

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Appellate Case No. 2017-002522
Case No. 2010-CP-5743

RECEIVED
OCT 18 2018
SC Court of Appeals

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and
Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson, and Charles M. Fogarty, MD,

Respondents.

**RECORD ON APPEAL
VOLUME XIII**

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INDEX

ORDERS

| | |
|---|----|
| 1. Order Granting Defendants’ Motion to Dismiss filed March 23, 2012..... | 1 |
| 2. S.C. Court of Appeals Unpublished Opinion No. 2014-UP-273, Heard June 4, 2014 – Filed June 30, 2014..... | 14 |
| 3. Remittitur from the Court of Appeals dated May 19, 2015..... | 19 |
| 4. Consent Order entered December 11, 2015..... | 21 |
| 5. Discovery Order filed April 14, 2017..... | 23 |
| 6. Order Granting Defendants’ Motion for Summary Judgment dated July 20, 2017..... | 26 |
| 7. Order Denying Plaintiffs’ Motion for Reconsideration dated November 14, 2017..... | 34 |

PLEADINGS

| | |
|---|----|
| 8. Plaintiffs’ Complaint filed October 27, 2010..... | 53 |
| 9. Plaintiffs’ Amended Complaint filed June 16, 2011..... | 62 |
| 10. Plaintiffs’ Second Amended Complaint dated October 11, 2011.... | 80 |

MOTIONS AND MEMORANDA

| | |
|--|-----|
| 11. Defendant William Mark Casey’s Motion to Dismiss filed December 20, 2010..... | 99 |
| 12. Defendant Fogarty’s Motion to Dismiss Plaintiffs’ Complaint filed December 20, 2010..... | 101 |
| 13. Defendant Thompson’s Motion to Dismiss filed December 21, 2010..... | 116 |
| 14. Defendant William Mark Casey’s Motion to Dismiss Amended Complaint filed July 5, 2011..... | 117 |
| 15. Defendant Thompson’s Motion to Dismiss Amended Complaint filed July 7, 2011..... | 120 |

| | |
|--|-----|
| 16. Defendant Fogarty’s Motion to Dismiss Amended Complaint filed July 5, 2011 | 122 |
| 17. Defendant Fogarty’s Motion to Dismiss Second Amended Complaint filed October 25, 2011 | 125 |
| 18. Defendants’ Motion for Summary Judgement with Exhibits filed December 7, 2016 | 128 |
| Exhibit A | 131 |
| 19. Defendants’ Amended Motion for Summary Judgement with Exhibit A dated March 30, 2017 | 132 |
| Exhibit A | 134 |
| 20. Defendants’ Brief in Support of Motion for Summary Judgement with Exhibits 1 -28 dated June 15, 2017..... | 135 |
| Exhibit 1 | 176 |
| Exhibit 2..... | 178 |
| Exhibit 3..... | 187 |
| Exhibit 4..... | 299 |
| Exhibit 5..... | 344 |
| Exhibit 6..... | 604 |
| Exhibit 7..... | 606 |
| Exhibit 8..... | 645 |
| Exhibit 9..... | 654 |
| Exhibit 10..... | 662 |
| Exhibit 11..... | 770 |
| Exhibit 12..... | 774 |
| Exhibit 13..... | 778 |
| Exhibit 14..... | 782 |
| Exhibit 15..... | 810 |
| Exhibit 16..... | 820 |
| Exhibit 17..... | 832 |
| Exhibit 18..... | 834 |
| Exhibit 19..... | 836 |
| Exhibit 20..... | 838 |
| Exhibit 21..... | 840 |
| Exhibit 22..... | 842 |
| Exhibit 23..... | 844 |
| Exhibit 24..... | 849 |
| Exhibit 25..... | 858 |
| Exhibit 26..... | 861 |
| Exhibit 27..... | 867 |
| Exhibit 28..... | 871 |

| | |
|--|-----|
| 21. Plaintiffs' Memorandum in Opposition to Defendants' Amended Motion for Summary Judgement with exhibits dated June 20, 2017 | 876 |
| Exhibit 1 | 891 |
| Exhibit 2 | 893 |
| Exhibit 3 | 896 |
| Exhibit 4 | 897 |
| Exhibit 5 | 901 |
| Exhibit 6 | 904 |
| Exhibit 7 | 906 |
| Exhibit 8 | 907 |
| Exhibit 9 | 910 |
| Exhibit 10 | 912 |
| Exhibit 11 | 915 |
| Exhibit 12 | 918 |
| Exhibit 13 | 920 |
| Exhibit 14 | 923 |
| Exhibit 15 | 925 |
| Exhibit 16 | 939 |
| Exhibit 17 | 945 |
| Exhibit 18 | 948 |
| Exhibit 19 | 957 |
| 22. Stipulation Relating to Motion for Summary Judgement with Exhibits dated June 22, 2017 | 962 |
| 23. Stipulation of Dismissal with Prejudice as to William Mark Casey dated July 18, 2017 | 970 |
| 24. Plaintiff's Motion for Reconsideration dated July 31, 2017 | 972 |
| 25. Defendants' Brief Opposing Plaintiffs' Motion for Reconsideration dated August 10, 2017 | 983 |
| 26. Plaintiffs' Reply to Defendants' Brief Opposing Plaintiffs' Motion for Reconsideration dated August 18, 2017 | 994 |

TRANSCRIPT WITH EXHIBITS

| | |
|---|------|
| 27. Motion to Dismiss Hearing Transcript dated January 18, 2012 (Transcript cover page erroneously dated February 18, 2012) | 1000 |
| 28. Transcript of Record dated June 20, 2017 | 1040 |
| 29. Hearing Transcript dated October 19, 2017 | 1082 |

OTHER MATERIAL AND DOCUMENTS

| | |
|--|------|
| 30. Notice of Appeal of Order Granting Defendants' Motion to Dismiss filed August 28, 2012 | 1102 |
| 31. October 17th, 18th and 21st of 2016 Deposition of Gregory Feldman, M.D. with Exhibits 1-64 & 71-77 | 1105 |
| Exhibit 1 | 1638 |
| Exhibit 2 | 1646 |
| Exhibit 3 | 1666 |
| Exhibit 4 | 1668 |
| Exhibit 5 | 1669 |
| Exhibit 6 | 1672 |
| Exhibit 7 | 1675 |
| Exhibit 8 | 1678 |
| Exhibit 9 | 1680 |
| Exhibit 10 | 1681 |
| Exhibit 11 | 1687 |
| Exhibit 12 | 1738 |
| Exhibit 13 | 1739 |
| Exhibit 14 | 1740 |
| Exhibit 15 | 1741 |
| Exhibit 16 | 1743 |
| Exhibit 17 | 1745 |
| Exhibit 18 | 1749 |
| Exhibit 19 | 1753 |
| Exhibit 20 | 1755 |
| Exhibit 21 | 1758 |
| Exhibit 22 | 1760 |
| Exhibit 23 | 1764 |
| Exhibit 24 | 1840 |
| Exhibit 25 | 1847 |
| Exhibit 26 | 1848 |
| Exhibit 27 | 1849 |
| Exhibit 28 | 1850 |
| Exhibit 29 | 1851 |
| Exhibit 30 | 1859 |
| Exhibit 31 | 1860 |
| Exhibit 32 | 1863 |
| Exhibit 33 | 1869 |
| Exhibit 34 | 1870 |
| Exhibit 35 | 1872 |
| Exhibit 36 | 1878 |
| Exhibit 37 | 1879 |
| Exhibit 38 | 1880 |
| Exhibit 39 | 1882 |

| | |
|--|------|
| Exhibit 40..... | 1883 |
| Exhibit 41..... | 1884 |
| Exhibit 42..... | 1899 |
| Exhibit 43..... | 1900 |
| Exhibit 44..... | 1945 |
| Exhibit 45..... | 2153 |
| Exhibit 46..... | 2154 |
| Exhibit 47..... | 2155 |
| Exhibit 48..... | 2160 |
| Exhibit 49..... | 2161 |
| Exhibit 50..... | 2164 |
| Exhibit 51..... | 2165 |
| Exhibit 52..... | 2166 |
| Exhibit 53..... | 2171 |
| Exhibit 54..... | 2172 |
| Exhibit 55..... | 2173 |
| Exhibit 56..... | 2188 |
| Exhibit 57..... | 2234 |
| Exhibit 58..... | 2259 |
| Exhibit 59..... | 2260 |
| Exhibit 60..... | 2261 |
| Exhibit 61..... | 2262 |
| Exhibit 62..... | 2263 |
| Exhibit 63..... | 2264 |
| Exhibit 64..... | 2265 |
| Exhibits 65 - 70 Marked in Boscia & Shanta Depositions | |
| Exhibit 71..... | 2293 |
| Exhibit 72..... | 2294 |
| Exhibit 73..... | 2296 |
| Exhibit 74..... | 2301 |
| Exhibit 75..... | 2302 |
| Exhibit 76..... | 2304 |
| Exhibit 77..... | 2305 |
| 32. October 19, 2016 Deposition of Joseph A. Boscia, M.D. with Exhibits 65-69..... | |
| | 2306 |
| Exhibit 65..... | 2437 |
| Exhibit 66..... | 2442 |
| Exhibit 67..... | 2447 |
| Exhibit 68..... | 2449 |
| Exhibit 69..... | 2451 |
| 33. October 20, 2016 Deposition of Devendra Shantha, M. D. with Exhibit 70..... | |
| | 2452 |
| Exhibit 70..... | 2479 |

| | |
|---|------|
| 34. February 2, 2017 Deposition of William U. Gunn with Exhibits | |
| 78-90 | 2480 |
| Exhibit 78 | 2631 |
| Exhibit 79 | 2633 |
| Exhibit 80 | 2636 |
| Exhibit 81 | 2645 |
| Exhibit 82 | 2648 |
| Exhibit 83 | 2677 |
| Exhibit 84 | 2693 |
| Exhibit 85 | 2694 |
| Exhibit 86 | 2696 |
| Exhibit 87 | 2698 |
| Exhibit 88 | 2703 |
| Exhibit 89 | 2708 |
| Exhibit 90 | 2710 |
| 35. March 28, 2017 Deposition of H. Spencer King, III with Exhibits | |
| 91-102 | 2714 |
| Exhibit 91 | 2828 |
| Exhibit 93 | 2831 |
| Exhibit 93 | 2833 |
| Exhibit 94 | 2836 |
| Exhibit 95 | 3371 |
| Exhibit 96 | 3451 |
| Exhibit 97 | 3455 |
| Exhibit 98 | 3476 |
| Exhibit 99 | 3484 |
| Exhibit 100 | 3485 |
| Exhibit 101 | 3487 |
| Exhibit 102 | 3488 |
| 36. April 26, 2017 Deposition of Kenneth C. Anthony, Jr with Exhibits 103-113 | |
| Exhibits 103-113 | 3686 |
| Exhibit 103 | 3738 |
| Exhibit 104 | 3741 |
| Exhibit 105 | 3743 |
| Exhibit 106 | 3746 |
| Exhibit 107 | 3747 |
| Exhibit 108 | 3749 |
| Exhibit 109 | 3753 |
| Exhibit 110 | 3754 |
| Exhibit 111 | 3755 |
| Exhibit 112 | 3757 |
| Exhibit 113 | 3765 |

| | |
|---|------|
| 37. May 2, 2017 Deposition of L. Randolph Waid, Ph.D. with Exhibits 114-117 | 3767 |
| Exhibit 114..... | 3816 |
| Exhibit 115..... | 4172 |
| Exhibit 116..... | 4302 |
| Exhibit 117..... | 4304 |
| 38. May 5, 2017 Deposition of Wilson P. Smith, Jr., M.D. with Exhibits 118-121 | 4305 |
| Exhibit 118..... | 4343 |
| Exhibit 119..... | 4347 |
| Exhibit 120..... | 4349 |
| Exhibit 121..... | 4713 |
| 39. Affidavit of William F. Alleyne, II, M.D., F.C.C.P. dated June 16, 2017..... | 5024 |
| 40. Affidavit of Gregory J. Feldman, M.D. dated June 16, 2017 | 5027 |
| 41. Affidavit of Joseph A. Boscia, III dated June 16, 2017 | 5031 |
| 42. Gunn Emails 1720, 1871-1872, 2311 | 5033 |
| 43. JUA Documents (JUA 000389 - JUA 000391) | 5037 |
| 44. King Documents (KING 000052 - KING 000055, KING 001571, KING 001164, KING 2169) | 5040 |
| 45. Mann Documents (MANN 000084, MANN 000098, MANN 001071 - MANN 001072, MANN 001167 - MANN 001168, MANN 001183, MANN 005153, MANN 007982, MANN 011190, MANN 011539, MANN 011692, MANN 015851, MANN 018091, MANN 018627, MANN 019042, MANN 020038, MANN 020224. MANN 022478 - MANN 022479, MANN 022484, MANN 023463, MANN 023467 - MANN 023468, MANN 024620 - MANN 024623)..... | 5047 |
| 46. Thompson Documents (THOMPSON 003170, THOMPSON 032118 - THOMPSON 032119, THOMPSON 032157 - THOMPSON 032232, THOMPSON 036483, THOMPSON 059623..... | 5075 |
| 47. Atena File of William Mark Casey (THOMPSON 026304 - THOMPSON 026599) filed June 19, 2017..... | 5156 |

| | |
|---|------|
| 48. Social Security File of William Mark Casey (THOMPSON 059495 - THOMPSON 060241) filed June 19, 2017 | 5452 |
| 49. Notice of Appeal with Exhibits dated December 8, 2017 | 6199 |
| 50. Certificate of Counsel | 6241 |

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*ALSO MEMBER NORTH CAROLINA BAR

VIA HAND DELIVERY

July 14, 2008

Chuck Thompson, Esquire
PO Box 3408
Spartanburg, SC 29304

William U. Gunn, Esquire
PO Box 1897
Spartanburg, SC 129304

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD

CA No.: 2006-CP42-1728

Our File No.: 26-0266

Counselors:

Please find enclosed a copy of the Social Security file of William Mark Casey.

I am

Very truly yours,



H. Spencer King
The Ward Law Firm, P.A.

HSK/mdh

Enclosures

THOMPSON 059495



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASEY, WILLIAM I Social Security Number 1 1742K Birth Date (MM/DD/YYYY) 15'8" 1170 Height Weight:(lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM RD, WOODRUFF, S.C. 29398
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C. (TERMINATED)

(g) Patient Telephone Number (864) 496-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY - TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NON PSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
 Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
 Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MILTRAZAPINE 45 MG, Q.H.S., ADDAPTAL XR 20 mg 2
 @ A.M., AMBIEN 10 MG, Q.H.S. (PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST)
 Impairment from medication effects NONE KNOWN

(f) Is patient still under your care for this condition? Yes No, date service terminated _____
COGNITIVE, REALITY & SUPPORTIVE (MM/DD/YYYY)

(g) Treatment summary PSYCHOTHERAPY; COGNITIVE & EMOTIONAL ASSESSMENT SUPPLEMENTED BY PSYCHOTROPIC MEDS!

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
 (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING V.S.T. & L.I.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION; POOR FINE & GROSS MOTOR COORDINATION, DECREASED MOOD, ANHEDONIA, SLEEP DISTURBANCES, IRRITABILITY, TOLERANCE, ANXIATION, LETHARGY, EARLY FATIGUE, CHEST PAINS

(b) Date symptoms first appeared or accident happened: 5-14-04

(c) Has patient ever had same or similar condition? No Yes. State when and describe: CHEST PAINS (EXERCITION) GEN DISTENTION, CHEST PAINS PREVIOUSLY (COPD), BRAIN DAMAGE (NEUROLOGICAL DYSFUNCTION AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BURN CHOROYD ON 6/3/04)

(e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown

(f) Other Treating Physicians: A CLASH OF MEDICAL PROBLEMS DEVELOPED AFTER MR. CASEY CHEST PAINS ON 5-29-04

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name JEREMY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
- Able to work with others Yes No Other/describe in (d)
- Able to give supervision Yes No Other/describe in (d)
- Able to work cooperatively with others in group setting Yes No Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.
 - Heavy work activity. No limitations of functional capacity.
 - Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 - Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 - Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 - No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 - Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN PERFORM HOUSE OR YARD WORK FOR ABOUT AN HOUR BUT BE COMES QUITE FATIGUED. ALSO, INTELLECTUAL, PERFORMANCE & SOCIAL SKILLS ARE OVERWHELMING. UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY.

- Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
- Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week (N/A)
- Date you prescribed restriction on work activities Month 08 Day 04 Year 04
- How long are these restrictions/limitations in effect? PERMANENT RESTRICTIONS No Longer
Days Weeks Months
- Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC DISORDERS.

(d) Other/Comments

6. Current Status NO PSYCHIATRIC AFTER FIRST 6 MONTHS.

(a) Patient has Improved Stabilized Regressed Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.

(c) In your opinion, is your patient motivated to return to work? MRI CASEY WOULD PREFER MUCH PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

7. Regulation Notices

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

| | | |
|--|---|---|
| Attending Physician's Name (Print) JOSEPH G. GRACE, III | Degree Ph.D. | Specialty LICENSED PSYCHOLOGIST |
| Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303 | Telephone Number (864) 560-1512 | Fax Number (864) 560-1565 |

9. Physician Signature
 Signature  Date (MM/DD/YYYY)
6-22-06

Health Summary

1 of 1

Piedmont Psychiatric Services
2094 Woodruff Road
Greenville, SC 29607

Phone: (864)676-9211 Fax: (864)676-9432

Patient: Casey, William M.

Date: 8/16/2005

Current Problems

Major depression, single episode, moderate

Current Medications

Adderall XR 20mg Capsules, Extended Release two qam
Ambien 10mg Tablet 1-2 qhs prn
Cymbalta* 60 mg two qam
Lipitor
Lortab prn
Bextra

Allergies / Adverse Reactions

NKDA

Past Medical History

Past Medical History:
Bulging disk, back pain
Chest pain with exertion

Family History:
Denies.

Legal History:
Force is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years
Reports financial problems.

Tobacco/Alcohol/Supplements:
12 pack beer/month.

Substance Abuse History:
Denies.

Mental Health History:
Current counseling with Jay Grace, PhD.

Past meds: Zoloft, Ambien Concerta Adderall XR

000507

8646769432 PIEDMONT PSYCHIATRIC

THOMPSON 059499

5456

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

1 of 1

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ref. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT is a registered trademark of the American Medical Association

000506

8646769432 PIEDMONT PSYCHIATRY

THOMPSON 059500

5457

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit
Visit Date: Mon, Jun 13, 2005 10:47 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

000505

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8646769432

PIEDMONT PSYCHIATRY

THOMPSON 059501

5458

Casey, William M. [REDACTED]/1958
Office/Outpatient Visit
Visit Date: Mon, May 16, 2005 10:26 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

000504

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8646769432

THOMPSON 059502

THOMPSON 059502

5459

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Wed, Dec 15, 2004 10:14 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

1 of 1

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

Over the past 10 days, he is feeling better with more motivation and interest. No medication s.e. now--had some early nausea. Sleep is good on 20 mg Ambien.

OBJECTIVE:

Exams:

Affect is less constricted.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg one qam and give it more time to work.

Cont. Ambien 10 mg two qhs prn insomnia. He does not take this every night.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy .

000501

CPT® is a registered trademark of the American Medical Association.

8646/69432

PIEDMONT PSYCHIATRY

THOMPSON 059503

5460

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC:

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (DFA, MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopeless thoughts. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Sliding disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Initial counseling with Jay Grace, PhD.

000500

THOMPSON 059504

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

2 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

Current Medications:

Zoloft 150mg qd past 6 weeks.
Ambien.pm

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

296.22 Major depression, single episode, moderate
DDx:
R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)
AXIS II: No diagnosis .
AXIS III: See PMH and HPI above.
AXIS IV: Family, employment, health.
AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:

90801* Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

000499

THOMPSON 059505

Casey, William M. [REDACTED]/1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 05:16 pm
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

45 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasms. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

000498

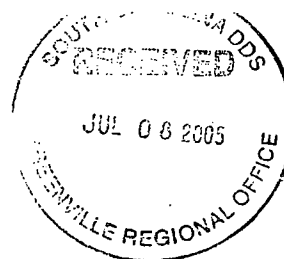
OTC is a registered trademark of the American Medical Association.

000498 12:28 PM PIEDMONT PSYCHIATRY 0040/09432

THOMPSON 059506

5463

Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512



ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] /58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 – 06/08/77)
Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

0035801454

THOMPSON 059507

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

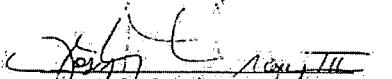
| <u>Verbal Subtests</u> | | <u>Performance Subtests</u> | |
|--------------------------|----|-----------------------------|----|
| Vocabulary | 11 | Picture Completion | 10 |
| Similarities | 10 | Digital Symbol – Coding | 4 |
| Arithmetic | 10 | Block Design | 9 |
| Digit Span | 11 | Matrix Reasoning | 11 |
| Information | 9 | Picture Arrangement | 10 |
| Comprehension | 10 | Symbol Search | 6 |
| Letter–Number Sequencing | 12 | | |


The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005


6-17-05
Summing

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059509

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA

**This is a request for review to see if the case can be paid on the record
or, alternatively, for prehearing conference scheduling in September**

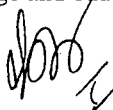
July 7, 2006

Mr. Tom Roberts, Office Director
Office of Disability Adjudication & Review
300 University Ridge, Suite 200
Greenville, S. C. 29601-9959

Subject: WILLIAM M. CASEY
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]

Dear Mr. Roberts:

We requested a hearing for William Casey on 11-17-05. We have received updated information from Dr. Joseph Grace, psychologist, consisting of an attending physician statement for Aetna Insurance. Dr. Grace indicated the claimant would be incapable of benefitting from Vocational Rehabilitation services. He also indicated that the claimant would "prefer to be working but he is incapable of gainful employment." Dr. Grace is a treating source. An excellent June 17, 2005 report from Dr. Joseph Grace was previously provided to Social Security and is again submitted for ease of reference. The reconsideration decision correctly concluded that the claimant suffered from physical and mental impairments that would not allow him to do any of his past work activity. We offered a comprehensive report from a psychiatrist, Dr. Jeffrey Smith, in September 2005 confirming a degree of impairment that would meet or equal the listings under 12.00 *et seq.* Dr. Smith's information has been resubmitted for ease of reference. The claimant is a younger individual. He is alleging disability from May 28, 2004. A no work affidavit was submitted in November 2005. The claimant was last employed at Michelin Tire. The state agency used medium grid rule 203.29 to conclude that the claimant was not disabled. Most importantly, the use of rule 203.29 concludes that the claimant's past relevant work was skilled or semi-skilled but skills are not transferable. There seems to be no evidence from examining physicians to support a conclusion that the claimant could perform medium, light, or sedentary work for 8 hours a day/5 days a week. Age and education are not especially limiting.

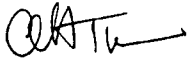


THOMPSON 059510

This case appears to be a claim that could be screened for on the record payment or, alternatively, could be scheduled for a *prehearing conference* in September. Thank you for considering this request.

With kindest regards, I am

Very truly yours,



George H. Thomason
GHT/gl

Enclosures: Dr. Joseph Grace 6-17-05 report; Dr. Glace/Aetna statement;
Dr. Jeffrey Smith interrogatories

cc: William M. Casey

THOMPSON 059511

EDCS ROUTING FORM

CLIENT SSN: [REDACTED] CLIENT: William Mark Casey

N/H SSN(S): [REDACTED] DIB EDCS CLAIM NUMBER(S): 11007705

EDCS FOLDER NUMBER: 5153387 EDCS CASE NUMBER: 7931801

KEYED EDCS FORMS: SSA-3441 SSA-3367

CASE LEVEL: Reconsideration

ROUTING:

DATE: 9/8/2005

FROM: SPARTANBURG SC FO/1 584
SOCIAL SECURITY
140 MAGNOLIA ST
SPARTANBURG, SC 29306-9960

TO: DDS GREENVILLE SC DDS S87
P.O. BOX 3090
GREENVILLE, SC 29602

DOCUMENTS IN ELECTRONIC FOLDER:

- DDS Disability Worksheet (WRKSHT)
- Medical Evaluation (416)
- Psychiatric Review Technique (2506)
- Mental RFC Assessment (4734SUP)
- Disability Determination Transmittal (831)
- Copy of Evidence Request (CPYEVREQ)
- T2 Notice of Disapproved Claim (L443)
- Vocational Consultant's Comments (VOC)
- Physical RFC Assessment (4734)
- Personal Decision Notice (PDN)
- Medical Evidence of Record (MER)
- Medical Evidence of Record (MER)
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- Medical Evidence of Record (MER)
- Medical Evidence of Record (MER)

DEVELOPMENT SUMMARY

CLAIM#: E54200 WORKSHEET ADJ: 461 UNIT: 01
 RCPT DATE: 09/15/05 (INITIAL/RECON) DePetris, Aimee F
 TYPE: DIB LEV: RC PROC TIME: 43
 CLMNT: ██████████ CASEY, WILLIAM ---CLAIMANT ADDRESS---
 W/E: 240 LIGHTWOOD FARM RD
 BIC: DB: ██████████/1958 AGE: 46 SEX: M EDUC:13 WOODRUFF SC
 STOP WORK DATE: 05/28/04 CDB ATTAIN DATE: 29388 (864) 486-9131
 3PTY: PD:
 DLI: AOD: 05/28/04 SLC: 7 DMA CASE (864) 573-7807
 BODY SYS: 01 MUSCULOSKELETAL DO: 584 DO SPARTANBURG
 CTRL DT: PP END DT:
 MED HOLD:
 RECON----- PREV REVIEW PHYSICIAN PREV CE CONSULTANT
 IN DENIAL DR PRICE
 07/18/05 DR EL IBIARY

ALLEGATIONS: Lung/breathing probs, low back pain, depression, panic attacks

REMARKS: ATTY THOMASON
 FINAL COPY 102805 TRS

| DEVELOPMENT PROFILE | | Date & Method of Request | | | | (T-Telephone;F-Field;M-Mail) | | |
|----------------------|--------|--------------------------|--------|--------|--------|------------------------------|--|--|
| SOURCE | REQ | LTR# | FU | FU | RECVD | | | |
| DR J. GRACE | 092105 | L2 | 101105 | 101905 | | | | |
| NOT RCVD | | | (M) | (M) | | | | |
| DR J. SMITH | 092105 | L2 | | | 092905 | | | |
| DR F. GONDA | 092105 | L2 | | | 092705 | see nolt for payment | | |
| LEGAL REPRESENTATIVE | 092105 | L22 | | | 092605 | | | |
| DR F. GONDA | 092805 | NOLT | | | 092805 | | | |
| DE SSA 3373 | 100305 | 0075 | | | 100305 | FUNCTION REPORT ADULT | | |
| FOOTHILLS FAMILY MED | 102105 | NOLT | | | 102105 | | | |

| CE TYP | SRCE TEL# & NAME | REQ | EXAM | REMINDER | KEPT | FU | FU | RECVD |
|--------|------------------|-----|------|----------|------|----|----|-------|
| | | | | | | | | |

THOMPSON 059513

CLAIM#: E54200
RCPT DATE: 09/15/05
TYPE: DIB LEV: RC
CLMNT: ██████████ CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 461 UNIT: 01
DePetris, Aimee F

NARRATIVE

Date: 10/28/05
5002

Submitted by: AFD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059515

DEPARTMENT OF HEALTH AND HUMAN SERVICES-SOCIAL SECURITY ADMINISTRATION

| DISABILITY DETERMINATION AND TRANSMITTAL | | | | | |
|---|--|--|---|--|---------------------|
| 1. DESTINATION DDS ODD DRS DQB INTPSC | | 2. DDS CODE | 3. FILING DATE 02/01/2005 | 4. SSN [REDACTED] | BIC (if CDB or DWB) |
| 5. NAME & ADDRESS OF CLAIMANT (Include ZIP Code) William Casey 240 Lightwood Farm Road Woodruff, SC 29388 | | | 6. WE'S NAME (if CDB or DWB) | | |
| 9. DATE OF BIRTH [REDACTED]/1958 | | | 10. PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/> | | |
| 12. DISTRICT OFFICE ADDRESS 140 MAGNOLIA ST, SPARTANBURG, SC 29301 | | | DO CODE 584 | | |
| 13. DO REPRESENTATIVE | | | 14. DATE | | |
| | | | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | | |
| | | | 11B. <input type="checkbox"/> IMPAIRMENT | | |
| DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED | | | | | |
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS | | 16B. SECONDARY | CODE NO |
| A. <input checked="" type="checkbox"/> Disability Began 05/28/04 | | Chronic Pulmonary Insufficiency (COPD) | | Disorders of Back (discogenic and degenerative) | 7240 |
| B. <input type="checkbox"/> Disability Ceased | | | | | |
| 17. DIARY TYPE | | MO/DD/YR | REASON | | |
| MRN | | 09/1908 | Q | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC 1614(a)(2)(216)(I) | | | 19. CLAIMANT NOT DISABLED | | |
| A. <input type="checkbox"/> Not Disab for Cash Bene Purp | | | B. Through C. <input type="checkbox"/> Before | | |
| B. <input type="checkbox"/> Disabled for Cash Benefit Purp Beg | | | A. <input type="checkbox"/> Through Date of Current Determination Age 22 (CDB only) | | |
| 20. VOCATIONAL BACKGROUND | | OCC YRS | ED YRS | 21. VR SC IN SC OUT Prev | |
| | | | 13 | ACTION A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> | |
| 22. REG-BASIS CODE | | 23. MED LIST NO | 24. MOB CODE | 25. REVISED DET | |
| | | | | <input checked="" type="checkbox"/> | |
| 26. LIST NO | | A. | B. | C. | D. E. F. |
| 27. RATIONALE | | <input type="checkbox"/> See Attached SSA-4268-U4/C4 | | <input type="checkbox"/> Check if Vocational Rule Met, Cite Rule See remarks-Item 34 | |
| 28. A. <input checked="" type="checkbox"/> Period of Disability B. <input checked="" type="checkbox"/> Disability Period C. <input checked="" type="checkbox"/> Etab Beg 05/28/04 And D. <input checked="" type="checkbox"/> Continues E. <input type="checkbox"/> Term | | | | | |
| 29. LTR/PAR NO | | 30. DISABILITY EXAMINE-ODS | | 31. DATE | |
| | | | | | |
| 32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print, or Type) | | | | 32B. SPEC. CODE | |
| | | | | | |
| 34. REMARKS | | | | MULTIPLE IMPAIRMENTS CONSIDERED | |
| Revises the determination dated 10/2/2005 ALJ William Hauser decision dated 09/19/2006 Atty George Thomason PO Box 772 Spartanburg, SC 29304 Fee Agreement | | | | <input type="checkbox"/> 34A. COMBINED MULTIPLE NONSEVERE-SEVERE | |
| | | | | <input type="checkbox"/> 34B. COMBINED MULTIPLE | |
| 35. BASIS CODE | | 36. REV. DET. CODES | | 37. SSA REPRESENTATIVE | |
| D-5 | | | | Lyn Jackson SA | |
| | | | | SSA CODE 7 | |
| | | | | 38. DATE 10/2/2006 | |

Form SSA-831 (3/89)

STATE AGENCY / DATA COPY ELECTRONIC INPUT DECISION CASE CONTROL

THOMPSON 059516

DWC

10:30

Claimant's Name William Carey Claim Number [REDACTED]
 Date and Time 9-15-06 City Greenville SC
 ALJ William H. Hauser HA Rose Mary Haugie
 Claimant Represented By George Thomas
 Witnesses 19 - Dr. Roy Sumpter

digital id: 4880469D

Type of Recording (check one): 4-Track Monaural *CD*
 Cassette _____ of _____

| Counter Number | Description | Counter Number | Description |
|----------------|---------------------------|----------------|-------------|
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| | <i>Rochet Docket Case</i> | | |
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5474

THOMPSON 059517

DISABILITY DETERMINATION AND TRANSMITTAL

| | | | | | |
|--|--|--------------------|---|--|--|
| 1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DOB <input type="checkbox"/> INTPSC <input type="checkbox"/> | | 2. DDS CODE S87 | 3. FILING DATE 02/01/05 | 4. SSN [REDACTED] | BIC (IF CDB OR DWB CLAIM) |
| 5. NAME AND ADDRESS OF CLAIMANT (include zip code) WILLIAM MARK CASEY 240 LIGHTWOOD FARM RD WOODRUFF SC 29388 | | | 6. WE'S NAME (if CDB or DWB CLAIM) | | |
| 9. DATE OF BIRTH [REDACTED] 58 | | | PRIOR ACTION PD <input checked="" type="checkbox"/> PT <input type="checkbox"/> | | 11. REMARKS (864)486-9131 RECON FILED 09/06/05 RECEIVED 09/15/05 AOD 05/28/04 DLI 12/31/08 |
| 12. DISTRICT BRANCH OFFICE ADDRESS (include ZIP code) 140 MAGNOLIA STREET SPARTANBURG SC 29306 (864) 573-7807 | | | DO BO CODE 584 | | |
| 13. DO BO REPRESENTATIVE | | 14. DATE | | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | 11B. <input type="checkbox"/> IMPAIRMENT |

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

| | | | | | | | | |
|--|--------------------|---|--|--|-------------------------------------|---|--|---|
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS Disorders of Back (Discogenic and Degenerative) | | BODY SYS 01 | CODE NO 7240 | 16B. SECONDARY DIAGNOSIS Affective/Mood Disorders | | CODE NO 2960 |
| A. <input type="checkbox"/> Disability Began | | B. <input type="checkbox"/> Disability Ceased | | | | | | |
| 17. DIARY TYPE | | MO/YR 00/00 | | REASON | | | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(21)(16)(1) A. Not Disab. For Cash Bene Purp <input type="checkbox"/> B. <input type="checkbox"/> Disab For Cash Bene. Purp Begin | | | | 19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB Only) | | | | |
| 20. VOCATIONAL BACKGROUND | | 0CC YRS | ED YRS 13 | 21. VR ACTION | | SC IN A. <input type="checkbox"/> | SC OUT B. <input checked="" type="checkbox"/> | PREV REF C. <input type="checkbox"/> |
| 22. REG-BASIS CODE J1-1520(f) | 23. MED List NO | 24. MOB CODE | 25. REVISED DET <input checked="" type="checkbox"/> | 25A. INITIAL A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> | RECON D <input type="checkbox"/> | RECON DHU E <input type="checkbox"/> | ALJ HEARING F <input type="checkbox"/> | APPEAL COUNCIL U.S. District Court |
| 26. LIST NO A → | | B | C | D | E | F | | |
| 27. RATIONALE <input type="checkbox"/> | | See Attached SSA-4268-U4/C4 <input type="checkbox"/> | | Check if Vocational Rule Met. Cite Rule | | | | |
| 28. A. <input type="checkbox"/> Period of Disability | | B. <input type="checkbox"/> Disability Period | | C. <input type="checkbox"/> Estab. Beg | | and D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term | | |
| 29. LTR/PAR NO DDS/DL 928 | | 30. DISABILITY EXAMINER-DDS <i>Amel F. DePetris</i> | | 31. DATE 10/28/05 | | 32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE <i>Carl E. Anderson</i> | | 33. DATE 10/28/05 |
| | | 32a. PHYSICIAN OR MEDICAL SPEC. NAME (STAMP, PRINT OR TYPE) Carl E Anderson md | | | | 32B. SPEC CODE 12 | | |
| 34. REMARKS: RECON AFFIRMATION GEORGE THOMASON | | | | | | MULTIPLE IMPAIRMENTS CONSIDERED 34A. COMBINED MULTIPLE NONSEVERE-SEVERE 34B. COMBINED MULTIPLE NONSEVERE-SEVERE | | |
| 35. BASIS CODE | | 36. REV.DET CODES D-4 | | 37. SSA REPRESENTATIVE | | DATE | | |

THOMPSON 059518

DEPARTMENT OF HEALTH AND HUMAN
 SERVICES SOCIAL SECURITY ADMINISTRATION
 473/RHE
 Claim No: D91109

DISABILITY DETERMINATION AND TRANSMITTAL

| | | | | | |
|---|----------|---|---|----------------------|---------------------------|
| 1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DOB <input type="checkbox"/> INTSPSC <input type="checkbox"/> | | 2. DDS CODE S87 | 3. FILING DATE 02/01/05 | 4. SSN [REDACTED] | BIC (IF CDB OR DWB CLAIM) |
| 5. NAME AND ADDRESS OF CLAIMANT (include zip code) WILLIAM MARK CASEY 240 LIGHTWOOD FARM RD WOODRUFF SC 29388 | | | 6. WE'S NAME (if CDB or DWB CLAIM) | | |
| 9. DATE OF BIRTH [REDACTED] 58 | | | 11. REMARKS (864)486-9131 RECEIVED 02/15/05 AOD 05/28/04 DLI 12/31/08 | | |
| 12. DISTRICT BRANCH OFFICE ADDRESS (include ZIP code) 140 MAGNOLIA STREET SPARTANBURG SC 29306 (864) 573-7807 | | DO BO CODE 584 | | | |
| 13. DO BO REPRESENTATIVE MLEMLE | 14. DATE | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | 11B. <input type="checkbox"/> IMPAIRMENT | | |

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

| | | | | | | | | |
|--|--------------------|--|---|--|--------------------------------------|--|--|---|
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS Asthma | | BODY SYS 03 | CODE NO 4930 | 16B. SECONDARY DIAGNOSIS Affective/Mood Disorders | | CODE NO 2960 |
| A. <input type="checkbox"/> Disability Began | | | | | | | | |
| B. <input type="checkbox"/> Disability Ceased | | | | | | | | |
| 17. DIARY TYPE | | MO/YR 00/00 | REASON | | | | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(21)(16)(1) A. Not Disab. For Cash Bene Purp <input type="checkbox"/> B. Disab For Cash Bene. Purp Begin <input type="checkbox"/> | | | | 19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB Only) | | | | |
| 20. VOCATIONAL BACKGROUND | | 0CC YRS | ED YRS 12 | 21. VR ACTION | | SC IN A. <input type="checkbox"/> | SC OUT B. <input checked="" type="checkbox"/> | PREV REF C. <input type="checkbox"/> |
| 22. REG-BASIS CODE J1-1520(f) | 23. MED List NO | 24. MOB CODE | 25. REVISED DET <input type="checkbox"/> | 25A. INITIAL A. <input checked="" type="checkbox"/> | RECON B. <input type="checkbox"/> | RECON_DHU C. <input type="checkbox"/> | ALJ HEARING D. <input type="checkbox"/> | APPEAL COUNCIL E. <input type="checkbox"/> |
| 26. LIST NO | | A | B | C | D | E | F | |
| 27. RATIONALE | | See Attached SSA-4268-U4/C4 | | Check if Vocational Rule Met. Cite Rule | | | | |
| 28. A. <input type="checkbox"/> Period of Disability | | B. <input type="checkbox"/> Disability Period | | C. <input type="checkbox"/> Estab. Beg | | and D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term | | |
| 29. LTR/PAR NO DDS/DL 443 | | 30. DISABILITY EXAMINER-DDS <i>Paul W. Heston</i> | | 31. DATE 07/13/05 | | 32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE <i>Seham Y El-Ibiary MD</i> | | 33. DATE 07/13/05 |
| 32a. PHYSICIAN OR MEDICAL SPEC. NAME (STAMP, PRINT OR TYPE) Seham Y El-Ibiary MD | | | | | | 32B. SPEC CODE 19 | | |
| 34. REMARKS: | | | | | | MULTIPLE IMPAIRMENTS CONSIDERED | | |
| | | | | | | 34A. COMBINED MULTIPLE NONSEVERE-SEVERE | | |
| | | | | | | 34B. COMBINED MULTIPLE NONSEVERE-SEVERE | | |
| 35. BASIS CODE | | 36. REV.DET CODES | | 37. SSA REPRESENTATIVE | | DATE | | |

FORM SSA_831D - US (3/89)

Electronic Input Decision Case Control

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059519

*** REC 2005045 110' H6DC11E0 CX2V CIPCMA7 CA7 (F-HH8) ***

February 14, 2005, 11:04
PAGE 1

MCS TITLE II DISABILITY TRANSMITTAL DI02
NH: [REDACTED] WILLIAM M CASEY

DESTINATION: S87

CLAIMANT NAME: WILLIAM M CASEY SSN: [REDACTED]
CLAIMANT ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388
COUNTRY: CONSUL CODE:

CLAIMANT BIRTHDATE: [REDACTED] 1958 PHONE: 864 486 9131 AOD: 052804
APPLICANT (IF DIFFERENT): WILLIAM M CASEY FILING DATE: 020805
CLAIM TYPE: DIB IF MQFE, SPECIAL CASE FLAG:
CONCURRENT CLAIM TYPE: NO DDS INPUT:

BIC: HA CAPABILITY DEVELOPMENT NEEDED: STUDY LIST CODE:
RESIDENCE ADDRESS:

CITY: STATE: ZIP:
COUNTRY: CONSUL CODE:

REMARKS: MICHELLE ENGLISH MICHELLE.L.ENGLISHATSSA.GOV 864-582-1091 EXT-216
SPARTANBURG CO, SC

DO/BO CODE: 584 DO/BO UNIT: MLEMLE DATE TRANSMITTED: 021405

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059520

TRANSMITTAL OF DECISION OR DISMISSAL BY OHA

| | | | | |
|---|---|---|-----------------|------|
| | | Date: | 09/19/2006 | |
| TO: SSA 1-m-28 1st Fl Sw Bldg 1500 Woodlawn Dr Baltimore MD 21241-1500 | Claimant Name: | | William M Casey | |
| | SSN: | Date of Birth: | | |
| | ██████████ | ██████████ 1958 | | |
| | Wage Earner Name: | | | |
| | SSN: | Date of Birth: | | |
| | | Type of Claim: Title 2 - Disability - Worker Or Child (DIWC) | | |
| FROM: William H. Hauser (1766) Administrative Law Judge SSA ODAR Hearing Ofc (X48) Suite 200 300 University Ridge Greenville SC 29601-3698 | FOR OHA HQ USE ONLY <input type="checkbox"/> Forwarded for further action to Processing Center or SSO below: | | | |
| Servicing Hearing Office: Greenville SC (X48) | | | | |
| Processing HO Tel #: 864-242-9154 | | Claims Folder(s) attached: | | |
| ATTACHMENTS: | | <input checked="" type="checkbox"/> DI <input type="checkbox"/> RSI <input type="checkbox"/> SSI <input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed | | |
| Decision | | Branch | Initials | Date |
| Claim Folder: DI | | | | |
| REMARKS: Electronic indicator: Paper case (P) Representative: George H Thomason. Fee agreement Approved. Bench decision. Medical improvement expected. Recommend review within 24 months of this decision | | | | |
| Form HA-5051-U3 (updated 2003 for CPMS) Staple <u>original</u> to outside of Claims File; <u>1st copy</u> to HO File; <u>2nd copy</u> to SSO (discard in Foreign Claims). Accompanying memoranda addressed to a Processing Center or HQ, OHA should be stapled over the form. | | | | |

http://ihs.ssaprd1.ssp.fssa.gov:792/cpms/query?SWTag=TRANSMITTAL OF DECISION OR DIS... 9/19/06

THOMPSON 059521



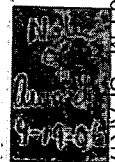
SOCIAL SECURITY ADMINISTRATION

Refer To: [REDACTED]

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601-3698

Date: SEP 19 2006

William Mark Casey
240 Lightwood Farm Rd
Woodruff, SC 29388



NOTICE OF DECISION - FULLY FAVORABLE

I have made a fully favorable decision in your case. My decision is based on your application for Disability Insurance Benefits protectively filed on February 1, 2005.

I announced the basis for my decision at the hearing held on September 15, 2006. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on May 28, 2004, because of a breathing disorder, low back pain, and depression. You have severe impairments that render you unable to perform any work existing in significant numbers in the national economy.

A review of the claimant's disability status is recommended within 24 months of the date of this decision.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059522

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

Time To File An Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Time To Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

How An Appeal Works

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart J.

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulations exists. Section 404.970 of the regulations lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.


THOMPSON 059523

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (864)583-8223. Its address is Social Security, 140 Magnolia St, Spartanburg, SC 29306-2358.



William H. Hauser
Administrative Law Judge

cc: George H. Thomason
Attorney at Law
PO Box 772
Spartanburg, SC 29304

THOMPSON 059524

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER

IN THE CASE OF

CLAIM FOR

William Mark Casey
(Claimant)

Period of Disability and
Disability Insurance Benefits

William Mark Casey
(Wage Earner)

[REDACTED]
(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits.

My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

HOW TO ASK US TO REVIEW THE FEE AGREEMENT DETERMINATION

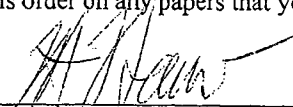
You or your representative may ask us to review the determination on the fee agreement. If you decide to ask us for a review, write us within 15 days from the day you get this order. Tell us that you disagree and give your reasons.

Send your request to this address:

Ollie Garmon
Regional Chief Administrative Law Judge
SSA ODAR Regional OFC
Ste 20T10
61 Forsyth St Sw
Atlanta, GA 30303

Your representative also has 15 days to write us if he or she does not agree with the determination on the fee agreement.

You should include the social security number(s) shown on this order on any papers that you send us.



William H. Hauser
Administrative Law Judge
SEP 13 2006

Date

THOMPSON 059525

FROM: Book / M... PHONE NO.: 8645825853 Sep. 01 2006 03:49PM PS
ALJ Bench Decision Case#2010CP4205743

Claimant Name: William Mark Casey SSN: [REDACTED]
Application Date: 2-1-05 Title: II Hearing Date: 9-7-06

Date Last Insured: 12-31-08 Date First Insured: _____
Established Onset Date: 5-28-04
 Prior Application None Reopened Not Reopened
Prior Application Date(s): T2 SSI
Date of Initial Determination: _____
Reason for Reopening: Within one year Grounds for reopening at any time
 Good cause/new and material evidence (within 2 or 4 years)
 Work After Onset None
 UWA
 TWP [See 20 C.F.R. §§ 404.1592(d)(2)(iii) and (iv).]
 Not SGA

Severe Impairment(s) (singly or in combination):
Breathing disorder, low back pain, depression

Impairment(s) MEET Listing: # _____
 Impairment(s) EQUAL Listing: # _____ ME Testimony/Interrogatories

Mental Impairment Analysis:
Restriction of Activities of Daily Living None Mild Moderate Marked Extreme
Difficulties Maintaining Social Functioning None Mild Moderate Marked Extreme
Difficulties Maintaining Concentration-Pace None Mild Moderate Marked Extreme
Episodes of Decompensation None One or two Three Four or More
Fast C Limit'ns (2 yrs med. hist. & more than minimal limitation) (12.02, 12.03, 12.04) Yes No
 Residual disease process with marginal adjustment so that minimal changes cause decompensation
 Current history 1+ years in highly supportive living arrangement with continuing need for same
 Repeated episodes of decompensation, each of extended duration
12.06: Specify limitations: _____

Residual Functional Capacity: Sedentary Light Medium Heavy
EXERTIONAL LIMITATIONS: NONEXERTIONAL LIMITATIONS:
 Lift/carry 10 lbs / 20 Mental - Describe below Manipulative _____
 Sit 6 hr Postural _____ Communicative _____
 Stand/walk 6 hr Environmental ANYWHERE Auditory/Visual _____
 Push/pull OK Description: _____

Past Relevant Work: Unskilled No transferable skills Transferable Skills Not Material
 Medical-Vocational Rule # _____ Directs _____
 Medical-Vocational Rule # 202.21 Framework VE Testimony = No Jobs
 Social Security Ruling # _____

Rationale for Decision (Include assessment of credibility and medical source opinion):
Psychological exams (Grace & Smith) document severe mental impairments that impact on concentration, persistence, pace, dealing with work stressors, people, the public, co-workers. Complaints are credible and consistent with overall medical evidence. VE testimony rec'd at hearing confirms lack of capacity to do past work, light or sedentary work in significant numbers in the national economy.

Recommend Representative Payee
 Medical reexamination in 2 1/2 years months
 Evidence of Workers Compensation Claim/Payment
 Fee Agreement Approved. Representative Name: George H. Thomson
 Fee Agreement Denied. Reason: _____

DATE: 9-7-06

5/11/06
5/2/06
PI - case
the comp
WIC
6/17/06
47
at court
12/14
Dr. Waide
CAF 60
8/30/07
dome
unavailable
court
part man
6/17/06
Dr. Smith
9/12/07
+
FCA
12.02/04
unavailable
to get
on taking
and next
and used
illness
request

9/16/07
Dr. Grand
9/16/07
no
Psychotropics

Dr. Ferguson
7/21/07
ER
proceeds
5/20/07
from
initial
dispute
resolved
↓
2 hrs
6/11/07

VE
NORPW

THOMPSON 059526

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

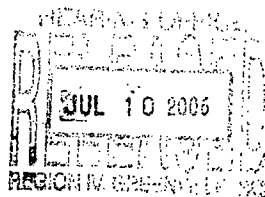
This is a request for review to see if the case can be paid on the record or, alternatively, for ~~presenting~~ conference scheduling in September

July 7, 2006

*Rocket
Bracket*

Mr. Tom Roberts, Office Director
Office of Disability Adjudication & Review
300 University Ridge, Suite 200
Greenville, S. C. 29601-9959

Subject: WILLIAM M. CASEY
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]



Dear Mr. Roberts:

We requested a hearing for William Casey on 11-17-05. We have received updated information from

Dr. Joseph Grace, psychologist, consisting of an attending physician statement for Aetna Insurance.

Dr. Grace indicated the claimant would be incapable of benefitting from Vocational Rehabilitation services. He also indicated that the claimant would "prefer to be working but he is incapable of gainful employment." Dr. Grace is a treating source. An excellent June 17, 2005 report from Dr. Joseph Grace was previously provided to Social Security and is again submitted for ease of reference. The reconsideration decision correctly concluded that the claimant suffered from physical and mental impairments that would not allow him to do any of his past work activity. We offered a comprehensive report from a psychiatrist, Dr. Jeffrey Smith, in September 2005 confirming a degree of impairment that would meet or equal the listings under 12.00 *et seq.* Dr. Smith's information has been resubmitted for ease of reference. The claimant is a younger individual. He is alleging disability from May 28, 2004. A no work affidavit was submitted in November 2005. The claimant was last employed at Michelin Tire. The state agency used medium grid rule 203.29 to conclude that the claimant was not disabled. Most importantly, the use of rule 203.29 concludes that the claimant's past relevant work was skilled or semi-skilled but skills are not transferable. There seems to be no evidence from examining physicians to support a conclusion that the claimant could perform medium, light, or sedentary work for 8 hours a day/5 days a week. Age and education are not especially limiting.


[Handwritten signature]

THOMPSON 059527

This case appears to be a claim that could be screened for on the record payment or, alternatively, could be scheduled for a *prehearing conference* in September. Thank you for considering this request.

With kindest regards, I am

Very truly yours,


George H. Thomason
GHT/gl

Enclosures: Dr. Joseph Grace 6-17-05 report; Dr. Glace/Aetna statement;
Dr. Jeffrey Smith interrogatories

cc: William M. Casey

THOMPSON 059528



CURRICULUM VITAE

DEPARTMENT OF NEUROPSYCHIATRY AND
BEHAVIORAL SCIENCE
SCHOOL OF MEDICINE

Dr. William W. Stewart, CRC, CVE, LPC
Department of Neuropsychiatry & Behavioral Science
University of South Carolina School of Medicine
3555 Harden Street Extension, Suite 301
Columbia, South Carolina 29203

Telephone: (803)434-4299 Fax: (803)434-4277
Cell Phone: (803)446-5162 E-mail: wstewart@gw.mp.sc.edu

EDUCATION

Undergraduate Bachelor of Science in Vocational Studies
Vocational and Adult Education
Auburn University 1962-1968

Graduate Graduate work on Masters
Counselor Education
University of South Alabama 1971

Masters in Vocational and Adult Education
Rehabilitation Services Education
Vocational Evaluation and Work Adjustment Services
Auburn University 1971-1972

Doctorate in Rehabilitation Services
Rehabilitation Services Education
Vocational Evaluation, Work Adjustment Services and
Rehabilitation Counseling
Dissertation: The Existing Role of Workshops in Provide
Rehabilitation Services and Employment to Disabled
Individuals in the State of Alabama
Auburn University 1972-1975

Post Doctoral Study: Psychological Testing, Certified

Psychometrist
Auburn University 1980-1981

Post Doctoral Study: USES - GATB, Evaluation of Chronic Pain,
Coping with Severe Disability, Evaluation of Chronic Pain,
Evaluation of Vocational Disability
University of Alabama 1978, 1982, 1983

Post Doctoral Study: Professional Psychology, Helping Families
Cope
University of South Carolina 1986, 1989

Post Doctoral Study: Psychodiagnostics
Columbia College 2003

Post Doctoral Study: Psychopathology
Columbia College 2004

OTHER EDUCATIONAL SHORT-TERM STUDY

Participated in and completed 32 professional seminars, workshops, and programs, with most being for the purpose of continuing education hours for National Board Certification(s) and State License(s).

WORK EXPERIENCE

Department of Neuropsychiatry and Behavioral Science
University of South Carolina School of Medicine

Job Title: Professor of Rehabilitation Counseling

Department of Neuropsychiatry and Behavioral Science
2003-Present

Clinical Associate Professor of Rehabilitation Counseling
Department of Neuropsychiatry and Behavioral Science
2001-2003

Clinical Associate Professor of Rehabilitation Counseling
University Specialty Clinics
2000-2001

Associate Professor of Rehabilitation Counseling
1990-2000

Director, Rehabilitation Assessment and Counseling Clinic
1996-Present

Director, Rehabilitation Counseling Program
1996-1999

Assistant Professor
1985-1990

Note: Program was in the Department of Educational Psychology until
07/01/94

Duties: Directing the Neuropsychiatry Rehabilitation Assessment and Counseling Clinic, and providing assessment and counseling services to individuals with emotional, mental, and/or physical impairments and disabilities. The Clinic provides services in the areas of personal adjustment, social skills development, vocational/career evaluation, vocational/career counseling, rehabilitation counseling, educational decision making, evaluation of vocational potential employability status, and ability to earn/earnings capacity, job analysis/job modification, case management, rehabilitation planning, labor market research, quality of life, life care planning, ADA reviews, job/education/training placement, and consultation/referral and placement services.

Duties until retirement from teaching duties in June 2000 included teaching various courses in Rehabilitation Counseling, including Rehabilitation Assessment, Occupational Analysis and Placement in Rehabilitation, Case Management and Community Resources in Rehabilitation, Career Development and Counseling in Rehabilitation, Introduction to Rehabilitation Counseling, Rehabilitation Counseling Practice I, Rehabilitation Counseling Practice II, Counseling Practicum, Counseling Internship; and Directing the Rehabilitation Assessment and Counseling Clinic, and providing assessment and counseling services to individuals with emotional, mental, and/or physical impairments and disabilities. The Clinic provides services in the areas of personal adjustment, social skills development, vocational/career evaluation, vocational/career counseling, educational decision making, evaluation of vocational potential, employability status, and ability to earn/earnings capacity, consultation/referral and placement services and rehabilitation counseling.

Occupational Rehabilitation Center
1616 Sixth Avenue South
Birmingham, Alabama 35233

Job Title: Vocational Evaluator/Counselor
Coordinator, Industrial Rehabilitation Division
1982-1985

Duties: Providing diagnostic, evaluation, adjustment, counseling, and placement services for various agencies, industries, businesses, institutions, and individual clients and families. All services related to clients with emotional, mental, and/or physical impairments and disabilities, or special needs. Coordinating the Industrial Rehabilitation Division of a comprehensive rehabilitation center in a medical school/center complex.

Auburn University

3

CHEMICAL EDUCATION BUILDING • 3555 HARDEN ST. EXT. • COLUMBIA, SOUTH CAROLINA 29203 • 803/434-4250 • FAX 803/434-4377

AN ALTERNATE ACTION / EQUAL OPPORTUNITY INSTITUTION

THOMPSON 059531

5488

Auburn University, Alabama 36849

Job Title: Assistant Professor
1975-1982 (Except for 1976-1977)

Duties: Same as above and teaching undergraduate, masters, and doctoral level courses in Rehabilitation Services. Served as Coordinator of the Auburn University Vocational Evaluation and Work Adjustment Lab.

Job Title: Extension/Research Associate
1972-1975

Duties: Providing diagnostic and prognostic educational, vocational, and psychological evaluations, personal and social adjustment counseling, vocational evaluation and counseling, career counseling, and rehabilitation counseling for various agencies, industries, businesses, and individual clients and families.

Evaluation and Counseling Practice

Job Title: Vocational Evaluator/Rehabilitation Counselor
1972-Present

Duties: Providing diagnostic, evaluation, adjustment, counseling, placement and consultation services for various agencies, industries, businesses, institutions, and individual clients and families.

Job Title: Consulting Psychometrist
1978-Present (Part time)

Duties; Providing diagnostic, evaluation, adjustment, counseling, and placement services for various agencies, industries, businesses, institutions, and individual clients and families.

CONSULTATIVE ACTIVITIES (Past /Present)

Providing vocational rehabilitation services, including assessment/evaluation, work adjustment, counseling, and placement with the Office of Hearings and Appeals/Social Security Administration, Disability Determination Division/Vocational Rehabilitation Department, Division for Exceptional Children and Youth, Department of Youth Services/Department of Juvenile Justice, Division of Vocational Special Needs/Vocational Education Department, State Employment Service, South Carolina Retirement System, various schools, legal representatives and firms, insurance companies, businesses and industries, and individual clients and families.

Vocational Expert Consultant with the Office of Hearings and Appeals, Social Security

National Rehabilitation Association
National Rehabilitation Counseling Association
Vocational Evaluation & Work Adjustment Association
South Carolina Rehabilitation Association

American Counseling Association
American Rehabilitation Counseling Association
South Carolina Counseling Association

South Carolina Rehabilitation Association
Advisory Board
Rehabilitation Counseling Association, President

Vocational Evaluation & Work Adjustment Association, President

South Carolina Counseling Association
Executive Board
American Rehabilitation Counseling Association, President
Association for Measurement and Assessment in Counseling, President

South Carolina Workers' Compensation Commission, Medical Advisory Committee

National Council on Rehabilitation Education (NCRE)

Graduate Faculty
University of South Carolina
Auburn University

Rho Sigma Epsilon (Rehabilitation Honor Society)

Professional Journal Editorial Board
Journal of Rehabilitation, Ad Hoc Reviewer
Vocational Evaluation & Work Adjustment Journal, Assistant Editor, Publications
Committee Chair
Journal of Rehabilitation Administration, Consulting Editor

Board of Directors: Brain Injury Alliance of South Carolina

May 1, 2006

REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

(Take or mail original and all copies to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)

See Privacy Act
Notice on Reverse

| | | | |
|---------------------------------|------------------------------|---|--------------------------|
| 1. CLAIMANT William M. Casey | 2. WAGE EARNER, IF DIFFERENT | 3. SOC. SEC. CLAIM NUMBER [REDACTED] | 4. SPOUSE'S CLAIM NUMBER |
|---------------------------------|------------------------------|---|--------------------------|

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:
Claim is based on combination of medically severe physical & mental impairments that prevent past work and other work. Conclusions to the contrary should be given little weight because state agency physicians have never seen/examined/or even spoken to claimant. **This is our written request to OHA to screen case for payment on the record.** If hearing is necessary, please have medical and vocational experts at hearing. Please acknowledge receipt of appeal by returning the extra copy in the attached envelope. 3441 and no work affidavit attached. **Claimant does not wish to have hearing processed by a video/teleconference hearing.**

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

| | |
|---|--|
| 6. I have additional evidence to submit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name and address of source of additional evidence: <u>NWA Plus</u> <u>Will submit at hearing</u> (Please submit it to the Social Security office, The Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post within 10 days. Attach an additional sheet if you need more space.) | 7. Check one of the blocks: <input checked="" type="checkbox"/> I wish to appear at a hearing. <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608) |
|---|--|

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)

[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

| | |
|--|--|
| 8. (CLAIMANT'S SIGNATURE) <u>William Mark Casey</u> (DATE) <u>11/17/05</u> | 9. (REPRESENTATIVE SIGNATURE/NAME) <u>[Signature]</u> (DATE) <u>11/17/05</u> |
| ADDRESS <u>240 Lightwood Farm Road</u> | (ADDRESS) <input checked="" type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY; <u>Box 772</u> |
| CITY STATE ZIP CODE <u>Woodruff S.C. 29388</u> | CITY STATE ZIP CODE <u>Spartanburg S.C. 29304</u> |
| TELEPHONE NUMBER FAX NUMBER <u>864/680-5929</u> | TELEPHONE NUMBER FAX NUMBER <u>864-582-5857 864-582-5853</u> |

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION: ACKNOWLEDGMENT OF REQUEST FOR HEARING

10. Request prepared for the Social Security Administration on [Date] by [Print Name] [Print Name]
[Signature] [Signature]
[Title] [Title] Address [Address] [Address] [City/State/Zip Code] [City/State/Zip Code]

11. Was the request for hearing received within 45 days of the reconsideration determination? Yes No
If "No," check one, attach claimant's explanation for delay, and attach copy of appointment notice, letter, or other pertinent material on information in the Social Security office.

12. Claimant is represented: Yes No
13. List of legal referral and service organizations provided: [List]

13. Interpreter needed: Yes No
14. Language (including sign language): [Language]

14. Check one: Initial Entitlement Case Disability Cessation Case Other Postentitlement Case

15. HO COPY SENT TO: HO on [Date]
 CF Attached Title II Title XVI Title VIII or
 Title I CF mailed in FO to establish PARS ORBIT or
 CF requested: Title II Title XVI Title VIII
(Copy of teletype or phone report attached)

17. CF COPY SENT TO: HO on [Date]
 CF Attached Title II Title XVI
 Other Attached

15. Check all claim types that apply:
 RSI only (RSI)
 Title II Disability, Work or child only (DIWC)
 Title II Disability, Widow or child only (DIWW)
 SSI Aged only (SSIA)
 SSI Blind only (SSIB)
 SSI Disability only (SSID)
 SSI Aged/Title II (SSAII)
 SSI Blind/Title II (SSIBI)
 SSI Disability/Title II (SSIDI)
 HI Entitlement (HIE)
 Title VIII Only (TVI)
 Title VIII/Title XVI (TVI/TVXVI)
 Other: Specify [Other]

HEARING OFFICE
DEC 13 2005
[Stamp]

25% SIMPLIFIED FEE AGREEMENT

1. My attorney and I understand that for a fee to be payable, Social Security must approve the fee for services provided by him in connection with my claim for benefits.
2. We agree that if Social Security favorably decides my claims, I will pay my attorney a fee equal to the *lesser* of 25% of the past-due benefits or \$5300. This means that my fee to the attorney would be reduced to \$5300 if 25% is more than \$5300.
3. We understand that Social Security past-due benefits are the total amount of money to which I, and members of my family (auxiliary beneficiaries), are eligible to receive through the month *before the month* Social Security pays benefits on my Social Security claim *and* that SSI past-due benefits are the total amount of money for which I become eligible through the month SSA pays a favorable administrative decision on my SSI claim. My attorney and I further understand that the fee for both claims may not exceed the lesser of \$5300 or 25% of the combined past-due benefits. If 25% on both claims, exceeds \$5300, my attorney will reduce the fee being sought to the figure of \$5300.
4. I understand that the Social Security Administration will withhold 25% of past-due Social Security Disability (Title II) and/or SSI benefits to pay my attorney a fee. No fee will be charged if we do not win.

INFORMATION ABOUT EXPENSES ADVANCED BY ATTORNEY

I am expected to pay my attorney directly for "out-of-pocket" expenses advanced to assist me in getting my benefits started. Examples of these expenses are:

- A. Cost of hospital records, doctors' reports, medical exams requested by attorney, vocational exams, or costs associated with obtaining medical or vocational testimony.
- B. Travel expenses of the attorney to the hearing.
- C. Filing fees in the U. S. District Court and process service.
- D. Charges for photocopies, long distance calls and charges for special stenographic services.

My attorney and I have signed and received copies of this agreement to comply with July 1, 1991, regulations that are to eliminate the need for fee petitions. This Fee Agreement applies through the administrative hearing level of review (hearing held by an ALJ). I understand the copy I return to my attorney will be filed with Social Security.

| | |
|------------------|---------------------------------|
| <i>AM Thomas</i> | <i>William & Mark Casey</i> |
| Representative | Claimant |
| <i>RS Finect</i> | <i>18 August 2005</i> |
| Representative | Date |

✓ No child under 18
 No work Comp. claims
 [REDACTED]

THOMPSON 059535

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

| | |
|---|--------------------------------------|
| NAME (Claimant) (Print or Type) William M. Casey | SOCIAL SECURITY NUMBER [REDACTED] |
| WAGE EARNER (if different) | SOCIAL SECURITY NUMBER |

Section I APPOINTMENT OF REPRESENTATIVE

I appoint this individual George H. Thomason and Robert S. French, Attorneys at Law
(Name and Address)

to act as my representative in connection with my claim or asserted right under:

Title II (RSDI)
 Title XVI (SSI)
 Title IV FMSHA (Black Lung)
 Title XVIII (Medicare Coverage)

I authorize this individual to make or give any request or notice; to present or elicit evidence; to obtain information; and to receive any notice in connection with my pending claim or asserted right wholly in my stead. Employees of Thomason & French are authorized to have complete access to all information in my file and to review and copy my claim file.

| | |
|---|---|
| SIGNATURE (Claimant) <i>William M. Casey</i> | ADDRESS 240 Lightwood Farm Road Woodruff, S C 29388 |
| TELEPHONE NUMBER (Area Code) 864-680-5929 | DATE 18 August 2005 |

Section II ACCEPTANCE OF APPOINTMENT

I, We, George H. Thomason and Robert S. French, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not, as a current or former officer or employee of the United States, disqualified from acting as the claimant's representative; and that I will not charge or receive any fee for the representation unless it has been authorized in accordance with the laws and regulations referred to on the reverse side hereof. In the event that I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Section III satisfies this requirement.)

I am a / an attorneys in South Carolina
(Attorney, union representative, relative, law student, etc.)

| | |
|---|--|
| SIGNATURE (Representative) <i>Robert S. French</i> | ADDRESS P. O. Box 772 Spartanburg, S. C. 29304 |
| TELEPHONE NUMBER (864) 582-5857 (Area code) | DATE 18 August 2005 |
| PAX: (864) 582-5853 | |

Section III (Optional) WAIVER OF FEE

no work comp

Please input appropriate codes in Social Security computer to cause 25% of all retroactive benefits generated for claimant and auxiliary beneficiaries

no child under 18

to be withheld for possible payment toward 25% fee agreement that claimant has with attorneys Thomason and French. Thank you.

Simplified Fee Agreement



SOCIAL SECURITY ADMINISTRATION

Refer To:
[REDACTED]
William Mark Casey

Office of Hearings and Appeals
Suite 200
300 University Ridge
Greenville, SC 29601-3698
Tel: (864)242-9154 / Fax: (864)467-1690

April 10, 2006

George H. Thomason
Po Box 772
Spartanburg, SC 29304

Dear George H. Thomason:

We have received your client's request for a hearing before an Administrative Law Judge (ALJ). This letter tells you about the hearing process and things that you should do now to prepare for the hearing. We will mail a Notice of Hearing to you and your client at least 20 days before the date of the hearing to tell you its time and place.

The Hearing

At the hearing, you and your client may present his/her case to the ALJ who will hear and decide it. The ALJ will consider the issue(s) you or your client has raised and the evidence now in his/her file and any additional evidence you provide. The ALJ may consider other issues as well and, if necessary, change parts of the previous decision that were favorable to your client. The Notice of Hearing will state the issues the ALJ plans to consider at the hearing.

Because the hearing is the time to show the ALJ that the issues should be decided in your client's favor, we need to make sure that his/her file has everything you want the ALJ to consider. You and your client are responsible for submitting needed evidence. After the ALJ reviews the evidence in the file, he or she may request more evidence to consider at the hearing.

Providing Additional Evidence

If there is more evidence you want the ALJ to see, get it to us as soon as possible. If you need help, you should contact us immediately. You may ask the ALJ to issue a subpoena that requires a person to submit documents or testify at your hearing.

You May See The Evidence In Your File

If you wish to see the evidence in your client's file, you may do so on the date of the hearing or before that date. If you wish to review the file before the date of the hearing, please call us.

