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THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION
COMMISSION

S.C. SUPREME COURT

APPELLATE CASE NO. 2017-002251

Clarence B. Winfrey, Jr., Employee, Respondent,

v.

Archway Services, Inc., Employer,
And American Fire & Casualty Insurance Company,
Carrier, Petitioners.

**RESPONDENT'S RETURN
TO THE PETITION FOR A
WRIT OF CERTIORARI**

CONTRA-PROPOSED STATEMENT OF THE CASE

The Petitioners' Statement of the Case is very different from their Statement of the Case before the Court of Appeals and at the same time it varies from and misstates the Record. Because of this difference, variance and misstatement, the Statement of the Case of the Respondent before the Court of Appeals will be set out hereinafter verbatim. However, one specific point must be addressed as to the Statement of the Case in the Petition. On p. 4 of the Petition in the first full paragraph, the Petitioners make the statement that, "the Petitioners filed

a timely Form 30, (Appx. pp. 216-219), appealing this decision to the Full Commission, which reversed Commissioner Barden's findings and substituted its own." (Emp. Added). This is totally inaccurate and is an improper Statement of the Case and Record. Commissioner Barden in her decision awarding benefits under Findings of Fact No. 14 and 15 found that the Claimant was only specifically requesting a finding of compensability and requesting treatment for his heart-related problems at the hearing and found that there was no request for nor was there any evidence submitted concerning injury to the head/brain and therefore any benefits for injury to the head/brain, "are denied at this juncture". In Finding of Fact No. 15, she noted that the Claimant would be entitled to medical care for any problems that the authorized treating doctors, "opined to have stemmed from the electrical shock ..." (Appx. pp. 43-44); (contrary to the **Index** Order is at Appx. pp. 28-49).

Commissioner Barden in her Order and Award ordered in pertinent part that,

"THEREFORE IT IS ORDERED that the Claimant having found to have sustained compensable injury, temporary total benefits are ordered at this time to be reinstated from September 15 ...

IT IS FURTHER ORDERED that the Claimant having been found to have sustained compensable injury

specifically to include injuries to his heart, the Claimant is to receive medical care for all injuries and conditions stemming from the accident, that occurred in this matter ...” (emp. added).

Although Commissioner Barden in the “Order and Award” part of the Award did not make any decision on the brain and head which had only been set out on the claim form as affected body parts, the Petitioners’ appealed that issue to the Full Commission.

In the Full Commission Order contrary to Petitioners’ Statement, the Full Commission reversed only the, “single Commissioner’s Findings of Fact and Conclusions of Law related to the alleged head and/or brain injury ...” and affirmed the entire Award of the Commissioner on compensability, compensation and medical benefits holding, “IT IS FURTHER ORDERED that all remaining issues decided by the single Commissioner and appealed by the Defendants on their Form 30 are **AFFIRMED.**” (Appx. p. 26).

Also before setting out the Contra-proposed Statement of the Case, Respondent would also ask the Court to note that the Full Commission Order prepared by Petitioners was not in accordance with the directions of the Full Commission in their proposed Notes for Decision which can be found at Appendix p. 303. In filing this Petition and Statement, Petitioners are again, trying to make the very

simple straightforward issues of whether there is substantial evidence in the Record to support the decision of the Commission and evidentiary weight complicated. Contra-proposed Statement of the Case, and facts entered at the Court of Appeals:

"STATEMENT OF THE CASE

[The Appellants' Statement of the Case and the section captioned "Argument" contain references to parts of the Record below not contained in the Appellants' Designation of Matter. Therefore, a proper Statement of the Case is set forth hereinafter.]

After the Claimant's (Respondent to this appeal) electrical shock accident which occurred on May 22, 2013, it was immediately reported and the case was accepted by the insurance carrier and compensation benefits were started and paid and medical care was authorized and provided.

