultimately become a claim in which there will be disability to the back as well.

V. The Hearing Commissioner did not err by failing to award a credit for temporary, total disability paid after August 26, 2015.

The Hearing Commissioner legally used his discretion, pursuant to R.67-612, to allow the report of Dr. McConnell to come into evidence. As a result, the Commissioner correctly found that the Claimant was not at MMI and was entitled to an evaluation of his back by an orthopaedic surgeon of the Defendants' choosing, said orthopaedic surgeon not to have previously treated the Claimant or be from a practice previously treating

the Claimant. All prior medical records pertaining to the Claimant's work injury to be provided to said physician.

Therefore, the Claimant was deemed to be not at MMI and it is proper that his TTD benefits continue until such time he is deemed to be at MMI. Based on the findings of the Hearing Commissioner, the Defendants request that a credit for overpayment of TTD benefits paid after August 26, 2015 was properly denied. The Defendants' attempt to exclude the report through appeal should fail, due to the fact that there is no error of law. Discretion was properly and legally used by the Hearing Commissioner. The Hearing Commissioner's findings are supported by the substantial medical evidence and the testimony of the Claimant, which was deemed very credible. There is no error of law or fact in the Hearing Commissioner's Order.

Therefore, the Claimant asks that this Commission uphold the Hearing Commissioner's decision in full.

Respectfully submitted,



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North Charleston, SC

Dated: December 2, 2016

Transcript of the Testimony of
BUCHANAN V. CITY OF HANAHAN, ET AL.

Date: December 12, 2016



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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1417078

Nathan C. Buchanan,)
)
 Claimant,)
)
v.)
)
City of Hanahan,)
)
 Employer,)
)
and)
)
State Accident Fund,)
)
 Carrier/Defendants.)

FULL COMMISSION HEARING

Monday, December 12, 2016
3:15 p.m. - 3:27 p.m.

The Full Commission Hearing was heard before Commissioners Gene McCaskill, T. Scott Beck and Aisha Taylor, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 12th day of December, 2016, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

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Attorney for the Defendants

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this
deposition is being taken pursuant to the
Administrative Procedures Act and the South Carolina
Rules of Civil Procedure.

1 COURT REPORTER: Today is Monday, December 12th,
2 2016. This is South Carolina Workers'
3 Compensation case number 1417078. This is the
4 case of Nathan C. Buchanan, the Claimant,
5 versus City of Hanahan, the Employer, and the
6 State Accident Fund, the Carrier. The
7 Appellant is the Defendant represented by
8 Lynnley D. Ross. The Respondent is represented
9 by Matthew W. Jackson. Each side is allowed
10 ten minutes for oral argument and the appellant
11 three minutes in reply. You are requested to
12 argue the grounds of exceptions and stay within
13 the record.

14 COMMISSIONER McCASKILL: All right, Ms. Ross.

15 LYNNLEY D. ROSS:

16 MS. ROSS: Commissioners, I am here representing the
17 City of Hanahan and the State Accident Fund.
18 Mr. BU sustained a compensable injury to his
19 left knee, it was a slippery spot at the -- on
20 the floor and he fell at work and he landed on
21 his left knee. He treated for it, he underwent
22 surgery. He was released at MMI. The Fund
23 filed a Form 21 to pay compensation. At that
24 point the Claimant retained counsel to
25 represent him. The issue at the hearing was

1 less the knee and more the back. He was
2 alleging that his altered gait led to a
3 compensable back injury. That was denied by
4 the defendants. The date of accident was
5 August 9th, 2014. The Claimant treated
6 regularly with -- and specifically denied
7 having back pain at multiple, multiple visits;
8 there are seven that I counted. Visits with
9 his authorized treating physicians, two of them
10 are silent on the issue of back pain and five
11 of them specifically deny back pain. We're
12 looking at January 2015, APA 29; February, APA
13 27; April, APA 10; May, APA 14; and August, APA
14 18 all specifically indicate that the Claimant
15 had no back pain. The Claimant admitted that
16 he never told anybody at the State Accident
17 Fund that his back was bothering him. He
18 admitted that he told -- never told anyone at
19 the City of Hanahan that his back was bothering
20 him. He has a family physician and admitted he
21 never went to his family physician alleging
22 back pain. We recognize that the Claimant had
23 a medical causation statement, which I'll
24 discuss in a second, but that is not a -- that
25 is a condition precedent to a finding of