See Next Page

THOMPSON 059537

William Mark Casey ([REDACTED])

Page 2 of 2

If You Have Any Questions Or Your Client's Address Changes

If you have any questions please call or write us. You must notify us if there is a change in your client's address. Our telephone number and address are shown on the first page of this letter.

Sincerely yours,

Thomas Roberts
Hearing Office Director

cc: William Mark Casey
240 Lightwood Farm Rd
Woodruff, SC 29388

ELECTRONICALLY FILED--2017 Jun-19 4:40 PM--SPARTANBURG--COMMON PLEAS--CASE#2010CP4205743

THOMPSON 059538

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Reconsideration

WILLIAM M CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

Date:

Claim Number: [REDACTED]

Claim for:


- Disability Insurance Benefits
- Disabled Widow, Widower Benefits
- Childhood Disability Benefits
- Medicare Coverage Only

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and Disability Examiner in the State Agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find the previous determination denying your claim was proper under the law. Attached to this notice is an explanation of the decision we made on your claim and how we arrived at it. The reverse of this notice identifies the legal requirements for your type of claim.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State Agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an Administrative Law Judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security Office. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report – Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online at <http://www.socialsecurity.gov/disability/hearing>. Read the enclosed leaflet for a full explanation of your right to appeal.


You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. You might lose benefits if you file a new application instead of filing an appeal. Therefore, if you think this decision is wrong, you should ask for an appeal within 60 days.



Paul D. Barnes
Regional Commissioner

Enclosure: SSA Pub. No. 70-10281
Personalized Attachment
cc: GEORGE H THOMASON ATTY

Important: See attached page for additional information.
AFD/461
Claim No: E54200
SSA-L928-U2 (9/04)


This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

If you have questions about your claim, you should get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit an office, please take this letter with you. Summarized below are legal requirements for the various types of disability claims:

Disability Insurance Claim

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

Disabled Widow (Widower) Claim

A widow, widower or surviving divorced wife (age 50 - 60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Childhood Disability Benefits

Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

AFD/461
Claim No.: E54200

SSA-L928-U2 (9/04)
AFD

Social Security Administration

461/E54200

EXPLANATION OF DETERMINATION

| Name of Claimant | NH's Name(if CDB or DWB Claim) | SSN | Type of Claim |
|------------------|--------------------------------|------------|---------------|
| WILLIAM M CASEY | | [REDACTED] | DIB |

The following evidence, listed with receipt date, was used to decide this claim in addition to those listed on our previous notice.

- DR FRANCISCO E GONDA MD, 09/28/05
- LEGAL REPRESENTATIVE, 09/26/05
- FOOTHILLS FAMILY MEDICINE, 10/21/05
- DR JEFFREY K SMITH MD, 09/29/05

You state you are disabled and unable to work due to breathing problems, low back pain, insomnia and depression . You are not performing any substantial work now.

The evidence we received shows your condition(s) causes some work-related restrictions but does not prevent you from doing all types of work. Your current work restrictions may prevent you from performing any work you may have done in the past. However, when we considered your age, education and past work experience, we found you are capable of performing a significant number of jobs in the national economy. Therefore, this claim is denied.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

AFD/

Form SSA-4268-C4 (1-85)

THOMPSON 059541



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT
Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.
Larry C. Bryant, Commissioner

Greenville Regional Office ■ P.O. Box 3090 ■ Greenville, SC 29602 ■ (864) 282-4000
Toll-free: (800) 868-1950 ■ Administrative Fax: (864) 282-4482 ■ Medical Information Fax: (866) 868-7952

GEORGE H THOMASON
PO BOX 772
SPARTANBURG SC 29304

RE: WILLIAM M CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]

Dear GEORGE H THOMASON:

Attached is a copy of the notice recently mailed to WILLIAM M CASEY in connection with an application for disability benefits. This copy is provided to advise you of the recent action.

Sincerely,

Aimee F. DePetris, Disability Examiner

AFD/461
Claim No. E54200

Enclosure: Copy Notice to Applicant

NLR (9/04)

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059542



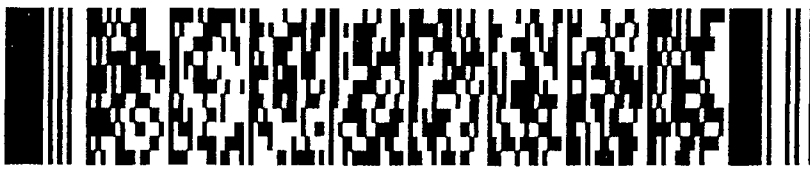
INSERT THIS END FIRST



Client Name: William Mark Casey

FAXED TO EF

Document Description: Request for Reconsideration



RQID: BD6250208 SITE: 584 DR: F
SSN: ██████████ DOCTYPE: 1100 RF: CS: b5cb

| | |
|-------------------------|------------|
| Request ID: | BD6250208 |
| Site ID: | 584 |
| SSN: | ██████████ |
| Outsource Codes: | |
| Document Type: | 1100 |

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

REQUEST FOR RECONSIDERATION

(Do not write in this space)

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

| | |
|--|--|
| NAME OF CLAIMANT William M. Casey | NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from claimant.) |
| SOCIAL SECURITY CLAIM NUMBER SSN [REDACTED] | SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER |
| SPOUSE'S NAME (Complete ONLY in SSI cases) | SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases) |

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)
Disability Benefits

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:
Claimant is disabled within the meaning of the Social Security Act. Combination of impairments is disabling. Simplified fee agreement attached. Please acknowledge receipt by stamping & returning extra copy of fee agreement along with second page of request for reconsideration in the attached prepaid return envelope as acknowledgment that appeal has been received. Attorney needs PIA determination.

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY
(See reverse of claimant's copy)

"I want to appeal your decision about my claim for supplemental security income (SSI) or special veterans benefits (SVB). I've read the back of this form about the three ways to appeal. I've checked the box below."
 Case Review Informal Conference Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

| | | | | | |
|---|----------------------|--------------------------|---|----------------------|--------------------------|
| SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <i>[Signature]</i> <input type="checkbox"/> NON-ATTORNEY <input checked="" type="checkbox"/> ATTORNEY | | | CLAIMANT SIGNATURE <i>William Mark Casey</i> | | |
| STREET ADDRESS Box 772 | | | STREET ADDRESS 240 Lightwood Farm Road | | |
| CITY Spartanburg | STATE S.C. | ZIP CODE 29304 | CITY Woodruff | STATE S.C. | ZIP CODE 29388 |
| TELEPHONE NUMBER (Include area code) 864/582-5857 | | DATE 9/6/05 | TELEPHONE NUMBER (Include area code) 864/680-5929 | | DATE 9/6/05 |

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See reverse of claim folder copy for list of initial determinations

| | |
|--|--|
| 1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. CLAIMANT INSISTS ON FILING <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. IS THIS REQUEST FILED TIMELY? (If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.) <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|--|--------------------------------|
| RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125) | SOCIAL SECURITY OFFICE ADDRESS |
| <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED (GN 03102.125) <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS | |

| | | | |
|------------------------------------|--|---|--|
| ROUTING INSTRUCTIONS (CHECK ONE) → | <input type="checkbox"/> DISABILITY DETERMINATION SERVICES (ROUTE WITH DISABILITY FOLDER) <input type="checkbox"/> ODO, BALTIMORE | <input type="checkbox"/> PROGRAM SERVICE CENTER <input type="checkbox"/> OIO, BALTIMORE <input type="checkbox"/> OEO, BALTIMORE | <input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION <input type="checkbox"/> CENTRAL PROCESSING SITE (SVB) |
|------------------------------------|--|---|--|

NOTE: TAKE OR MAIL COMPLETED COPIES TO YOUR SOCIAL SECURITY OFFICE

Form SSA-561-U2 (02-2001) EF (01-2002)
Destroy Prior Editions

CLAIMS FOLDER

THOMPSON 059544



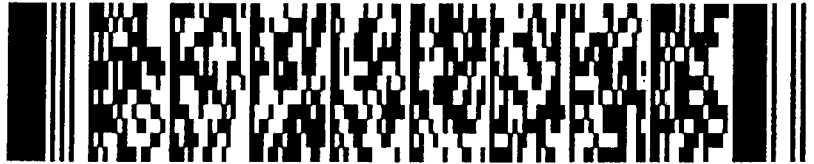
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FAXED TO EF

Client Name: William Mark Casey

Document Description: Appointment of Representative



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SSN: ██████████ DOCTYPE: 5040 RF: CS: 4fff

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| Site ID: | 584 |
| SSN: | ██████████ |
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Client Name: William Mark Casey

Document Description: Misc Payment Documents/Decisions

FAXED TO EF



RQID: BD6250371 SITE: 584 DR: F
SSN: [REDACTED] DOCTYPE: 7010 RF: CS: 5606

| | |
|-------------------------|------------|
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| Site ID: | 584 |
| SSN: | [REDACTED] |
| Outsource Codes: | |
| Document Type: | 7010 |

ELECTRONICALLY FILED--2017 Jun 19 4:40 PM--SPARTANBURG--COMMON PLEAS--CASE#2010CP4205743

TJ
EC

George H. Thomason
Robert S. French

Thomason & French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

September 6, 2005

Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]

Dear Ms. Mika:

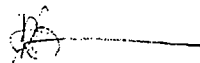
Please acknowledge the enclosed request for reconsideration by mailing the second page of the request form to our law firm in the enclosed prepaid return envelope as proof that this appeal has been received. We are also enclosing a Simplified Fee Agreement. Please input the appropriate computer code to show use of this fee agreement. Please stamp the extra copy of the fee agreement "Received" and return it to us as an acknowledgment.

There appears to be no vocational or medical support for the decision denying disability payments. The claimant cannot work for 8 hours a day/5 days a week. Advise if additional information is required. Please send us a copy of the reconsideration decision. Any unfavorable decision will be appealed. Our client will cooperate with any exams scheduled by Social Security.

We would like to obtain a PIA determination. We have been advised to obtain this information from the field office.

We have already reviewed the file. Please send this file to the Disability Determination Service.

Very truly yours,



George H. Thomason

ENCLOSURES: Request for reconsideration; 3441; Simplified fee agreement;
Return envelope

cc: William M. Casey

THOMPSON 059547

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
184 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

August 22, 2005

TWO PAGE FAX: 583-1801
HARD COPIES MAILED

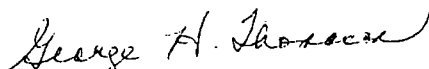
Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey
240 Lightwood Farm Rpad
Woodruff, S. C. 29388
SSN [REDACTED]

Dear Ms. Mika:

We are enclosing an appointment of representative form. We would like to review the file before we request reconsideration. We want to review the file before it is sent to the DDS. Please make sure copies of applications and Form 3368 are in the file for our review. Please give us the usual notice of the file's availability at the Spartanburg field office. We assume that the claimant's right to request reconsideration will be fully protected in the unlikely event there is a delay in making the file available within 3 weeks. Thank you for your assistance.

Very truly yours,



George H. Thomason
GHT/gj
Enclosure: 1696 Form

cc: William M. Casey

THOMPSON 059548

**Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Disapproved Claims**

JUL 14 2005

Date:
Claim Number: [REDACTED]

WILLIAM M CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

We have enclosed information about the disability rules and more details about the decision on your claim.

About the Decision

Doctors and other trained staff looked at your case and made this decision. They work for your State but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

If You Disagree with the Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." You may request this form online at <http://www.socialsecurity.gov/online/SSA-561.pdf>. Contact one of our offices if you want help.

Enclosures: SSA Pub. No 05-10058
Personalized Attachment

cc:

584

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

See Next Page

THOMPSON 059549

5506

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

- In addition, you have to complete a "Reconsideration Disability Report" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the form online at <http://www.socialsecurity.gov/disability/recon>.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made On Your Social Security Claim." It contains more information about the appeal.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing.

- You might lose some benefits, or not qualify for any benefits, and
- We could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should ask for an appeal within 60 days.

If You Want Help with Your Appeal

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security Office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due Social Security benefits to pay toward the fee.

Other Benefits

Based on the application you filed, you are not entitled to any other benefits, besides those you may already be getting. In the future, if you think you may be entitled to other benefits you will need to apply again.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security Office at the number shown on page 1. We can answer most questions over the phone. You can also write or visit any Social Security Office. The office that serves your area is located at:

140 MAGNOLIA STREET
SPARTANBURG SC 29306
Telephone: (864) 583-8223

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.



Paul D. Barnes
Regional Commissioner

RHE/473
Claim No: D91109
SSA-443-U3 (4/04)

THOMPSON 059550

RULES FOR SOCIAL SECURITY DISABILITY

You must meet certain rules to qualify for Social Security Disability Benefits

For Disabled Worker's Benefits:

You must have the required work credits and your health problems must:

- Keep you from doing any kind of substantial work (described below) and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

For Disabled Child's Benefits:

You must be age 18 or older and your health problems must:

- Begin before age 22 you must become disabled again within 7 years after the month that your earlier period of disability ended, and
- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

For Disabled Widow's, Widower's or Surviving Divorced Spouse's Benefits:

You must be at least age 50, and your health problems must:

- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death, and
- Have started before the end of a special period.

The special period **starts** with the latest of:

- The month your spouse died, **or**
- The month your Social Security benefits as a parent ended, **or**
- The month your earlier period of widow(er)'s disability ended.

The special period **ends** at the close of the 84th month (7 years after the month it started.)

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

THOMPSON 059551



RULES FOR SOCIAL SECURITY DISABILITY
Information About Substantial Work

Generally, substantial work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. To decide if your work is substantial, we consider the nature of the job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we find that your work is substantial if your gross earnings average over \$800.00 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

Your work may be different than before your health problems began. It may not be as hard to do and your pay may be less. However, we may still find that your work is substantial under our rules.

If you are self-employed, we consider the kind and value of your work, including your part in the management of the business, as well as your income, to decide if your work is substantial.

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

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THOMPSON 059552

SOCIAL SECURITY ADMINISTRATION

473 D91109

EXPLANATION OF DETERMINATION

| | | | |
|-----------------------------------|--------------------------------|-------------------|----------------------|
| Name of Claimant William Casey | NH's Name(if CDB or OWB Claim) | SSN [REDACTED] | Type of Claim DIB |
|-----------------------------------|--------------------------------|-------------------|----------------------|

The following reports were used to decide this claim.

Upstate Lung and Critical Care, records received 02/21/05
 Dr. Jeffrey Smith, records received 02/22/05
 Spartanburg Regional Medical Center, records received 02/28/05
 Dr. Francisco Gonda, records received 03/02/05
 Lung & Chest Medical Associates, records received 03/29/05
 Piedmont Psychiatric, records received 06/02/05
 Dr. Glenn Scott, records received 06/03/05
 Dr. Joseph Grace, records received 07/08/05

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

You say you became disabled on 05/28/04 due to lung and breathing problems, and depression. You have not worked since that time. Records in file indicate that these are significant impairments and they limit your ability to work. Records also indicate you have back problems. Despite your mental problems, you retain the ability to understand, remember, and carry out simple routine instructions and you can maintain concentration and attention well enough to complete such tasks. Though you do not have the ability to return to your past relevant work as a tire builder, there are a significant number of jobs in the national economy which require relatively simple task work which, despite your limitations, you have the ability to perform. Accordingly, we are denying your claim for disability benefits.

If your condition gets worse and keeps you from working write, call or visit any Social Security Office about filing another application.

al - 07/13/2005

INITIAL DISABILITY CLAIM ISSUES

Claimant Name William M. Casey [REDACTED] Conc.

SPECIAL WORKLOAD CASE: _____

NON ENGLISH SPEAKING Language: _____

PRESUMPTIVE DECISION

T-XVI Unpaid Medical Expenses - MED: Yes or No (Complete in all T-XVI Cases)
(Check One)

Systems Limitation

Family Member Claims - Reside in same household - assign to same examiner:
X-Refer SSN(s) _____

TERI CASE - Teri flag (Form SSA-2200) completed & on front of folder

DIRE NEED or ADVERSE PR CASE - EXPEDITE per DI 23020.005

Potential SUICIDE/HOMICIDE

HOMELESS

OTHER _____

SEND CASE DIRECTLY TO EXAMINER:

NO MER (Medical Evidence) SOURCES - Adult Case ONLY

Current MER (Medical Evidence) IN FILE - Consider this evidence before requesting additional MER

DEVELOPMENT Initiated by FO - See Item 10 on SSA-3367

PROOF OF COURT APPOINTED GUARDIANSHIP ENCLOSED. Check one if SSA-827 is not signed by child's parent or adult claimant (age 18 or older): YES NO (will forward when received)

Possible Fraud/Similar Fault. (TN, GA, Tampa FOs: Referred to CDI Unit)

PRISONER CASE: PUPS query or RC in file

ALIEN: Admitted to US for permanent residence on _____
(Date) (Place of Entry)

Alien Registration # _____ Sponsor Name/Phone _____

Comment: _____

THOMPSON 059554

MCS

DEVELOPMENT WORKSHEET

DW01

NH: [REDACTED]

WILLI CASEY

CL: [REDACTED]

WILLI CASEY

UNIT: MLEMLE FO: 584

CLAIMANT: WILLIAM MARK CASEY
APPLICANT (IF DIFF:): WILLIAM MARK CASEY

ADDRESS 1: 240 LIGHTWOOD FARM RD ADDRESS 2:

ADDRESS 3: ADDRESS 4:

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:

PHONE: 864 486 9131 INFO: _____ PHONE: _____ INFO: _____

PRINT APP/RECEIPT/CONF# (X): _ 020805

PRINT RECEIPT ONLY (X): _ PRINT CONFIRMATION NUMBER ONLY (X): _

PRINT WITNESS SIGNATURE ONLY (X): _ PRINT WITHOUT ATTEST (X): _

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|--------|-------|--------|--------|-----------------------------|
| DIB | 020805 | _____ | _____ | _____ | 020805 | 052804 |
| ATTEST | 020805 | _____ | _____ | _____ | 020805 | |
| AGE | 020805 | 022505 | _____ | _____ | 030305 | [REDACTED] 1958 SEE SHARED/ |
| DDSDEC | 021405 | _____ | _____ | _____ | 071805 | TO CLOSED 072105// |
| PROTFL | 020105 | _____ | _____ | _____ | 020805 | |
| T2CO | | _____ | _____ | _____ | 020805 | |

ADDITIONAL ISSUES (Y/N): Y REMARKS (Y/N): Y

PF1 HELP FOR ATTORNEY ISSUES AND SIGNATURE PROXY SCRIPT TRANSFER TO:

FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059555

MCS TRANSFER TO: WORKSHEET CONTINUATION DW02
 NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY
 UNIT: MLEMLE FO: 584
 CLAIMANT: WILLIAM MARK CASEY
 APPLICANT (IF DIFF:): WILLIAM MARK CASEY
 ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:
 PHONE: 864 486 9131 INFO: PHONE: INFO:

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|------|------|--------|--------|--------------------------|
| MCS EC | | | | | 071505 | AI ADJUDICATION COMPLETE |
| 827S | 020805 | | | | 021405 | |
| CHILD | | | | | | PROTFL |
| | | | | | | |
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ADDITIONAL ISSUES (Y/N): _ REMARKS (Y/N): Y PAGE 1
 FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059556

MCS TRANSFER TO: WORKSHEET REMARKS DW03
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY

UNIT: MLEMLE FO: 584

T2 ONLY/
\$1600.00 LONG TERM DIB FROM WORK. 401K

ADDITIONAL REMARKS (Y/N): _ PAGE 1

FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059557

MCS TRANSFER TO: REPORT OF CONTACT RPOC
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY

PERSON CONTACTED: FO PREPARED
RELATIONSHIP/TITLE: FO PREPARED DATE CONTACTED: 021405
HOW CONTACTED: 3 1. PHONE 2. DO/BO 3. OTHER SPECIFY: FO
NAME OF PERSON PREPARING REPORT: M ENGLISH
TITLE: 5 1. OS 2. CR 3. SR 4. CDC 5. OTHER SPECIFY: CRT
REPORT: A PAPER FOLDER FOR THIS CLAIM CONTAINS: EDCS ROUTING SHEET/T16 TRANSMI
TAL/IC FLAG SHEET/QUERIES/DISCO/827S/

MORE (Y/N): N CONTINUE THIS REPORT (Y/N): _ PAGE 1
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059558

MCS TRANSFER TO: TITLE II DISABILITY TRANSMITTAL TDTR
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY

SELECT CLAIM TYPE: 1
1. DIB 4. CDB-R 7. CHD-GPD
2. FZ 5. CDB-D 8. MQFE
3. DWB 6. CHD-GPR IF CLAIM TYPE IS MQFE, SELECT: _
1. TRANSITIONAL FEDERAL MEDICARE
2. REGULAR FEDERAL MEDICARE
NO DDS INPUT (X): _

DESTINATION CODE: S87
CONCURRENT (Y/N): N IF YES, SHOW TYPE: _
1. DIB/SSI 3. DIB/CDB
2. DIB/DWB 4. OTHER (SPECIFY): _____

BIC: HA CAPABILITY DEVELOPMENT NEEDED (X): _ STUDY LIST CODE: _
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____ CONSUL CODE: _____

REMARKS: MICHELLE ENGLISH MICHELLE.L.ENGLISHATSSA.GOV 864-582-1091 EXT-216
SPARTANBURG CO, SC

PRINT TRANSMITTAL (X): _ 021405
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059559

MCS

DEVELOPMENT WORKSHEET

DW01

NH: [REDACTED] WILLI CASEY

CL: [REDACTED] WILLI CASEY

UNIT: LRPRCN FO: 584

CLAIMANT: WILLIAM MARK CASEY
APPLICANT (IF DIFF:): WILLIAM MARK CASEY

ADDRESS 1: 240 LIGHTWOOD FARM RD ADDRESS 2:
ADDRESS 3: ADDRESS 4:

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:

PHONE: 864 486 9131 INFO: _____ PHONE: 864 582 5857 INFO: AUTH REP

PRINT APP/RECEIPT/CONF# (X): _

PRINT RECEIPT ONLY (X): _ PRINT CONFIRMATION NUMBER ONLY (X): _

PRINT WITNESS SIGNATURE ONLY (X): _ PRINT WITHOUT ATTEST (X): _

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|-------|-------|--------|--------|--------------------------|
| RECON | 090805 | _____ | _____ | _____ | 090605 | _____ |
| ATTEST | 090805 | _____ | _____ | _____ | XXXXXX | 584 PEARSO F |
| 3441 | 090605 | _____ | _____ | _____ | 090605 | _____ |
| 1696 | 090605 | _____ | _____ | _____ | 090605 | ATTY - GEORGE H THOMASON |
| DDSDEC | 090805 | _____ | _____ | _____ | 103105 | S87 |
| FEEAGR | _____ | _____ | _____ | _____ | 090805 | 25% / \$5300 |

ADDITIONAL ISSUES (Y/N): Y REMARKS (Y/N): _

PF1 HELP FOR ATTORNEY ISSUES AND SIGNATURE PROXY SCRIPT TRANSFER TO:

FJELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059560

MCS TRANSFER TO: REPORT OF CONTACT RPOC
NH [REDACTED] WILLI CASEY .CL [REDACTED] WILLI CASEY

PERSON CONTACTED: _____
RELATIONSHIP/TITLE: _____ DATE CONTACTED: _____
HOW CONTACTED: _ 1. PHONE 2. DO/BO 3. OTHER SPECIFY: _____
NAME OF PERSON PREPARING REPORT: _____
TITLE: _ 1. OS 2. CR 3. SR 4. CDC 5. OTHER SPECIFY: _____
REPORT: _____

MORE (Y/N): N CONTINUE THIS REPORT (Y/N): _ PAGE 1
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059561

*** REC 2006215 101854 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

FACT DTE:08/03/06 SSN: [REDACTED] BIC: DOC:X48 UNIT:NLS PG: 001
STATUS MBR YES LOU-08/03 DATA FILES YES LOU-08/03 SSACCS NO LOU-08/02
CPS NO
ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-07 LMM-11/05 FLI-M SEC-D CDY-0
DRAMS READ INACTIVE ACCT
PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005 FIRST MET-04/1999
LAST MET-12/2009 WAIT PER START-06/2004 NONX NO GMS USED-04/1999
EXC NO GMS USED-04/1999 20/40 EXCLUSION-TEST MET
20/40 NON EXCL-TEST MET DIB QC REQUIRE-20 DIB QC EARNED-40
FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
FULL QC REQUIRE-24 FULL QC EARNED-40 CURR QC EARNED-00
HLTHBEN QC EARN-00
PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-11/01/05 LAP-X F/LLOA-2/3
ZDPC-403 EDA-07/18/05 EDL-07/18/05
TELE NO BTN-864-486-9131 BTC1-O CPND-11/05
PAYEE WILLIAM M CASEY
ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED]/1958 B ABN-DXKA LAF-ND
MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
BLN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-0J1
LEVEL OF DENIAL-INITIAL
DATE OF FILING-02/08/2005 APP RECEIPT-09/06/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-0J1
LEVEL OF DENIAL-RECON
DIB DDO-05/28/04 LOD-2 BDC-J1 DSD-11/05
CITIZEN START-11/03/1958 COUNTRY-UNITED STATES PROVEN

+++ TRANS UPDATED THRU 08/03 +++

TRANS RD-11/01/05 LAP-X MCS PIC-A

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THOMPSON 059563

*** REC 2006215 101901 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

MSG-NO: PAGE:001 DATE:08/03/06 SSID QN: [REDACTED] U:NLS

SSN NIF

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059564

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

FACT DTE:02/02/06 SSN: [REDACTED] BIC: DOC:X48 UNIT:YVONNE PG: 001+
 STATUS MBR YES LOU-02/02 DATA FILES YES LOU-02/02 SSACCS NO LOU-02/01
 CPS NO
 ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-01 LMM-11/05 FLI-M SEC-D CDY-0
 DRAMS READ INACTIVE ACCT
 PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
 INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005
 FIRST MET-04/1999 LAST MET-12/2009 WAIT PER START-06/2004
 NONX NO GMS USED-04/1999 EXC NO GMS USED-04/1999
 20/40 EXCLUSION-TEST MET 20/40 NON EXCL-TEST MET
 DIB QC REQUIRE-20 DIB QC EARNED-40 FULL INS EXCL-TEST MET
 FULL INS NONEXCL-TEST MET FULL QC REQUIRE-24 FULL QC EARNED-40
 CURR QC EARNED-00 HLTHBEN QC EARN-00
 PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
 PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-11/01/05 LAP-X F/LLOA-2/3
 ZDPC-403 EDA-07/18/05 EDL-07/18/05
 TELE NO BTN-864-486-9131 BTC1-O CPND-11/05
 PAYEE WILLIAM M CASEY
 ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
 BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED]/1958 B ABN-DXKA LAF-ND
 MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
 BEN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALLOW/DEN RSN-OJ1
 LEVEL OF DENIAL-INITIAL
 DATE OF FILING-02/08/2005 APP RECEIPT-09/06/2005 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALLOW/DEN RSN-OJ1
 LEVEL OF DENIAL-RECON
 DIB DDO-05/28/04 LOD-2 BDC-J1 DSD-11/05
 CITIZEN START-11/03/1958 COUNTRY-UNITED STATES PROVEN
 +++ TRANS UPDATED THRU 02/02 +++
 TRANS RD-7/18/05 LAP-X MCS PIC-A
 RD-7/19/05 LAP-TB TITLE II PROCESS PIC-A
 RD-11/01/05 LAP-X MCS PIC-A

 DATE: 02/02/06 SUMM UN: YVONNE AN: [REDACTED] PG: 1
 SUMMARY REC: 1 ACD: 12/05/05 LOU: 12/05/05 PHT:
 AH : CASEY W M CLT: DIWC HGT: NRH-REG 10 BIC: A SSO: 584
 OFC: 5048 GREENVILLE SC ACC: REQUEST FOR HEARING RECEIVED 300
 XAH: XAN: XBI: SPC: HRD: 11/17/05
 HSD: HHD: CST: SC ISI: CIF:
 CFL: FLD: FOC:
 ALJ: RIN: HO1: 5048
 AAJ: RRD: OAO:
 ASD: AVD: HRM: CRT:
 DID: ADD: CDD:
 TITLE 2/MEDICARE/BLACK LUNG/MISC
 HEARING APPEAL COURT
 DSP: DSP: DSP: CTT:
 TITLE 16
 2SP: 2SP: 2SP: 2TT:

 MSG-6482125 DTE:02/02/06 TIME:102701 PG:001+
 DDSQ SSN: [REDACTED] BIC: ST: SC SA: X48 UNIT: YVONNE
 AN:251022977 BIC:HA DB:[REDACTED]/1958 RI:FPB STATE:SC SA:S87 STATUS:CLOSED
 AH:CASEY,WILLIAM M MCS REF: 02007 MDT: 090905 PGM:02
 AD: 240 LIGHTWOOD FARM RD WOODRUFF SC
 APD: 02/01/05 TYP: RC-DIB DO: 584 ZIP: 29388 SCI: CCI:N
 RCD: 09/06/05 DEC: DE BAS: J1 LUN: 01 TEL:8644869131 NP: QA:N
 SRD: 09/15/05 OND: LEX: 0461 SLC: 7 VOC:N FS:N
 PSD: ABO: LMC: 0424 CDF: RLB: EOR:Y
 MDF1: DSI: 0-7240-0 DST: 584 SCF: APL:C CER:N
 DIA: FMD: SCI: SC4:N

THOMPSON 059565

SSN: [REDACTED]

PG:002

ESD: 10/28/05 CSD: RTN: CDT: RTG: SC2:N SC5:
 MSD: 10/28/05 SCD: 10/28/05 SO: N BOD: 01 SC3:N SBI:
 LTI: LTJ:EDC REM:ATTORNEY: GEORGE H THOMASON PO BOX 772 SPARTANBURG SC
 8645825857

OCC: SDI: 2960 SPC: 12 J1: / RFC: LB:
 EDU: 13 MOB: ESC: J1B: / DAA: LD:

* * DEVELOPMENT HISTORY * *
 * * ST-SC * *

S E C
 L O E

| | | | | | | | | | | | | | | |
|-----|---|---|---|-----|-----|-----|-----|--------|------|-----|-----|--------|-----|-----|
| LEV | C | R | R | DEC | OND | CSD | BAS | DSI | LEX | LIT | DST | SCD | XAN | BOD |
| IN | 7 | Y | N | DE | | | J1 | 049300 | 0473 | | 584 | 071405 | | 03 |

 251-02-2977 - SSI - SSN NIF

251-02-2977 - PCACS - SSN NOT FOUND

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THOMPSON 059566

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-8878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey
Age: 46 (DOB: [REDACTED] 58)
Sex: Male
Handedness: Right

Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomediastinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomediastinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grace, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

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Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Gonda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogarty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tree with resulting leakage of air into extrapleural, vascular, and mediastinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opined that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus.

With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyphrenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricor, Mobic, Hydrocodone 10/500, Tramador 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued.

Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorrhoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization.

Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

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Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

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Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

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Page 6

Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q. =100, P I.Q. =104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

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In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Casey's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as ineffectual and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomforting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

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In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

Dr. Waid's Summary

Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogerty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multi-axial assessment is provided:

- Axis I: Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy.
Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy.
- Axis II: No diagnosis (V71.09).
- Axis III: Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax.
- Axis IV: Marital separation/divorce; disability/unemployment; Workers' Compensation litigation.
- Axis V: GAF=50 (Current).

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.

L. R. Waid Ph.D.
L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

LRW/emf

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STATE OF SOUTH CAROLINA)
) AFFIDAVIT
COUNTY OF SPARTANBURG)

PERSONALLY APPEARED before me, William M. Casey, 240 Lightwood Farm Road, Woodruff, SC 29388, SSN [REDACTED], I am making this statement under oath to be considered in my Social Security disability claim.

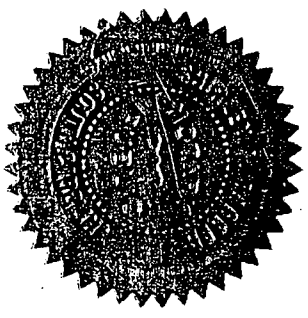
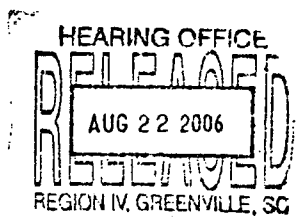
1. I stopped working in May 2004. I have not had a job since then. I stopped working then. I have not been working since then.
2. I have not drawn unemployment benefits from the South Carolina Employment Security Commission. I also have not filed a claim for Workers' Compensation benefits. I have not recently settled a Workers' Compensation claim. I am not in the process of filing a Workers' Compensation claim.
3. I have received long term disability benefits from an insurance company since I stopped working in 2004. Long term benefits stopped in May 2006.

William M Casey
William M. Casey

SWORN to before me this 21st day of August, 2006

Shirley A. Barber (SEAL)

My commission expires: 9/25/11



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680-5929



MICHELIN NORTH AMERICA
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3000, Office

Michelin
Termination
letter

28 May 2005

Mr. William Mark Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Dear Mark:

I am writing you as a follow-up to my letter dated 28 April 2005 to inform you that effective 28 May 2005, your employment with Michelin has been terminated. This action has been taken pursuant to Michelin's stated policy that termination will result when an employee is on light duty and/or leave of absence for a period exceeding twelve month's duration.

If I can be of further assistance to you regarding this matter, do not hesitate to call me.

Sincerely,

Emily Edwards
Area Personnel Manager

LCF/MEDTERM.DOC
D3 MICHELIN RESTRICTED

SS NO _____
EXHIBIT _____ (PAGE)

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NH NAME WILLIAM M CASEY SN: [REDACTED] PG 001+
 INPUT 07/24/06 DO:X48 UNIT:NLS DERO MOD:03
 RUN DATE 07/24/06 V:09/20/04
 CONTROL [REDACTED]

EVENT ICERS EARNINGS RECORD
 TID CERTIFIED EARNINGS RECORD
 ALERTS NH HAS 27 YOC'S FOR NONCOVERED PENSION PIA
 PRIOR CLAIM DATA DOES NOT EXIST ON DRAMS
 POSSIBLE INCOMPLETES PRIOR TO 1978
 POSSIBLE INCOMPLETES 2005

INFORMTNL NH HAS 27 YOC'S FOR NONCOVERED PENSION PIA
 FILING DATE USED BY SYSTEM EQUALS ONSET DATE
 DISABILITY EXCLUSION FULLY INSURED STATUS MET
 DISABLED NH IS FULLY INSURED RIB ✓
 DISABILITY NON-EXCLUSION FULLY INSURED STATUS MET
 DISABILITY NON-EXCLUSION 20/40 INSURED TEST MET
 DISABILITY EXCLUSION 20/40 INSURED TEST MET
 NO RECOMPUTATION INCREASE - JAN 2006
 PRIOR CLAIM STATUS - A

ID INFO REQ NAME:CASEY REQ SEX:M REQ DATE OF BIRTH:[REDACTED]/1958
 DATES DATE OF ONSET:05/28/2004 ✓
 DIB INPUT MBR/INPUT DATA

INS STAT ONSET:05/28/2004 DENIAL/DISALLOWANCE:J1
 DISABILITY: EXCL REQ QC:24 EXCL HAS:040
 NON-EXCL REQ QC:24 NON-EXCL HAS:040 DIS DLI:03/10 ✓
 OTHER: FIRST INSURED:04/99

TOT COV SSA QC
 1937 THRU 1950 QC: 0
 WAGE QC AFTER 1946: 131 WAGE QC AFTER 1950: 131
 SE QC:NONE AG QC:NONE

TOT EARN SSA
 TOT AFTER 1936: 868373.20
 TOT AFTER 1950: 868373.20

COMPUTATIONAL YEARLY EARNINGS

| MAX | AMT | YR | QC | REGULAR | U | NH INDEXED | RAILROAD | RQSM | DMW | SE | AG |
|-------|-----|----|------|----------|---|------------|----------|------|-----|----|----|
| 9000 | | 72 | NNCC | 236.59 | | 1102.79 | | | | | |
| 800 | | 73 | CCCC | 899.80 | | 3947.18 | | | | | |
| 13200 | | 74 | CCCC | 1365.73 | | 5654.93 | | | | | |
| 14100 | | 75 | CCCC | 856.41 | | 3299.47 | | | | | |
| 15300 | | 76 | CCCC | 580.96 | | 2093.77 | | | | | |
| 16500 | | 77 | CCCC | 3296.24 | | 11207.89 | | | | | |
| 17700 | 250 | 78 | CCCC | 7337.31 | | 23112.94 | | | | | |
| 22900 | 260 | 79 | CCCC | 9408.03 | | 27251.86 | | | | | |
| 25900 | 290 | 80 | CCCC | 10766.11 | | 28608.85 | | | | | |
| 29700 | 310 | 81 | CCCC | 12635.70 | | 30506.09 | | | | | |
| 32400 | 340 | 82 | CCCC | 13018.38 | | 29789.98 | | | | | |
| 35700 | 370 | 83 | CCCC | 13142.48 | | 28676.95 | | | | | |

THOMPSON 059577

NH NAME WILLIAM M CASEY
INPUT 07/24/06

SN: [REDACTED] PG 002
DO:X48 UNIT:NLS DERO MOD:03

| COMPUTATIONAL YEARLY EARNINGS | | | | | | RAILROAD | RQSM | DMW | SE | AG |
|-------------------------------|-----|----|------|----------|---|------------|------|-----|----|----|
| MAX | AMT | YR | QC | REGULAR | U | NH INDEXED | | | | |
| 37800 | 390 | 84 | CCCC | 19479.24 | L | 40143.95 | | | | |
| 39600 | 410 | 85 | CCCC | 26879.67 | H | 53131.50 | | | | |
| 42000 | 440 | 86 | CCCC | 27004.27 | H | 51839.15 | | | | |
| 43800 | 460 | 87 | CCCC | 29564.61 | H | 53351.67 | | | | |
| 45000 | 470 | 88 | CCCC | 32221.75 | H | 55417.31 | | | | |
| 48000 | 500 | 89 | CCCC | 35232.15 | H | 58287.01 | | | | |
| 51300 | 520 | 90 | CCCC | 36020.47 | H | 56960.10 | | | | |
| 53400 | 540 | 91 | CCCC | 34948.03 | H | 53278.76 | | | | |
| 55500 | 570 | 92 | CCCC | 39506.65 | H | 57277.29 | | | | |
| 57600 | 590 | 93 | CCCC | 38140.85 | H | 54825.62 | | | | |
| 60600 | 620 | 94 | CCCC | 38598.64 | H | 54033.46 | | | | |
| 61200 | 630 | 95 | CCCC | 39611.92 | H | 53314.87 | | | | |
| 62700 | 640 | 96 | CCCC | 40042.96 | H | 51382.16 | | | | |
| 65400 | 670 | 97 | CCCC | 40188.47 | H | 48725.68 | | | | |
| 68400 | 700 | 98 | CCCC | 42184.78 | H | 48602.29 | | | | |
| 72600 | 740 | 99 | CCCC | 46063.65 | H | 50269.80 | | | | |
| 7200 | 780 | 00 | CCCC | 47469.46 | H | 49089.34 | | | | |
| 80400 | 830 | 01 | CCCC | 41771.50 | L | 42190.42 | | | | |
| 84900 | 870 | 02 | CCCC | 50179.60 | H | 50179.60 | | | | |
| 87000 | 890 | 03 | CCCC | 46064.70 | H | 46064.70 | | | | |
| 87900 | 900 | 04 | CCCC | 42079.00 | | 42079.00 | | | | |
| 90000 | 920 | 05 | CNNN | 1577.09 | | 1577.09 | | | | |
| 94200 | 970 | 06 | NNNN | | | | | | | |

COMP DATA DI - COMP TYPE:NS 78 DIS EX AIME:\$4284.00
EFF DATE:11/04 PIA:\$1624.60 PIFC:L FAM MAX:\$2436.90
EFF DATE:12/04 PIA:\$1668.40 PIFC:L FAM MAX:\$2502.60
START BASE YEAR/START DATE:1951 LAST BASE YEAR/CLOSE DATE:2003
DIVIDEND:\$1028364.68 DM:240 DOY:4 YOC: I/Y: ELG YR:2004
DI - COMP TYPE:NS 78R DIS EX AIME:\$4292.00
EFF DATE:01/05 PIA:\$1669.60 PIFC:L FAM MAX:\$2504.50
EFF DATE:12/05 PIA:\$1738.00 PIFC:L FAM MAX:\$2607.10
START BASE YEAR/START DATE:1951 LAST BASE YEAR/CLOSE DATE:2004
DIVIDEND:\$1030299.73 DM:240 DOY:4 YOC: I/Y: ELG YR:2004
TRIAL COMPUTATIONS: NS 78 \$1736.80 SP MIN \$546.50 NS 78R
\$1738.00 SP MINR \$580.20 NS 78R \$1738.00 NS 78R DIS EX
\$1738.00

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THOMPSON 059578

*** REC 2006205 131939 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

SEQY DTE:07/24/06 AN: ██████████ DOC:X48 UNIT:NLS PG: 001
MEF: QN: ██████████ NA: W M CASEY DB: ██████/1958 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

| YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|------|----------|------|----------|
| 1972 | 236.59 | 1981 | 12635.70 | 1990 | 36020.47 | 1998 | 42184.78 |
| 1973 | 899.80 | 1982 | 13018.38 | 1991 | 34948.03 | 1999 | 46063.65 |
| 1974 | 1365.73 | 1983 | 13142.48 | 1992 | 39506.65 | 2000 | 47469.46 |
| 1975 | 856.41 | 1984 | 19479.24 | 1993 | 38140.85 | 2001 | 41771.50 |
| 1976 | 580.96 | 1985 | 26879.67 | 1994 | 38598.64 | 2002 | 50179.60 |
| 1977 | 3296.24 | 1986 | 27004.27 | 1995 | 39611.92 | 2003 | 46064.70 |
| 1978 | 7337.31 | 1987 | 29564.61 | 1996 | 40042.96 | 2004 | 42079.00 |
| 1979 | 9408.03 | 1988 | 32221.75 | 1997 | 40188.47 | 2005 | 1577.09 |
| 1980 | 10766.11 | 1989 | 35232.15 | | | | |

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED
NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR
UNCOVERED EARNINGS PRESENT FOR: 1990-2005

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059579

*** REC 2006205 131957 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

QRY DATE: 07/24/06 AN: [REDACTED] DOC: X48 UNIT: NLS PG: 001+ DEQR
INPUT: YRS REQ: 1989-2006; COVERED DETAILS; NON-COVERED DETAILS;
EMPLOYER ADDRESS
MEF: NA: W M CASEY DB: [REDACTED]/1958 SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS
REQUESTED
EIN: 111724631

MICHELIN NORTH AMERICA INC
% TAX DEPT
PO BOX 19001
GREENVILLE SC 29602-9001

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0089 | AA | | W M CASEY | 35232.15 | 35232.15 | 9042-99-08691 | 00890 | V |
| | | | WAGE TOTAL | 35232.15 | | | | |
| | | | OASDI EMPLOYER TOTAL | 35232.15 | | | | |
| | | | 89 OASDI YEARLY TOTAL | 35232.15 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0090 | AA | | W M CASEY | 36020.47 | 34918.49 | 0284-99-05494 | 00391 | V |
| | | | WAGE TOTAL | 36020.47 | | | | |
| | | | OASDI EMPLOYER TOTAL | 36020.47 | | | | |
| | | | 90 OASDI YEARLY TOTAL | 36020.47 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0091 | AA | | W M CASEY | 34948.03 | 33515.12 | 1136-99-17732 | 00792 | V |
| | | | WAGE TOTAL | 34948.03 | | | | |
| | | | OASDI EMPLOYER TOTAL | 34948.03 | | | | |
| | | | 91 OASDI YEARLY TOTAL | 34948.03 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0092 | AA | | W M CASEY | 39506.65 | 37891.36 | 2220-99-06562 | 00793 | V |
| | | | WAGE TOTAL | 39506.65 | | | | |
| | | | OASDI EMPLOYER TOTAL | 39506.65 | | | | |
| | | | 92 OASDI YEARLY TOTAL | 39506.65 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0093 | AA | | W M CASEY | 38140.85 | 36587.57 | 3066-85-25507 | 00494 | V |
| | | | WAGE TOTAL | 38140.85 | | | | |
| | | | OASDI EMPLOYER TOTAL | 38140.85 | | | | |
| | | | 93 OASDI YEARLY TOTAL | 38140.85 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0094 | AA | | W M CASEY | 38598.64 | 37022.51 | 4089-85-36087 | 00395 | V |
| | | | WAGE TOTAL | 38598.64 | | | | |
| | | | OASDI EMPLOYER TOTAL | 38598.64 | | | | |
| | | | 94 OASDI YEARLY TOTAL | 38598.64 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0095 | AA | | W M CASEY | 39611.92 | 37983.26 | 5108-88-42561 | 00696 | V |
| | | | WAGE TOTAL | 39611.92 | | | | |
| | | | OASDI EMPLOYER TOTAL | 39611.92 | | | | |
| | | | 95 OASDI YEARLY TOTAL | 39611.92 | | | | |

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THOMPSON 059580

QRY DATE: 07/24/06 AN: [REDACTED] DOC: X48 UNIT: NLS PG: 002+ DEQR

| | | | | | | | |
|------|-----------|----------------------------|----------|------------|----------------|-------|---|
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0096 | AA | W M CASEY | 40042.96 | 38390.24 | 6115-85-49867 | 01197 | V |
| | | WAGE TOTAL | 40042.96 | | | | |
| | | OASDI EMPLOYER TOTAL | 40042.96 | | | | |
| | | 96 OASDI YEARLY TOTAL | 40042.96 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0097 | AA | W M CASEY | 40188.47 | 38527.52 | 7091-85-64055 | 00798 | V |
| | | WAGE TOTAL | 40188.47 | | | | |
| | | OASDI EMPLOYER TOTAL | 40188.47 | | | | |
| | | 97 OASDI YEARLY TOTAL | 40188.47 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0098 | AA | W M CASEY | 42184.78 | 40439.72 | 8071-86-04026 | 00599 | V |
| | | WAGE TOTAL | 42184.78 | | | | |
| | | OASDI EMPLOYER TOTAL | 42184.78 | | | | |
| | | 98 OASDI YEARLY TOTAL | 42184.78 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0099 | AA | W M CASEY | 46063.65 | 43208.92 | 9087-85-22874 | 00800 | V |
| | | WAGE TOTAL | 46063.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 46063.65 | | | | |
| | | 99 OASDI YEARLY TOTAL | 46063.65 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0000 | AA | W M CASEY | 47469.46 | 44520.69 | 0064-85-02671 | 00601 | V |
| | | WAGE TOTAL | 47469.46 | | | | |
| | | OASDI EMPLOYER TOTAL | 47469.46 | | | | |
| | | 00 OASDI YEARLY TOTAL | 47469.46 | | | | |
| | | | | | | | |
| F : | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0001 | AA | W M CASEY | 41771.50 | 39150.29 | 1066-85-83355 | 00702 | V |
| | | WAGE TOTAL | 41771.50 | | | | |
| | | OASDI EMPLOYER TOTAL | 41771.50 | | | | |
| | | 01 OASDI YEARLY TOTAL | 41771.50 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0002 | AA | W M CASEY | 50179.60 | 47201.15 | 2066-89-10055 | 00803 | V |
| | | WAGE TOTAL | 50179.60 | | | | |
| | | OASDI EMPLOYER TOTAL | 50179.60 | | | | |
| | | 02 OASDI YEARLY TOTAL | 50179.60 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0003 | AA | W CASEY | 46064.70 | 43300.85 | 3065-90-37007 | 00804 | V |
| | | WAGE TOTAL | 46064.70 | | | | |
| | | OASDI EMPLOYER TOTAL | 46064.70 | | | | |
| | | 03 OASDI YEARLY TOTAL | 46064.70 | | | | |

THOMPSON 059581

QRY DATE: 07/24/06 AN: [REDACTED] DOC: X48 UNIT: NLS PG: 003+ DEQR
 EIN: 066033492 AETNA LIFE INSURANCE COMPANY
 151 FARMINGTON AVE
 HARTFORD CT 06156-0001

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----------|------|----------------------------|----------|------------|----------------|-------|---|
| 0004 | AA | | W M CASEY | 245.90 | 2090.17 | 4119-86-66864 | 01605 | V |
| | | | WAGE TOTAL | 245.90 | | | | |
| | | | OASDI EMPLOYER TOTAL | 245.90 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| 0004 | AA | | W CASEY | 41833.10 | 39265.25 | 4042-85-03707 | 00505 | V |
| | | | WAGE TOTAL | 41833.10 | | | | |
| | | | OASDI EMPLOYER TOTAL | 41833.10 | | | | |
| | | | 04 OASDI YEARLY TOTAL | 42079.00 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0005 | AA | | W CASEY | 1577.09 | 1576.21 | 5114-86-84409 | 01506 | V |
| | | | WAGE TOTAL | 1577.09 | | | | |
| | | | OASDI EMPLOYER TOTAL | 1577.09 | | | | |
| | | | 05 OASDI YEARLY TOTAL | 1577.09 | | | | |

.6 NONE

DETAIL COVERED MQGE EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED (1983-1990)

NO COVERED MQGE EARNINGS POSTED FOR YEARS REQUESTED

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

89 NONE

| | | | | | | | | |
|------|-----------|------|----------------------------|--------------|----------------|----------------|-------|---|
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0090 | DJ | | W M CASEY | 1101.98 | 0284-99-05494 | 00391 | V | |
| | | | DEFERRED COMP. TOTAL | 1101.98 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| R | R | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
| 0091 | | DJ | | W M CASEY | 1432.91 | 1136-99-17732 | 00792 | V |
| | | | DEFERRED COMP. TOTAL | 1432.91 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0092 | DJ | | W M CASEY | 1615.29 | 2220-99-06562 | 00793 | V | |
| | | | DEFERRED COMP. TOTAL | 1615.29 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0093 | DJ | | W M CASEY | 1553.28 | 3066-85-25507 | 00494 | V | |
| | | | DEFERRED COMP. TOTAL | 1553.28 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0094 | DJ | | W M CASEY | 1576.13 | 4089-85-36087 | 00395 | V | |
| | | | DEFERRED COMP. TOTAL | 1576.13 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |

THOMPSON 059582

QRY DATE: 07/24/06 AN: ██████████ DOC: X48 UNIT: NLS PG: 004+ DEQR
 0095 DJ W M CASEY 1628.66 5108-88-42561 00696 V
 DEFERRED COMP. TOTAL 1628.66

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0096 DJ W M CASEY 1652.72 6115-85-49867 01197 V
 DEFERRED COMP. TOTAL 1652.72

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0097 DJ W M CASEY 1660.95 7091-85-64055 00798 V
 DEFERRED COMP. TOTAL 1660.95

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0098 DJ W M CASEY 1745.06 8071-86-04026 00599 V
 DEFERRED COMP. TOTAL 1745.06

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 C 9 DJ W M CASEY 2854.73 9087-85-22874 00800 V
 DEFERRED COMP. TOTAL 2854.73

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0000 DJ W M CASEY 2948.77 0064-85-02671 00601 V
 DEFERRED COMP. TOTAL 2948.77

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0001 DJ W M CASEY 2621.21 1066-85-83355 00702 V
 DEFERRED COMP. TOTAL 2621.21

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0002 DJ W M CASEY 2978.45 2066-89-10055 00803 V
 DEFERRED COMP. TOTAL 2978.45

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0003 DJ W CASEY 2763.85 3065-90-37007 00804 V
 DEFERRED COMP. TOTAL 2763.85

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0004 DD W CASEY 2567.85 4042-85-03707 00505 V
 DEFERRED COMP 401(K) TOTAL 2567.85

EIN: 066033492 AETNA LIFE INSURANCE COMPANY
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0005 DA W M CASEY 22131.24 5121-86-73444 01606 V
 WAGE TOTAL 22131.24

EIN: 111724631 MICHELIN NORTH AMERICA INC
 0005 DD W CASEY .88 5114-86-84409 01506 V
 DEFERRED COMP 401(K) TOTAL .88

06 NONE

THOMPSON 059583

QRY DATE: 07/24/06 AN: [REDACTED] DOC: X48 UNIT: NLS PG: 005 DEQR
REMARKS
CLAIMS ACTIVITY--SEE MBR

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059584

NH [REDACTED]

SG-SSA-16

INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.
KRISTIN CASEY

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION:

-- IF MY MEDICAL CONDITION IMPROVES SO THAT I WOULD BE ABLE TO WORK, EVEN THOUGH I HAVE NOT YET RETURNED TO WORK.

-- IF I GO TO WORK WHETHER AS AN EMPLOYEE OR A SELF-EMPLOYED PERSON.

-- IF I APPLY FOR OR RECEIVE A DECISION ON BENEFITS UNDER ANY WORKERS' COMPENSATION LAW OR PLAN (INCLUDING BLACK LUNG BENEFITS FROM THE DEPARTMENT OF LABOR), OR OTHER PUBLIC BENEFIT BASED ON DISABILITY.

-- IF I AM CONFINED TO A JAIL, PRISON, PENAL INSTITUTION, OR CORRECTIONAL FACILITY FOR CONVICTION OF A CRIME OR I AM CONFINED TO A PUBLIC INSTITUTION BY COURT ORDER IN CONNECTION WITH A CRIME.

THE ABOVE EVENTS MAY AFFECT MY ELIGIBILITY TO DISABILITY BENEFITS AS PROVIDED IN THE SOCIAL SECURITY ACT, AS AMENDED.

I AGREE TO REPORT ENTITLEMENT TO AND/OR CHANGES IN THE AMOUNT OF WORKERS' COMPENSATION OR OTHER PUBLIC DISABILITY BENEFIT. I UNDERSTAND THAT SUCH BENEFIT MAY AFFECT MY SOCIAL SECURITY PAYMENTS OR RESULT IN AN OVERPAYMENT WHICH I MAY HAVE TO PAY BACK.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF I BECOME ENTITLED TO A PENSION OR ANNUITY BASED ON EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR IF SUCH PENSION OR ANNUITY STOPS.

THOMPSON 059586

ELECTRONICALLY FILED--2017-Jun-19 4:40 PM--SPARTANBURG--COMMON PLEAS--CASE#20100CP4205743

NH [REDACTED]

SG-SSA-16

BENEFITS TO A STEPCHILD TERMINATE THE MONTH AFTER THE MONTH THE WORKER AND THE STEPCHILD'S PARENT OBTAIN A FINAL DIVORCE. THEREFORE, IF A STEPCHILD BECOMES ENTITLED ON MY RECORD, I AGREE TO NOTIFY SSA IF THE STEPCHILD'S PARENT AND I SUBSEQUENTLY DIVORCE.

MY REPORTING RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME.

REMARKS:

I AGREE WITH MY EARNINGS RECORD AS FOLLOWS:

| YEAR | EARNINGS | YEAR | EARNINGS | YEAREARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|--------------|------|----------|
| 1972 | 236.59 | 1980 | 10766.11 | 198832221.75 | 1996 | 40042.96 |
| 1973 | 899.80 | 1981 | 12635.70 | 198935232.15 | 1997 | 40188.47 |
| 1974 | 1365.73 | 1982 | 13018.38 | 199036020.47 | 1998 | 42184.78 |
| 1975 | 856.41 | 1983 | 13142.48 | 199134948.03 | 1999 | 46063.65 |
| 1976 | 580.96 | 1984 | 19479.24 | 199239506.65 | 2000 | 47469.46 |
| 1977 | 3296.24 | 1985 | 26879.67 | 199338140.85 | 2001 | 41771.50 |
| 1978 | 7337.31 | 1986 | 27004.27 | 199438598.64 | 2002 | 50179.60 |
| 1979 | 9408.03 | 1987 | 29564.61 | 199539611.92 | 2003 | 46064.70 |

JNA AND I WERE MARRIED IN SPARTANBURG SC. WE ARE PLANNING TO GET A DIVORCE.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY MAILING ADDRESS IS 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

MY TELEPHONE NUMBER IS (864) 486-9131.

SIGNATURE _____

DATE _____

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059587

NH [REDACTED]

SG-SSA-16

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

NAME OF PERSON TO CONTACT
ABOUT YOUR CLAIM: _____

| | |
|----------------|---|
| : UNIT: MLEMLE | : |
| : | : |
| : | : |
| : | : |
| : | : |
| : | : |

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE OF AWARD:

AFTER YOU RECEIVE A NOTICE OF AWARD:

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT
WWW.SOCIALSECURITY.GOV.

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE
PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN ___ DAYS AFTER YOU HAVE GIVEN US ALL THE
INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION
IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE
THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE
CHANGE.

On February 8, 2005, we talked with you and completed your application for
SOCIAL SECURITY BENEFITS. We stored your application information electronically
in our records and attached a summary of your statements.

What You Need To Do

- o Review your application to ensure we recorded your statements correctly.
- o If you agree with all your statements, you may retain the application for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this notice to let us know.

THOMPSON 059588

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February 8, 2005, 12:29
PAGE 5

NH [REDACTED]

SG-SSA-16

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT
WILLIAM M CASEY

SOCIAL SECURITY CLAIM NO.
[REDACTED]

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059589

5546

APPLICATION FOR DISABILITY INSURANCE BENEFITS

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

CHECKING THE STATUS OF YOUR CLAIM

Information about the status of your claim will soon be available on the Internet. Please wait at least 5 days before you check your claim status. Just go to the Social Security Claims page at www.socialsecurity.gov/applyforbenefits and select "Check Your Claim Status" and enter your confirmation number. However, disability claims take longer to process than other types of Social Security claims because we need to obtain sufficient medical evidence to show that you are disabled. It may take 90-120 days before "Check Your Claim Status" will reflect a final decision on your disability claim. The confirmation number for this claim is:

61927462

REMEMBER TO GUARD YOUR CONFIRMATION NUMBER CAREFULLY. Your Confirmation Number is the key to your application information!

- o Don't put it where others can see it.
- o Don't store it with other personal information, like your Social Security number.
- o Don't give it to anyone else.
- o Social Security employees will NEVER ask for your Confirmation Number.

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THOMPSON 059590

NH SSN: [REDACTED]

LEADS/PROTECTIVE FILING WORKSHEET

NH NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED] 1958 PROOF CODE: A SEX: M DEATH:
UNIT: JBL FO: 584 PRIOR FO:

CLAIM TYPES(S): DIB SSIDI LEAD ESTABLISHED: 020105
T2 CLAIM TAKEN: T16 CLAIM TAKEN:

CL NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED] 1958 PROOF CODE: A SEX: M ONSET DATE: 06032004

ADDRESS: [REDACTED] -240 LIGHTWOOD FARM RD

CITY: [REDACTED] WOODRUFF STATE: SC ZIP: 29388
COUNTRY: [REDACTED] POSTAL ZONE:
PHONE: 864-486-9131 INFO: HOME PHONE: INFO:
FOREIGN PHONE:

CALLER (IF DIFFERENT):
RELATIONSHIP TO CLAIMANT:
RECONTACT BY CALLER: DATE:

CY EARNINGS: ? PY EARNINGS: ? INFORMAL DENIAL:

PROOFS REQ AGE: MAR/DIV: DEATH: MILITARY:
MEDICAL EVIDENCE:
W-2/EARNINGS FOR SSI INC/RESR:

APPT DATE: 020805 TIME: 11:15 APPT TYPE: PHONE CAL. USED: 2
PRIOR DATE: TIME: REASON FOR CHANGE:

DISABILITY FORMS SENT: Y SUPPRESS NOTICE:

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|------|------|--------|-----|---------|
| PROTFL | 020105 | | | 020905 | | |
| T2CO | | | | | | |
| T16CO | | | | | | |

*Kristen Casey
Age - 18 - lives
w/ mother - Donna Holt
not in school
Kristen - 601-0603
Donna - 205-9517*

REMARKS

\$1600.00 LONG TERM DIB FROM WORK, 401K

*disability - 05/28/04 -> chest pains a work-
operation done
then
2 doctors out of work -
lung doctor
depression - psychologist
psychiatrist*

- Donna - Sptbg CO

*Wilson Smith
Charles Fogarty*

*680-9648
809-2485*

*• b/c separate envelope
• (991) - Imane
6807s*

THOMPSON 059591

FACT DTE:07/21/05 SSN: [REDACTED] BIC: DOC:584 UNIT:MLE PG: 001+
STATUS MBR YES LOU-07/21 DATA FILES YES LOU-07/21 SSACCS NO LOU-07/20
CPS NO
ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-08 LMM-08/05 FLI-M SEC-D CDY-0
DRAMS READ INACTIVE ACCT
INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005
FIRST MET-04/1999 LAST MET-12/2009 WAIT PER START-06/2004
NONX NO GMS USED-04/1999 EXC NO GMS USED-04/1999
20/40 EXCLUSION-TEST MET 20/40 NON EXCL-TEST MET
DIB QC REQUIRE-20 DIB QC EARNED-40 FULL INS EXCL-TEST MET
FULL INS NONEXCL-TEST MET FULL QC REQUIRE-24 FULL QC EARNED-40
CURR QC EARNED-00 HLTHBEN QC EARN-00
PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-07/19/05 LAP-T F/LLOA-2/3
ZDPC-403 EDA-07/18/05 EDL-07/18/05
TELE NO BTN-864-486-9131 BTC1-O CPND-07/05
PAYEE WILLIAM M CASEY
ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED] 1958 B ABN-DXGR LAF-ND
MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
BEN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALLOW/DEN RSN-0J1
LEVEL OF DENIAL-INITIAL
DIB DDO-05/28/04 LOD-1 BDC-J1 DSD-07/05
CITIZEN START-[REDACTED]/1958 COUNTRY-UNITED STATES PROVEN
+++ TRANS UPDATED THRU 07/21 +++
TRANS RD-7/18/05 LAP-X MCS PIC-A
RD-7/19/05 LAP-TB TITLE II PROCESS PIC-A

THOMPSON 059592

NH SSN: [REDACTED]

LEADS/PROTECTIVE FILING WORKSHEET

NH NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED]1958 PROOF CODE: A SEX: M DEATH: [REDACTED]
UNIT: JBL FO: 584 PRIOR FO:

CLAIM TYPES(S): DIB LEAD ESTABLISHED: 020105
T2 CLAIM TAKEN: T16 CLAIM TAKEN:

CL NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED]1958 PROOF CODE: A SEX: M ONSET DATE: 06032004

ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388
COUNTRY: POSTAL ZONE:
PHONE: 864-486-9131 INFO: HOME PHONE: INFO:
FOREIGN PHONE:

CALLER (IF DIFFERENT):
RELATIONSHIP TO CLAIMANT:
RECONTACT BY CALLER: DATE:

CY EARNINGS: ? PY EARNINGS: ? INFORMAL DENIAL:

PROOFS REQ AGE: MAR/DIV: DEATH: MILITARY:
MEDICAL EVIDENCE:
W-2/EARNINGS FOR SSI INC/RESR:

APPT DATE: 020805 TIME: 11:15 APPT TYPE: PHONE CAL. USED: 2
PRIOR DATE: TIME: REASON FOR CHANGE:

DISABILITY FORMS SENT: Y SUPPRESS NOTICE:

ISSUE REQ F/UP F/UP TICKLE REC REMARKS

PROTFL 020105 020905
T2CO

REMARKS

\$1600.00 LONG TERM DIB FROM WORK, 401K

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THOMPSON 059593

DISCO DIB Insured Status Report

Monday, February 07, 2005

UNIT PLEXXX

SSN [REDACTED] LNAME CASEY DOB [REDACTED] 1958 SEX M ID DI

Alleged Onset 01/01/61 PPD1 [REDACTED] to [REDACTED] PPD2 [REDACTED] to [REDACTED]

Lag for 2003: \$0.00 Lag for 2004: \$0.00

Beginning With Quarter of Alleged Onset Date (AOD) 1/1/61 through 12/31/2010

Insured for DIB? Yes

Date First Insured in or after quarter of AOD 10/1/73 Date Last Insured Overall 12/31/08

Up to Nine Separate Periods of Insured Status Displayed Here:

| | | | | | | | | | | | |
|------|------------|------|------------|------|------------|------|------------|------|------------|------|------------|
| DFI1 | 10/1/73 | DLI1 | 12/31/08 | DFI2 | [REDACTED] | DLI2 | [REDACTED] | DFI3 | [REDACTED] | DLI3 | [REDACTED] |
| DFI4 | [REDACTED] | DLI4 | [REDACTED] | DFI5 | [REDACTED] | DLI5 | [REDACTED] | DFI6 | [REDACTED] | DLI6 | [REDACTED] |
| DFI7 | [REDACTED] | DLI7 | [REDACTED] | DFI8 | [REDACTED] | DLI8 | [REDACTED] | DFI9 | [REDACTED] | DLI9 | [REDACTED] |

MYQCR 6 MYQCE 6 ELAPSED 12 EARNED 6 PRE 51 \$0.00

- ITEM1 Pre 1951 earnings: \$0.00
- ITEM2 Has DIB insured status in or after quarter of AOD (1/1/61)
- ITEM3 Number holder has 126 QCs, sufficient for RIB insured status
- ITEM4 ICF multi SSN earnings selection used.
- ITEM5 Default date 1/1/61 used for AOD
- ITEM6
- ITEM7
- ITEM8
- ITEM9
- ITEM10
- ITEM11
- ITEM12
- ITEM13
- ITEM14
- ITEM15
- ITEM16

| SSN | LNAME | CASEY |
|------|-------|-----------|
| 1951 | 0000 | 1961 0000 |
| 1952 | 0000 | 1962 0000 |
| 1953 | 0000 | 1963 0000 |
| 1954 | 0000 | 1964 0000 |
| 1955 | 0000 | 1965 0000 |
| 1956 | 0000 | 1966 0000 |
| 1957 | 0000 | 1967 0000 |
| 1958 | 0000 | 1968 0000 |
| 1959 | 0000 | 1969 0000 |
| 1960 | 0000 | 1970 0000 |
| 1971 | 0000 | 1981 4 |
| 1972 | 0011 | 1982 4 |
| 1973 | 1111 | 1983 4 |
| 1974 | 1111 | 1984 4 |
| 1975 | 1111 | 1985 4 |
| 1976 | 1111 | 1986 4 |
| 1977 | 1111 | 1987 4 |
| 1978 | 4 | 1988 4 |
| 1979 | 4 | 1989 4 |
| 1980 | 4 | 1990 4 |
| 1991 | 4 | 2001 4 |
| 1992 | 4 | 2002 4 |
| 1993 | 4 | 2003 4 |
| 1994 | 4 | 2004 0 |
| 1995 | 4 | 2005 0 |
| 1996 | 4 | 2006 0 |
| 1997 | 4 | 2007 0 |
| 1998 | 4 | 2008 0 |
| 1999 | 4 | 2009 0 |
| 2000 | 4 | 2010 0 |

Original IC94 Data:

| PRE 1951 EARNINGS: | | | TOTAL EARNINGS: | | |
|--------------------|----------|----------|-----------------|----------|-----------|
| | | 0.00 | | | 824717.11 |
| YEAR | EARNINGS | QUARTERS | YEAR | EARNINGS | QUARTERS |
| 1972 | 236.59 | NNCC | 1984 | 19479.24 | CCCC |
| 1973 | 899.80 | CCCC | 1985 | 26879.67 | CCCC |
| 1974 | 1365.73 | CCCC | 1986 | 27004.27 | CCCC |
| 1975 | 856.41 | CCCC | 1987 | 29564.61 | CCCC |
| 1976 | 580.96 | CCCC | 1988 | 32221.75 | CCCC |
| 1977 | 3296.24 | CCCC | 1989 | 35232.15 | CCCC |
| 1978 | 7337.31 | CCCC | 1990 | 36020.47 | CCCC |
| 1979 | 9408.03 | CCCC | 1991 | 34948.03 | CCCC |
| 1980 | 10766.11 | CCCC | 1992 | 39506.65 | CCCC |
| 1981 | 12635.70 | CCCC | 1993 | 38140.85 | CCCC |
| 1982 | 13018.38 | CCCC | 1994 | 38598.64 | CCCC |
| 1983 | 13142.48 | CCCC | 1995 | 39611.92 | CCCC |
| | | | 1996 | 40042.96 | CCCC |
| | | | 1997 | 40188.47 | CCCC |
| | | | 1998 | 42184.78 | CCCC |
| | | | 1999 | 46063.65 | CCCC |
| | | | 2000 | 47469.46 | CCCC |
| | | | 2001 | 41771.50 | CCCC |
| | | | 2002 | 50179.60 | CCCC |
| | | | 2003 | 46064.70 | CCCC |
| | | | 2004 | 0.00 | NNNN |
| | | | 2005 | 0.00 | NNNN |

