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IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKER'S COMPENSATION
Full Appellate Board

Case No. 2016-000598

RECEIVED
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SC Court of Appeals

Clarence B. Jenkins, Employee, ...Appellant,

v.

Amazon.Com DEDC, LLC, Employer,
and American Zurich Ins. Co, Carrier, ...Respondents.

AMENDED RECORD ON APPEAL

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

W.C.C. FILE NO: 1303989

Clarence B. Jenkins

vs.

EMPLOYEE,
CLAIMANT/RESPONDENT

Amazon.Com DEDC, LLC

EMPLOYER

AND

American Zurich Ins. Co.

CARRIER,
DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South
Carolina, on December 14, 2015 pursuant to notices timely
and properly served upon all parties of interest.

Appellate Panel Decision and Order Filed: _____

February 11, 2016

APPEARANCES: Claimant/Appellant appeared *pro se*.

Defendants/Respondents represented by J. Russell Goudelock, II Esquire
of McAngus Goudelock & Courie, L.L.C of Columbia, South Carolina

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STATEMENT OF THE CASE

This claim arises out of an admitted incident at work occurring on February 10, 2013 when Claimant/Appellant ("Claimant") leaned over and struck his head on a table. Defendants/Respondents ("Defendants") furnished Claimant with medical evaluation and treatment. No disability compensation benefits were paid.

Claimant filed multiple Forms 50. Claimant contends that he has sustained various compensable injuries and conditions as a result of his incident at work. He seeks additional medical examination and treatment, temporary total disability compensation benefits and permanent disability benefits.

Defendants timely filed responsive Forms 51. Defendants admit that the Claimant experienced an incident at work, but submit that the incident resulted in only mild trauma to the Claimant's head and caused no disabling injury entitling Claimant to any compensation benefits or additional medical benefits. Defendants assert that that Claimant has reached maximum medical improvement from any affects from his mild head trauma.

The issues presented were heard by the Hearing Commissioner on May 21, 2015 in Columbia, South Carolina. In a Decision and Order dated August 14, 2015, the Hearing Commissioner concluded that Claimant failed to meet his burden of proof by a preponderance of the evidence that he sustained any disabling injury or that he is entitled to any compensation benefits or further medical benefits. Claimant's claim for further medical benefits and disability compensation benefits was denied.

Within the statutory period, Claimant timely filed a Form 30 Request for Commission Review, dated August 25, 2015. Claimant asserted 38 grounds for review of purported errors in the Hearing Commissioner's Decision and Order. Claimant also attached to his Form 30

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numerous exhibits, including some exhibits that were not part of the record before the Hearing Commissioner. Subsequently, multiple motions and replies seeking to exclude and include Claimant's post-record exhibits were filed by the parties on September 24, 2015, September 28, 2015, October 9, 2015, and October 15, 2015. Additional exhibits were attached to Claimant's motions that were also not part of the record before the Hearing Commissioner. Claimant and Defendants filed appellate briefs on October 19, 2015 and November 11, 2015, respectively. The Appellate Panel heard oral arguments by the parties at a review hearing held in Columbia, South Carolina on December 14, 2015.

EVIDENTIARY MOTIONS BEFORE THE APPELLATE PANEL

Prior to receiving oral arguments by the parties addressing Claimant's substantive grounds for review, the Appellate Panel heard oral arguments addressing the parties' motions and replies regarding Claimant's exhibits attached to his Form 30 and subsequent motions. Claimant contends that the Hearing Commissioner improperly applied *S.C. Code Reg. 67-611* regarding Claimant's failure to submit a Pre-hearing Brief. Defendants assert that *S.C. Code Reg. 67-612* governs admission of documentary evidentiary exhibits offered by Claimant and submit that Claimant failed to properly comply. Defendants contend that Claimant's attempts to admit evidentiary exhibits after the close of the record before the Hearing Commissioner violates applicable law and such exhibits should be excluded as inadmissible evidence. We agree.