1 compensability, not a mandate. Simply because
2 it exists doesn't necessarily mean that -- that
3 what it purports to say is actually true, the
4 Commission considers all the evidence and the
5 totality of the evidence. When we have two
6 authorized treating physicians with no back
7 complaints, five specifically denying back
8 pain, we think that the totality of the
9 evidence, even considering the Claimant's IME,
10 does not support a compensability finding for
11 the back. The claimant has had back problems
12 before, he's received injections, so he's
13 familiar with back injuries, and nevertheless
14 he still specifically denied back pain. He was
15 unrepresented during most of the case. He had
16 ready access to the adjustor, and again, never
17 once told the Fund or the City of Hanahan,
18 where I believe he worked for thirty years,
19 that his back was bothering him. When you look
20 at the Claimant's IME, which is Dr. McConnell,
21 he barely examined the back. He examined the
22 knee and provided an off -- a second rating.
23 But as far as the back, the closest he got was
24 he mentioned the spine was straight, painless
25 hip flexion and internal rotation, I don't

1 know if that was a test for the back or the
2 knee or both, negative straight leg raise, in
3 distal neurovascular examination is
4 unremarkable. Those four statements are the
5 only ones that I believe could reasonably
6 related -- be related to a back examination.
7 Then Dr. McConnell jumps to the conclusion that
8 the back complaints are related, in light of
9 the fact that the Claimant has been treating
10 for a year prior to that time where he
11 specifically denied back pain. We don't think
12 that Dr. McConnell's report is worthy of
13 credence. We also object to its admissibility
14 in the first place. MMI was in August of 2015,
15 Form 21 filed in January. Motion to Postpone
16 was filed February 18th, 2016. The hearing was
17 March 9th. The Claimant wanted additional time
18 to attend to the IME , which was set for
19 February 29th prior to a hearing on March 9th.
20 We received the report with the Claimant's pre-
21 hearing brief on the date of the hearing,
22 which was March 9th. We don't think that it's
23 timely and we were prejudiced with inclusion of
24 this additional report providing medical
25 causation for a -- for a body part that had not

1 even been alleged prior to that time. So we
2 think the report shouldn't have come in in the
3 first place. We objected at the time. It was
4 allowed in, we appealed. That was dismissed as
5 interlocutory but it is preserved, and we don't
6 think that the report should have been let in
7 in the first place. If it was let in then the
8 totality of the evidence, we assert, does not
9 support a finding of compensability of the
10 back. He had specifically denied it throughout
11 the entirety of his treatment, and only brought
12 it up very, very shortly before the Form 21
13 hearing. Thank you.

14 COMMISSIONER McCASKILL: Thank you, Ms. Ross. Mr.
15 Jackson.

16 MATTHEW W. JACKSON:

17 MR. JACKSON: May it please the Commission, I'm Matt
18 Jackson, I'm here on behalf of Mr. Buchanan.
19 The issues before you are whether there's an
20 error of law or a factual error, as they always
21 are in these appeals. When you look at the
22 law, the admit- -- particularly regulation 67-
23 612, and if you read through that, if you read
24 the brief of the appellant, they stop short of
25 giving you the full scope of the regulation.

