DECISION AND ORDER
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

WCC FILES 1509301 / 1701425 (1701425 to be dismissed)

COREY SCOTT,
Claimant,

vs.

AGRU AMERICA, INC.,
Employer,

HARTFORD UNDERWRITERS INSURANCE CO. and
GRANITE STATE INSURANCE CO.,
Carriers,
Defendants.

Appellate Panel Review
Columbia, South Carolina
January 23, 2018

Appellate Panel Decision & Order filed

on March 9, 2018.

AFFIRMED

Harry A. Oxner of Oxner & Stacy, P.A., on behalf of Claimant.

David M. Bornemann of Hedrick Gardner Kincheloe & Garofalo LLP, on behalf of Agru America and Hartford Underwriters.

Leslie M. Whitten, of Young Clement Rivers LLP, on behalf of Agru America and Granite State.

STATEMENT OF THE CASE

The above case was heard before Commissioner Avery B. Wilkerson, Jr. in Andrews, South Carolina, on June 15, 2017 pursuant to notice timely and properly given to all parties of record. On August 3, 2017, Commissioner Wilkerson issued the following Findings of Fact and Rulings of Law:

FINDINGS OF FACT

1. That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.

2. That the Claimant sustained an admitted injury to his back on July 20, 2015, arising out of and in the course of his employment with the Employer.

3. That the Hartford admitted an injury to the Claimant's back and provided medical treatment.

4. That the Claimant continued to work for the Employer in a light duty capacity following the July 15, 2015 injury by accident.

5. That the Claimant received medical examinations and treatment from Dr. Stephen Parker to include injections, physical therapy, and medication.

6. That the Claimant asserted a second injury by accident on January 20, 2017, arising out of and in the course of his employment with the same Employer.

7. That Granite State Insurance Co. was the Employer's carrier of record at the time of the January 20, 2017 accident.

8. That the Claimant's back pain was worsening prior to the second accident, and he reported a pain level of eight out of ten both before and after the second accident.

9. That the Claimant testified that he did not sustain any new injuries as a result of the reported incident on January 20, 2017, and he testified that his pain was the same before and after this incident.

10. That Dr. Parker changed the Claimant's prescription from Percocet to Oxycontin and Dilaudid on March 15, 2017.

11. That Dr. Parker testified that his treatment recommendations were not impacted by the second accident.

12. That the Claimant stopped working as of March 2, 2017, although the medical records indicate the Claimant remained on light duty work restrictions until May 3, 2017, when Dr. Parker stated the Claimant was unable to work due to the effects of Oxycontin and Dilaudid.

13. That Dr. Parker testified that it was reasonable for the Claimant to have stopped working due to issues with his medications.

14. That Dr. Parker's testimony was inconsistent and noncommittal with regard to what incident or accident is the cause of the Claimant's ongoing disability. Dr. Parker testified only that it was his "guarded" opinion that the Claimant "subjectively feels that he has had an exacerbation" as a result of the second accident.

15. That the Claimant underwent a repeat MRI on May 10, 2017.

16. That Dr. Todd Cook examined the Claimant on June 12, 2017, reviewed the May 10, 2017 MRI results, and stated that he did not have a surgical recommendation for the Claimant.

17. That neither Dr. Parker nor Dr. Cook have stated that the May 10, 2017 MRI showed a change when compared to prior studies.

18. That there is insufficient evidence to support a finding that the Claimant sustained a new injury or aggravation of his preexisting condition as a result of the second accident. To the contrary, the preponderance of the evidence establishes that the Claimant's ongoing problems are merely a recurrence and/or a continuation of the injury from the original July 20, 2015 accident.

19. That the Claimant's period of temporary total disability began on March 2, 2017, the date the Claimant went out of work.

20. That the original carrier (the Hartford) shall remain solely responsible for the Claimant's ongoing benefits under the Act.

21. That the Claimant's average weekly wage and compensation rate shall remain the same as previously established for the first date of accident, resulting in an average weekly wage of $619.43 and a corresponding compensation rate of $412.97.