Subsequently on September 12, 2013, the Claimant received a SCWCC Form 15(II) in the mail notifying him that the case was being denied based on an alleged, "good faith investigation" which Form further stated the basis was that the Claimant had failed to prove a compensable injury. (R., pp. 68-69). The Claimant immediately filed a Form 15(III) Request for Hearing to reinstate benefits for improper stop payment. (R., p. 70). In addition, due to the basis of the

denial being that based on a good faith investigation the Appellants (Defendants below) were denying the claim because the Claimant had not sustained compensable injury under the Act, a separate WCC Form 50 Request for Hearing was filed requesting a determination that the Claimant had sustained injury by accident with reinstatement of medical care and temporary total disability benefits from the date that those benefits had been stopped. (R., p. 71). A responsive Form 51 was filed denying the Claimant had sustained compensable injury and having failed to establish compensable injury, denied entitlement to medical care and to temporary total disability benefits. (R., p. 75). A hearing was set on January 13, 2014 on the Form 50 and Form 51 (R., p. 77). The Claimant's Pre-Hearing Brief and APA Submissions were filed on December 23, 2013 and the Appellants' Pre-Hearing Brief and APA Submissions were filed on January 2, 2014. (R., pp. 78-182; pp. 183-214). A hearing was held on January 13th before Commissioner Susan S. Barden. (R., pp. 469-529). At the hearing, the Appellants admitted Claimant had sustained compensable injury due to the electrical shock but denied injury to the heart and other body parts. (R., p. 477, ll. 9-13). On February 27, 2014 the Commissioner issued her Order finding that although the Appellants (Defendants) initially

in their Form 51 had denied that Mr. Winfrey (Claimant/ Respondent herein) had sustained compensable injury that based on their position at the hearing the Appellants admitted that the Claimant had sustained compensable injury and they agreed that it included injury to the neck and left shoulder but denied that it resulted in the need for medical care to the Appellant's heart and certain other body parts as listed in the Form 50 as being affected by the injury. By Award filed February 27, 2014, the Commissioner found that Mr. Winfrey had sustained injury and had established a need for medical care specifically as to the heart and all related problems as being related to the injury. She awarded the reinstatement of temporary total disability benefits and ongoing medical treatment until the Claimant reached maximum medical improvement. (R., pp. 28-49). She also found that the Claimant was not at maximum medical improvement and placed the Claimant under his previously authorized treating physicians, Dr. Jeffrey Travis, M.D. and Dr. Lanneau Lide, M.D., for treatment of the Claimant's heart and all causally related problems. (R., p. 43).

The Appellants filed a Form 30 Request for Review. (R., pp. 215-220). The Appellants filed their Appellants' Brief to the Full Commission on April 23, 2014 and the Claimant

filed his Claimant/Respondent's Brief to the Full Commission on May 8, 2014. (R., pp. 221-261; pp. 262-302). A hearing was held on the appeal on May 19, 2014 (R., pp. 558-581). A request for proposed Order was emailed on June 6, 2014 requesting Appellants' Counsel draft the proposed Order (R., p. 303). The Order of the Full Commission Panel was filed on July 25, 2014 wherein the Commission as to the subject of this appeal affirmed the findings and Decision of the Hearing Commissioner finding compensable injury, finding that the Claimant was not at maximum medical improvement and awarding medical care and temporary total disability benefits until further Order of the Commission. From the Decision of the Full Commission affirming the Hearing Commissioner's Decision except as to the head and/or brain, this appeal followed. (R., p. 1-27). Note: the Claimant has filed a cross-appeal as to the Full Commission's denial of any treatment for the head and/or brain.

STATEMENT OF FACTS

As is set out in the Form 50 filed October 21, 2013, the Form 50 was filed due to the fact that the Appellants after having accepted the claim and having provided temporary total disability benefits and medical care had filed a Form 15(II) stopping benefits based on an alleged

good faith investigation and stating as the basis that the Appellant had failed to establish compensable injury by accident. A Form 15III Reinstatement Request was filed and due to the alleged basis in the Form 15II, a Form 50 was filed and in the attachment to the Form 50, under #11 further grounds or unusual aspects of claim:

"The Form 50 was being filed due to this denial and the denial of the claim for failure to prove a compensable injury by accident."

The Form 50 requested three things: 1) a finding that the Claimant had sustained compensable injury under the Act and based on that Finding 2) that he was entitled to; the reinstatement of medical care that had previously been, "authorized and provided"; and 3) the reinstatement of temporary total disability benefits from the date that those had been stopped. (R., pp. 71-73, specifically #7, #8 and #11). As required by the Act under #1 on WCC Form 50, Claimant listed as, "body parts affected: **heart**, left hand/arm/ shoulder, neck, head (brain), chest. The system [*sic*, systemic] is electrical shock (all organs, members and bodily parts) determined to be related."

In their responsive Form 51, which is the Appellants' pleading placing the parties on notice of the issues for decision, the Appellants stated:

"**Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are:

Claimant has failed to meet his burden of proving that he sustained a compensable injury or illness pursuant to the Act."

