ORIGINAL

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2017-001106
WCC File No.: 1417078

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

v.

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

FINAL BRIEF OF APPELLANTS

George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
(843) 284-1091
Attorney for Appellants

November 21, 2017

TABLE OF CONTENTS

TABLE OF AUTHORITIES

CASES

STATUTES/REGULATIONS

STATEMENT OF ISSUES ON APPEAL

I. DID THE APPELLATE PANEL ERR IN ADMITTING IN UNTIMELY MEDICAL EVIDENCE SUPPORTING A FINDING THAT THE LOW BACK IS COMPENSABLE?

II. DID THE APPELLATE PANEL ERR IN FINDING THAT THE RESPONDENT SUSTAINED A COMPENSABLE INJURY TO HIS LOW BACK AS A RESULT OF HIS WORK ACCIDENT?

III. DID THE APPELLATE PANEL ERR IN FINDING THAT THE RESPONDENT IS ENTITLED TO MEDICAL TREATMENT FOR HIS LOW BACK AS A RESULT OF HIS WORK ACCIDENT?

IV. DID THE APPELLATE PANEL ERR IN FINDING THAT THE RESPONDENT IS NOT AT MAXIMUM MEDICAL IMPROVEMENT?

V. DID THE APPELLATE PANEL ERR IN FINDING THAT APPELLANTS CANNOT STOP TEMPORARY TOTAL DISABILITY BENEFITS AND RECEIVE A CREDIT FOR TEMPORARY DISABILITY PAYMENTS PAID AFTER AUGUST 26, 2015?

VI. DID THE APPELLATE PANEL ERR IN FAILING TO DETERMINE THE EXTENT OF THE RESPONDENT'S PERMANENT PARTIAL DISABILITY TO THE LEFT LEG?

STATEMENT OF THE CASE

The Respondent, a 54-year-old firefighter at the time, sustained a compensable injury to his left knee on August 9, 2014, when, while walking to the engine bay, he slipped on grease and fell. Appellants immediately admitted the left knee injury and provided causally related medical treatment and temporary total disability benefits when appropriate.

After the Respondent was released at maximum medical improvement and assigned a 15% impairment rating to the left knee, Appellants filed a Form 21 Request for Hearing on January 12, 2016, to stop payment temporary disability benefits and a determination of Respondent's permanent partial disability to his left leg. A hearing on Appellants' Form 21 was scheduled for March 9, 2016.

Prior to the March 9, 2016 hearing, the Respondent's attorney filed a Motion to Postpone the Hearing on February 18, 2016, citing to the fact that he was retained as counsel on February 2, 2016 and because the Respondent had an independent medical evaluation ("IME") scheduled for February 29, 2016, only nine days before the scheduled hearing. The Single Commissioner issued an Order on March 1, 2016, denying the Respondent's Motion to Postpone the Hearing; however, he permitted the record to remain open to allow the Respondent to submit the IME report, "should it not be received in time for the hearing." (R. p. 11). Appellants timely appealed this Order to the Appellate Panel on March 15, 2016, but the appeal was dismissed as interlocutory in an Order on April 18, 2016.

Appellants first learned upon receipt of the Respondent's Form 22 on February 29, 2016 that the Respondent was alleging permanent and total disability and was therefore

seeking mandatory mediation. As Appellants filed their Form 21 on January 12, 2016, the Respondent's Form 22 was not submitted timely as required under the Act.

Appellants then discovered upon receipt of the Respondent's Pre-Hearing Brief filed on February 25, 2016, thirteen days before the scheduled hearing on March 9, 2016, that the Respondent was alleging a low back injury in addition to the admitted left knee injury. The Respondent has still never filed a Form 50 alleging any injury to the low back.

The hearing went forward as scheduled on March 9, 2016. The Respondent contended that he was not a maximum medical improvement and that he was entitled to an IME to address the issues of maximum medical improvement and compensability of the low back. The Respondent further contended that the hearing should not go forward in the first place, as he was alleging permanent and total disability due to more than one body part injured, and therefore pursuant to S.C. Code Ann. Regs. 67-1802, subject to mandatory mediation before a hearing was held.