1 The regulation allows -- as a matter of fact,
2 to quote the regulation, it states that
3 discretion, this paragraph should not be
4 construed to limit discretionary authority of a
5 hearing Commissioner to accept reports,
6 depositions or evidence at the conclusion of
7 the scheduled hearing pursuant to subsection J.
8 Below subsection J requires that I file a
9 motion to postpone pursuant to 67-613 I
10 believe; it's off the top of my head but I
11 think that's correct. That motion was filed.
12 That's not an error of law, that's an exerc- --
13 that's a proper exercise of discretion under
14 the Act. That's how it's done, that's why it's
15 written that way. We go to the -- so there's
16 no error of law there. We go to error of fact
17 or law, when you look at substantial evidence
18 as it being as error of law to have a finding
19 that the back has been affected, that the
20 Defendant's should provide an evaluation and
21 treatment of a physician of their choosing who
22 has not treated the Claimant before. I think
23 that's a fair ruling there. He's not forcing
24 their hand on a physician. The only evidence
25 in the record stated to a reasonable degree of

1 medical certainty about the issue of whether or
2 not this man's gait, his altered gait, has
3 affected his back is that provided in the IME.
4 That's the only professional medical opinion.
5 The other opinions referred to by counsel for
6 the defense are -- we're pretty familiar with
7 those rolling records. When you get to
8 paperless do- -- physicians, you know, no
9 cough, no wheeze, no back, no- -- that's in
10 there, you know, and those times that she
11 states, but there's nothing to dispute the
12 professional expert medical opinion of Dr.
13 McConnell. Another thing I would point you to
14 is you all listen to si- -- you're all single
15 Commissioners all the time. You listen to
16 hearing testimony. You kn- -- we all know what
17 those hearings are about: how credible is this
18 guy. Thirty-something years on the fire force.
19 This guy's a captain. He comes to me a few
20 weeks before a hearing because he's not
21 familiar with the system. He's like okay, what
22 [sic] am I going, what do I -- do I need a
23 lawyer. He comes and gets a lawyer. That's
24 why I filed a motion to postpone, to give me a
25 chance to properly represent the gentleman. I

1 think that motion was -- you know, did --
2 denied. I understand that, it happens. When
3 you get out there and you make a credibility
4 finding, how many times do you find yourself
5 writing very credible? That's a quote from the
6 hearing Commissioner. This man talked about
7 having back -- increased back pain. He
8 admitted to having low back pain before. He
9 talked about having increased back pain. The
10 problem for the defense, with all due respect
11 to the defense, is a strategic one. You reach
12 MMI in August, you don't file for a hearing
13 until half a year or later, those things can
14 occur. And of course they're not going to be
15 contained in the prior medical records, he's
16 not seeing that doctor anymore. He may not
17 have the understanding that he can go back; and
18 I believe that was his testimony at the
19 hearing: that he could just call and bring this
20 up. That's why he hired me, and that's why I
21 did the job that I did for him. I would also
22 point to the fact that you have no factual
23 error there, you have no error of law there.
24 He's got enough to make a ruling on, and he's
25 made the ruling. So without an error of fact,

1 without an error of law, we feel like the
2 substantial evidence, it's a very credible
3 testimony that fits within the medical records,
4 and a reliance upon the only expert opinion
5 yielded the result that was yielded. And we
6 feel like it's a proper result and that result
7 should be upheld. The defense took a -- and I
8 do it too. You take calculated risks. You
9 withdraw the 21, you knew -- they knew that he
10 was going to let this report come in. Could
11 have withdrawn the 21, could have deposed the
12 doctor, could have gone and got your own
13 opinion, could have done any number of things
14 and preserved every single right you had to
15 file for TTD reimbursement. Take a calculated
16 risk, it misfires, I don't think that's what
17 the appellant process is about. The appellant
18 process is to correct errors of law and fact of
19 which there are none here. Therefore we think
20 this decision should be upheld in its entirety
21 and affirmed in full. Thank you for your time.