(R., p. 75)

In reference to the request for medical care, the Appellants checked that it was "**Denied**" that the employee needed:

"medical care as a result of injury or illness." The reasons for denial are:

Claimant has failed to meet his burden of proving a compensable injury by accident within the course and scope of his employment.

Defendants do not deny that if this claim is found compensable, claimant is in need of additional medical care." (Emphasis added).

(R., p. 75).

Appellants also denied that the Claimant was entitled to temporary total disability benefits. In their responsive Form 58 Pre-Hearing Brief, under #4 "Facts in controversy", the Appellants listed the following:

"Defendants have denied this claim pursuant to SC Code §42-

9-260. The issue for this hearing is whether or not claimant can meet his burden of proving a compensable claim pursuant to the Act."

Under #5. "Legal issues involved", the Appellants listed the following legal issues:

"§42-9-10, §42-9-20, §42-9-30, and §42-9-260."

(Note: there is no reference to the denial of compensable injury under §42-1-160, definition of injury by accident, and there is no issue raised under §42-15-60, the medical provision section of the Act).

Additionally, under #3 "Type of injury and body part(s)", the Appellants in their Pre-Hearing Brief listed: "Claimant alleges injury to his neck, left shoulder and heart. Defendants have denied this claim as failing to meet the standards for being a compensable claim."

At the hearing on January 13, 2014, after a Pre-Hearing conference off the Record, the Hearing Commissioner recited the positions of the parties and the purpose of the hearing and stated:

"The purpose of today's hearing is to determine issues raised in Forms 50 and 51." (R., p. 472, ll. 17-19).

While in the Form 51, the Appellants denied injury by accident and compensable injury; at the Hearing they admitted both. [R., p. 477, l. 1 and l. 9: "his left

shoulder and arm, which are admitted body parts . . . (and)
- so he seeks a finding of compensability of not only the
neck and the left shoulder, which the Defendants admit . .
."]

As to the accident that occurred on May 22nd and the body
parts affected, from the Hearing Transcript:

By the witness: (the Claimant Clarence Winfrey)

"And when I was moving the wires, that wire moved, and I
mean it blew up. I mean not no pow, it went kaboom. And
that is when I snatched back real hard, but I would feel it
from here (indicated) my neck.

By Commissioner: (Commissioner Barden)

So you're use - - you are indicating your left arm all the
way up?

Witness:

Yeah, I got a scar right there."

(R. p. 494, ll. 8-17).

"And it went up my arm and from my ears down through my
shoulder.

Commissioner:

Is that your middle finger the scar was on?

Witness:

Yes, ma'am.

Commissioner:

Ok. So it went up your arm into your neck?

Witness:

Right through here and run down through here.

Commissioner:

Ok. And you are indicating your chest and up into your head a little bit?

Witness:

Yeah.

Commissioner:

All right.

Witness:

And that's how - - when I called Bobby Ruppe and explained to him they got more problems than a - -

* * *

- - well, first I had to go outside and get my composure back. Then I called Bobby Ruppe."

(R. p. 495, l. 9 - p. 496, l. 1 and ll. 5-6).

"By Mr. McDaniel: (hereinafter McDaniel)

- - - Both the Defendants and we have put in Mr. Ruppe's statement confirming Mr. Winfrey's testimony about that - - that he called Mr. Ruppe.

Commissioner:

OK.

McDaniel:

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Commissioner:

And that's R-U-P-P-E. "

(R. p. 496, ll. 15-24).

"Q: Did you tell him about the shock?

A: Oh yeah. I told him I was hurt.

Q: Ok.

A: I told him I was hurt. I said, 'I've never been hit this hard before in my life.'

(R. p. 497, ll. 8-12). (Emph. added).

After leaving the Publix, Mr. Winfrey tried to continue working but had to leave work after several hours at which time he called Bobby Ruppe and told him,

Witness:

"and told Bobby 'I can't - - I'm done' I couldn't do nothing else, and it was getting worse and worse."

(R. p. 517, ll. 13-15).

Witness:

Yeah. And the next morning when I got up I was just dripping sweat and I tried to work. I went to the Walmart on - - -

Commissioner:

When did the sweating occur, the next morning?

Witness:

I mean, I was dripping."

(R. p. 499, ll. 10-17).

Commissioner:

That's ok.