CONCLUSIONS OF LAW

The following sections of the South Carolina Code of Laws give the appropriate definitions and provisions of the South Carolina Workers' Compensation Act as applicable to this case:

1. S.C. Code Ann. § 42-1-160 defines injury by accident. Pursuant to this statute, the Claimant sustained an injury by accident to his lumbar spine but has not sustained his burden to prove alleged injuries to body parts other than the lumbar spine;

2. S.C. Code Ann. § 42-9-35 provides that a compensable aggravation of a preexisting injury or condition must be proven "by a preponderance of the evidence, including medical evidence." Here, the Claimant has presented insufficient medical evidence and testimony to sustain his burden to prove a compensable aggravation of his preexisting lumbar spine injury as a result of the reported January 20, 2017 accident.

3. When a claimant has successive injuries, and the second injury aggravates the first injury, the insurer on the risk at the time of the second injury is solely liable. Geathers v. 3V, Inc., 371 S.C. 570, 580, 641 S.E.2d 29, 34 (2007). "However, if the second injury is *merely a recurrence* of the first injury, then the insurer on the risk at the time of the original injury remains liable." Id. at 578. The preponderance of the evidence establishes that the Claimant in this case did not reinjure or aggravate his previous injuries as a result of the January 20, 2017 incident during Granite State's period of coverage, and therefore Granite State is not responsible for the Claimant's ongoing medical treatment and other benefits under the Act. Any ongoing problems the Claimant is having are merely a recurrence and/or continuance of his original July 20, 2015 injury. Accordingly, the Hartford should continue providing benefits under the Act.

4. S.C. Code Ann. § 42-15-60 sets forth the Claimant's entitlement to medical examination and treatment under the Act. Pursuant to this statute, the Hartford shall continue to provide, and the Claimant shall accept, ongoing reasonable and necessary medical treatment that is causally related to the July 20, 2015 injury by accident, as recommended by Dr. Stephen Parker or another authorized treating physician. The Claimant is not entitled to medical treatment relative to the alleged January 20, 2017 injury/aggravation of his preexisting condition.

5. S.C. Code Ann. § 42-9-260 sets forth the Claimant's entitlement to temporary total disability benefits. See also Pollack v. S. Wine & Spirits of Am., 405 S.C. 9, 15, 747 S.E.2d 430, 433 (2013) ("Pursuant to section 42–9–260 and the accompanying regulations, the entitlement of TTD benefits is premised on a nexus between the work-related injury and the inability to earn wages. An injured employee will be entitled to TTD compensation when his incapacity to earn wages is *due to* or *because of* the injury.") Here, the preponderance of the evidence establishes that the Claimant's incapacity to earn wages did not begin until May 3, 2017, when Dr. Parker first wrote the Claimant out of work due to the effects of Oxycontin and Dilaudid. Prior to this date, the only conclusion supported by the evidence in the record is that the Claimant remained on light duty restrictions and the Employer continued to provide suitable employment. The medical evidence and Dr. Parker's testimony further establishes that the Claimant's current disability is due to a recurrence and/or continuation of the original July 20, 2015 injury by accident, and did not result from an aggravation or new injury sustained as a result of the January 20, 2017 incident.

6. S.C. Code Ann. § 42-1-40 requires that the Claimant's average weekly wage be calculated based upon the four quarters prior to the date of injury, excluding the quarter in which the accident occurred. Here, as the Claimant has failed to sustain his burden to prove an injury or aggravation as a result of the January 20, 2017 incident, the average weekly wage and compensation rate shall remain the same as previously established for the July 20, 2015 date of accident, resulting in an average weekly wage of $619.43 and a corresponding compensation rate of $412.97.

ORDER

Based on the foregoing, it is hereby:

ORDERED that the Hartford shall remain solely liable for ongoing benefits under the Act as the carrier on the risk at the time of the Claimant's original accident on July 20, 2015; it is further

ORDERED that Granite State shall not be liable for benefits under the Act, as the alleged injury by accident/aggravation on January 20, 2017 is hereby denied, and the Claimant is not entitled to benefits relative to the alleged January 20, 2017 incident; it is further

ORDERED that the Hartford shall pay the Claimant temporary total disability benefits in the amount of $412.97 per week based upon the established average weekly wage of $619.43, beginning on March 2, 2017 and continuing until such time as legal grounds arise for suspension or termination of TTD payments; it is further

ORDERED that the Hartford shall continue to provide reasonable and necessary medical treatment that is causally related to the July 20, 2015 accident, as recommended by Dr. Stephen Parker or another authorized treating physician, subject to the requirements and limitations of S.C. Code Ann. Section 42-15-60; it is further

ORDERED that WCC File #1701425 shall be closed in favor of WCC File #1509301.