22 COMMISSIONER McCASKILL: Ms. Ross.

23 LYNNLEY D. ROSS:

24 MS. ROSS: Commissioners, in response I would point
25 out the 14-B completed by authorized treating

1 physician Dr. McCoy, it's at APA 21, where
2 there was a spot for him to include body part
3 affected should he have chosen to do so. He
4 did not, that was left blank. So we do assert
5 that there is additional medical evidence that
6 could have -- that does support a finding of
7 not compensability. I would also assert his --
8 the Claimant's attorney indicated y'all have a
9 lot of hearings, y'all know how many
10 firefighters file claims; and if he's been a
11 captain of the firefighters for thirty years,
12 we assert perhaps he is familiar with the
13 system. The Claimant had -- had plenty of
14 months, many months, in which he could have
15 taken any action to bring forth a claim for the
16 back and instead did so untimely, and the
17 report was submitted untimely. Therefore,
18 based on the medical evidence from the
19 authorized treating physician, which should be
20 given weight, I don't think we can assume that
21 the same -- the notation of no back pain was
22 copied and pasted. That's what's in the
23 record, those are what's signed by the doctor,
24 so I think that we can rely on those that the
25 Claimant denied back pain at visits in January,

1 February, April, May and August. Again, never
2 told anyone at the State Accident Fund, never
3 told anyone at the City of Hanahan, and also
4 chose not to go back to his own family doctor
5 for this claim -- for his back. We assert that
6 the greater weight of the evidence, and the
7 totality of the evidence does not support a
8 finding of compensability for the back. Again,
9 we also object to the report from McConnell
10 coming in at all -- excuse me, Dr. McConnell
11 coming in at all. Thank you.

12 COMMISSIONER McCASKILL: All right. Thank you both.

13 Good to see y'all.

14 (There being nothing further, the hearing concluded
15 at 3:27 p.m.)

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1417078

NATHAN C. BUCHANAN

**EMPLOYEE / CLAIMANT /
RESPONDENT,**

vs.

CITY OF HANAHAN

EMPLOYER,

and

STATE ACCIDENT FUND

CARRIER,

DEFENDANTS / APPELLANTS.

**APPELLATE PANEL'S
DECISION AND ORDER**

HEARING:

Appellate Panel Review held in Columbia, South Carolina, on December 12, 2016, per notices timely and properly served on all parties of interest.

APPEARANCES:

Matthew W. Jackson, Esquire, on behalf of the Employee / Claimant / Respondent.

George T. Miars, Esquire, on behalf of the Employer - Carrier / Defendants / Appellants.

APPELLATE PANEL DECISION AND ORDER:

April 6, 2017

STATEMENT OF THE CASE

The parties were heard by Commissioner Mike Campbell on March 9, 2016 in North Charleston, South Carolina. On September 14, 2016, Commissioner Campbell issued a Decision and Order with the following:

FINDINGS OF FACT

After due consideration of the claim and defenses, and after reviewing all of the evidence contained in the record, the following Findings of Fact as required under Section 42-17-40, South Carolina Code of Laws, 1976, as Amended, are set forth:

1. That the South Carolina Workers' Compensation Commission has jurisdiction over this claim. The Claimant was a covered employee and the Employer was a covered employer at the time in question. The employee/employer relationship existed at the time of the Claimant's injury by accident.
2. That the claim was heard before the undersigned Commissioner on March 9, 2016, in North Charleston, South Carolina, in accordance with notices timely and properly served upon all parties of interest.
3. That venue for this claim was properly set in North Charleston, South Carolina.
4. That the Claimant sustained an admitted injury by accident to his left knee arising out of and in the course and scope of his employment on 08/09/2014. The injuries were sustained when the Claimant slipped on a wet spot on a floor, striking the anterior medial aspect of his knee in a flexed position. This occurred when a grease spot was being cleaned in the fire station with some detergent. The detergent was left on the grease spot and the Claimant slipped on it.