Witness:

And I was laying on my back because that is the - - you know what I mean? It hurt if I stood up and then on my head so I laid down. I had to go to Whaley's to get some fuses. I drove to Whaley's. It's down the road, came back, put the fuses in. That's when I called Bobby Ruppe, and said, 'man, I can't do it. I am sorry.' I even apologized to the people in the Deli, but I was in too much pain and when I left that Walmart, Bobby had Peggy Duncan call me. She works for the company and said that they just called - - Walmart just called and said all the fryers are down. And I said, 'well, Peggy, I am severely hurt but I will go back because I just left there.' So I went back and they lost power to all the fryers. That's when I called Bobby back and said 'they lost power, and they need an electrician' and I told him 'I can't do nothing else. I have got to go home.' And that is what I did.

McDaniel:

Q: And then what did you do between then and - - we're going to talk about the 27th in just a minute, but between

that - - the day that you called Bobby and said 'I can't do it anymore; I am going home' did you - - what did you do between then and when you finally went to I believe we are going to talk about the Minute Clinic in the second?

A: Yeah, that was a Monday. 'That was a holiday.'

Q: So what did you do - - over the weekend?

A: Oh, I had - - I went by Walgreen's and bought Motrin and Tylenol, you know, anything to what I thought would help."

(R. p. 499, l. 25 - p. 501, l. 8).

"McDaniel:

Q: And it was - - it - - it was in the same place as it was from the - - from the minute of the shock?

A: Yes.

Q: Is that correct?

A: Yes, it was in my arm. It went up to my ear and it dropped like that (indicating). But I just ate Motrin and Tylenol and things like that. Ibuprofen. I was trying to get the pain to go away."

(R. p. 501, ll. 18-25).

Finally, in reference to the voltage, the Claimant testified repeatedly that the voltage was at least 240 and as much as 480 volts. (R. p. 492, ll. 1-25; p. 522, ll. 14-24). Mr. Wesley Mark Warren who testified on behalf of the

Defendants confirmed the Claimant's testimony about the voltage and stated that, "without checking with a meter, I couldn't tell you the actual voltage, but the machine is rated for 480 volt, - - -". (R. p. 526, ll. 23-25).

In a report dated September 30th, Dr. Jeffrey A. Travis, M.D., Board Certified Cardiovascular Surgeon (not just a cardiologist and as he testified, the only doctor in this case that actually held the Claimant's heart in his hands), stated:

"Mr. Winfrey is a patient who presented with a very unusual cardiac lesion after suffering a large electrical shock. The lesion, a ventricle septal defect, and normally only seen very rarely in a setting of an acute myocardial infarction. I believe that Mr. Winfrey's electrical shock caused his heart attack and his ventral septal defect.

* * *

Operative photographs confirm a large white patch on both sides of his heart that were almost certainly entrance and exit wounds of the electricity. I have never seen anything like these patches in my 15 years of surgery. I have a photo of the anterior surface of the heart that demonstrates either the entrance or exit site.

* * *

I find it quite unbelievable that his surgery and

postoperative course have been considered separate from his electrical injury at work. I see almost no plausible explanation other than a direct cause and effect."

(R., p. 92).

In his deposition, Dr. Travis reaffirmed this opinion and also how the electrical shock in his opinion caused a plaque rupture that caused the myocardial infarction that lead to the ventral septal defect. (R., pp. 410-412; pp. 414-415; and pp. 421-423). Dr. Lanneau Lide, the Claimant's Board Certified treating cardiologist stated his opinion to a reasonable degree of medical certainty that the symptoms and injuries to his heart stemmed from the electrical shock that he sustained to his left hand and arm on May 22, 2013. He unequivocally reaffirmed that opinion in his deposition. (R., p. 382, ll. 6-20),

Dr. Karen Greenfield, Board Certified in family medicine and the initial treating physician at Doctor's Care, after referral from the Minute Clinic Nurse at Walgreen's, stated that it was her opinion to a reasonable degree of medical certainty that the injuries and problems for which she treated him specifically in reference to the heart were caused by the electrical shock. She reaffirmed that opinion in her deposition. (R., p. 324, ll. 2-6).

The Hearing Commissioner as affirmed by the Full

Commission made detailed Findings of Fact with specific detailed citations to the evidence relied on in making those Findings. (R., pp. 38-49). (Appx. pp.727-739).