No hearing costs or penalties are assessed in this matter.

Within the statutory period, counsel for Agru America/Hartford Underwriters filed a Form 30, Application for Review in the case setting forth the appeal grounds, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on January 23, 2018. All proffered testimony had been taken. Such, together with all documentary

evidence, has been delivered by oral argument to the individual members or the Appellate Panel and has since been under study and consideration.

In its appeal, Agru America/Hartford Underwriters respectfully submits the following:

1. Did the single Commissioner err in failing to give greater weight to the treating physician's opinion that the Claimant's second injury aggravated or worsened the Claimant's condition, when the greater weight and preponderance of the evidence shows that Dr. Parker's position satisfies a reasonable degree of medical certainty standard and is not contradicted by any other expert testimony or reports? (Findings of Fact 10, 11, 14, 16, 17, 18; Conclusions of Law 2, 3, 4, 5, 6; and the Order, generally)

2. Did the single Commissioner err in failing to give weight to the Claimant's Hearing testimony regarding elements of his injury and recovery that have worsened since the second injury, when the greater weight and preponderance of the evidence shows that Claimant's complaints and physical condition did worsen? (Findings of Fact 8, 9; Conclusions of Law 2, 3, 5, 6; and the Order, generally)

3. Did the single Commissioner err in finding that Claimant stopped working due to conditions unrelated to the second injury, when the greater weight and preponderance of the evidence shows that Claimant's inability to work was impacted by the second injury? (Findings of Fact 10, 11, 12, 13, 14, 19, 20; Conclusions of Law 5, 6; and the Order, general)

4. Did the single Commissioner err in finding that the Hartford shall remain solely liable for ongoing benefits, when the greater weight and preponderance of the evidence shows that the Carrier at the time of the second accident should be the responsible party? (Finding of Fact 20; Conclusions of Law 2, 3, 4, 5, 6; and the Order, generally)

5. Did the single Commissioner err in his application of Geathers v. 3V, Inc., when the greater weight and preponderance of the evidence shows that Claimant's second injury satisfies the "last injurious exposure" doctrine adopted by the Court? (Conclusion of Law 3; and its overall application in the Order, generally)

STANDARD OF REVIEW

When reviewing evidence in the award of the single commissioner, the Appellate Panel makes its own findings of fact and reaches its own conclusions of law either consistent or inconsistent with those of the single commissioner. S.C. Code Ann. § 42-17-50 (1985); *Lowe v. Am-Can Trans. Servs., Inc.*, 283 S.C. 534, 324 S.E.2d 87 (Ct. App. 1984). The final determination of

witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel. *Shealy v. Aiken County*, 341 S.C. 448, 535 S.E.2d 438 (2000). An award of benefits may not rest on surmise, conjecture, or speculation but, rather, must be founded on evidence of sufficient substance to afford it a reasonable basis. *Linen v. Ruscon Constr. Co.*, 286 S.C. 67, 332 S.E.2d 211 (1985).

EVIDENCE OF THE CASE

The Claimant in this matter is a 48 year old high school graduate. He has a commercial driver's license. He has worked as a truck driver and a machine operator. He also has work experience in a screen printing company and detailing cars. The Claimant worked as a truck driver and fork lift operator for the Employer. He sustained an injury by accident arising out of and in the course of his employment with the Employer on July 20, 2015 when he fell off the back of a trailer, when the Hartford was the carrier of record for Agru America. The Claimant testified that he had pain in his back, leg, and groin as result of that accident. The Claimant received medical treatment from Dr. Stephen Parker to include pain medication, physical therapy and injections. The Employer began providing light duty work for the Claimant immediately after the July 20, 2015 accident. (Hrg. Tr. p. 27-31; APA p. 1-75).