Appellants asserted that the Respondent's only compensable body part was the left knee, as there was no mention whatsoever of a back injury in any of the records from his treating physicians, nor, prior to filing his pre-hearing brief, did Respondent ever allege a low back injury nor request medical treatment for the low back. Appellants therefore argued that there was no need or requirement for mandatory mediation, as the Respondent did not meet the two-body part rule under S.C. Code Ann. § 42-9-10 which would entitle him to a potential award of permanent and total disability. Appellants requested to proceed with the stop-pay hearing to determine the extent of the Respondent's permanent disability and to request a credit for temporary total disability payments paid after the Respondent was released at maximum medical improvement, or August 26, 2015.

The Single Commissioner allowed the hearing to go forward, but allowed the record to be left open for the February 29, 2016 IME, over Appellant's objection. The Respondent then submitted supplemental APAs on March 9, 2016 – the date of the hearing – including a report from Dr. Bright McConnell. In his report, Dr. McConnell indicated that the Respondent's altered gait pattern had aggravated his pre-existing low back condition.

Despite the lack of any medical evidence supporting compensability of the low back, other than the report from Dr. Bright McConnell, which was submitted untimely, the Single Commissioner issued a Decision and Order on September 14, 2016 finding that the Respondent sustained an injury to his low back as a result of his work accident, that he was not at maximum medical improvement, that Appellants could not stop temporary disability benefits, and that Appellants were to provide medical treatment for the low back.

Appellants timely and properly filed a Form 30, Notice of Appeal, on September 26, 2016, appealing the decision, and a hearing was held before the Appellate Panel on December 12, 2016. The Appellate Panel issued its Order on April 6, 2017, affirming the Single Commissioner's Decision and Order in full. The Appellate Panel found that the Respondent sustained a compensable low back injury causally-related to his work accident, that the Respondent was not at maximum medical improvement, that Appellants could not stop temporary disability benefits, and that Appellants were required to provide an evaluation and all causally related medical treatment for the low back.

Appellants subsequently served a Notice of Appeal on May 5, 2017. Appellants now timely submit this brief and respectfully assert that the Appellate Panel's Decision and Order should be overturned.

STATEMENT OF THE FACTS

Respondent sustained an admitted injury by accident in the course of his employment on August 9, 2014, when he slipped and fell on a greasy spot on the floor, causing him to fall onto his left knee and left side. After initially being seen at Roper St. Francis Emergency Room and Concentra, the Respondent began treating with Dr. James McCoy at Lowcountry Orthopaedics and Sports Medicine. An MRI of the left knee taken September 15, 2014 revealed mild osteoarthritis with moderate to high grade chondromalacia, mild prepatellar bursitis and soft tissue swelling anterior to the patellar tendon, and intrasubstance degeneration of the posterior horn of the medial meniscus, but no surface tear. (R. p. 66). Following the MRI, the Respondent underwent arthroscopic surgery on the left knee with chondroplasty of the patella, medial and lateral femoral condyle on January 19, 2015. (R. p. 68).

The Respondent continued to treat regularly with Dr. McCoy without a single complaint of low back pain. Dr. McCoy found the Respondent at maximum medical improvement on August 26, 2015. (R. p. 84). On that same date, Dr. McCoy specifically indicated in his report that the Respondent had "no back pain." (R. p. 83). Dr. McCoy then completed a Form 14B on September 17, 2015 wherein he assigned a 15% impairment to the left knee. (R. p. 86).

The Respondent was next evaluated by Dr. Bright McConnell on February 29, 2016, only nine days prior to the scheduled hearing. Dr. McConnell opined that he agreed with Dr. McCoy regarding maximum medical improvement for the left knee; however, he assigned a 15% impairment to the whole person and 38% impairment to the lower left extremity. (R. p. 106-109). He also stated that the Respondent's abnormal gait pattern had

aggravated his lower back problems and that he should also be seen by a spine specialist to undergo an evaluation to determine future treatment options for his lower back. *Id.*

The Respondent testified at the hearing that, prior to the accident, he was generally in good health. (R. p. 19). He admitted that he had a back injury in 2000 that forced him to remain out of work for four months. *Id.* He testified that he was released after that accident to return to full duty work. (R. p. 20). He testified that he believed his prior back injury had completely resolved. *Id.* He denied undergoing surgery as a result of this injury, but he testified that he did receive epidural steroid injections. *Id.*

On the day of the accident, the Respondent testified that he was walking to his locker to get a cigarette when he stepped on a slick spot on the floor. (R. p. 24). He testified that he quickly told the engineer to clean the floors up, as the firefighters had apparently had a fish fry the night before. *Id.* He testified that he was returning to his locker approximately 30-45 minutes later when he suddenly slipped and fell to the ground. (R. p. 25).