RETURN TO "STANDARD OF REVIEW"
BEFORE THE APPELLATE COURTS

The Administrative Procedures Act provides the standard for judicial review of decisions of the SC Workers' Compensation Commission and an Appellate Court may reverse or modify the Commission's decision only if it is affected by an error of law or is clearly erroneous in view of the reliable, probative, substantial evidence in the whole Record. Under the Administrative Procedures Act, this Court's review is limited to deciding whether the Commission Decision is unsupported by substantial evidence or is controlled by some other error of law and if the Commission's Decision is supported by substantial evidence in the Record, the Decision of the Commission must be affirmed. Substantial evidence is a not a mere scintilla of the evidence, nor is it evidence viewed blindly from one side or the other of the case but it is evidence which after considering the Record as a whole would allow reasonable minds to reach the conclusion that the Commission reached in order to make its Decision. The possibility of drawing two different conclusions from the evidence does not prevent a

finding from being supported by substantial evidence. Hall v. Desert Aire, Inc., 376 S.C. 338, 656 S.E.2d, 753 (SC App. 2007).

The Commission decides the factual issues and where there are conflicts in the evidence, over a factual issue, the findings of the Commission are conclusive if there is substantial evidence in the Record to support those. As a matter of law, the decision on the conflicts in the evidence and on the weight and credibility to be given evidence from various witnesses, is a factual determination to be made by the Commission and its final determination on those issues is final and conclusive. Hall v. United Rentals, Inc., 371 S.C. 69, 636 S.E.2d 876 (SC App. 2006). The conclusiveness of the Commission's Findings of Fact if supported by the evidence extends to any conflicts in the evidence, and to all witness credibility and the weight to be given all evidence and the Commission's determination specifically includes the resolution of conflicts in medical evidence and the Commission's decision on those and the weight to be given medical evidence is conclusive as the ultimate fact finder. Mullinax v. Winn Dixie, Inc., 318 S.C. 431, 458 S.E.2d (SC App. 1995).

RETURN TO "ARGUMENT"

Review by this Court is not warranted or called for

because contrary to the position of the Petitioners, there is no novel question of law as it is black letter law that the Commission can assign such weight to all evidence, whether that is medical or expert opinion evidence, lay testimony and other written documentary evidence, as it feels is appropriate. Also, there is no novel issue in reference to the "heart" injuries since Respondent's condition was held to stem from the electrocution injury. Whereas Petitioners try to raise an issue of a heart attack and a "medically complex case". That phrase is found only in a totally separate order and appeal from the separate Form 15 reinstatement hearing issued by a totally different Commissioner on that totally separate issue. (Appx. pp. 50-67; Full Commission Order Concerning Commissioner Beck's Form 15 Hearing Decision). The Court will find nowhere in the decision of Commissioner Barden nor in the Full Commission decision, which is the actual subject of Petitioners' appeal to the Court of Appeals, any reference to this being a medically complex case. Respondent would ask the Court to review the Conclusions of Law of the Full Commission found at Appendix p. 24 and 25 in that regard. Commissioner Barden made a Finding of Fact and the Conclusion of Law that was affirmed by the Full Commission on Appeal as follows:

"1. Under SC Code §42-1-160, the decision is made as an injury by accident arising out of and in the course of the employment. The medical problems which the Claimant has and which have resulted in his disability stem from the physical injury, the electrical shock that he sustained on May 22, 2013. ..." (Appx. p. 12, 24 and 26), (Emp. added).

There is no novel issue in reference to a heart attack and its relationship to a work-related injury versus as referred to by Petitioners the law that applies where a heart attack is caused by unexpected strain, overexertion or as a result of unusual and extraordinary conditions in the employment.

I. THE COURT OF APPEALS DID NOT ERR AS A MATTER OF FACT AND/OR LAW AND DID NOT MISAPPREHEND AND DID NOT FAIL TO CONSIDER THE FULL RECORD AND THE ACTUAL TESTIMONY OF THE MEDICAL DOCTORS; AND DID PROPERLY APPLY THAT TESTIMONY TO THE FACTS AS A WHOLE.

II. THE COURT OF APPEALS DID NOT ERR AS A MATTER OF FACT AND/OR LAW BY AFFIRMING THE AWARD THAT IS SUPPORTED BY NOT ONLY ALL OF THE EVIDENCE IN THE RECORD BUT SPECIFICALLY BY THE MEDICAL OPINIONS AND TESTIMONY IN THE RECORD.

The argument made in this Petition is nothing more than a specific and verbatim cut and paste argument of that which was made in Petitioners' Reply Brief before the Court of Appeals. (Appx. pp. 764-766). Respondent would first argue by asking the Court to review the Reply Brief found in the Appendix at pp. 764-766. It is also the verbatim argument that was made in the Petition for Rehearing before

the Court of Appeals. See Appendix pp. 673-676.