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FACT DTE:02/07/05 SSN: [REDACTED] BIC: DOC:584 UNIT:MLE PG: 001
SSN: [REDACTED] NIF AS OF 02/07/05 (MNIF)

251-02-2977 - OHAQ TOTAL - RECORD NOT FOUND

251-02-2977 - DDSQ - DDS CLAIM NOT-IN-FILE ND00C01

251-02-2977 - SSI - SSN NIF

NUMI DTE:02/07/05 SSN: [REDACTED] XC:B UNIT:MLE PG:001+
ACCOUNT SSN: [REDACTED] ETC:0 RFN:64147023279
NAME NAA: WILLIAM, MARK, CASEY
BIRTH DOB: [REDACTED]/1958 PLB: SPARTANBURG, SC SEX:M ETB:1
PARENT MNA: CLARA S HUDSON
FNA: JULIAN C CASEY
INTERNAL FMC:1 CYD: [REDACTED] 1969
NO CORRESPONDENCE RECORDS FOUND
XR SSNS NO MULTIPLE SSNS LOCATED

SEQY DTE:02/07/05 AN: [REDACTED] DOC:584 UNIT:MLE PG: 001

MEF: QN: [REDACTED] NA: W M CASEY DB: [REDACTED]/1958 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

| YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|------|----------|------|----------|
| 1972 | 236.59 | 1980 | 10766.11 | 1988 | 32221.75 | 1996 | 40042.96 |
| 1973 | 899.80 | 1981 | 12635.70 | 1989 | 35232.15 | 1997 | 40188.47 |
| 1974 | 1365.73 | 1982 | 13018.38 | 1990 | 36020.47 | 1998 | 42184.78 |
| 1975 | 856.41 | 1983 | 13142.48 | 1991 | 34948.03 | 1999 | 46063.65 |
| 1976 | 580.96 | 1984 | 19479.24 | 1992 | 39506.65 | 2000 | 47469.46 |
| 1977 | 3296.24 | 1985 | 26879.67 | 1993 | 38140.85 | 2001 | 41771.50 |
| 1978 | 7337.31 | 1986 | 27004.27 | 1994 | 38598.64 | 2002 | 50179.60 |
| 1979 | 9408.03 | 1987 | 29564.61 | 1995 | 39611.92 | 2003 | 46064.70 |

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

NON-COVERED EARNINGS PRESENT FOR: 1990-2003

QRY DATE: 02/07/05 AN: [REDACTED] DOC: 584 UNIT: MLE PG: 001+ DEQR

INPUT: YRS REQ: 1989-2005; COVERED DETAILS; NON-COVERED DETAILS; PENSION;

SPECIAL WAGE PAYMENT; EMPLOYER ADDRESS

MEF: NA: W M CASEY DB: [REDACTED]/1958 SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: 111724631 MICHELIN NORTH AMERICA INC
% TAX DEPT
PO BOX 19001
GREENVILLE SC 29602-9001

*07/09/1984 -
05/28/2004*

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0089 AA W M CASEY 35232.15 35232.15 9042-99-08691 00890 V

WAGE TOTAL 35232.15
OASDI EMPLOYER TOTAL 35232.15
89 OASDI YEARLY TOTAL 35232.15

EIN: 111724631 MICHELIN NORTH AMERICA INC

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0090 AA W M CASEY 36020.47 34918.49 0284-99-05494 00391 V

WAGE TOTAL 36020.47
OASDI EMPLOYER TOTAL 36020.47
90 OASDI YEARLY TOTAL 36020.47

EIN: 111724631 MICHELIN NORTH AMERICA INC

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0091 AA W M CASEY 34948.03 33515.12 1136-99-17732 00792 V

WAGE TOTAL 34948.03
OASDI EMPLOYER TOTAL 34948.03
91 OASDI YEARLY TOTAL 34948.03

THOMPSON 059596

SSN: [REDACTED]

PG:002

| | | | | | | | |
|----------------|----------------------------|-----------------------|----------|------------|----------------|-------|---|
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0092 | AA | W M CASEY | 39506.65 | 37891.36 | 2220-99-06562 | 00793 | V |
| | | WAGE TOTAL | 39506.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 39506.65 | | | | |
| | | 92 OASDI YEARLY TOTAL | 39506.65 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0093 | AA | W M CASEY | 38140.85 | 36587.57 | 3066-85-25507 | 00494 | V |
| | | WAGE TOTAL | 38140.85 | | | | |
| | | OASDI EMPLOYER TOTAL | 38140.85 | | | | |
| | | 93 OASDI YEARLY TOTAL | 38140.85 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0094 | AA | W M CASEY | 38598.64 | 37022.51 | 4089-85-36087 | 00395 | V |
| | | WAGE TOTAL | 38598.64 | | | | |
| | | OASDI EMPLOYER TOTAL | 38598.64 | | | | |
| | | 94 OASDI YEARLY TOTAL | 38598.64 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0095 | AA | W M CASEY | 39611.92 | 37983.26 | 5108-88-42561 | 00696 | . |
| | | WAGE TOTAL | 39611.92 | | | | |
| | | OASDI EMPLOYER TOTAL | 39611.92 | | | | |
| | | 95 OASDI YEARLY TOTAL | 39611.92 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0096 | AA | W M CASEY | 40042.96 | 38390.24 | 6115-85-49867 | 01197 | V |
| | | WAGE TOTAL | 40042.96 | | | | |
| | | OASDI EMPLOYER TOTAL | 40042.96 | | | | |
| | | 96 OASDI YEARLY TOTAL | 40042.96 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0097 | AA | W M CASEY | 40188.47 | 38527.52 | 7091-85-64055 | 00798 | V |
| | | WAGE TOTAL | 40188.47 | | | | |
| | | OASDI EMPLOYER TOTAL | 40188.47 | | | | |
| | | 97 OASDI YEARLY TOTAL | 40188.47 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0098 | AA | W M CASEY | 42184.78 | 40439.72 | 8071-86-04026 | 00599 | V |
| | | WAGE TOTAL | 42184.78 | | | | |
| | | OASDI EMPLOYER TOTAL | 42184.78 | | | | |
| | | 98 OASDI YEARLY TOTAL | 42184.78 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0099 | AA | W M CASEY | 46063.65 | 43208.92 | 9087-85-22874 | 00800 | V |
| | | WAGE TOTAL | 46063.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 46063.65 | | | | |
| | | 99 OASDI YEARLY TOTAL | 46063.65 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0000 | AA | W M CASEY | 47469.46 | 44520.69 | 0064-85-02671 | 00601 | V |
| | | WAGE TOTAL | 47469.46 | | | | |
| | | OASDI EMPLOYER TOTAL | 47469.46 | | | | |
| | | 00 OASDI YEARLY TOTAL | 47469.46 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0001 | AA | W M CASEY | 41771.50 | 39150.29 | 1066-85-83355 | 00702 | V |
| | | WAGE TOTAL | 41771.50 | | | | |
| | | OASDI EMPLOYER TOTAL | 41771.50 | | | | |
| | | 01 OASDI YEARLY TOTAL | 41771.50 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |

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THOMPSON 059597

SSN: [REDACTED]

PG:003

| | | | | | | | | |
|------|-----------|------|----------------------------|----------|------------|----------------|-------|---|
| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0002 | AA | | W M CASEY | 50179.60 | 47201.15 | 2066-89-10055 | 00803 | V |
| | | | WAGE TOTAL | 50179.60 | | | | |
| | | | OASDI EMPLOYER TOTAL | 50179.60 | | | | |
| | | 02 | OASDI YEARLY TOTAL | 50179.60 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0003 | AA | | W CASEY | 46064.70 | 43300.85 | 3065-90-37007 | 00804 | V |
| | | | WAGE TOTAL | 46064.70 | | | | |
| | | | OASDI EMPLOYER TOTAL | 46064.70 | | | | |
| | | 03 | OASDI YEARLY TOTAL | 46064.70 | | | | |
| | | 04 | NONE | | | | | |
| | | 05 | NONE | | | | | |

DETAIL COVERED MQGE EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED (1983-1990)

NO COVERED MQGE EARNINGS POSTED FOR YEARS REQUESTED

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

89 NONE

| | | | | | | | | |
|------|-----------|------|----------------------------|--------------|----------------|-------|---|--|
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0090 | DJ | | W M CASEY | 1101.98 | 0284-99-05494 | 00391 | V | |
| | | | DEFERRED COMP. TOTAL | 1101.98 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0091 | DJ | | W M CASEY | 1432.91 | 1136-99-17732 | 00792 | V | |
| | | | DEFERRED COMP. TOTAL | 1432.91 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0092 | DJ | | W M CASEY | 1615.29 | 2220-99-06562 | 00793 | V | |
| | | | DEFERRED COMP. TOTAL | 1615.29 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0093 | DJ | | W M CASEY | 1553.28 | 3066-85-25507 | 00494 | V | |
| | | | DEFERRED COMP. TOTAL | 1553.28 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0094 | DJ | | W M CASEY | 1576.13 | 4089-85-36087 | 00395 | V | |
| | | | DEFERRED COMP. TOTAL | 1576.13 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0095 | DJ | | W M CASEY | 1628.66 | 5108-88-42561 | 00696 | V | |
| | | | DEFERRED COMP. TOTAL | 1628.66 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0096 | DJ | | W M CASEY | 1652.72 | 6115-85-49867 | 01197 | V | |
| | | | DEFERRED COMP. TOTAL | 1652.72 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0097 | DJ | | W M CASEY | 1660.95 | 7091-85-64055 | 00798 | V | |
| | | | DEFERRED COMP. TOTAL | 1660.95 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0098 | DJ | | W M CASEY | 1745.06 | 8071-86-04026 | 00599 | V | |
| | | | DEFERRED COMP. TOTAL | 1745.06 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0099 | DJ | | W M CASEY | 2854.73 | 9087-85-22874 | 00800 | V | |
| | | | DEFERRED COMP. TOTAL | 2854.73 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |

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THOMPSON 059598

SSN: [REDACTED]

PG:004

| | | | | | | |
|------|-----------|----------------------------|--------------|----------------|-------|---|
| 0000 | DJ | W M CASEY | 2948.77 | 0064-85-02671 | 00601 | V |
| | | DEFERRED COMP. TOTAL | 2948.77 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
| 0001 | DJ | W M CASEY | 2621.21 | 1066-85-83355 | 00702 | V |
| | | DEFERRED COMP. TOTAL | 2621.21 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
| 0002 | DJ | W M CASEY | 2978.45 | 2066-89-10055 | 00803 | V |
| | | DEFERRED COMP. TOTAL | 2978.45 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
| 0003 | DJ | W M CASEY | 2763.85 | 3065-90-37007 | 00804 | V |
| | | DEFERRED COMP. TOTAL | 2763.85 | | | |
| | 04 | NONE | | | | |
| | 05 | NONE | | | | |

 251-02-2977 - PCACS - SSN NOT FOUND

 251-02-2977 - MDW - WORKSHEET (MMDW) NOT PRESENT FOR REQUESTED SSN

*Casey, William
T2 Only*

THOMPSON 059599

DISABILITY REPORT - ADULT - Form SSA-3368

(3368) Section 1 - Information About the Disabled PersonA. Name: **William Mark Casey**

B. Social Security Number: [REDACTED]

C. Daytime Telephone Number (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.):

864-486-9131 Your number

D. Give the name of a friend or a relative that we can contact (other than your doctors) who knows about your illnesses, injuries or conditions and can help you with your claim.

| | |
|----------------|-----------------------------|
| Name: | GREGG CASEY |
| Relationship: | Brother |
| Address: | |
| Daytime Phone: | 864-476-5222 - Voice |

| | |
|----------------|-----------------------------|
| Name: | CARROL LYNNE HYSLOP |
| Relationship: | Sister |
| Address: | |
| Daytime Phone: | 864-476-6537 - Voice |

E. What is your height without shoes? **5' 8"**F. What is your weight without shoes? **175 lbs.**G. Do you have a medical assistance card? **No**

If "YES", show the number here:

H. Can you speak and understand English? **Yes**

If "NO", what is your preferred language?

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages?

THOMPSON 059600

(If "YES", is this the same person as in "D" above? If it is, show "SAME" below, if not complete below.)

- I. Can you read and understand English? Yes
J. Can you write more than your name in English? Yes

(3368) Section 2 - Your Illnesses, Injuries or Conditions and How They Affect You

- A. What are the illnesses, injuries or conditions that limit your ability to work?
Lung and breathing problems/single episode of depression/blew out lung during surgery/
- B. How do your illnesses, injuries or conditions limit your ability to work?
breathing problems/2 doctors have me out of work/
- C. Do your illnesses, injuries or conditions cause you pain or other symptoms? Yes
- D. When did your illnesses, injuries or conditions first bother you? **05/28/2004**
- E. When did you become unable to work because of your illnesses, injuries or conditions?
05/28/2004
- F. Have you ever worked? Yes
- G. Did you work at any time after the date your illnesses, injuries or conditions first bothered you? No
- H. If "Yes," did your illnesses, injuries or conditions cause you to:
work fewer hours?
change your job duties?
make any job-related changes such as your attendance, help needed, or employers?

Explain:

- I. Are you working now? No
If "NO," when did you stop working? **05/28/2004**
- J. Why did you stop working?
my disability/

THOMPSON 059601

(3368) Section 3 - Information About Your Work

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

* = Longest Job Held

| Longest Job Held | Job Title | Type of Business | Dates Worked (From-To) | Hours Per Day | Days Per Week | Rate of Pay/Per |
|------------------|----------------------------|-------------------------|-------------------------|---------------|---------------|------------------|
| * | manufacturing professional | Michelin north american | 07/09/1984 - 05/28/2004 | 10 | 5 | \$45,000.00/Year |

B. Which job did you do the longest?

manufacturing professional

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.):

i built truck tires/18 wheeler truck tires/

D. In this job, did you:

Use machines, tools, or equipment? **Yes**

Use technical knowledge or skills? **Yes**

Do any writing, complete reports, or perform duties like this? **Yes**

E. In this job, how many total hours each day did you:

Walk? **5**

Stand? **7**

Sit? **1**

Climb? **0.5**

Stoop? (Bend down & forward at waist.): **1**

Kneel? (Bend legs to rest on knees.): **1**

Crouch? (Bend legs & back down & forward.): **1**

Crawl? (Move on hands & knees.): **0.5**

Handle, grab or grasp big objects? **7.5**

Michelin Job Description

Reach? 2

Write, type or handle small objects? 0.5

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.):

i lifted boxes of products....some i lifted straight up and some i moved into position. the tires weighted about 100 lbs. dealth with this items all day long/

G. Heaviest weight lifted: **100 lbs. or more**

H. Weight you frequently lifted (By frequently, we mean from 1/3 to 2/3 of the workday.):

50 lbs. or more

I. Did you supervise other people in this job? **No**

How many people did you supervise?

What part of your time was spent supervising people?

Did you hire and fire employees?

J. Were you a lead worker? **Yes**

(3368) Section 4 - Information About Your Medical Records

A. Have you been seen by a doctor/hospital/clinic or anyone else for the illnesses, injuries or conditions that limit your ability to work?

Yes

B. Have you been seen by a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

Yes

C. List other names you have used on your medical records:

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. List each Doctor/HMO/Therapist. Include your next appointment:

| | | | |
|----------|------------------------------|-------------------|--------------------------|
| Name: | FRANCISCO E GONDA DR | | |
| Address: | ATTN: MEDICAL RECORDS | Date First Visit: | over 5 years ago/ |

THOMPSON 059603

| | | | |
|--|----------------|-------------------|------------|
| 2212 OLD FURNACE ROAD BOILING SPRINGS, SC 29316-0000 | | Date Last Seen: | 01/12/2005 |
| Phone: 864-578-9735 | Patient ID # : | Next Appointment: | 04/2005 |
| Reasons for Visits: family doctor | | | |
| What treatment was received? medicince/check-ups | | | |

| | | | |
|---|----------------|-------------------|-------|
| Name: JOSEPH G GRACE III DR | | Date First Visit: | 07/04 |
| Address: 853 NORTH CHURCH STREET SUITE 510 SPARTANBURG, SC 29303-0000 | | Date Last Seen: | 01/05 |
| Phone: 864-560-1512 | Patient ID # : | Next Appointment: | 02/05 |
| Reasons for Visits: depression/trouble sleeping/ | | | |
| What treatment was received? advice/ | | | |

| | | | |
|---|----------------|-------------------|---------|
| Name: LUNG & CHEST MEDICAL ASSOCS | | Date First Visit: | 07/2004 |
| Address: ATTN: MEDICAL RECORDS 2030 NORTH CHURCH PLACE SPARTANBURG, SC 29303-0000 | | Date Last Seen: | 01/2005 |
| Phone: | Patient ID # : | Next Appointment: | none |
| Reasons for Visits: lung and breathing problems | | | |
| What treatment was received? two stress tests-treadmill and resting/ | | | |

| | | | |
|---|----------------|-------------------|------------|
| Name: JEFFREY K SMITH DR | | Date First Visit: | 10/2004 |
| Address: ATTN: MEDICAL RECORDS 2094 WOODRUFF ROAD GREENVILLE, SC 29607-0000 | | Date Last Seen: | 01/17/2005 |
| Phone: 864-676-9211 | Patient ID # : | Next Appointment: | 02/14/2005 |
| Reasons for Visits: depression | | | |

THOMPSON 059604

What treatment was received?
medicine

| | | | |
|--|---|-------------------|------------------------|
| Name: | UPSTATE LUNG & CRITICAL CARE | | |
| Address: | ATTN: MEDICAL RECORDS | Date First Visit: | 06/04 |
| | 1091 BOILING SPRINGS ROAD SPARTANBURG, SC 29303-0000 | Date Last Seen: | 07/07/2004 |
| Phone: | 864-573-6320 | Patient ID # : | Next Appointment: none |
| Reasons for Visits: lung surgery follow-up/went back to find out why i couldn't sleep and rest | | | |
| What treatment was received? follow-up to surgery/ | | | |

E. List each Hospital/Clinic. Include your next appointment:

| | | | |
|--|--|-----------------------------|------------|
| Name: | SPARTANBURG REG MEDICAL CENTER | | |
| Address: | ATTN: MEDICAL RECORDS | | |
| | 101 EAST WOOD STREET SPARTANBURG, SC 29303-0000 | | |
| Phone: | 864-560-6000 | | |
| Inpatient Date In 1: | 06/03/2004 | Inpatient Date Out 1: | 06/07/2004 |
| Inpatient Date In 2: | | Inpatient Date Out 2: | |
| Inpatient Date In 3: | | Inpatient Date Out 3: | |
| Outpatient Date First Visit: | | Outpatient Date Last Visit: | |
| Emergency Room Dates of Visits: | 05/28/2004 | | |
| Next Appointment: | none | | |
| Your Hospital/Clinic Number: | | | |
| Reasons for Visits: breathing problems--sent there from work/ | | | |
| What treatment did you receive? flexable broncostopy proceduredid not work, really should not have been down. 06/2004-had a rigid broncostopy-was not necessary, but did not know it, put me in ICU. used a lazer that should not have been used and blew out my lung/ | | | |
| What doctors do you see at this hospital/clinic on a regular basis? joseph bostwick greg feldman | | | |

THOMPSON 059605

F. Does anyone else have medical records or information about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?

No

.....

.....

(3368) Section 5 - Medications

Do you currently take any medications for your illnesses, injuries or conditions? Yes
 If "YES," please tell us the following: (Look at your medicine bottles, if necessary.)

| Name of Medicine | Prescribed By (Name of Doctor) | Reason For Medicine | Side Effects You Have |
|------------------|--------------------------------|---|-----------------------|
| Ambien | JEFFREY K SMITH DR | to help me sleep | none |
| bextra | FRANCISCO E GONDA DR | disc problems/arthritis in lower back/ | none |
| hydrocodone | FRANCISCO E GONDA DR | pain | none |
| Lipitor | FRANCISCO E GONDA DR | cholesterol | none |
| Tramadol | FRANCISCO E GONDA DR | non-addictive pain treatment | none |
| xzybamta | JEFFREY K SMITH DR | depression | none |

(3368) Section 6 - Tests

Have you had, or will you have, any medical tests for your illnesses, injuries or conditions?

THOMPSON 059606

Yes

If "YES," please tell us the following: (Give approximate dates, if necessary.)

| Kind of Test | When done, or when will it be done? (Month, day, year) | Where Done | Who Sent You For This Test |
|---|--|-----------------------------|-----------------------------|
| blood tests/ | 2004 and 2005 | FRANCISCO E GONDA DR | FRANCISCO E GONDA DR |
| Treadmill (Exercise test)/breathing test/ | 2004 | LUNG & CHEST MEDICAL ASSOCS | LUNG & CHEST MEDICAL ASSOCS |

(3368) Section 7 - Education/Training Information

A. Highest grade of school completed: **12th grade**

Approximate date completed: **1977**

B. Did you attend special education classes? **No**

If "YES",

C. Have you completed any type of special job training, trade or vocational school?

No

If "YES", what type?

Approximate date completed:

(3368) Section 8 - Vocational Rehabilitation, Employment, or Other Support Services Information

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to

THOMPSON 059607

work?

No

(3368) Section 9 - Remarks

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

CAROL LYNN'S CELL PHONE # IS 864680-9648

Name of person completing this form:

Date Form Completed (Month, day, year):

Address (Number and street, City, State, Zip Code):

**240 LIGHTWOOD FARM RD
WOODRUFF, SC 29388**

e-mail address (optional):

Form SSA-3368 EDCS

THOMPSON 059608

| REPORT OF CONTACT <i>(Use ink or typewriter)</i> | | | | | | | ACCOUNT NUMBER AND SYMBOL |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|--|
| TO: | <input type="checkbox"/> NE | <input type="checkbox"/> MAT | <input type="checkbox"/> SE | <input type="checkbox"/> GL | <input type="checkbox"/> WN | <input type="checkbox"/> MAM | NAME OF WAGE EARNER OR SE PERSON |
| | <input type="checkbox"/> ODO | <input type="checkbox"/> OIO | <input type="checkbox"/> DDS | | | | WILLIAM MARK CASEY |
| PERSON(S) CONTACTED AND ADDRESSES | | | | | | | <input type="checkbox"/> WE OR SE PERSON <input checked="" type="checkbox"/> OTHER (Specify) |

INFORMATIONAL

| | |
|---|-----------------|
| CONTACT MADE: | DATE OF CONTACT |
| <input type="checkbox"/> DO <input type="checkbox"/> BO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> PHONE: <input checked="" type="checkbox"/> OTHER | 10/28/2005 |

SUBJECT 5002

I HAVE REVIEWED ALL OF THE INFORMATION IN FILE & THE VOCATIONAL ANALYSIS (XF-7) DATED 7-13-05 IS AFFIRMED AS WRITTEN.

| | | |
|--|--|---------------------------|
| SIGNATURE <i>Aimee DePetris</i> | <input type="checkbox"/> CR <input type="checkbox"/> FR <input type="checkbox"/> SR <input type="checkbox"/> CLAIMS CLERICAL <input type="checkbox"/> OTHER (Specify) | DATE OF REPORT |
| DISTRICT OFFICE (Name, Address & Code) | | 10/28/2005 PAGE 1 OF 1 |

Form SSA-5002 (8-1981) ef (12-2004)

THOMPSON 059609

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

SCVRD

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4482 FAX

September 22, 2005

Mr. George H. Thomason
Attorney at Law
P. O. Box 772
Spartanburg, SC 29304

FILE COPY

RE: William M. Casey
[REDACTED]

Dear Mr. Thomason:

This is to acknowledge your letter and attached medical information received on the above-named individual. The case folder was received from the SSA field office on 9/15/05. The case has been assigned to an examiner for processing and the information you have provided is being associated with the file.

Please let me know if you have any questions or concerns.

Sincerely,

Paul M. Kelly
Regional Supervisor

THOMPSON 059610

5567

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SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

September 21, 2005

GEORGE H THOMASON
PO BOX 772
SPARTANBURG SC 29304

RE: WILLIAM M CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED]/58

Dear GEORGE H THOMASON:

This agency has been asked by the Social Security Administration to make a disability determination on the above-named individual. You are the designated legal representative, and to complete our work in a timely fashion we need your assistance.

Please submit any additional evidence or information regarding your client's condition within ten days of this request. If we do not hear from you, a decision may be made based on the evidence in file.

Your prompt response will expedite your client's disability application. Please call if you have any questions.

Sincerely,

Aimee F. DePetris, Disability Examiner

AFD461
Claim No: E54200
cc: File



Enclosure:
L22 (4/04)
DMA: Y

FILE COPY

THOMPSON 059611

5568

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CASEY WILLIAM M
 240 LIGHTWOOD FARM RD
 WOODRUFF SC 29388
 C/N [REDACTED]
 A/N [REDACTED]
 (864) 486-9131
 046 D08 [REDACTED] 1958

01 461
 RC DIB
 N



Form Approved
 OMB No 0960-0623

WHOSE Records to be Disclosed

| | | |
|--|-------------------------------------|-------|
| First | Middle | Last |
| NAME WILLIAM | MARK | CASEY |
| SSN [REDACTED] | Birthday (mm/dd/yy) [REDACTED] 1958 | |
| SSA USE ONLY NUMBER HOLDER (if other than above) | | |
| NAME [REDACTED] | | |
| SSN [REDACTED] | | |

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used); the specific source of the material to be disclosed

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign

- Parent of minor Guardian Other personal representative (explain)

SIGN

William M. Casey

(Parent/guardian sign here if two signatures required by State law)

| | | | |
|---|---|-------------|--------------|
| Date signed Feb 8, 2005 | Street Address 240 LIGHTWOOD FARM RD | State SC | Zip 29388 |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF | | |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 059612

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CLAIM#: D91109
 RCPT DATE: 02/15/05
 TYPE: DIB LEV: IN
 CLMNT: ██████████ CASEY, WILLIAM
 W/E:

DEVELOPMENT SUMMARY
 WORKSHEET
 (INITIAL/RECON)

ADJ: 473 UNIT: 01
 Heaton, Robert W

| DEVELOPMENT PROFILE | | Date & Method of Request | | | | (T-Telephone;F-Field;M-Mail) | | | |
|---------------------|--------|--------------------------|----|----|--------|------------------------------|--|--|--|
| SOURCE | REQ | LTR# | FU | FU | RECVD | | | | |
| RATING | 071405 | 0130 | | | 071405 | 4734 | | | |

| CE TYP | SRCE TEL# & NAME | REQ | EXAM | REMINDER | KEPT | FU | FU | RECVD |
|--------|------------------|-----|------|----------|------|----|----|-------|
| | | | | | | | | |

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THOMPSON 059614

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: ██████████ CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 473 UNIT: 01
Heaton, Robert W

SEVERITY OF IMPAIRMENT RATING (REVIEW PHYSICIAN):

SEVERITY AT A.O.D.- RATING _____ RFC _____ INIT _____

SEVERITY AT LATER DATE - DATE _____ RATING _____ RFC _____ INIT _____
(IF APPLICABLE)

ONSET CURRENT RATING RFC RATING INIT DATE
(IN 12 MOS)
() 0. DURATION DENIAL _____

| | ONSET | RFC | INIT | DATE |
|--|-------|-------|-------|-------|
| () 1. NO IMPAIR | _____ | _____ | _____ | _____ |
| () 2. NOT SEVERE | _____ | _____ | _____ | _____ |
| () 3. MOD IMPAIR | _____ | _____ | _____ | _____ |
| () 4. MOD SEVERE | _____ | _____ | _____ | _____ |
| () 5. MEETS LIST | _____ | _____ | _____ | _____ |
| () 6. EQUALS LIST | _____ | _____ | _____ | _____ |
| () 7. M/E INSUFF | _____ | _____ | _____ | _____ |
| () DWB CASE DOES NOT MEET OR EQUAL LIST | _____ | _____ | _____ | _____ |

REMARKS:

DETERMINATION: ALLOWED _____ LISTING _____ REEXAM DATE _____
(init & date)
DENIED _____ GRID RULE # _____
(init & date)
NO DETERM _____ REASON _____
(init & date)
() CAPABLE () INCAPABLE () UNRESOLVED VR REFERRAL: () YES () NO

FORMAL SUPERVISORY AUDIT:
() SCA () CAI _____ / _____
(Signature) (Date)

COMMENTS: _____

MATERIAL NOT RETAINED (note source & reason): _____

DEVELOPMENT DECISIONS REQUIRING EXPLANATION (per POMS DI 20503.001C.1): _____

THOMPSON 059615

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: ██████████ CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 473 UNIT: 01
Heaton, Robert W

NARRATIVE

Date: 02/22/05 Submitted by: RHE
Upstate Lung and Critical Care (2/21/05)
pneumothorax 6/04...pft 7/04

Date: 02/22/05 Submitted by: RHE
Dr. J. Smith (2/22/05)
ms 11/04 - 1/05

Date: 03/09/05 Submitted by: ZAB
clmt called today-said he did not receive org form for L56 but rec'd f/u
ltr-said his address is correct-please resend-wanted to know if we could fax
form to him at 864-486-9131

Date: 04/28/05 Submitted by: LDM
LUNG & CHEST MEDICAL ASSOC (7/14/04 - 11/10/04)

*
*

Date: 05/31/05 Submitted by: RHE
Tel d/c'd.

Date: 05/31/05 Submitted by: RHE
Clmnt advises that he has been going to piedmont psychiatric and to joseph
grace for tx in the past year.

Date: 07/13/05 Submitted by: RHE
SRMC (2/28/05)

Lung and Chest Med (3/29/05)

Dr. Francisco Gonda (3/2/05)

Piedmont Psych (6/2/05)

Dr. Glenn Scott (6/3/05)

Date: 07/13/05 Submitted by: RHE
.. Joseph Grace (7/8/05)

THOMPSON 059616

MER Scan Cover Letter

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF00000002D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 2100 RF: D CS: cbf2

TDN: FF00000002

SCAN (3/04)

KCK\

THOMPSON 059617

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: ██████████ CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 473 UNIT: 01
Heaton, Robert W

NARRATIVE

Date: 02/22/05 Submitted by: RHE
Upstate Lung and Critical Care (2/21/05)
pneumothorax 6/04...pft 7/04

Date: 02/22/05 Submitted by: RHE
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ms 11/04 - 1/05

Date: 03/09/05 Submitted by: ZAB
clmt called today-said he did not receive org form for L56 but rec'd f/u
ltr-said his address is correct-please resend-wanted to know if we could fax
form to him at 864-486-9131

Date: 04/28/05 Submitted by: LDM
LUNG & CHEST MEDICAL ASSOC (7/14/04 - 11/10/04)

*
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Date: 05/31/05 Submitted by: RHE
Tel d/c'd.

Date: 05/31/05 Submitted by: RHE
Clmnt advises that he has been going to piedmont psychiatric and to joseph
grace for tx in the past year.

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SRMC (2/28/05)

Lung and Chest Med (3/29/05)

Dr. Francisco Gonda (3/2/05)

Piedmont Psych (6/2/05)

Dr. Glenn Scott (6/3/05)

Date: 07/13/05 Submitted by: RHE
.. Joseph Grace (7/8/05)

THOMPSON 059618

Vocational Analysis

XF-7 (9/97)

I. Identification/Vocational Facts

Name William A. [redacted] A/N [redacted]
 Age 46 Education HS Discrepancy _____ Special Training _____

II. Analysis of the SSA-4734/SSA-4734 Sup. reveals the claimant has:

(If analysis based on DLI/prescribed period in past; enter date: _____)

A. Exertional impairment restricts range of work to:

| No Limit | S | L | M | H | Between |
|----------|---|---|---|---|---------|
| | | | ✓ | | |

B. Non-exertional limitation(s) impose restrictions as indicated:

| PHYSICAL DEMANDS | | | | | | | | | | | | | | ENVIRONMENTAL CONDITIONS | | | | | | | | | | MENTAL | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------------|---|---|---|---|---|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|-----|----|---|--|
| None | C | B | S | K | C | C | R | H | F | F | T | H | T | N | F | D | A | C | F | W | C | H | H | N | V | A | M | E | H | R | E | T | C | Yes | No | | |
| | L | A | T | N | O | W | E | A | I | E | A | S | A | A | P | C | V | E | O | O | O | O | O | O | I | C | P | S | E | A | X | C | T | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ✓ | |

The non-exertional impairments do _____ do not _____ restrict the claimant to less than the wide range of work within his/her exertional capacity. Explain _____

C. The claimant does does not _____ retain the functional capacity to meet the mental demands of unskilled work. (Complete only if mental impairment alleged or found)

III. Analysis of Past Relevant Work reveals the claimant: (See reverse for description of PRW)

Has not worked Has not performed relevant work
 Retains capacity for past relevant work of _____ (job title)
 As he/she performed it As is generally performed in the national economy. Does not retain capacity for past relevant work.

IV. Ability to Perform Other Work

A. Use of Vocational Rules (Check One)

_____ Vocational rule met. Directs: _____ allowance _____ denial decision. (Job citation not necessary unless a denial based on direct entry or transferable skills) If denied based on transferability of skills, a rationale is required. See SSA-4268.
203 29 Vocational Rule used as a framework because:
 RFC between exertional levels. Directs: _____ allowance _____ denial decision.
 Exertional and non-exertional impairments present. Rule directs _____ allowance _____ denial decision.
Job citation necessary if framework directs denial.
 Vocational Rules not used.

B. Job Citation Necessary - Vocational rules used as a framework for denial decision or not applicable. Job citation necessary. See reverse for Job Citation.

V. Source Material:

- (1) SSA-3368 dated _____; DDS Form-3218 dated _____
- (2) SSA-3369 dated _____ Amended _____; NF-10 dated _____ Amended _____
- (3) Dictionary of Occupational Titles, Fourth Edition, 1991.
- (4) Selected Characteristics of Occupations Defined in the Revised DOT, 1993.
- (5) S. C. Occupational Survey, 19 _____
- (6) S. C. Employment Projections 19 _____
- (7) S. C. Occupational Projections 19 _____
- (8) S. C. Industry and Occupational Projections 19 _____
- (9) Other _____

Examiner Signature/Date RAT [Signature] 7/3/15

THOMPSON 059619

DICTIONARY OF OCCUPATIONAL TITLES
Denver Regional Office

OCCUPATIONAL DEFINITION

750.684-022 TIRE BUILDER (automotive ser.) alternate titles: retreader;
tire rebuilder

| PHYSICAL DEMANDS | | | | | | | | | | ENVIRONMENTAL CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | C | B | S | K | C | R | H | F | F | T | H | T | N | T | D | A | C | F | W | C | H | H | N | V | A | M | E | H | R | E | T | O | |
| H | N | N | N | N | N | N | F | F | O | N | N | N | N | F | N | O | N | N | N | N | N | N | N | 4 | N | N | N | N | N | N | N | N | N |

GOE: 05.12.12 STRENGTH: H GED: R2 M1 L1 SVP: 3 DLU: 77

Builds (molds) semi-raw rubber tread onto buffed tire casing to prepare tire for vulcanization in recapping or retreading process: Applies rubber cement to casing, using brush or spray gun preparatory to application of camelback (new rubber treads). Selects camelback according to whether tire is to be retreaded or recapped, tire width, and tread thickness specified. Rolls camelback onto casing by hand, and cuts it with knife. Rolls hand roller over rebuilt casing, exerting pressure, to ensure adhesion between camelback and casing. May place rebuilt casing in mold for vulcanization process.

THOMPSON 059621

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

May 21, 2005

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]

Dear WILLIAM MARK CASEY:

This concerns your eligibility for disability benefits. The Social Security Administration has asked this office to evaluate certain aspects of your claim. We need additional information which only you can provide so we need to talk to you.

PLEASE CALL ME IMMEDIATELY.

You may call between 8:30 a.m. and 5:00 p.m., Monday through Friday. If you are calling long distance, please call our toll free 1-800 number.

It is your responsibility to cooperate with this office in documenting your claim. If we do not hear from you, we will make our decision using only the information now in your file. The information we now have may not be enough to show that you are disabled or that your disability continues.

If we do not receive enough information, benefits you may be receiving could be stopped. Please respond promptly.
Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

Voc
Examiner
Robert
W.
Heaton

RHE/473
Claim No: D91109

cc:

L20 (4/04)
DMA: Y

fit

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE# 2010CP4205743

THOMPSON 059622

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 585 - 2102

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 059623

WILLIAM CASEY
77108
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.8, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 059624

WILLIAM CASEY
77168
07-21-05
Page Three

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.


With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

He is to check back with Dr. Grace regarding the persistence of his neurological impairment.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

THOMPSON 059625

RECEIVED SEP 14 2005

QUESTIONS TO Dr. Jeffrey Smith
IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
SS # [REDACTED]

1. Have you treated or counseled the above patient?
Yes No

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?

Major Depressive D.O., with ↓ mood, ↓ Energy
Sad Mood, Agitation, ↓ Motivation.

Dr. Jeff Smith
Doc. Sec. Assessment

3. What factors are present which would cause you to make the above findings or diagnoses?

See Symptoms Listed In Question #2.

4. How severe are the above psychological/mental condition(s)?

Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

| | Satisfactory | Unsatisfactory |
|---|--------------|-------------------------------------|
| Dealing with customary work stresses | _____ | <input checked="" type="checkbox"/> |
| Relating to co-workers/supervisors | _____ | <input checked="" type="checkbox"/> |
| Dealing with the public | _____ | <input checked="" type="checkbox"/> |
| Demonstrating reliability in a work setting | _____ | <input checked="" type="checkbox"/> |

5 pages to DDP
9/19/05

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059626

RECEIVED SEP 14 2005 1 of 1

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059627

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

QUESTIONS TO Dr. Jeffrey Smith
IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
SS # [REDACTED]

Dr. Jeffrey Smith
Sunny

1. Have you treated or counseled the above patient?
Yes No

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?

Major Depressive D.O., with ↓ mood, ↓ Energy, ↓ concentration
Sad mood, Agitation, ↓ Motivation.

3. What factors are present which would cause you to make the above findings or diagnoses?

See Symptoms Listed In Question # 2.

4. How severe are the above psychological/mental condition(s)?

Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

| | Satisfactory | Unsatisfactory |
|---|--------------|---|
| ▶ Dealing with customary work stresses | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Relating to co-workers/supervisors | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Dealing with the public | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Demonstrating reliability in a work setting | _____ | _____ <input checked="" type="checkbox"/> |

He submitted 5 pages to DPP to OHA 11/17/05
9/19/03

THOMPSON 059631

6. Based on your professional judgment, please assess the following functional limitations as they exist for this Social Security claimant as the result of a psychological/mental condition:

| Functional Limitation | Degree of Limitation | |
|---|---|---|
| 1. Restriction of Activities of Daily Living | None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 2. Difficulties in Maintaining Social Functioning | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 3. Difficulties in Maintaining Concentration, Persistence or pace | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 4. Repeated episodes of decompensation, each of extended duration | None <input type="checkbox"/> One or two <input type="checkbox"/> Three <input type="checkbox"/> Four <input checked="" type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |

COMMENTS:

DATE: 9-12-05

Title: J.K. Smith M.D.

THOMPSON 059632

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

RECEIVED SEP 17 2005 of 1

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OBJECTIVE:

Exams:

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ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

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Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059633

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

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The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Mon, May 16, 2005 10:26 am
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Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059635

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT is a registered trademark of the American Medical Association.

THOMPSON 059636

DR. W. W. L. HARRIS, M.D. HARRIS, M.D.

WJDL

Casey, William M. ■■■■■ 1988
Office/Outpatient Visit
Visit Date: Tue, Jan 31, 2008 11:34 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

1 of 1

Electronically signed by provider on 01/31/2008 Printed on 01/31/2008 at 11:39 AM.

SUBJECTIVE:

HPI:

"I think this combination is working well." Overall, depression and anxiety are better. Pt. pleased. No s.d. No medication s.e.

OBJECTIVE:

Exam:

Affect is bright and fully released. No s.d. Sensorium is clear.

ASSESSMENT:

288.22 Major depression, single episode, moderate

PLAN:

Cont. Mirtazapine 45 mg one qhs.

Cont. Adderall XR 20 mg two qam.

Cont. Amitien 10 mg one qhs.

Ret. in 3 mos.

cc: Joseph Grace PhD

Major depression, single episode, moderate

Orders:

92803 Pharmacologic management with no more than minimal medical psychotherapy

000508

THOMPSON 059637

5594

MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

| | |
|--|---|
| NAME WILLIAM MARK CASEY | SOCIAL SECURITY NUMBER [REDACTED] |
| CATEGORIES (From 1C of the PRTF) 12.04 12.06 | ASSESSMENT IS FOR: <input checked="" type="checkbox"/> Current Evaluation <input type="checkbox"/> 12 Months After Onset: <input type="checkbox"/> Date Last Insured: _____ (Date) _____ (Date) <input type="checkbox"/> Other: _____ (Date) to _____ (Date) |

I. SUMMARY CONCLUSIONS

This section is for recording summary conclusions derived from the evidence in file. Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. Detailed explanation of the degree of limitation for each category (A through D), as well as any other assessment information you deem appropriate, is to be recorded in Section III (Functional Capacity Assessment).

If rating category 5 is checked for any of the following items, you **MUST** specify in Section II the evidence that is needed to make the assessment. If you conclude that the record is so inadequately documented that no accurate functional capacity assessment can be made, indicate in Section II what development is necessary, but **DO NOT COMPLETE SECTION III.**

| | Not Significantly Limited | Moderately Limited | Markedly Limited | No Evidence of Limitation in this Category | Not Ratable on Available Evidence |
|---|--|--|-----------------------------|--|---|
| A. UNDERSTANDING AND MEMORY | | | | | |
| 1. The ability to remember locations and work-like procedures. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 2. The ability to understand and remember very short and simple instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 3. The ability to understand and remember detailed instructions. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| B. SUSTAINED CONCENTRATION AND PERSISTENCE | | | | | |
| 4. The ability to carry out very short and simple instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 5. The ability to carry out detailed instructions. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 6. The ability to maintain attention and concentration for extended periods. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 8. The ability to sustain an ordinary routine without special supervision. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 9. The ability to work in coordination with or proximity to others without being distracted by them. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 10. The ability to make simple work-related decisions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

| | Not Significantly Limited | Moderately Limited | Markedly Limited | No Evidence of Limitation in this Category | Not Ratable on Available Evidence |
|---|--|--|-----------------------------|--|---|
| Continued -- <u>SUSTAINED CONCENTRATION AND PERSISTENCE</u> | | | | | |
| 11. The ability to complete a normal work-day and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| C. <u>SOCIAL INTERACTION</u> | | | | | |
| 12. The ability to interact appropriately with the general public. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 13. The ability to ask simple questions or request assistance. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 14. The ability to accept instructions and respond appropriately to criticism from supervisors. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| D. <u>ADAPTATION</u> | | | | | |
| 17. The ability to respond appropriately to changes in the work setting. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 18. The ability to be aware of normal hazards and take appropriate precautions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 19. The ability to travel in unfamiliar places or use public transportation. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 20. The ability to set realistic goals or make plans independently of others. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

II. REMARKS: If you checked box 5 for any of the preceding items or if any other documentation deficiencies were identified, you MUST specify what additional documentation is needed. Cite the item number(s), as well as any other specific deficiency, and indicate the development to be undertaken.

Continued on Page 3

Continued on Page 4

III. FUNCTIONAL CAPACITY ASSESSMENT

Record the elaborations on the preceding capacities in this section. Complete this section ONLY after the SUMMARY CONCLUSIONS section has been completed. Explain your summary conclusions in narrative form. Include any information which clarifies limitation or function. Be especially careful to explain conclusions that differ from those of treating medical sources or from the individual's allegations.

The claimant is able to remember location and work-like procedures. He is able to understand and remember short and simple instructions. He might have difficulty understanding and remembering detailed instructions. Objective psychological testing does not indicate significant memory problems but the claimant subjectively reports memory and concentration difficulties. Current function indicates memory and concentration are sufficient to carry out simple tasks.

The claimant is able to carry out very short and simple instructions, but could not carry out detailed instructions. He is able to attend to and perform simple tasks without special supervision for at least 2-hour periods. He is able to understand normal work-hour requirements and be prompt within reasonable limits. He is able to work in proximity to others without being unduly distracted. He retains the ability to make simple work-related decisions. The claimant may miss an occasional workday due to symptoms of depression and anxiety but this should not interfere with satisfactory completion of his job overall.

The claimant prefers to stay to himself and states that he is uncomfortable in crowds. Therefore, he would perform best in situations that do not require on-going interaction with the public. However, he still goes out in public and socializes with friends. As such, he still retains the ability to relate and communicate adequately with others on a more individual basis. He has the capacity to ask simple questions and request assistance from peers or supervisors. He is able to follow basic instructions from supervisors and would change appropriately in response to supervisory feedback. He is able to sustain appropriate interaction with peers and co-workers without interference in work. He is able to sustain socially appropriate work behavior, standards, and appearance.

The claimant would respond appropriately to changes in a routine setting. He has the ability to be aware of personal safety and avoid work hazards. He retains the capacity to travel to and from work using available transportation. The claimant might need help establishing realistic goals. He would function best in a low stress work environment.

Continued on Page 4

THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

MEDICAL CONSULTANT'S SIGNATURE

Renuka Harper

DATE:

10/27/2005

THOMPSON 059640

Continuation Sheet - Indicate section(s) being continued.

Privacy Act Notice: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

THOMPSON 059641

PSYCHIATRIC REVIEW TECHNIQUE

| | |
|------------------------------|-------------------|
| Name WILLIAM MARK CASEY | SSN [REDACTED] |
| NH (If different from above) | SSN - - |

I. MEDICAL SUMMARY

A. Assessment is from: 05/28/2004 **to** 10/27/2005

B. Medical Disposition(s):

- 1. No Medically Determinable Impairment
- 2. Impairment(s) Not Severe
- 3. Impairment(s) Severe But Not Expected to Last 12 Months
- 4. Meets Listing _____ (Cite Listing)
- 5. Equals Listing _____ (Cite Listing)
- 6. RFC Assessment Necessary
- 7. Coexisting Nonmental Impairment(s) that Requires Referral to Another Medical Specialty
- 8. Insufficient Evidence

C. Category(ies) Upon Which the Medical Disposition is Based:

- 1. 12.02 Organic Mental Disorders
- 2. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
- 3. 12.04 Affective Disorders
- 4. 12.05 Mental Retardation
- 5. 12.06 Anxiety-Related Disorders
- 6. 12.07 Somatoform Disorders
- 7. 12.08 Personality Disorders
- 8. 12.09 Substance Addiction Disorders
- 9. 12.10 Autism and Other Pervasive Developmental Disorders

These findings complete the medical portion of the disability determination.

| | |
|---|--------------------|
| MC/PC's Signature <i>Renuka Harper</i> | Date 10/27/2005 |
| MC/PC's Printed Name Renuka R. Harper, Ph.D. | Code 38 |

Form SSA-2506-BK (06-2001) Destroy Prior Editions ef (10-2004)

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059642

II. DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER

A. 12.02 Organic Mental Disorders

Psychological or behavioral abnormalities associated with a dysfunction of the brain ... as evidenced by at least one of the following:

1. Disorientation to time and place
2. Memory impairment
3. Perceptual or thinking disturbances
4. Change in personality
5. Disturbance in mood
6. Emotional lability and impairment in impulse control
7. Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

B. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders

- Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:
 - 1. Delusions or hallucinations
 - 2. Catatonic or other grossly disorganized behavior
 - 3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect, or
 - b. Flat affect, or
 - c. Inappropriate affect
 - 4. Emotional withdrawal and/or isolation

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

C. 12.04 Affective Disorders

Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

1. Depressive syndrome characterized by at least four of the following:

- a. Anhedonia or pervasive loss of interest in almost all activities, or
- b. Appetite disturbance with change in weight, or
- c. Sleep disturbance, or
- d. Psychomotor agitation or retardation, or
- e. Decreased energy, or
- f. Feelings of guilt or worthlessness, or
- g. Difficulty concentrating or thinking, or
- h. Thoughts of suicide, or
- i. Hallucinations, delusions or paranoid thinking

2. Manic syndrome characterized by at least three of the following:

- a. Hyperactivity, or
- b. Pressures of speech, or
- c. Flight of ideas, or
- d. Inflated self-esteem, or
- e. Decreased need for sleep, or
- f. Easy distractibility, or
- g. Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. Hallucinations, delusions or paranoid thinking

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

Disorder MDD, single episode

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment (explain in Part IV, Consultant's Notes, if necessary):

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

D. 12.05 Mental Retardation

- Significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22, with one of the following:
 1. Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow instructions such that the use of standardized measures of intellectual functioning is precluded*
 2. A valid verbal, performance, or full scale IQ of 59 or less*
 3. A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing an additional and significant work-related limitation of function*
 4. A valid verbal, performance, or full scale IQ of 60 through 70*

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

*NOTE: Items 1, 2, 3, and 4 correspond to listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

E. 12.06 Anxiety-Related Disorders

- Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:
1. Generalized persistent anxiety accompanied by three of the following:
 - a. Motor tension, or
 - b. Autonomic hyperactivity, or
 - c. Apprehensive expectation,
 - d. Vigilance and scanning
 2. A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
 3. Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week
 4. Recurrent obsessions or compulsions which are a source of marked distress
 5. Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder Anxiety

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

F. 12.07 Somatoform Disorders

- Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:
 - 1. A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
 - 2. Persistent nonorganic disturbance of one of the following:
 - a. Vision, or
 - b. Speech, or
 - c. Hearing, or
 - d. Use of a limb, or
 - e. Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. Sensation (e.g., diminished or heightened)
 - 3. Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

G. 12.08 Personality Disorders

- Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:
 1. Seclusiveness or autistic thinking
 2. Pathologically inappropriate suspiciousness or hostility
 3. Oddities of thought, perception, speech and behavior
 4. Persistent disturbances of mood or affect
 5. Pathological dependence, passivity, or aggressivity
 6. Intense and unstable interpersonal relationships and impulsive and damaging behavior

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

H. 12.09 Substance Addiction Disorders

Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

If present, evaluate under one or more of the most closely applicable listings:

1. Listing 12.02-Organic mental disorders*
2. Listing 12.04-Affective disorders*
3. Listing 12.06-Anxiety-related disorders*
4. Listing 12.08-Personality disorders*
5. Listing 11.14-Peripheral neuropathies*
6. Listing 5.05-Liver damage*
7. Listing 5.04-Gastritis*
8. Listing 5.08-Pancreatitis*
9. Listing 11.02 or 11.03-Seizures*

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

*NOTE: Items 1,2,3,4,5,6,7,8, and 9 correspond to listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIA, IIC, IIE, or IIG of the form need be checked. The first block under the disorder heading in those subsections should not be checked, unless the evidence substantiates the presence of the disorder separate from the substance addiction disorder.

I. 12.10 Autistic Disorder and Other Pervasive Developmental Disorders

Qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

1. Autistic disorder, with medically documented findings of all of the following:

- a. Qualitative deficits in reciprocal social interaction
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity
- c. Markedly restricted repertoire of activities and interests

2. Other pervasive developmental disorders, with medically documented findings of both of the following:

- a. Qualitative deficits in reciprocal social interaction
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

| III. RATING OF FUNCTIONAL LIMITATIONS | | | | | | |
|---|---|---|---|-------------------------------------|---|---|
| A. "B" Criteria of the Listings | | | | | | |
| Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s). | | | | | | |
| NOTE: Item 4 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section. | | | | | | |
| Specify the listing(s) (i.e., 12.02 through 12.10) under which the items below are being rated _____ 12.04 12.06 | | | | | | |
| FUNCTIONAL LIMITATION | DEGREE OF LIMITATION | | | | | |
| 1. Restriction of Activities of Daily Living | None <input type="checkbox"/> | Mild <input checked="" type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 2. Difficulties in Maintaining Social Functioning | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input checked="" type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 3. Difficulties in Maintaining Concentration, Persistence, or Pace | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input checked="" type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 4. Episodes of Decompensation, Each of Extended Duration | None <input checked="" type="checkbox"/> | | One or Two <input type="checkbox"/> | Three* <input type="checkbox"/> | Four* or More <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| *Degree of limitation that satisfies the functional criterion. | | | | | | |

B. "C" Criteria of the Listings

1. Complete this section if 12.02 (Organic Mental), 12.03 (Schizophrenic, etc.), or 12.04 (Affective) applies and the requirements in paragraph B of the appropriate listing are not satisfied.

NOTE: Item 1 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

Medically documented history of a chronic organic mental (12.02), schizophrenic, etc. (12.03), or affective (12.04) disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.

Evidence does not establish the presence of the "C" criteria

Insufficient evidence to establish the presence of the "C" criteria (explain in Part IV, Consultant's Notes).

2. Complete this section if 12.06 (Anxiety-Related) applies and the requirements in paragraph B of listing 12.06 are not satisfied.

Complete inability to function independently outside the area of one's home

Evidence does not establish the presence of the "C" criterion

Insufficient evidence to establish the presence of the "C" criterion (explain in Part IV, Consultant's Notes).

IV. CONSULTANT'S NOTES

Alleges: single episode of depression

No pxs noted by DO during teleclaim

Evidence used to complete initial rating was reviewed and is summarized on the PRTF completed by Dr. Price on 7/12/05. Of note is the results of the psych testing done in 6/05: V100 P91 FS97 Working Memory=106

No worsening or change in ADLs alleged on recon form.

New MER:

Info submitted by atty from Dr. Smith (tx'ing psychiatrist): clmt presents w/ decreased conc/energy/motivation; sad mood, agitation; conditions are moderate to severe; unable to deal w/ customary work stress, relate to coworkers, deal w/ public or demonstrate reliability; slight restrictions in ADLs but marked limitations in soc, CPP and episodes of decompensation

Office notes from Dr. Smith indicate depressive sxs defintely improved with meds but continued pxs w/ memory/conc/focus. Note in 7/05 indicate slight improvement in memory and conc w/ Adderall XR. Last visit in 9/05 indicate clmt depressed and anxious again but not compliant with taking meds (confronted by psychiatrist about non-compliance).

Fn form: sometimes takes son to work; cares for dog; no motivation to work in yard; can't conc as well so playing golf is not as much fun; indep w/ pers care; not worry as much about personal appearance; sometimes forget to take meds but use calendar to keep track; fixes simple foods; does all the HW and yard work - limited by chest pain; plays golf occ; not go out a lot - not eat out as much because not as comfortable around people; drives; shops; pays bills; wants to stay home more; goes to church; no pxs getting along with others; c/o pxs w/ conc and memory; not handles stress well; not like crowds

Allegations are credible. Dr. Smith's statements re: the clmt's abilities to perform in various domains is taking into consideration but not supported by objective psychological testing nor by the clmt's self report of current function. Overall, it appears that there has been a decline in function from previous levels and that the clmt's sxs are severe. However the clmt's sxs would not prelude the performance of simple routine work activities in a low stress work environment based on current function.

Section 223 and section 1633 of the Social Security Act authorize the information requested on this form. The information provided will be used in making a decision on this claim. Completion of this form is mandatory in disability claims involving mental impairments. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT






| | | |
|---|---|---|
| CLAIMANT: WILLIAM MARK CASEY NUMBERHOLDER (IF CDB CLAIM): | | SOCIAL SECURITY NUMBER: [REDACTED] |
| PRIMARY DIAGNOSIS: Pulmonary | RFC ASSESSMENT IS FOR: <input checked="" type="checkbox"/> Current Evaluation <input type="checkbox"/> Date 12 Months After Onset | |
| SECONDARY DIAGNOSIS: MSK/back | <input type="checkbox"/> Date Last Insured: _____ (Date) _____ (Date) | |
| OTHER ALLEGED IMPAIRMENTS: | <input type="checkbox"/> Other (Specify): _____ | |

PRIVACY ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

I. LIMITATIONS:

For Each Section A - F

-  Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.).
-  Check the blocks which reflect your **reasoned judgement**.
-  Describe how the **evidence substantiates your conclusions** (Cite specific clinical and laboratory findings, observations, lay evidence, etc.).
-  Ensure that you have:
 - Requested appropriate treating and examining source statements regarding the individual's capacities (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions** (See Section III.).
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below (See also Section II.).
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
-  **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

Continued on Page 2

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

A. EXERTIONAL LIMITATIONS

None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling)
(maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- less than 10 pounds
- 10 pounds
- 20 pounds
- 50 pounds
- 100 pounds or more

2. **Frequently** lift and/or carry (including upward pulling)
(maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- less than 10 pounds
- 10 pounds
- 25 pounds
- 50 pounds or more

3. Stand and/or walk (with normal breaks) for a total of -

- less than 2 hours in an 8-hour workday
- at least 2 hours in an 8-hour workday
- about 6 hours in an 8-hour workday
- medically required hand-held assistive device is necessary for ambulation

4. Sit (with normal breaks) for a total of -

- less than about 6 hours in an 8-hour workday
- about 6 hours in an 8-hour workday
- must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)

5. Push and/or pull (including operation of hand and/or foot controls) -

- unlimited, other than as shown for lift and/or carry
- limited in upper extremities (describe nature and degree)
- limited in lower extremities (describe nature and degree)

6. Explain how and why the evidence supports your conclusions in item 1 through 5.

Cite the specific facts upon which your conclusions are based.

Pulmonary: had pneumomediastinum after endobronchial laser procedure and had chest tube placed. Has had problems with SOB and anxiety since. PFTs done in 7/04 were normal. Cardiac stress test was normal. NS

Back: chronic low back pain using narcotics for relief. 10/04 xray revealed mod deg disc disease. On PE then he had mildly decreased ROM of L/S spine. On 6/05 ov he had negative SLR. Restrict to MEDIUM DUTY

Continued on Page 3

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

B. POSTURAL LIMITATIONS

None established. (Proceed to section C.)

| | Frequently | Occasionally | Never |
|---------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Climbing - ramp/stairs _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - ladder/rope/scaffolds _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Balancing _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stooping _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Kneeling _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Crouching _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Crawling _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.
Consideration for narcotic meds.

Continued on Page 4

C. MANIPULATIVE LIMITATIONS

None established. (Proceed to section D.)

- | | LIMITED | UNLIMITED |
|---|--------------------------|--------------------------|
| 1. Reaching all directions (including overhead) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Handling (gross manipulation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fingering (fine manipulation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Feeling (skin receptors) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.

D. VISUAL LIMITATIONS

None established. (Proceed to section E.)

- | | LIMITED | UNLIMITED |
|---------------------------|--------------------------|--------------------------|
| 1. Near acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Far acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depth perception _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accommodation _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Color vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Field of vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

Continued on Page 5

E. COMMUNICATIVE LIMITATIONS

None established. (Proceed to section F.)

- | | LIMITED | UNLIMITED |
|---------------------|--------------------------|--------------------------|
| 1. Hearing _____ → | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Speaking _____ → | <input type="checkbox"/> | <input type="checkbox"/> |
3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS

None established. (Proceed to section II.)

- | | UNLIMITED | AVOID
CONCENTRATED
EXPOSURE | AVOID EVEN
MODERATE
EXPOSURE | AVOID ALL
EXPOSURE |
|--|-------------------------------------|-------------------------------------|------------------------------------|--------------------------|
| 1. Extreme cold _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Extreme heat _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wetness _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Humidity _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Noise _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vibration _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fumes, odors, dusts, gases, poor ventilation, etc. _____ → | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hazards (machinery, heights, etc.) _____ → | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.
Consideration for narcotic pain meds.

Continued on Page 6

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.
B applies. The pulmonary symptoms seem to be anxiety related since the episode of 5/04

Continued on Page 7

THOMPSON 059661

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file?

Yes

No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

Yes

No

C. If yes, explain why those conclusions are not supported by the evidence in file. Cite the source's name and the statement date.

Dr Scott, 9/20/04 The determination of disability is left for the commissioner

Continued on Page 8

THOMPSON 059662

IV. ADDITIONAL COMMENTS:

THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

| | | |
|---|----------------------------------|---------------------|
| MEDICAL CONSULTANT'S SIGNATURE: <i>Carl Anderson</i> | MEDICAL CONSULTANT'S CODE: 45 | DATE: 10/26/2005 |
|---|----------------------------------|---------------------|

THOMPSON 059663

461/1

MER Scan Cover Letter

Claim Number: E54200

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF0000001E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0075 RF: D CS: 7dd6

TDN: FF00000001

SCAN (3/04)

227
TRS\

SCANNED INTO EF

THOMPSON 059664

FUNCTION REPORT - ADULT

how your illnesses, injuries, or conditions limit your activities

For SSA Use Only
Do not write in this box.

Related SSN _____
Number Holder _____

SECTION A - GENERAL INFORMATION

1. NAME OF DISABLED PERSON (First, Middle, Last) *William M Casey*

2. SOCIAL SECURITY NUMBER [REDACTED]

3. DATE (Month, Day, Year) *Sept 28, 2005*

4. YOUR DAYTIME TELEPHONE NUMBER (If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)

864 680 5929 (cell)
864 486-9873 (H)

Area Phone Number

Your Number Message Number None

5. a. Where do you live? (Check one.)

House Apartment Boarding House Nursing Home
 Shelter Group Home Other (What?) _____

b. With whom do you live? (Check one.)

Alone With Family With Friends
 Other (Describe relationship.) *22 yr old son is home sometimes*

SECTION B - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

take meds - do some exercises to help loosen up my back which is always stiff after sleeping. often I have doctor visits to make. Read my Bible. Try to motivate myself to clean up house or yard which I usually put off. Watch a lot of sports and movies on TV usually go pick up something to eat because I don't feel like cooking. worry constantly about who or what I can pay for this week or month. Always have to take ambien to get back to sleep at night.

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THOMPSON 059665

7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? Yes No

If "YES," for whom do you care, and what do you do for them? sometimes have to carry son to work (no car)

8. Do you take care of pets or other animals? Yes No

If "YES," what do you do for them? I have a dog. Feeding, bathe sometimes take for walks some

9. Does anyone help you care for other people or animals? Yes No

If "YES," who helps, and what do they do to help? _____

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

work, play golf and work in yard - can't work and lost enjoyment of working on yard and playing golf. Don't have motivation anymore to work in my yard and I can't concentrate as well as I did so golf is not nearly as much fun

11. Do the illnesses, injuries, or conditions affect your sleep? Yes No

If "YES," how? I did work swing shifts and never had trouble sleeping. Now can't go to sleep w/out meds and sleep 3-4 hours and start worrying again

12. PERSONAL CARE (Check here if NO PROBLEM with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:
Dress _____

Bathe _____

Care for hair _____

Shave only when I absolutely have to

Feed self _____

Use the toilet _____

Other? I can do all of these things, but in general, I don't worry to much about my appearance or weight as I should or as I used to

b. Do you need any special reminders to take care of personal needs and grooming? Yes No

If "YES," what type of help or reminders are needed? _____

c. Do you need help or reminders taking medicine? Yes No

If "YES," what kind of help do you need? sometimes I forget to take my cholesterol meds (2) I have 7 to 8 different meds to take so I use a calendar to note about the cholesterol med

13. MEALS

a. Do you prepare your own meals? Yes No

If "Yes," what kind of food do you prepare? (For example, sandwiches, frozen dinners, or complete meals with several courses). sandwiches and chips, grill hamburgers or steak

lots of frozen dinners - salads

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

weekly

How long does it take you? as quick as I can

Any changes in cooking habits since the illness, injuries, or conditions began? because divorce was also happening during this time, I have to deal with all meals - was enjoying learning to cook meals for myself

b. If "No," explain why you cannot or do not prepare meals. now I cook almost ^{cook} never - don't

Feel like cooking - try to pick up something to cover 2-3 meals. When I have started to cook occasionally, I always seem to mess something up

14. HOUSE AND YARD WORK

a. List household chores, both indoors and outdoors, that you are able to do. (For example, cleaning, laundry, household repairs, ironing, mowing, etc.) I have to do all house

and yard work there is no one else to do it

b. How much time does it take you, and how often do you do each of these things?

I can work about 1 hour on housework and about 30-40 min in the yard before having to stop. The yard work brings back chest pain under exertion which is what started this whole episode.

c. Do you need help or encouragement doing these things? Yes No

If "YES," what help is needed? I'm having to sell my house because of all that has happened, so my realtor will call to remind me to keep outside & outside looking good because I try to put off things.

d. If you don't do house or yard work, explain why not. I do both but only what I absolutely have to. In yard work, I used to seed, aerate and fertilize, pull weeds from beds and mulch. I did enjoy all of that. Now I just cut the grass when I have to

15. GETTING AROUND

a. How often do you go outside? Not a lot - just errands and occasional golf
If you don't go out at all, explain why not. I used to be out all the time, but now I'm not comfortable around people like I used to be, so I can't wait to get back home when I am out

b. When going out, how do you travel? (Check all that apply.)

- Walk
- Drive a car
- Ride in a car
- Ride a bicycle
- Use public transportation
- Other (Explain) _____

c. When going out, can you go out alone? Yes No

If "NO," explain why you can't go out alone. Thankfully I can still drive around town, but I always go alone so I can leave and go home as soon as I can

d. Do you drive? Yes No

If you don't drive, explain why not. I can drive around town, but I would be afraid of my concentration if I tried to make a drive of any real distance

16. SHOPPING

a. If you do any shopping, do you shop: (Check all that apply.)

- In stores
- By phone
- By mail
- By computer

b. Describe what you shop for. mostly just for groceries or to pick up something from a restaurant

c. How often do you shop and how long does it take? maybe twice a week - as quick as I can (15-30 minutes)

17. MONEY

a. Are you able to:

- Pay bills Yes No
- Count change Yes No
- Handle a savings account Yes No
- Use a checkbook/money orders Yes No

Explain all "NO" answers. I'm able to pay bills - just have to figure out who gets paid whom because of loss of income - Have had to use all savings I forgot a lot to make entries for checkbook - especially debit card uses and have overdrawn account (4)

c. Do you have any problems getting along with family, friends, neighbors, or others? Yes No

If "YES," explain. Not real problems, just people try to get me to go somewhere with them and I make some aggravated because I just want to stay home

d. Describe any changes in social activities since the illnesses, injuries, or conditions began. was always on the go, loved being with my friends and being the center of attention. Now I just don't go anywhere except church or grocery store or golf course. I prefer to be alone

SECTION C - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items your illnesses, injuries, or conditions affect:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Stair Climbing | <input checked="" type="checkbox"/> Understanding |
| <input type="checkbox"/> Squatting | <input checked="" type="checkbox"/> Sitting | <input type="checkbox"/> Seeing | <input checked="" type="checkbox"/> Following Instructions |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Kneeling | <input checked="" type="checkbox"/> Memory | <input type="checkbox"/> Using Hands |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Talking | <input checked="" type="checkbox"/> Completing Tasks | <input type="checkbox"/> Getting Along With Others |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Hearing | <input checked="" type="checkbox"/> Concentration | |

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far])

don't lift like before because I'm not in as good of shape - can't sit for very long w/out getting up and pacing and worrying. Can not remember conversations I have had with people sometimes. Completing tasks is hard because I'm usually not motivated enough to - Have to read out loud to myself to help with concentration and following instructions

b. Are you: Right Handed? Left Handed?

c. How far can you walk before needing to stop and rest? 5-10 minutes

If you have to rest, how long before you can resume walking? about 5 minutes

d. For how long can you pay attention? 30-60 minutes

e. Do you finish what you start? (For example, a conversation, chores, reading, watching a movie) Yes No

f. How well do you follow written instructions? (For example a recipe) on directions I do ok on recipes I was messing up a lot (that's why I don't cook much anymore)

g. How well do you follow spoken instructions? would even try. I write down only important instructions

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers) No problem

i. Have you ever been fired or laid off from a job because of problems getting along with other people? Yes No
If "YES," please explain.

If "YES," please give name of employer.

j. How well do you handle stress? not well - that is why they (doctors) are trying different meds to see if we can find one that will help

k. How well do you handle changes in routine? el used to handle them well. Now el try to avoid having to have a change to my routine

l. Have you noticed any unusual behavior or fears? Yes No
If "YES," please explain. I do not like being around a crowd which I used to enjoy. I try don't make plans with anyone because el end up trying to figure out a way to get out of the plans.