At the Claimant's visit with Dr. Parker on January 18, 2017, the Claimant reported that the pain level in his lower back, gluteal area, and legs had been worsening. He rated his pain at an "8" on a scale of 1-10. Dr. Parker referred the Claimant to Dr. Todd Cook for a surgical consult, as the Claimant "did not get much relief from injections and does not want to live the rest of his life on pain medications." (APA p. 70). Two days later, on January 20, 2017, the Claimant "felt a pull" in his back as he was winding the landing gear on his truck. (Hrg. Tr. p. 35). The Claimant appeared at the Georgetown Memorial Hospital emergency department on January 23, 2017. He reported

lower back pain radiating into his abdomen and legs. The examining physician diagnosed the Claimant with a lumbar strain. He prescribed a Medrol Dosepak and instructed the Claimant to continue following up with Dr. Parker. (APA p. 137-140).

The Claimant testified at the hearing and in his deposition that he did not have any new injuries in the January 20, 2017 incident. He testified that his pain was the same before and after January 20:

> Q: All right, any new body parts hurting since January 20th?
> A: I still have the same exact pain running up and down in the groin area and stuff like that.
> Q: Okay. So, you say same exact pain. Any difference?
> A: It's still the same pain.
> Q: Okay. Same pain on –
> A: From the – right, the whole right side, the pain is running and shooting up and down my legs and pretty much the groin area.
> Q: Any difference between the pain on January 20th and the pain before January 20th – or I guess the pain after and before?
> A: It's basically the same.

(Clm. Depo p. 34 lines 5-19, see also Hrg. Tr. p. 35-36, 50-51).

The Claimant saw Dr. Cook on February 6, 2017, at which time he reported the January 20, 2017 incident and stated he was "having pain on the right side of back, leg, and hip pain." (APA p. 103-04). Dr. Cook recommended a right hip injection. (APA p. 108). The Claimant had previously complained of hip pain after the first accident and had undergone a right hip MRI with normal results. (APA p. 116-28, 134-35). When the Claimant returned to Dr. Parker on February 15, 2017, he reported that the "current medication treatment plan [was] working well." Dr. Parker indicated that he would refill the Claimant's Percocet prescription and instructed the Claimant to return in one month. (APA p. 76-77).

On March 2, 2017, the Claimant again appeared at Georgetown Memorial Hospital complaining of increased back pain. The examining physician again diagnosed the Claimant with a lumbar strain. The Claimant received prescriptions for Prednisone and Flexeril. (APA p. 169-173). When he returned to Dr. Parker on March 15, 2017, Dr. Parker changed the Claimant's prescription from Percocet to Oxycontin and Dilaudid. (APA p. 81). At the Claimant's next visit with Dr. Parker on April 12, 2017, he reported a pain level of 6. He stated that the current medication regimen made him "very sleepy." Dr. Parker recommended that the Claimant use half doses of the Dilaudid. (APA p. 86). On May 3, 2017, Dr. Parker referred the Claimant for physical therapy and a repeat MRI of the lumbar spine. He also stated that the Claimant was unable to continue working due to the effects of narcotic pain medications. (APA p. 90-95).

The Claimant underwent the repeat MRI on May 10, 2017 and returned to Dr. Parker on May 17, 2017. Dr. Parker reviewed the MRI results and offered another injection, which the Claimant refused. Dr. Parker referred the Claimant back to Dr. Cook for further surgical evaluation. (APA p. 98-102, 129-130). Dr. Cook saw the Claimant on June 12, 2017 and also reviewed the MRI results. He stated that he did not have a surgical recommendation for the Claimant and that he thought the Claimant "would benefit from RFL's bilaterally." Dr. Cook referred the Claimant back to Dr. Parker for further evaluation and treatment. (APA p. 228). The Claimant testified at the hearing that he wished to undergo radiofrequency ablation as recommended by Dr. Cook and that Dr. Parker was making arrangements for that procedure. (Hrg. Tr. p. 38). Neither Dr. Cook nor Dr. Parker have opined as to whether the May 10, 2017 MRI showed any change compared to prior studies. However, Dr. Cook did indicate that the May 10, 2017 MRI was "relatively benign." (APA p. 228).

Dr. Parker testified in a deposition on May 4, 2017. He initially testified that he believed the Claimant had aggravated his lumbar spine condition as a result of the second accident on January 20, 2017. (Dr. Parker depo. p. 30-32). However, Dr. Parker revised his opinion after further examination of the Claimant's deposition testimony and the narrative medical reports. Dr. Parker testified on cross examination that it was his "guarded" opinion that the Claimant "subjectively feels that he has had an exacerbation." (Id. p. 52-54). In addition, Dr. Parker admitted that his treatment recommendations were not impacted by the second accident. He testified that his recommendations would have been the exact same had the second accident never occurred. (Id. p. 32, 57-58). Finally, Dr. Parker testified that even though he had the Claimant on light duty restrictions, he agreed with the Claimant being out of work due to his issues with his medications. (Id. p. 39).