5. That the Claimant alleges an additional causally related injury to his back.
 6. That the Claimant underwent various evaluations and treatments for his admitted and alleged work related injuries. The Claimant was placed in an immobilizer at the site and was subsequently transported to St. Francis Emergency Room for an evaluation and treatment. X-rays were obtained which revealed some spurring in the patella, but no evidence for acute trauma or fracture. The Claimant was diagnosed with a knee sprain, was kept in a knee immobilizer and placed on anti-inflammatory medications. The Claimant was subsequently referred to Concentra Medical Center for follow-up. He was initially seen on August 13, 2014. He was felt to sustain a contusion of his left knee and, at that time, was placed into a patella knee wrap and advised to begin physical therapy. The Claimant received various physical therapy, but typically had provocation of pain during his physical therapy. He subsequently followed-up at Concentra Medical Center. He was seen by Dr. George Bryan on September 2, 2014. Based on his persistent symptoms and unresponsiveness to conservative measures, further diagnostics were requested and an MRI of his left knee was ordered. The patient was subsequently referred to Dr. McCoy, who carried out an arthroscopic surgery of the Claimant's left knee on January 19, 2015. On review of the operative narrative, the Claimant was found to have some chondral lesions in both the patella, with some focal grade 4 chondral defect noted. Chondroplasty in both the medial and lateral compartment was carried out.
- The Claimant was evaluated by Dr. Bright McConnell on February 29, 2016. Dr. McConnell noted that the Claimant had antalgic gait with shortened stance phase as well as intermittent use of cane or crutch for distance walking. He opined that the

patient required cane assisted ambulation for abnormal gait pattern, secondary to his knee pathology. It was his opinion, within a reasonable degree of medical certainty, that the abnormal gait pattern aggravated the Claimant's lower back problems. He opined that he should be seen by a spine specialist to undergo evaluation, to include a current MRI scan of his lumbar spine, to determine future treatment options for his lower back.

7. That on August 26, 2015, the authorized treating physician, Dr. James J. McCoy of Lowcountry Orthopedics and Sports Medicine, placed Claimant at MMI, and assigned a 15% permanent impairment to the left knee and permanent restrictions of no climbing in the future, which Dr. McCoy opined would pretty much keep him from doing his regular job as a firefighter. In addition, Dr. McCoy opined, to a reasonable degree of medical certainty, that Claimant will need continued treatment for his left knee in the future and that at the very least, will require anti-inflammatory medications and possibly later cortisone injections and most probably a knee replacement. (Defendant's APA, p. 19).
8. That on February 29, 2016, in an IME for the Claimant, Dr. Bright McConnell of Charleston Sports Medicine and Orthopedic Center opined he agreed with Dr. McCoy regarding MMI for the left knee and restrictions. In addition, Dr. McConnell assigned a 15% impairment to the whole person and a 38% impairment to the left lower extremity. However, Dr. McConnell further opined to a reasonable degree of medical certainty that Claimant's abnormal gait pattern has aggravated his lower back problems and that he should be seen by a spine specialist to undergo an evaluation, including a

current MRI of his lumbar spine, to determine future treatment options for his lower back. (Claimant's APA, p. 44).

CONCLUSIONS OF LAW

Accordingly, as provided in Section 42-17-40, South Carolina Code of Laws, 1976, as amended, it is the determination of the undersigned Commissioner as follows:

1. Under Section 42-1-130, the Claimant was a covered employee at the time in question.
2. Under Section 42-1-140, the Defendant employer was a covered employer under the Act.
3. Under Section 42-1-160, the Claimant sustained a compensable injury to his left knee.
4. Under Section 42-15-20, proper notice was provided to the Employer.
5. That based on Dr. McConnell's evaluation and opinion regarding

Claimant's back, and Claimant's sworn testimony at the hearing, which I found to be very credible, I find that Claimant's back issues are causally related to his admitted work related injury and therefore is compensable.

The Claimant testified that he believes that his back is hurting because of the way he has to walk and limp and having to use the cane. He testified that he did not walk like a normal person anymore. He testified that his back had bothered him for nearly 6-8 months. The Claimant testified that he thought it would go away, and figured it was just soreness and would go away on its own but it hadn't, it had been persistent. The Claimant testified that it is at its worse when he is out walking a lot or

trying to do a lot of walking or having to negotiate a bunch of stairs. The more stress he puts on his leg, the more stress is put on his back. The Claimant testified that for 6-8 months his back had gotten progressively worse. The Claimant testified that he would like to have his back evaluated. The Claimant testified that his back is related to his limp.