21. Do you use any of the following? (Check all that apply.)

- Crutches
- Walker
- Wheelchair
- Other (Explain)
- Cane
- Brace/Splint
- Artificial Limb
- Hearing Aid
- Glasses/Contact Lenses
- Artificial Voice Box

Which of these were prescribed by a doctor? glasses/contacts - el only wear my glasses now because el get too angry trying ^{and failing} to put contacts in

When was it prescribed? several years ago

When do you need to use these aids? everything el do except reading

SECTION D - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

Before all this condition started I really did 4 basic things
 ① spend time w/ my family ② work swing shifts ③ play golf
 ④ enjoy working with in my yard. Now I am divorced and don't get to see my kids often. I had a good job and great credit, but now I have neither. The lost income is a source of worry all day every day. Creditors are calling constantly. I'm having to sell my house and have used up all savings and stocks and have had to borrow from my family to keep house out of foreclosure (which may still happen. I have lost most of my interest in golf because although I was never all that good, I did have a good short game which allowed me to be competitive. Now I can't concentrate as I did and my short game is not nearly as good. So I don't go much and when I do, I end up feeling like I can't wait to leave and go home. Although my house is for sale and my yard should be in top shape I cut the grass only where I have to and my mulch beds look terrible I just can't make myself stay outside and do what I used to do just for enjoyment. I used to could sit for hours watching sports and movies, but now I barely make 30 minutes sometimes before I start pacing around and worrying about what I'm going to do; physically mentally and financially. Although I'm divorced I haven't even had much interest in dating or trying to meet someone new

| | | | |
|--|-------|--------------------------|--|
| Name of person completing this form (Please print) | | Date (month, day, year) | |
| William M. Casey | | Sept 28, 2005 | |
| Address (Number and Street) | | email address (optional) | |
| 240 Lightwood Farm Road | | | |
| City | State | Zip Code | |
| Woodruff SC 29388 | | | |

THOMPSON 059671

20509201004137

SOUTH CAROLINA VOCATIONAL



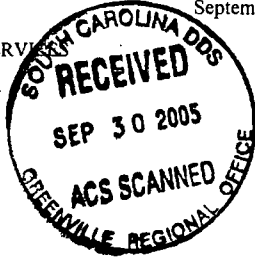
REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

September 21, 2005

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607



RE: WILLIAM M CASEY
AKA: MARK CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 758

JEFFREY K SMITH MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 5-16-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature J.K. Smith

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

PLEASE AUTHORIZE

Date: 9/23/05
Initials: JKS
Charge: 15.00

Sincerely,

Aimee F. DePetris

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E54200



L2 (6/05)
DMA: Y

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059672

0205011237004937

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Thu, Sep 15, 2005 02:31 pm
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:15 am.

SUBJECTIVE:

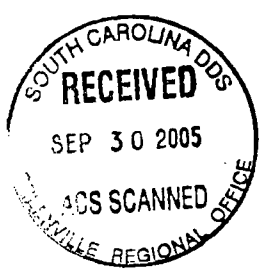
HPI:

He never started Effexor XR, as he said he had been on it before. Understandably, he is depressed and anxious. No s.i.
He is obsessional. No s.i.

OBJECTIVE:

Exams:

Affect is depressed and anxious. Sensorium is clear. Obsessional.



ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Adderall XR 20 mg two qam.

Add Mirtazapine 30 mg one qhs.

Cont. Ambien 10 mg one or two qhs prn insomnia. He may not need Ambien with addition of Mirtazapine.

I confronted his non-compliance with treatment and desires to self-diagnose and direct his treatment.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

CPT® is a registered trademark of the American Medical Association.

THOMPSON 059673

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Tue, Jul 12, 2005 10:31 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:15 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

01459120046143

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:16 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:16 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

| First | Middle | Last |
|--|-------------------------------------|-------|
| NAME WILLIAM | MARK | CASEY |
| SSN [REDACTED] | Birthday (mm/dd/yy) [REDACTED] 1958 | |
| SSA USE ONLY NUMBER HOLDER (If other than above) | | |
| NAME | | |
| SSN | | |

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source or the material to be disclosed:

Piedmont Psychiatric Services
5/16/05 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

- Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.
- Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

SIGN ▶ *William M. Casey*

IF not signed by subject of disclosure, specify basis for authority to sign
 Parent of minor Guardian Other personal representative (explain)

(Parent/guardian sign here if two signatures required by State law) ▶ *[Signature]*

| | |
|---|---|
| Date signed <i>Feb 8, 2005</i> | Street Address 240 LIGHTWOOD FARM RD |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF |
| | State SC |
| | Zip 29388 |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ▶ *[Signature]*

IF needed, second witness sign here (e.g., if signed with an "X" above)
SIGN ▶

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 059677

**Explanation of Form SSA-827,
"Authorization to disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you: SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223 (d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §5507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**

17804

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

September 21, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
AKA: MARK CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 758

FRANCISCO E GONDA MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 1-12-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature *F. Gonda*

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

Sincerely,

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E34200

L2 (6/05)
DMA: Y



Mark Casey
4/5/05 pt. in for rev - status? on pain scale - ID rx. - JTC
(2^o chronic pain)

04/05/05 MARK CASEY 17804 Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- E: DYSLIPIDEMIA
- G: ERECTILE DYSFUNCTION
- H: DEPRESSION
- I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.r.n.
DNR: Frank E. Gonda, MD/ jmm

4/16/05 Samples given Toradol 145mg # 1 Box of 28
Date Drug Name # Dispensed

Lot Number: 236662E21 7/2/06 Initials: JN
Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

4/16/05 pt. no improvement in Trig & HDL. Had diet & exercise and Lipitor but ↓ to 40 mg 1/2 tablet q.d.
Add Toradol 145 mg q 7 pm. 28 samples
Lab in 4 weeks

6/28/05 pt. presents for chel. ✓; needs Rx. Lortab: pain scale 7. also - DEMAN

6/28/05 Samples given Toradol 145mg # 1bx
Date Drug Name # Dispensed

Lot Number: 276362E21 7/1/06 Initials: DEMAN
Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

THOMPSON 059680

06/28/05 MARK CASEY 17804 Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.

O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.

A: Chronic low back pain, stable. Really unchanged.

P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.

A: Hyperlipidemia.

P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.
 DNR: Frank E. Gonda, MD/jmm

17804

| | | | | | | |
|---|-------|--------|--------------------|------------|--------------|-------|
| DATE | TIME | CALLER | PT. NAME - CHART # | PHONE # | ALL: P.S.C.O | MD |
| 8/16/05 | 02:10 | SELF | Mark Casey # | 680-5929 | | Gonda |
| AGE | WT | HT | BY | RE | | |
| | 58 | 5'11" | HK | | | |
| JAime - pls. call 8/16/05 pt. states he has disability form to be filled out - states we have form - told pt we have form - pt to get form + told him w'd look @ form to see if we could fill out - etc I don't do disability forms - | | | | | | |
| DISPOSITION | | | | DRUG STORE | BY | TIME |
| | | | | | | |

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MER Scan Cover Letter

461/1

Claim Number: E54200

SSN: 251-02-2977

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



ROID: 0037465638E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: b2aa

TDN: 0037465638

SCAN (3/04)

8/19
KCK\

SCANNED INTO EF

THOMPSON 059682

5639

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

4611
RC

Thomason & French

George H. Thomason
Robert S. French

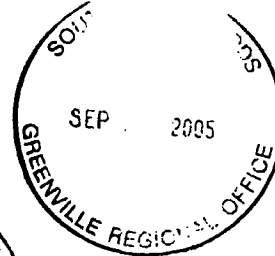
ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

September 19, 2005

Mr. Paul Kelly, Regional Supervisor
Disability Determination Division
Box 3090
Greenville, S. C. 29602

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]



Dear Mr. Kelly:

We requested reconsideration for William Casey in Spartanburg on September 6, 2005. We wanted to confirm that you have received the file for reconsideration. We are submitting medical evidence with this letter because we have so much difficulty sending the information by FAX to London, Ky. In several instances, medical information sent to that FAX number never shows up in the unfavorable reconsideration notices. We are enclosing the latest available information from Lung & Chest Medical Associates of Spartanburg and information from the claimant's psychiatrist, Dr. Jeffrey Smith which includes a questionnaire form and office notes. The degree of impairment documented by the Dr. Smith would suggest that Mr. Casey meets or equals the listings under 12.00 *et seq.* Thank you for assigning the case to a reconsideration examiner for completion of reconsideration at this time.

Very truly yours,

George H. Thomason
GHT/gl
ENCLOSURES

cc: William M. Casey

SCANNED INTO EF

THOMPSON 059683

RECEIVED SEP 14 2005

QUESTIONS TO Dr. Jeffrey Smith
IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
SS # [REDACTED]

1. Have you treated or counseled the above patient?
Yes No

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?

Major Depressive D.O., with ↓ mood, ↓ Energy, Sad Mood, Agitation, ↓ Motivation.

3. What factors are present which would cause you to make the above findings or diagnoses?

See Symptoms Listed In Question #2.

4. How severe are the above psychological/mental condition(s)?

Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

| | Satisfactory | Unsatisfactory |
|---|--------------|---|
| ▶ Dealing with customary work stresses | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Relating to co-workers/supervisors | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Dealing with the public | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Demonstrating reliability in a work setting | _____ | _____ <input checked="" type="checkbox"/> |

THOMPSON 059684

6. Based on your professional judgment, please assess the following functional limitations as they exist for this Social Security claimant as the result of a psychological/mental condition:

| Functional Limitation | Degree of Limitation | |
|---|---|---|
| 1. Restriction of Activities of Daily Living | None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 2. Difficulties in Maintaining Social Functioning | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 3. Difficulties in Maintaining Concentration, Persistence or pace | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 4. Repeated episodes of decompensation, each of extended duration | None <input type="checkbox"/> One or two <input type="checkbox"/> Three <input type="checkbox"/> Four <input checked="" type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |

COMMENTS:

DATE: 9-12-05

Title: J.K. Smith M.D.

THOMPSON 059685

RECEIVED SEP 14 2005 1 of 1

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Tue, Jul 12, 2005 10:31 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

LUNG AND CHEST MEDICAL ASSOCIATES
 2030 North Church Place, Spartanburg, SC 29303
 CMF WPS EBK MLA JDC **RVM** BE
LAB REQUISITION

PATIENT NAME William Casey CHART # 77168 DATE 7-19-05
 SEX _____ RACE _____
 M F C B A H O
 DIAGNOSIS _____

| DESCRIPTION | RESULTS | NORMAL VALUE | REPEATED VERIFIED RESULTS | INITIALS |
|-------------------|---------|--|---------------------------|----------|
| Theophylline | | 10-20 Mcg/dl | | |
| Glucose | 121 | 70-110 Mg/dl | | |
| BUN | 29 | 5-25 Mg/dl | | |
| Creatinine | 0.7 | 0.5-1.4 Mg/dl | | |
| K+ | 4.2 | 3.5-5.1 Meq/dl | | |
| PT | | 14-18 sec | | |
| INR | | 2.0-3.0 Coumadin therapy 2.5-3.5 Prostatic Heart Valves | | |
| CBC | | | | |
| UA | | | | |
| HgbA1C | % | < 7 % | | |
| Arterial Puncture | | | | |
| ABG's - FI02 | | | | |
| ABG's - PH | | 7.35-7.45 | | |
| ABG's - PC02 | | 35-45 mmHg | | |
| AGG's - P02 | | 80-100 mmHg | | |
| AGG's - O2 Sat | | 95-98% | | |

| URINALYSIS -- MACROSCOPIC | | | |
|---------------------------|-------|--------------|-------|
| COLOR | _____ | Ph | _____ |
| APPEARANCE | _____ | PROTEIN | _____ |
| GLUCOSE | _____ | UROBILINOGEN | _____ |
| BILIRUBIN | _____ | NITRITE | _____ |
| KETONES | _____ | LEUKOCYTES | _____ |
| SP. GR. | _____ | | |

Rapid Strep Positive Negative

Z-Stat Flu Positive Negative

CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff [Signature]

Lab Requisition, 12-23-03

THOMPSON 059690

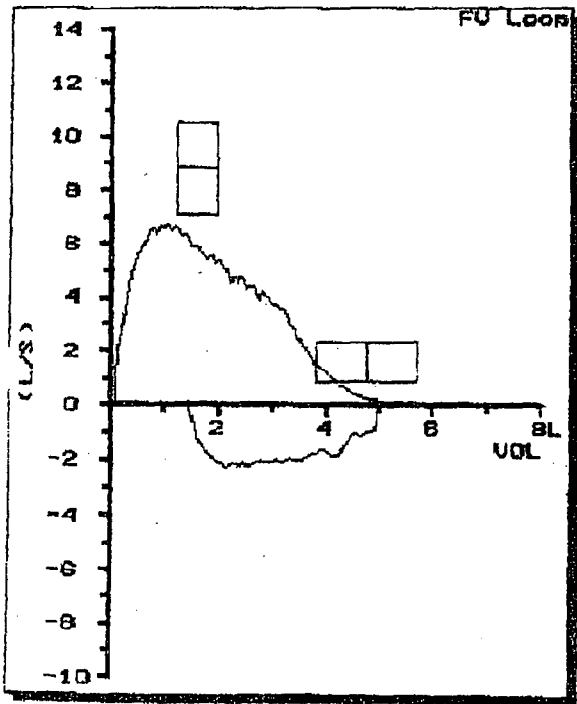
ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Lung and Chest Medical Associates Spiro A
 ID: 77168 Casey, William Mark
 Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

COMMENTS:
 PRE-BD COMMENTS:

LAST CALIBRATED: Tue Jul 19, 2005 7:34:36 am

| TYPE | Test Date and Time | Exp. Time | Normals | Test# |
|-------------|------------------------------|-----------|-------------------------------|------------------|
| Pre-BD: | Tue Jul 19, 2005 11:57:55 am | 6.3 secs | KNUDSON/IMTS | 2 |
| Expiratory | Actual Predicted | % of pred | Inspiratory | Actual |
| FVC | 5.02 L 4.73 L | 106.19 % | IVC | 3.61 L |
| FEV 0.5 | 2.75 L 3.04 L | 90.50 % | FIV1 | 1.35 L |
| FEV 1.0 | 3.90 L 3.84 L | 101.52 % | PIF | 2.46 L/S |
| FEV 3.0 | 4.73 L 4.48 L | 105.50 % | FIF50 | 2.20 L/S |
| | | | PEF50/FIF50 | 193.85 % |
| FEV 0.5/FVC | 54.75 % 64.24 % | 85.23 % | Interpretation: NORMAL | |
| FEV 1.0/FVC | 77.56 % 81.23 % | 95.61 % | | |
| FEV 3.0/FVC | 94.18 % 94.79 % | 99.35 % | | |
| PEF | 6.61 L/S 8.64 L/S | 76.59 % | MAX FVC | = 5.02L TEST # 2 |
| FEF 25-75% | 3.61 L/S 3.91 L/S | 92.38 % | MAX FEV-1 | = 3.90L TEST # 2 |
| FEF 75-85% | 0.90 L/S 1.04 L/S | 87.31 % | | |
| FEF 25 | 6.15 L/S 7.95 L/S | 77.37 % | | |
| FEF 50 | 4.26 L/S 4.59 L/S | 92.85 % | | |
| FEF 75 | 1.40 L/S 1.81 L/S | 77.15 % | | |
| FEF .2-1.2 | 5.82 L/S 7.28 L/S | 80.13 % | | |



Legend
 — Pre-BD Test
 Good effort

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THOMPSON 059691

CMF WFS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: William Casey Chart#: 771168 Date: 7-19-05

Wt: 174.9 Hi: - B/P: 121/89 H/R: 85 RR: 16 Temp: 98.1 O2Sat: 93 FIO2: -

Present Illness + reason for visit:
Cough, Spasm, Dyspnea, Wheeze, Edema, Palpitations, Oriented, New Allergies, Smoking, Nausea, Vomiting, Diarrhea, Chest Pain, Pain, CETOH, Fever/chills
I do not want to see Friedman
Vomiting x 1 week - chest sore - fight
Dry heaves now
saw Dr. Bryant in court several years ago since
Smr got there

When was your last DEXA Bone Densometry Testing done? Smr got there

Seeing new doctors? No For: _____

Hospitalizations or major life changes since last visit: yep 6-05 - srnc

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance: _____
*Skin Turgor: _____
*ENT: _____
*Mouth: _____
*Sinus: _____
*Neck: _____
*Chest/Lungs: Breath Sounds: _____
Wheezes: _____
Rales: _____
Effort: _____
Symmetry: _____
*Heart: Rhythm: _____
Murmurs: _____
Gallop: _____
Tones: _____
*Abdomen: _____
*Extremities: _____
*Mobility: Gait: _____
Reflexes: _____
Aides: _____

dry heaving x week and vomit
Can't take anything down
Good breath
No rales/cracks from inspection
Pain
Chest pain
Upper
Ulcers
Worth

*Mental Status: _____
LAB ORDER: Spirometry 5.02 BKG Sinus CBC Glu 121 PT INR O2Sat Rest 93%
Lung Vol DLCO UA CXB ABG's Bu 9.0 11.0 4.2 Theo O2Sat Exercise

Office Treatment: _____
Education: Does pt want to quit smoking? Yes/No Other: PT no longer smoker
Materials/counseling given: _____

Diagnosis: Nontraumatic/Unstable Plan
Abn CXR (lung fluid), 793.1 ? Stratum/Concrete etc
Anticoagulant Circulating, 28615
CGPD, 495
Cough, 786.2
Dyspnea, 786.09
Fatigue (general), 780.79
Fever, 780.6
ILD, 513
Monitoring (drug name), V48.6
Rhinitis, 477.9
Sleep Apnea/Disorders (rec), 780.53
Stop Stratum/Concrete

Prescriptions: _____
Next appt: _____ Weeks _____ Months W/ CMF WFS EBK MLA JDC RVM PA NP Signature: [Signature] Staff: [Signature]
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other: _____

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059692


PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: Cory Williams Date of Scan: 7/25/15
 Address: 240 Lightwood Farm Rd Woodruff SC 29388
 Telephone: (864) 689-9848 Date of Birth: [REDACTED]

PROCEDURE
MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

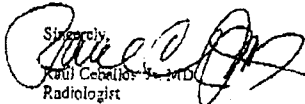
TECHNIQUE
 MultiSlice Helical 3.2 mm transaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A Computer-generated score is calculated based on the amount of calcification detected.

RESULTS

L MAIN 0-0 LAD 1.4 CIRCUMFLEX 0-0 R. CORONARY 0-0 TOTAL 1.4
CALCIUM SCORE GUIDELINES

| Total Score | Plaque Burden | Risk Category | Probability of Significant CAD | Guidelines |
|--|--|-----------------|--|---|
| 0-1 | No identifiable atherosclerotic plaque | Very Low | Very Unlikely | Reassurance while stressing adherence to general guidelines on diet and exercise. |
| <input checked="" type="checkbox"/> 1-10 | Minimal identifiable plaque | Low | Unlikely | Follow the general guidelines on cardiovascular risk reduction. |
| 11-100 | Mild identifiable plaque | Moderate | Mild or minimal coronary stenosis likely | Risk factor medication is recommended, including daily aspirin and strict adherence to National Cholesterol Education Program or proposed modification. |
| 101-400 | Moderate identifiable plaque | Moderately High | Moderate likelihood of significant stenosis | Aggressive risk factor modification is recommended with stress testing preparatory to an exercise program. Daily aspirin is advised. Strict adherence to National Cholesterol Education Program or proposed modification. |
| Over 400 | Extensive plaque burden | High | High likelihood of significant coronary stenosis | Very aggressive risk factor modification is recommended (including aspirin and a statin medication) with stress imaging and possibly angiography. |

Coronary artery calcification is a specific marker for coronary atherosclerosis. The amount of calcification correlates with severity of coronary atherosclerosis and the probability of obstructive disease. A score of 0 indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily. A high score indicates a significant plaque burden and the relative risk for future cardiovascular events. It should be understood that calcification is not site specific for stenosis but rather indicates the extent of atherosclerosis in the coronary arteries overall. The score may be used as a benchmark to measure subsequent disease development or assess preventative programs. Thank you for your confidence in our center.

Sincerely,

 Paul Ceballos, MD
 Radiologist

684 North Pine St. • Spartanburg, South Carolina 29303
 864-542-0033 • Fax 864-542-0025

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THOMPSON 059694

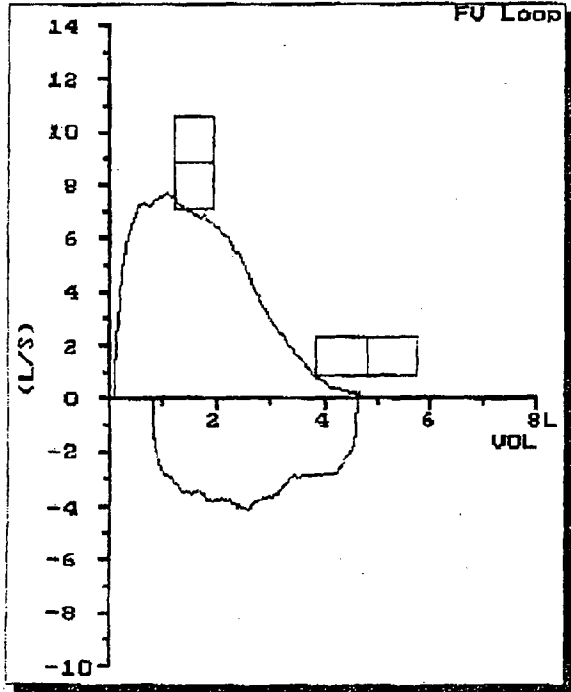
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21, 2005 7:36:40 am

| TYPE | Test Date and Time | Exp. Time | Normals | Test# | |
|-------------|-----------------------------|-----------|--------------|----------------------------|----------|
| Pre-BD: | Thu Jul 21, 2005 3:52:12 pm | 5.9 secs | KNUDSON/IMTS | 1 | |
| Expiratory | Actual | Predicted | % of pred | Inspiratory | Actual |
| FVC | 4.65 L | 4.75 L | 97.88 % | IVC | 3.86 L |
| FEV 0.5 | 2.96 L | 3.05 L | 97.12 % | FIV1 | 2.95 L |
| FEV 1.0 | 3.76 L | 3.87 L | 97.21 % | PIF | 4.26 L/S |
| FEV 3.0 | 4.40 L | 4.51 L | 97.51 % | PIF50 | 3.97 L/S |
| | | | | FEF50/PIF50 | 135.01 % |
| FEV 0.5/FVC | 63.77 % | 64.27 % | 99.22 % | Interpretation: | |
| FEV 1.0/FVC | 80.82 % | 81.38 % | 99.31 % | NORMAL | |
| FEV 3.0/FVC | 94.58 % | 94.94 % | 99.62 % | MAX FVC = 4.65L TEST # 1 | |
| PEF | 7.56 L/S | 8.67 L/S | 87.17 % | MAX FEV-1 = 3.76L TEST # 1 | |
| FEF 25-75% | 3.91 L/S | 3.95 L/S | 99.06 % | | |
| FEF 75-85% | 0.86 L/S | 1.06 L/S | 81.57 % | | |
| FEF 25 | 7.45 L/S | 7.97 L/S | 93.49 % | | |
| FEF 50 | 5.37 L/S | 4.62 L/S | 116.05 % | | |
| FEF 75 | 1.47 L/S | 1.83 L/S | 79.90 % | | |
| FEF .2-1.2 | 7.00 L/S | 7.31 L/S | 95.75 % | | |

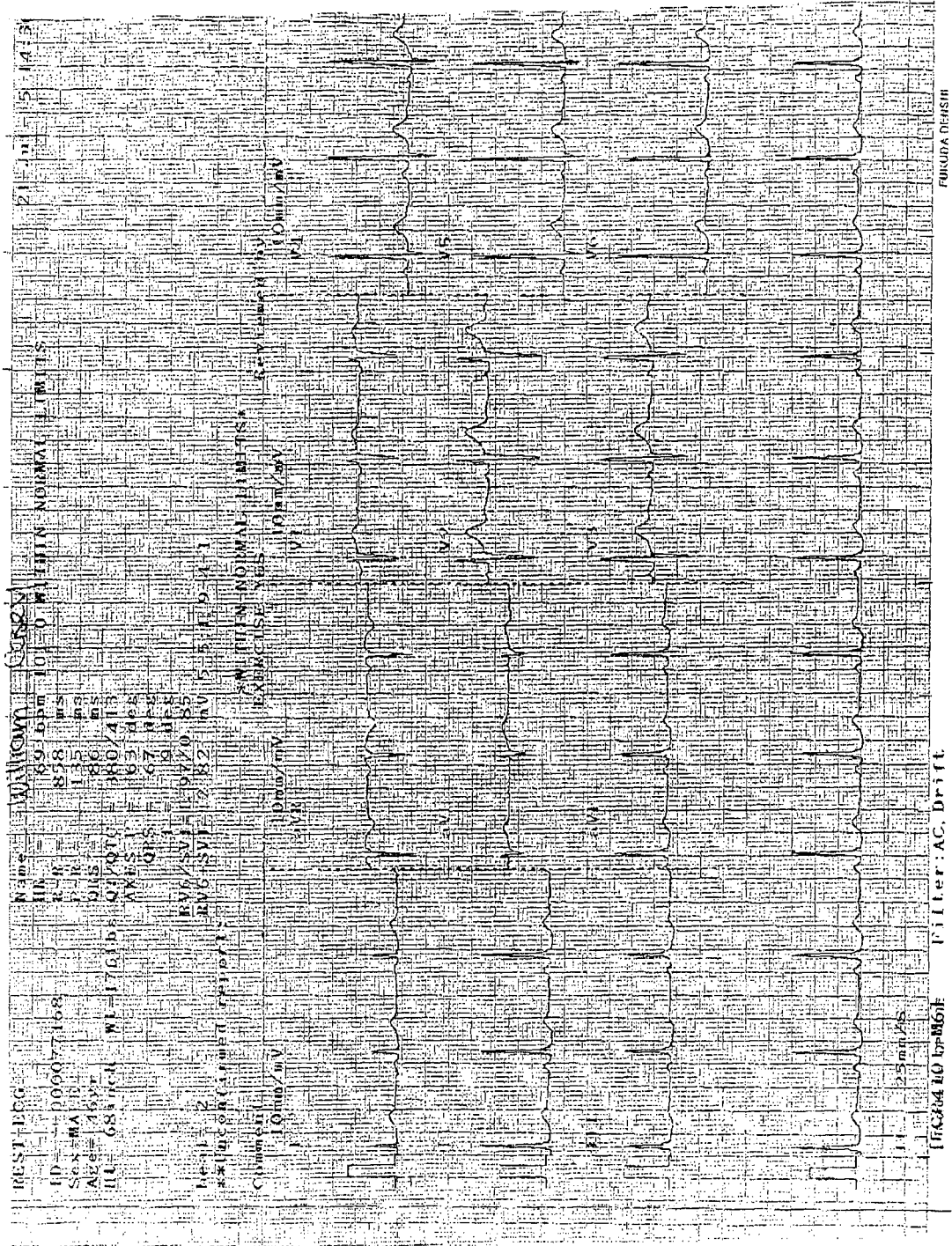


Legend
Pre-BD Test

Good Effort! (NB)

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059695



THOMPSON 059696

WILLIAM CASEY
77168
07-21-06
Page Three

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

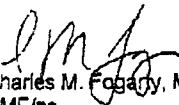
With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

He is to check back with Dr. Grace regarding the persistence of his neurological impairment.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

THOMPSON 059697

WILLIAM CASEY
77108
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 059698



Lung and Chest Medical Associates

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Rico V.I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

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E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 059699

#7768
DOLV
7-21-05
no App.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPT
Pt. Type: OPT
UNIT #: 000146220
CI#: 1480525
ANH: S0520101451
DOB: 11/03/58

Exam
80073 US GALLBLADDER
78705
Date: 07/28/05 0812
Ord Diag: 787.03-VOMITING ALONE

Sonogram of the gallbladder. 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

PL

FINAL

Page 1

THOMPSON 059700

5657

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WILLIAM CASEY
77168
08-04-05
Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ms

THOMPSON 059701



Lung and Chest Medical Associates

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E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3730

WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

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THOMPSON 059702

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPT
Pt. Type: OPT

UNIT #: 000146220
CI#: 1480551
AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T JoyceMD
Released By: William T JoyceMD

n

FINAL

Page 2

Patient: CASEY, WILLIAM MRN: 000146220 Encounter: 0520101451 Page 2 of 2

THOMPSON 059703

5660

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPD DOB: [REDACTED]/88
Pt. Type: OPT

UNIT #: 000146220
CI#: 1480551
AN#: S0520101451

Exam
50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITTING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

FINAL

Page 1

Patient: CASEY, WILLIAM MRN: 000146220 Encounter: 0520101451 Page 1 of 2

THOMPSON 059704

5661

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

NAME: WILLIAM MARK CASEY
 SSN: [REDACTED]

MEDICAL EVALUATION REFERRAL

Current Duration

Re-Eval by _____
 XF40

Assessment AOD 5/28/04 DLI 12/31/08
 PP _____ Age 22 _____

Allegation(s) lung/breathing pxs; single episode of depression

DE Input/Questions Pls see mer in file incl piedmont psych and intel testing

Examiner: Robert Heaton Date: 7/11/05

| Mental Impairments | Current | Projected | At DLI/PP/Age 22 |
|---------------------------------|---------|-----------|------------------|
| Affective D/O; Anxiety D/Severe | | | |

Comments _____

Consultant: Debra Price Date: 7/12/05

| Physical Impairments | Current | Projected | At DLI/PP/Age 22 |
|----------------------|---------|-----------|------------------|
| resp asthma | severe | | |
| musk back pain | severe | | |
| cvs | ns | | |

Comments see rfc.

Consultant: Beham El-Henary Date: 6/20/05

Final Disp Date 7/12/05

XF-35 (6/04)
 DMA

THOMPSON 059705

MER Scan Cover Letter

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF0000003D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0130 RF: D CS: b89e

TDN: FF0000003

KCK\

SCAN (3/04)

THOMPSON 059706

5663

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

D911c9

| | | |
|--|--|-------------------------|
| CLAIMANT: <u>William M. Casey</u> | | SOCIAL SECURITY NUMBER: |
| NUMBERHOLDER (IF CDB CLAIM): | | [REDACTED] |
| PRIMARY DIAGNOSIS: <u>Resp S-0 B</u> | RFC ASSESSMENT IS FOR: | |
| SECONDARY DIAGNOSIS: <u>CVS</u> | <input checked="" type="checkbox"/> Current Evaluation <input type="checkbox"/> Date Last Insured: _____ (Date) <input type="checkbox"/> Date 12 Months After Onset: _____ (Date) <input type="checkbox"/> Other (Specify): _____ | |
| OTHER ALLEGED IMPAIRMENTS: <u>MSK - back pain</u> | | |

PRIVACY ACT/PAPERWORK ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.**

I. LIMITATIONS:

For Each Section A - F

- ➔ Base your conclusions on all **evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.)
- ➔ Check the blocks which reflect your **reasoned judgement**.
- ➔ Describe how the **evidence substantiates your conclusions**. (Cite specific clinical and laboratory findings, observations, lay evidence, etc.)
- ➔ Ensure that you have requested:
 - Appropriate treating and examining source statements regarding the individual's capacities. (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions**. (See Section III.)
 - Considered and responded to any **alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below. (See also Section II.)
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➔ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

THOMPSON 059707

A. EXERTIONAL LIMITATIONS

None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling) (maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- less than 10 pounds
- 10 pounds
- 20 pounds
- 50 pounds
- 100 pounds or more

2. **Frequently** lift and/or carry (including upward pulling) (maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- less than 10 pounds
- 10 pounds
- 25 pounds
- 50 pounds or more

3. Stand and/or walk (with normal breaks) for a total of -

- less than 2 hours in an 8-hour workday
- at least 2 hours in an 8-hour workday
- about 6 hours in an 8-hour workday
- medically required hand-held assistive device is necessary for ambulation

4. Sit (with normal breaks) for a total of -

- less than about 6 hours in an 8-hour workday
- about 6 hours in an 8-hour workday
- must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)

5. Push and/or pull (including operation of hand and/or foot controls) -

- unlimited, other than as shown for lift and/or carry
- limited in **upper** extremities (describe nature and degree)
- limited in **lower** extremities (describe nature and degree)

6. Explain how and why the evidence supports your conclusions in item 1 through 5. Cite the specific facts upon which your conclusions are based.

A 46 yr old M
 - c/o of SOB - Hist. of asthma
 - xray 7/06 (N)
 - s/p bronchoscopy complicated with pneumothorax in 2000
 TX. & resolved. s/p bronchoscopy for ? foreign body 6/04
 - PET done 7/06: normal FEV₁ 98% 3.85L ^{found}
 FVC 4.7L

D91109

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II CVS: stress test done 8/04 exercised for
8 min - 10.1 mets
LVEF 58% - SPECT no ischemia (NS)

- MSK
Chronic lower back pain on narcotics for pain
exam: 10/04 =
decreased ROM L-S spine - SLR weakly (+) on @
exam: 9/04: Pain & ROM ↓ L-S spine SLR (-)
- Restrict to medium work

B. POSTURAL LIMITATIONS

None established. (Proceed to section C.)

| | Frequently | Occasionally | Never |
|--|--------------------------|--------------------------|--------------------------|
| 1. Climbing - ramp/stairs _____ - ladder/rope/scaffolds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Balancing _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stooping _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Kneeling _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Crouching _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Crawling _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

THOMPSON 059709

C. MANIPULATIVE LIMITATIONS

None established. (Proceed to section D.)

- | | LIMITED | UNLIMITED |
|---|--------------------------|--------------------------|
| 1. Reaching all directions (including overhead) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Handling (gross manipulation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fingering (fine manipulation) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Feeling (skin receptors) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based. | | |

D. VISUAL LIMITATIONS

None established. (Proceed to section E.)

- | | LIMITED | UNLIMITED |
|---|--------------------------|--------------------------|
| 1. Near acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Far acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depth perception _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accommodation _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Color vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Field of vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions it item 1 through 6. Cite the specific facts upon which your conclusions are based. | | |

E. COMMUNICATIVE LIMITATIONS

None established. (Proceed to section F.)

| | LIMITED | UNLIMITED |
|---------------------|--------------------------|--------------------------|
| 1. Hearing _____ → | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Speaking _____ → | <input type="checkbox"/> | <input type="checkbox"/> |

3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS

None established. (Proceed to section II.)

| | UNLIMITED | AVOID CONCENTRATED EXPOSURE | AVOID EVEN MODERATE EXPOSURE | AVOID ALL EXPOSURE |
|--|-------------------------------------|-------------------------------------|------------------------------------|--------------------------|
| 1. Extreme cold _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Extreme heat _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wetness _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Humidity _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Noise _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vibration _____ → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fumes, odors, _____ → dusts, gases, poor ventilation, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hazards _____ → (machinery, heights, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

s.o.B
mild COPD - avoid #7

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.

credible.

THOMPSON 059712

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file?

Yes

No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

Yes

No

C. If yes, explain why those conclusions are not supported by the evidence in file. (Cite the source's name and the statement date.)

- Dr. Glenn L. Scott note 9/20/06
- That decision is relevant to
commissioner.

IV. ADDITIONAL COMMENTS:

| | | |
|---|---|-------------------------|
| MEDICAL CONSULTANT'S SIGNATURE: <i>Selam E. Elshamy MD</i> | MEDICAL CONSULTANT'S CODE: <i>19</i> | DATE: <i>6/20/05</i> |
|---|---|-------------------------|

THOMPSON 059714

5671

PSYCHIATRIC REVIEW TECHNIQUE

| | |
|------------------------------|-------------------|
| Name WILLIAM MARK CASEY | SSN [REDACTED] |
| NH (If different from above) | SSN - - |

I. MEDICAL SUMMARY

A. Assessment is from: _____ **to** 7/12/2005

B. Medical Disposition(s):

1. No Medically Determinable Impairment
2. Impairment(s) Not Severe
3. Impairment(s) Severe But Not Expected to Last 12 Months
4. Meets Listing _____ (Cite Listing)
5. Equals Listing _____ (Cite Listing)
6. RFC Assessment Necessary
7. Coexisting Nonmental Impairment(s) that Requires Referral to Another Medical Specialty
8. Insufficient Evidence

C. Category(ies) Upon Which the Medical Disposition is Based:

1. 12.02 Organic Mental Disorders
2. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
3. 12.04 Affective Disorders
4. 12.05 Mental Retardation
5. 12.06 Anxiety-Related Disorders
6. 12.07 Somatoform Disorders
7. 12.08 Personality Disorders
8. 12.09 Substance Addiction Disorders
9. 12.10 Autism and Other Pervasive Developmental Disorders

These findings complete the medical portion of the disability determination.

| | |
|---|--------------------|
| MC/PC's Signature <i>Debra Price</i> | Date 07-12-2005 |
| MC/PC's Printed Name Debra C. Price, Ph.D. | Code 38 |

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THOMPSON 059715

II. DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER

A. 12.02 Organic Mental Disorders

- Psychological or behavioral abnormalities associated with a dysfunction of the brain ... as evidenced by at least one of the following:
 1. Disorientation to time and place
 2. Memory impairment
 3. Perceptual or thinking disturbances
 4. Change in personality
 5. Disturbance in mood
 6. Emotional lability and impairment in impulse control
 7. Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.

- A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

B. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders

Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:

1. Delusions or hallucinations
2. Catatonic or other grossly disorganized behavior
3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect, or
 - b. Flat affect, or
 - c. Inappropriate affect
4. Emotional withdrawal and/or isolation

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

C. 12.04 Affective Disorders

Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

1. Depressive syndrome characterized by at least four of the following:

- a. Anhedonia or pervasive loss of interest in almost all activities, or
- b. Appetite disturbance with change in weight, or
- c. Sleep disturbance, or
- d. Psychomotor agitation or retardation, or
- e. Decreased energy, or
- f. Feelings of guilt or worthlessness, or
- g. Difficulty concentrating or thinking, or
- h. Thoughts of suicide, or
- i. Hallucinations, delusions or paranoid thinking

2. Manic syndrome characterized by at least three of the following:

- a. Hyperactivity, or
- b. Pressures of speech, or
- c. Flight of ideas, or
- d. Inflated self-esteem, or
- e. Decreased need for sleep, or
- f. Easy distractibility, or
- g. Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. Hallucinations, delusions or paranoid thinking

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

Disorder MDD, single episode

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment (explain in Part IV, Consultant's Notes, if necessary):

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

D. 12.05 Mental Retardation

- Significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22, with one of the following:
 1. Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow instructions such that the use of standardized measures of intellectual functioning is precluded*
 2. A valid verbal, performance, or full scale IQ of 59 or less*
 3. A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing an additional and significant work-related limitation of function*
 4. A valid verbal, performance, or full scale IQ of 60 through 70*

- A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.
Disorder _____
Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

*NOTE: Items 1, 2, 3, and 4 correspond to listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.

- Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

E. 12.06 Anxiety-Related Disorders

- Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:
1. Generalized persistent anxiety accompanied by three of the following:
 - a. Motor tension, or
 - b. Autonomic hyperactivity, or
 - c. Apprehensive expectation,
 - d. Vigilance and scanning
 2. A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
 3. Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week
 4. Recurrent obsessions or compulsions which are a source of marked distress
 5. Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder Anxiety noted

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

F. 12.07 Somatoform Disorders

- Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:
 1. A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
 2. Persistent nonorganic disturbance of one of the following:
 - a. Vision, or
 - b. Speech, or
 - c. Hearing, or
 - d. Use of a limb, or
 - e. Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. Sensation (e.g., diminished or heightened)
 3. Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

G. 12.08 Personality Disorders

Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:

1. Seclusiveness or autistic thinking
2. Pathologically inappropriate suspiciousness or hostility
3. Oddities of thought, perception, speech and behavior
4. Persistent disturbances of mood or affect
5. Pathological dependence, passivity, or aggressivity
6. Intense and unstable interpersonal relationships and impulsive and damaging behavior

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

H. 12.09 Substance Addiction Disorders

Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

If present, evaluate under one or more of the most closely applicable listings:

- 1. Listing 12.02-Organic mental disorders*
- 2. Listing 12.04-Affective disorders*
- 3. Listing 12.06-Anxiety-related disorders*
- 4. Listing 12.08-Personality disorders*
- 5. Listing 11.14-Peripheral neuropathies*
- 6. Listing 5.05-Liver damage*
- 7. Listing 5.04-Gastritis*
- 8. Listing 5.08-Pancreatitis*
- 9. Listing 11.02 or 11.03-Seizures*

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

*NOTE: Items 1,2,3,4,5,6,7,8, and 9 correspond to listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIA, IIC, IIE, or IIG of the form need be checked. The first block under the disorder heading in those subsections should not be checked, unless the evidence substantiates the presence of the disorder separate from the substance addiction disorder.

i. 12.10 Autistic Disorder and Other Pervasive Developmental Disorders

Qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

1. Autistic disorder, with medically documented findings of all of the following:

- a. Qualitative deficits in reciprocal social interaction
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity
- c. Markedly restricted repertoire of activities and interests

2. Other pervasive developmental disorders, with medically documented findings of both of the following:

- a. Qualitative deficits in reciprocal social interaction
- b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

| III. RATING OF FUNCTIONAL LIMITATIONS | | | | | | |
|---|---|---|---|-------------------------------------|---|---|
| A. "B" Criteria of the Listings | | | | | | |
| Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s). | | | | | | |
| NOTE: Item 4 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section. | | | | | | |
| Specify the listing(s) (i.e., 12.02 through 12.10) under which the items below are being rated <u>12.04, 12.06</u> | | | | | | |
| FUNCTIONAL LIMITATION | DEGREE OF LIMITATION | | | | | |
| 1. Restriction of Activities of Daily Living | None <input type="checkbox"/> | Mild <input checked="" type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 2. Difficulties in Maintaining Social Functioning | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input checked="" type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 3. Difficulties in Maintaining Concentration, Persistence, or Pace | None <input type="checkbox"/> | Mild <input checked="" type="checkbox"/> | Moderate <input type="checkbox"/> | Marked* <input type="checkbox"/> | Extreme* <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| 4. Episodes of Decompensation, Each of Extended Duration | None <input checked="" type="checkbox"/> | | One or Two <input type="checkbox"/> | Three* <input type="checkbox"/> | Four* or More <input type="checkbox"/> | Insufficient Evidence <input type="checkbox"/> |
| *Degree of limitation that satisfies the functional criterion. | | | | | | |

B. "C" Criteria of the Listings

1. Complete this section if 12.02 (Organic Mental), 12.03 (Schizophrenic, etc.), or 12.04 (Affective) applies and the requirements in paragraph B of the appropriate listing are not satisfied.

NOTE: Item 1 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

Medically documented history of a chronic organic mental (12.02), schizophrenic, etc. (12.03), or affective (12.04) disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.

Evidence does not establish the presence of the "C" criteria

Insufficient evidence to establish the presence of the "C" criteria (explain in Part IV, Consultant's Notes).

2. Complete this section if 12.06 (Anxiety-Related) applies and the requirements in paragraph B of listing 12.06 are not satisfied.

Complete inability to function independently outside the area of one's home

Evidence does not establish the presence of the "C" criterion

Insufficient evidence to establish the presence of the "C" criterion (explain in Part IV, Consultant's Notes).

IV. CONSULTANT'S NOTES

Treating psychiatrist 11-04 to 5-05
5-05 feels dep and anx well controlled; c/o dec mem/conc - difficulty focusing on tasks
improvement - still room for improvement in mood (1-05)
no gross cog deficits

L56

meal prep affected by patience or energy - take out or simple foods; hh chores limited by physical; shops - doesn't like crowds; movies; reads Bible; drives; socially avoidant

Psych eval 6-05

V=100; P=91; FS=97; working memory index=106 (earlier school evals revealed higher IQ's)

Section 223 and section 1633 of the Social Security Act authorize the information requested on this form. The information provided will be used in making a decision on this claim. Completion of this form is mandatory in disability claims involving mental impairments. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

| | |
|--|---|
| NAME WILLIAM MARK CASEY | SOCIAL SECURITY NUMBER [REDACTED] |
| CATEGORIES (From 1C of the PRTF) 12.04 12.06 | ASSESSMENT IS FOR: <input checked="" type="checkbox"/> Current Evaluation <input type="checkbox"/> 12 Months After Onset: <input type="checkbox"/> Date Last Insured: _____ (Date) _____ (Date) <input type="checkbox"/> Other: _____ (Date) to _____ (Date) |

I. SUMMARY CONCLUSIONS

This section is for recording summary conclusions derived from the evidence in file. Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. Detailed explanation of the degree of limitation for each category (A through D), as well as any other assessment information you deem appropriate, is to be recorded in Section III (Functional Capacity Assessment).

If rating category 5 is checked for any of the following items, you **MUST** specify in Section II the evidence that is needed to make the assessment. If you conclude that the record is so inadequately documented that no accurate functional capacity assessment can be made, indicate in Section II what development is necessary, but **DO NOT COMPLETE SECTION III.**

| | Not Significantly Limited | Moderately Limited | Markedly Limited | No Evidence of Limitation in this Category | Not Ratable on Available Evidence |
|---|--|-----------------------------|-----------------------------|--|---|
| A. UNDERSTANDING AND MEMORY | | | | | |
| 1. The ability to remember locations and work-like procedures. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 2. The ability to understand and remember very short and simple instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 3. The ability to understand and remember detailed instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| B. SUSTAINED CONCENTRATION AND PERSISTENCE | | | | | |
| 4. The ability to carry out very short and simple instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 5. The ability to carry out detailed instructions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 6. The ability to maintain attention and concentration for extended periods. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 8. The ability to sustain an ordinary routine without special supervision. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 9. The ability to work in coordination with or proximity to others without being distracted by them. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 10. The ability to make simple work-related decisions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

| | Not Significantly Limited | Moderately Limited | Markedly Limited | No Evidence of Limitation in this Category | Not Ratable on Available Evidence |
|---|--|--|-----------------------------|--|---|
| Continued — <u>SUSTAINED CONCENTRATION AND PERSISTENCE</u> | | | | | |
| 11. The ability to complete a normal work-day and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| C. <u>SOCIAL INTERACTION</u> | | | | | |
| 12. The ability to interact appropriately with the general public. | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 13. The ability to ask simple questions or request assistance. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 14. The ability to accept instructions and respond appropriately to criticism from supervisors. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| D. <u>ADAPTATION</u> | | | | | |
| 17. The ability to respond appropriately to changes in the work setting. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 18. The ability to be aware of normal hazards and take appropriate precautions. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 19. The ability to travel in unfamiliar places | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 20. The ability to set realistic goals or make plans independently of others. | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> | 4. <input type="checkbox"/> | 5. <input type="checkbox"/> |

II. REMARKS: If you checked box 5 for any of the preceding items or if any other documentation deficiencies were identified, you **MUST** specify what additional documentation is needed. Cite the item number(s), as well as any other specific deficiency, and indicate the development to be undertaken.

Continued on Page 3

THOMPSON 059730

Continued on Page 4

III. FUNCTIONAL CAPACITY ASSESSMENT

Record in this section the elaborations on the preceding capacities. Complete this section ONLY after the SUMMARYCONCLUSIONS section has been completed. Explain your summary conclusions in narrative form. Include any information which clarifies limitation or function. Be especially careful to explain conclusions that differ from those of treating medical sources or from the individual's allegations.

Claimant is capable of understanding and remembering simple instructions, as well as more complex instructions. Current IQ's are in the Average range. Claimant notes decreased memory but working memory score in 6-05 was 106.

He is able to carry out at least simple tasks for two hours at a time without special supervision, and would not have an unacceptable number of work absences due to psychiatric symptoms.

Claimant is able to relate appropriately to co-workers and supervisors but, due to social avoidance, he would be best suited for a work setting with limited public contact.

Claimant can adapt to workplace changes, and can recognize and avoid normal hazards. There is no evidence of significant impairment in ability to adapt to workplace changes.

Claimant's allegations are credible and are supported by the MER. While his symptoms are severe, they would not preclude him from carrying out basic work functions.

Continued on Page 4

MEDICAL CONSULTANT'S SIGNATURE

Debra Price

DATE
07-12-2005

THOMPSON 059731

Continuation Sheet – Indicate section(s) being continued.

Paperwork/Privacy Act Notice: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

THOMPSON 059732

5689

MER Scan Cover Letter

473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0035801454D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 3d36

TDN: 0035801454

SCAN (3/04)

SLU

SCANNED INTO EF

THOMPSON 059733

5690

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

| <u>Verbal Subtests</u> | | <u>Performance Subtests</u> | |
|--------------------------|----|-----------------------------|----|
| Vocabulary | 11 | Picture Completion | 10 |
| Similarities | 10 | Digital Symbol – Coding | 4 |
| Arithmetic | 10 | Block Design | 9 |
| Digit Span | 11 | Matrix Reasoning | 11 |
| Information | 9 | Picture Arrangement | 10 |
| Comprehension | 10 | Symbol Search | 6 |
| Letter–Number Sequencing | 12 | | |

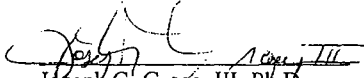
The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 059735

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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THOMPSON 059736

WMA-413-01 D41143

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512



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INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED]/58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

0035801454

THOMPSON 059734



MICHELIN TIRE MANUFACTURING
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 2-17-05

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM RD, WOODRUFF, S.C, 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-

VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYNBALTA
60 MG, QD. AND I HAVE BEEN PROVIDING INDIVIDUAL, BI-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510

SPARTANBURG, S.C., 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DLEXTLV.DOC

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THOMPSON 059737



MICHELIN TIRE MANUFACTURING
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM RD., WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05) ESTIMATE

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

COLUMBVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SENTISED BY BALTAGORGE, D.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILIBERY, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GARAGE, III, Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SE/FORMS/DLEKTLV.DOC

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THOMPSON 059738

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 059739

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 059740

MER Scan Cover Letter

473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0034168426D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: c8dc

TDN: 0034168426

SCAN (3/04)

SLU\

SCANNED INTO EF

THOMPSON 059741

5698

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SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

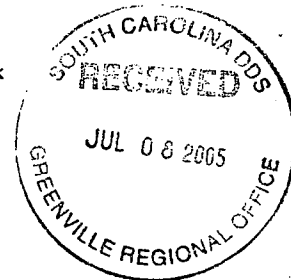
Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

JOSEPH G GRACE III MD
853 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED]



DR GRACE

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
DRG/473

Claim No: D91109
L1 (1/04)
DMA: Y



THOMPSON 059742

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Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] 58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 – 06/08/77)
Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059743

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

| <u>Verbal Subtests</u> | | <u>Performance Subtests</u> | |
|--------------------------|----|-----------------------------|----|
| Vocabulary | 11 | Picture Completion | 10 |
| Similarities | 10 | Digital Symbol – Coding | 4 |
| Arithmetic | 10 | Block Design | 9 |
| Digit Span | 11 | Matrix Reasoning | 11 |
| Information | 9 | Picture Arrangement | 10 |
| Comprehension | 10 | Symbol Search | 6 |
| Letter–Number Sequencing | 12 | | |


The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 059744

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grae, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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THOMPSON 059745



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 2-17-05

Employee's Name: WILLIAM MARC CASIKY

Address: 240 LIGHTWOOD FARM RD, WOODRUFF, SC, 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-

VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYMBALTA
60 MG, QD, AND I HAVE BEEN PROVIDING INDIVIDUAL, BI-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCP/SP/FORMS/DLEXTLV.DOC

THOMPSON 059746



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM RD., WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05)
ESTIMATE

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SCRIBES CYMBALTAMO. Q.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILATERAL, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III, Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

LCF/6E/FORME/DLEXTLV.DOC

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THOMPSON 059747

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 059748

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 059749

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

May 31, 2005



PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 78

ATTN: MEDICAL RECORDS

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 01/01/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
RHE/473

Claim No: D91109
L1 (1/04)
DMA: Y



SCANNED INTO EF

3 - p

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Jun 02 2005 11:57AM HP LASERJET 3330

THOMPSON 059750

5707

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Form Approved
OMB No. 0960-0623

| WHOSE Records to be Disclosed | | |
|-------------------------------|-------------------------------------|-------|
| First | Middle | Last |
| NAME WILLIAM | MARK | CASEY |
| SSN [REDACTED] | Birthday (mm/dd/yy) [REDACTED] 1958 | |

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange).

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human Immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

*predment psychiatric succ
11-04 to present*

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

- Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.
- Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF NOT signed by subject of disclosure, specify basis for authority to sign
 Parent of minor Guardian Other personal representative (explain)

SIGN

William M. Casey

(Parent/guardian sign here if two signatures required by State law)

| | | | |
|---|---|-------------|--------------|
| Date signed <i>Feb 8, 2005</i> | Street Address 240 LIGHTWOOD FARM RD | State SC | Zip 29388 |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF | | |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

| | |
|---------------------------|---------------------------|
| Phone Number (or Address) | Phone Number (or Address) |
|---------------------------|---------------------------|

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 059751

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT 9th is a registered trademark of the American Medical Association

P.S

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Jun 02 2005 11:58AM HP LASERJET 3330

THOMPSON 059752

5709

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT 0 is a registered trademark of the American Medical Association.

P. 6

8646769765

Jun 02 2005 11:58AM HP LNSERJET 3330

THOMPSON 059753

5710

Casey, William M. [REDACTED] /1958
Office/Outpatient Visit
Visit Date: Mon, Jan 17, 2005 10:17 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

"Some really good days." But, room for improvement in mood. No medication s.e. No s.i.

OBJECTIVE:

Exams:

Affect is still down.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Increase Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT © is a registered trademark of the American Medical Association.

P. 7

8646769765

Jun 02 2005 11:58AM HP LRSRJET 3330

THOMPSON 059754

MER Scan Cover Letter

473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0035663245D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 3184

TDN: 0035663245

SCAN (3/04)

D14
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THOMPSON 059755

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

May 21, 2005

GLENN L SCOTT MD
200 DILLON CIRCLE
SPARTANBURG SC 29307

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] /58

DR SCOTT

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 02/01/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
RHE/473

Claim No: D91109
L1 (1/04)
DMA: Y



THOMPSON 059756

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WHOSE Records to be Disclosed

| | | |
|--|-------------------------------------|-------|
| First | Middle | Last |
| NAME WILLIAM | MARK | CASEY |
| SSN [REDACTED] | Birthday (mm/dd/yy) [REDACTED] 1958 | |
| SSA USE ONLY NUMBER HOLDER (if other than above) | | |
| NAME | | |
| SSN | | |

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

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 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source or the material to be disclosed:

*Glenn L. Scott MD
2-104 HC / 108874*

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

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- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

If not signed by subject of disclosure, specify basis for authority to sign
 Parent of minor Guardian Other personal representative (explain)

SIGN ▶

William M. Carey

(Parent/guardian sign here if two signatures required by State law) ▶ *✓*

| | | | |
|---|---|-------------|--------------|
| Date signed <i>✓ Feb 8, 2005</i> | Street Address 240 LIGHTWOOD FARM RD | State SC | Zip 29388 |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF | | |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ▶

[Signature]

If needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"), 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

GLENN L. SCOTT, M.D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

NAME: William Casey

ADDRESS: 240 Lightwood Farm Rd
Woodruff, SC 29388

SSN: [REDACTED]

AGE: 45

TELEPHONE: 864-486-9131

DATE OF EXAM: 09-20-04

This 45 year old male patient was seen with complaints of chronic low back pain dating back to several years. He is an employee of Michelin Tire Corporation where he works on the production line. However, he has not worked since May '28. This has been for reasons other than his back, although he was advised to have his back evaluated prior to returning to work. He states that the job that he does is quite strenuous, that he works 12 hour shifts and he has a lot pushing, pulling and rotation type movements associated with his job. He has worked for Michelin for about 20 years. He states that his back pain is relatively constant, but worse when he first wakes up the a.m. He also has some pain in the anterior aspect of his chest. He has had an extensive evaluation for cardiac disease which, apparently, has been nonrevealing.

His complete medical history was documented and reviewed. He smokes about a quarter of a pack of cigarettes a day, drinks socially but not excessively. Other than mentioned above, his review of systems, medical and social history and family history are nonrevealing.

On exam, the patient is a well developed male. Weight 177. Blood pressure 102/74. Pulse 88. Head is normocephalic. Pupils are equal and reactive and extra ocular muscles are intact. He shows good range of motion without spasm or tenderness in the cervical spine. Also, motion is symmetrical from side to side. His upper extremities show good range of motion in the shoulders, elbows, wrists and hands. His muscular development is symmetrical and reflexes are symmetrical at the biceps, triceps and brachial radialis. He has good grip. His chest shows good expansion and contraction. There is no thoracic spasm or point tenderness. His heart has a regular rate and rhythm.

Exam of the lumbar spine, again, shows no visible or palpable sustained paravertebral spasm. He has a reversal of his lumbar curve as he flexes and extends. There is no list and his motions from side to side are symmetrical. He has some increased pain on hyper extension and at the end ranges of rotation. Straight leg

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THOMPSON 059758

GLENN L. SCOTT, M. D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

William Casey
[REDACTED]

09-20-04 continued...

Page 2

raising is negative for acute nerve root irritation. Reflexes are 2+ and symmetrical at the knee and ankle. He has normal motor strength and normal sensation.

He has had previous x-rays done AP, lateral and spot of the lumbosacral junction. In addition, oblique x-rays were done today which showed some moderate degenerative changes in the facet joints at L4-5 and L5-S1. The disc spaces are fairly well maintained. Likewise, he had an MRI done on 10-31-03 at Mary Black. These films, as well as the radiologist's report, were reviewed. He has some moderate degenerative changes at L4-5 and L5-S1 with some mild bulging. There is no real lateralization, no herniation or direct nerve root compression. Arthritic changes in the facet joints are, again, noted.

IMPRESSION

Degenerative lumbar spine and disc disease.

I don't feel that these are advanced or acute changes, although certainly have the potential of gradual worsening with time. The condition has the potential to be aggravated or accelerated by strenuous and sustained activities, both occupationally and recreationally. In discussing his job at some length with him in the office today it does have strenuous aspects which potentially could be aggravating factors to his back. I don't see any reason why, at this point, he can't return to his regular job, but I feel it would be advisable for him to explore, with the company, different jobs that might become available that would be less demanding as far as his back is concerned. He currently is using nonsteroidal anti-inflammatory agents, is on a regular back exercise program and, at times, uses a back support and he was advised to continue with this program.

Glenn L. Scott, M.D.

GLS:km

cc: Patient

THOMPSON 059759

G10503310001015

SOUTH CAROLINA VOCATIONAL



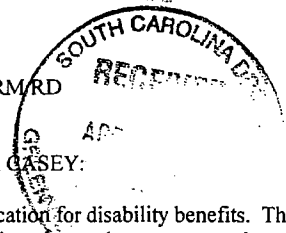
REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

WILLIAM M CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388



SSN: [REDACTED]

Dear WILLIAM MARK CASEY:

This refers to your application for disability benefits. The Social Security Administration has requested us to help determine whether your impairment is severe enough to prevent you from working. Before we can complete processing of your claim, we need additional information about your daily activities.

Please complete the enclosed form. Read the instructions carefully and answer all questions to the best of your ability. Sign and date the form on the last page and return it to this office in the enclosed envelope immediately.

Return this letter with the cover sheet as the TOP document with your form.

It is very important that you complete this form and return it to us in the enclosed envelope within 10 days. If you have any questions or need help completing this form, please call this office at the above number. If calling long distance, use the toll free 1-800 number.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109

Enclosure: ADL Questionnaire
Envelope

cc:



TDN: 0034168509

L56 (4/04)
DMA: Y

ACS SCANNED

THOMPSON 059760

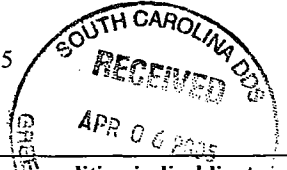
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DAILY ACTIVITIES QUESTIONNAIRE

Name: WILLIAM M CASEY

Date: February 15, 2005

SSN: [REDACTED]



INSTRUCTIONS: The answers to these questions will help us determine whether your condition is disabling within the meaning to the law. Please print, type, or write clearly. Answer all items to the best of your ability in the space provided. In your answers, please describe your activities and give specific examples where possible. If you need more space, use the "Additional Comments" section on page 4.

I. DAILY ACTIVITIES

PERSONAL ROUTINE

1. Does someone help you take care of your personal needs and grooming? Yes No
 If "No", skip to question 2. If "Yes", answer a, b, c, & d, and question 2.

(a) What kinds of help are you given? (For example: help with bathing, dressing, taking medicine, etc.)
Lifting - yard work

(b) How often is this help given? weekly

(c) Was this help provided before your disabling condition began? Yes No
 If "Yes", explain. No

(d) Why do you need help now? chest pain brought on by exertion

2. Do you have problems sleeping? If "Yes", answer the following: Yes No

(a) What time do you go to bed? 9-10 PM (b) What time do you get up? 2-7 AM

(c) Do you take any medication to help you sleep? Yes No
 If "Yes", what is it? ambien 10mg X 2

(d) Did you have problems sleeping before you became disabled? Yes No
 If "No", describe changes in your sleeping habits since you became disabled.
As a swing shift worker, I have never had trouble sleeping at night or during daylight hours. I now have trouble sleeping anytime w/o meds

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE.

RHE\473
Claim No: D91109



XF56 (4/04)
DMA: Y

ACC SCANNED

THOMPSON 059761

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Claim No: D91109

SSN: [REDACTED]

| |
|-----------------------|
| HOUSEHOLD MAINTENANCE |
|-----------------------|

3. Describe where you live (For example: alone in an apartment, in home with your family, etc.)

IN home with my 21 yr old son TRAVIS

4. Have these living arrangements changed since your disabling condition began? Yes No
If "Yes", explain.

TRAVIS was away at college

5. Do you have any problems preparing meals? If "Yes", explain. Yes No

eat don't have patience or energy - so I take out or sandwiches or frozen meals

5. Have your eating habits changed since your disabling condition began? Yes No
If "Yes", explain.

had much more desire to eat my home cooked meals that I prepared

7. Who does the housework in your place of residence? Self Others
If "self", what kind of housework do you do (for example: laundry, washing dishes, sweeping, mopping floors, etc.) and how often (for example: daily, weekly, etc.)?

TRAVIS and I both do cleaning + mopping floors + vacuuming 1 time a week and I wash clothes every other day

8. Has there been any change in the amount of or kind of housework you do since your disabling condition began? If "Yes", explain. Yes No

Don't dust or clean gaout or scrub tubs + showers or any chore that might cause exertion (+ chest pains)

9. Who handles the financial responsibilities for your household? Self Others
If "self", which responsibilities do you do (for example: paying rent, banking, paying gas and electric bills, etc.)?

my sister has helped pay to get through this time - until I pay all bills - just not always on time

10. Has there been any change in how financial responsibilities are handled since your disabling condition began? If "Yes", explain. Yes No

my sister has helped with house payments as my pay has been cut 1200 dollars a month

THOMPSON 059762

Claim No: D91109

SSN: [REDACTED]

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

11. Who does the shopping for your household? Self Others
 If you do any of the shopping, describe the kind you do (for example: food, clothing, etc.) and how often you shop. *grocery store + drug store - only when necessary do I go to anywhere*

12. Has there been any change in your shopping since your disabling condition began? Yes No
don't want to be around crowds

RECREATIONAL ACTIVITIES AND HOBBIES

13. What kind (s) of hobby do you have? (For example: sewing, movies, woodworking etc.)
movies - reading Bible -

(a) How much time do you spend in these activities? *daily - (2-6) hours*

(b) Have there been any changes in your ability to engage in them since your disabling condition began? If "Yes", explain. *would to golf 3-5 times a week* Yes No
now don't have desire to play -

SOCIAL CONTACTS

14. Do you visit or go out with friends or relatives? Yes No

(a) If "No", did you visit or go out with them before your disabling condition began? Yes No

(b) If "Yes", how often do you visit or go out with them? Describe a usual visit.
family dinners ~~with~~ monthly
friends occasionally
don't do anything unless I feel I have to

15. Are you active in church, clubs, or other social group? Yes No

(a) If "No", were active in these before your disabling condition began? Yes No
was very active at country club (golf)

(b) If "Yes", describe the activities that you do. Include how often you do them.

THOMPSON 059763

Claim No: D91109

SSN: [REDACTED]

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16. Do you drive a car? Yes No
 If "Yes", do you have problems driving? Explain.
No

17. If you take part in social activities, have there been any changes in your ability to participate since your disabling condition began? Yes No
 If "Yes", explain. *mostly in golf - used to really enjoy friends & sunshine now, I'd rather be home and alone. Doctors are encouraging me to play more often (I've lost desire)*

ADDITIONAL COMMENTS: Use this section for any additional information about your daily activities which you feel may be important to your disability claim:

I've had a radical life change, caused by an unnecessary operation that blew out my lung. Don't want to go near hospital & don't want to over-exert which brings on chest pains. Losing my house now up for sale because I've been out of work & my pay is down to about 60% of what I was making. used to be very outgoing - now want to just stay home. used to could work 12 hour night shift play golf - then work 12 hr night shift again - don't have energy or desire

| | |
|---|--|
| Signature of Claimant or Person on the Claimant's behalf <i>William Mark Casey</i> | Date (month, day, year) <i>March 22, 2005</i> |
|---|--|

Did someone help you complete this form? If "Yes", who helped you? Yes No
 (Give name and relationship)

DO NOT WRITE BELOW THIS LINE

| | |
|--|---|
| Information obtained from claimant by: Telephone _____ Mail _____ | Form Supplemented by: Telephone contact of _____ |
|--|---|

| | |
|-----------------------------------|------|
| Examiner Signature XF56 (4/04) | Date |
|-----------------------------------|------|

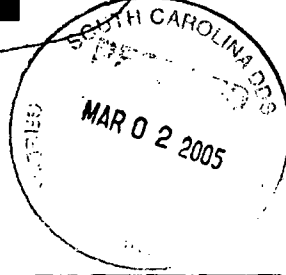
THOMPSON 059764

020502220001021

Request sent to:

SPARTANBURG REG MEDICAL CENTER
101 EAST WOOD STREET
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
SSN: [REDACTED]



RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS
 Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

SSA
 S87 SC DDS GREENVILLE
 P.O. BOX 8706
 LONDON, KY 40742-9915

Mail/Bill

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



*SDS
2/21/05*

RQID: 0034168468D91108 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: o4fe

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168468

ACS SCANNED

THOMPSON 059765

Time: 1603

Abstract Summary Form

Report: EPAEFS

020592286001021

Patient: CASEY, WILLIAM

Address: 240 LIGHTWOOD FARM ROAD

DOB: [REDACTED]/58

Fin Class: MANAGED CARE

WOODRUFF

Sex: MALE

Ins. Plan: BLUE CROSS OF SC PPC

SC, 293887600

SS#: [REDACTED]

Guarantor: SELF

Phone #: (864) 486-9131

Adm Date: 06/03/04

Adm Source: 1 PHYSICIAN REFERRA

Acct. #: 0415400048

Adm Time: 16:47

Adm Type: 3 ELECTIVE

Unit. #: 000146220

Dis Date: 06/06/04

Trans From:

Pt. Type: INPATIENT

Dis Time: 14:28

Service: SURGERY

Trans To:

LOS: 3

Dis Status: A-HOME DISCHARGE

Coder: GP

Admitting DR: FELDMAN, GREGORY

Referring DR: FELDMAN, GREGORY

Attending DR: FELDMAN, GREGORY

Discharge DR: FELDMAN, GREGORY

ER Physician:

Primary DR:

DRG: 102 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT CC

Admit Diagnosis: 933.0 FOREIGN BODY IN PHARYNX

Principal Diagnosis: 748.60 LUNG ANOMALY NOS

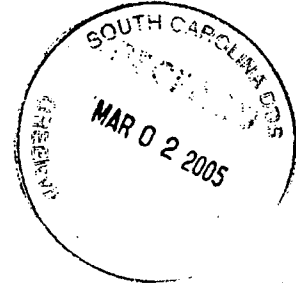
Secondary Diagnoses:

998.81 EMPHYSEMA RESULT FRM PROC

716.90 ARTHROPATHY NOS-UNSPEC

272.0 PURE HYPERCHOLESTEROLEM

5.1 TOBACCO USE DISORDER



Principal Procedure:

32.01 ENDOSC DESTRUC BRONC LES

Date:

06/03/04

Primary Surgeon:

FELDMAN, GREGORY

Secondary Procedures:

33.24 CLOSED BRONCHIAL BIOPSY

06/03/04

FELDMAN, GREGORY

34.09 OTHER PLEURAL INCISION

06/03/04

NGUYENDUY, TUAN

Consultants:

NGUYENDUY, TUAN

Date:

06/04/04

Specialty:

CARDIOLOGY

End of Report

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DATE 2/21/2005

ACS SCANNED

THOMPSON 059766

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED] 1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 415400048

ADMISSION DATE: 06/03/2004 DISCHARGE DATE: 06/06/2004

ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSES:

1. Status post recent bronchoscopy with laser for abnormal appearing airway, on flexible bronchoscopy suspected foreign body.
2. Complication of the procedure was pneumomediastinum and pneumothorax requiring chest tube insertion by Dr. Nguyenduy.
3. Asthma and heavy smoking.
4. Disabling back pain with a bulging disk and arthritis, long.