After the accident, the Respondent was taken by the Department's own EMS service to Roper St. Francis. *Id.* At that point, he testified that only his left knee was hurting. (R. p. 26). He was instructed to see an orthopaedist following an MRI. (R. p. 27). He testified that he then saw Dr. Cox at Concentra who indicated that he needed surgery for the left knee. *Id.* He testified that he was then referred to Dr. McCoy. (R. p. 28). The Respondent ultimately underwent arthroscopic surgery on January 19, 2015.

In addition to injuring his left knee, the Respondent testified that he believed he also injured his back because of an altered gait and use of the cane. (R. p. 29). He testified that his back had been bothering him for approximately 6-8 months and that it had gotten

progressively worse over time. (R. p. 29-30). When asked why he did not notify Appellants of his back pain a single time during that time, the Respondent testified, "I really didn't know who to bring it up to and, you know, I just figured it would go away. I just figured it was soreness, it would go away on its own, but it hasn't . . . ." (R. p. 29). He testified that his back pain is at its worse when he walks or climbs up and down stairs. *Id.*

On cross examination, the Respondent confirmed that he fell only on his left knee and not his back. (R. p. 35). He testified that he received approximately four months of medical care after his back injury in 2000. *Id.* The Respondent was then shown Respondent's APA p. 24, a record from Dr. McCoy dated March 4, 2015. In that record, Dr. McCoy noted that the Respondent received a lumbar epidural steroid injections in 2005. (R. p. 89). The Respondent testified that he thought he received the injection subsequent to an injury occurring in 2000, but he was not certain of the dates. (R. p. 36). He recalled receiving the earlier back injection from Southeastern Spine Institute. (R. p. 36-37).

The Respondent testified that his back started bothering him before he even last saw Dr. McCoy. (R. p. 38). The Respondent admitted that he never asked anyone at the State Accident Fund or the City of Hanahan to provide medical treatment for the back prior to retaining an attorney in January 2016. (R. p. 39).

The Respondent testified that his family physician is Dr. Malik who practices at Trident Family Medicine. (R. p. 43-44). He testified that Dr. Malik has been his family doctor for approximately two years. (R. p. 44). He testified that he has not complained a single time to Dr. Malik about his back pain since the work accident. *Id.*

STANDARD OF REVIEW

The Administrative Procedures Act ("APA") provides the standard for judicial review of decisions by the Commission. *Pierre v. Seaside Farms, Inc.*, 386 S.C. 534, 540, 689 S.E.2d 615, 618 (2010); *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 133-34, 276 S.E.2d 304, 306 (1981). Under the APA, this Court can reverse or modify the decision of the Commission if the substantial rights of the Appellant have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. S.C. Code Ann. § 1-23-380(5)(d), (e) (2017); *Transp. Ins. Co. v. S.C. Second Injury Fund*, 389 S.C. 422, 427, 699 S.E.2d 687, 689-90 (2010). The Appellant contends the Commission's Order is affected by an error of law and is not based upon the substantial evidence when considering the record as a whole.

ARGUMENT

I. THE APPELLATE PANEL ERRED IN ADMITTING IN UNTIMELY MEDICAL EVIDENCE SUPPORTING A FINDING THAT THE LOW BACK IS COMPENSABLE.

The Appellate Panel erred in admitting medical evidence supporting a finding that the Respondent's alleged low back injury is causally related to the work accident as it was introduced untimely. S.C. Code Ann. Regs. 67-612(B)(2) states, "[t]he non-moving party must provide to the moving party any report not provided by the moving party at least ten days before the scheduled hearing." (emphasis added). Furthermore, S.C. Code Ann. Regs. § 67-612(E) provides, "[f]ailure to provide reports and notices as required under this section may result in the exclusion of such reports from the evidence of the case." The Respondent's first and only evidence that his back injury was causally related to his work

injury, Dr. Bright McConnell's IME report, was not timely as required by the South Carolina Regulations and therefore should have been excluded from the evidence of the case.

The Respondent suffered an admitted left knee injury. Appellants provided timely care and treatment for the Respondent's left knee, and the Respondent was released at maximum medical improvement with an impairment rating for the left knee only. Appellants then filed a Form 21 Request for Hearing on January 12, 2016 to stop payment of compensation and to address the Respondent's entitlement to permanent disability benefits. Appellants then timely filed their Pre-Hearing Brief on February 23, 2016.