At the commencement of the hearing below, the Transcript of Record set forth extensive discussions that took place between the Hearing Commissioner and the parties regarding Claimant's attempts to submit bundles of unidentified evidentiary exhibits. In response to Defendants' objections, Claimant was advised by the Hearing Commissioner that the hearing would be postponed if Claimant wished to exercise his right to have and/or obtain legal counsel.

to represent him. The Claimant had been previously represented by legal counsel, but this relationship was terminated. The Claimant testified that he had been advised by Defendants' legal counsel to obtain legal representation. The Claimant declined to retain legal counsel and elected to proceed with the hearing *pro se*.

Since Claimant proceeded *pro se*, the Hearing Commissioner improperly applied S.C. Code Reg. 67-611 regarding Claimant's failure to submit a Pre-hearing Brief. However, such error is harmless. S.C. Code Reg. 67-611 does not govern admission of experts' reports. Claimant failed to comply with S.C. Code Reg. 67-612 regarding admission of experts' reports as evidence at the hearing. Nonetheless, S.C. Code Ann. Section 42-17-50 and S.C. Code Reg. 67-707 permit the Appellate Panel broad discretion to receive further evidence and/or rehear the parties if good grounds exist or new evidence arises that is of the same nature and character required for granting a new trial. See Spearman v. F.S. Royster Guano Co., 188 S.C. 393, 199 S.E. 530 (1938).

In the discretion and judgment of the Appellate Panel, good grounds do not exist to permit into the record admission of Claimant's proposed exhibits that reflect evidence already in existence at the time of the hearing below. It was incumbent upon Claimant to comply with S.C. Code Reg. 67-612 and other applicable law regarding such evidence. He failed to do so. Claimant was afforded an opportunity, and in fact urged to take advantage of it, at the beginning of the hearing to cure the circumstances and he elected to proceed. Other exhibits reflecting any purported new evidence do not satisfy the requirements set forth in S.C. Code Reg. 67-707C. Admission of such evidence violates due process and other rights set forth in the South Carolina Administrative Procedures Act, the South Carolina Workers' Compensation Act, the South Carolina Workers' Compensation Regulations and other applicable law.

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Pursuant to *S.C. Code Ann. Section 42-17-50*, *S.C. Code Regs. 67-611, 67-612, 67-707* and other applicable law, the exhibits offered by Claimant after the close of the record in the hearing below are not properly before the Workers' Compensation Commission as admissible after-discovered or new evidence, or as admissible evidence in any other manner at the hearing below. Consideration of such exhibits at this time by the Appellate Panel is legally inappropriate. Defendants' Motion to Exclude Claimant's Exhibits is **GRANTED**. Claimant's Motions to Include Claimant's Exhibits is **DENIED**.

CLAIMANT'S GROUNDS FOR REVIEW BEFORE THE APPELLATE PANEL

The Appellate Panel also heard oral arguments by the parties addressing Claimant's substantive grounds for review of the Hearing Commissioner's Decision and Order. In the Appellate Review, the Appellate Panel shall, pursuant to *S.C. Code Ann. Section 42-17-50* and other applicable law, review the award, weigh the evidence as presented at the initial hearing, and, if good grounds be shown therefore, make its own findings of fact and reach its own conclusions of law consistent with or inconsistent with those of the Hearing Commissioner. *Pack v. State Dept. of Transportation*, 381 S.C. 526, 673 S.E.2d 461 (S.C. Ct. App. 2009). The scope of review of the Appellate Panel is not limited. The Appellate Panel can, like the Hearing Commissioner, consider all of the evidence and reach its own findings of fact and conclusions of law. *Lowe v. Am-Can Transport Services, Inc.*, 282 S.C. 534, 324 S.E.2d 87 (S.C. Ct. App. 1984). The Appellate Panel is not necessarily bound by the Hearing Commissioner's findings of fact, and is empowered to make its own findings of fact and to reach its own conclusions of law consistent or inconsistent with those of the Hearing Commissioner. *Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 64, 156 S.E.2d 318, 321 (S.C. 1967). Workers' compensation awards may not be based on surmise, conjecture, or speculation, but must be founded on

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evidence of sufficient substance to afford a reasonable basis for it. *Tiller v. Nat'l Health Care Ctr. of Sumter*, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999); *Sharpe v. Case Produce Co.*, 329 S.C. 534, 543, 495 S.E.2d 790, 794 (Ct.App.1997), rev'd on other grounds.