6. Claimant is not at MMI.
7. A determination of permanency is premature at this time; therefore, mandatory mediation is premature as well.
8. Claimant is entitled to an evaluation and all causally related medical treatment by an orthopaedic surgeon, with a specialty to the back, of the Defendants' choosing.
9. Defendants' chosen surgeon is not to have previously treated the Claimant or be from a practice that has previously treated the Claimant. All prior medical records pertaining to Claimant's work related injury are to be provided.
10. Defendants are not entitled to stop TTD.
11. Defendants are to provide Claimant with subpoenaed wage records to verify AWW.

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, sustained a compensable injury to his left knee, arising out of the course and scope of his employment with the City of Hanahan, on August 9, 2014; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has not reached maximum medical improvement and, therefore, a determination of permanency is premature at this time, as well as a determination of mandatory mediation applies; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has sustained injuries to his back as a result of the altered gait and is entitled to all causally related medical treatment; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants are to provide the Claimant with an orthopaedic surgeon, with a specialty to the spine of their choosing; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants chosen surgeon may not have previously treated the Claimant or be from a practice that has previously treated the Claimant, and all prior medical records pertaining to the Claimant's work-related injury are to be provided to this physician; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants are not entitled to stop payment of TTDs; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants will provide the Claimant with subpoenaed wage records to verify the AWW and corresponding CR.

No hearing costs are assessed in this matter.

AND 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 presented before the Appellate Panel on December 12, 2016. Such, together with all documentary evidence, has been delivered by oral argument to individual members of the Appellate Panel and has since been under study and consideration.

On appeal, the Defendants respectfully submitted the following:

1. Did the Hearing Commissioner err in finding (Finding of Fact #5, 6, 8) that the Claimant sustained a compensable injury to his low back as a result of his work accident, the error being that such a finding was not supported by a greater weight of the evidence? This is also an error of law (Conclusions of Law #5, 6, 7, 8, 9, 10).
2. Did the Hearing Commissioner err in finding (Finding of Fact #5, 6, 8) that the Claimant is not at maximum medical improvement, the error being that he was released at maximum medical improvement by the authorized treating physician on August 26, 2015 and assigned a 15% impairment rating to the left leg? This is also an error of law (Conclusions of Law #5, 6, 7, 8, 9, 10).
3. Did the Hearing Commissioner err in finding (Finding of Fact #5, 6, 8) that Defendants cannot stop temporary total disability benefits and receive a credit for temporary disability payments paid after August 26, 2015, the error being that the evidence supports a finding that the Claimant has reached maximum medical improvement as of August 26, 2015 and that Defendants are therefore entitled to stop payment of temporary disability payments? This is also an error of law (Conclusions of Law #5, 6, 7, 8, 9, 10).
4. Did the Hearing Commissioner err in failing to determine the extent of the Claimant's permanent partial disability to the left leg, the error being that the Claimant has reached maximum medical improvement for the left leg as of August 26, 2015? This is also an error of law (Conclusions of Law # 6, 7, 8, 9).
5. Did the Hearing Commissioner err in admitting in medical evidence supporting a finding that the low back is compensable (Finding of Fact #5, 6, 8), the error being that it was introduced untimely under SC Reg.67-612(F)? This is also an error of law (Conclusion of Law #5).
6. Did the Hearing Commissioner err in finding (Finding of Fact #5, 6, 8) that the Claimant is entitled to medical treatment for his low back as a result of his work accident, the error being that such a finding was not supported by a greater weight of the evidence? This is also an error of law (Conclusions of Law #5, 6, 7, 8, 9, 10).

In an appellate review, the panel shall, pursuant to S.C. Code Ann § 42-17-50 (1985), review the award and weight 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 conclusions of law consistent with or inconsistent with those of the hearing Commissioner.

Based upon a review of the foregoing, and after due consideration of the evidence in the records and the parties' respective arguments, the panel affirmed in full the findings of the single Commissioner.