The Respondent filed a Motion to Postpone the hearing on February 18, 2016, due to an IME scheduled after the due date for their Pre-Hearing Brief and in close proximity to the scheduled hearing. The Single Commissioner denied the Motion to Postpone, but he permitted the record to remain open to allow the Respondent to submit the results of the IME.

The Respondent filed a Form 22 on February 24, 2016 requesting mediation pursuant to S.C. Code Ann. Regs. 67-1802 (more than one body part injured). As Appellants filed their Form 21 on January 12, 2016, the Respondent's Form 22 was not submitted timely as required under the Act. Appellants first learned that the Respondent was alleging permanent and total disability upon receiving the Form 22. Appellants then first discovered that the Respondent was alleging a low back injury in addition to the admitted knee injury upon receiving the Respondent's Pre-Hearing Brief, filed on February 25, 2016. Notably, this was only thirteen days before the scheduled hearing. Until that

date, Appellants were never made aware of any alleged low back injury. The Respondent has still never filed a Form 50 alleging a compensable injury to the low back.

Despite the allegations contained in the untimely-filed Form 22 and the Respondent's Pre-Hearing Brief, the Respondent had not presented any evidence that supported an injury to the Respondent's low back that was causally-related to the admitted work accident. The only evidence for that proposition ever submitted, in fact, was from the IME performed by Dr. Bright McConnell on February 29, 2016, which was not submitted until the date of the hearing. The Single Commissioner nevertheless admitted the results of the IME into evidence, and he found that the Respondent had sustained a causally-related injury to his low back and was not at maximum improvement for that lower back injury. As a result, the Single Commissioner held, and the Appellate Panel affirmed, that Appellants were both not entitled to stop temporary disability benefits for the Respondent and must provide medical treatment for the Respondent's lower back.

A primary purpose of the notice requirements contained in the South Carolina Workers' Compensation Regulations is to allow all parties to adequately assess a claim and prepare for an evidentiary hearing. The Respondent's untimely submission of the only evidence supporting the compensability of his lower back subverts this purpose, and is a clear violation of their right of due process. The Respondent first alleged the compensability of his lower back in an untimely manner, only thirteen days before the scheduled hearing; he asserted his claim for permanent and total disability in an untimely manner, fourteen days before the hearing and well over a month after Appellants timely filed their Form 21; and he submitted the only evidence that causally-related his back injury to the work accident in an untimely manner; specifically, it was not included in the

Respondent's Pre Hearing Brief, and it was not submitted until the date of the hearing. As a result, Appellants did not have the opportunity to investigate or evaluate this alleged injury, have him evaluated by the authorized treating physician for this alleged body part, nor to obtain evidence that may have contradicted or refuted the Respondent's evidence, a clear violation of Appellants right of due process. As a result, the Respondent's evidence, specifically the IME report of Dr. Bright McConnell, should have been excluded from the hearing, pursuant to S.C. Code Ann. Reg. § 67-612(E). The Appellate Panel therefore erred in affirming the Single Commissioner's admission of that evidence, and that ruling should be overturned, the untimely submitted evidence removed from the record, and the Respondent's allegation of a lower back injury denied.

II. THE APPELLATE PANEL ERRED IN FINDING THAT THE RESPONDENT SUSTAINED A COMPENSABLE INJURY TO HIS LOW BACK AS A RESULT OF HIS WORK ACCIDENT.

The Appellate Panel erred in finding that the Respondent sustained a compensable low back injury subsequent to his work accident on August 9, 2014. The Respondent is alleging a repetitive trauma injury to the back due to an altered gait. S.C. Code Ann. § 42-1-172(D) states, "(a) "repetitive trauma injury" is considered to arise out of employment only if it is established by medical evidence that there is a direct causal relationship between the condition under which the work is performed and the injury." (emphasis added). As indicated above, having introduced the only evidence tending to show a compensable back injury in an untimely fashion, this evidence should be excluded. Therefore, under S.C. Code Ann. § 42-1-172(D), the Respondent has no medical evidence to support this allegation, so his alleged back injury cannot be found compensable.