While recognizing that in any Petition for Rehearing in the first incidence and in asking this Court for review based on certiorari that there is a tremendous amount of similarity between the issues and the arguments and to some extent repetition in any case, this Petition violates the fundamental concepts presented both as to a Petition for Rehearing before the Court of Appeals and a Petition for Certiorari being filed with this Court asking it to review the decision of the Court of Appeals. Before the Court of Appeals, the Petition for Rehearing is supposed to be directed at the points supposed to have, "been overlooked or misapprehended" by the Appellate Court before whom it is presented. SCACR Rule 221(a). As noted, the argument for Rehearing was simply a regurgitation of the Reply Brief filed initially before the Court of Appeals. Then in the Petition itself, before this Court, the Petitioners while couching the Petition in terms of presenting and asking for review based on novel questions of the law, again simply regurgitates the argument made both in the Final Reply Brief and then in the Petition for Rehearing presented to the Court of Appeals. This Petition presents no novel issues of law and the issues presented to and decision of the Court of Appeals created no novel issues of law as

there was no novel issues of law involved in this case. As the Court of Appeals properly found, this case involves simply the subject of black letter law principles: evidentiary weight and substantial evidence.

The Court of Appeals in its Opinion, which cannot be better said by this Respondent and not to be plagiaristic, simply and basically reiterated black letter law stating that that Court's review was limited to deciding whether or not the Appellate Panel of the Workers' Compensation Commission Decision was supported by substantial evidence and whether or not it was controlled by an error of law. The Court refers under Section **IV STANDARD OF REVIEW** to that Standard of Review and cites to its decision, Hargrove v. Titan Textile Company, 360 SC 276, 599 SE2d 604 (SC App. 2004). The Court then recites the other black letter principle of law which applies to the weight to be given evidence, which is and wherein the Court restated that black letter principle,

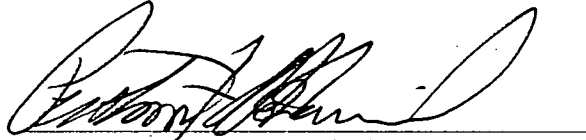
"We recognize that questions regarding the weight of evidence are exclusively within the province of the Appellate Panel ... The final determination of ... the weight to the afforded evidence is reserved to the Appellate Panel ... When there are conflicts in the evidence over a factual issue, the findings of the Appellate Panel are conclusive." (See Appx. pp. 664, 665, 666, 667, 668).

As stated by the Court of Appeals and as this Court has

held repeatedly, the conflicts of evidence can be within the testimony of different witnesses or it can be within the testimony and evidence presented from a singular witness. The weight to be afforded any evidence is reserved to the fact-finder; in this case the Workers' Compensation Commission. The conclusiveness of the Commission's Findings of Fact if supported by the evidence extends to any conflicts in and within the evidence, and to all witness credibility and the weight to be given all evidence and the Commission's determination specifically includes the resolution of conflicts in medical evidence and the Commission's decision on those and the weight to be given medical evidence is conclusive as the ultimate fact finder. This has been the law as reiterated by this Court since the inception of the Act. See Cokley v. Robert Lee, Inc., 197 SC 157, 14 SE2d 889 (1941); Tiller v. National Health Care Center of Sumter, 334 SC 333, 513 SE2d 843, rehearing denied (1999). As is set forth in the Statement of the Case, in the Facts and in the Briefs presented, three medical doctors, Dr. Greenfield, Dr. Lide and Dr. Travis all opined to a reasonable degree of medical certainty that the Claimant's problems stemmed from the work-related electrocution injury.

The issues presented are patently without merit and the Petition should be denied.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Preston F. McDaniel", is written over a horizontal line.

Preston F. McDaniel
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December 11, 2017

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DEC 12 2017

THE STATE OF SOUTH CAROLINA
In the Supreme Court

S.C. SUPREME COURT

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION
COMMISSION

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Clarence B. Winfrey, Jr., Employee, Respondent,

v.

Archway Services, Inc., Employer,
and American Fire & Casualty Insurance Company,
Carrier,Petitioners.

PROOF OF SERVICE

I certify that I have served the **RESPONDENT'S RETURN TO THE PETITION FOR A WRIT OF CERTIORARI** on the Petitioners by depositing a copy of it in the United States Mail, postage prepaid to their attorney of record:

Brett H. Bayne, Esquire
McAngus, Goudelock & Courie
Post Office Box 12519
Columbia, SC 29211

Dated: 12/11/2017



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