Accordingly, the single Commissioner's September 14, 2016 Decision and Order is **AFFIRMED** in full, and the Appellate Panel enters the following findings of facts and conclusions of law of its own:

FINDINGS OF FACT

After due consideration of the claim and defenses, and after reviewing all of the evidence contained in the record, the following Findings of Fact as required under Section 42-17-40, South Carolina Code of Laws, 1976, as Amended, are set forth:

1. That the South Carolina Workers' Compensation Commission has jurisdiction over this claim. The Claimant was a covered employee and the Employer was a covered employer at the time in question. The employee/employer relationship existed at the time of the Claimant's injury by accident.
2. That the claim was heard before the undersigned Full Panel on December 12, 2016, in Columbia, South Carolina, in accordance with notices timely and properly served upon all parties of interest.
3. That venue for this claim was properly set in Columbia, South Carolina.
4. That the Claimant sustained an admitted injury by accident to his left knee arising out of and in the course and scope of his employment on 08/09/2014. The injuries were sustained when the Claimant slipped on a wet spot on a floor, striking the anterior medial aspect of his knee in a flexed position. This occurred when a grease spot was being cleaned in the fire station with some detergent. The detergent was left on the grease spot and the Claimant slipped on it.
5. That the Claimant alleges an additional causally related injury to his back.

6. That the Claimant underwent various evaluations and treatments for his admitted and alleged work related injuries. The Claimant was placed in an immobilizer at the site and was subsequently transported to St. Francis Emergency Room for an evaluation and treatment. X-rays were obtained which revealed some spurring in the patella, but no evidence for acute trauma or fracture. The Claimant was diagnosed with a knee sprain, was kept in a knee immobilizer and placed on anti-inflammatory medications. The Claimant was subsequently referred to Concentra Medical Center for follow-up. He was initially seen on August 13, 2014. He was felt to sustain a contusion of his left knee and, at that time, was placed into a patella knee wrap and advised to begin physical therapy. The Claimant received various physical therapy, but typically had provocation of pain during his physical therapy. He subsequently followed-up at Concentra Medical Center. He was seen by Dr. George Bryan on September 2, 2014. Based on his persistent symptoms and unresponsiveness to conservative measures, further diagnostics were requested and an MRI of his left knee was ordered. The patient was subsequently referred to Dr. McCoy, who carried out an arthroscopic surgery of the Claimant's left knee on January 19, 2015. On review of the operative narrative, the Claimant was found to have some chondral lesions in both the patella, with some focal grade 4 chondral defect noted. Chondroplasty in both the medial and lateral compartment was carried out.
- The Claimant was evaluated by Dr. Bright McConnell on February 29, 2016. Dr. McConnell noted that the Claimant had antalgic gait with shortened stance phase as well as intermittent use of cane or crutch for distance walking. He opined that the patient required cane assisted ambulation for abnormal gait pattern, secondary to his

knee pathology. It was his opinion, within a reasonable degree of medical certainty, that the abnormal gait pattern aggravated the Claimant's lower back problems. He opined that he should be seen by a spine specialist to undergo evaluation, to include a current MRI scan of his lumbar spine, to determine future treatment options for his lower back.

7. That on August 26, 2015, the authorized treating physician, Dr. James J. McCoy of Lowcountry Orthopedics and Sports Medicine, placed Claimant at MMI, and assigned a 15% permanent impairment to the left knee and permanent restrictions of no climbing in the future, which Dr. McCoy opined would pretty much keep him from doing his regular job as a firefighter. In addition, Dr. McCoy opined, to a reasonable degree of medical certainty, that Claimant will need continued treatment for his left knee in the future and that at the very least, will require anti-inflammatory medications and possibly later cortisone injections and most probably a knee replacement. (Defendant's APA, p. 19).
8. That on February 29, 2016, in an IME for the Claimant, Dr. Bright McConnell of Charleston Sports Medicine and Orthopedic Center opined he agreed with Dr. McCoy regarding MMI for the left knee and restrictions. In addition, Dr. McConnell assigned a 15% impairment to the whole person and a 38% impairment to the left lower extremity. However, Dr. McConnell further opined to a reasonable degree of medical certainty that Claimant's abnormal gait pattern has aggravated his lower back problems and that he should be seen by a spine specialist to undergo an evaluation, including a current MRI of his lumbar spine, to determine future treatment options for his lower back. (Claimant's APA, p. 44).