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1983), weigh the evidence as presented at the initial hearing, and if 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 by way of a full affirmation of the Findings and Conclusions of the Hearing Commissioner, we enter the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.

2. That the Claimant sustained an admitted injury to his back on July 20, 2015, arising out of and in the course of his employment with the Employer.

3. That the Hartford admitted an injury to the Claimant's back and provided medical treatment related to the July 15, 2015 accident.

4. That the Claimant continued to work for the Employer in a light duty capacity following the July 15, 2015 injury by accident.

5. That the Claimant received medical examinations and treatment from Dr. Stephen Parker to include injections, physical therapy, and medication.

6. That the Claimant asserted a second injury by accident on January 20, 2017, arising out of and in the course of his employment with the same Employer.

7. That Granite State Insurance Co. was the Employer's carrier of record at the time of the January 20, 2017 accident.

8. That the Claimant's back pain was worsening prior to the second accident, and he reported a pain level of eight out of ten both before and after the second accident.

9. That the Claimant testified that he did not sustain any new injuries as a result of the reported incident on January 20, 2017, and he testified that his pain was the same before and after this incident.

10. That Dr. Parker changed the Claimant's prescription from Percocet to Oxycontin and Dilaudid on March 15, 2017.

11. That Dr. Parker testified that his treatment recommendations were not impacted by the second accident.

12. That the Claimant stopped working as of March 2, 2017, although the medical records indicate the Claimant remained on light duty work restrictions until May 3, 2017,

when Dr. Parker stated the Claimant was unable to work due to the effects of Oxycontin and Dilaudid.

13. That Dr. Parker testified that it was reasonable for the Claimant to have stopped working due to issues with his medications.

14. That Dr. Parker's testimony was inconsistent and noncommittal with regard to what incident or accident is the cause of the Claimant's ongoing disability. Dr. Parker testified only that it was his "guarded" opinion that the Claimant "subjectively feels that he has had an exacerbation" as a result of the second accident.

15. That the Claimant underwent a repeat MRI on May 10, 2017.

16. That Dr. Todd Cook examined the Claimant on June 12, 2017, reviewed the May 10, 2017 MRI results, and stated that he did not have a surgical recommendation for the Claimant.

17. That neither Dr. Parker nor Dr. Cook have stated that the May 10, 2017 MRI showed a change when compared to prior studies.

18. That there is insufficient evidence to support a finding that the Claimant sustained a new injury or aggravation of his preexisting condition as a result of the second accident. To the contrary, the preponderance of the evidence establishes that the Claimant's ongoing problems are merely a recurrence and/or a continuation of the injury from the original July 20, 2015 accident.

19. That the Claimant's period of temporary total disability began on March 2, 2017, the date the Claimant went out of work.

20. That the original carrier (the Hartford) shall remain solely responsible for the Claimant's ongoing benefits under the Act.

21. That the Claimant's average weekly wage and compensation rate shall remain the same as previously established for the first date of accident, resulting in an average weekly wage of $619.43 and a corresponding compensation rate of $412.97.

Based upon the above Statement of the Case, Evidence of the Case, and the Findings of Fact, the following Conclusions of Law are made:

CONCLUSIONS OF LAW

The following sections of the South Carolina Code of Laws give the appropriate definitions and provisions of the South Carolina Workers' Compensation Act as applicable to this case:

7. S.C. Code Ann. § 42-1-160 defines injury by accident. Pursuant to this statute, the Claimant sustained an injury by accident to his lumbar spine but has not sustained his burden to prove alleged injuries to body parts other than the lumbar spine;

8. S.C. Code Ann. § 42-9-35 provides that a compensable aggravation of a preexisting injury or condition must be proven "by a preponderance of the evidence, including medical evidence." Here, the Claimant has presented insufficient medical evidence and testimony to sustain his burden to prove a compensable aggravation of his preexisting lumbar spine injury as a result of the reported January 20, 2017 accident.