PLAN: The patient is discharged home on prednisone 20 mg q.d., Percocet 1-2 pills t.i.d. p.r.n. The patient will be seen in my office within a week. Diet and activity as tolerated.

HOSPITAL COURSE: This is a patient who underwent initial bronchoscopy by Dr. Boscia with finding of a quite irritated, blistered airway. Corresponding chest x-ray appeared to be missing dental material. The patient underwent bronchoscopy for assumption of airway caused by retained foreign body. It appeared to be that there was granulation tissue; however, after laser was applied it became apparent that instead of a normal airway, it is a pouch and procedure terminated with no foreign body recovered. The patient tolerated the procedure well; however, in recovery the patient suddenly developed subacute emphysema and x-ray revealed pneumomediastinum with pneumothorax on the left side. A small chest tube was inserted. The patient was kept on the respiratory overnight. His subcu air has subsided remarkably. The patient felt much, much improved. He was extubated and transferred to the floor. Repeat chest x-ray showed pneumothoraces on both right and left but unchanged in size and small at the time of discharge. The patient felt good with no complaints and was discharged home. We will assess in my office within the next two days. The patient has been instructed if he develops fever or increased subcu air or shortness of breath immediately to come back to see me.

DICTATED BY: GREGORY FELDMAN, M.D.

D: 06/07/2004 09:28:57

T: 06/11/2004 08:24:49/bt

63523/67665

cc:

TJAN NGUYENDUY, M.D., Consulting Physician

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 059767

020501280001921

88END

Authenticated by Gregory Feldman, M. D. On 5/19/04 10:26:38 AM

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DATE: 2/21/2005

THOMPSON 059768

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focalities.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room

CONSULT
CASEY, WILLIAM
146220

*Lu - Bolus
FA 2/21/2005*

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THOMPSON 059769

will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.

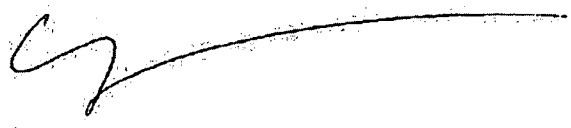
D:05/28/2004 14:26:33

T:06/03/2004 11:25:39/lb

65506/64110

cc: ANDRAS KOSER, M.D., Admitting Physician

2 ca *procedures*
CSH₂ *very complex*
D *(for about*
 bleeding
 pneumothorax
Rigid
bronchoscopy *cases*



CONSULT
CASEY, WILLIAM
146220

Page 2 of 2

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DATE: 2/21/2005

THOMPSON 059770

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 6/3/04

ACCOUNT NUMBER: 415400048

ROOM: ICU

PROCEDURE PERFORMED: Rigid bronchoscopy with laser bronch.

ENDOSCOPIST: Dr. Feldman.

INDICATIONS FOR PROCEDURE: 45 year old had been worked up by Dr. Paladugu and my partner, Dr. Boscia, with the finding of abnormal granulation tissue and abnormal subsegment in the left upper lobe corresponding to what appeared to be a crown foreign body on chest x-ray. The patient is now undergoing procedure in attempt to removal of chest x-ray abnormality suggestive of a crown; the patient does have a history of a missing crown.

After general anesthesia was induced, the patient was intubated with a rigid bronchoscope, size 16, without any difficulty. Careful inspection of the tracheobronchial tree was undertaken. The entire tracheobronchial tree was examined, there was no finding of a foreign body, however, a quite abnormal subsegment in the left upper lobe which appeared to be a pouch/granulation tissue has been identified. Laser of the area has been done with 45 watts over a 2-second period. Granulation tissue has been vaporized with the appearance of what appeared to be crown lying on the surface. With using 35 watts energy of the laser, there was no possibility of removal of the crown because it was deeply imbedded, and laser energy was applied to the center of the crown and it has been vaporized. However, below the surface there has been no further foreign body seen. The assumption was made that the entire crown other than on the surface had been vaporized, and attempt to pull it with a biopsy forceps and passage of the basket was unsuccessful. The washings were done of the area, and the procedure was terminated. The patient was extubated in recovery.

Although the patient did quite well during the procedure, he suddenly developed considerable pneumomediastinum and having immediately arrived to the bedside, Dr. Nguyenduy's consultation has been obtained. The decision was done by Dr. Nguyenduy and myself to place a chest tube, because of the impossibility to rule out pneumothorax, however, chest x-ray does not show pneumothorax, there is no foreign body seen, and also endotracheal tube is in good position. The patient was intubated by Anesthesia prior to that.

IMPRESSION: It is unclear to me at this point whether the laser went through the cartilage, and since I have not identified or pulled the crown itself, if in fact there was a crown it has been vaporized and is no longer seen on x-ray. At this point the patient will transfer to the ICU,
DATE 2/21/2005

THOMPSON 059771

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antibiotics will be administered for disruption of the bronchus and pneumomediastinum. This will be followed by CT surgery and certainly if air leak into the pneumomediastinum would not stop, surgical intervention will be required. Hopefully this can be avoided by conservative management, but it is uncertain to me at this time whether the crown was vaporized or essentially the laser went through the highly abnormal area of the lung suggestive of closed congenital pouch rather than a foreign body, and significant irritation from previous bronchoscopy.

Dictated by: GREGORY FELDMAN, M.D.

D:06/03/2004 16:02:26
T:06/03/2004 16:44:07/1b
67504/64298

cc:

OP REPORTS Page 2 of 2
CASEY, WILLIAM
146220

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##END

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DATE 2/21/2005

THOMPSON 059772

010502280001021

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: ████████ 1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 06/03/2004
ACCOUNT NUMBER: 415400048
ROOM:

PREOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

PROCEDURE: Emergency placement of a left thoracostomy tube.

SURGEON: Dr. Nguyenduy.

ANESTHESIA: IV narcotics.

INDICATIONS: The patient is a 45-year-old white male who is status post a rigid bronchoscopy for possible foreign body aspiration and postoperatively in the recovery room he developed subcutaneous emphysema and respiratory distress requiring insertion of endotracheal tube. He then became stable and concern of a left pneumothorax because of his subacute emphysema. Was asked to put in an emergency left thoracostomy tube.

PROCEDURE IN DETAIL: This is happening in the recovery room.

The patient was in the supine position, intubated and ventilated on the respirator. The left chest was scrubbed and painted with Betadine solution. A 3 cm incision was made at the x-ray line that is just above the 2nd intercostal space. A quick dissection was carried through with subcutaneous tissue to the muscle using the Metzenbaum scissors down to the intercostal space. Then using a Kelly clamp, the left pleural space was entered without any problems. Digital examination was performed and the lung was mobile and free from any adhesions at the site of entry. A 32 French trocar was inserted in the left pleural space without any problems with good air return which fogged the chest tube. The chest tube was anchored and stayed with 2-0 Prolene mattress sutures. The chest tube was then connected to collecting unit and placed on -20 cm water continuous wall suction.

Postprocedure chest x-ray obtained and showed that the tube is in good vision in left pleural space with extensive
DATE 2/21/2009

THOMPSON 059773

010502180001021

subacute and some continuous emphysema.

Dictated by: Tuan Nguyenduy, M.D.

D:06/03/2004 18:40:28
T:06/09/2004 06:07:50/abi
67596/66415

CC:
GREGORY FELDMAN, M.D., Admitting Physician

OP REPORTS Page 2 of 2
CASEY, WILLIAM
146220

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##END
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THOMPSON 059774

5731

0205P228000102

* SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
* 101 W. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
* DR. DAVIS, LOWRY, WREN, NELSON, RAINIER, LARHAM, NIMS, CALDWELL (T) BURKS *

CACEY WILLIAM HR#: (0001)00014-62-2D Fin.No.:0415400040 Admitted: 03JUN04
45 YRS MALE DOB: [REDACTED]/1958 Office Id: CDILATIVE Page: 1
Dr. FELDMAN GREGORY J Location: ICU ICU -01 ICU FOREIGN BODY IN EAR/TKM Printed: 04 JUN04
0448

+ C H E M I S T R Y +

-----ARTERIAL BLOOD GASES-----

| Procedure: | PH | PCO2 | PO2 | PCO3 | TOT CO2 | O2 SAT | B.E.I.-STAT |
|----------------|---|---------|----------|---------|---------|----------|-------------|
| Ref Range: | {7.35-7.45} | {35-45} | {80-100} | {22-26} | {23-27} | {95-100} | {-02-003} |
| Units: | | mm/Hg | mm/Hg | MMOL/L | MMOL/L | % | MMOL/L |
| 03JUN04 1749 | 7.42 | 41 | 120 H | 27 H | 28 H | 99 | 002 |
| ABG NOTES..... | Operator:23910; ; FIO2=45; ART; R Radial; Allen's Test Not Acceptable; Ventilator; SIMV\T\PS; Rate=22; PS=205; TV=500; Peep | | | | | | |
| 04JUN04 0345 | 7.43 | 42 | 108 H | 28 H | 29 H | 98 | 003 |
| ABG NOTES..... | Operator:23571; ; FIO2=45; ART; L Radial; Allen's Test Acceptable; ventilator; SIMV\T\PS; Rate=22; PS=205; TV=500; Peep | | | | | | |

TV 12FEH01 -- Current)
REFERENCE RANGES APPLY TO ARTERIAL AND CAPILLARY SPECIMENS ONLY.
PCO2 (02MAR04 -- Current)
AS A RULE, CAPILLARY SAMPLES DO NOT CORRELATE WITH ARTERIAL SAMPLES FOR THIS ANALYTE.

Symbols:
H - High

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DATE 2/21/2005

THOMPSON 059775

SPARTANBURG REGIONAL MEDICAL CENTER 28-051021
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: NGUYENDUY TUAN N
LOC: 4T-426-A DOB: [REDACTED] /58
Pt. Type: TP

UNIT #: 000146220
CI#: 1220735
AN#: S0415400048

Exam
50268 XR ABDOMEN P**
74000

Date: 06/04/04 1640
Ord Diag: OTHER- Type Dx. Code in Commen** Portat

Portable KUB

Indication: Foreign body

No definite radiopaque foreign body is present. The bowel gas pattern is unremarkable.

Impression: Negative KUB -- no definite radiopaque foreign body.

Read By: Neil H Parnes, M.D.
Released By: Neil H Parnes, M.D.

EH

FINAL

** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059776

SPARTANBURG REGIONAL MEDICAL CENTER 280091921
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FELDMAN, GREGORY

LOC: ICU-ICU-01

Pt. Type: TP

DOB: [REDACTED]/58

UNIT #: 000146220

CI#: 1219992

AN#: S0415400048

Exam

50354 XR CHEST P**
71010

Date: 06/03/04 1434

Ord Diag: 993.0-BAROTRAUMA, OTITIC

AP portable chest x-ray 6/3/04 at 1437 hours

Indication: 45-year-old male with respiratory difficulty. Endotracheal tube placement.

Comparison: Not available.

Findings: An endotracheal tube is in place, its tip at the level of the medial clavicles. A small apical left pneumothorax collection is present. There are soft tissue emphysema changes at the supraclavicular levels as well as the superior mediastinum. Lungs are hypoinflated, with uplifting and widening of the likely baseline enlarged cardiac silhouette.

Read By: DAVID A KALLMAN, M.D.

Released By: DAVID A KALLMAN, M.D.

EH

Chest
x-ray
6-3

FINAL

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 059777

5734

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SPARTANBURG REGIONAL MEDICAL CENTER 280001011
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: ICU-ICU-01 DOB: [REDACTED] /58
Pt. Type: TP
UNIT #: 000146220
CI#: 1220005
AN#: S0415400048

Exam
50354 XR CHEST P**
71010

Date: 06/03/04 1447
Ord Diag: 933.0-FOREIGN BODY IN PHARYNX** Portab.

AP portable chest x-ray 6/3/04-at 1458 hours

Indication: 45-year-old male with barotrauma. Follow-up chest tube placement.

Comparison of earlier this afternoon.

Findings: Since the earlier examination, a left-sided chest tube has been placed. The small apical pneumothorax collection of the prior examination appears diminished in the interval. Note made of a proximate, likely old, healed mid clavicle fracture. Lungs hypoinflated. Since the earlier examination, there has been an advancement in soft tissue emphysema changes, which now can be found at the soft tissues of both lateral hemithoraces as well as supraclavicular levels. There are streaks of air at the superior mediastinum of continuing mediastinal air is well. No significant interval change attains otherwise.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

EH.

FINAL

** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059778

SPARTANBURG REGIONAL MEDICAL CENTER 90001921
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: ICU-ICU-01
Pt. Type: TP
UNIT #: 000146220
CI#: 1221090
AN#: S0415400048
DOB: [REDACTED] /58

Exam
50354 XR CHEST P**
71010

Date: 06/05/04 1053
Ord Diag: OTHER- Type Dx. Code in Comment** Portal

Portable chest

June 5, 2004

1124 hours

History: Foreign body in the pharynx

Comparison: June 3, 2004

Findings: Endotracheal tube and left chest tube have been removed.
Small medial left pneumothorax is seen. Small left apical pneumothorax
is also noted.

Pneumothorax is now identified in the right apex with 2.8 cm separate
lung edge from edge of chest wall.

Subcutaneous air remains in the neck and chest wall. Plate-like
atelectasis is seen in the left medial lung.

Impression: Endotracheal tube and left chest tube removed.
Bilateral pneumothoraces identified, slightly larger on the right.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

n

FINAL ** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059779

SPARTANBURG REGIONAL MEDICAL CENTER 280001071
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: 4T-426-A DOB: [REDACTED]/58
Pt. Type: TP

UNIT #: 000146220
CI#: 1221183
AN#: S0415400048

Exam
50354 XR CHEST P**
71010

Date: 06/05/04 1628
Ord Diag: OTHER- Type Dx. Code in Comment** Portat

Portable chest

June 5, 2004

1632 hours

History: Follow-up pneumothorax

Comparison: Examination earlier today.

Findings: Pneumothorax on the right appears unchanged from the study earlier today. There is no evidence for tension. Small pneumothorax on the left side also appears smaller. Air is identified in the apical and medial pleural space. Subcutaneous air in the right chest wall appears unchanged.

Impression: Bilateral pneumothoraces appear unchanged from an examination earlier today.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

EH

FINAL ** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059780

SPARTANBURG REGIONAL MEDICAL CENTER 00001001
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: DIS
Pt. Type: TP

UNIT #: 000146220
CI#: 1221090
AN#: S0415400048
DOB: [REDACTED] /58

Exam
50354 XR CHEST P**
71010

Date: 06/05/04 1053
Ord Diag: OTHER- Type Dx. Code in Commen** Portat

Portable chest

June 5, 2004

1124 hours

History: Foreign body in the pharynx

Comparison: June 3, 2004

Findings: Endotracheal tube and left chest tube have been removed.
Small medial left pneumothorax is seen. Small left apical pneumothorax
is also noted.

Pneumothorax is now identified in the right apex with 2.8 cm separate
lung edge from edge of chest wall.

Subcutaneous air remains in the neck and chest wall. Plate-like
atelectasis is seen in the left medial lung.

Impression: Endotracheal tube and left chest tube removed.
Bilateral pneumothoraces identified, slightly larger on the right.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

n

FINAL DUPLICATE ** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059781

5738

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

Time: 1724

Abstract Summary Form

Report: EPADFS

Patient: CASEY, WILLIAM

Address: 240 LIGHTWOOD FARM ROAD

DOB: [REDACTED]/58

Fin Class: MANAGED CARE

WOODRUFF

Sex: MALE

Ins. Plan: BLUE CROSS OF SC PPC

SC, 293887600

SS#: [REDACTED]

Guarantor: SELF

Phone #: (864) 486-9131

Adm Date: 05/28/04

Adm Source: 7 EMERGENCY DEPT

Acct. #: 0414900306

Adm Time: 13:25

Adm Type: 1 EMERGENCY

Unit. #: 000146220

Dis Date: 05/29/04

Trans From:

Pt. Type: INPATIENT

Dis Time: 15:24

Service: INTERNAL MEDICINE

Trans To:

LOS: 1

Dis Status: A-HOME DISCHARGE

Coder: PBW

Admitting DR: KOSEK, ANDRAS

Referring DR: KOSEK, ANDRAS

Attending DR: KOSEK, ANDRAS

Discharge DR: KOSEK, ANDRAS

ER Physician:

Primary DR:

DRG: 102 OTHER RESP DX, W0 CC MED

Admit Diagnosis: 786.50 CHEST PAIN NOS

Principal Diagnosis: 934.71 FOREIGN BODY BRONCHUS

Secondary Diagnoses:

272.0 PURE HYPERCHOLESTEROLEM

401.9 HYPERTENSION NOS

305.1 TOBACCO USE DISORDER

915 FB ENTERING OTH ORIFICE

49.9 ACCIDENT IN PLACE NOS

Principal Procedure:

98.15 REMOV INTRALUM TRACH FB

Secondary Procedures:

Date:

05/28/04

Primary Surgeon:

KOSEK, ANDRAS

Consultants:

Date:

Specialty:

End of Report

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 059782

SPARTANBURG REGIONAL MEDICAL CENTER 280081021
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FELDMAN, GREGORY

LOC: DIS

Pt. Type: TP

DOB: [REDACTED] 58

UNIT #: 000146220

CI#: 1221417

AN#: S0415400048

Exam

50342 XR CHEST PA AND LATERAL Date: 06/06/04 1248

71020

Ord Diag: Foreign Body In Larynx 933.1

PA and lateral chest

June 6, 2004

Comparison: Previous day

Findings: Bilateral pneumothoraces again seen and appear unchanged from yesterday. Subsegmental atelectasis is noted in the lung bases. Subcutaneous air is noted in the neck.

Impression: Bilateral pneumothoraces appear similar in size compared to the previous day.

Read By: Joseph Kavanagh, M.D.

Released By: Joseph Kavanagh, M.D.

EH

FINAL

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 059783

070502200901031

Printed By: AA&1994

Pages: 20 (including banner)

HORIZON PATIENT FOLDER PRINT REQUEST.
All Information Confidential.

Comments:

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059784

5741

020502280001021

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED] 1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 414900306

ADMISSION DATE: 05/28/2004 DISCHARGE DATE: 05/29/2004

ATTENDING PHYSICIAN: KOSER, ANDRAS

PRESENTATION AND HOSPITAL COURSE: This 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disc, history of arthritis, who apparently has been having vague chest discomfort every time when he goes to work. The patient came in because of tightness that went straight to the back according to the emergency room physician; however, upon the workup the patient was found to have a left main bronchus containing some foreign body that was metallic in nature. It looks like a screw. It could have been dental filling. The patient was seen in consultation with Dr. Feldman who asked Dr. Boscia to do fiberoptic bronchoscopy and take a look inside and see if he can get it out. Apparently the area was quite difficult to get to. Some bleeding was visualized on the left main bronchus and then tried to dig it out but couldn't find any piece of metal and, hence, he did not do it. The patient was to undergo rigid bronchoscopy a week or two weeks later in Dr. Feldman's office. We feel at this time that the patient does not need any further inpatient stay.

DISCHARGE DIAGNOSES:

1. Noncardiac chest pain.
2. Metallic foreign body in the left main bronchus.
3. Elevated cholesterol.
4. White coat hypertension.

DISCHARGE MEDICATIONS:

1. Lipitor 10 mg p.o. q.d.

DISCHARGE DISPOSITION: The patient is going home.

FOLLOW UP: The patient will follow up with Dr. Gonda in one week.

Dictated by: RAJA PALADUGU, M.D.

D:05/29/2004 14:35:42

T:06/03/2004 08:31:40/bt

65743/64000

CR:

ANDRAS KOSER, M.D., Admitting Physician

PRINTED BY: AA81994

##END

Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059785



SPARTANBURG
Regional Healthcare System

05/28/04 11:02:11

SRMC SHRC BJW

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

| MD ORDER TIME | | #1 | #2 | #3 | ICD 9 DX CODE | | | | | | | | |
|---|------------------|-----------------------|-----------------------|----------------------|--------------------|---|-------------------|--------|---------|---------|----------|--------|-------------|
| B L O O D | CBC | auto | man | _____ | ETOH | _____ | CXR | pa/lat | port | _____ | | | |
| | BMP | _____ | _____ | _____ | ASA | _____ | Abd | 2view | KUB | _____ | | | |
| | CMP | _____ | _____ | _____ | Tylenol | _____ | Spine | C | T | L | | | |
| | CKMB / Troponin | _____ | _____ | _____ | Digoxin | _____ | Shoulder | L | R | _____ | | | |
| | Lipase / Amylase | _____ | _____ | _____ | Lithium | _____ | Elbow | L | R | _____ | | | |
| | PT/PTT | _____ | _____ | _____ | Theoph | _____ | Wrist | L | R | _____ | | | |
| | BHCG | qf | qnt | _____ | Dilantin | _____ | Hand | L | R | _____ | | | |
| | Group RH | _____ | _____ | _____ | Depakote | _____ | Pelvis | _____ | _____ | _____ | | | |
| | T & S | _____ | _____ | _____ | Tegretol | _____ | Hip | L | R | _____ | | | |
| | T & C: 1 2 3 4 | _____ | _____ | _____ | Phenoh | _____ | Knoc | L | R | _____ | | | |
| Culture 1 2 | _____ | _____ | _____ | | | Ankle | L | R | _____ | | | | |
| U R I N E | UA | cc | cath | c&s | _____ | GC/Chlamydia | _____ | Foot | L | R | | | |
| | UCG | _____ | _____ | _____ | _____ | Wat Prep | _____ | US | GB | Abd | Pelvis | | |
| | UDS | _____ | _____ | _____ | _____ | EKG | _____ | CT | Head | Face | Abd | Pelvis | |
| | | _____ | _____ | _____ | _____ | ABG | RA | 2L | 100% | _____ | _____ | _____ | |
| | | | | | _____ | HHN | 1 | 2 | cont | _____ | _____ | _____ | |
| ORDERS | | | | | | CONSULTANT | | | | | | | |
| 1 _____ 4 _____ | | | | | | 1 _____ | | | | | | | |
| 2 _____ 5 _____ | | | | | | 2 _____ | | | | | | | |
| 3 _____ 6 _____ | | | | | | 3 _____ | | | | | | | |
| ASSESSMENT <input type="checkbox"/> Dictated | | | | | | MEDS & INTERVENTION | | | | | | | |
| <p><i>CP Pathway</i></p> <p><i>D FOREIGN BODY @ STEN BRONCHUS</i></p> <p><i>D-KIT</i></p> <p><i>D. Ticlo.</i></p> | | | | | | <p>STAFF ALERT</p> <p><i>PALMADOL</i></p> <p><i>Michael J...</i></p> | | | | | | | |
| Dx <i>chest pain.</i> Admit MD _____ Bed _____ | | | | | | ED Physician <i>Washman 12382</i> Resident / NP / PA _____ Consultant / PMD _____ | | | | | | | |
| P A T I E N T | ACCOUNT NO | ADMISSION DATE / TIME | PC | DATE OF BIRTH | AGE | SEX | RACE | WTS | SERVICE | ARRIVAL | PAT TYPE | BY | UNIT NUMBER |
| | S 0414900306 | 05/28/04 0950 | SP | 58 | 45Y | M | 1 | M | EME | 1 | ER | JM | 000-146220 |
| | ADMITTING DOCTOR | ATTENDING DOCTOR | ACCIDENT/WORK RELATED | | ACCIDENT DATE/TIME | | ADM TYPE / SOURCE | | | | | | |
| | PHYSICIANS,ED | PHYSICIANS,ED | NO | | | | 1 7 | | | | | | |
| PATIENT INFORMATION | | | SOC SEC NO | PATIENT EMPLOYER | | | | | | | | | |
| CASEY, WILLIAM | | | PI _____ | MICHELIN TIRE | | | | | | | | | |
| 240 LIGHTWOOD FARM ROAD | | | TELEPHONE NO | PO BOX 5049 | | | | | | | | | |
| WOODRUFF SC 28388 | | | 8476-9100 2 | SPARTANBURG SC 29304 | | | | | | | | | |
| | | | | MEMPHIS, TN 38115 | | | | | | | | | |

E08

THOMPSON 059786

5743

05/28/17 04:40 PM

Chest Pain

DATE: 5/28 TIME: 4:50 ROOM: _____ LEMS Arrival

HISTORIAN: Convent paramedic translator other _____

AGE _____ M / F _____

History limited by _____

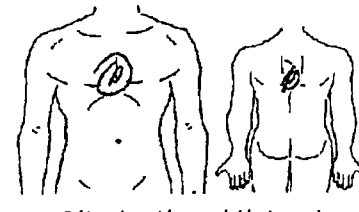
HPI
 chief complaint: chest pain discomfort

duration / started: several days

timing:
 constant waxing & waning
 intermittent episodes lasting
 marked
 worse/persistent since

quality:
 pressure
 tightness
 indigestion
 burning
 dull
 like prior MI
 sharp
 stabbing
 "pain"
 "numbness"

Location of pain:



R/L lateral / precordial / substernal

radiation: none diagrammed above

associated symptoms:
 chestea _____ shortness of breath _____
 vomiting _____ sweating _____

modifying factors:
 worsened by _____
 change in position _____
 deep breaths / turning _____
 exertion _____
 nothing _____

relieved by: patient's own supply given by paramedics
 sitting up
 rest
 antacids
 nothing

CHATE 0 3
 ethe: none / partial / complete / venous
 ASA by paramedics/EMS
 Oxygen NRB L

context:
 onset during: _____
 sleep rest light activity
 mod / heavy exertion
 emotional upset
 cannot recall

severity:
 minimal (1-10)
 mild moderate severe
 when seen in ED (1-10)
 gone almost gone mild moderate severe
 residual discomfort in arr. (L/R)

Similar symptoms previously _____

Recently seen/treated by doctor
1/14/17 Chantel Amely Long

PRINTED _____

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**Spartanburg Regional Healthcare System
 SPARTANBURG PHYSICIAN RECORD**

Agree w/ nurse's note for PFSH / ROS

ROS
 ROS below otherwise negative

| | |
|----------------------------|----------------------------------|
| CHEST-CONST | NEURO |
| fever _____ | headache _____ |
| chills _____ | blackouts _____ |
| cough _____ | EYES-ENT |
| sputum _____ | blurred vision _____ |
| ankle swelling _____ | sore throat _____ |
| calf / leg pain _____ | GI and GU |
| | abdominal pain _____ |
| FEMALE REPRODUCTIVE | black / bloody stools _____ |
| LMP _____ | problems urinating _____ |
| vaginal discharge _____ | SKIN & LYMPH & MS |
| abnormal bleeding _____ | skin rash _____ |
| done pregnancy _____ | joint pain _____ |
| | swollen glands _____ |

PAST HISTORY _____ Prior records ordered / reviewed Tetanus UTD

* = MI risk factors

| | |
|--------------------------------------|--------------------------|
| high blood pressure _____ | emphysema _____ |
| diabetes insulin / oral / diet _____ | collapsed lung _____ |
| high cholesterol <u>170mg</u> _____ | stroke _____ |
| heart disease _____ | peptic ulcer _____ |
| heart attack (MI) _____ | documented? yes no _____ |
| angina / heart failure _____ | gall stones _____ |

DVT / PE / risk factors _____
 other problems _____

Surgeries/Procedures _____ none

| | |
|----------------------------------|-----------------------|
| cardiac bypass _____ | tonsillectomy _____ |
| cardiac cath <u>2/4/13</u> _____ | cholecystectomy _____ |
| angioplasty _____ | appendectomy _____ |
| thrombolytics _____ | hysterectomy _____ |
| pacemaker _____ | |


Medications _____ none see list
 acetaminophen _____ BCP's _____

Allergies _____ NKDA
 see list _____

SOCIAL HX 1 *smoker *drugs
 alcohol (recent / heavy / occasional) _____
 lives alone _____ lives in nursing home _____ lives at home _____
 occupation _____

FAMILY HX 1 AD (<55yo / >55yo)

S 0414900306 000-146220
 CASEY, WILLIAM DOB [redacted] 58
 ADM. PHYSICIANS, ED
 ADM DATE/TIME 05/28/04 0950



THOMPSON 059787

CONSTITUTIONAL

depressed affect depressed affect
 mood/affect normal anxious 20101010
 Pulse Ox 96% RA O₂ U/min
 Interpretation normal abnormal Dx _____
 Exam limited by _____
 Distress: NAD mild moderate severe
HEENT
 post-surgical pupillary defect (R/L)
 scleral icterus / pale conjunctivae
 traumatic TM obscured by cerumen (R/L)
 abnormal TM / hearing deficit
 pharyngeal erythema
 ENT and inspection

NECK

thyromegaly
 lymphadenopathy (R/L)

RESPIRATORY

see diagram
 respiratory distress
 manifests distinct pain on movement of R/L arm of trunk
 splinting / dorsal air movement
 rales/rhonchi/wheezing

CVS

irregularly irregular rhythm
 ectopic beats (occasional / frequent)
 tachycardia / bradycardia
 PMI displaced laterally
 JVD present
 murmur grade /6 sys / dias
 cresc / cresc-decresc / decresc
 gallop (S3 / S4)
 friction rub
 decreased pulse(s)
 R carotid fem dors ped
 L carotid fem dors ped

T = tenderness
 G = guarding
 R = rebound
 = mild
 ind = indurated
 = severe
 (e.g. Tr = severe tenderness)



GI / ABDOMEN

tenderness
 guarding
 rebound
 abnormal bowel sounds
 hepatomegaly / splenomegaly / mass

SKIN

color normal, no rash
 warm, dry

MUSCULOSKELETAL / EXTREMITIES

pedal edema
 ankle tenderness
 clubbing

NEURO

lethargic
 disoriented to person/place/time
 facial droop/EOM palsy/anosia
 weakness/sensory loss

LABS, EKG, and XRAYS

CBC normal _____ Chemistries _____ Gluc _____ Myo _____
 nml except _____ nml _____ BUN _____ PT _____
 WBC _____ nml except _____ Creat _____ PTT _____
 Hgb _____ Na _____ UA nml _____
 Hct _____ K _____ CK _____ nml except _____
 Platelets _____ Cl _____ CKMR _____
 _____ CO2 _____ Troponin _____

Rhythm ECG (1-3 Lead) _____ NSR _____ abnormal _____ Time _____

12 Lead ECG _____ Time _____

Rate _____
 NSR _____ tachycardia / bradycardia / atrial fibrillation _____
 nml QRS _____ wide QRS LBBB RBBB IVCD _____
 nml intervals _____ heart block 1° 2° 3° _____
 nml ST/T _____ non-specific ST-T abnormalities _____
 _____ ST elevation / ST depression / T-wave inversion _____

PRIOR ECG- _____ unchanged _____ unavailable _____ changed _____

Interp contemporaneously by me discussed w/ confirm computer reading

CXR chest-PA/LAT _____ AP port _____ # of views _____
 nml heart size obtained to R/O pneumonia
 nml lung markings under-penetrated / over-penetrated / rotated
 nml great vessels decreased lung markings c/w COPD
 and mediastinum density c/w pleural effusion
 nml cardiomegaly
 NAD increased lung markings / infiltrate

PRIOR XRAY- _____ unchanged _____ unavailable _____ changed _____

Interp contemporaneously by me discussed w/ Radiologist

Interp by Radiologist personally reviewed by me

ED COURSE Time 11:00 re-examined _____ unchanged _____ improved _____

Crit Care- _____ min (excluding separately billable procedures)

Discussed with Dr. _____ Time _____

patient will be seen in office / ED / hospital _____

Consolidated patient / family regarding _____ Rx given _____

with results / diagnosis need for follow-up

EMTALA EMC present EMTALA EMC absent

Stable for discharge / out patient follow up

CLINICAL IMPRESSION:

Chest Pain acute procedural Acute MI

Chest Wall Pain-acute Unstable Angina

Pulmonary Embolism Dissecting Aneurysm

Follow up with Dr. _____

DISPOSITION- discharge admit transfer

Time _____ placed in obs. (See obs template) Left AMA

CONDITION- unchanged improved stable unless otherwise marked

ARNP / PA _____

PHYSICIAN- _____ Time _____

PHYSICIAN- William Thompson 12382 Time _____

T Complete T Short Add-On Copy PMD Dictated

S 0414900205 000-146220
 CASEY, WILLIAM DOB _____ 58
 ADM PHYSICIANS, ED

ADM DATE/TIME 05/28/04 0950



PRINTED BY: AA81994
 DATE 2/21/2005

THOMPSON 059788

SPARTANBURG

Regional Healthcare System

SRMC SHRC BJW

GENERAL CONSENT TO TREAT/

PATIENT AUTHORIZATION/ACKNOWLEDGEMENT OF BENEFITS RELEASE

The following are the conditions for services provided by the Spartanburg Regional Health Services District, Inc. (District) for the patient whose name appears at the bottom of this page

CONSENT FOR MEDICAL TREATMENT

I/we voluntarily consent to medical treatment and diagnostic procedures provided by Spartanburg Regional Health Services District, Inc and its associated hospitals, physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations. I/we understand that certain healthcare professionals furnishing services including but not limited to, radiologist, pathologist, anesthesiologist and emergency room physicians are independent contractors with the patient and are not employees or agents of the District

AUTHORIZATION FOR RELEASE OF INFORMATION

The hospital and attending physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this admission. I/we also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law

ASSIGNMENT OF INSURANCE BENEFITS

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and the District. I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand the District can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected following the SC Setoff Debt Collection Act, I/we shall pay all collection fees and costs, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits

VALUABLES RELEASE FORM

I/we have been requested to check valuables with the hospital and release the District of any liability and assume responsibility for any items not deposited to the hospital's care. Any valuables not claimed within thirty (30) days of discharge will become the property of the hospital

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I/we have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at www.srhc.com

DATE AND TIME: 5/28/04
SIGNATURE OF PATIENT OR PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE: William M Casey
(Relationship to Patient)

HOSPITAL WITNESS: [Signature]
SIGNATURE OF GUARANTOR (RELATIONSHIP TO PATIENT): [Signature]

Patien S 0414900306 000-146220
CASEY, WILLIAM DOB [redacted] /58
ADM PHYSICIANS, ED
ADM DATE/TIME 05/28/04 0950

PRINTED BY: AA81994
DATE 2/21/2005

1335 (REV. 02-03)

THOMPSON 059789



SPARTANBURG
Regional Healthcare System

SRMC SHRC BJW

| MD ORDER TIME | #1 | #2 | #3 | ICD 9 DX CODE |
|-----------------------|---------------------------|----|------------------------|---------------------------------|
| B L O O D | BMP | | LYOH | CXR. <i>pa/at port</i> |
| | CMP | | ASA | Abd <i>2view KUB</i> |
| | CKMB / Troponin | | Tylenol | Spine. <i>C T L</i> |
| | Lipase / Amylase | | Digoxin | Shoulder <i>L R</i> |
| | PT/PTT | | Lithium | Elbow. <i>L R</i> |
| | BHCG <i>qt qnt</i> | | Theoph | Wnst: <i>L R</i> |
| | Group RH | | Dantrol | Hand: <i>L R</i> |
| | T & S | | Depakote | Pelvis: |
| | T & C <i>1 2 3 4</i> | | Tegretol | Hip: <i>L R</i> |
| | Culture <i>1 2</i> | | Phenob | Knee <i>L R</i> |
| U R I N E | UA <i>cc cath c&s</i> | | GC/Chlamydia | Ankle: <i>L R</i> |
| | UCG | | Wet Prep | Foot: <i>L R</i> |
| | UDS | | ERG | US: <i>GB Abd Pelvis</i> |
| | | | ABG: <i>RA 2L 100%</i> | CT. <i>Head Face Abd Pelvis</i> |
| | | | HHN <i>1 2 cont</i> | DOP. <i>vn an L R UE LE</i> |

| ORDERS | CONSULTANT | 1st | 2nd | 3rd |
|--------|------------|-----|-----|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| ASSESSMENT | MEDS & INTERVENTION | NURSE/TECH | TIME |
|---|------------------------------|------------|------|
| <i>CP Pathway</i> | STAFF ALERT. | | |
| <i>D FOREIGN BODY @ RIA IN BRONCHUS</i> | | | |
| <i>D RTA</i> | <i>PAULOSIC: Ratched bed</i> | | |
| <i>D T Col.</i> | | | |

POOR ORIGINAL

Ox *chest pain* Admit MD Bed. ED Physician: *Weshman 12382* Resident / NP / PA Consultant / PMD

| | | | | | | | | | | | | |
|------------------|-----------------------|-----------------------|--------------------|-------------------|-----|------|----|---------|---------|----------|----|-------------|
| ACCOUNT NO | ADMISSION DATE / TIME | IC | DATE OF BIRTH | AGE | SEX | RACE | MS | SERVICE | ARRIVAL | PAT TYPE | BY | UNIT NUMBER |
| S 0414900305 | 05/28/04 0950 | SP | 5/58 | 45Y | M | 1 | M | EME | 1 | ER | JM | 000-146220 |
| ADMITTING DOCTOR | ATTENDING DOCTOR | ACCIDENT/WORK RELATED | ACCIDENT DATE/TIME | ADM TYPE / SOURCE | | | | | | | | |
| PHYSICIANS, ED | PHYSICIANS, ED | NO | | 1 7 | | | | | | | | |

| | | |
|-------------------------|------------|----------------------------|
| PATIENT INFORMATION | SOC SEC NO | PATIENT EMPLOYER |
| CASEY, WILLIAM | | MICHELIN TIRE |
| 240 LIGHTWOOD FARM ROAD | | PO BOX 5049 |
| WOODRUFF SC 29388 | | SPARTANBURG SC 29304 |
| | | TELEPHONE NO 185-4699-2151 |

EDS

THOMPSON 059790

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

33 Chest Pain

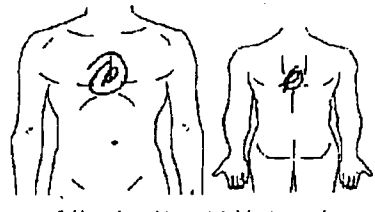
Agree with nurse's notes for PESH ROS

DATE 5/28 TIME 9:54 ROOM: EMS Arrival
HISTORIAN: patient paramedic translator other

AGE M/F History limited by

HPI chief complaint: Chest pain/ discomfort
duration / started: several days

timing: Leff present better constant waxing & waning
gone now intermittent episodes lasting minutes
lasted worse/persistent since

quality: pressure, tightness, indigestion, burning, dull, like prior MI, sharp, stabbing, "pain", "numbness"
Location of pain: 
R/L lateral/precordial/substernal

radiation: none diagrammed above

associated symptoms: nausea shortness of breath
vomiting sweating

modifying factors: worsened by: change in position, deep breaths / turning, exertion
relieved by: sitting up, rest, antacids, nothing
ENTG 1-3 patient's own supply given by paramedics take home / for oral / complete / transient ASA by paramedics/EMS Oxygen NRB L

context: onset during deep rest light activity mod / heavy exertion emotional upset cannot recall
severity: maximum (1-10) mild moderate severe
when seen in ED (1-10) gone almost gone mild moderate severe residual discomfort in arm (-/R)

Similar symptoms previously

Recently seen/created by doctor 1/19/12 6/19/12 10/11/12 1/11/13

ROS ROS below otherwise negative
CHEST-CONST
fever
chills
cough
sputum
ankle swelling
calf / leg pain

FEMALE REPRODUCTIVE
INMP
vaginal discharge
abnormal bleeding
denies pregnancy

NEURO headache, blackouts
EYESENT blurred vision, sore throat
GI and GU abdominal pain, black / bloody stools, problems urinating
SKIN & LYMPH & MS skin rash, joint pain, swollen glands

PAST HISTORY Prior records ordered / reviewed Tetanus UTD
* = MI risk factors
high blood pressure, diabetes insulin / oral / diet, high cholesterol, heart disease, heart attack (MI), angina / heart failure
emphysema, collapsed lung, stroke, peptic ulcer, documented? yes no, gall stones
DVT / PE / risk factors, other problems


POOR ORIGINAL

Surgeries/Procedures: none
cardiac bypass, cardiac cath, angioplasty, thrombolytics, pacemaker, tonsillectomy, cholecystectomy, appendectomy, hysterectomy

Medications: none, aceaminophen, BCPs
Allergies: NKDA, see list

SOCIAL HX 1 smoker *drugs, alcohol (recent / heavy / occasional), lives alone, lives in nursing home, lives at home, occupation
FAMILY HX 2 AD (>55yo / >55yc)

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Spartanburg Regional Healthcare System 1/2005
EMERGENCY PHYSICIAN RECORD
Version October 2002

S-0414900306-000-146220
CASEY, WILLIAM DOB
ADM PHYSICIANS, ED
ADM DATE/TIME 05/28/04 0950


THOMPSON 059791

| | |
|---|---|
| Spartanburg Regional Healthcare System Emergency Department (864)560-6222 Assessment Sheet 101 E. Wood St. | MR # 000146220 Sex: Male DOB: 1958 Name: Casey, William Phone: (864)476-9100 Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC 29388-7600 Unit Code: BLUZN Account # 0414900306 Age: 45 |
|---|---|

| | |
|---|---|
| Complaint: Chest Pain Arrival Time/Date: 09:46 05/28/2004 Arrived by: Ambulance Mobility: Stretcher Primary Care: Koser, Andra Accompanied By: | Triage Class: Class 2 Insurance: --None Amb/Helicopter: (SPARTANBURG EMS) Referring Facility: Emergency Physician: T. Latham, Jeffrey |
|---|---|

| Vital Signs | | | | | | Pain | | Pulse Ox. | | Pupils | | | Glasgow Coma | |
|-------------|-------|------|----------------|-------|------|-------|-------|-----------|----|--------|--------|--------|--------------|-------|
| Initia | Time | Temp | Blood Pressure | Pulse | Resp | Time | Scale | Time | % | Time | L (mm) | R (mm) | Time | Score |
| KB | 09:45 | 98.2 | O 154/106 | 85 | 20 | 10:27 | 0/10 | 09:45 | 95 | | | | | |
| JL | 10:27 | | 130/88 | 86 | 14 | 11:24 | 0/10 | 10:27 | 97 | | | | | |
| JL | 11:24 | | 140/106 | 83 | 14 | 13:51 | 1/10 | 10:28 | 97 | | | | | |
| AB | 12:25 | | 148/100 | 76 | 12 | | | 11:24 | 96 | | | | | |
| JL | 13:51 | | 158/92 | 74 | 16 | | | 12:25 | 99 | | | | | |
| | | | | | | | | 13:51 | 14 | | | | | |

| Medications | | | | | | Allergy | | |
|-------------|--------|------|------------------|---------|--|---------------------|-------------------|--|
| Medication | Dosage | Freq | Prescribing Phys | Started | | Allergy | Allergic Reaction | |
| Lipitor | | | | | | *No Known Allergies | | |
| Ultram | | | | | | | | |
| Lortabs | | | | | | | | |
| Bextra | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Triage Nurse: Bell RN, Jon

Past Medical Hx: {Cholesterol - high}
 Tetanus History:
 Social History: Smoker
 Weights:
 LMP Date:

Disposition Information
 Primary Diagnosis: Bronchiolitis
 Secondary Diagnosis:
 Disposition: Admit - Inpatient Family Notification:
 Dispositioned By: Jon Bell RN Report Given To:
 Report Called By:
 Prescriptions:
 Discharge Instructions:
 Disability Statement:
 Follow-up Care: Appt Date/Time:
 Discharge Time: 14:16 05/28/2004 Discharged By: Julie Lindsay, RN

| | | | | |
|----------|-------|---------------------|----------|-------|
| Initials | Name | PRINTED BY: AA81994 | Initials | Name |
| _____ | _____ | _____ | _____ | _____ |
| | | DATE 2/21/2005 | | |

THOMPSON 059792

| | | |
|---|---|--|
| Spartanburg Regional Healthcare System 101 E. Wood St. Emergency Services (864)560-6222 Assessment Sheet | MIR # 000146220 Name: Cascy, William Phone: (864)476-9100 Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC 29388-7600 Unit Code: BLU/ZN | Sex: Male DOB: [REDACTED] 1958 Account # U4149UK306 Age: 45 |
| | Note: per medic 1B, 45 yom, states he has had exertional angina x 2 weeks. Was at work today and started having chest pain, was given 1 asa and placed on o2 by nurse at work and pain went to a 4. Pt states pain is now more of a pressure sensation. bp-164/118, hr-94 (sinus rhythm), o2 sat-98%, bgl-102, 12 lead is showing sinus rhythm. Pt has been given 162 mg asa and 2 mg by EMS. Room 3 assigned by A. Bogan RN. | |

Administrative

09:37 05/28/2004 - Referral/Transfer In -- Cathy Haynes EMT-P, EMT-P
 ETA: 5
 Treatments PTA: Oxygen, Nitroglycerin, Monitoring, IV therapy, Aspirin
 Call Taken By: C. Haynes EMT-P
 Note: per medic 1B, 45 yom, states he has had exertional angina x 2 weeks. Was at work today and started having chest pain, was given 1 asa and placed on o2 by nurse at work and pain went to a 4. Pt states pain is now more of a pressure sensation. bp-164/118, hr-94 (sinus rhythm), o2 sat-98%, bgl-102, 12 lead is showing sinus rhythm. Pt has been given 162 mg asa and 2 mg by EMS. Room 3 assigned by A. Bogan RN.

Assessment

09:45 05/28/2004 - Vital Signs -- Kelly Buddin, EMT
 Temp: 98.2 Oral
 BP: 154/108
 HR: 85
 Resp: 20

09:45 05/28/2004 - Oximetry -- Kelly Buddin, EMT
 Pulse Oximetry %: 95
 Oxygen Therapy: Room Air

09:46 05/28/2004 - Receive Patient -- Kelly Buddin, EMT
 Last Name: Cascy
 First Name: William
 Date of Birth: [REDACTED] 1958
 Location: 3
 Chief Complaint: Chest Pain

09:46 05/28/2004 - Reassessment -- Kelly Buddin, EMT
 Other Assessment: Cardiac monitor applied, EKG Obtained
 Note: given to RN.

09:52 05/28/2004 - Medication -- Becky Williams, RN
 Medication A: Uptior
 Medication B: Ultram
 Medication C: Lor tabs

09:52 05/28/2004 - Allergy Information -- Becky Williams, RN
 Allergy A: *No Known Allergies

09:53 05/28/2004 - Medication -- Becky Williams, RN
 Medication A: Bextra

09:53 05/28/2004 - Past Medical History -- Becky Williams, RN
 Medical history: Cholesterol - high
 Social history: Smoker

09:53 05/28/2004 - Primary Survey -- Becky Williams, RN
 Airway: INTACT
 Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline
 Breath sounds - L: Breath sounds - Clear
 Breath sounds - R: Breath sounds - Clear
 Circulation: adequate, skin warm and dry
 Radial - L: Present
 Radial - R: Present
 Cap refill: brisk
 Disabilities: alert, oriented X3
 Note: MAEW

09:53 05/28/2004 - Document IV Placement -- Becky Williams, RN
 Site #: 1
 Site: Right hand
 Catheter size: 18g
 Solution Amount: heparin
 Note: Placed PTA by EMS. Patient and secure. Blood obtained.

09:54 05/28/2004 - Secondary Survey -- Becky Williams, RN
 Exposure: Clothing removed, hospital gown provided. Warm blankets applied
 Gadgets: Call bell at bedside, Monitor, Pulse Oximeter, Side rails raised for pt safety. Use of call bell explained to pt/family
 Head to Toe Assessment: See Focused Survey
 Note: No family noted @ present. Pt arrived from work

09:58 05/28/2004 - Cardiovascular -- Becky Williams, RN
 Historian: patient

Symptom: pain
 Location: substernal, radiating to back
 Quality: single episode
 Onset: within the hour: PTA
 Duration: less than 30 minutes
 Activity at onset/Mechanism: exertion - moderate
 Relieved By: nitroglycerin, oxygen
 Meds taken: Nitroglycerin Spray, Baby ASA
 Response to meds: Pain relieved
 Breath sounds - L: Breath sounds - Clear
 Breath sounds - R: Breath sounds - Clear
 Heart sounds: S1 - normal, S2 - normal
 Note: Pt got substernal chest pain that began while working this morning. Pain relieved by oxygen and NTC. CP intermittent x 2 weeks per pt only while working. States no chest pain while @ home. INT est by EMS and blood drawn. CP pathway initiated. Procedures and care plan explained to pt. Pt denies any cp @ present. Resp even and unlabored. Pt states hx of same cp occurring "a couple of years ago". Pt smoker. Pt denies SOB, no rx, no diaphoresis w/ cp. Also cp radiated into pt's back.

10:04 05/28/2004 - Reassessment -- Becky Williams, RN
 Note: Report given to Julie Lindsay, RN.

10:18 05/28/2004 - Final Order Results -- HISS
 Type of Order: LAB
 Placer Number: 16202854
 Note: Procedure: CBC Result: WBC 9.1 K/CMM 4.5-11.0 RBC 3.61 M/CMM 4.30-5.70 L HGB 12.8 G/DL 12.5 17.5 L HCT 36.8 % 40.0-52.0 L MCV 94.1 FL 82.0-98.0 MCH 32.8 PG 28.0-33.0 MCHC 34.9 % 32.5-39.0 RDW 2.7 11.5-14.5 PLT 530 K/CMM 130-400 H NEUT % 75.3 % 32.3 72.9 H LYMPHS % 16.3 % 18.8-50.3 L MONO % 5.5 % 3.7-12.2 EOS % 2.6 % 0.0-6.9 BASO % 0.3 % 0.1-2.1 AGC 7118

10:27 05/28/2004 - Pain -- Julie Lindsay, RN
 Pain Severity: Q10 - none

10:27 05/28/2004 - Oximetry -- Julie Lindsay, RN
 Pulse Oximetry %: 97

10:27 05/28/2004 - Vital Signs -- Julie Lindsay, RN
 BP: 130/88, Automats, Sitting, Left Arm, regular cuff
 HR: 96
 Resp: 14

10:28 05/28/2004 - Oximetry -- Julie Lindsay, RN
 Pulse Oximetry %: 97
 Oxygen Therapy: Nasal Cannula
 Concentration: 2
 Units: L/min

10:28 05/28/2004 - Reassessment -- Julie Lindsay, RN
 Note: resting quietly, no distress noted.

10:35 05/28/2004 - Final Order Results -- HISS
 Type of Order: LAB
 Placer Number: 16202855
 Note: Procedure: NEW BMP Result: BUN A 12 MG/DL 6.20 NA A 138 MMOL/L 133-146 KA 3.9 MMOL/L 3.5-4.9 CLA 104 MMOL/L 100-111 CO2 A 28.0 MMOL/L 23.0-32.6 GLU A 108 MG/DL 77-117 CREAT A 8 MG/DL 5.1-2 BUN/CREAT 15 8-23 ANDN GAP 8 MMOL/L 8-13 OSMO CALC 272 MOSKQ 271-318 CA 8.8 MG/DL 8.9-10.3 L

10:42 05/28/2004 - Final Order Results -- HISS
 Type of Order: LAB
 Placer Number: 16202857
 Note: Procedure: PTT Procedure Notes: *SRMC* NEW REFERENCE RANGES EFFECTIVE 04/05/04 THERAPEUTIC RANGE: 2.0-3.0 PROSTHETIC HEART VALVE RANGE: 2.5-3.5 Result: PTT TEST 12.3 SEC 09.2-12.9 INR 1.1

10:42 05/28/2004 - Final Order Results -- HISS
 Type of Order: LAB
 Placer Number: 16202856
 Note: Procedure: PTT Procedure Notes: *SRMC* NEW REFERENCE RANGES

PRINTED BY: AA81991
 DATE 2/21/2005

| | | | | |
|--|--|--|-----------|----------------------|
| Spartanburg Regional Healthcare System 101 E. Wood St. | Emergency Services (864)560-6222 Assessment Sheet | MR # 000146220 | Sex: Male | DOB: [REDACTED] 1958 |
| | | Name: Casey, William Phone: (864)476-9100 Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC 29388-7600 Unit Code: BLU2N Account # 0414908306 Age: 45 | | |

EFFECTIVE 04/05/04 NOTE: EFFECTIVE 04/05/04 FOR SRMC PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 42.7 - 71.6 SECONDS NOTE: EFFECTIVE 03/18/03 FOR RESTORATIVE CARE HOSPITAL PATIENTS ON HEPARIN THERAPY THE THERAPEUTIC RANGE IS 40 - 60 SECONDS "BJW" NOTE: EFFECTIVE 04/22/04 FOR BJW PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 53-100 SECONDS.
 Result: FTT 29.8 SEC 21.3-33.3

10:44 05/23/2004 - Preliminary Order Results -- HIS\$
 Type of Order: LAB
 Placer Number: 16202858
 Note: Procedure: MI Result: CPK 103 IU/L 42-231

10:51 05/23/2004 - Final Order Results -- HIS\$
 Type of Order: LAB
 Placer Number: 16202858
 Note: Procedure: MI Procedure Notes: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY. Result: CPK 103 IU/L 42-231 MB 1.4 NG/ML 0-6.0 CK INDEX 1.4 0.0-1.8 MB INTERP NOMI.

10:51 05/23/2004 - Final Order Results -- HIS\$
 Type of Order: LAB
 Placer Number: 16202859
 Note: Procedure: TROPONIN I Procedure Notes: NEW REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML NEW CUTOFF FOR ACUTE MYOCARDIAL INFARCTION IS 0.50 NG/ML NOTE: TROPONIN MAY REMAIN ELEVATED SEVERAL DAYS AFTER MI BJW REFERENCE VALUES NORMAL = <0.03 INTERMEDIATE = 0.04-0.49 ACUTE MI = >0.50 Result: TROPONIN I <0.07 NG/ML <.07

10:51 05/23/2004 - Final Order Results -- HIS\$
 Type of Order: LAB
 Placer Number: 16202860
 Note: Procedure: MYO Procedure Notes: HYO GLOBIN RESULTS >110 NG/ML IS HIGHLY SUGGESTIVE OF MYOCARDIAL INFARCTION Result: MYO 28.9 NG/ML <110.0

11:24 05/23/2004 - Pain -- Julie Lindsay, RN
 Pain Severity: 0/10 - none

11:24 05/23/2004 - Oximetry -- Julie Lindsay, RN
 Pulse Oximetry %: 93

11:24 05/23/2004 - Reassessment -- Julie Lindsay, RN
 Note: resting quietly, no distress noted, vitals at bedside.

11:24 05/23/2004 - Vital Signs -- Julie Lindsay, RN
 BP: 140/106, Automatic, Lying, Left Arm, regular cuff
 HR: 83
 Resp: 14

11:33 05/23/2004 - Initial Triage Info -- Jon Bell RN
 Triage Class: Class 2

12:14 05/23/2004 - Reassessment -- Jon Bell RN
 Response to treatment: Family at bedside, Respirations even and unlabored, Patient resting, offers no complaints
 Other Assessment: Waiting for physician evaluation

12:25 05/23/2004 - Oximetry -- Amy Bogen RN
 Pulse Oximetry %: 93

12:25 05/23/2004 - Vital Signs -- Amy Bogen RN
 BP: 148/100
 HR: 76
 Resp: 12

13:07 05/23/2004 - Document IV Placement -- Julie Lindsay, RN
 Site: Right antecubital
 Catheter size: 20g
 Solution Amount: heparin
 Note: IV flushed and secured. CI notified

13:49 05/23/2004 - Reassessment -- Julie Lindsay, RN
 Note: patient informed of bronchoscopy to be done today by MD and RN, no distress noted

13:51 05/23/2004 - Vital Signs -- Julie Lindsay, RN
 BP: 158/92, Automatic, Lying, Left Arm, regular cuff
 HR: 74
 Resp: 16

13:51 05/23/2004 - Pain -- Julie Lindsay, RN
 Pain Severity: 1/10 - mild

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 DATE 2/21/2005

THOMPSON 059795

SPARTANBURG EMS
MEDICAL INFORMATION SHEET

NAME: CASEY, William M.
 ADDRESS: 240 LISWOOD FARM RD 29388
 PHONE: 846 9131 DOB: 4/5/71 SSN: [REDACTED]
 SEX: M DX: 59 YEARS
 MCARE#: [REDACTED] MCHUP#: [REDACTED]
 INSURANCE: 100 INTERNATIONAL DR
 EMPLOYER: [REDACTED]
 GUARANTEE: [REDACTED]
 CC: CRITICAL CARE X2 WKS - BACK to
 DX: Per
 RX: Cholesterol
 MEDS: Lipitor, Klotzel, Ultram, Percocet
 ALLERGIES: NKA
 OTHER: Op-PCA NRB - 7/1/08 908
Qm - 9/11 SR 1600 928
12 Lead - 9/13 SR ASA 162 974
TNT - 9/18 NIG 99-916
BGL-1A2 920 #2921

| TIME | LOC | BP | P | R | SKIN | PUPILS | ENG | BOL |
|------|-----|--------|----|----|------|--------|-----|-----|
| 910 | | 110/70 | 94 | 20 | | | | 98% |
| 920 | | 110/70 | 98 | 20 | | | | |
| 924 | | 100/70 | 94 | 20 | | | | |

PRINTED BY: AA81994
DATE: 2/21/2005

*Black
for - bus*

POOR ORIGINAL

0414900306 000-146720 05/29/04
 CASEY, WILLIAM
 ADM: KOSER, ANDRAS
 REF: KOSER, ANDRAS



120507:1009124

FILE 501200001011

PATIENT NAME: CASEY, WILLIAM
MEDICAL RECORD #: 146220
DATE OF BIRTH: [REDACTED]/1958
ACCOUNT NUMBER: 414900306
DATE OF ADMISSION: 05/28/2004
ROOM: 434

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disk, and a history of arthritis apparently been having vague chest discomfort every time he goes to work. The patient comes in because of substernal chest tightness that radiates to the back. The patient had extensive cardiac workup done on the last admission which was in the year 2000, July. At that time the patient underwent cardiac catheterization, which showed normal coronaries. The patient comes in, does not give this chest pain history, doesn't have any associated symptoms whatsoever. No diaphoresis, no shortness of breath. Radiating to the back is the only one. No nausea. Currently feels fine. He says the patient was given some aspirin, nitroglycerin.

PHYSICAL EXAMINATION:

CNS: The patient is alert and oriented times three.
HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation.
CHEST: Clear to auscultation bilaterally.
CARDIOVASCULAR: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: No cyanosis, clubbing, or edema.
NEUROLOGICAL: Cranial nerves II through XII grossly intact. Motor 5/5 bilaterally. Sensory intact bilaterally.

REVIEW OF SYSTEMS: no fever or chills. No headache or dizziness. No cough or phlegm. Chest pain as described above. The rest of the review of systems essentially negative.

PAST MEDICAL HISTORY: Reveals a herniated disk and arthritis.

MEDICATIONS: Lipitor, Bextra, Ultram, Lortab.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Negative.

SOCIAL HISTORY: Positive smoker. Occasional ETOH.

ALLERGIES: No known drug allergies.

LABORATORY DATA: : CPK 103, MB 1.4, index 1.1 troponin less than 0.07, myoglobin 28.9, PT 12.3, INR 1.1, PTT 29.8. Sodium 137, potassium 3.9, chloride [REDACTED] BUN 12, creatinine 0.8, glucose 94, hemoglobin 12, hematocrit 36, platelets 539.
DATE 2/21/2005

THOMPSON 059796

IMPRESSION/PLAN:

1. Noncardiac chest pain most likely secondary to _____ in the left main bronchus. We will get pulmonary to see this patient for possible bronchoscopy and removal if possible.
2. Hypertension. The patient's blood pressure is elevated. Never told that he has been hypertensive before, although the patient has been noncompliant with medications and follow up and, hence, we will keep an eye on the blood pressure. We will place the patient on Lopressor 50 mg q.d. for now. Has multiple blood pressure readings in the emergency room. Continues to stay high diastolic of 109.
3. Elevated cholesterol. We will check a lipid profile in the morning.

Dictated by: RAJA PALADUGU

D:05/28/2004 13:31:23
T:05/28/2004 15:55:39/bt
65475/62344

Cc:
ANDRAS KOSER, M.D., Attending Physician

H & P Page 2 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059797

020502208*01021

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
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CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 81. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the
DATE 2/21/2005

THOMPSON 059798

02057411899 1011

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

cc:
ANDRAS KOSER, M.D., Admitting Physician

##END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:48 PM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059799

020502100001021

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

OP REPORTS:

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED] 1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 5/28/2004
ACCOUNT NUMBER: 414900306
ROOM:

PROCEDURE(S) PERFORMED: Bronchoscopy.

REASON FOR PROCEDURE: 45 year-old male with what appears to be a foreign body.

MEDICATIONS: Versed 10 mg IV (intravenous), Fentanyl 100 mcg IV (intravenous), topical lidocaine.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the right nostril was anesthetized with topical lidocaine. The bronchoscope was advanced to the trachea without difficulty. Trachea as well as right segmental and subsegmental bronchi were normal, patent, without bronchial pathology. However, upon entering the left main stem bronchus, the distal end where the take off of the left upper lobe starts on the medial wall, there is a very erythematous area that was easily irritable. No observable foreign body was noted. The airway post the erythematous take off of the left upper lobe was normal. The bronchoscope was withdrawn. The patient tolerated the procedure well.

Dictated by: JOSEPH A BOSCIA III, M.D.

D:05/28/2004 14:37:52
T:06/03/2004 21:43:08/11
65517/64371

cc:
ANDRAS KOSER, M.D., Admitting Physician

OP REPORTS Page 1 of 1
CASEY, WILLIAM
146220

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END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:47 PM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059800

SPARTANBURG REGIONAL MEDICAL CENTER - 89081021
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: KOSER, ANDRAS
LOC: 4W-434-A
PR. Type: TP
DOB: [REDACTED] /58
UNIT #: 000146220
CI#: 1216733
AN#: S0414900306

Exam

60220 CT LUNG WITHOUT CONTRAST - Date: 05/28/04 1805
71250 Ord Diag: Chest Pain NOS 786.50

Chest CT scan 5/28/2004.

Indication: Evaluate for possible foreign body. Patient works in construction and apparently on a chest x-ray had a metallic foreign body.

The chest x-ray cannot be located for comparison. Spiral images were obtained through the chest without contrast. There are no metallic foreign bodies evident other than snaps and monitoring leads on the patient's skin. The lungs are free of nodules and infiltrates. There is left anterior descending coronary artery calcification. No other abnormalities are evident of the noncontrasted mediastinum.

Impression:

1. Negative for opaque foreign body.
2. Left anterior descending coronary artery calcification.

CT
5-28-04
1 Key

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

LMB

FINAL

PRINTED BY: AAB1994
DATE: 2/21/2005

THOMPSON 059801

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: HILL, WILLIAM H
LOC: 4W-434-A
Pt. Type: IP
UNIT #: 000146220
CI#: 1216363
AN#: S0414900306
DOB: [REDACTED] /58

Exam
10052 ER CHEST P**
/1010
Date: 05/28/04 0953
Ord Diag: 786.50-CHEST PAIN NOS** Portable **

Portable chest 5/28/2004 at 0953 hours.

Indication: Chest pain.

There are no prior studies for comparison. The heart is upper limits of normal on an expiratory film. The lungs are clear.

A small metallic density foreign body projects over the aortopulmonary window area. Question artifact versus a foreign body. Clinical correlation suggested.

Impression:

- 1. No active cardiopulmonary disease.
- 2. Small metallic foreign body as discussed above. Clinical correlation suggested.

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

PL

FINAL ** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 059802

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Request sent to: LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952
OR
IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature _____

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

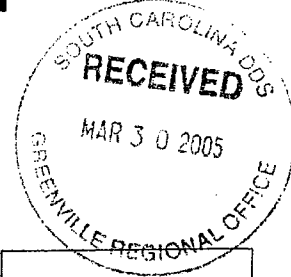
THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0034188432D81108 SITE: S87 DR: F
BSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 821

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168432



SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

SCANNED INTO EP

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

THOMPSON 059803

CMF WPS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casary Chart#: 77168 Date: 11/10/04

Wt 180.6 Ht B/P 139/97 H/R 92 RR 18 Temp 95 FIO2 .21

Present illness + reason for visit:
Cough, Sputum, Dyspnea, Wheezing, Edema, Palpitations, Oriented, New Allergies
Smoking, Nausea, Vomiting, Diarrhea, Chest Pain, Pain, ETOH, Fever/chills
4-5 cigs/day
only a exertion
No dyspnea when a good worker on walking stairs & job is believed.

When was your last DEXA Bone Densometry Testing done?
Seeing new doctors? For:
Hospitalizations or major life changes since last visit:

Meds. Review based on: In bottle on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS
*General Appearance: Dr. Grace does not feel need to help to work not need to refer to work.
*Skin Targor:
*ENT:
*Mouth:
*Sinus:
*Neck:
*Chest/Lungs: Breath Sounds:
Wheezes:
Rales:
Effort:
Symmetry: does not want to go.
*Heart: Rhythm:
Murmurs:
Gallop:
Tones:
*Abdomen:
*Extremities:
*Mobility: Gait:
Reflexes:
Aides:
*Mental Status:

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2Sat Rest
Lung Vol DLCO U/A CXR ABG's Bun Cre K+ Theo O2Sat Exercise

Office Treatment:
Education: Does pt want to quit smoking? Yes/No/Other:
Materials/counseling given:
Diagnosis: Posttraumatic stress
Plan: Zoloft 150mg
COPD, 496
Cough, 786.2
Dyspnea, 786.09
Fatigue (general), 780.79
Fever, 780.6
ILD, 515
Monitoring (drug name), V48.6
Rhinitis, 477.9
Sleep Apnea/Disorders (nec), 780.53
Chronic heart disease in cause of sleep apnea

Prescriptions:
Next appt: Weeks Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature: Staff
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other

09/29/04

THOMPSON 059804

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

CMF **WPS** MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 8/12/04

Wt: 175 Ht: 5'10" B/P: 120/70 H/R: 82 RR: 18 Temp: 98.6 O2Sat: 96% FIO2: 21

Present Illness + reason for visit:

Cough Smoking Still gets tired

Sputum Nausea

Dyspnea Vomiting chest pain

Wheeze Diarrhea

Edema Chest Pain excitation

Palpitations Pain back

Oriented ETOH No further chest pain

New Allergies Fever/chills

When was your last DEXA Bone Densometry Testing done? Times weyl both that

Seeing new doctors? he never For: _____

Hospitalizations or major life changes since last visit: _____

Med. Review based on: _____ in bottle _____ on list 100g/hr from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance _____

*Skin Turgor _____

*ENT _____

*Mouth _____

*Sinus _____

*Neck _____

*Chest/Lungs: Breath Sounds _____

Wheezes _____

Rales _____

Effort _____

Symmetry _____

*Heart: Rhythm _____

Murmurs _____

Gallop _____

Tones _____

*Abdomen _____

*Extremities _____

*Mobility: Gait _____

Reflexes _____

Aides _____

*Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment: _____

Education: Does pt want to quit smoking? Yes/No Other: _____

Materials/counseling given: clonidine Plan: NY shaw

Diagnosis: _____

Abn CXR(lung fluid), 793.1 _____

Anticoagulant Circulating, 28615 _____

COPD, 496 _____

Cough, 786.2 _____

Dyspnea, 786.09 _____

Fatigue(general), 780.79 _____

Fever, 780.6 _____

ILD, S15 _____

Monitoring(drug name _____), V48.6 _____

Rhinitis, 477.9 _____

Sleep Apnea/Disorders (rec), 780.53 _____

Prescriptions: _____

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature: Wm Staff: gr

Next Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK _____ Other: _____

03/26/04

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

THOMPSON 059805

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29103-3072/864-260-6212
 DRG. DAVIS, LOWRY, WRHE, NELSON, RAJNER, LAPHAM, KIMS, CALDWELL & BUNKS

CASEY WILLIAM MR#: (8002)00014-62-20 Pin.No.:061101061 Admitted: 29JUL04
 45 YRS MALE DOB: ██████████ 1958 Page: 1
 Dr. SMITH WILSON P INTERI: Printed: 04AW004
 Location: PRIVATE OUT PT VISIT ANEMIA NOS 0204

 + C H E M I S T R Y +

-----REFERENCE LAB TESTS-----

| Procedure: | TIBC @ | IRON @ | % SATURATION @ | |
|----------------|--------|--------|----------------|-----------------------------|
| Units: | ug/dL | ug/dL | % | |
| 19JUL04 1240 | 434 RY | 87 F | 20 f | |
| TIBC..... | | | | Reference Range: 250-400 |
| IRON..... | | | | Reference Range: 40-190 |
| % SATURATION.. | | | | Reference Range: 15-50 |

TIBC should be ordered with iron for optimal utility.