9. That based on Dr. McConnell's evaluation and opinion regarding Claimant's back, and Claimant's sworn testimony at the hearing, which we found to be very credible, we find that Claimant's back issues are causally related to his admitted work related injury and therefore is compensable. The Claimant testified that he believes that his back is hurting because of the way he has to walk and limp and having to use the cane. He testified that he did not walk like a normal person anymore. He testified that his back had bothered him for nearly 6-8 months. The Claimant testified that he thought it would go away, and figured it was just soreness and would go away on its own but it hadn't, it had been persistent. The Claimant testified that it is at its worse when he is out walking a lot or trying to do a lot of walking or having to negotiate a bunch of stairs. The more stress he puts on his leg, the more stress is put on his back. The Claimant testified that for 6-8 months his back had gotten progressively worse. The Claimant testified that he would like to have his back evaluated. The Claimant testified that his back is related to his limp.
10. That Claimant is not at MMI.
11. That a determination of permanency is premature at this time; therefore, mandatory mediation is premature as well.
12. That Claimant is entitled to an evaluation and all causally related medical treatment by an orthopedic surgeon, with a specialty to the back, of the Defendants' choosing.

13. That Defendants' chosen surgeon is not to have previously treated the Claimant or be from a practice that has previously treated the Claimant. All prior medical records pertaining to Claimant's work related injury are to be provided.
14. That Defendants are not entitled to stop TTD.
15. That Defendants are to provide Claimant with subpoenaed wage records to verify AWW.

CONCLUSIONS OF LAW

Accordingly, as provided in Section 42-17-40, South Carolina Code of Laws, 1976, as amended, it is the determination of the undersigned Commissioner as follows:

1. Under Section 42-1-130, the Claimant was a covered employee at the time in question.
2. Under Section 42-1-140, the Defendant employer was a covered employer under the Act.
3. Under Section 42-1-160, the Claimant sustained a compensable injury to his left knee.
4. Under Section 42-15-20, proper notice was provided to the Employer.

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, sustained a compensable injury to his left knee, arising out of the course and scope of his employment with the City of Hanahan, on August 9, 2014; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has not reached maximum medical improvement and, therefore, a determination of permanency is premature at this time, as well as a determination of mandatory mediation applies; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Claimant, Nathan C. Buchanan, has sustained injuries to his back as a result of the altered gait and is entitled to all causally related medical treatment; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants are to provide the Claimant with an orthopaedic surgeon, with a specialty to the spine of their choosing; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants chosen surgeon may not have previously treated the Claimant or be from a practice that has previously treated the Claimant, and all prior medical records pertaining to the Claimant's work-related injury are to be provided to this physician; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants are not entitled to stop payment of TTDs; and it is further

ORDERED, ADJUDGED, AND DECREED, that the Defendants will provide the Claimant with subpoenaed wage records to verify the AWW and corresponding CR.

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED!

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**

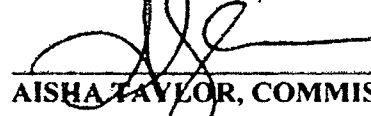


GENE MCCASKILL, COMMISSIONER

WE CONCUR:



T. SCOTT BECK, COMMISSIONER



AISHA TAYLOR, COMMISSIONER

Columbia, SC
Dated: 4/4, 2017

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 April 6, 2017

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2017-001106

Nathan Buchanan, Employee, Claimant.....Respondent,

v.

City of Hanahan, Employer, and State Accident Fund, Carrier, ...Appellants.

CERTIFICATE OF COUNSEL

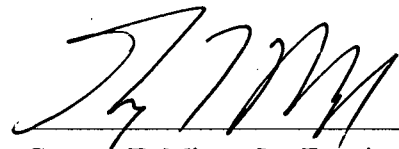
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SC Court of Appeals

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Monday, November 6, 2017



George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
421 Wando Park Boulevard, Suite
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