Additionally, from the date of accident until being released at maximum medical improvement by Dr. McCoy on August 26, 2015, the Respondent made absolutely no mention of any low back pain. In fact, in Dr. McCoy's August 26, 2015 MMI note, he specifically indicates that the Respondent was not having back pain. (R. p. 83). The only medical evidence tending to show a back injury was the IME performed by Dr. Bright McConnell on February 29, 2016. As the evidence was not submitted in a timely fashion under the notice requirements contained in the South Carolina Workers' Compensation Regulations, discussed in further detail above, it should be excluded.

The Respondent also admitted at the hearing that he never asked anyone at the State Accident Fund or the City of Hanahan to provide medical treatment for the back prior to retaining an attorney in January of 2016. (R. p. 39). Additionally, the Respondent testified that he never complained a single time to his primary care physician about his back pain since the work accident. (R. p. 44). He also testified that he has treated with the same primary physician for approximately two years. *Id.*

For the foregoing reasons, the Appellate Panel erred in finding that Respondent sustained a compensable injury to his low back as a result of his work accident.

III. THE APPELLATE PANEL ERRED IN FINDING THAT THE RESPONDENT IS ENTITLED TO MEDICAL TREATMENT FOR HIS LOW BACK AS A RESULT OF HIS WORK ACCIDENT.

The Appellate Panel erred in finding that the Respondent is entitled to medical treatment for his low back as the Respondent never timely alleged an injury of the low back. Because Dr. McConnell's report should not be allowed in as evidence due to its untimely nature, the Respondent is not entitled to medical treatment for the low back

because there is no evidence from his authorized treating physician visits to indicate any causally related back pain. Additionally, Dr. McConnell's report does not indicate that he actually evaluated the lower back, only stating that the spine was straight, that the Respondent had painless hip flexion and internal rotation, that he had a negative straight leg raise, and that his distal neurovascular examination was unremarkable. More so, the Respondent specifically denied back pain during several of his appointments including the months of January (R. p. 94); February (R. p. 92); April (R. p. 75); May (R. p. 79); and August (R. p. 83) of 2015. The Respondent is not entitled to medical treatment for his low back because he failed to even allege the injury until the pre-hearing brief or to discuss it with his authorized treating physician.

IV. THE APPELLATE PANEL ERRED IN FINDING THAT THE RESPONDENT IS NOT AT MAXIMUM MEDICAL IMPROVEMENT.

The Appellate Panel erred by not finding the Respondent at maximum medical improvement for his left leg injury. The only properly introduced medical evidence in the record showed unequivocally that the Respondent had suffered only a left leg injury, which he treated for, and for which he was declared at maximum medical improvement by Dr. McCoy on August 26, 2015. The Appellate Panel therefore should have held the Respondent's left leg was at maximum medical improvement, assigned a permanent disability award to the left leg, and allowed Appellant to stop temporary disability benefits.

As detailed in the evidence of the case, the Respondent suffered an admitted left knee injury as the result of a work accident. Appellants provided treatment for the injury with Dr. James McCoy at Lowcountry Orthopaedics and Sports Medicine. Dr. McCoy performed an arthroscopic surgery on Respondent's left knee on January 19, 2015. The Respondent followed up with Dr. McCoy, and Dr. McCoy found the Respondent at

maximum medical improvement on August 26, 2015, indicating in his report from that date that Respondent had "no back pain." (R. p. 83). Dr. McCoy then completed a Form 14B on September 17, 2015 assigning a 15% impairment to the Respondent's left knee, restricted the Respondent from climbing, and indicated that the Respondent would need anti-inflammatories, cortisone injections, and a possible knee replacement in the future. (R. p. 86).

Based on the fact that Dr. McCoy declared the Respondent at maximum medical improvement and that he indicated the Respondent had "no back pain," the Respondent is not entitled to any further medical treatment or temporary benefits as the result of this claim. Based on all of the timely-submitted evidence in this record, the Respondent is at maximum medical improvement for the entire case and is not entitled to any additional temporary benefits or medical treatment.

V. THE APPELLATE PANEL ERRED IN FINDING THAT APPELLANTS CANNOT STOP TEMPORARY TOTAL DISABILITY BENEFITS AND RECEIVE A CREDIT FOR TEMPORARY DIABILITY PAYMENTS PAID AFTER AUGUST 26, 2015.

The Appellate Panel erred in finding that Appellants could not stop payment of temporary total disability benefits and receive a credit for temporary total disability paid after August 26, 2015, the date that Dr. McCoy released the Respondent at maximum medical improvement. Appellants timely filed a Form 21 Request for Hearing on January 12, 2016. A hearing was scheduled on Appellants' Form 21 for March 9, 2016.