After careful and complete review and consideration of all documentary evidence and testimony in the record, the file of the Workers' Compensation Commission, the Appellate Briefs and the oral arguments by the parties, the Appellate Panel, by unanimous vote, has determined that all of the Hearing Commissioner's Findings of Fact and Conclusions of Law in his Decision and Order, dated August 14, 2015, are correct as stated. Accordingly, the Findings of Fact and Conclusions of Law set forth below shall become the law of the case. The Decision and Order of the Hearing Commissioner is **AFFIRMED IN FULL**.

FINDINGS OF FACT

Based upon the greater weight and preponderance of the substantial evidence in the whole record, the following Findings of Fact are rendered:

1. The Claimant was employed by Amazon.Com DEDC, LLC ("Amazon") at its facility in West Columbia, SC on February 10, 2013 at the time of his work incident. Amazon had workers' compensation insurance coverage with American Zurich Insurance Company. [Stipulation No. 2 by the parties].
2. The Claimant earned average weekly wages of \$489.09 at the time of his work incident. [Stipulation No. 3 by the parties].
3. Claimant experienced an incident at work on February 10, 2013. He struck his head on the edge of a table while bending over to retrieve an object from the floor. Claimant did not fall down and suffered no loss of consciousness or alteration in awareness. [Transcript of Hearing, pp. 49-51 and multiple APA submissions].

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4. Claimant's initial presentation for medical evaluation reflected no visible evidence of any injury, any swelling, any discoloration or broken skin, and no outward evidence of any injury or neurological deficits. [APA No. 6, pp. 50-53].

5. Similarly, Claimant's subsequent presentation for medical evaluation at HealthWorks several days after the work incident demonstrated no objective manifestations of any neurological deficits or other injury. A CT scan of the head was normal. On February 15, 2013, Claimant reported that his symptoms were much improved. He was pronounced able to work full-duty without restriction. No return appointments or further evaluations were recommended. [APA No. 5, pp. 35-49].

6. Subsequent medical evaluations two months later at Palmetto Health Richland Memorial Hospital Emergency Room and at HealthWorks reflected that Claimant's neurological and other clinical examination continued to be normal. The emergency room physician directed Claimant to see his family physician for high blood pressure, but otherwise he was not found to need any other evaluation or management. HealthWorks stated that the Claimant's current symptoms did not appear to be related to his February 2013 work injury and were more likely related to other health issues. The HealthWorks physician recommended that the Claimant see his family physician for follow-up of non-work-related conditions, stating that the cause of Claimant's problems is not known and the objective findings are not consistent with a history of a work-related etiology. Claimant was given work restrictions but it was noted that they were not caused by the work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34].

7. On August 26, 2013 and October 23, 2013, Mahmoud Abu-Ata, M.D., a neurologist, noted that at the time of the work incident Claimant had no loss of consciousness or awareness and that he suffered no scalp laceration or bleeding. Claimant exhibited a normal

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neurological and other clinical examination. Dr. Abu-Ata assessed Claimant's condition as "description of post traumatic headache," with possible migraine, rebound analgesic headache, hypertension and tension component. The Claimant refused to undergo CSF examination for evaluation of headaches. Dr. Abu-Ata recommended an MRI of the brain, an MRI of the cervical spine, and nerve conduction studies with EMG testing. MRI scanning of the brain was normal. Nerve conduction studies and EMG testing was normal. MRI scanning of the neck revealed multi-level mild-moderate degenerative disc disease and Dr. Abu-Ata recommended that Claimant be evaluated by a spine surgeon for evaluation of cervical spine disease. The Claimant failed to show for a follow-up visit with Dr. Abu-Ata on December 23, 2013 and he canceled his appointment with Dr. Abu-Ata on January 23, 2014. [APA No. 2, pp. 4-13].

8. Neurological evaluation by Charles S. Jervey, M.D., a neurologist, on November 19, 2013 noted that the Claimant experienced no loss of consciousness at the time of his work incident, that the CT and MRI scans of the head were normal, and that the MRI scan of the neck did not reveal anything that would be expected to cause symptoms. Dr. Jervey opined that the Claimant had sustained a mild head injury which should not cause Claimant's alleged ongoing symptoms and would not be expected to cause permanent nor long-term recurring symptoms. He did not find any cognitive impairment. Dr. Jervey did not feel that any other symptoms were caused by or related to the Claimant's work incident and did not recommend any work restrictions. [APA No. 3, pp. 14-15].