8/9/04
WV

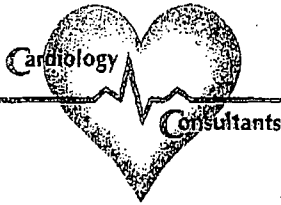
Symbols:
 R = Right, f = Footnote
 @ = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 13608 ORTIGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD Fax to: 864-582-3750
 LUNG & CHEST
 2020 MORRIS CHURCH PLACE
 SPARTANBURG SC 291020000

REVIEWED BY _____ DATE _____
 (DO NOT FILE IF NOT COMPLETE)

THOMPSON 059806



| | | |
|------------------------------------|-------------------------------------|--|
| Joseph R. Dorchek, M.D., F.A.C.C. | David G. Ike, M.D., F.A.C.C. | Alejandro N. Lopez, M.D., F.A.C.C. |
| James R. Story, M.D., F.A.C.C. | Larry E. Kibler, M.D., F.A.C.C. | Kristen P. Nawabi, M.D. |
| F. Michael Eickman, M.D., F.A.C.C. | Nalin K. Srivastava, M.D., F.A.C.C. | John J. Gallagher, M.D., F.A.C.C. |
| Barry L. Huey, M.D., F.A.C.C. | David J. Rodek, M.D., F.A.C.C. | Robin Simpkins, R.N., A.N.P., A.C.N.P. |

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED] 58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.

David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

Date 8/2/04 By AS
DELV 7/29/04 from 8/18/04

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V.I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585-2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY.

7-29-04

77148

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiolute stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

WPS

Wilson P. Smith, Jr., M.D.

WPSjr/ns

cc: Dr. Gonda

8.2.04

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 059808

CMF WPS MLA

EBK JDC RVM Beth

Daria Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 2/29/04

Wt 175.4 Ht 5'8 1/2 B/P 109/86 H/R 93 RR 18 Temp 98.6 O2Sat 95% FIO2 21

Present Illness + reason for visit: _____

Cough Smoker Nausea/vomiting
 Sputum Diarrhea
 Dyspnea Chest Pain chest tightness
 Wheeze Pain intermittent
 Edema
 Palpitations
 Oriented
 New Allergies ETOH
 Fever/chills

When was your last DEXA Bone Densometry Testing done? _____

Seeing new doctors? _____ For: _____

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance _____
 *Skin Turgor _____
 *ENT _____
 *Mouth _____
 *Sinus _____
 *Neck _____
 *Chest/Lungs: Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 *Heart: Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 *Abdomen _____
 *Extremities _____
 *Mobility: Gait _____
 Reflexes _____
 Aides _____
 *Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____
Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment: _____

Education: Does pt want to quit smoking? Yes/No/Other: Of course not smoke quit

Materials/counseling given: _____

Diagnosis: _____
 _____ Abn CXR(lung fluid), 793.1
 _____ Anticoagulant Circulating, 28615
 _____ COPD, 496
 _____ Cough, 786.2
 _____ Dyspnea, 786.09
 _____ Fatigue(general), 780.79
 _____ Fever, 780.6
 _____ ILLD, 515
 _____ Monitoring(drug name _____), V48.6
 _____ Rhinitis, 477.9
 _____ Sleep Apnea/Disorders (nec), 780.53

chest pain → stress pain
cardiac

Prescriptions: _____

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WPS AP

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

03/26/04

THOMPSON 059809

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Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.

Wilson P. Smith, Jr., M.D.
WPSjr/ns

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

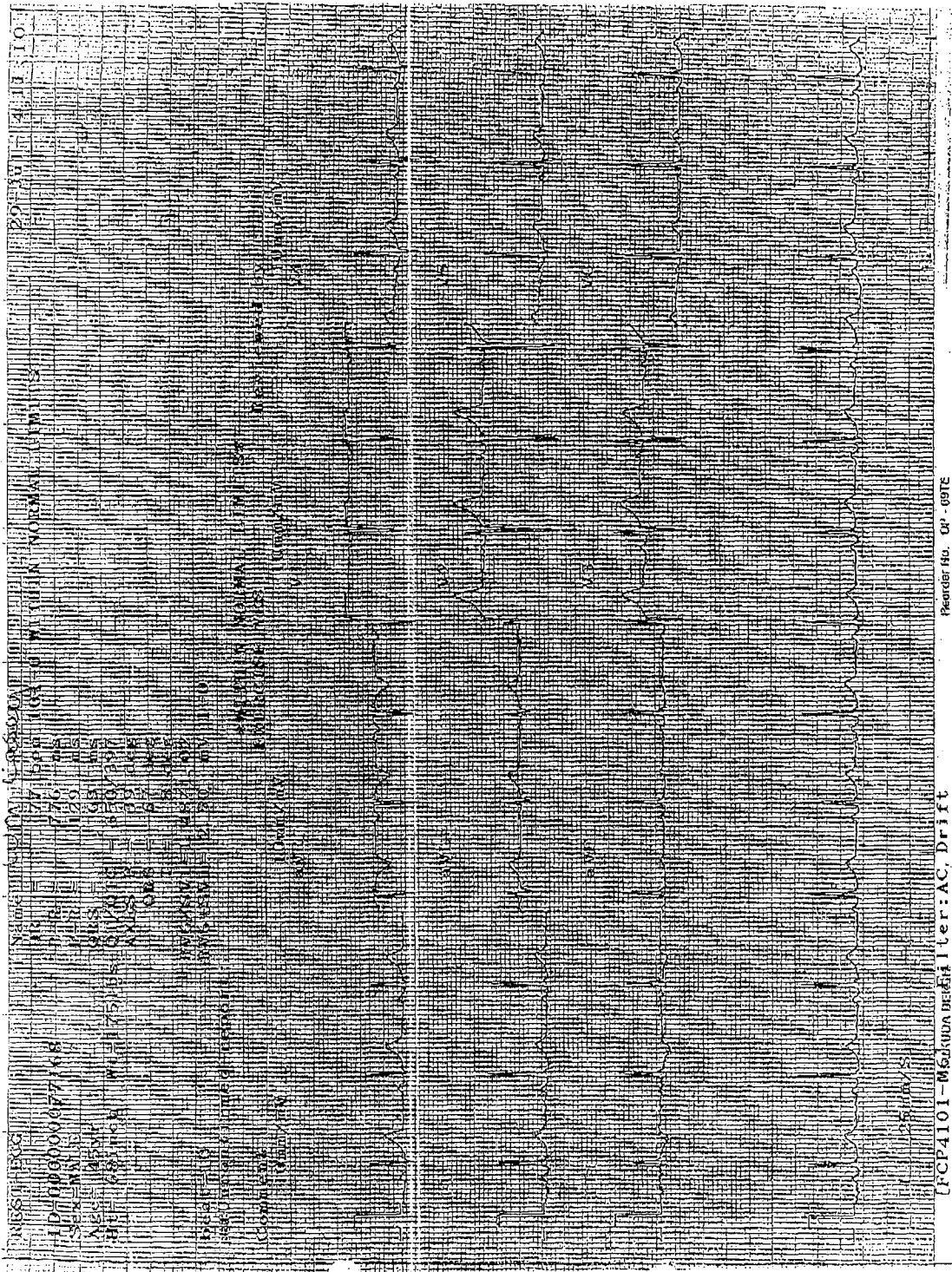
Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 059810



THOMPSON 059811

2030 N. CHURCH, ST

OPF WFS EBK RVM

LUNG AND CHEST MEDICAL
SPARTANBURG, SC, 29303 MLA JDC BE

864-582-6858

Sample ID # 77168

Date: 07-29-04

Patient Name: William Casey

Time: 13:43

WFS

DOB: / / AGE: SEX:

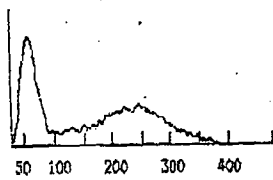
OPR ID: OB

| | | Range #1 | | | | Range #1 | | | |
|-----|------|----------------------|-----------|------|------|----------------------|------------|-----|--------|
| WBC | 7.8 | x10 ³ /ul | 4.5- 11.0 | RBC | 4.54 | x10 ⁶ /ul | 3.90- 5.10 | Plt | 473. H |
| LY% | 36.2 | % | 20.5-51.1 | Hgb | 14.2 | g/dl | 12.0-15.6 | MPV | 5.9 L |
| ND% | 4.2 | % | 1.7- 7.3 | Hct | 43.2 | % | 36.0-46.0 | | fl |
| GR% | 59.6 | % | 42.2-75.2 | MCV | 95.2 | fL | 85.0- 98.0 | | |
| LY# | 2.8 | x10 ³ /ul | 0.7- 4.9 | MCH | 31.2 | pg | 28.0-33.0 | | |
| MCH | 0.3 | x10 ³ /ul | 0.1- 0.9 | NCHC | 32.8 | g/dl | 32.5-36.0 | | |
| GR# | 4.6 | x10 ³ /ul | 1.5- 7.2 | RDW | 12.2 | % | 11.5-14.5 | | |

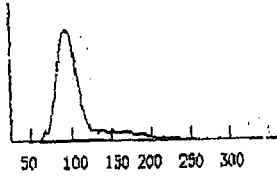
7/30/04
WFS

Sample ID # 77168

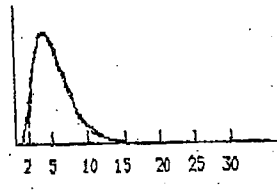
Analyzed Date & Time: 07-29-04 13:43



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168

Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

| | | | | | | | |
|------------|-------|---------------------|-------|----------------|-------|--------------------|-------|
| Neutrophil | _____ | Metamyelocyte | _____ | Anisocytosis | _____ | Retics | _____ |
| Band | _____ | Myelocyte | _____ | Hypochromia | _____ | Sedimentation Rate | _____ |
| Lymphocyte | _____ | Promyelocyte | _____ | Poikilocytosis | _____ | | |
| Monocyte | _____ | Blast | _____ | Macrocytosis | _____ | | |
| Eosinophil | _____ | Atypical Lymphocyte | _____ | Microcytosis | _____ | | |
| Basophil | _____ | NRBCs | _____ | | | | |

Comments: _____

Requested by: _____
Reviewed by: _____
date: _____

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THOMPSON 059812



MICHELIN

MICHELIN TIRE MANUFACTURING
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: July 29, 2004

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: May 28, 2004

Expected date of return to work: Aug 14, 2004

Physical findings (diagnosis): chest pain w/d exertion
CT Scan chest show coronary artery
calcification

Treatment and/or recommendation:

Stress test
Absence for work until Aug 16, 2004
WJ [Signature] M.D.

Address: _____

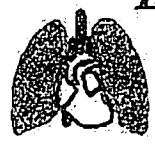
Telephone: _____

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DLKITLV.DOC

THOMPSON 059813

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V.I. Mendoza, M.D.
J.P. Elm, F.N.P.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

WILLIAM CASEY
77168
07-14-04

DOB: [REDACTED] 58 Fax: (864) 582-3750
SS#: [REDACTED]

HISTORY AND PHYSICAL

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Admit
5/28
7:14:04

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine Critical Care Bronchoscopy Asthma Therapy Sleep Disorders

THOMPSON 059814

WILLIAM CASEY
77168
07-14-04
Page Two

dob: [REDACTED] 58
SS#: [REDACTED]

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination

General: Middle-aged white male.
Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO₂ is 95% on room air.
HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.
Chest: Clear to auscultation.
Cardiac: Regular rate and rhythm without murmur or gallop.
Abdomen: Soft and nontender.
Extremities: No clubbing, cyanosis or edema.
Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

- 1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.



Wilson P. Smith Jr., MD
WPSjr/ns

cc: Dr. Joseph Grace

THOMPSON 059815

WPS

NAME ALERT

NG & CHEST MEDICAL ASSOCIA

#77108

PATIENT NAME William Casey DATE 7/14/09

PHYSICAL EXAM:
TEMP _____ BP 136/87 Pulse 103 RESP _____ HT _____ WT 171.6 O2SAT OXIMETER 95 %

| | |
|--------------|------------------|
| HEENT: | <u>B</u> |
| SKIN: | |
| NECK: | |
| LUNGS: | <u>clear</u> |
| HEART: | <u>M/S</u> |
| BREASTS: | |
| ABDOMEN: | <u>soft</u> |
| EXTREMITIES: | <u>B</u> |
| NEUROLOGICAL | <u>Motus S/S</u> |

LAB DATA:
X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS: _____
IMPRESSION/DIAGNOSIS:

| | | |
|----|---------------|------------------------------|
| 1. | <u>HSP</u> | <u>post traumatic stress</u> |
| 2. | <u>Defeat</u> | <u>concomitant affect</u> |
| 3. | | |
| 4. | | |
| 5. | | |

PLAN:

| | |
|----|------------------------------|
| 1. | <u>Refer to Psychologist</u> |
| 2. | <u>5 days rest</u> |
| 3. | |
| 4. | |
| 5. | |

NEWPT EXAM: 8/19/97

WVZ
DOCTOR

NURSING STAFF

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059816

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14, 2004 7:53:26 am

| Type | Test Date and Time | Exp Time | Normals | Test# |
|----------|------------------------------|----------|--------------|-------|
| Pre-BD: | Wed Jul 14, 2004 10:33:01 am | 7.7 secs | KNUDSON/IMTS | 1 |
| Post-BD: | Wed Jul 14, 2004 10:45:34 am | 6.0 secs | KNUDSON/IMTS | 5 |

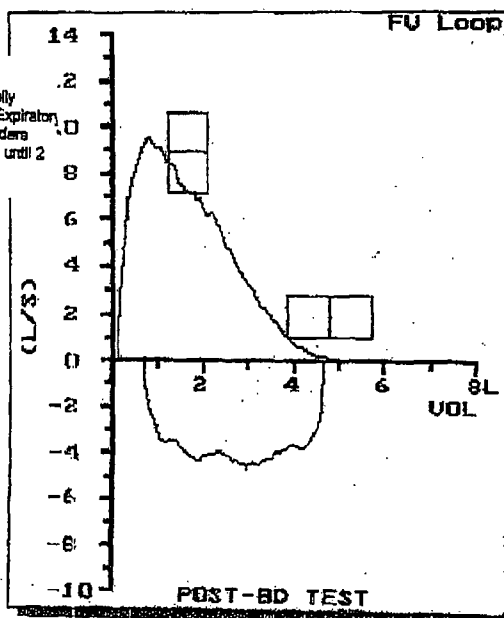
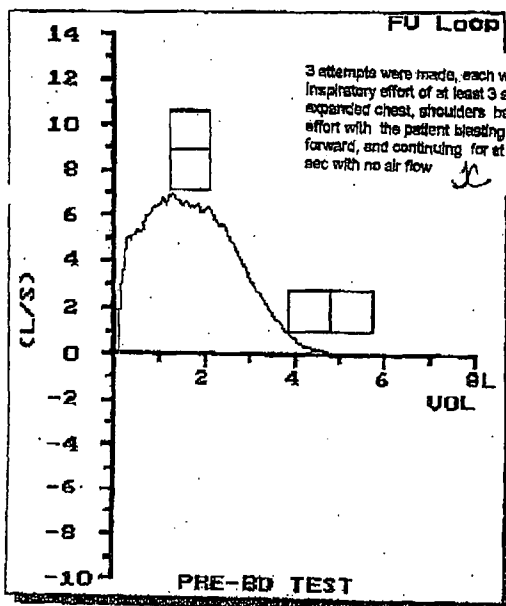
INTERPRETATION Pre: NORMAL

Post: NORMAL

Dilator: albuterol

Modifier: Not Clearly Improved

| Expire | Pre-Medication | | Post-Medication | | Pre-Post Change | | Pred Value |
|------------|----------------|---------|-----------------|---------|-----------------|--------|------------|
| | Actual | % Pred | Actual | % Pred | Actual | % Chg | |
| FVC | 4.72 L | 99.31% | 4.74 L | 99.79% | 0.02 L | 0.48% | 4.75 L |
| FEV 0.5 | 2.93 L | 95.93% | 3.08 L | 100.90% | 0.15 L | 5.18% | 3.05 L |
| FEV 1.0 | 3.78 L | 97.77% | 3.85 L | 99.59% | 0.07 L | 1.87% | 3.87 L |
| FEV 3.0 | 4.41 L | 97.71% | 4.48 L | 99.40% | 0.08 L | 1.73% | 4.51 L |
| FEV0.5/FVC | 62.08% | 96.60% | 64.98% | 101.11% | 2.90% | 0.99% | 64.27% |
| FEV1.0/FVC | 80.11% | 98.44% | 81.22% | 99.80% | 1.11% | 0.29% | 81.38% |
| FEV3.0/FVC | 93.40% | 98.39% | 94.57% | 99.61% | 1.16% | 0.26% | 94.94% |
| PEF | 6.88 L/S | 79.33% | 9.46 L/S | 109.14% | 2.58 L/S | 37.57% | 8.67 L/S |
| FEF 25-75% | 3.86 L/S | 97.89% | 3.92 L/S | 99.41% | 0.06 L/S | 1.55% | 3.95 L/S |
| FEF 75-85% | 0.83 L/S | 78.50% | 0.90 L/S | 84.56% | 0.06 L/S | 7.71% | 1.06 L/S |
| FEF 25 | 6.88 L/S | 86.29% | 8.26 L/S | 103.61% | 1.38 L/S | 20.08% | 7.97 L/S |
| FEF 50 | 5.40 L/S | 116.87% | 5.31 L/S | 114.90% | -0.09 L/S | -1.69% | 4.62 L/S |
| FEF 75 | 1.37 L/S | 74.79% | 1.51 L/S | 82.30% | 0.14 L/S | 10.03% | 1.83 L/S |
| FEF .2-1.2 | 5.82 L/S | 79.61% | 8.48 L/S | 116.03% | 2.66 L/S | 45.75% | 7.31 L/S |



THOMPSON 059817

Lung and Chest Medical Associates
Multi Spiro B

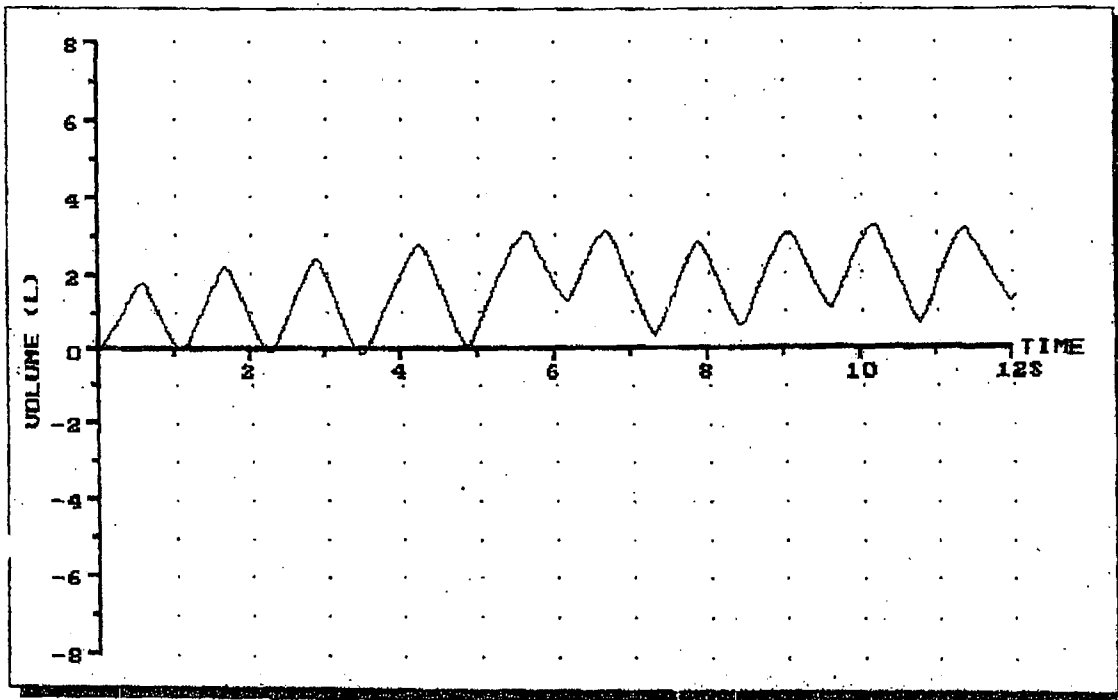
ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

Page 1

| TYPE | Test Date and Time | Exp. Time | Normals |
|----------|------------------------------|-----------|--------------|
| Current: | Wed Jul 14, 2004 10:34:08 am | 12.0 secs | KNUDSON/IMTS |

| Result | Rate | Total |
|---------|------------|--------------|
| Breaths | 48.25 B/M | 9.65 Breaths |
| MVV | 117.79 L/M | 4.74 L |

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



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THOMPSON 059818

5775

Lung and Chest Medical Associates
Multi Spiro E

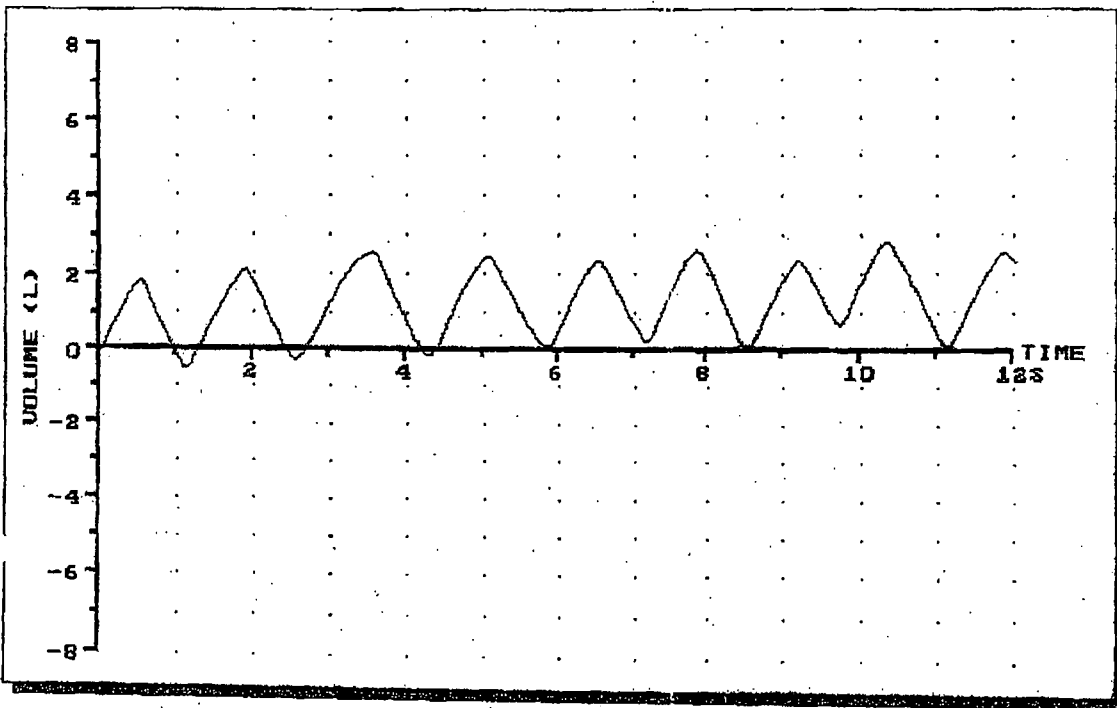
ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

Page 1

| TYPE | Test Date and Time | Exp Time | Normals |
|----------|------------------------------|-----------|--------------|
| Current: | Wed Jul 14, 2004 10:46:34 am | 12.0 secs | KNUDSON/IMTS |

| Result | Rate | Total |
|---------|------------|--------------|
| Breaths | 41.53 B/M | 8.31 Breaths |
| MVV | 107.47 L/M | 4.91 L |

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2016CP4205743

THOMPSON 059819

MER Scan Cover Letter 473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0034168426D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: c8dc

TDN: 0034168426

JLA\

SCAN (3/04)

SCANNED INTO EF

THOMPSON 059820

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT



SCVRS

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 Greenville, SC 29602 (864) 282-4009 1-800-868-1936 (864) 282-4473 FAX

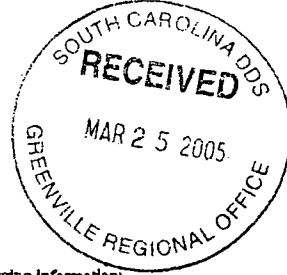
February 15, 2005

JOSEPH G GRACE III MD
653 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

DR GRACE

SSN: [REDACTED]
DOR: [REDACTED]



Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledetermination system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

*Not a patient
of CFM*

Sincerely,
Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
DRG/473

Claim No: D91109
L1 (1/04)
DMA: Y



RECEIVED MAR 25 2005

THOMPSON 059821

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

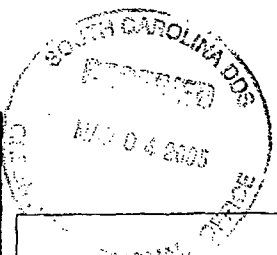
ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743


00513820001142

Request sent to: Foothills Family Medicine
2212 Old Furnace Road
Boiling Springs SC 29316

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952
OR
IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:



MAIL INSTRUCTIONS
Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.
• Mail report to address in box at right. 
• If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS
Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT
Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Phone No.: _____

Provider's Signature

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

Mail/Bill

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



*SDS
2/23/05*

RQID: 0034168408D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 4718

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168408

ACS SCANNED

THOMPSON 059822

020505820001242

09/22/04

MARK CASEY

17804

Frank E. Gonda, MD

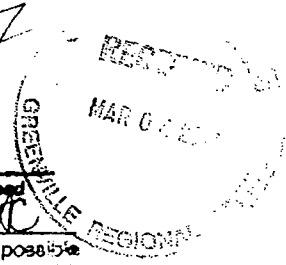
H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.

DNR: Frank E. Gonda, MD/jmm

10/6/04 Samples given Zoloft started # 1pk
 Date Drug Name # Dispensed
 Lot Number: 0005204A 206 Initials: JG



Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

| | | | | | | |
|---|----------------|-------------------------|---------------------------------|----------------------|---------------|-------------|
| DATE 10/6/04 | TIME 3:30 P | CALLER Dr. Jay Grace | PT NAME - CHART # Mark Casey | PHONE # 560-1512 | ALL P.S.C.O. | MD Gonda |
| AGE | WT. | T. | BY JG | MECS Zoloft 150mg | RE: 217804 | |
| Dr. has noticed that pt has improved some in certain areas but feels that pt needs to be referred to a psychiatrist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Gordon - North Field. Dr. Grace he suggested to wait and discuss w/ Dr. Gonda. | | | | | | |
| On Monday due to Dr. Gonda being off - OK to refer to psychiatrist. | | | | | | |
| DISPOSITION F | | | | | | |
| DRUG STORE: Notified Dr. Grace's Secretary - OK to refer. | | | | | | |

10/19/04 H. in for re - states his out of med - states he on pain scale 2° back pain - JG

ACS SCANNED

THOMPSON 059823

10/19/04

~~VERMONT CASEY~~
mark

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- H: DEPRESSION
- I: HYPERCHOLESTEROLEMIA
- J: ANXIETY DISORDER

S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.

O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
DNR: Frank E. Gonda, MD/jmm

F

10/29/04 - I faxed referral forms as well as records to Dr. Goodbar, I called pt. to let him know what's going on + he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20.

OTC

11/2/05 Pt. in for rev - status 6 on pain scale - etc

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- G: ERECTILE DYSFUNCTION

S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.

O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.

A: As above.

P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
DNR: Frank E. Gonda, MD/jmm

F

THOMPSON 059824

07/27/04

William Casey #17804
12/04 - pt here for med check - & problems or pain assessed
2/04 Notified pt of lab - cont. med - called in Rx - OK

07/27/04 MARK CASEY 17804 Frank E. Gonda, MD

- E: DYSLIPIDEMIA
- D: CHRONIC LOW BACK PAIN
- H: DEPRESSION
- CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.
- A: Diagnosis as above. He appears stable. Of note is that he has not returned to work yet.
- P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.
DNR: Frank E. Gonda, MD/ejb

I

8/1/04 Discussed w/ Dr Jay Grace - been seeing mark x 3 wks
better on Zoloft, still wants to ↑. still lots of anxiety.
↑ Zoloft 100mg + p.o. q.d #30/2
CVS Reiterville RI 486-6990
8/1/04 pt
not - ok

10/04 - Pt. states he was sent here by Dr. Grace - to discuss new med
(Cymbalta) + ortho surg. so pt can RTW - states 3 on pain scale - OK

10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 — Dr. Gannon met

THOMPSON 059825

09/10/04

MARK CASEY

17804 Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
H: DEPRESSION
CHEST WALL PAIN

S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level of exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.

O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.

A: As above.

P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.

DNR: Frank E. Gonda, MD/jmm

F

| | | | | | | |
|--|-----------------|-------------------------|------------------------|---------------------|---------------|-------------|
| DATE 9/23/04 | TIME 1:30 PM | CALLER W. Mark Casey | PT. NAME - CHART # | PHONE # 486-9131 | ALL. P.S.C.O. | MD Gonda |
| AGE | WT | T. | BY DK | MEDS. Zoloft | RE: 217804 | |
| DISPOSITION Pt calling to see if he can up his dosage to 50 mg 9/23/04 un tol R/C 3pm | | | | | | |
| Cont Zoloft 100mg qd | | | Flu 4 wks | | F | |
| Add Zoloft 50mg qd | | | DRUG STORE CWS-486- | BY | TIME | A P |

↳ # 28 samples pt. notified - samples given 6/9/10 - DNR

- we only had 2 wks. of Zoloft 50mg samples. will call pt. when we get more in DNR

9/23/04 Samples given Zoloft 50mg # 2/x
 Date Drug Name # Dispensed
 Lot Number: 0104099/3-1-06 Initials: DK/mc

Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with...

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059826

Date: 9/23/92 Name: Casey, William Chart#: 109107 103

| | | | | | | |
|-------|------|------|------|-------|------|--------|
| Color | Prot | Bld | WBC | Cast | Bact | CC |
| Char | Glc | Nit | RBC | Cryst | SXT | Am CF |
| S.G. | Ket | Urod | Epi | Other | Pen | CB AmC |
| PH | Bili | Bact | Rare | | Tet | F/M GM |

Micro: Leukocytes - 2

Patient: Mark Casey

| | | | | | | | | | | | | | | | |
|-------|-------------|------|-----|---------|-----|-----|-----|--------|------|-------|-------|-----|-----|-----|-----|
| APPEA | SG | LEUK | NTI | PH | PRO | GLU | KET | URO | Bili | BLOOD | MICRO | ALB | CD | HCG | FOB |
| CLEAR | 1.000-1.030 | NEG | NEG | 5.0-8.5 | NEG | NEG | NEG | NORMAL | NEG | NEG | NEG | SP. | NEG | NEG | NEG |
| CLEAR | 1.030 | N | N | 6.0 | N | N | N | 0.2 | N | R | - | - | - | - | - |

XOH / WET PREP

BACT: — WBC: 0-2 RBC: Rare EPT: — CAST: 1/21 OTHER: 2+ mucus

FootHills Family Medicine

THOMPSON 059827

roothills Family Medicine 02L105920C41742
2212 Old Furnace Rd.
Boiling Springs, SC 29316

William Casey
[redacted] 58 39 m

DH Ordered 5 diff. per Dr. Gonda *(signature)*

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1/21
F

THOMPSON 059828

020003020001242

Laboratory Corporation of America

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
293-536-0800-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

FASTING: Y
PHONE: 864-486-9131 DOB: [redacted]/1958

CLINICAL INFORMATION

CD-20236202221

PATIENT NAME SEX AGE(YR./MOS.)
CASEY, WILLIAM M 45 / 11
PT. ADDR:

PHYSICIAN ID. PATIENT ID.
GONDA F 217804-WC

ACCOUNT: FOOTHILLS FAMILY MEDICINE
DRS DURHAM AND GONDA
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME
10/19/2004 9:55 10/19/2004 10/20/2004 5:45 1276

| TEST | RESULT | LIMITS | LAB |
|--------------------------------|----------------------|-----------|-----|
| Lipid Panel With LDL/HDL Ratio | | | |
| Cholesterol, Total | 214 → 189 ✓ mg/dL | 100 - 199 | BN |
| > Triglycerides | 314 → 347 H mg/dL | 0 - 149 | BN |
| > HDL Cholesterol | 29 → 41 → 30 L mg/dL | 40 - 59 | BN |
| > VLDL Cholesterol Calc | 69 H mg/dL | 5 - 40 | |
| LDL Cholesterol Calc | 100 → 90 ✓ mg/dL | 0 - 99 | |
| LDL/HDL Ratio | 3.0 ratio units | 0.0 - 3.6 | |
| LDL/HDL | | | |
| Men Women | | | |
| 1/2 Avg. Risk | 1.0 | 1.5 | |
| Avg. Risk | 3.6 | 3.2 | |
| 2X Avg. Risk | 6.3 | 5.0 | |
| 3X Avg. Risk | 8.0 | 6.1 | |
| ALT (SGPT) | 34 ✓ IU/L | 0 - 40 | BN |

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

Handwritten signature and date: 10/25/04

*T.C & LDL good
↑ trig + ↓ HDL
must work on diet +
some exercise
cont Lipitor
10/22/04 F*

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 059829

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

Foothills Family Medicine

| | | | | |
|---|--------------|---------------|-------|------|
| 209-536-0398-0 | R | BN | Final | Pg 1 |
| Time 0942 | | | | |
| DOB: [REDACTED]/58 Fasting: Y | | | | |
| Physician ID: GONDA Patient ID: 217804-WC | | | | |
| CD- 20236201421 | | | | |
| Foothills Family Medicine 39110130 | | | | |
| Dr. Durham And Gonda | | | | |
| 2212 Old Furnace Rd | | | | |
| Boiling Springs, SC 29316 | | | | |
| 864-578-9735 | | | | |
| UPIN: D17701 | | | | |
| Date Ordered | Date Entered | Date Reported | | |
| 07/27/04 | 07/27/04 | 07/28/04 | 0425 | |

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--------------------------------|-----------|------|-------|--------------------|-----|
| Lipid Panel With LDL/HDL Ratio | | | | | |
| Cholesterol, Total | 238 → 204 | H | mg/dL | 100 - 199 | BN |
| Triglycerides | 108 → 314 | H | mg/dL | 0 - 149 | BN |
| HDL Cholesterol | 29 → 41 | | mg/dL | 40 - 59 | BN |
| VLDL Cholesterol Cal | | | mg/dL | 5 - 40 | |
| LDL Cholesterol Calc | 8 → 100 | H | mg/dL | 0 - 99 | |

Comment
 If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

| Risk Category | LDL Goal mg/dL | LDL Level (mg/dL) at which to initiate Therapeutic Changes (TLC) | LDL Level (mg/dL) at which to consider Drug Therapy | | |
|------------------|----------------|--|---|-----------|----|
| CHD | <100 | >100 | >or=130 | | |
| 2+ Risk Factors | <130 | >or=130 | >or=130 | | |
| 0-1 Risk Factors | <160 | >or=160 | >or=190 | | |
| LDL/HDL Ratio | 2.4 | | ratio units | 0.0 - 3.6 | |
| | | | | LDL/HDL | |
| | | | | Men Women | |
| | | | 1/2 Avg.Risk | 1.0 1.5 | |
| | | | Avg.Risk | 3.6 3.2 | |
| | | | 2X Avg.Risk | 6.3 5.0 | |
| | | | 3X Avg.Risk | 8.0 6.1 | |
| ALT (SGPT) | 23 ✓ | | IU/L | 0 - 40 | BN |

Lab: BN LabCorp Burlington Director: Frank Hancock, MD
 1447 York Court Burlington, NC 27215-2230

For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439
 Last Page of Report

*8/2/04 - notified pt
 - called in Lipitor
 #3092
 Tgd
 JAC*

*Lipids improved
 call Lipitor 20mg qd
 work on diet
 Flx 3 months
 CASE # 486890 7/28/04 F*

THOMPSON 059830

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02050711100778

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

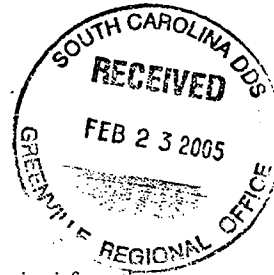
Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

UPSTATE LUNG & CRITICAL CARE
1091 BOILING SPRINGS ROAD
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED]/88



ATTN: MEDICAL RECORDS

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES ~~NO~~

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

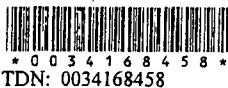
Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473

Claim No: D91109
L1 (1/04)
DMA: Y



ACS SCANNED

THOMPSON 059831

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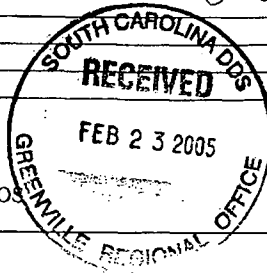
1205022100111 60

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FiO2 _____

Cough _____ Smoking _____ Present Illness + reason for visit _____
 Sputum _____ Nausea _____ NO SMOKE
 Dyspnea _____ Vomiting _____
 Wheeze _____ Diarrhea _____
 Edema _____ Chest Pain _____
 Palpitations _____ Pain _____
 Oriented _____ ETOL _____
 New Allergies _____
 Last Chest X-Ray _____



Physical Exam: WNL/NEG ABN/POS

- * General Appearance _____
- * Skin/Turgor _____
NT _____
- * Joints _____
- * Mouth _____
- * Neck _____
- * Heart: Rhythm _____
Murmurs _____
Gallop _____
Tones _____
- * Abdomen _____
- * Chest/Lungs:
Breath Sounds _____
Wheezes _____
Rales _____
Effort _____
Symmetry _____
- Extremities:
Mobility: Gait _____
Reflexes _____
Aides _____
- * Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O₂Sat Rest _____
 Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG'S _____ Bun _____ Cre _____ K+ _____ Theo _____
 O₂Sat Rest _____

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

ACS SCANNED

Prescriptions _____

Next Appt. _____ Wks _____ Months W/GJF JAB DRE Signature _____ Staff _____
 Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

THOMPSON 059832

020507 11000768

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M Chart# 11686 Date 7-7-04

Wt 171 Ht B/P 144/98 H/R 85 RR Temp FiO2 .21

Cough Some Smoking quit 2 yrs Present Illness + reason for visit feels tightness in chest. Also c/o chest pain @ chest tube site. Staying in hospital to sleep on that side. Feels like heart is moving @ times

Sputum Ccc/W/trace Nausea + Vomiting Diarrhea Chest Pain @ Chest tube site Pain ETOL

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance * Skin/Turgor * NT * Lungs * Mouth * Neck * Heart: Rhythm Murmurs Gallop Tones

Feel better, compliance not strong/trace

* Abdomen * Chest/Lungs: Breath Sounds Wheezes Rales Effort Symmetry

FLV near 100%

* Extremities: Mobility: Gait Reflexes Aides

* Mental Status

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2Sat Rest 98

Lung Vol DLCO U/A CXR ABG'S Bun Cre K+ Theo

O2Sat Rest Office Treatment Referred to Pul Rehab - Home (RD)

Education

Diagnosis Asplh - Cch Plan Pulab

57P pneumonia/asthma

Prescriptions

Next Appt. Wks Months W/GJF JAB DRE Signature Staff

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK Other

THOMPSON 059833

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010502210000763

SPIROMETRY REPORT
PBI00 SW Rev: J-J

UPSTATE LUNG AND CRITICAL CARE

TEST DATE: 07/07/04
TIME: 15:02

Patient Name: William Casey PreMed Time: 15:03
Patient ID: 11686 Age: 45 Height (in): 68 Weight (lbs): 171 Sex: Male Race Correction: No Smoker: Yes
Barometric Pressure (mmHg): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
Last Cal Date: 07/07/04

| FVC TEST DATA - Clinical Format | | BEST TEST SUMMARY | | |
|---------------------------------|-------|-------------------|-------|-------|
| Measurement | | PreMed | Pred | %Pred |
| FVC | (L) | 4.47 | 4.45 | 100% |
| FEV1 | (L) | 3.61 | 3.66 | 99% |
| %FEV1 | (%) | 80.76 | 82.42 | 98% |
| FEF25%-75% | (L/S) | 3.57 | 3.85 | 93% |
| PEF | (L/S) | 9.98 | 8.67 | 115% |
| FEV3 | (L) | 4.26 | 4.24 | 100% |
| FET | (S) | 4.95 | | |

| PostMed | %Pred | %Change |
|---------|-------|---------|
| | | |

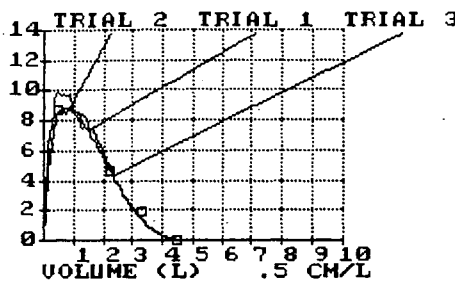
*HAS Consumed / ADVAR
USED yesterday, NOT
TODAY*

Variability: PreMed: FVC = 0.0%(0ml) FEV1 = 0.3%(10ml) PEF = 10.7%

PREMED

□ = PRED POINT
Y W
(L/S)

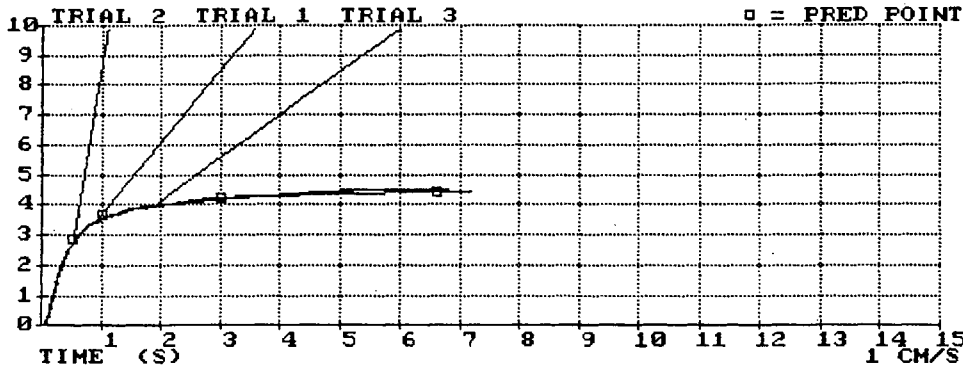
.25 CM/L/S



PREMED

VOLUME (L)

5 CM/L



Interpretations:

Age: 47 years
PREMED: Testing indicates normal spirometry.
Comments:

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THOMPSON 059834

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date: 6/25/04 B

Wt: 172 Ht: 68 B/P: 130/90 H/R: 90 RR: Temp: FiO2: RA

Cough: CC Smoking: + Present Illness + reason for visit: Gets tired easily
Sputum: CC Nausea: - continues to have some
Dyspnea: CC Vomiting: - chest tightness. Reports
Wheeze: CC Diarrhea: - chronic back pain
Edema: - Chest Pain: tightness continues to have trouble
Palpitations: CC Pain: chronic back resting - sister reports
Oriented: yes ETOL: Pain he is pain And he cannot
New Allergies: - Pain level 3 sit down because he hurts
Last Chest X-Ray: -

Physical Exam:

WNL/NEG ABN/POS

* General Appearance: pt. cho facies flans
* Skin/Turgor:
* ENT:
* Mouth: could not sleeping
* Neck: see notes
* Heart: Rhythm:
Murmurs:
Gallop:
Tones:
* Abdomen:
* Chest/Lungs: clear
Breath Sounds:
Wheezes:
Rales:
Effort:
Symmetry:
* Extremities:
* Mobility: Gait:
Reflexes:
Aides:

* Mental Status:
LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2 Sat Rest
Lung Vol DLCO U/A CXR ABG'S Bun Cre K+ Theo 96%

O2 Sat Rest:
Office Treatment:

Education:

Diagnosis: Chronic Pain Plan: Plu + Feldman
Bmctals in 2 weeks
ambulation sleep

Prescriptions:
Next Appt: Wks Months W/GJF JAB DRE Signature: Staff:
Next Visit: Spiro: L/V DLCO PA PAL Sinus Dexa BLDWK Other:

THOMPSON 059835

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02051201000758 F

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04

Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR Temp FiO2

| | | |
|------------------------------|------------------------|---|
| Cough <u>+</u> | Smoking <u>+</u> | Present Illness + reason for visit <u>HFV</u> |
| Sputum <u>0</u> | Nausea <u>0</u> | |
| Dyspnea <u>0</u> | Vomiting <u>0</u> | <u>chk nonproductive coughing,</u> |
| Wheeze <u>little</u> | Diarrhea <u>0</u> | <u>little wheezing, some chest</u> |
| Edema <u>0</u> | Chest Pain <u>Some</u> | <u>pain + back pain.</u> |
| Palpitations <u>0</u> | Pain <u>back</u> | |
| Oriented <u>+</u> | ETOL <u> </u> | |
| New Allergies <u>0</u> | | |
| Last Chest X-Ray <u> </u> | | |

patient has been instructed on the DANGERS of Smoking and the importance of Stopping.

Dated: 6/8/04 by: KMS

Physical Exam: WNL/NEG ABN/POS

* General Appearance

* Skin/Turgor moist

* ENT

 Nose normal

 Mouth

* Neck

* Heart: Rhythm

 Murmurs

 Gallop

 Tones disobles

* Abdomen full

* Chest/Lungs: back pain

 Breath Sounds

 Wheezes full

 Rales

 Effort could you

 Symmetry

* Extremities:

 Mobility: Gait diff

 Reflexes

 Aides

* Mental Status no idea to see

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O₂Sat Rest

Lung Vol DLCO U/A CXR ABG'S Bun Cre K+ Theo 941

O₂Sat Rest

Office Treatment

Education MUST QUIT SMOKING for work + 3 weeks

Diagnosis Redevelop to PA in patient - next appt. 8/17/04

Prescriptions pred 20 qd.

 Advair

Next Appt. Wks Months W/GJF JAB DRE Signature Staff KMS

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK Other

THOMPSON 059836

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

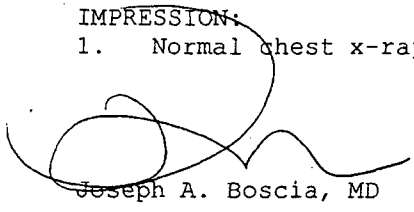
PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today.
The heart, lungs, and bony structures are normal.

IMPRESSION:

1. Normal chest x-ray.



Joseph A. Boscia, MD

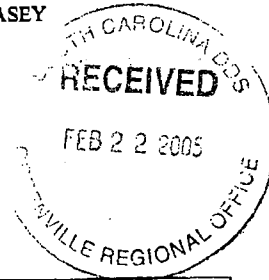
JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

THOMPSON 059837

Request sent to:

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607

RE: WILLIAM M CASEY
SSN: [REDACTED]



RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952
OR
IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS
 Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right.
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

SSA
 S87 SC DDS GREENVILLE
 P.O. BOX 8706
 LONDON, KY 40742-9915

SCANNED INTO EEF

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0034188446DS1108 SITE: 887 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RP: D CS: 47da

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168446

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT



Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602

February 15, 2005

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607

JEFFREY K. SMITH MD

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN:
DOB: /58

#26562 RECEIVED FEB 17 2005 BY: SMP

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature [Handwritten Signature]

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page.

Sincerely, [Handwritten Signature]

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473

Claim No: D91109
L1 (1/04)
DMA: Y



PLEASE AUTHORIZE

Date: 2-17-05

Initials: [Handwritten Initials]

Charge: 0315

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Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

| | | |
|----------------|------------------------|-------|
| First | Middle | Last |
| NAME WILLIAM | MARK | CASEY |
| SSN [REDACTED] | Birthdate (mm/dd/yyyy) | 1958 |

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM ON BOTH PAGES BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Bleedie cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted disease)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and effects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations; and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

*Piedmont Psychiatric SIKS
5-28-04 to present*

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
 Parent of minor Guardian Other personal representative (explain)

SIGN

William M. Casey

(Parent/guardian sign here if two signatures required by State law)

| | | | |
|---|---|-------------|--------------|
| Date signed <i>Feb 8, 2005</i> | Street Address 240 LIGHTWOOD FARM RD | State SC | Zip 29388 |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF | | |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

| | |
|---------------------------|---------------------------|
| Phone Number (or Address) | Phone Number (or Address) |
|---------------------------|---------------------------|

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 39 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

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PIEDMONT PSYCHIATRIC SERVICES

Woodruff Road Professional Park ~ 2094 Woodruff Road ~ Greenville, SC 29607

Phone: (864)676-9211 ~ Fax: (864) 676-9432

FACSIMILE TRANSMITTAL SHEET

| | |
|---|---|
| To: SCVRD | From: Shylah Perkins, Medical Records |
| FAX NUMBER: 1-866-868-7952 | Date: February 18, 2005 |
| ATTN: Robert Heaton | RE: William M. Casey |
| PHONE NUMBER: 282-4000 | DATE OF BIRTH: [REDACTED]-58 |
| # OF PAGES INCLUDING COVER: 9 | Reference: #: [REDACTED] |

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: Please see attached records from Dr. Smith dated 11-10-04 to 1-17-05.

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Casey, William M. [REDACTED] /1958

1 of 1

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 06:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Feb 22 2005 9:00

HP LASERJET 3330

P. 7 _____

TELEPHONE NOTE

Date: 11/23/2004 02:18 PM

Patient: Casey, William M. DOB: [REDACTED] 1988

Author: Smith, MD, Jeffrey K

1 of 1

Insomnia.

P:

Okay to increase Ambien to 10 mg one or two qhs.

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22/02/05 08.49.48 RX-Fax No. 5359 (10872.1) from Status: OK p7/9

THOMPSON 059843

5800

Casey, William M. [REDACTED] 1968

1 of 1

Office/Outpatient Visit

Visit Date: Wed, Dec 15, 2004 10:14 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:

HPI:

Over the past 10 days, he is feeling better with more motivation and interest. No medication s.e. now--had some early nausea. Sleep is good on 20 mg Ambien.

OBJECTIVE:

Exame:

Affect is less constricted.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg one qam and give it more time to work.

Cont. Ambien 10 mg two qhs pm insomnia. He does not take this every night.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90882 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059844

5801

Casey, William M. [REDACTED] 1968

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jan 17, 2005 10:17 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:

HPI:

"Some really good days." But, room for improvement in mood. No medication s.e. No s.i.

OBJECTIVE:

Exams:

Affect is still down.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Increase Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

80862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059845

5802

010507130001-07

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

PMA
*closed
case

09/11/09

584/1



INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] 58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

EX# 473 DATE CL 7-14-05 DS# 584 584
ALLOWED - DENIED - CONT - CEASED
BASIS: (T2) ONSET (N) DIB
T16 ONSET RC

Handwritten signature and date: 7/13/05

SCANNED INTO EF

THOMPSON 059846

010707130711007

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

| <u>Verbal Subtests</u> | | <u>Performance Subtests</u> | |
|--------------------------|----|-----------------------------|----|
| Vocabulary | 11 | Picture Completion | 10 |
| Similarities | 10 | Digital Symbol – Coding | 4 |
| Arithmetic | 10 | Block Design | 9 |
| Digit Span | 11 | Matrix Reasoning | 11 |
| Information | 9 | Picture Arrangement | 10 |
| Comprehension | 10 | Symbol Search | 6 |
| Letter–Number Sequencing | 12 | | |

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

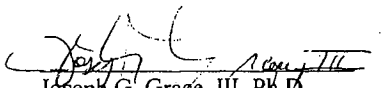
SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 059847

0105 71 0001E 7

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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THOMPSON 059848



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 2-17-05

Employee's Name: WILLIAM MARC CASEY

Address: 240 LIGHTWOOD FARM RD., WOODRUFF, SC, 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-

VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYNBALTA
60 MG, QD, AND I HAVE BEEN PROVIDING INDIVIDUAL, Bi-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510

SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

LCF/SP/FORMS/DLEXTLV.DOC

THOMPSON 059849



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM RD., WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05)
ESTIMATE

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER,

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SCRIBED CYMBALTAMINE, AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILATERAL, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE III, Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DEXTLV.DOC

THOMPSON 059850

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED]/58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 059851

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 059852

FUNCTION REPORT - ADULT

how your illnesses, injuries, or conditions limit your activities

For SSA Use Only
Do not write in this box

Related SSN: _____
Number Holder: _____

SECTION A - GENERAL INFORMATION

1. NAME OF DISABLED PERSON (First, Middle, Last)
William M Casey

2. SOCIAL SECURITY NUMBER
[REDACTED]

3. DATE (Month, Day, Year)
Sept 28, 2005

4. YOUR DAYTIME TELEPHONE NUMBER (If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)

864 680 5929 (cell)
864 486-9873 (H)

Area Phone Number

Your Number Message Number None

5. a. Where do you live? (Check one.)

House Apartment Boarding House Nursing Home
 Shelter Group Home Other (What?) _____

b. With whom do you live? (Check one.)

Alone With Family With Friends
 Other (Describe relationship.) *22 yr old son is home sometimes*

SECTION B - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

take meds - do some exercises to help loosen up my back which is always stiff after sleeping, often I have doctor visits to make. Read my Bible. Try to motivate myself to clean up house or yard which I usually put off. Watch a lot of sports and movies on TV usually go pick up something to eat because I don't feel like cooking. Worry constantly about who or what I can pay for this week or month. Always have to take ambien to get back to sleep at night.

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THOMPSON 059853

7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other? Yes No

If "YES," for whom do you care, and what do you do for them? sometimes have to carry son to work (no car)

8. Do you take care of pets or other animals? Yes No

If "YES," what do you do for them? I have a dog. Feed him; bathe sometimes take for walks some

9. Does anyone help you care for other people or animals? Yes No

If "YES," who helps, and what do they do to help? _____

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

work, play golf and work in yard - can't work and lost enjoyment of working on yard and playing golf. Don't have motivation any more to work in my yard and I can't concentrate as well as I did so golf is not nearly as much fun

11. Do the illnesses, injuries, or conditions affect your sleep? Yes No

If "YES," how? I did work swing shifts and never had trouble sleeping. Now can't go to sleep w/out meds and sleep 3-4 hours and start awaking again

12. PERSONAL CARE (Check here if NO PROBLEM with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:

Dress _____

Bathe _____

Care for hair _____

Shave only when I absolutely have to

Feed self _____

Use the toilet _____

Other? I can do all of these things, but in general, I don't worry too much about my appearance or weight as I should or as I used to

b. Do you need any special reminders to take care of personal needs and grooming? Yes No

If "YES," what type of help or reminders are needed? _____

c. Do you need help or reminders taking medicine? Yes No

If "YES," what kind of help do you need? sometimes I forget to take my

cholesterol meds (2) I have 7 to 8 different meds to take so I use a calendar to note about the cholesterol med

13. MEALS

a. Do you prepare your own meals? Yes No

If "Yes," what kind of food do you prepare? (For example, sandwiches, frozen dinners, or complete meals with several courses). sandwiches and chips, grill hamburgers or steak

lots of frozen dinners - salads

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

weekly

How long does it take you? as quick as I can

Any changes in cooking habits since the illness, injuries, or conditions began? because divorce was also happening during this time, I have to deal with all meals - was enjoying learning to cook meals for myself

b. If "No," explain why you cannot or do not prepare meals. now I cook almost never - don't

feel like cooking - try to pick up something to cover 2-3 meals. when I have started to cook occasionally, I always seem to mess something up

14. HOUSE AND YARD WORK

a. List household chores, both indoors and outdoors, that you are able to do. (For example, cleaning, laundry, household repairs, ironing, mowing, etc.) I have to do all house

and yard work there is no one else to do it

b. How much time does it take you, and how often do you do each of these things?

I can work about 1 hour on housework and about 30-40 min in the yard before having to stop. The yard work brings back chest pain under exertion which is what started this whole episode.

c. Do you need help or encouragement doing these things? Yes No

If "YES," what help is needed? I'm having to sell my house because of all that has happened, so my realtor will call to remind me to keep outside & outside looking good because I try to put off things -

d. If you don't do house or yard work, explain why not. I do both but only what I absolutely have to. In yard work, I used to seed, aerate and fertilize, pull weeds from beds and mulch. I did enjoy all of that. Now I just cut the grass when I have to

15. GETTING AROUND

a. How often do you go outside? Not a lot - just errands and occasional golf
If you don't go out at all, explain why not. I used to be out all the time, but now I'm not comfortable around people like I used to be, so I can't wait to get back home when I am out

b. When going out, how do you travel? (Check all that apply.)
 Walk Drive a car Ride in a car Ride a bicycle
 Use public transportation Other (Explain) _____

c. When going out, can you go out alone? Yes No
If "NO," explain why you can't go out alone. Thankfully I can still drive around town, but I always go alone so I can leave and go home as soon as I can

d. Do you drive? Yes No
If you don't drive, explain why not. I can drive around town, but I would be afraid of my concentration if I tried to make a drive of any real distance

16. SHOPPING

a. If you do any shopping, do you shop: (Check all that apply.)
 In stores By phone By mail By computer

b. Describe what you shop for. mostly just for groceries or to pick up something from a restaurant

c. How often do you shop and how long does it take? maybe twice a week - as quick as I can (15-30 minutes)

17. MONEY

a. Are you able to:
Pay bills Yes No Handle a savings account Yes No
Count change Yes No Use a checkbook/money orders Yes No

Explain all "NO" answers. I'm able to pay bills - just have to figure out who gets paid whom because of loss of income - Have had to use all savings I forget a lot to make entries for checkbook - especially debit card uses and have overdrawn account (4)

THOMPSON 059856

c. Do you have any problems getting along with family, friends, neighbors, or others? Yes No

If "YES," explain. Not real problems, just people try to get me to go some where with them and I make some aggravated because I just want to stay home

d. Describe any changes in social activities since the illnesses, injuries, or conditions began.

was always on the go, loved being with my friends and being the center of attention. Now I just don't go anywhere except church or grocery store or golf course. I prefer to be alone.

SECTION C - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items your illnesses, injuries, or conditions affect:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Stair Climbing | <input checked="" type="checkbox"/> Understanding |
| <input type="checkbox"/> Squatting | <input checked="" type="checkbox"/> Sitting | <input type="checkbox"/> Seeing | <input checked="" type="checkbox"/> Following Instructions |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Kneeling | <input checked="" type="checkbox"/> Memory | <input type="checkbox"/> Using Hands |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Talking | <input checked="" type="checkbox"/> Completing Tasks | <input type="checkbox"/> Getting Along With Others |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Hearing | <input checked="" type="checkbox"/> Concentration | |

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far])

can't lift like before because I'm not in as good of shape - can't sit for very long w/out getting up and pacing and worrying. Can't remember conversations I have had with people sometimes. Completing tasks is hard because I'm usually not motivated enough to - Have to read out loud to myself to help with concentration and follow instructions

b. Are you: Right Handed? Left Handed?

c. How far can you walk before needing to stop and rest? 5-10 minutes

If you have to rest, how long before you can resume walking? about 5 minutes

d. For how long can you pay attention? 30-60 minutes

e. Do you finish what you start? (For example, a conversation, chores, reading, watching a movie) Yes No

f. How well do you follow written instructions? (For example a recipe) on directions I do ok on recipes I was messable up a lot (that's why I don't cook much anymore)

g. How well do you follow spoken instructions? would even try. I write down any important instructions

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers) No problem

i. Have you ever been fired or laid off from a job because of problems getting along with other people? Yes No

If "YES," please explain. _____

If "YES," please give name of employer. _____

j. How well do you handle stress? not well - that is why they (doctors) are trying different meds to see if we can find one that will help

k. How well do you handle changes in routine? used to handle them well. Now I try to avoid having to have a change to my routine

l. Have you noticed any unusual behavior or fears? Yes No

If "YES," please explain. I do not like being around a crowd which I used to enjoy. I don't make plans with anyone because I end up trying to figure out a way to get out of the plans.