9. When a claimant has successive injuries, and the second injury aggravates the first injury, the insurer on the risk at the time of the second injury is solely liable. Geathers v. 3V, Inc., 371 S.C. 570, 580, 641 S.E.2d 29, 34 (2007). "However, if the second injury is *merely a recurrence* of the first injury, then the insurer on the risk at the time of the original injury remains liable." Id. at 578. The preponderance of the evidence establishes that the Claimant in this case did not reinjure or aggravate his previous injuries as a result of the January 20, 2017

incident during Granite State's period of coverage, and therefore Granite State is not responsible for the Claimant's ongoing medical treatment and other benefits under the Act. Any ongoing problems the Claimant is having are merely a recurrence and/or continuance of his original July 20, 2015 injury. Accordingly, the Hartford should continue providing benefits under the Act.

10. S.C. Code Ann. § 42-15-60 sets forth the Claimant's entitlement to medical examination and treatment under the Act. Pursuant to this statute, the Hartford shall continue to provide, and the Claimant shall accept, ongoing reasonable and necessary medical treatment that is causally related to the July 20, 2015 injury by accident, as recommended by Dr. Stephen Parker or another authorized treating physician. The Claimant is not entitled to medical treatment relative to the alleged January 20, 2017 injury/aggravation of his preexisting condition.

11. S.C. Code Ann. § 42-9-260 sets forth the Claimant's entitlement to temporary total disability benefits. See also Pollack v. S. Wine & Spirits of Am., 405 S.C. 9, 15, 747 S.E.2d 430, 433 (2013) ("Pursuant to section 42–9–260 and the accompanying regulations, the entitlement of TTD benefits is premised on a nexus between the work-related injury and the inability to earn wages. An injured employee will be entitled to TTD compensation when his incapacity to earn wages is *due to* or *because of* the injury.") Here, the preponderance of the evidence establishes that the Claimant's incapacity to earn wages did not begin until May 3, 2017, when Dr. Parker first wrote the Claimant out of work due to the effects of Oxycontin and Dilaudid. Prior to this date, the only conclusion supported by the evidence in the record is that the Claimant remained on light duty restrictions and the Employer continued to provide suitable employment. The medical evidence and Dr. Parker's testimony further establishes that the Claimant's current disability is due to a recurrence and/or continuation of the original July 20, 2015 injury by accident,

and did not result from an aggravation or new injury sustained as a result of the January 20, 2017 incident.

12. S.C. Code Ann. § 42-1-40 requires that the Claimant's average weekly wage be calculated based upon the four quarters prior to the date of injury, excluding the quarter in which the accident occurred. Here, as the Claimant has failed to sustain his burden to prove an injury or aggravation as a result of the January 20, 2017 incident, the average weekly wage and compensation rate shall remain the same as previously established for the July 20, 2015 date of accident, resulting in an average weekly wage of $619.43 and a corresponding compensation rate of $412.97.

Based upon the above Statement of Case, Evidence of the Case, Findings of Fact, and Conclusions of Law, the following Order is made:

ORDER

Based on the foregoing, it is hereby:

ORDERED that the Hartford shall remain solely liable for ongoing benefits under the Act as the carrier on the risk at the time of the Claimant's original accident on July 20, 2015; it is further

ORDERED that Granite State shall not be liable for benefits under the Act, as the alleged injury by accident/aggravation on January 20, 2017 is hereby denied, and the Claimant is not entitled to benefits relative to the alleged January 20, 2017 incident; it is further

ORDERED that the Hartford shall pay the Claimant temporary total disability benefits in the amount of $412.97 per week based upon the established average weekly wage of $619.43, beginning on March 2, 2017 and continuing until such time as legal grounds arise for suspension or termination of TTD payments; it is further

ORDERED that the Hartford shall continue to provide reasonable and necessary medical treatment that is causally related to the July 20, 2015 accident, as recommended by Dr. Stephen Parker or another authorized treating physician, subject to the requirements and limitations of S.C. Code Ann. Section 42-15-60; it is further

ORDERED that WCC File #1701425 shall be closed in favor of WCC File #1509301.

No hearing costs or penalties are assessed in this matter

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By:

Commissioner R. Michael Campbell, II

CONCURRING:

Commissioner T. Scott Beck

Commissioner Gene McCaskill

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 on March 9, 2018