9. Neurological evaluation by David Stickler, M.D., a neurologist, on August 20, 2014 also noted that the Claimant had not experienced any loss of consciousness, dizziness, memory loss or laceration initially at the time of his work incident and that Claimant's current clinical examination was unremarkable. Dr. Stickler opined that the history of Claimant's work

injury did not support a concussive event and that Claimant's complaints of chronic daily headaches should not be caused by mild head trauma from Claimant's work incident. Dr. Stickler concluded that the Claimant's other symptoms were not related to the work incident. He felt that the Claimant had previously reached maximum medical improvement. [APA No. 1, pp. 1-3].

10. Dr. Stickler testified that the Claimant's history and presentation did not reflect that he had experienced even a mild concussive event; that any current symptoms would not result from Claimant's work incident; that the majority of people who have like degrees of head trauma improve within the first month, or within a matter of weeks; that Claimant had most likely reached maximum medical improvement by the time of his October 23, 2013 evaluation by Dr. Abu-Ata, which was more than eight months following the work incident; that there was no permanent impairment to the Claimant's brain; that any physical restrictions were based solely upon the Claimant's subjective complaints and that there were no objective findings that would require that any type of physical restrictions be imposed as any result from Claimant's work incident; that no medications would be required because of Claimant's work incident; and, that no effects of the work incident required further evaluation or referral of Claimant to other medical specialists for examination. [Defendants' Exhibit No. 2].

11. The Claimant was able to continue working during the initial months following his work injury. [Transcript of Hearing, p. 50; Defendants' Exhibit No. 1].

12. Medical evidence supports a causal relationship from the work injury to Claimant's complaints of initial headaches only. Drs. Jervy and Stickler state that any work-related headaches should have resolved during the initial months following Claimant's mild head trauma and that any subsequent headaches are not related to Claimant's work incident. [APA

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No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

13. Medical evidence fails to support any causal relationship to Claimant's other complaints or symptoms, including his eyes, ear, legs, feet, neck, shoulders, hands, back and anxiety. Dr. Abu-Ata's records do not comment upon any relationship from Claimant's work injury to his other multiple and varied symptoms. Dr. Jervy opines that Claimant's other symptoms are not related to his work incident. Dr. Stickler similarly opines that Claimant's other symptoms are not related to his work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

14. Claimant has seen numerous medical care practitioners in several different settings over a period of almost two years without acknowledgement by Claimant that any treatment has improved the Claimant's description of his complaints and symptoms. [Transcript of Hearing, pp. 56-58].

15. Claimant complains of ongoing symptoms and multiple conditions that he says prevent him from working. However, Claimant is able to drive a car, work on his computer, actively email, actively post on Twitter and actively post on Facebook. During the year between May 17, 2014 and the hearing on May 21, 2015, the Claimant posted 1,066 tweets on Twitter, which averages greater than three tweets per day. His Facebook posts reflect that he attended at least two political rallies during that same period of time. None of his Twitter or Facebook posts reflect any complaints or descriptions of his symptoms or contentions regarding disability. Claimant's regular and daily use of his computer is inconsistent with his complaints that vision and light trigger his symptoms. His attendance at rallies is inconsistent with his complaints that

noise triggers his symptoms. [Transcript of Hearing, pp. 53-55, 58-61, 64-72, 77-80; Defendants' Exhibit No. 3; Defendants' Exhibit No. 4].

16. Claimant reached maximum medical improvement by October 23, 2013 from any effects from his work incident. After that date, no further medical treatment or evaluation was because of the injury or tended to lessen any period of disability. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

17. Claimant was not incapable because of his work incident from earning the same or similar wages. Any lost time from work was not because of any disabling injury from his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2; Defendants' Exhibit No. 3; Defendants' Exhibit No. 4].