21. Do you use any of the following? (Check all that apply.)

- Crutches
- Cane
- Hearing Aid
- Walker
- Brace/Splint
- Glasses/Contact Lenses
- Wheelchair
- Artificial Limb
- Artificial Voice Box
- Other (Explain) _____

Which of these were prescribed by a doctor? glasses / contacts - I only wear my glasses now because I get too angry trying ^{and failing} to put contacts in

When was it prescribed? several years ago

When do you need to use these aids? everything I do except reading

SECTION D - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

Before all this condition started I really did 4 basic things
 ① spend time w/ my family ② work swing shifts ③ play golf
 ④ enjoy working with in my yard. Now I am divorced and don't get to see my kids often. I had a good job and great credit, but now I have neither. The lost income is a source of worry all day every day. Creditors are calling constantly. I'm having to sell my house and have used up all savings and stocks and have had to borrow from my family to keep house out of foreclosure (which may still happen). I have lost most of my interest in golf because although I was never all that good, I did have a good short game which allowed me to be competitive. Now I can't concentrate as I did and my short game is not nearly as good. So I don't go much and when I do, I end up feeling like I can't wait to leave and go home. Although my house is for sale and my yard should be in top shape I cut the grass only where I have to and my mulch beds look terrible I just can't make myself stay outside and do what I used to do just for enjoyment. I used to could sit for hours watching sports and movies, but now I barely make 30 minutes sometimes before I start pacing around and worrying about what I'm going to do: physically, mentally and financially. Although I'm divorced I haven't ever had much interest in dating or trying to meet someone new.

| | | | |
|--|-------|--------------------------|--|
| Name of person completing this form (Please print) | | Date (month, day, year) | |
| William M. Casey | | Sept 28, 2005 | |
| Address (Number and Street) | | email address (optional) | |
| 240 Lightwood Farm Road | | | |
| City | State | Zip Code | |
| Woodruff SC 29388 | | | |

THOMPSON 059859

020589206004937

SOUTH CAROLINA VOCATIONAL



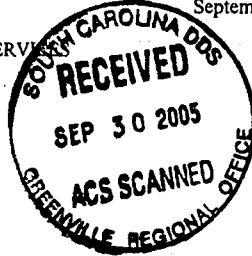
REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

September 21, 2005

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607



RE: WILLIAM M CASEY
AKA: MARK CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 58

JEFFREY K SMITH MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 5-16-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature J.K. Smith

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

PLEASE AUTHORIZE

Date: 9/23/05
Initials: JKS
Charge: 15.00

Sincerely,

Aimee F. DePetris

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E54200



L2 (6/05)
DMA: Y

THOMPSON 059860

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SOCIAL SECURITY FILE

THOMPSON 059861

DEPARTMENT OF HEALTH AND HUMAN SERVICES-SOCIAL SECURITY ADMINISTRATION

| DISABILITY DETERMINATION AND TRANSMITTAL | | | | | |
|---|--|--|--|---|--|
| 1. DESTINATION DDS ODO DRS DQB INTPSC | | 2. DDS CODE | 3. FILING DATE 02/01/2005 | 4. SSN [REDACTED] | BIC (if CDB or DWB) |
| 5. NAME & ADDRESS OF CLAIMANT (include ZIP Code) William Casey 240 Lightwood Farm Road Woodruff, SC 29388 | | | 6. WE'S NAME (if CDB or DWB) | | |
| 9. DATE OF BIRTH [REDACTED] 1958 | | | 10. PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/> | | |
| 12. DISTRICT OFFICE ADDRESS 140 MAGNOLIA ST, SPARTANBURG, SC 29301 | | | DO CODE 584 | | |
| 13. DO REPRESENTATIVE | | | 14. DATE | | |
| | | | 11. REMARKS | | |
| | | | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | | |
| | | | 11B. <input type="checkbox"/> IMPAIRMENT | | |
| DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED | | | | | |
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS | | BODY SYS 03 | CODE NO. 4960 |
| A. <input checked="" type="checkbox"/> Disability Began 05/28/04 | | Chronic Pulmonary Insufficiency (COPD). | | 16B. SECONDARY DIAGNOSIS 7240 | |
| B. <input type="checkbox"/> Disability Ceased | | | | Disorders of Back (discogenic and degenerative) | |
| 17. DIARY TYPE: MO/DD/YR REASON MRN 09/1908 Q | | | | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC 1614(a)(2)(216)(i) A. <input type="checkbox"/> Not Disab for Cash Bene Purp | | | 19. CLAIMANT NOT DISABLED B. Through C. <input type="checkbox"/> Before A. <input type="checkbox"/> Through Date of Current Determination Age 22 (CDB only) | | |
| 20. VOCATIONAL BACKGROUND | | | OCC YRS 13 | 21. VR ACTION A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> SC IN SC OUT Prev | |
| 22. REG-BASIS CODE | | 23. MED LIST NO | 24. MOB CODE | 25. REVISED DET <input checked="" type="checkbox"/> | |
| | | | | 25A. Init. <input type="checkbox"/> Recon. <input type="checkbox"/> DHU <input type="checkbox"/> ALJ <input checked="" type="checkbox"/> APP COUN <input type="checkbox"/> US DIST CT <input type="checkbox"/> | |
| 26. LIST NO | | A. | B. | C. | D. E. F. |
| 27. RATIONALE <input type="checkbox"/> See Attached SSA-4268-U4/C4 <input type="checkbox"/> Check if Vocational Rule Met, Cite Rule <input checked="" type="checkbox"/> See remarks-Item 34 | | | | | |
| 28. A. <input checked="" type="checkbox"/> Period of Disability B. <input checked="" type="checkbox"/> Disability Period C. <input checked="" type="checkbox"/> Etab Beg 05/28/04 And D. <input checked="" type="checkbox"/> Continues E. <input type="checkbox"/> Term | | | | | |
| 29. LTR/PAR NO. | | 30. DISABILITY EXAMINE-DDS | | 31. DATE | 32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE |
| | | | | | |
| 32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print, or Type) | | | | 32B. SPEC. CODE | |
| 34. REMARKS Revises the determination dated 10/2/2005 ALJ William Hauser decision dated 09/19/2006 Atty George Thomason PO Box 772 Spartanburg, SC 29304 Fee Agreement | | | | MULTIPLE IMPAIRMENTS CONSIDERED | |
| | | | | <input type="checkbox"/> 34A. COMBINED MULTIPLE NONSEVERE-SEVERE | |
| | | | | <input type="checkbox"/> 34B. COMBINED MULTIPLE | |
| 35. BASIS CODE D-5 | | 36. REV. DET. CODES | | 37. SSA REPRESENTATIVE Lyn Jackson SA | |
| | | | | SSA CODE 7 | |
| | | | | 38. DATE 10/2/2006 | |

Form SSA-831 (3/89)

STATE AGENCY / DATA COPY ELECTRONIC INPUT DECISION CASE CONTROL

THOMPSON 059862

DWC

10:30

Claimant's Name William Corey Claim Number [REDACTED]
 Date and Time 9-15-06 City Greenville SC
 ALJ William H. Hauer HA Rose Mary Haugis
 Claimant Represented By George Thomas
 Witnesses Dr. Roy Sumpter

digital id: 4880469D

Type of Recording (check one): 4-Track Monaural CD
 Cassette _____ of _____

| Counter Number | Description | Counter Number | Description |
|----------------|-------------|----------------|-------------|
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Rocket Docket Case

THOMPSON 059863

5820

| DISABILITY DETERMINATION AND TRANSMITTAL | | | | | | |
|--|--------------------|----------------------------|---|--|--|--|
| 1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DOB <input type="checkbox"/> INTPSC <input type="checkbox"/> | 2. DDS CODE S87 | 3. FILING DATE 02/01/05 | 4. SSN [REDACTED] | BIC (IF CDB OR DWB CLAIM) | | |
| 5. NAME AND ADDRESS OF CLAIMANT (include zip code) WILLIAM MARK CASEY 240 LIGHTWOOD FARM RD WOODRUFF SC 29388 | | | 6. WE'S NAME (if CDB or DWB CLAIM) | | | |
| 9. DATE OF BIRTH [REDACTED] 58 | | | PRIOR ACTION PD <input checked="" type="checkbox"/> PT <input type="checkbox"/> | | 11. REMARKS (864)486-9131 RECON FILED 09/06/05 RECEIVED 09/15/05 AOD 05/28/04 DLI 12/31/08 | |
| 12. DISTRICT BRANCH OFFICE ADDRESS (include ZIP code) 140 MAGNOLIA STREET SPARTANBURG SC 29306 (864) 573-7807 | | | DO BO CODE 584 | | | |
| 13. DO BO REPRESENTATIVE | | 14. DATE | | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | | 11B. <input type="checkbox"/> IMPAIRMENT |

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

| | | | | | | | | |
|--|--------------------|--|--|--|---|---|--|---|
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS Disorders of Back (Discogenic and Degenerative) | | BODY SYS 01 | CODE NO 7240 | 16B. SECONDARY DIAGNOSIS Affective/Mood Disorders | | CODE NO 2960 |
| A. <input type="checkbox"/> Disability Began | | B. <input type="checkbox"/> Disability Ceased | | | | | | |
| 17. DIARY TYPE | | MO/YR 00/00 | REASON | | | | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(21)(16)(1) A. Not Disab. For Cash Bene Purp <input type="checkbox"/> B. <input type="checkbox"/> Disab For Cash Bene. Purp Begin | | | | 19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB Only) | | | | |
| 20. VOCATIONAL BACKGROUND | | OCC YRS | ED YRS 13 | 21. VR ACTION | | SC IN A. <input type="checkbox"/> | SC OUT B. <input checked="" type="checkbox"/> | PREV REF C. <input type="checkbox"/> |
| 22. REG-BASIS CODE J1-1520(f) | 23. MED List NO | 24. MOB CODE | 25. REVISED DET <input checked="" type="checkbox"/> | 25A. INITIAL A. <input type="checkbox"/> | RECON B. <input checked="" type="checkbox"/> | RECON DHU C. <input type="checkbox"/> | ALJ HEARING D. <input type="checkbox"/> | APPEAL COUNCIL U.S. District Court E. <input type="checkbox"/> F. <input type="checkbox"/> |
| 26. LIST NO | | A | B | C | D | E | F | |
| 27. RATIONALE | | <input type="checkbox"/> See Attached SSA-4268-U4/C4 | | <input checked="" type="checkbox"/> Check if Vocational Rule Met. Cite Rule | | | | |
| 28. A. <input type="checkbox"/> Period of Disability | | B. <input type="checkbox"/> Disability Period | | C. <input type="checkbox"/> Estab. Beg | | and D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term | | |
| 29. LTR/PAR NO DDS/DL 928 | | 30. DISABILITY EXAMINER-DDS <i>Amel F. DePatis</i> | | 31. DATE 10/28/05 | | 32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE <i>Carl E. Anderson</i> | | 33. DATE 10/28/05 |
| 32a. PHYSICIAN OR MEDICAL SPEC. NAME (STAMP, PRINT OR TYPE) Carl E Anderson md | | | | | | 32B. SPEC CODE 12 | | |
| 34. REMARKS: RECON AFFIRMATION GEORGE THOMASON | | | | | | MULTIPLE IMPAIRMENTS CONSIDERED 34A. COMBINED MULTIPLE NONSEVERE-SEVERE 34B. COMBINED MULTIPLE NONSEVERE-SEVERE | | |
| 35. BASIS CODE | | 36. REV.DET CODES D-4 | | 37. SSA REPRESENTATIVE | | DATE | | |

| DISABILITY DETERMINATION AND TRANSMITTAL | | | | | |
|--|--|---|--|---|--|
| 1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DOB <input type="checkbox"/> INTPSC <input type="checkbox"/> | | 2. DDS CODE S87 | 3. FILING DATE 02/01/05 | 4. SSN [REDACTED] | BIC (IF CDB OR DWB CLAIM) |
| 5. NAME AND ADDRESS OF CLAIMANT (include zip code) WILLIAM MARK CASEY 240 LIGHTWOOD FARM RD WOODRUFF SC 29388 | | | 6. WE'S NAME (if CDB or DWB CLAIM) | | |
| 9. DATE OF BIRTH [REDACTED] 58 | | | PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/> | | 7. TYPE CLAIM (Title II) DIB <input type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> RD-R <input type="checkbox"/> RD-D <input type="checkbox"/> RD <input type="checkbox"/> P-R <input type="checkbox"/> PD <input type="checkbox"/> MOFE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12. DISTRICT BRANCH OFFICE ADDRESS (include ZIP code) 140 MAGNOLIA STREET SPARTANBURG SC 29306 (864) 573-7807 | | | DO BO CODE 584 | 11. REMARKS (864)486-9131 RECEIVED 02/15/05 AOD 05/28/04 DLI 12/31/08 | |
| 13. DO BO REPRESENTATIVE MLEMLE | | 14. DATE | 11A. <input type="checkbox"/> PRESUMPTIVE DISABILITY | 11B. <input type="checkbox"/> IMPAIRMENT | |
| DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED | | | | | |
| 15. CLAIMANT DISABLED | | 16A. PRIMARY DIAGNOSIS Asthma | | BODY SYS 03 | CODE NO 4930 |
| A. <input type="checkbox"/> Disability Began B. <input type="checkbox"/> Disability Ceased | | 16B. SECONDARY DIAGNOSIS Affective/Mood Disorders | | CODE NO 2960 | |
| 17. DIARY TYPE | | MO/YR 00/00 | REASON | | |
| 18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(21)(16)(I) A. Not Disab. For Cash Bene Purp <input type="checkbox"/> B. <input type="checkbox"/> Disab For Cash Bene. Purp Begin | | | 19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB Only) | | |
| 20. VOCATIONAL BACKGROUND | | OCC YRS | ED YRS 12 | 21. VR ACTION | SC IN <input type="checkbox"/> SC OUT <input checked="" type="checkbox"/> PREV REF <input type="checkbox"/> |
| 22. REG-BASIS CODE J1-1520(f) | 23. MED List NO | 24. MOB CODE | 25. REVISED DET <input type="checkbox"/> | 25A. INITIAL A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | RECON <input type="checkbox"/> RECON DHU <input type="checkbox"/> ALJ HEARING <input type="checkbox"/> APPEAL COUNCIL U.S. District Court <input type="checkbox"/> |
| 26. LIST NO → A | | B | C | D | E |
| 27. RATIONALE <input type="checkbox"/> | | See Attached SSA-4268-U4/C4 <input type="checkbox"/> | | Check if Vocational Rule Met. Cite Rule | |
| 28. A. <input type="checkbox"/> Period of Disability | | B. <input type="checkbox"/> Disability Period | C. <input type="checkbox"/> Estab. Beg | and D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term | |
| 29. LTR/PAR NO DDS/DL 443 | 30. DISABILITY EXAMINER-DDS <i>Robert W. Nestor</i> | | 31. DATE 07/13/05 | 32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE <i>Scham Y El-Ibiary MD</i> | |
| 32a. PHYSICIAN OR MEDICAL SPEC. NAME (STAMP, PRINT OR TYPE) Scham Y El-Ibiary MD | | | 32B. SPEC CODE 19 | | |
| 34. REMARKS: | | | | MULTIPLE IMPAIRMENTS CONSIDERED | |
| | | | | 34A. COMBINED MULTIPLE NONSEVERE-SEVERE | |
| | | | | 34B. COMBINED MULTIPLE NONSEVERE-SEVERE | |
| 35. BASIS CODE | 36. REV.DET CODES | | 37. SSA REPRESENTATIVE | | DATE |

THOMPSON 059865

*** REC 2005045 1104 H6DC11E0 CX2V CIPCMA7 CA7 (F-HH8) ***

February 14, 2005, 11:04
PAGE 1

MCS TITLE II DISABILITY TRANSMITTAL DI02
NH: [REDACTED] WILLIAM M CASEY

DESTINATION: S87

CLAIMANT NAME: WILLIAM M CASEY SSN: [REDACTED]
CLAIMANT ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388
COUNTRY: CONSUL CODE:

CLAIMANT BIRTHDATE: [REDACTED]1958 PHONE: 864 486 9131 AOD: 052804
APPLICANT (IF DIFFERENT): WILLIAM M CASEY FILING DATE: 020805
CLAIM TYPE: DIB IF MQFE, SPECIAL CASE FLAG:
CONCURRENT CLAIM TYPE: NO DDS INPUT:

BIC: HA CAPABILITY DEVELOPMENT NEEDED: STUDY LIST CODE:
RESIDENCE ADDRESS:

CITY: STATE: ZIP:
COUNTRY: CONSUL CODE:

REMARKS: MICHELLE ENGLISH MICHELLE.L.ENGLISHATSSA.GOV 864-582-1091 EXT-216
SPARTANBURG CO, SC

DO/BO CODE: 584 DO/BO UNIT: MLEMLE DATE TRANSMITTED: 021405

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059866

TRANSMITTAL OF DECISION OR DISMISSAL BY OHA

| | | | | |
|---|--|---|-----------------|------|
| | | Date: | 09/19/2006 | |
| TO: SSA 1-m-28 1st Fl Sw Bldg 1500 Woodlawn Dr Baltimore MD 21241-1500 | Claimant Name: | | William M Casey | |
| | SSN: | Date of Birth: | | |
| | ██████████ | ██████ 1958 | | |
| | Wage Earner Name: | | | |
| | SSN: | Date of Birth: | | |
| | | Type of Claim: Title 2 - Disability - Worker Or Child (DIWC) | | |
| FROM: William H. Hauser (1766) Administrative Law Judge SSA ODAR Hearing Ofc (X48) Suite 200 300 University Ridge Greenville SC 29601-3698 | FOR OHA HQ USE ONLY <input type="checkbox"/> Forwarded for further action to Processing Center or SSO below: | | | |
| Servicing Hearing Office: Greenville SC (X48) | | | | |
| Processing HO Tel #: 864-242-9154 | | Claims Folder(s) attached: | | |
| ATTACHMENTS: Decision Claim Folder: DI | | <input checked="" type="checkbox"/> DI <input type="checkbox"/> RSI <input type="checkbox"/> SSI <input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed | | |
| | | Branch | Initials | Date |
| REMARKS: Electronic indicator: Paper case (P) Representative: George H Thomason. Fee agreement Approved. Bench decision. Medical improvement expected. Recommend review within 24 months of this decision | | | | |
| Form HA-5051-U3 (updated 2003 for CPMS) Staple <u>original</u> to outside of Claims File; <u>1st copy</u> to HO File; <u>2nd copy</u> to SSO (discard in Foreign Claims). Accompanying memoranda addressed to a Processing Center or HQ, OHA should be stapled over the form. | | | | |

ht.p://ihs.ssapr1.ssp.fssa.gov:792/cpms/query?SWTag=TRANSMITTAL OF DECISION OR DIS... 9/19/06

THOMPSON 059867



SOCIAL SECURITY ADMINISTRATION

Refer To: [REDACTED]

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601-3698

Date: SEP 19 2006

William Mark Casey
240 Lightwood Farm Rd
Woodruff, SC 29388

NOTICE OF DECISION – FULLY FAVORABLE

I have made a fully favorable decision in your case. My decision is based on your application for Disability Insurance Benefits protectively filed on February 1, 2005.

I announced the basis for my decision at the hearing held on September 15, 2006. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on May 28, 2004, because of a breathing disorder, low back pain, and depression. You have severe impairments that render you unable to perform any work existing in significant numbers in the national economy.

A review of the claimant's disability status is recommended within 24 months of the date of this decision.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

THOMPSON 059868

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

Time To File An Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Time To Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

How An Appeal Works

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart J.

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulations exists. Section 404.970 of the regulations lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743


THOMPSON 059869

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (864)583-8223. Its address is Social Security, 140 Magnolia St, Spartanburg, SC 29306-2358.



William H. Hauser
Administrative Law Judge

cc: George H. Thomason
Attorney at Law
PO Box 772
Spartanburg, SC 29304

THOMPSON 059870

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER

IN THE CASE OF

CLAIM FOR

William Mark Casey
(Claimant)

Period of Disability and
Disability Insurance Benefits

William Mark Casey
(Wage Earner)

[REDACTED]
(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits.

My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

HOW TO ASK US TO REVIEW THE FEE AGREEMENT DETERMINATION

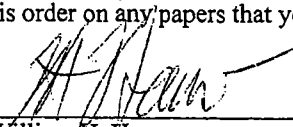
You or your representative may ask us to review the determination on the fee agreement. If you decide to ask us for a review, write us within 15 days from the day you get this order. Tell us that you disagree and give your reasons.

Send your request to this address:

Ollie Garmon
Regional Chief Administrative Law Judge
SSA ODAR Regional OFC
Ste 20T10
61 Forsyth St Sw
Atlanta, GA 30303

Your representative also has 15 days to write us if he or she does not agree with the determination on the fee agreement.

You should include the social security number(s) shown on this order on any papers that you send us.



William H. Hauser
Administrative Law Judge
SEP 19 2006

Date

THOMPSON 059871

FROM :

Book / Annual

PHONE NO. : 8645225853

Sep. 01 2006 03:49AM P5

ALJ Bench Decision CHECKSHEET - Final Decision

Claimant Name: William Mark Casey SSN: [REDACTED]

Application Date: 2-1-05 Title: IT Hearing Date: 9-7-06

Date Last Insured: 12-31-08 Date First Insured: _____

Established Onset Date: 5-28-04 ~~5-28-04~~

Prior Application None Reopened Not Reopened

Prior Application Date(s): T2 SSI _____

Date of Initial Determination: _____

Reason for Reopening: Within one year Grounds for reopening at any time

Good cause/new and material evidence (within 2 or 4 years)

Work After Onset None

UWA

TWF [See 20 C.F.R. §§ 404.1592(d)(2)(iii) and (iv).]

Not SGA

Severe Impairment(s) (singly or in combination):

Breathing disorder, low back pain, depression

Impairment(s) MEET Listing: # _____

Impairment(s) EQUAL Listing: # _____ ME Testimony/Interrogatories

Mental Impairment Analysis:

Restriction of Activities of Daily Living None Mild Moderate Marked Extreme

Difficulties Maintaining Social Functioning None Mild Moderate Marked Extreme

Difficulties Maintaining Concentration-Face None Mild Moderate Marked Extreme

Episodes of Decompensation None One or two Three Four or More

Part C Limit's (2 yrs med. hist. & more than minimal limitation) (12.02, 12.03, 12.04) Yes No

Residual disease process with marginal adjustment so that minimal changes cause decompensation

Current history 1+ years in highly supportive living arrangement with continuing need for same

Repeated episodes of decompensation, each of extended duration

12.06: Specify limitations:

Residual Functional Capacity: Sedentary Light Medium Heavy

EXERTIONAL LIMITATIONS: NONEXERTIONAL LIMITATIONS:

Lift/carry 10 lbs / 20 Mental - Describe below Manipulative _____

Sit 6 hr Postural _____ Communicative _____

Stand/walk 6 hr Environmental irritants Auditory/Visual _____

Push/pull OK Description: _____

Past Relevant Work: Unskilled No transferable skills Transferable Skills Not Material

Medical-Vocational Rule # _____ Directs

Medical-Vocational Rule # 202.21 Framework VE Testimony = No Jobs

Social Security Ruling # _____

Rationale for Decision (Include assessment of credibility and medical source opinion):

Psychological exams (Grace & Smith) document severe mental impairments that impact on concentration

persistence, pace, dealing with work stressors, people, the public, co-workers. Complaints are

credible and consistent with overall medical evidence. VE testimony rec'd at hearing confirms lack

of capacity to do past work, light or sedentary work in significant numbers in the national economy.

Recommend Representative Payee

Medical reexamination in 2 1/2 year(s) indefinite

Evidence of Workers Compensation Claim/Payment

Fee Agreement Approved. Representative Name: George H. Thomason

Fee Agreement Denied. Reason: _____

DATE: 9-7-06

5 PM SE

*PI - case
the comp
GIP
discovery*

*47
at court
12/14*

*Dr. Ward
CAF 60
3/30/07*

*don't
unreliable
court
part man*

*Dr. Grand
6/17/07*

*Dr. Smith
9/12/07
+
FCA
12.0X*

*unable
to open
in state*

*9/14/07
Dr. Grand
present
in
Psychotropics*

*Dr. Foye
7/21/07*

*ER
possible
5/20/07*

*from
initial
deposition
issued*

*2 hrs
6/27/07*

*VE
NORON*

B1

*and must
and all relevant
requirements*

THOMPSON 059872

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

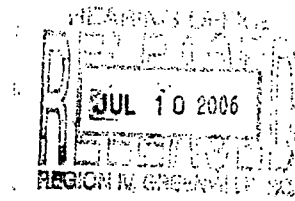
This is a request for review to see if the case can be paid on the record or, alternatively, for ~~pre-hearing~~ conference scheduling in September

July 7, 2006

*Robert
Docket*

Mr. Tom Roberts, Office Director
Office of Disability Adjudication & Review
300 University Ridge, Suite 200
Greenville, S. C. 29601-9959

Subject: WILLIAM M. CASEY
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]



Dear Mr. Roberts:

We requested a hearing for William Casey on 11-17-05. We have received updated information from

Dr. Joseph Grace, psychologist, consisting of an attending physician statement for Aetna Insurance.

Dr. Grace indicated the claimant would be incapable of benefitting from Vocational Rehabilitation services. He also indicated that the claimant would "prefer to be working but he is incapable of gainful employment." Dr. Grace is a treating source. An excellent June 17, 2005 report from Dr. Joseph Grace was previously provided to Social Security and is again submitted for ease of reference. The reconsideration decision correctly concluded that the claimant suffered from physical and mental impairments that would not allow him to do any of his past work activity. We offered a comprehensive report from a psychiatrist, Dr. Jeffrey Smith, in September 2005 confirming a degree of impairment that would meet or equal the listings under 12.00 *et seq.* Dr. Smith's information has been resubmitted for ease of reference. The claimant is a younger individual. He is alleging disability from May 28, 2004. A no work affidavit was submitted in November 2005. The claimant was last employed at Michelin Tire. The state agency used medium grid rule 203.29 to conclude that the claimant was not disabled. Most importantly, the use of rule 203.29 concludes that the claimant's past relevant work was skilled or semi-skilled but skills are not transferable. There seems to be no evidence from examining physicians to support a conclusion that the claimant could perform medium, light, or sedentary work for 8 hours a day/5 days a week. Age and education are not especially limiting.

[Handwritten signature]

THOMPSON 059873

This case appears to be a claim that could be screened for on the record payment or, alternatively, could be scheduled for a *prehearing conference* in September. Thank you for considering this request.

With kindest regards, I am

Very truly yours,



George H. Thomason
GHT/gl

Enclosures: Dr. Joseph Grace 6-17-05 report; Dr. Glace/Aetna statement;
Dr. Jeffrey Smith interrogatories

cc: William M. Casey

THOMPSON 059874



CURRICULUM VITAE

DEPARTMENT OF NEUROPSYCHIATRY AND
BEHAVIORAL SCIENCE
SCHOOL OF MEDICINE

Dr. William W. Stewart, CRC, CVE, LPC
Department of Neuropsychiatry & Behavioral Science
University of South Carolina School of Medicine
3555 Harden Street Extension, Suite 301
Columbia, South Carolina 29203

Telephone: (803)434-4299 Fax: (803)434-4277
Cell Phone: (803)446-5162 E-mail: wstewart@gw.mp.sc.edu

EDUCATION

Undergraduate Bachelor of Science in Vocational Studies
Vocational and Adult Education
Auburn University 1962-1968

Graduate Graduate work on Masters
Counselor Education
University of South Alabama 1971

Masters in Vocational and Adult Education
Rehabilitation Services Education
Vocational Evaluation and Work Adjustment Services
Auburn University 1971-1972

Doctorate in Rehabilitation Services
Rehabilitation Services Education
Vocational Evaluation, Work Adjustment Services and
Rehabilitation Counseling
Dissertation: The Existing Role of Workshops in Provide
Rehabilitation Services and Employment to Disabled
Individuals in the State of Alabama
Auburn University 1972-1975

Post Doctoral Study: Psychological Testing, Certified

Psychometrist
Auburn University 1980-1981

Post Doctoral Study: USES - GATB, Evaluation of Chronic Pain,
Coping with Severe Disability, Evaluation of Chronic Pain,
Evaluation of Vocational Disability
University of Alabama 1978, 1982, 1983

Post Doctoral Study: Professional Psychology, Helping Families
Cope
University of South Carolina 1986, 1989

Post Doctoral Study: Psychodiagnostics
Columbia College 2003

Post Doctoral Study: Psychopathology
Columbia College 2004

OTHER EDUCATIONAL SHORT-TERM STUDY

Participated in and completed 32 professional seminars, workshops, and programs, with most being for the purpose of continuing education hours for National Board Certification(s) and State License(s).

WORK EXPERIENCE

Department of Neuropsychiatry and Behavioral Science
University of South Carolina School of Medicine

Job Title: Professor of Rehabilitation Counseling

Department of Neuropsychiatry and Behavioral Science
2003-Present

Clinical Associate Professor of Rehabilitation Counseling
Department of Neuropsychiatry and Behavioral Science
2001-2003

Clinical Associate Professor of Rehabilitation Counseling
University Specialty Clinics
2000-2001

Associate Professor of Rehabilitation Counseling
1990-2000

Director, Rehabilitation Assessment and Counseling Clinic
1996-Present

Director, Rehabilitation Counseling Program
1996-1999

Assistant Professor
1985-1990

Note: Program was in the Department of Educational Psychology until 07/01/94

Duties: Directing the Neuropsychiatry Rehabilitation Assessment and Counseling Clinic, and providing assessment and counseling services to individuals with emotional, mental, and/or physical impairments and disabilities. The Clinic provides services in the areas of personal adjustment, social skills development, vocational/career evaluation, vocational/career counseling, rehabilitation counseling, educational decision making, evaluation of vocational potential employability status, and ability to earn/earnings capacity, job analysis/job modification, case management, rehabilitation planning, labor market research, quality of life, life care planning, ADA reviews, job/education/training placement, and consultation/referral and placement services.

Duties until retirement from teaching duties in June 2000 included teaching various courses in Rehabilitation Counseling, including Rehabilitation Assessment, Occupational Analysis and Placement in Rehabilitation, Case Management and Community Resources in Rehabilitation, Career Development and Counseling in Rehabilitation, Introduction to Rehabilitation Counseling, Rehabilitation Counseling Practice I, Rehabilitation Counseling Practice II, Counseling Practicum, Counseling Internship; and Directing the Rehabilitation Assessment and Counseling Clinic, and providing assessment and counseling services to individuals with emotional, mental, and/or physical impairments and disabilities. The Clinic provides services in the areas of personal adjustment, social skills development, vocational/career evaluation, vocational/career counseling, educational decision making, evaluation of vocational potential, employability status, and ability to earn/earnings capacity, consultation/referral and placement services and rehabilitation counseling.

Occupational Rehabilitation Center
1616 Sixth Avenue South
Birmingham, Alabama 35233

Job Title: Vocational Evaluator/Counselor
Coordinator, Industrial Rehabilitation Division
1982-1985

Duties: Providing diagnostic, evaluation, adjustment, counseling, and placement services for various agencies, industries, businesses, institutions, and individual clients and families. All services related to clients with emotional, mental, and/or physical impairments and disabilities, or special needs. Coordinating the Industrial Rehabilitation Division of a comprehensive rehabilitation center in a medical school/center complex.

Auburn University

Auburn University, Alabama 36849

Job Title: Assistant Professor
1975-1982 (Except for 1976-1977)

Duties: Same as above and teaching undergraduate, masters, and doctoral level courses in Rehabilitation Services. Served as Coordinator of the Auburn University Vocational Evaluation and Work Adjustment Lab.

Job Title: Extension/Research Associate
1972-1975

Duties: Providing diagnostic and prognostic educational, vocational, and psychological evaluations, personal and social adjustment counseling, vocational evaluation and counseling, career counseling, and rehabilitation counseling for various agencies, industries, businesses, and individual clients and families.

Evaluation and Counseling Practice

Job Title: Vocational Evaluator/Rehabilitation Counselor
1972-Present

Duties: Providing diagnostic, evaluation, adjustment, counseling, placement and consultation services for various agencies, industries, businesses, institutions, and individual clients and families.

Job Title: Consulting Psychometrist
1978-Present (Part time)

Duties: Providing diagnostic, evaluation, adjustment, counseling, and placement services for various agencies, industries, businesses, institutions, and individual clients and families.

CONSULTATIVE ACTIVITIES (Past /Present)

Providing vocational rehabilitation services, including assessment/evaluation, work adjustment, counseling, and placement with the Office of Hearings and Appeals/Social Security Administration, Disability Determination Division/Vocational Rehabilitation Department, Division for Exceptional Children and Youth, Department of Youth Services/Department of Juvenile Justice, Division of Vocational Special Needs/Vocational Education Department, State Employment Service, South Carolina Retirement System, various schools, legal representatives and firms, insurance companies, businesses and industries, and individual clients and families.

Vocational Expert Consultant with the Office of Hearings and Appeals, Social Security

National Rehabilitation Association
National Rehabilitation Counseling Association
Vocational Evaluation & Work Adjustment Association
South Carolina Rehabilitation Association

American Counseling Association
American Rehabilitation Counseling Association
South Carolina Counseling Association

South Carolina Rehabilitation Association
Advisory Board
Rehabilitation Counseling Association, President

Vocational Evaluation & Work Adjustment Association, President

South Carolina Counseling Association
Executive Board
American Rehabilitation Counseling Association, President
Association for Measurement and Assessment in Counseling, President

South Carolina Workers' Compensation Commission, Medical Advisory Committee

National Council on Rehabilitation Education (NCRE)

Graduate Faculty
University of South Carolina
Auburn University

Rho Sigma Epsilon (Rehabilitation Honor Society)

Professional Journal Editorial Board
Journal of Rehabilitation, Ad Hoc Reviewer
Vocational Evaluation & Work Adjustment Journal, Assistant Editor, Publications
Committee Chair
Journal of Rehabilitation Administration, Consulting Editor

Board of Directors: Brain Injury Alliance of South Carolina

May 1, 2006

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

| | |
|--|--------------------------------------|
| NAME (Claimant) (Print or Type) William M. Casey | SOCIAL SECURITY NUMBER [REDACTED] |
| WAGE EARNER (if different) | SOCIAL SECURITY NUMBER |

Section I APPOINTMENT OF REPRESENTATIVE

I appoint this individual George H. Thomason and Robert S. French, Attorneys at Law
(Name and Address)

to act as my representative in connection with my claim or asserted right under:

Title II (RSDI)
 Title XVI (SSI)
 Title IV FMSHA (Black Lung)
 Title XVIII (Medicare Coverage)

I authorize this individual to make or give any request or notice; to present or elicit evidence; to obtain information; and to receive any notice in connection with my pending claim or asserted right wholly in my stead. **Employees of Thomason & French are authorized to have complete access to all information in my file and to review and copy my claim file.**

| | |
|---|---|
| SIGNATURE (Claimant) <i>William Mark Casey</i> | ADDRESS 240 Lightwood Farm Road Woodruff, S C 29388 |
| TELEPHONE NUMBER (Area Code) 864-680-5929 | DATE 18 August 2005 |

Section II ACCEPTANCE OF APPOINTMENT

I, We, George H. Thomason and Robert S. French, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not, as a current or former officer or employee of the United States, disqualified from acting as the claimant's representative; and that I will not charge or receive any fee for the representation unless it has been authorized in accordance with the laws and regulations referred to on the reverse side hereof. In the event that I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Section III satisfies this requirement.)

I am a / an attorneys in South Carolina
(Attorney, union representative, relative, law student, etc.)

| | |
|--|--|
| SIGNATURE (Representative) <i>Thomason R French</i> | ADDRESS P. O. Box 772 Spartanburg, S. C. 29304 |
| TELEPHONE NUMBER (864) 582-5857 (Area code) | DATE 18 August 2005 |
| PAX: (864) 582-5853 | |

Section III (Optional) WAIVER OF FEE

no work camp

Please input appropriate codes in Social Security computer to cause 25% of all retroactive benefits generated for claimant and auxiliary beneficiaries

no child under 18

to be withheld for possible payment toward 25% fee agreement that claimant has with attorneys Thomason and French. Thank you.

Simplified Fee Agreement



SOCIAL SECURITY ADMINISTRATION

Refer To:

William Mark Casey

Office of Hearings and Appeals
Suite 200
300 University Ridge
Greenville, SC 29601-3698
Tel: (864)242-9154 / Fax: (864)467-1690

April 10, 2006

George H. Thomason
Po Box 772
Spartanburg, SC 29304

Dear George H. Thomason:

We have received your client's request for a hearing before an Administrative Law Judge (ALJ). This letter tells you about the hearing process and things that you should do now to prepare for the hearing. We will mail a Notice of Hearing to you and your client at least 20 days before the date of the hearing to tell you its time and place.

The Hearing

At the hearing, you and your client may present his/her case to the ALJ who will hear and decide it. The ALJ will consider the issue(s) you or your client has raised and the evidence now in his/her file and any additional evidence you provide. The ALJ may consider other issues as well and, if necessary, change parts of the previous decision that were favorable to your client. The Notice of Hearing will state the issues the ALJ plans to consider at the hearing.

Because the hearing is the time to show the ALJ that the issues should be decided in your client's favor, we need to make sure that his/her file has everything you want the ALJ to consider. You and your client are responsible for submitting needed evidence. After the ALJ reviews the evidence in the file, he or she may request more evidence to consider at the hearing.

Providing Additional Evidence

If there is more evidence you want the ALJ to see, get it to us as soon as possible. If you need help, you should contact us immediately. You may ask the ALJ to issue a subpoena that requires a person to submit documents or testify at your hearing.

You May See The Evidence In Your File

If you wish to see the evidence in your client's file, you may do so on the date of the hearing or before that date. If you wish to review the file before the date of the hearing, please call us.

See Next Page

THOMPSON 059883

William Mark Casey ([REDACTED])

Page 2 of 2

If You Have Any Questions Or Your Client's Address Changes

If you have any questions please call or write us. You must notify us if there is a change in your client's address. Our telephone number and address are shown on the first page of this letter.

Sincerely yours,

Thomas Roberts
Hearing Office Director

cc: William Mark Casey
240 Lightwood Farm Rd
Woodruff, SC 29388

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THOMPSON 059884

5841

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Reconsideration

WILLIAM M CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

Date:

Claim Number: [REDACTED]

Claim for:

- Disability Insurance Benefits
- Disabled Widow, Widower Benefits
- Childhood Disability Benefits
- Medicare Coverage Only

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and Disability Examiner in the State Agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find the previous determination denying your claim was proper under the law. Attached to this notice is an explanation of the decision we made on your claim and how we arrived at it. The reverse of this notice identifies the legal requirements for your type of claim.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State Agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an Administrative Law Judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security Office. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report – Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online at <http://www.socialsecurity.gov/disability/hearing>. Read the enclosed leaflet for a full explanation of your right to appeal.

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. You might lose benefits if you file a new application instead of filing an appeal. Therefore, if you think this decision is wrong, you should ask for an appeal within 60 days.




Paul D. Barnes
Regional Commissioner

Enclosure: SSA Pub. No. 70-10281
Personalized Attachment
cc: GEORGE H THOMASON ATTY

Important: See attached page for additional information.

AFD/461
Claim No: E54200
SSA-L928-U2 (9/04)


This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

If you have questions about your claim, you should get in touch with any Social Security Office. Most questions can be handled by telephone or mail. If you visit an office, please take this letter with you. Summarized below are legal requirements for the various types of disability claims:

Disability Insurance Claim

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training and work experience when we decide whether he or she can work.

Disabled Widow (Widower) Claim

A widow, widower or surviving divorced wife (age 50 - 60) must meet the disability requirement of the law within a specified 7-year period. A person may be considered disabled only if he or she has a physical or mental impairment that is so severe as to ordinarily prevent a person from working. The disability must have lasted or be expected to last for a continuous period of at least 12 months.

Childhood Disability Benefits

Childhood disability benefits may be paid to a person age 18 or older if the person has a disability which began before age 22 or within 84 months of the end of an earlier period of childhood disability. The condition, whether physical or mental, must be severe enough to keep the person from doing any substantial gainful work. We look at the person's education and previous training when we decide whether he or she can work. In addition, the condition must have lasted or be expected to last for at least 12 months in a row.

AFD/461
Claim No.: E54200

SSA-L928-U2 (9/04)
AFD

Social Security Administration

461/E54200

EXPLANATION OF DETERMINATION

| Name of Claimant | NH's Name(if CDB or DWB Claim) | SSN | Type of Claim |
|------------------|--------------------------------|------------|---------------|
| WILLIAM M CASEY | | [REDACTED] | DIB |

The following evidence, listed with receipt date, was used to decide this claim in addition to those listed on our previous notice.

- DR FRANCISCO E GONDA MD, 09/28/05
- LEGAL REPRESENTATIVE, 09/26/05
- FOOTHILLS FAMILY MEDICINE, 10/21/05
- DR JEFFREY K SMITH MD, 09/29/05

You state you are disabled and unable to work due to breathing problems, low back pain, insomnia and depression. You are not performing any substantial work now.

The evidence we received shows your condition(s) causes some work-related restrictions but does not prevent you from doing all types of work. Your current work restrictions may prevent you from performing any work you may have done in the past. However, when we considered your age, education and past work experience, we found you are capable of performing a significant number of jobs in the national economy. Therefore, this claim is denied.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

AFD/

Form SSA-4268-C4 (1-85)

THOMPSON 059887



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.
Larry C. Bryant, Commissioner

Greenville Regional Office ■ P.O. Box 3090 ■ Greenville, SC 29602 ■ (864) 282-4000
Toll-free: (800) 868-1950 ■ Administrative Fax: (864) 282-4482 ■ Medical Information Fax: (866) 868-7952

GEORGE H THOMASON
PO BOX 772
SPARTANBURG SC 29304

RE: WILLIAM M CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]

Dear GEORGE H THOMASON:

Attached is a copy of the notice recently mailed to WILLIAM M CASEY in connection with an application for disability benefits. This copy is provided to advise you of the recent action.

Sincerely,

Aimee F. DePetris, Disability Examiner

AFD/461
Claim No. E54200

Enclosure: Copy Notice to Applicant

NLR (9/04)

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THOMPSON 059888



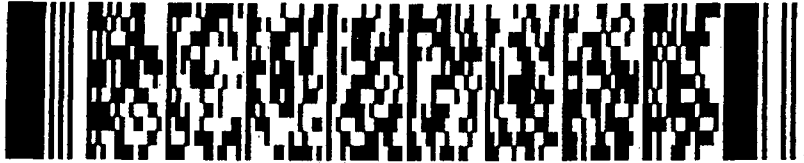
INSERT THIS END FIRST



Client Name: William Mark Casey

FAXED TO EF

Document Description: Request for Reconsideration



ROID: BD6250208 SITE: 584 DR: F
SSN: [REDACTED] DOCTYPE: 1100 RF: CS: b5cb

| | |
|-------------------------|------------|
| Request ID: | BD6250208 |
| Site ID: | 584 |
| SSN: | [REDACTED] |
| Outsource Codes: | |
| Document Type: | 1100 |

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REQUEST FOR RECONSIDERATION

(Do not write in this space)

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-189 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

| | |
|--|--|
| NAME OF CLAIMANT William M. Casey | NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from claimant.) |
| SOCIAL SECURITY CLAIM NUMBER SSN [REDACTED] | SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER |
| SPOUSE'S NAME (Complete ONLY in SSI cases) | SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases) |

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)
Disability Benefits

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:
Claimant is disabled within the meaning of the Social Security Act. Combination of impairments is disabling. Simplified fee agreement attached. Please acknowledge receipt by stamping & returning extra copy of fee agreement along with second page of request for reconsideration in the attached prepaid return envelope as acknowledgment that appeal has been received. Attorney needs PIA determination.

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY

(See reverse of claimant's copy)

"I want to appeal your decision about my claim for supplemental security income (SSI) or special veterans benefits (SVB). I've read the back of this form about the three ways to appeal. I've checked the box below."

- Case Review Informal Conference Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

| | | | | | |
|---|----------------------|--------------------------|---|----------------------|--------------------------|
| SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <i>[Signature]</i> <input type="checkbox"/> NON-ATTORNEY <input checked="" type="checkbox"/> ATTORNEY | | | CLAIMANT SIGNATURE <i>William Mark Casey</i> | | |
| STREET ADDRESS Box 772 | | | STREET ADDRESS 240 Lightwood Farm Road | | |
| CITY Spartanburg | STATE S.C. | ZIP CODE 29304 | CITY Woodruff | STATE S.C. | ZIP CODE 29388 |
| TELEPHONE NUMBER (Include area code) 864/582-5857 | | DATE 9/6/05 | TELEPHONE NUMBER (Include area code) 864/680-5929 | | DATE 9/6/05 |

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See reverse of claim folder copy for list of initial determinations

| | |
|--|--|
| 1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. CLAIMANT INSISTS ON FILING <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. IS THIS REQUEST FILED TIMELY? (If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.) <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---|--|
| RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125) | SOCIAL SECURITY OFFICE ADDRESS |
| <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED (GN 03102.125) | |
| <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED | |
| <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS | |
| ROUTING INSTRUCTIONS (CHECK ONE) → | |
| <input type="checkbox"/> DISABILITY DETERMINATION SERVICES (ROUTE WITH DISABILITY FOLDER) | <input type="checkbox"/> PROGRAM SERVICE CENTER |
| <input type="checkbox"/> ODO, BALTIMORE | <input type="checkbox"/> OIO, BALTIMORE |
| | <input type="checkbox"/> OEO, BALTIMORE |
| | <input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION |
| | <input type="checkbox"/> CENTRAL PROCESSING SITE (SVB) |

NOTE: TAKE OR MAIL COMPLETED COPIES TO YOUR SOCIAL SECURITY OFFICE

Form SSA-561-U2 (02-2001) EF (01-2002)
Destroy Prior Editions

CLAIMS FOLDER

THOMPSON 059890



INSERT THIS END FIRST



FAXED TO EF

Client Name: William Mark Casey

Document Description: Appointment of Representative



RQID: BD6250551 SITE: 584 DR: F
SSN: [REDACTED] DOCTYPE: 5040 RF: CS: 4ff

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|-------------------------|------------|
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| Site ID: | 584 |
| SSN: | [REDACTED] |
| Outsource Codes: | |
| Document Type: | 5040 |

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FAXED TO EF

Client Name: William Mark Casey

Document Description: Misc Payment Documents/Decisions



ROID: BD6250371 SITE: 584 DR: F
SSN: ██████████ DOCTYPE: 7010 RF: CS: 5606

| | |
|-------------------------|------------|
| Request ID: | BD6250371 |
| Site ID: | 584 |
| SSN: | ██████████ |
| Outsource Codes: | |
| Document Type: | 7010 |

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TJ
EC

George H. Thomason
Robert S. French

Thomason & French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

September 6, 2005

Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]

Dear Ms. Mika:

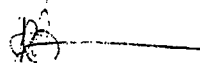
Please acknowledge the enclosed request for reconsideration by mailing the second page of the request form to our law firm in the enclosed prepaid return envelope as proof that this appeal has been received. We are also enclosing a Simplified Fee Agreement. Please input the appropriate computer code to show use of this fee agreement. Please stamp the extra copy of the fee agreement "Received" and return it to us as an acknowledgment.

There appears to be no vocational or medical support for the decision denying disability payments. The claimant cannot work for 8 hours a day/5 days a week. Advise if additional information is required. Please send us a copy of the reconsideration decision. Any unfavorable decision will be appealed. Our client will cooperate with any exams scheduled by Social Security.

We would like to obtain a PIA determination. We have been advised to obtain this information from the field office.

We have already reviewed the file. Please send this file to the Disability Determination Service.

Very truly yours,



George H. Thomason

ENCLOSURES: Request for reconsideration; 3441; Simplified fee agreement;
Return envelope

cc: William M. Casey

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THOMPSON 059893

5850

31

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

August 22, 2005

TWO PAGE FAX: 583-1801
HARD COPIES MAILED

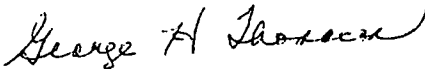
Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey
240 Lightwood Farm Rpad
Woodruff, S. C. 29388
SSN [REDACTED]

Dear Ms. Mika:

We are enclosing an appointment of representative form. We would like to review the file before we request reconsideration. We want to review the file before it is sent to the DDS. **Please make sure copies of applications and Form 3368 are in the file for our review.** Please give us the usual notice of the file's availability at the Spartanburg field office. We assume that the claimant's right to request reconsideration will be fully protected in the unlikely event there is a delay in making the file available within 3 weeks. Thank you for your assistance.

Very truly yours,



George H. Thomason
GHT/gj
Enclosure: 1696 Form

cc: William M. Casey

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THOMPSON 059894

**Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Disapproved Claims**

JUL 14 2005

Date:
Claim Number: [REDACTED]

WILLIAM M CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

We have enclosed information about the disability rules and more details about the decision on your claim.

About the Decision

Doctors and other trained staff looked at your case and made this decision. They work for your State but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

If You Disagree with the Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." You may request this form online at <http://www.socialsecurity.gov/online/SSA-561.pdf>. Contact one of our offices if you want help.

Enclosures: SSA Pub. No 05-10058
Personalized Attachment

cc:

584

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

See Next Page

THOMPSON 059895

5852

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

- In addition, you have to complete a "Reconsideration Disability Report" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the form online at <http://www.socialsecurity.gov/disability/recon>.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made On Your Social Security Claim." It contains more information about the appeal.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing.

- You might lose some benefits, or not qualify for any benefits, and
- We could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should ask for an appeal within 60 days.

If You Want Help with Your Appeal

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security Office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due Social Security benefits to pay toward the fee.

Other Benefits

Based on the application you filed, you are not entitled to any other benefits, besides those you may already be getting. In the future, if you think you may be entitled to other benefits you will need to apply again.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security Office at the number shown on page 1. We can answer most questions over the phone. You can also write or visit any Social Security Office. The office that serves your area is located at:

140 MAGNOLIA STREET
SPARTANBURG SC 29306
Telephone: (864) 583-8223

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.



Paul D. Barnes
Regional Commissioner

RHE/473
Claim No: D91109
SSA-443-U3 (4/04)

THOMPSON 059896

RULES FOR SOCIAL SECURITY DISABILITY

You must meet certain rules to qualify for Social Security Disability Benefits

For Disabled Worker's Benefits:

You must have the required work credits and your health problems must:

- Keep you from doing any kind of substantial work (described below) and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

For Disabled Child's Benefits:

You must be age 18 or older and your health problems must:

- Begin before age 22 you must become disabled again within 7 years after the month that your earlier period of disability ended, and
- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

For Disabled Widow's, Widower's or Surviving Divorced Spouse's Benefits:

You must be at least age 50, and your health problems must:

- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death, and
- Have started before the end of a special period.

The special period **starts** with the latest of:

- The month your spouse died, **or**
- The month your Social Security benefits as a parent ended, **or**
- The month your earlier period of widow(er)'s disability ended.

The special period **ends** at the close of the 84th month (7 years after the month it started.)

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

THOMPSON 059897

RULES FOR SOCIAL SECURITY DISABILITY
Information About Substantial Work

Generally, substantial work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. To decide if your work is substantial, we consider the nature of the job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we find that your work is substantial if your gross earnings average over \$800.00 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

Your work may be different than before your health problems began. It may not be as hard to do and your pay may be less. However, we may still find that your work is substantial under our rules.

If you are self-employed, we consider the kind and value of your work, including your part in the management of the business, as well as your income, to decide if your work is substantial.

RHE/473
Claim No.: D91109
SSA-443-U3 (4/04)

THOMPSON 059898

SOCIAL SECURITY ADMINISTRATION

| | | | |
|-----------------------------------|---------------------------------|------------------------------|----------------------|
| 473 D91109 | | EXPLANATION OF DETERMINATION | |
| Name of Claimant William Casey | NH's Name (If CDB or DWB Claim) | SSN [REDACTED] | Type of Claim DIB |

The following reports were used to decide this claim.

Upstate Lung and Critical Care, records received 02/21/05
 Dr. Jeffrey Smith, records received 02/22/05
 Spartanburg Regional Medical Center, records received 02/28/05
 Dr. Francisco Gonda, records received 03/02/05
 Lung & Chest Medical Associates, records received 03/29/05
 Piedmont Psychiatric, records received 06/02/05
 Dr. Glenn Scott, records received 06/03/05
 Dr. Joseph Grace, records received 07/08/05

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

You say you became disabled on 05/28/04 due to lung and breathing problems, and depression. You have not worked since that time. Records in file indicate that these are significant impairments and they limit your ability to work. Records also indicate you have back problems. Despite your mental problems, you retain the ability to understand, remember, and carry out simple routine instructions and you can maintain concentration and attention well enough to complete such tasks. Though you do not have the ability to return to your past relevant work as a tire builder, there are a significant number of jobs in the national economy which require relatively simple task work which, despite your limitations, you have the ability to perform. Accordingly, we are denying your claim for disability benefits.

If your condition gets worse and keeps you from working write, call or visit any Social Security Office about filing another application.

al - 07/13/2005

INITIAL DISABILITY CLAIM ISSUES

Claimant Name William M. Casey [REDACTED] Conc.

SPECIAL WORKLOAD CASE: _____

NON ENGLISH SPEAKING Language: _____

PRESUMPTIVE DECISION

T-XVI Unpaid Medical Expenses - MED: Yes or No (Complete in all T-XVI Cases)
(Check One)

Systems Limitation

Family Member Claims - Reside in same household - assign to same examiner:
X-Refer SSN(s) _____

- TERI CASE - Teri flag (Form SSA-2200) completed & on front of folder
- DIRE NEED or ADVERSE PR CASE - EXPEDITE per DI 23020.005
- Potential SUICIDE/HOMICIDE
- HOMELESS
- OTHER _____

SEND CASE DIRECTLY TO EXAMINER:

NO MER (Medical Evidence) SOURCES - Adult Case ONLY

Current MER (Medical Evidence) IN FILE - Consider this evidence before requesting additional MER

DEVELOPMENT Initiated by FO - See Item 10 on SSA-3367

PROOF OF COURT APPOINTED GUARDIANSHIP ENCLOSED. Check one if SSA-827 is not signed by child's parent or adult claimant (age 18 or older): YES NO (will forward when received)

Possible Fraud/Similar Fault. (TN, GA, Tampa FOs: Referred to CDI Unit)

PRISONER CASE: PUPS query or RC in file

ALIEN: Admitted to US for permanent residence on _____
(Date) (Place of Entry)
Alien Registration # _____ Sponsor Name/Phone _____

Comment: _____

THOMPSON 059900

MCS

DEVELOPMENT WORKSHEET

DW01

NH: [REDACTED] WILLI CASEY

CL: [REDACTED] WILLI CASEY

UNIT: MLEMLE FO: 584

CLAIMANT: WILLIAM MARK CASEY
APPLICANT (IF DIFF:): WILLIAM MARK CASEY

ADDRESS 1: 240 LIGHTWOOD FARM RD ADDRESS 2:
ADDRESS 3: ADDRESS 4:

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:

PHONE: 864 486 9131 INFO: _____ PHONE: _____ INFO: _____

PRINT APP/RECEIPT/CONF# (X): _ 020805

PRINT RECEIPT ONLY (X): _ PRINT. CONFIRMATION NUMBER ONLY (X): _

PRINT WITNESS SIGNATURE ONLY (X): _ PRINT WITHOUT ATTEST (X): _

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|--------|-------|--------|--------|----------------------------|
| DIB | 020805 | _____ | _____ | _____ | 020805 | 052804 |
| ATTEST | 020805 | _____ | _____ | _____ | 020805 | _____ |
| AGE | 020805 | 022505 | _____ | _____ | 030305 | [REDACTED] 958 SEE SHARED/ |
| DDSDEC | 021405 | _____ | _____ | _____ | 071805 | TO CLOSED 072105// |
| PROTFL | 020105 | _____ | _____ | _____ | 020805 | _____ |
| T2CO | _____ | _____ | _____ | _____ | 020805 | _____ |

ADDITIONAL ISSUES (Y/N): Y REMARKS (Y/N): Y

PF1 HELP FOR ATTORNEY ISSUES AND SIGNATURE PROXY SCRIPT TRANSFER TO:

FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

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THOMPSON 059901

MCS TRANSFER TO: WORKSHEET CONTINUATION DW02
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY
UNIT: MLEMLE FO: 584
CLAIMANT: WILLIAM MARK CASEY
APPLICANT (IF DIFF): WILLIAM MARK CASEY
ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:

PHONE: 864 486 9131 INFO: PHONE: INFO:

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|------|------|--------|--------|--------------------------|
| MCS EC | | | | | 071505 | AI ADJUDICATION COMPLETE |
| 827S | 020805 | | | | 021405 | |
| CHILD | | | | | | PROTFL |
| | | | | | | |
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ADDITIONAL ISSUES (Y/N): _ REMARKS (Y/N): Y PAGE 1
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

THOMPSON 059902

MCS TRANSFER TO: WORKSHEET REMARKS DW03
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY

UNIT: MLEMLE FO: 584

T2 ONLY/
\$1600.00 LONG TERM DIB FROM WORK, 401K

ADDITIONAL REMARKS (Y/N): _

PAGE 1

FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

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THOMPSON 059903

5860

MCS TRANSFER TO: REPORT OF CONTACT RPOC
NH [REDACTED] WILLI CASEY CL [REDACTED] WILLI CASEY

PERSON CONTACTED: FO PREPARED
RELATIONSHIP/TITLE: FO PREPARED DATE CONTACTED: 021405
HOW CONTACTED: 3 1. PHONE 2. DO/BO 3. OTHER SPECIFY: FO
NAME OF PERSON PREPARING REPORT: M ENGLISH
TITLE: 5 1. OS 2. CR 3. SR 4. CDC 5. OTHER SPECIFY: CRT
REPORT: A PAPER FOLDER FOR THIS CLAIM CONTAINS: EDCS ROUTING SHEET/T16 TRANSMI
TAL/IC FLAG SHEET/OUERIES/DISCO/827S/

MORE (Y/N): N CONTINUE THIS REPORT (Y/N): _ PAGE 1
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059904

MCS

DEVELOPMENT WORKSHEET

DW01

NH: [REDACTED] WILLI CASEY

CL: [REDACTED] WILLI CASEY

UNIT: LRPRCN FO: 584

CLAIMANT: WILLIAM MARK CASEY
APPLICANT (IF DIFF:): WILLIAM MARK CASEY

ADDRESS 1: 240 LIGHTWOOD FARM RD ADDRESS 2:
ADDRESS 3: ADDRESS 4:

CITY: WOODRUFF STATE: SC ZIP: 29388 CTRY:

PHONE: 864 486 9131 INFO: _____ PHONE: 864 582 5857 INFO: AUTH REP

PRINT APP/RECEIPT/CONF# (X): _

PRINT RECEIPT ONLY (X): _ PRINT CONFIRMATION NUMBER ONLY (X): _

PRINT WITNESS SIGNATURE ONLY (X): _ PRINT WITHOUT ATTEST (X): _

| ISSUE | REQ | F/UP | F/UP | TICKLE | REC | REMARKS |
|--------|--------|-------|-------|--------|--------|--------------------------|
| RECON | 090805 | _____ | _____ | _____ | 090605 | _____ |
| ATTEST | 090805 | _____ | _____ | _____ | XXXXXX | 584 PEARSO, F |
| 3441 | 090605 | _____ | _____ | _____ | 090605 | _____ |
| 1696 | 090605 | _____ | _____ | _____ | 090605 | ATTY - GEORGE H THOMASON |
| DDSDEC | 090805 | _____ | _____ | _____ | 103105 | S87 |
| FEEAGR | _____ | _____ | _____ | _____ | 090805 | 25% / \$5300 |

ADDITIONAL ISSUES (Y/N): Y REMARKS (Y/N): _

PF1 HELP FOR ATTORNEY ISSUES AND SIGNATURE PROXY SCRIPT TRANSFER TO:

FJELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

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THOMPSON 059906

MCS TRANSFER TO: REPORT OF CONTACT RPOC
NH [REDACTED] WILLI CASEY .CL [REDACTED] WILLI CASEY

PERSON CONTACTED: _____
RELATIONSHIP/TITLE: _____ DATE CONTACTED: _____
HOW CONTACTED: _ 1. PHONE 2. DO/BO 3. OTHER SPECIFY: _____
NAME OF PERSON PREPARING REPORT: _____
TITLE: _ 1. OS 2. CR 3. SR 4. CDC 5. OTHER SPECIFY: _____
REPORT: _____

MORE (Y/N): N CONTINUE THIS REPORT (Y/N): _ PAGE 1
FIELDS ARE PROTECTED - PF3 TO TERMINATE - PRESS ENTER TO ADVANCE

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THOMPSON 059907

*** REC 2006215 101854 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

FACT DTE:08/03/06 SSN: [REDACTED] BIC: DOC:X48 UNIT:NLS PG: 001
STATUS MBR YES LOU-08/03 DATA FILES YES LOU-08/03 SSACCS NO LOU-08/02
CPS NO
ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-07 LMM-11/05 FLI-M SEC-D CDY-0
DRAMS READ INACTIVE ACCT
PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005 FIRST MET-04/1999
LAST MET-12/2009 WAIT PER START-06/2004 NONX NO GMS USED-04/1999
EXC NO GMS USED-04/1999 20/40 EXCLUSION-TEST MET
20/40 NON EXCL-TEST MET DIB QC REQUIRE-20 DIB QC EARNED-40
FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
FULL QC REQUIRE-24 FULL QC EARNED-40 CURR QC EARNED-00
HLTHBEN QC EARN-00
PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-11/01/05 LAP-X F/LLOA-2/3
ZDPC-403 EDA-07/18/05 EDL-07/18/05
TELE NO BTN-864-486-9131 BTC1-O CPND-11/05
PAYEE WILLIAM M CASEY
ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED]/1958 B ABN-DXKA LAF-ND
MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
BLN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-0J1
LEVEL OF DENIAL-INITIAL
DATE OF FILING-02/08/2005 APP RECEIPT-09/06/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-0J1
LEVEL OF DENIAL-RECON
DIB DDO-05/28/04 LOD-2 BDC-J1 DSD-11/05
CITIZEN START-11/03/1958 COUNTRY-UNITED STATES PROVEN
+++ TRANS UPDATED THRU 08/03 +++
TRANS RD-11/01/05 LAP-X MCS PIC-A

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG --COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059909

*** REC 2006215 101901 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

MSG-NO: PAGE:001 DATE:08/03/06 SSID QN: [REDACTED] U:NLS

SSN NIF

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059910

5867

FACT DTE:02/02/06 SSN: [REDACTED] BIC: DOC:X48 UNIT:YVONNE PG: 001+
 STATUS MBR YES LOU-02/02 DATA FILES YES LOU-02/02 SSACCS NO LOU-02/01
 CPS NO
 ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-01 LMM-11/05 FLI-M SEC-D CDY-0
 DRAMS READ INACTIVE ACCT
 PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
 INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005
 FIRST MET-04/1999 LAST MET-12/2009 WAIT PER START-06/2004
 NONX NO GMS USED-04/1999 EXC NO GMS USED-04/1999
 20/40 EXCLUSION-TEST MET 20/40 NON EXCL-TEST MET
 DIB QC REQUIRE-20 DIB QC EARNED-40 FULL INS EXCL-TEST MET
 FULL INS NONEXCL-TEST MET FULL QC REQUIRE-24 FULL QC EARNED-40
 CURR QC EARNED-00 HLTHBEN QC EARN-00
 PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
 PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-11/01/05 LAP-X F/LLOA-2/3
 ZDPC-403 EDA-07/18/05 EDL-07/18/05
 TELE NO BTN-864-486-9131 BTC1-O CPND-11/05
 PAYEE WILLIAM M CASEY
 ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
 BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED]/1958 B ABN-DXKA LAF-ND
 MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
 BEN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-OJ1
 LEVEL OF DENIAL-INITIAL
 DATE OF FILING-02/08/2005 APP RECEIPT-09/06/2005 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-OJ1
 LEVEL OF DENIAL-RECON
 DIB DDO-05/28/04 LOD-2 BDC-J1 DSD-11/05
 CITIZEN START-11/03/1958 COUNTRY-UNITED STATES PROVEN
 +++ TRANS UPDATED THRU 02/02 +++
 TRANS RD-7/18/05 LAP-X MCS PIC-A
 RD-7/19/05 LAP-TB TITLE II PROCESS PIC-A
 RD-11/01/05 LAP-X MCS PIC-A

 DATE: 02/02/06 SUMM UN: YVONNE AN: [REDACTED] PG: 1
 SUMMARY REC: 1 ACD: 12/05/05 LOU: 12/05/05 PHT:
 AH : CASEY W M CLT: DIWC HGT: NRH-REG 10 BIC: A SSO: 584
 OFC: 5048 GREENVILLE SC ACC: REQUEST FOR HEARING RECEIVED 300
 XAH: XAN: XBI: SPC: HRD: 11/17/05
 HSD: HHD: CST: SC ISI: CIF:
 CFL: FLD: FOC:
 ALJ: RIN: HO1: 5048
 AAJ: RRD: OAO:
 ASD: AVD: HRM: CRT:
 DID: ADD: CDD:
 TITLE 2/MEDICARE/BLACK LUNG/MISC
 HEARING APPEAL COURT
 DSP: DSP: DSP: CTT:
 TITLE 16
 2SP: 2SP: 2SP: 2TT:

 MSG-6482125 DTE:02/02/06 TIME:102701 PG:001+
 DDSQ SSN: [REDACTED] BIC: ST: SC SA: X48 UNIT: YVONNE
 AN:251022977 BIC:HA DB:[REDACTED]/1958 RI:FPB STATE:SC SA:S87 STATUS:CLOSED
 AH:CASEY,WILLIAM M MCS RE: 02007 MDT: 090905 PGM:02
 AD: 240 LIGHTWOOD FARM RD WOODRUFF SC
 APD: 02/01/05 TYP: RC-DIB DO: 584 ZIP: 29388 SCI: CCI:N
 RCD: 09/06/05 DEC: DE BAS: J1 LUN: 01 TEL:8644869131 NP: QA:N
 SRD: 09/15/05 OND: LEX: 0461 SLC: 7 VOC:N FS:N
 PSD: ABO: LMC: 0424 CDF: RLB: EOR:Y
 MDF1: DSI: 0-7240-0 DST: 584 SCF: APL:C CER:N
 DIA: FMD: SCL: SC4:N

THOMPSON 059911

SSN: [REDACTED]

PG:002

ESD: 10/28/05 CSD: RTN: CDT: RTG: SC2:N SC5:
 MSD: 10/28/05 SCD: 10/28/05 SO: N BOD: 01 SC3:N SBI:
 LTI: LTJ:EDC REM:ATTORNEY: GEORGE H THOMASON PO BOX 772 SPARTANBURG SC
 8645825857

OCC: SDI: 2960 SPC: 12 J1: / RFC: LB:
 EDU: 13 MOB: ESC: J1B: / DAA: LD:

* * DEVELOPMENT HISTORY * *
 * * ST-SC * *

S E C
 L O E

| | | | | | | | | | | | | | | |
|-----|---|---|---|-----|-----|-----|-----|--------|------|-----|-----|--------|-----|-----|
| LEV | C | R | R | DEC | OND | CSD | BAS | DSI | LEX | LIT | DST | SCD | XAN | BOD |
| IN | 7 | Y | N | DE | | | J1 | 049300 | 0473 | | 584 | 071405 | | 03 |

 251-02-2977 - SSI - SSN NIF

 251-02-2977 - PCACS - SSN NOT FOUND

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059912

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-8878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey
Age: 46 (DOB: [REDACTED] 58)
Sex: Male
Handedness: Right

Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomediastinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomediastinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grece, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

000564

000

10/19/2005 15:34 FAX 8645839772

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THOMPSON 059913

Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Gonda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogarty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tree with resulting leakage of air into extrapleural, vascular, and mediastinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opined that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus. With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyprenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricor, Mobic, Hydrocodone 10/500, Tramadol 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued. Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorthoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization. Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

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Page 4

Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

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Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

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Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q.=100, P I.Q.=104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

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Page 7

In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Casey's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as ineffectual and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomfoting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

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In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnesic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

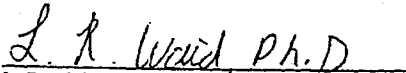
Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogerty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multiaxial assessment is provided:

| | |
|----------|---|
| Axis I | Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy. Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy. |
| Axis II | No diagnosis (V71.09). |
| Axis III | Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. |
| Axis IV | Marital separation/divorce; disability/unemployment; Workers' Compensation litigation. |
| Axis V | GAF=50 (Current). |

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.



L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

LRW/emf

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THOMPSON 059920

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STATE OF SOUTH CAROLINA)
) AFFIDAVIT
COUNTY OF SPARTANBURG)

PERSONALLY APPEARED before me, William M. Casey, 240 Lightwood Farm Road, Woodruff, SC 29388, SSN [REDACTED] I am making this statement under oath to be considered in my Social Security disability claim.

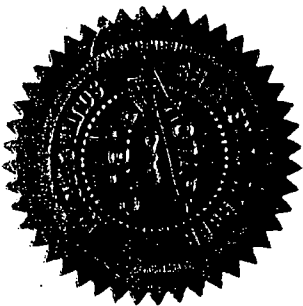
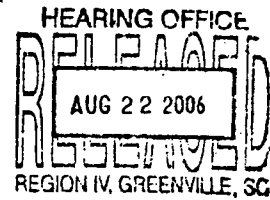
1. I stopped working in May 2004. I have not had a job since then. I stopped working then. I have not been working since then.
2. I have not drawn unemployment benefits from the South Carolina Employment Security Commission. I also have not filed a claim for Workers' Compensation benefits. I have not recently settled a Workers' Compensation claim. I am not in the process of filing a Workers' Compensation claim.
3. I have received long term disability benefits from an insurance company since I stopped working in 2004. Long term benefits stopped in May 2006.

William M Casey
William M. Casey

SWORN to before me this 21st day of August, 2006

Shirley A. Barber (SEAL)

My commission expires: 9/25/11



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THOMPSON 059921

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680-5929



MICHELIN NORTH AMERICA
US.3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3000, Office

28 May 2005

Mr. William Mark Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Dear Mark:

I am writing you as a follow-up to my letter dated 28 April 2005 to inform you that effective 28 May 2005, your employment with Michelin has been terminated. This action has been taken pursuant to Michelin's stated policy that termination will result when an employee is on light duty and/or leave of absence for a period exceeding twelve month's duration.

If I can be of further assistance to you regarding this matter, do not hesitate to call me.