Dr. McCoy unequivocally stated that Respondent was at maximum medical improvement for his left leg on August 26, 2015. (R. p. 84). Dr. McCoy completed a Form 14B, setting forth the Respondent's permanent restrictions and anticipated future medical

care. (R. p. 86). The Respondent has not treated with Dr. McCoy for any issues after his August 26, 2015 release.

S.C. Code Ann. § 42-9-210 states, "[a]ny payments made by an employer to an injured employee during the period of his disability...which by the terms of this Title were not due and payable when made may, subject to the approval of the Commission, be deducted from the amount to be paid as compensation...." Appellants filed a Form 21 requesting a hearing on January 12, 2016.

Based on the fact that the Respondent was released from Dr. McCoy's care on August 26, 2015, and Appellants timely filed a Form 21 requesting a determination of permanent partial disability and to assert their right to a credit for overpayment of temporary total disability, the Appellate Panel erred in finding that Appellants could not stop payment of temporary total disability benefits and receive a credit for temporary total disability paid after August 26, 2015.

VI. THE APPELLATE PANEL ERRED IN FAILING TO DETERMINE THE EXTENT OF THE RESPONDENT'S PERMANENT PARTIAL DISABILITY TO THE LEFT LEG.

The Appellate Panel erred by not awarding permanent partial disability to the Respondent based on the uncontroverted maximum medical improvement release and assigned impairment rating of 15% to the left leg by Dr. McCoy. Under S.C. Code Ann. § 42-9-30, "[i]n cases included in the following schedule, the disability in each case is considered to continue for the period specified and the compensation paid for the injury is as specified . . . (16) for the loss of a leg, sixty-six and two-thirds percent of the average weekly wages during one hundred ninety-five weeks." The evidence clearly shows that the Respondent's compensable injury is limited to the left leg, and after being released at

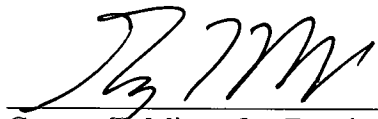
maximum medical improvement by the authorized treating physician, and after Appellants timely filed a Form 21 seeking a determination of the extent of the Respondent's permanent disability, the Appellate Panel erred in failing to determine the extent of the Respondents permanent partial disability under S.C. Code Ann. § 42-9-30.

CONCLUSION

Based on the foregoing evidence, the Appellate Panel erred in affirming the Single Commissioner's decision to allow the Respondent to present untimely evidence in support of an alleged lower back injury, finding the low back compensable, not finding the Respondent at maximum medical improvement for his left leg injury, not awarding the Respondent permanent partial disability for his left leg injury, and not awarding Appellants a credit for temporary total disability paid after August 26, 2015, the date the Respondent was released at maximum medical improvement. As such, Appellants respectfully request a ruling that all improperly submitted evidence be excluded, reverse the finding of a compensable low back injury, order that permanent partial disability be determined with regard to the Respondent's left leg injury, and Order that a credit be given for an overpayment of temporary disability from August 26, 2015 to the present.

(Signature page follows)

Respectfully Submitted,



George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
(843) 284-1091
Attorney for Appellants

November 20, 2017
Mount Pleasant, South Carolina

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,

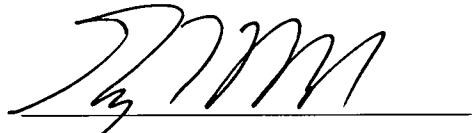
v.

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

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Final Brief complies with Rule 211(b), SCACR.

Tuesday, November 21, 2017



George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Tel: (843) 284-1091
Fax: (843) 284-1087
gtmiars@wjlaw.net

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.

PROOF OF SERVICE

I certify that I have served the Final Brief of Appellants on the Respondents by depositing a copy of the document in the United States Mail, first class postage prepaid, on November 21, 2017, addressed to their attorneys of record, Matthew W. Jackson, P.O. Box 62888, North Charleston, SC 29419 and Black A. Hewitt and John S. Nichols, PO Box 7965, Columbia, SC 29202.

Tuesday, November 21, 2017

George T. Miars, Jr., Esquire
SC Bar No. 73610
Willson, Jones, Carter, & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Tel: (843) 284-1091
Fax: (843) 284-1087
gtmiars@wjlaw.net