18. Claimant has sustained no permanent lost earnings capacity because of his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

19. Claimant has sustained no permanent specific loss of use to any body parts because of his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

CONCLUSIONS OF LAW

Based upon the Findings of Fact determined above and applicable law as set forth below, the following Conclusions of Law are rendered:

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1. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-1-160, and other applicable law, Claimant did not sustain any compensable disabling injury to his head, brain, eyes, ear, legs, feet, neck, shoulders, hands, back or anxiety by accident arising out of or in the course of his employment.
2. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-15-60, and other applicable law, Claimant is not entitled to provision by Defendants of any additional medical evaluation and/or treatment after October 23, 2013.
3. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-15-60, and other applicable law, Defendants shall be responsible only for payment for medical evaluation or treatment authorized and furnished to Claimant by Defendants, in amounts subject to the medical fee scheduled promulgated by the South Carolina Workers' Compensation Commission.
4. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-1-160, 42-9-10, 42-9-20, and other applicable law, Claimant is not entitled to any temporary disability compensation benefits.
5. Pursuant to S.C. Code Ann. Sections 42-9-120, 42-1-160, 42-9-10, 42-9-20, 42-9-30, and other applicable law, Claimant is not entitled to any permanent disability compensation benefits.
6. Pursuant to S.C. Code Ann. Section 42-1-40 and other applicable law, the applicable compensation rate is \$326.08.

ORDER

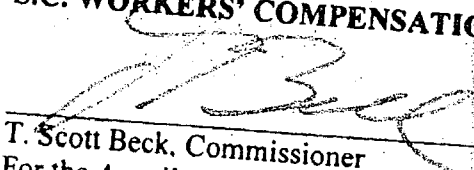
IT IS HEREBY ORDERED that the Decision and Order of the Single Commissioner is **AFFIRMED IN FULL**. Claimant failed to meet his burden of proof by a preponderance of the evidence that he sustained any disabling injury or that he is entitled to any compensation benefits or further medical benefits. Claimant's claim for further medical benefits and disability

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compensation benefits is hereby **DENIED**.

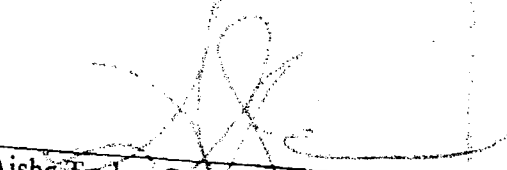
AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

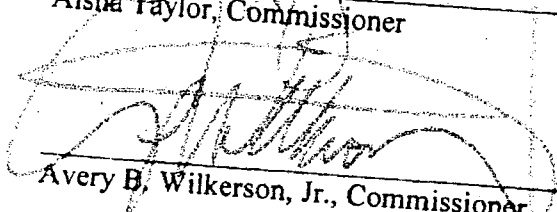


T. Scott Beck, Commissioner
For the Appellate Panel

WE CONCUR:



Aisha Taylor, Commissioner



Avery B. Wilkerson, Jr., Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on February 26, 2016

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM DEDC, LLC,

Employer,

AND

AMERICAN ZURICH INS. CO.,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING: Hearing held in Columbia, S.C. on May 21, 2015.

APPEARANCES: Claimant, Clarence B. Jenkins, appeared *pro se*.

Defendants represented by J. Russell Goudelock, II,
Esquire of McAngus Goudelock & Courie, L.L.C. of
Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER: Commissioner R. Michael Campbell, II

FILED: August 14, 2015

STATEMENT OF THE CASE

Claimant experienced an admitted incident at work on February 10, 2013 when he leaned over and struck his head on a table. Defendants furnished Claimant with medical evaluation and treatment. No disability compensation benefits were paid.

Claimant filed multiple Forms 50. Claimant contends that he has sustained injuries to multiple body parts, including his head, eyes, ear, legs, feet, neck, shoulders, hands, back, and that he experiences anxiety as a result of his incident at work. He seeks additional medical examination and treatment, temporary total disability compensation benefits from April 22, 2013 to September 23, 2013 and January 22, 2014 to present, and permanent disability benefits.

Defendants have filed responsive Forms 51. Defendants admit that the Claimant experienced an incident at work, but submit that the incident resulted in only mild trauma to the Claimant's head and caused no disabling injury. Defendants deny that the injury was compensable in any manner; deny the extent of the Claimant's alleged injuries to multiple body parts; deny that Claimant was temporarily disabled; and, deny that Claimant sustained any permanent disability. Defendants assert that Claimant was provided with appropriate medical evaluation and treatment to attempt to assess his multiple complaints and submit that Claimant reached maximum medical improvement on or before October 23, 2013. Defendants deny responsibility for any medical evaluation and/or treatment that was not authorized or furnished by Defendants.