Sincerely,

Emily Edwards
Area Personnel Manager

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THOMPSON 059922

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NH NAME WILLIAM M CASEY SN:251-02-2977 PG 001+
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 RUN DATE 07/24/06 V:09/20/04
 CONTROL [REDACTED]

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 DISABILITY EXCLUSION 20/40 INSURED TEST MET
 NO RECOMPUTATION INCREASE - JAN 2006
 PRIOR CLAIM STATUS - A
 ID INFO REQ NAME:CASEY REQ SEX:M REQ DATE OF BIRTH:[REDACTED]/1958
 ATES DATE OF ONSET:05/28/2004 ✓
 DIB INPUT MBR/INPUT DATA
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 INS STAT DISABILITY: EXCL REQ QC:24 EXCL HAS:040
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 OTHER: FIRST INSURED:04/99
 TOT COV SSA QC
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 TOT EARN SSA

TOT AFTER 1936: 868373.20
 TOT AFTER 1950: 868373.20

COMPUTATIONAL YEARLY EARNINGS

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| 800 | | 73 | CCCC | 899.80 | | 3947.18 | | | | | |
| 13200 | | 74 | CCCC | 1365.73 | | 5654.93 | | | | | |
| 14100 | | 75 | CCCC | 856.41 | | 3299.47 | | | | | |
| 15300 | | 76 | CCCC | 580.96 | | 2093.77 | | | | | |
| 16500 | | 77 | CCCC | 3296.24 | | 11207.89 | | | | | |
| 17700 | 250 | 78 | CCCC | 7337.31 | | 23112.94 | | | | | |
| 22900 | 260 | 79 | CCCC | 9408.03 | | 27251.86 | | | | | |
| 25900 | 290 | 80 | CCCC | 10766.11 | | 28608.85 | | | | | |
| 29700 | 310 | 81 | CCCC | 12635.70 | | 30506.09 | | | | | |
| 32400 | 340 | 82 | CCCC | 13018.38 | | 29789.98 | | | | | |
| 35700 | 370 | 83 | CCCC | 13142.48 | | 28676.95 | | | | | |

THOMPSON 059923

NH NAME WILLIAM
INPUT 07/24/06

M CASEY

SN: [REDACTED] PG 002
DO: X48 UNIT: NLS DERO MOD: 03

| COMPUTATIONAL YEARLY EARNINGS | | | | | | RAILROAD | RQSM | DMW | SE | AG |
|-------------------------------|-----|----|------|----------|---|------------|------|-----|----|----|
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| 39600 | 410 | 85 | CCCC | 26879.67 | H | 53131.50 | | | | |
| 42000 | 440 | 86 | CCCC | 27004.27 | H | 51839.15 | | | | |
| 43800 | 460 | 87 | CCCC | 29564.61 | H | 53351.67 | | | | |
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| 48000 | 500 | 89 | CCCC | 35232.15 | H | 58287.01 | | | | |
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| 53400 | 540 | 91 | CCCC | 34948.03 | H | 53278.76 | | | | |
| 55500 | 570 | 92 | CCCC | 39506.65 | H | 57277.29 | | | | |
| 57600 | 590 | 93 | CCCC | 38140.85 | H | 54825.62 | | | | |
| 60600 | 620 | 94 | CCCC | 38598.64 | H | 54033.46 | | | | |
| 61200 | 630 | 95 | CCCC | 39611.92 | H | 53314.87 | | | | |
| 62700 | 640 | 96 | CCCC | 40042.96 | H | 51382.16 | | | | |
| 65400 | 670 | 97 | CCCC | 40188.47 | H | 48725.68 | | | | |
| 68400 | 700 | 98 | CCCC | 42184.78 | H | 48602.29 | | | | |
| 72600 | 740 | 99 | CCCC | 46063.65 | H | 50269.80 | | | | |
| 7200 | 780 | 00 | CCCC | 47469.46 | H | 49089.34 | | | | |
| 80400 | 830 | 01 | CCCC | 41771.50 | L | 42190.42 | | | | |
| 84900 | 870 | 02 | CCCC | 50179.60 | H | 50179.60 | | | | |
| 87000 | 890 | 03 | CCCC | 46064.70 | H | 46064.70 | | | | |
| 87900 | 900 | 04 | CCCC | 42079.00 | | 42079.00 | | | | |
| 90000 | 920 | 05 | CNNN | 1577.09 | | 1577.09 | | | | |
| 94200 | 970 | 06 | NNNN | | | | | | | |

COMP DATA DI - COMP TYPE: NS 78 DIS EX AIME: \$4284.00
EFF DATE: 11/04 PIA: \$1624.60 PIFC: L FAM MAX: \$2436.90
EFF DATE: 12/04 PIA: \$1668.40 PIFC: L FAM MAX: \$2502.60
START BASE YEAR/START DATE: 1951 LAST BASE YEAR/CLOSE DATE: 2003
DIVIDEND: \$1028364.68 DM: 240 DOY: 4 YOC: I/Y: ELG YR: 2004
DI - COMP TYPE: NS 78R DIS EX AIME: \$4292.00
EFF DATE: 01/05 PIA: \$1669.60 PIFC: L FAM MAX: \$2504.50
EFF DATE: 12/05 PIA: \$1738.00 PIFC: L FAM MAX: \$2607.10
START BASE YEAR/START DATE: 1951 LAST BASE YEAR/CLOSE DATE: 2004
DIVIDEND: \$1030299.73 DM: 240 DOY: 4 YOC: I/Y: ELG YR: 2004
TRIAL COMPUTATIONS: NS 78 \$1736.80 SP MIN \$546.50 NS 78R
\$1738.00 SP MINR \$580.20 NS 78R \$1738.00 NS 78R DIS EX
\$1738.00

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059924

*** REC 2006205 131939 H7AF2EE0 C5QV CIPQYA7 PQA7 (F-C5Q) ***

SEQY DTE:07/24/06 AN:251-02-2977 DOC:X48 UNIT:NLS PG: 001
MEF: QN: [REDACTED] NA: W M CASEY DB: [REDACTED]/1958 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

| YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|------|----------|------|----------|
| 1972 | 236.59 | 1981 | 12635.70 | 1990 | 36020.47 | 1998 | 42184.78 |
| 1973 | 899.80 | 1982 | 13018.38 | 1991 | 34948.03 | 1999 | 46063.65 |
| 1974 | 1365.73 | 1983 | 13142.48 | 1992 | 39506.65 | 2000 | 47469.46 |
| 1975 | 856.41 | 1984 | 19479.24 | 1993 | 38140.85 | 2001 | 41771.50 |
| 1976 | 580.96 | 1985 | 26879.67 | 1994 | 38598.64 | 2002 | 50179.60 |
| 1977 | 3296.24 | 1986 | 27004.27 | 1995 | 39611.92 | 2003 | 46064.70 |
| 1978 | 7337.31 | 1987 | 29564.61 | 1996 | 40042.96 | 2004 | 42079.00 |
| 1979 | 9408.03 | 1988 | 32221.75 | 1997 | 40188.47 | 2005 | 1577.09 |
| 1980 | 10766.11 | 1989 | 35232.15 | | | | |

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED
NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR
UNCOVERED EARNINGS PRESENT FOR: 1990-2005

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059925

QRY DATE: 07/24/06 AN: [REDACTED] DOC: X48 UNIT: NLS PG: 002+ DEQR

| | | | | | | | |
|------|-----------|----------------------------|----------|------------|----------------|-------|---|
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0096 | AA | W M CASEY | 40042.96 | 38390.24 | 6115-85-49867 | 01197 | V |
| | | WAGE TOTAL | 40042.96 | | | | |
| | | OASDI EMPLOYER TOTAL | 40042.96 | | | | |
| | | 96 OASDI YEARLY TOTAL | 40042.96 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0097 | AA | W M CASEY | 40188.47 | 38527.52 | 7091-85-64055 | 00798 | V |
| | | WAGE TOTAL | 40188.47 | | | | |
| | | OASDI EMPLOYER TOTAL | 40188.47 | | | | |
| | | 97 OASDI YEARLY TOTAL | 40188.47 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0098 | AA | W M CASEY | 42184.78 | 40439.72 | 8071-86-04026 | 00599 | V |
| | | WAGE TOTAL | 42184.78 | | | | |
| | | OASDI EMPLOYER TOTAL | 42184.78 | | | | |
| | | 98 OASDI YEARLY TOTAL | 42184.78 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0099 | AA | W M CASEY | 46063.65 | 43208.92 | 9087-85-22874 | 00800 | V |
| | | WAGE TOTAL | 46063.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 46063.65 | | | | |
| | | 99 OASDI YEARLY TOTAL | 46063.65 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0000 | AA | W M CASEY | 47469.46 | 44520.69 | 0064-85-02671 | 00601 | V |
| | | WAGE TOTAL | 47469.46 | | | | |
| | | OASDI EMPLOYER TOTAL | 47469.46 | | | | |
| | | 00 OASDI YEARLY TOTAL | 47469.46 | | | | |
| | | | | | | | |
| F : | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0001 | AA | W M CASEY | 41771.50 | 39150.29 | 1066-85-83355 | 00702 | V |
| | | WAGE TOTAL | 41771.50 | | | | |
| | | OASDI EMPLOYER TOTAL | 41771.50 | | | | |
| | | 01 OASDI YEARLY TOTAL | 41771.50 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0002 | AA | W M CASEY | 50179.60 | 47201.15 | 2066-89-10055 | 00803 | V |
| | | WAGE TOTAL | 50179.60 | | | | |
| | | OASDI EMPLOYER TOTAL | 50179.60 | | | | |
| | | 02 OASDI YEARLY TOTAL | 50179.60 | | | | |
| | | | | | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0003 | AA | W CASEY | 46064.70 | 43300.85 | 3065-90-37007 | 00804 | V |
| | | WAGE TOTAL | 46064.70 | | | | |
| | | OASDI EMPLOYER TOTAL | 46064.70 | | | | |
| | | 03 OASDI YEARLY TOTAL | 46064.70 | | | | |

THOMPSON 059927

QRY DATE: 07/24/06 AN: ██████████ DOC: X48 UNIT: NLS PG: 003+ DEQR
 EIN: 066033492 AETNA LIFE INSURANCE COMPANY
 151 FARMINGTON AVE
 HARTFORD CT 06156-0001

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----------|------|----------------------------|----------|------------|----------------|-------|---|
| 0004 | AA | | W M CASEY | 245.90 | 2090.17 | 4119-86-66864 | 01605 | V |
| | | | WAGE TOTAL | 245.90 | | | | |
| | | | OASDI EMPLOYER TOTAL | 245.90 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| 0004 | AA | | W CASEY | 41833.10 | 39265.25 | 4042-85-03707 | 00505 | V |
| | | | WAGE TOTAL | 41833.10 | | | | |
| | | | OASDI EMPLOYER TOTAL | 41833.10 | | | | |
| | | | 04 OASDI YEARLY TOTAL | 42079.00 | | | | |

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0005 | AA | | W CASEY | 1577.09 | 1576.21 | 5114-86-84409 | 01506 | V |
| | | | WAGE TOTAL | 1577.09 | | | | |
| | | | OASDI EMPLOYER TOTAL | 1577.09 | | | | |
| | | | 05 OASDI YEARLY TOTAL | 1577.09 | | | | |

.6 NONE

DETAIL COVERED MQGE EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED (1983-1990)
 NO COVERED MQGE EARNINGS POSTED FOR YEARS REQUESTED

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED
 89 NONE

| EIN: | RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|----------------------|--------------|----------------|-------|---|
| 111724631 | 0090 | DJ | | W M CASEY | 1101.98 | 0284-99-05494 | 00391 | V |
| | | | | DEFERRED COMP. TOTAL | 1101.98 | | | |

| EIN: | R | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|----------------------|--------------|----------------|-------|---|
| 111724631 | 0091 | DJ | | W M CASEY | 1432.91 | 1136-99-17732 | 00792 | V |
| | | | | DEFERRED COMP. TOTAL | 1432.91 | | | |

| EIN: | RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|----------------------|--------------|----------------|-------|---|
| 111724631 | 0092 | DJ | | W M CASEY | 1615.29 | 2220-99-06562 | 00793 | V |
| | | | | DEFERRED COMP. TOTAL | 1615.29 | | | |

| EIN: | RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|----------------------|--------------|----------------|-------|---|
| 111724631 | 0093 | DJ | | W M CASEY | 1553.28 | 3066-85-25507 | 00494 | V |
| | | | | DEFERRED COMP. TOTAL | 1553.28 | | | |

| EIN: | RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|----------------------|--------------|----------------|-------|---|
| 111724631 | 0094 | DJ | | W M CASEY | 1576.13 | 4089-85-36087 | 00395 | V |
| | | | | DEFERRED COMP. TOTAL | 1576.13 | | | |

| EIN: | RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S |
|-----------|------|----|------|------|--------------|----------------|----|---|
| 111724631 | | | | | | | | |

THOMPSON 059928

QRY DATE: 07/24/06 AN: ██████████ DOC: X48 UNIT: NLS PG: 004+ DEQR
 0095 DJ W M CASEY 1628.66 5108-88-42561 00696 V
 DEFERRED COMP. TOTAL 1628.66

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0096 DJ W M CASEY 1652.72 6115-85-49867 01197 V
 DEFERRED COMP. TOTAL 1652.72

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0097 DJ W M CASEY 1660.95 7091-85-64055 00798 V
 DEFERRED COMP. TOTAL 1660.95

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0098 DJ W M CASEY 1745.06 8071-86-04026 00599 V
 DEFERRED COMP. TOTAL 1745.06

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0099 DJ W M CASEY 2854.73 9087-85-22874 00800 V
 DEFERRED COMP. TOTAL 2854.73

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0000 DJ W M CASEY 2948.77 0064-85-02671 00601 V
 DEFERRED COMP. TOTAL 2948.77

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0001 DJ W M CASEY 2621.21 1066-85-83355 00702 V
 DEFERRED COMP. TOTAL 2621.21

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0002 DJ W M CASEY 2978.45 2066-89-10055 00803 V
 DEFERRED COMP. TOTAL 2978.45

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0003 DJ W CASEY 2763.85 3065-90-37007 00804 V
 DEFERRED COMP. TOTAL 2763.85

EIN: 111724631 MICHELIN NORTH AMERICA INC
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0004 DD W CASEY 2567.85 4042-85-03707 00505 V
 DEFERRED COMP 401(K) TOTAL 2567.85

EIN: 066033492 AETNA LIFE INSURANCE COMPANY
 RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
 0005 DA W M CASEY 22131.24 5121-86-73444 01606 V
 WAGE TOTAL 22131.24

EIN: 111724631 MICHELIN NORTH AMERICA INC
 0005 DD W CASEY .88 5114-86-84409 01506 V
 DEFERRED COMP 401(K) TOTAL .88

06 NONE

THOMPSON 059929

QRY DATE: 07/24/06 AN: ██████████ DOC: X48 UNIT: NLS PG: 005 DEQR
REMARKS
CLAIMS ACTIVITY--SEE MBR

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059930

NH [REDACTED]

SG-SSA-16

INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.
KRISTIN CASEY

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION:

-- IF MY MEDICAL CONDITION IMPROVES SO THAT I WOULD BE ABLE TO WORK, EVEN THOUGH I HAVE NOT YET RETURNED TO WORK.

-- IF I GO TO WORK WHETHER AS AN EMPLOYEE OR A SELF-EMPLOYED PERSON.

-- IF I APPLY FOR OR RECEIVE A DECISION ON BENEFITS UNDER ANY WORKERS' COMPENSATION LAW OR PLAN (INCLUDING BLACK LUNG BENEFITS FROM THE DEPARTMENT OF LABOR), OR OTHER PUBLIC BENEFIT BASED ON DISABILITY.

-- IF I AM CONFINED TO A JAIL, PRISON, PENAL INSTITUTION, OR CORRECTIONAL FACILITY FOR CONVICTION OF A CRIME OR I AM CONFINED TO A PUBLIC INSTITUTION BY COURT ORDER IN CONNECTION WITH A CRIME.

THE ABOVE EVENTS MAY AFFECT MY ELIGIBILITY TO DISABILITY BENEFITS AS PROVIDED IN THE SOCIAL SECURITY ACT, AS AMENDED.

I AGREE TO REPORT ENTITLEMENT TO AND/OR CHANGES IN THE AMOUNT OF WORKERS' COMPENSATION OR OTHER PUBLIC DISABILITY BENEFIT. I UNDERSTAND THAT SUCH BENEFIT MAY AFFECT MY SOCIAL SECURITY PAYMENTS OR RESULT IN AN OVERPAYMENT WHICH I MAY HAVE TO PAY BACK.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF I BECOME ENTITLED TO A PENSION OR ANNUITY BASED ON EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR IF SUCH PENSION OR ANNUITY STOPS.

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THOMPSON 059932

NH [REDACTED]

SG-SSA-16

BENEFITS TO A STEPCHILD TERMINATE THE MONTH AFTER THE MONTH THE WORKER AND THE STEPCHILD'S PARENT OBTAIN A FINAL DIVORCE. THEREFORE, IF A STEPCHILD BECOMES ENTITLED ON MY RECORD, I AGREE TO NOTIFY SSA IF THE STEPCHILD'S PARENT AND I SUBSEQUENTLY DIVORCE.

MY REPORTING RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME.

REMARKS:

I AGREE WITH MY EARNINGS RECORD AS FOLLOWS:

| YEAR | EARNINGS | YEAR | EARNINGS | YEAREARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|--------------|------|----------|
| 1972 | 236.59 | 1980 | 10766.11 | 198832221.75 | 1996 | 40042.96 |
| 1973 | 899.80 | 1981 | 12635.70 | 198935232.15 | 1997 | 40188.47 |
| 1974 | 1365.73 | 1982 | 13018.38 | 199036020.47 | 1998 | 42184.78 |
| 1975 | 856.41 | 1983 | 13142.48 | 199134948.03 | 1999 | 46063.65 |
| 1976 | 580.96 | 1984 | 19479.24 | 199239506.65 | 2000 | 47469.46 |
| 1977 | 3296.24 | 1985 | 26879.67 | 199338140.85 | 2001 | 41771.50 |
| 1978 | 7337.31 | 1986 | 27004.27 | 199438598.64 | 2002 | 50179.60 |
| 1979 | 9408.03 | 1987 | 29564.61 | 199539611.92 | 2003 | 46064.70 |

INA AND I WERE MARRIED IN SPARTANBURG SC. WE ARE PLANNING TO GET A DIVORCE.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY MAILING ADDRESS IS 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

MY TELEPHONE NUMBER IS (864) 486-9131.

SIGNATURE _____

DATE _____

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THOMPSON 059933

NH [REDACTED]

SG-SSA-16

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

NAME OF PERSON TO CONTACT
ABOUT YOUR CLAIM: _____

| | |
|----------------|---|
| : UNIT: MLEMLE | : |
| : | : |
| : | : |
| : | : |
| : | : |
| : | : |
| : | : |

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE OF AWARD:
AFTER YOU RECEIVE A NOTICE OF AWARD:

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT
WWW.SOCIALSECURITY.GOV.

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE
PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN ___ DAYS AFTER YOU HAVE GIVEN US ALL THE
INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION
IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE
THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE
CHANGE.

On February 8, 2005, we talked with you and completed your application for
SOCIAL SECURITY BENEFITS. We stored your application information electronically
in our records and attached a summary of your statements.

What You Need To Do

- o Review your application to ensure we recorded your statements correctly.
- o If you agree with all your statements, you may retain the application for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this notice to let us know.

THOMPSON 059934

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

February 8, 2005, 12:29

PAGE 5

NH [REDACTED]

SG-SSA-16

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT
WILLIAM M CASEY

SOCIAL SECURITY CLAIM NO.
[REDACTED]

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059935

5892

APPLICATION FOR DISABILITY INSURANCE BENEFITS

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

CHECKING THE STATUS OF YOUR CLAIM

Information about the status of your claim will soon be available on the Internet. Please wait at least 5 days before you check your claim status. Just go to the Social Security Claims page at www.socialsecurity.gov/applyforbenefits and select "Check Your Claim Status" and enter your confirmation number. However, disability claims take longer to process than other types of Social Security claims because we need to obtain sufficient medical evidence to show that you are disabled. It may take 90-120 days before "Check Your Claim Status" will reflect a final decision on your disability claim. The confirmation number for this claim is:

61927462

REMEMBER TO GUARD YOUR CONFIRMATION NUMBER CAREFULLY. Your Confirmation Number is the key to your application information!

- o Don't put it where others can see it.
- o Don't store it with other personal information, like your Social Security number.
- o Don't give it to anyone else.
- o Social Security employees will NEVER ask for your Confirmation Number.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059936

NH SSN: [REDACTED]

LEADS/PROTECTIVE FILING WORKSHEET

NH NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED] 1958 PROOF CODE: A SEX: M DEATH:
UNIT: JBL FO: 584 PRIOR FO:

CLAIM TYPES(S): DIB SSIDI LEAD ESTABLISHED: 020105
T2 CLAIM TAKEN: T16 CLAIM TAKEN:

CL NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED] 1958 PROOF CODE: A SEX: M ONSET DATE: 06032004

ADDRESS: since 240 LIGHTWOOD FARM RD
09/01/03

CITY: WOODRUFF STATE: SC ZIP: 29388
COUNTRY: POSTAL ZONE:
PHONE: 864-486-9131 INFO: HOME PHONE: INFO:
FOREIGN PHONE:

CALLER (IF DIFFERENT):
RELATIONSHIP TO CLAIMANT:
RECONTACT BY CALLER: DATE:

CY EARNINGS: ? PY EARNINGS: ? INFORMAL DENIAL:

PROOFS REQ AGE: MAR/DIV: DEATH: MILITARY:
MEDICAL EVIDENCE:
W-2/EARNINGS FOR SSI INC/RESR:

APPT DATE: 020805 TIME: 11:15 APPT TYPE: PHONE CAL. USED: 2
PRIOR DATE: TIME: REASON FOR CHANGE:

DISABILITY FORMS SENT: Y SUPPRESS NOTICE:

ISSUE REQ F/UP F/UP TICKLE REC REMARKS

FROTFL 020105 020905
T2CO
T16CO

REMARKS

\$1600.00 LONG TERM DIB FROM WORK, 401K

disability - 05/28/04 -> chest-pains a work-operation done then
depression single episode / lung problems 2 doctors out of work - lung doctor
depression - psychologist psychiatrist

- Donna - sptbg CD

Wilson Smith
Charles Leggett

680-9649
809-2485

blc - separate envelope
• 6991 -> Imane
6827s

Kristen Casey - lives w/ mother - Donna
Aug-10 - visit in school
Kristen - 602-0623
Donna - 205-9517

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059937

FACT DTE:07/21/05 SSN: [REDACTED] BIC: DOC:584 UNIT:MLE PG: 001+
STATUS MBR YES LOU-07/21 DATA FILES YES LOU-07/21 SSACCS NO LOU-07/20
CPS NO
ACCOUNT PCOC-7 NOP-01 SP-M TAC-D LUM-08 LMM-08/05 FLI-M SEC-D CDY-0
DRAMS READ INACTIVE ACCT
INSURED CLAIM TYPE-DISABILITY DATE OF FILING-02/08/2005
FIRST MET-04/1999 LAST MET-12/2009 WAIT PER START-06/2004
NONX NO GMS USED-04/1999 EXC NO GMS USED-04/1999
20/40 EXCLUSION-TEST MET 20/40 NON EXCL-TEST MET
DIB QC REQUIRE-20 DIB QC EARNED-40 FULL INS EXCL-TEST MET
FULL INS NONEXCL-TEST MET FULL QC REQUIRE-24 FULL QC EARNED-40
CURR QC EARNED-00 HLTHBEN QC EARN-00
PMT CYC CYI-2 PCEFD-07/18/2005 PCCOM-07/05 PCCR-I
PRIMARY WILLIAM MARK CASEY DOB-[REDACTED]/1958 LSPA-\$0.00
PAYMENT PIC-A MPA-\$0.00 DOC-584 SCC-42410 RD-07/19/05 LAP-T F/LLOA-2/3
ZDPC-403 EDA-07/18/05 EDL-07/18/05
TELE NO BTN-864-486-9131 BTC1-O CPND-07/05
PAYEE WILLIAM M CASEY
ADDRESS 240 LIGHTWOOD FARM RD WOODRUFF SC 29388-7600
BENEFIT BIC-A WILLIAM MARK CASEY SB-M DOB-[REDACTED]/1958 B ABN-DXGR LAF-ND
MBP-\$0.00 DRD-07/18/05 LANG-E TOC-5
BEN DENY DATE OF FILING-02/08/2005 APP RECEIPT-02/08/2005 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-05/28/2004 DISALOW/DEN RSN-0J1
LEVEL OF DENIAL-INITIAL
DIB DDO-05/28/04 LOD-1 BDC-J1 DSD-07/05
CITIZEN START-[REDACTED]/1958 COUNTRY-UNITED STATES PROVEN
+++ TRANS UPDATED THRU 07/21 +++
TRANS RD-7/18/05 LAP-X MCS PIC-A
RD-7/19/05 LAP-TB TITLE II PROCESS PIC-A

THOMPSON 059938

NH SSN: [REDACTED]

LEADS/PROTECTIVE FILING WORKSHEET

NH NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED]1958 PROOF CODE: A SEX: M DEATH:
UNIT: JBL FO: 584 PRIOR FO:

CLAIM TYPES(S): DIB LEAD ESTABLISHED: 020105
T2 CLAIM TAKEN: T16 CLAIM TAKEN:

CL NAME: WILLIAM M CASEY SSN: [REDACTED]
BIRTHDATE: [REDACTED]1958 PROOF CODE: A SEX: M ONSET DATE: 06032004

ADDRESS: 240 LIGHTWOOD FARM RD

CITY: WOODRUFF STATE: SC ZIP: 29388
COUNTRY: POSTAL ZONE:
PHONE: 864-486-9131 INFO: HOME PHONE: INFO:
FOREIGN PHONE:

CALLER (IF DIFFERENT):
RELATIONSHIP TO CLAIMANT:
RECONTACT BY CALLER: DATE:

CY EARNINGS: ? PY EARNINGS: ? INFORMAL DENIAL:

PROOFS REQ AGE: MAR/DIV: DEATH: MILITARY:
MEDICAL EVIDENCE:
W-2/EARNINGS FOR SSI INC/RESR:

APPT DATE: 020805 TIME: 11:15 APPT TYPE: PHONE CAL. USED: 2
PRIOR DATE: TIME: REASON FOR CHANGE:

DISABILITY FORMS SENT: Y SUPPRESS NOTICE:

ISSUE REQ F/UP F/UP TICKLE REC REMARKS

..OTFL 020105 020905
T2CO

REMARKS

\$1600.00 LONG TERM DIB FROM WORK, 401K

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059939

DISCO DIB Insured Status Report

Monday, February 07, 2005

UNIT PLEXXX

SSN [REDACTED] LNAME CASEY DOB [REDACTED] 1958 SEX M ID DI

Alleged Onset 01/01/61 PPD1 [REDACTED] to [REDACTED] PPD2 [REDACTED] to [REDACTED]

Lag for 2003: \$0.00 Lag for 2004: \$0.00

Beginning With Quarter of Alleged Onset Date (AOD) 1/1/61 through 12/31/2010

Insured for DIB? Yes

Date First Insured in or after quarter of AOD 10/1/73 Date Last Insured Overall 12/31/08

Up to Nine Separate Periods of Insured Status Displayed Here:

| | | | | | | | | | | | |
|------|------------|------|------------|------|------------|------|------------|------|------------|------|------------|
| DFI1 | 10/1/73 | DLI1 | 12/31/08 | DFI2 | [REDACTED] | DLI2 | [REDACTED] | DFI3 | [REDACTED] | DLI3 | [REDACTED] |
| DFI4 | [REDACTED] | DLI4 | [REDACTED] | DFI5 | [REDACTED] | DLI5 | [REDACTED] | DFI6 | [REDACTED] | DLI6 | [REDACTED] |
| DFI7 | [REDACTED] | DLI7 | [REDACTED] | DFI8 | [REDACTED] | DLI8 | [REDACTED] | DFI9 | [REDACTED] | DLI9 | [REDACTED] |

MYQCR 6 MYQCE 6 ELAPSED 12 EARNED 6 PRE 51 \$0.00

- ITEM1 Pre 1951 earnings: \$0.00
- ITEM2 Has DIB insured status in or after quarter of AOD (1/1/61)
- ITEM3 Number holder has 126 QCs, sufficient for RIB insured status
- ITEM4 ICF multi SSN earnings selection used.
- ITEM5 Default date 1/1/61 used for AOD
- ITEM6
- ITEM7
- ITEM8
- ITEM9
- ITEM10
- ITEM11
- ITEM12
- ITEM13
- ITEM14
- ITEM15
- ITEM16

| SSN | LNAME | CASEY |
|-----------|-----------|-----------|
| 1951 0000 | 1961 0000 | 1971 0000 |
| 1952 0000 | 1962 0000 | 1972 0011 |
| 1953 0000 | 1963 0000 | 1973 1111 |
| 1954 0000 | 1964 0000 | 1974 1111 |
| 1955 0000 | 1965 0000 | 1975 1111 |
| 1956 0000 | 1966 0000 | 1976 1111 |
| 1957 0000 | 1967 0000 | 1977 1111 |
| 1958 0000 | 1968 0000 | 1978 4 |
| 1959 0000 | 1969 0000 | 1979 4 |
| 1960 0000 | 1970 0000 | 1980 4 |
| 1981 4 | 1991 4 | 2001 4 |
| 1982 4 | 1992 4 | 2002 4 |
| 1983 4 | 1993 4 | 2003 4 |
| 1984 4 | 1994 4 | 2004 0 |
| 1985 4 | 1995 4 | 2005 0 |
| 1986 4 | 1996 4 | 2006 0 |
| 1987 4 | 1997 4 | 2007 0 |
| 1988 4 | 1998 4 | 2008 0 |
| 1989 4 | 1999 4 | 2009 0 |
| 1990 4 | 2000 4 | 2010 0 |

Original IC94 Data:

| PRE 1951 EARNINGS: | | | TOTAL EARNINGS: | | |
|--------------------|----------|----------|-----------------|----------|-----------|
| YEAR | EARNINGS | QUARTERS | YEAR | EARNINGS | QUARTERS |
| | | | | 0.00 | |
| | | | | | 824717.11 |
| 1972 | 236.59 | NNCC | 1984 | 19479.24 | CCCC |
| 1973 | 899.80 | CCCC | 1985 | 26879.67 | CCCC |
| 1974 | 1365.73 | CCCC | 1986 | 27004.27 | CCCC |
| 1975 | 856.41 | CCCC | 1987 | 29564.61 | CCCC |
| 1976 | 580.96 | CCCC | 1988 | 32221.75 | CCCC |
| 1977 | 3296.24 | CCCC | 1989 | 35232.15 | CCCC |
| 1978 | 7337.31 | CCCC | 1990 | 36020.47 | CCCC |
| 1979 | 9408.03 | CCCC | 1991 | 34948.03 | CCCC |
| 1980 | 10766.11 | CCCC | 1992 | 39506.65 | CCCC |
| 1981 | 12635.70 | CCCC | 1993 | 38140.85 | CCCC |
| 1982 | 13018.38 | CCCC | 1994 | 38598.64 | CCCC |
| 1983 | 13142.48 | CCCC | 1995 | 39611.92 | CCCC |
| | | | 1996 | 40042.96 | CCCC |
| | | | 1997 | 40188.47 | CCCC |
| | | | 1998 | 42184.78 | CCCC |
| | | | 1999 | 46063.65 | CCCC |
| | | | 2000 | 47469.46 | CCCC |
| | | | 2001 | 41771.50 | CCCC |
| | | | 2002 | 50179.60 | CCCC |
| | | | 2003 | 46064.70 | CCCC |
| | | | 2004 | 0.00 | NNNN |
| | | | 2005 | 0.00 | NNNN |

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

FACT DTE:02/07/05 SSN: [REDACTED] BIC: DOC:584 UNIT:MLE PG: 001
SSN: [REDACTED] NIF AS OF 02/07/05 (MNIF)

[REDACTED] - OHAQ TOTAL - RECORD NOT FOUND
[REDACTED] - DDSQ - DDS CLAIM NOT-IN-FILE ND00C01
[REDACTED] - SSI - SSN NIF

NUMI DTE:02/07/05 SSN: [REDACTED] XC:B UNIT:MLE PG:001+
ACCOUNT SSN: [REDACTED] ETC:0 RFN:64147023279
NAME NAA: WILLIAM, MARK, CASEY
BIRTH DOB: [REDACTED] 1958 PLB: SPARTANBURG, SC SEX:M ETB:1
PARENT MNA: CLARA S HUDSON
FNA: JULIAN C CASEY
INTERNAL FMC:1 CYD: [REDACTED]/1969
NO CORRESPONDENCE RECORDS FOUND
XR SSNS NO MULTIPLE SSNS LOCATED

SEQY DTE:02/07/05 AN: [REDACTED] DOC:584 UNIT:MLE PG: 001
MEF: QN: [REDACTED] NA: W M CASEY DB: [REDACTED]/1958 SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

| YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|------|----------|------|----------|
| 1972 | 236.59 | 1980 | 10766.11 | 1988 | 32221.75 | 1996 | 40042.96 |
| 1973 | 899.80 | 1981 | 12635.70 | 1989 | 35232.15 | 1997 | 40188.47 |
| 1974 | 1365.73 | 1982 | 13018.38 | 1990 | 36020.47 | 1998 | 42184.78 |
| 1975 | 856.41 | 1983 | 13142.48 | 1991 | 34948.03 | 1999 | 46063.65 |
| 1976 | 580.96 | 1984 | 19479.24 | 1992 | 39506.65 | 2000 | 47469.46 |
| 1977 | 3296.24 | 1985 | 26879.67 | 1993 | 38140.85 | 2001 | 41771.50 |
| 1978 | 7337.31 | 1986 | 27004.27 | 1994 | 38598.64 | 2002 | 50179.60 |
| 1979 | 9408.03 | 1987 | 29564.61 | 1995 | 39611.92 | 2003 | 46064.70 |

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED
NO MQGE EARNINGS FOR YEARS REQUESTED
REMARKS

NON-COVERED EARNINGS PRESENT FOR: 1990-2003

QRY DATE: 02/07/05 AN: [REDACTED] DOC: 584 UNIT: MLE PG: 001+ DEQR

INPUT: YRS REQ: 1989-2005; COVERED DETAILS; NON-COVERED DETAILS; PENSION;
SPECIAL WAGE PAYMENT; EMPLOYER ADDRESS

MEF: NA: W M CASEY DB: [REDACTED] 1958 SX: M AK:
DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS
REQUESTED

EIN: 111724631 MICHELIN NORTH AMERICA INC
% TAX DEPT
PO BOX 19001
GREENVILLE SC 29602-9001

*07/09/1984 -
05/28/2004*

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0089 | AA | | W M CASEY | 35232.15 | 35232.15 | 9042-99-08691 | 00890 | V |
| | | | WAGE TOTAL | 35232.15 | | | | |
| | | | OASDI EMPLOYER TOTAL | 35232.15 | | | | |
| | | | 89 OASDI YEARLY TOTAL | 35232.15 | | | | |

EIN: 111724631 MICHELIN NORTH AMERICA INC

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0090 | AA | | W M CASEY | 36020.47 | 34918.49 | 0284-99-05494 | 00391 | V |
| | | | WAGE TOTAL | 36020.47 | | | | |
| | | | OASDI EMPLOYER TOTAL | 36020.47 | | | | |
| | | | 90 OASDI YEARLY TOTAL | 36020.47 | | | | |

EIN: 111724631 MICHELIN NORTH AMERICA INC

| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
|------|-----|------|-----------------------|----------|------------|----------------|-------|---|
| 0091 | AA | | W M CASEY | 34948.03 | 33515.12 | 1136-99-17732 | 00792 | V |
| | | | WAGE TOTAL | 34948.03 | | | | |
| | | | OASDI EMPLOYER TOTAL | 34948.03 | | | | |
| | | | 91 OASDI YEARLY TOTAL | 34948.03 | | | | |

THOMPSON 059942

SSN: [REDACTED]

PG:002

| | | | | | | | |
|----------------|----------------------------|-----------------------|----------|------------|----------------|-------|---|
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0092 | AA | W M CASEY | 39506.65 | 37891.36 | 2220-99-06562 | 00793 | V |
| | | WAGE TOTAL | 39506.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 39506.65 | | | | |
| | | 92 OASDI YEARLY TOTAL | 39506.65 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0093 | AA | W M CASEY | 38140.85 | 36587.57 | 3066-85-25507 | 00494 | V |
| | | WAGE TOTAL | 38140.85 | | | | |
| | | OASDI EMPLOYER TOTAL | 38140.85 | | | | |
| | | 93 OASDI YEARLY TOTAL | 38140.85 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0094 | AA | W M CASEY | 38598.64 | 37022.51 | 4089-85-36087 | 00395 | V |
| | | WAGE TOTAL | 38598.64 | | | | |
| | | OASDI EMPLOYER TOTAL | 38598.64 | | | | |
| | | 94 OASDI YEARLY TOTAL | 38598.64 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0095 | AA | W M CASEY | 39611.92 | 37983.26 | 5108-88-42561 | 00696 | V |
| | | WAGE TOTAL | 39611.92 | | | | |
| | | OASDI EMPLOYER TOTAL | 39611.92 | | | | |
| | | 95 OASDI YEARLY TOTAL | 39611.92 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0096 | AA | W M CASEY | 40042.96 | 38390.24 | 6115-85-49867 | 01197 | V |
| | | WAGE TOTAL | 40042.96 | | | | |
| | | OASDI EMPLOYER TOTAL | 40042.96 | | | | |
| | | 96 OASDI YEARLY TOTAL | 40042.96 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0097 | AA | W M CASEY | 40188.47 | 38527.52 | 7091-85-64055 | 00798 | V |
| | | WAGE TOTAL | 40188.47 | | | | |
| | | OASDI EMPLOYER TOTAL | 40188.47 | | | | |
| | | 97 OASDI YEARLY TOTAL | 40188.47 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0098 | AA | W M CASEY | 42184.78 | 40439.72 | 8071-86-04026 | 00599 | V |
| | | WAGE TOTAL | 42184.78 | | | | |
| | | OASDI EMPLOYER TOTAL | 42184.78 | | | | |
| | | 98 OASDI YEARLY TOTAL | 42184.78 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0099 | AA | W M CASEY | 46063.65 | 43208.92 | 9087-85-22874 | 00800 | V |
| | | WAGE TOTAL | 46063.65 | | | | |
| | | OASDI EMPLOYER TOTAL | 46063.65 | | | | |
| | | 99 OASDI YEARLY TOTAL | 46063.65 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0000 | AA | W M CASEY | 47469.46 | 44520.69 | 0064-85-02671 | 00601 | V |
| | | WAGE TOTAL | 47469.46 | | | | |
| | | OASDI EMPLOYER TOTAL | 47469.46 | | | | |
| | | 00 OASDI YEARLY TOTAL | 47469.46 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |
| RPYR | REO LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0001 | AA | W M CASEY | 41771.50 | 39150.29 | 1066-85-83355 | 00702 | V |
| | | WAGE TOTAL | 41771.50 | | | | |
| | | OASDI EMPLOYER TOTAL | 41771.50 | | | | |
| | | 01 OASDI YEARLY TOTAL | 41771.50 | | | | |
| EIN: 111724631 | MICHELIN NORTH AMERICA INC | | | | | | |

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059943

SSN: [REDACTED]

PG:003

| | | | | | | | | |
|------|-----------|------|----------------------------|----------|------------|----------------|-------|---|
| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0002 | AA | | W M CASEY | 50179.60 | 47201.15 | 2066-89-10055 | 00803 | V |
| | | | WAGE TOTAL | 50179.60 | | | | |
| | | | OASDI EMPLOYER TOTAL | 50179.60 | | | | |
| | | | 02 OASDI YEARLY TOTAL | 50179.60 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | REO | LOAC | NAME | EARNINGS | TOTAL COMP | CONTROL NUMBER | PR | S |
| 0003 | AA | | W CASEY | 46064.70 | 43300.85 | 3065-90-37007 | 00804 | V |
| | | | WAGE TOTAL | 46064.70 | | | | |
| | | | OASDI EMPLOYER TOTAL | 46064.70 | | | | |
| | | | 03 OASDI YEARLY TOTAL | 46064.70 | | | | |

04 NONE
05 NONE

DETAIL COVERED MQGE EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED (1983-1990)

NO COVERED MQGE EARNINGS POSTED FOR YEARS REQUESTED

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

89 NONE

| | | | | | | | | |
|------|-----------|------|----------------------------|--------------|----------------|-------|---|--|
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0090 | DJ | | W M CASEY | 1101.98 | 0284-99-05494 | 00391 | V | |
| | | | DEFERRED COMP. TOTAL | 1101.98 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0091 | DJ | | W M CASEY | 1432.91 | 1136-99-17732 | 00792 | V | |
| | | | DEFERRED COMP. TOTAL | 1432.91 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0092 | DJ | | W M CASEY | 1615.29 | 2220-99-06562 | 00793 | V | |
| | | | DEFERRED COMP. TOTAL | 1615.29 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0093 | DJ | | W M CASEY | 1553.28 | 3066-85-25507 | 00494 | V | |
| | | | DEFERRED COMP. TOTAL | 1553.28 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0094 | DJ | | W M CASEY | 1576.13 | 4089-85-36087 | 00395 | V | |
| | | | DEFERRED COMP. TOTAL | 1576.13 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0095 | DJ | | W M CASEY | 1628.66 | 5108-88-42561 | 00696 | V | |
| | | | DEFERRED COMP. TOTAL | 1628.66 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0096 | DJ | | W M CASEY | 1652.72 | 6115-85-49867 | 01197 | V | |
| | | | DEFERRED COMP. TOTAL | 1652.72 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0097 | DJ | | W M CASEY | 1660.95 | 7091-85-64055 | 00798 | V | |
| | | | DEFERRED COMP. TOTAL | 1660.95 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0098 | DJ | | W M CASEY | 1745.06 | 8071-86-04026 | 00599 | V | |
| | | | DEFERRED COMP. TOTAL | 1745.06 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |
| 0099 | DJ | | W M CASEY | 2854.73 | 9087-85-22874 | 00800 | V | |
| | | | DEFERRED COMP. TOTAL | 2854.73 | | | | |
| EIN: | 111724631 | | MICHELIN NORTH AMERICA INC | | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR | S | |

THOMPSON 059944

SSN: [REDACTED]

PG:004

| | | | | | | |
|------|-----------|----------------------------|---------|---------------|----------------|------|
| 0000 | DJ | W M CASEY | 2948.77 | 0064-85-02671 | 00601 | V |
| | DEFERRED | COMP. TOTAL | 2948.77 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR S |
| 0001 | DJ | W M CASEY | 2621.21 | 1066-85-83355 | 00702 | V |
| | DEFERRED | COMP. TOTAL | 2621.21 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR S |
| 0002 | DJ | W M CASEY | 2978.45 | 2066-89-10055 | 00803 | V |
| | DEFERRED | COMP. TOTAL | 2978.45 | | | |
| EIN: | 111724631 | MICHELIN NORTH AMERICA INC | | | | |
| RPYR | RE | LOAC | NAME | TOTAL AMOUNT | CONTROL NUMBER | PR S |
| 0003 | DJ | W CASEY | 2763.85 | 3065-90-37007 | 00804 | V |
| | DEFERRED | COMP. TOTAL | 2763.85 | | | |
| | 04 | NONE | | | | |
| | 05 | NONE | | | | |

[REDACTED] - PCACS - SSN NOT FOUND

[REDACTED] - MDW - WORKSHEET (MMDW) NOT PRESENT FOR REQUESTED SSN

*Casey, William
T2 only*

THOMPSON 059945

DISABILITY REPORT - ADULT - Form SSA-3368

(3368) Section 1 - Information About the Disabled Person

A. Name: **William Mark Casey**

B. Social Security Number: [REDACTED]

C. Daytime Telephone Number (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.):

864-486-9131 Your number

D. Give the name of a friend or a relative that we can contact (other than your doctors) who knows about your illnesses, injuries or conditions and can help you with your claim.

| | |
|----------------|-----------------------------|
| Name: | GREGG CASEY |
| Relationship: | Brother |
| Address: | |
| Daytime Phone: | 864-476-5222 - Voice |

| | |
|----------------|-----------------------------|
| Name: | CARROL LYNNE HYSLOP |
| Relationship: | Sister |
| Address: | |
| Daytime Phone: | 864-476-6537 - Voice |

- E. What is your height without shoes? **5' 8"**
- F. What is your weight without shoes? **175 lbs.**
- G. Do you have a medical assistance card? **No**
If "YES", show the number here:
- H. Can you speak and understand English? **Yes**
If "NO", what is your preferred language?

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages?

THOMPSON 059946

(If "YES", is this the same person as in "D" above? If it is, show "SAME" below, if not complete below.)

- I. Can you read and understand English? **Yes**
J. Can you write more than your name in English? **Yes**

(3368) Section 2 - Your Illnesses, Injuries or Conditions and How They Affect You

- A. What are the illnesses, injuries or conditions that limit your ability to work?
Lung and breathing problems/single episode of depression/blew out lung during surgery/
- B. How do your illnesses, injuries or conditions limit your ability to work?
breathing problems/2 doctors have me out of work/
- C. Do your illnesses, injuries or conditions cause you pain or other symptoms? **Yes**
- D. When did your illnesses, injuries or conditions first bother you? **05/28/2004**
- E. When did you become unable to work because of your illnesses, injuries or conditions?
05/28/2004
- F. Have you ever worked? **Yes**
- G. Did you work at any time after the date your illnesses, injuries or conditions first bothered you? **No**
- H. If "Yes," did your illnesses, injuries or conditions cause you to:
work fewer hours?
change your job duties?
make any job-related changes such as your attendance, help needed, or employers?

Explain:

- I. Are you working now? **No**
If "NO," when did you stop working? **05/28/2004**
- J. Why did you stop working?
my disability/

THOMPSON 059947

(3368) Section 3 - Information About Your Work

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

* = Longest Job Held

| Longest Job Held | Job Title | Type of Business | Dates Worked (From-To) | Hours Per Day | Days Per Week | Rate of Pay/Per |
|------------------|----------------------------|-------------------------|-------------------------|---------------|---------------|------------------|
| * | manufacturing professional | Michelin North American | 07/09/1984 - 05/28/2004 | 10 | 5 | \$45,000.00/Year |

B. Which job did you do the longest?

manufacturing professional

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.):

i built truck tires/18 wheeler truck tires/

D. In this job, did you:

Use machines, tools, or equipment? **Yes**

Use technical knowledge or skills? **Yes**

Do any writing, complete reports, or perform duties like this? **Yes**

E. In this job, how many total hours each day did you:

Walk? **5**

Stand? **7**

Sit? **1**

Climb? **0.5**

Stoop? (Bend down & forward at waist.): **1**

Kneel? (Bend legs to rest on knees.): **1**

Crouch? (Bend legs & back down & forward.): **1**

Crawl? (Move on hands & knees.): **0.5**

Handle, grab or grasp big objects? **7.5**

THOMPSON 059948

Reach? 2

Write, type or handle small objects? 0.5

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.):

i lifted boxes of products....some i lifted straight up and some i moved into position. the tires weighted about 100 lbs. dealth with this items all day long/

G. Heaviest weight lifted: 100 lbs. or more

H. Weight you frequently lifted (By frequently, we mean from 1/3 to 2/3 of the workday.):

50 lbs. or more

I. Did you supervise other people in this job? No

How many people did you supervise?

What part of your time was spent supervising people?

Did you hire and fire employees?

J. Were you a lead worker? Yes

(3368) Section 4 - Information About Your Medical Records

A. Have you been seen by a doctor/hospital/clinic or anyone else for the illnesses, injuries or conditions that limit your ability to work?

Yes

B. Have you been seen by a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

Yes

C. List other names you have used on your medical records:

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. List each Doctor/HMO/Therapist. Include your next appointment:

| | | | |
|----------|-----------------------|-------------------|-------------------|
| Name: | FRANCISCO E GONDA DR | | |
| Address: | ATTN: MEDICAL RECORDS | Date First Visit: | over 5 years ago/ |

THOMPSON 059949

| | | | |
|--|----------------|-------------------|------------|
| 2212 OLD FURNACE ROAD BOILING SPRINGS, SC 29316-0000 | | Date Last Seen: | 01/12/2005 |
| Phone: 864-578-9735 | Patient ID # : | Next Appointment: | 04/2005 |
| Reasons for Visits: family doctor | | | |
| What treatment was received? medicince/check-ups | | | |

| | | | |
|---|----------------|-------------------|-------|
| Name: JOSEPH G GRACE III DR | | Date First Visit: | 07/04 |
| Address: 853 NORTH CHURCH STREET SUITE 510 SPARTANBURG, SC 29303-0000 | | Date Last Seen: | 01/05 |
| Phone: 864-560-1512 | Patient ID # : | Next Appointment: | 02/05 |
| Reasons for Visits: depression/trouble sleeping/ | | | |
| What treatment was received? advice/ | | | |

| | | | |
|---|----------------|-------------------|---------|
| Name: LUNG & CHEST MEDICAL ASSOCS | | Date First Visit: | 07/2004 |
| Address: ATTN: MEDICAL RECORDS 2030 NORTH CHURCH PLACE SPARTANBURG, SC 29303-0000 | | Date Last Seen: | 01/2005 |
| Phone: | Patient ID # : | Next Appointment: | none |
| Reasons for Visits: lung and breathing problems | | | |
| What treatment was received? two stress tests-treadmill and resting/ | | | |

| | | | |
|---|----------------|-------------------|------------|
| Name: JEFFREY K SMITH DR | | Date First Visit: | 10/2004 |
| Address: ATTN: MEDICAL RECORDS 2094 WOODRUFF ROAD GREENVILLE, SC 29607-0000 | | Date Last Seen: | 01/17/2005 |
| Phone: 864-676-9211 | Patient ID # : | Next Appointment: | 02/14/2005 |
| Reasons for Visits: depression | | | |

THOMPSON 059950

What treatment was received?
medicine

| | | | |
|---|---|-------------------|-------------------------------|
| Name: | UPSTATE LUNG & CRITICAL CARE | | |
| Address: | ATTN: MEDICAL RECORDS | Date First Visit: | 06/04 |
| | 1091 BOILING SPRINGS ROAD | Date Last Seen: | 07/07/2004 |
| | SPARTANBURG, SC 29303-0000 | | |
| Phone: | 864-573-6320 | Patient ID # : | Next Appointment: none |
| Reasons for Visits: | | | |
| lung surgery follow-up/went back to find out why i couldn't sleep and rest | | | |
| What treatment was received? | | | |
| follow-up to surgery/ | | | |

E. List each Hospital/Clinic. Include your next appointment:

| | | | |
|--|---------------------------------------|-----------------------------|-------------------|
| Name: | SPARTANBURG REG MEDICAL CENTER | | |
| Address: | ATTN: MEDICAL RECORDS | | |
| | 101 EAST WOOD STREET | | |
| | SPARTANBURG, SC 29303-0000 | | |
| Phone: | 864-560-6000 | | |
| Inpatient Date In 1: | 06/03/2004 | Inpatient Date Out 1: | 06/07/2004 |
| Inpatient Date In 2: | | Inpatient Date Out 2: | |
| Inpatient Date In 3: | | Inpatient Date Out 3: | |
| Outpatient Date First Visit: | | Outpatient Date Last Visit: | |
| Emergency Room Dates of Visits: | 05/28/2004 | | |
| Next Appointment: | none | | |
| Your Hospital/Clinic Number: | | | |
| Reasons for Visits: | | | |
| breathing problems--sent there from work/ | | | |
| What treatment did you receive? | | | |
| flexable broncostopy procedre-did not work, really should not have been down. 06/2004-had a rigid broncostopy-was not neccessary, but did not know it, put me in icu. used a lazor that should not have been used and blew out my lung/ | | | |
| What doctors do you see at this hospital/clinic on a regular basis? | | | |
| joseph bostwick | | | |
| greg feldman | | | |

THOMPSON 059951

F. Does anyone else have medical records or information about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?

No

.....

(3368) Section 5 - Medications

Do you currently take any medications for your illnesses, injuries or conditions? Yes

If "YES," please tell us the following: (Look at your medicine bottles, if necessary.)

| Name of Medicine | Prescribed By (Name of Doctor) | Reason For Medicine | Side Effects You Have |
|------------------|--------------------------------|---|-----------------------|
| Ambien | JEFFREY K SMITH DR | to help me sleep | none |
| bextra | FRANCISCO E GONDA DR | disc problems/arthritis in lower back/ | none |
| hydrocodone | FRANCISCO E GONDA DR | pain | none |
| Lipitor | FRANCISCO E GONDA DR | cholesterol | none |
| Tramadol | FRANCISCO E GONDA DR | non-addictive pain treatment | none |
| xzybamta | JEFFREY K SMITH DR | depression | none |

(3368) Section 6 - Tests

Have you had, or will you have, any medical tests for your illnesses, injuries or conditions?

THOMPSON 059952

Yes

If "YES," please tell us the following: (Give approximate dates, if necessary.)

| Kind of Test | When done, or when will it be done? (Month, day, year) | Where Done | Who Sent You For This Test |
|---|--|-----------------------------|-----------------------------|
| blood tests/ | 2004 and 2005 | FRANCISCO E GONDA DR | FRANCISCO E GONDA DR |
| Treadmill (Exercise test)/breathing test/ | 2004 | LUNG & CHEST MEDICAL ASSOCS | LUNG & CHEST MEDICAL ASSOCS |

(3368) Section 7 - Education/Training Information

A. Highest grade of school completed: **12th grade**

Approximate date completed: **1977**

B. Did you attend special education classes? **No**

If "YES",

C. Have you completed any type of special job training, trade or vocational school?

No

If "YES", what type?

Approximate date completed:

(3368) Section 8 - Vocational Rehabilitation, Employment, or Other Support Services Information

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to

THOMPSON 059953

work?

No

(3368) Section 9 - Remarks

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

CARROL LYNN'S CELL PHONE # IS 864680-9648

| | |
|--------------------------------------|---|
| Name of person completing this form: | Date Form Completed (Month, day, year): |
|--------------------------------------|---|

Address (Number and street, City, State, Zip Code):

**240 LIGHTWOOD FARM RD
WOODRUFF, SC 29388**

e-mail address (optional):

Form SSA-3368 EDCS

THOMPSON 059954

| REPORT OF CONTACT <i>(Use ink or typewriter)</i> | | | | | | | ACCOUNT NUMBER AND SYMBOL |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|----------------------------------|
| TO: | <input type="checkbox"/> NE | <input type="checkbox"/> MAT | <input type="checkbox"/> SE | <input type="checkbox"/> GL | <input type="checkbox"/> WN | <input type="checkbox"/> MAM | NAME OF WAGE EARNER OR SE PERSON |
| | <input type="checkbox"/> ODO | <input type="checkbox"/> OIO | <input type="checkbox"/> DDS | | | | WILLIAM MARK CASEY |
| PERSON(S) CONTACTED AND ADDRESSES <input type="checkbox"/> WE OR SE PERSON <input checked="" type="checkbox"/> OTHER (Specify) | | | | | | | |
| INFORMATIONAL | | | | | | | |
| CONTACT MADE: | | | | | | | DATE OF CONTACT |
| <input type="checkbox"/> DO <input type="checkbox"/> BO <input type="checkbox"/> CS <input type="checkbox"/> HOME <input type="checkbox"/> PHONE: <input checked="" type="checkbox"/> OTHER | | | | | | | 10/28/2005 |
| SUBJECT 5002 | | | | | | | |
| I HAVE REVIEWED ALL OF THE INFORMATION IN FILE & THE VOCATIONAL ANALYSIS (XF-7) DATED 7-13-05 IS AFFIRMED AS WRITTEN. | | | | | | | |

| | | |
|--|--|----------------|
| SIGNATURE <i>Aimee DePetris</i> | | DATE OF REPORT |
| DISTRICT OFFICE (Name, Address & Code) | | 10/28/2005 |
| <input type="checkbox"/> CR <input type="checkbox"/> FR <input type="checkbox"/> SR <input type="checkbox"/> CLAIMS CLERICAL <input type="checkbox"/> OTHER (Specify) | | PAGE 1 OF 1 |

Form SSA-5002 (8-1981) ef (12-2004)

THOMPSON 059955

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

SCVRD

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4482 FAX

September 22, 2005

Mr. George H. Thomason
Attorney at Law
P. O. Box 772
Spartanburg, SC 29304

FILE COPY

RE: William M. Casey
[REDACTED]

Dear Mr. Thomason:

This is to acknowledge your letter and attached medical information received on the above-named individual. The case folder was received from the SSA field office on 9/15/05. The case has been assigned to an examiner for processing and the information you have provided is being associated with the file.

Please let me know if you have any questions or concerns.

Sincerely,

Paul M. Kelly
Regional Supervisor

THOMPSON 059956

5913

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SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

September 21, 2005

GEORGE H THOMASON
PO BOX 772
SPARTANBURG SC 29304

RE: WILLIAM M CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED] /58

Dear GEORGE H THOMASON:

This agency has been asked by the Social Security Administration to make a disability determination on the above-named individual. You are the designated legal representative, and to complete our work in a timely fashion we need your assistance.

Please submit any additional evidence or information regarding your client's condition within ten days of this request. If we do not hear from you, a decision may be made based on the evidence in file.

Your prompt response will expedite your client's disability application. Please call if you have any questions.

Sincerely,

Aimee F. DePetris, Disability Examiner

AFD461
Claim No: E54200
cc: File



Enclosure:
L22 (4/04)
DMA: Y

FILE COPY

THOMPSON 059957

CASEY WILLIAM M
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
C/N [REDACTED]
A/N
(864) 486-9131
046 DOB [REDACTED] 1958

01 461
RC DIB
N



584 DMA E54200

Form Approved
OMB No 0960-0523

WHOSE Records to be Disclosed

| NAME | First | Middle | Last |
|--|------------|---------------------|------|
| WILLIAM | MARK | CASEY | |
| SSN | [REDACTED] | Birthday (mm/dd/yy) | 958 |
| SSA USE ONLY NUMBER HOLDER (if other than above) | | | |
| NAME | | | |
| SSN | | | |

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source of the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
 Parent of minor Guardian Other personal representative (explain)

SIGN ▶

William M. Casey

(Parent/guardian sign here if two signatures required by State law) ▶

| | | | |
|---|---|-------------|--------------|
| Date signed ✓ Feb 8, 2005 | Street Address 240 LIGHTWOOD FARM RD | State SC | Zip 29388 |
| Phone Number (with area code) 864 486 9131 | City WOODRUFF | | |

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ▶

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

CLAIM#: D91109
 RCPT DATE: 02/15/05
 TYPE: DIB LEV: IN
 CLMNT: ██████████ CASEY, WILLIAM
 W/E:

DEVELOPMENT SUMMARY
 WORKSHEET
 (INITIAL/RECON)

ADJ: 473 UNIT: 01
 Heaton, Robert W

| DEVELOPMENT PROFILE | | Date & Method of Request | | | | (T-Telephone;F-Field;M-Mail) | | | |
|---------------------|--|--------------------------|------|----|----|------------------------------|------|--|--|
| SOURCE | | REQ | LTR# | FU | FU | RECVD | | | |
| RATING | | 071405 | 0130 | | | 071405 | 4734 | | |

| CE TYP | SRCE TEL# & NAME | REQ | EXAM | REMINDER | KEPT | FU | FU | RECVD |
|--------|------------------|-----|------|----------|------|----|----|-------|
| | | | | | | | | |

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059960

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: [REDACTED] CASEY, WILLIAM
W/E:
DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)
ADJ: 473 UNIT: 01
Heaton, Robert W

SEVERITY OF IMPAIRMENT RATING (REVIEW PHYSICIAN):

SEVERITY AT A.O.D. - RATING _____ RFC _____ INIT _____

SEVERITY AT LATER DATE - DATE _____ RATING _____ RFC _____ INIT _____
(IF APPLICABLE)

ONSET CURRENT RATING RFC RATING INIT DATE
(IN 12 MOS)
() 0. DURATION DENIAL _____

| | ONSET | RFC | INIT | DATE | REMARKS: |
|--|-------|-------|-------|-------|----------|
| () 1. NO IMPAIR | _____ | _____ | _____ | _____ | |
| () 2. NOT SEVERE | _____ | _____ | _____ | _____ | |
| () 3. MOD IMPAIR | _____ | _____ | _____ | _____ | |
| () 4. MOD SEVERE | _____ | _____ | _____ | _____ | |
| () 5. MEETS LIST | _____ | _____ | _____ | _____ | |
| () 6. EQUALS LIST | _____ | _____ | _____ | _____ | |
| () 7. M/E INSUFF | _____ | _____ | _____ | _____ | |
| () DWB CASE DOES NOT MEET OR EQUAL LIST | _____ | _____ | _____ | _____ | |

DETERMINATION: ALLOWED _____ LISTING _____ REEXAM DATE _____
(init & date)
DENIED _____ GRID RULE # _____
(init & date)
NO DETERM _____ REASON _____
(init & date)
() CAPABLE () INCAPABLE () UNRESOLVED VR REFERRAL: () YES () NO

FORMAL SUPERVISORY AUDIT:
() SCA () CAI _____ / _____
(Signature) (Date)

COMMENTS: _____

MATERIAL NOT RETAINED (note source & reason): _____

DEVELOPMENT DECISIONS REQUIRING EXPLANATION (per POMS DI 20503.001C.1): _____

THOMPSON 059961

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 473 UNIT: 01
Heaton, Robert W

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: ██████████ CASEY, WILLIAM
W/E:

NARRATIVE

Date: 02/22/05 Submitted by: RHE
Upstate Lung and Critical Care (2/21/05)
pneumothorax 6/04...pft 7/04

Date: 02/22/05 Submitted by: RHE
Dr. J. Smith (2/22/05)
ms 11/04 - 1/05

Date: 03/09/05 Submitted by: ZAB
clmt called today-said he did not receive org form for L56 but rec'd f/u
ltr-said his address is correct-please resend-wanted to know if we could fax
form to him at 864-486-9131

Date: 04/28/05 Submitted by: LDM
LUNG & CHEST MEDICAL ASSOC (7/14/04 - 11/10/04)

*
*

Date: 05/31/05 Submitted by: RHE
Tel d/c'd.

Date: 05/31/05 Submitted by: RHE
Clmnt advises that he has been going to piedmont psychiatric and to joseph
grace for tx in the past year.

Date: 07/13/05 Submitted by: RHE
SRMC (2/28/05)

Lung and Chest Med (3/29/05)

Dr. Francisco Gonda (3/2/05)

Piedmont Psych (6/2/05)

Dr. Glenn Scott (6/3/05)

Date: 07/13/05 Submitted by: RHE
.. Joseph Grace (7/8/05)

THOMPSON 059962

MER Scan Cover Letter

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF00000002D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 2100 RF: D CS: cbf2

TDN: FF00000002

SCAN (3/04)

KCK\

THOMPSON 059963

CLAIM#: D91109
RCPT DATE: 02/15/05
TYPE: DIB LEV: IN
CLMNT: ██████████ CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 473 UNIT: 01
Heaton, Robert W

NARRATIVE

Date: 02/22/05 Submitted by: RHE
Upstate Lung and Critical Care (2/21/05)
pneumothorax 6/04...pft 7/04

Date: 02/22/05 Submitted by: RHE
Dr. J. Smith (2/22/05)
ms 11/04 - 1/05

Date: 03/09/05 Submitted by: ZAB
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ltr-said his address is correct-please resend-wanted to know if we could fax
form to him at 864-486-9131

Date: 04/28/05 Submitted by: LDM
LUNG & CHEST MEDICAL ASSOC (7/14/04 - 11/10/04)
*
*

Date: 05/31/05 Submitted by: RHE
Tel d/c'd.

Date: 05/31/05 Submitted by: RHE
Clmnt advises that he has been going to piedmont psychiatric and to joseph
grace for tx in the past year.

Date: 07/13/05 Submitted by: RHE
SRMC (2/28/05)

Lung and Chest Med (3/29/05)

Dr. Francisco Gonda (3/2/05)

Piedmont Psych (6/2/05)

Dr. Glenn Scott (6/3/05)

Date: 07/13/05 Submitted by: RHE
.. Joseph Grace (7/8/05)

THOMPSON 059964

DICTIONARY OF OCCUPATIONAL TITLES
Denver Regional Office

OCCUPATIONAL DEFINITION

750.684-022 TIRE BUILDER (automotive ser.) alternate titles: retreader;
tire rebuilder

| PHYSICAL DEMANDS | | | | | | | | | | | | ENVIRONMENTAL CONDITIONS | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|---|---|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | C | B | S | K | C | C | R | H | F | F | T | H | T | N | T | D | A | C | F | W | C | H | H | N | V | A | M | E | H | R | E | T | O | |
| H | N | N | N | N | N | N | N | F | F | O | N | N | N | N | F | N | O | N | N | N | N | N | N | 4 | N | N | N | N | N | N | N | N | N | N |

GOE: 05.12.12 STRENGTH: H GED: R2 M1 L1 SVP: 3 DLU: 77

Builds (molds) semi-raw rubber tread onto buffed tire casing to prepare tire for vulcanization in recapping or retreading process: Applies rubber cement to casing, using brush or spray gun preparatory to application of camelback (new rubber treads). Selects camelback according to whether tire is to be retreaded or recapped, tire width, and tread thickness specified. Rolls camelback onto casing by hand, and cuts it with knife. Rolls hand roller over rebuilt casing, exerting pressure, to ensure adhesion between camelback and casing. May place rebuilt casing in mold for vulcanization process.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 059967

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

May 21, 2005

WILLIAM MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]

Dear WILLIAM MARK CASEY :

This concerns your eligibility for disability benefits. The Social Security Administration has asked this office to evaluate certain aspects of your claim. We need additional information which only you can provide so we need to talk to you.

PLEASE CALL ME IMMEDIATELY.

You may call between 8:30 a.m. and 5:00 p.m., Monday through Friday. If you are calling long distance, please call our toll free 1-800 number.

It is your responsibility to cooperate with this office in documenting your claim. If we do not hear from you, we will make our decision using only the information now in your file. The information we now have may not be enough to show that you are disabled or that your disability continues.

If we do not receive enough information, benefits you may be receiving could be stopped. Please respond promptly.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109

cc:

L20 (4/04)
DMA: Y

THOMPSON 059968

5925

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
 J. Douglas Clark, M.D.
 Rico V. I. Mendoza, M.D.
 J.R. Elm, F.N.R.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
 E. Bert Knight, III, M.D.
 Mary Lou Applebaum, M.D.
 Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine Critical Care Bronchoscopy Asthma Therapy Sleep Disorders

THOMPSON 059969

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range; interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 059970

WILLIAM CASEY
77168
07-21-05
Page Three

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.


With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

He is to check back with Dr. Grace regarding the persistence of his neurological impairment.


Charles M. Fogarty, MD
CMF/ms
cc: Dr. Gonda

THOMPSON 059971

RECEIVED SEP 14 2005

QUESTIONS TO Dr. Jeffrey Smith
IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
SS # [REDACTED]

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

1. Have you treated or counseled the above patient?
Yes ✓ No _____

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?

Major Depressive D.O., with ↓ Love, ↓ Energy,
Sad Mood, Agitation, ↓ Motivation.

3. What factors are present which would cause you to make the above findings or diagnoses?

See Symptoms Listed In Question
2.

4. How severe are the above psychological/mental condition(s)?

Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

| | Satisfactory | Unsatisfactory |
|---|--------------|----------------|
| ▶ Dealing with customary work stresses | _____ | _____ ✓ |
| ▶ Relating to co-workers/supervisors | _____ | _____ ✓ |
| ▶ Dealing with the public | _____ | _____ ✓ |
| ▶ Demonstrating reliability in a work setting | _____ | _____ ✓ |

5 pages to DDP
9/19/05

THOMPSON 059972

RECEIVED SEP 14 2005 1 of 1

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT is a registered trademark of the American Medical Association.

THOMPSON 059973

Casey, William M. [REDACTED]/1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Mon, May 16, 2005 10:26 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.
Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.
Cont. Ambien 10 mg one or two qhs pm insomnia.
Add Concerta 36 mg one qam.
Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems—he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Ret. in 8 wks.

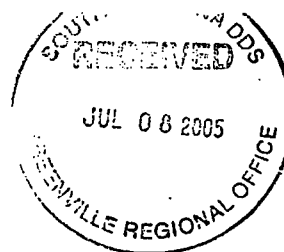
Monitor memory—if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512



ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CPA205743

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED]/58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

0035801454

THOMPSON 059977

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale - 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the "average" range of intellectual functioning (90 - 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

| <u>Verbal Subtests</u> | | <u>Performance Subtests</u> | |
|--------------------------|----|-----------------------------|----|
| Vocabulary | 11 | Picture Completion | 10 |
| Similarities | 10 | Digital Symbol - Coding | 4 |
| Arithmetic | 10 | Block Design | 9 |
| Digit Span | 11 | Matrix Reasoning | 11 |
| Information | 9 | Picture Arrangement | 10 |
| Comprehension | 10 | Symbol Search | 6 |
| Letter-Number Sequencing | 12 | | |

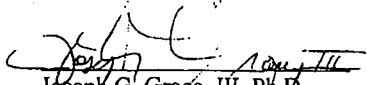
The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol - Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 059978

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASEY / WILLIAM / MARK 15'8" / 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM RD, WOODRUFF, S.C. 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C. (TERMINATED)

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY - TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (888) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NON-PSYCHOTIC MENTAL DISORDER Primary ICD Code 210.9
 Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
 Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) (310.A) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

(c) If Pregnancy related, delivery or expected date N/A MM ____ DD ____ YYYY ____ Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MILTAPAZINE 45 MG, Q.H.S., ADDAPTAL 20 MG Q
AM, AMBIEN 10 MG, Q.H.S. (PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST)
 Impairment from medication effects NONE KNOWN

(f) Is patient still under your care for this condition? Yes No, date service terminated _____

(g) Treatment summary COGNITIVE, REALITY & SUPPORTIVE PSYCHOTHERAPY SUPPLEMENTED BY PSYCHOTROPIC MEDS.

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
 (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING V.S.T. & L.I.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION, POOR FINE & GROSS MOTOR COORDINATION, DEPRESSED MOOD, ANHEDONIA, SLEEP DISTURBANCE, HYPEROSTEOSTIOTIC OSTEOARTHRITIS, LUMBAGO, EARLY FATIGUE, CHEST PAINS
(b) Date symptoms first appeared or accident happened 5-14-04 (DD) MM
(c) Has patient ever had same or similar condition? No Yes, state when and describe. CHEST PAINS PREVIOUSLY, COMA, BRAIN DAMAGE, NEUROLOGICAL DYSFUNCTION AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BRONCHOSCOPY ON 6/20/04
(e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown
(f) Other Treating Physicians DOB ON 5-29-04
Name WILSON SMITH, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name GARETT SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
• Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
• Able to work with others Yes No Other/describe in (d)
• Able to give supervision Yes No Other/describe in (d)
• Able to work cooperatively with others in group setting Yes No Other/describe in (d)
• Able to do? Select one: Place remarks in item (d) below, if applicable.
 Heavy work activity. No limitations of functional capacity.
 Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 Other. Place remarks in item (d) below.
(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN PERFORM HOUSE OR YARD WORK FOR ABOUT AN HOUR BUT BE COMES QUITE FATIGUED. ALSO, INTERLECTUAL PERFORMANCE & SOCIAL STRESS ARE OVERWHELMING. UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY.
• Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
• Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week (N/A)
• Date you prescribed restriction on work activities Month 08 Day 04 Year 04
• How long are these restrictions/limitations in effect? Permanent Restrictions No Longer
Days Weeks Months
• Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
(MM/DD/YYYY) (MM/DD/YYYY)
(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC DISORDERS.
(d) Other/Comments

6. Current Status

NO PSYCHIATRIC AFTER FIRST 6 MONTHS.
(a) Patient has Improved Stabilized Regressed Not Applicable
(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.
(c) In your opinion, is your patient motivated to return to work? MRS. CASEY WOULD WANT MUCH PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

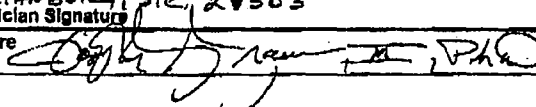
Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

| | | |
|--|---|---|
| Attending Physician's Name (Print) JOSEPH G. GRACE III | Degree PH.D. | Specialty LICENSED PSYCHOLOGIST |
| Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, SC 29303 | Telephone Number (864) 560-1512 | Fax Number (864) 560-1565 |
| Physician Signature  | | Date (MM/DD/YYYY) 6-22-06 |

QUESTIONS TO Dr. Jeffrey Smith
IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
SS # [REDACTED]

1. Have you treated or counseled the above patient?
Yes No

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?
Major Depressive D.O., with ↓ Love, ↓ Energy, Sad Mood, Agitation, ↓ Motivation.

3. What factors are present which would cause you to make the above findings or diagnoses?
See Symptoms Listed In Question # 2.

4. How severe are the above psychological/mental condition(s)?
Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

| | Satisfactory | Unsatisfactory |
|---|--------------|---|
| ▶ Dealing with customary work stresses | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Relating to co-workers/supervisors | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Dealing with the public | _____ | _____ <input checked="" type="checkbox"/> |
| ▶ Demonstrating reliability in a work setting | _____ | _____ <input checked="" type="checkbox"/> |

*re submitted 5 pages to DDD
to OETA 11/17/05
m* *9/19/07*

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THOMPSON 059983

6. Based on your professional judgment, please assess the following functional limitations as they exist for this Social Security claimant as the result of a psychological/mental condition:

| Functional Limitation | Degree of Limitation | |
|---|---|---|
| 1. Restriction of Activities of Daily Living | None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 2. Difficulties in Maintaining Social Functioning | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 3. Difficulties in Maintaining Concentration, Persistence or pace | None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input checked="" type="checkbox"/> Extreme <input type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |
| 4. Repeated episodes of decompensation, each of extended duration | None <input type="checkbox"/> One or two <input type="checkbox"/> Three <input type="checkbox"/> Four <input checked="" type="checkbox"/> | Insufficient evidence <input type="checkbox"/> |

COMMENTS:

DATE: 9-12-05

Title: J.K. Smith M.D.

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