A hearing was held on May 21, 2015 to determine these issues.

APA SUBMISSIONS

Defendants submitted medical records and other documentary evidence into the record pursuant to the South Carolina Administrative Procedures Act, as follows:

APA#	PHYSICIAN	MEDICAL PRACTICE	DATES	PAGES
1.	David Stickler, M.D.	Neurology Specialists of Charleston	8/28/14	1-3
2.	Mahmoud Abu-Ata, M.D.	The Neurology and Pain Clinic	8/26/13-2/21/14	4-13
3.	Charles S. Jervey, M.D.	Carolina Neurological Clinic	11/19/13	14-15
4.		Palmetto Health Richland	4/15/13-8/9/13	16-26
5.		Palmetto Health HealthWorks	2/14/13-4/15/13	27-48
6.		AmCare	2/10/13	49-53
EXHIBITS				
7.	Portions of employment personnel records from Voorhees College		10/16/99-10/14/09	54-101
8.	Portions of SC Dept. of Employment Workforce records, including relevant excerpts from SCDEW Hearing Transcript dated 2/5/2007		12/13/06-12/12/11	102-218
9.	Deposition transcript of David Stickler, M.D.		01/15/15	

EVIDENTIARY EXHIBITS

The parties admitted the following evidentiary exhibits into the record:

Claimant's Exhibit No. 1: A printed web page of Mickle & Bass, LLC.

Claimant's Exhibit No. 2: A printed web page definition of "syncope."

Claimant's Exhibit No. 3: Notice of Deposition, dated September 19, 2014, of Mahmoud Abu-Ata, M.D.

Claimant's Exhibit No. 4: Notice of Deposition, dated December 16, 2014, of David Stickler, M.D.

Claimant's Exhibit No. 5: Defendants' subpoenas for medical records.

Defendants' Exhibit No. 1: Claimant's attendance records and time cards.

Defendants' Exhibit No. 2: Transcript of deposition testimony, dated January 15, 2015, of David Stickler, M.D.

Defendants' Exhibit No. 3: Printed Twitter comments from Claimant's online Twitter account, dated May 7, 2014-May 19, 2015.

Defendants' Exhibit No. 4: Printed Facebook comments from Claimant's online Facebook account, dated October 6, 2009-February 25, 2015.

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STIPULATIONS

The parties entered the following stipulations into the record:

1. The file of the South Carolina Workers' Compensation Commission was made a part of the record in this case, except for any declarations or medical records not specifically identified for consideration as evidence for purposes of this hearing.
2. The Claimant was employed by Amazon.Com DEDC, LLC ("Amazon") at its facility in West Columbia, SC on February 10, 2013 at the time of his work incident. Amazon had workers' compensation insurance coverage with American Zurich Insurance Company.
3. At the time of this work incident, the Claimant earned average weekly wages of \$489.09 and the applicable compensation rate is \$326.08.
4. The South Carolina Workers' Compensation Commission has jurisdiction to adjudicate and determine the issues pending in this case.
5. Venue is proper in Richland County, South Carolina.

EVIDENCE OF THE CASE

At the commencement of the hearing, the Claimant was advised by the Hearing Commissioner of his right to have and/or obtain legal counsel to represent him. The Claimant had been previously represented by legal counsel, but this relationship was terminated. The Claimant testified that he had been advised by Defendants' legal counsel to obtain legal representation. The Claimant declined to retain legal counsel and elected to proceed *pro se*.

The Claimant testified at the hearing. He is forty-six years old, single, and has no dependents. He is a college graduate with a Bachelor of Science degree in marketing awarded in 1992 from South Carolina State University. He is computer-literate and proficient in Microsoft

Word, Microsoft Excel and Microsoft PowerPoint. He has limited proficiency in Microsoft Access and Microsoft Publisher.

Since 1994, the Claimant has worked as a probation and parole agent for the State of South Carolina for approximately two and one-half years; as a customer service representative for APAC Teleservices for approximately one and one-half years; as a collections and billing specialist for Adecco Staffing for approximately six months; as a resource specialist, case manager, job developer, admissions counselor/recruiter and an assistant director at Voorhees College for approximately six and one-half years; and, as a career skills instructor at Bamberg Job Corp for approximately five months. He received unemployment compensation benefits from 2007 to 2012 prior to commencing work with Amazon as a warehouse associate. Between 1994 and 2015, the Claimant was unemployed for approximately nine years.

The Claimant described the incident that occurred at work on February 10, 2013. He was working at a table when he dropped an object on the floor. He bent over to retrieve the object and struck the right side of his head on the table. He did not lose consciousness. He reported the incident immediately. He continued working.

The Claimant testified regarding his subsequent medical evaluations. He described multiple and varied physical conditions that he contends have resulted from his work incident. He contends that he is prevented from working because activity and environment, including typing on a computer, shopping, walking, attending church or other events, noise, bright lights, heat and smell cause the onset of his multiple symptoms. The Claimant testified that his symptoms have only gotten worse without regard to any medical evaluation or treatment offered to him.

The medical evidence reflects that the Claimant first presented to AmCare, the employer's in-facility first-aid service, later in his shift during the early morning of February 11, 2013. There was no visible evidence of any injury, any swelling, any discoloration or broken skin. Claimant denied dizziness or any visual changes. He complained of a headache and pain to the right side of his forehead. He declined any form of first-aid treatment and requested over-the-counter medication.

The Claimant was seen in follow-up at AmCare on four occasions over the following three days. He continued to complain of varying pain. There was otherwise no evidence of any injury or neurological deficits exhibited. He asked to go home or be placed in another job. AmCare made arrangements for the Claimant to be referred to HealthWorks for further evaluation.

The Claimant was initially seen at HealthWorks on February 14, 2013 with complaints of multiple symptoms. His clinical examination demonstrated no objective manifestations of any neurological deficits or other injury. A CT scan of the head was requested as a safeguard. The CT scan of the head was normal. The Claimant was seen again at HealthWorks in follow-up on February 15, 2013. At that time, he continued to demonstrate no neurological or other deficits. He reported that his symptoms were much improved. He was pronounced able to work full-duty without restriction. No return appointments or further evaluations were recommended.

Two months later, on April 15, 2013, the Claimant presented at the Palmetto Health Richland Memorial Hospital Emergency Room with high blood pressure. Again, his neurological and other clinical examination continued to be normal. All blood work was normal. He was directed to see his family physician for high blood pressure, but otherwise was not found to need any other evaluation or management.

Later on that same date, he was evaluated again at HealthWorks. His neurological examination remained normal. HealthWorks stated that the Claimant's current symptoms did not appear to be related to his February 2013 work injury and were more likely related to other health issues. HealthWorks also recommended that the Claimant see his family physician for follow-up of non-work-related conditions, stating that the cause of Claimant's problems is not known and the objective findings are not consistent with history of a work-related etiology. Claimant was given work restrictions, but it was noted that his limitations were not caused by his work incident.

The Claimant presented on April 30, 2013 to his family physicians, Family Health Centers/Norfield Medical Center. He was diagnosed with hypertension, pre-syncope syndrome and post-traumatic headaches. He was pronounced able to return to work.

On August 9, 2013, the Claimant again presented at Palmetto Health Richland Memorial Hospital Emergency Room complaining of a headache. His clinical examination was normal. He was recommended for a neurological evaluation because of his complaints of post-injury headaches.

The Claimant was evaluated on August 26, 2013 by Mahmoud Abu-Ata, M.D., a neurologist. Dr. Abu-Ata noted that Claimant had experienced a work injury without loss of consciousness or awareness, that he suffered no scalp laceration or bleeding, and that he presented with a normal neurological and other clinical examination. Dr. Abu-Ata assessed Claimant's condition as "description of post traumatic headache," with possible migraine, rebound analgesic headache, hypertension and tension component. The Claimant refused to undergo CSF examination for evaluation of headaches. Dr. Abu-Ata recommended an MRI of the brain, an MRI of the cervical spine and nerve conduction studies with EMG testing.

The Claimant was seen at AmCare during September 2013 and October 2013 for several visits complaining of headaches and dizziness and requesting that his blood pressure be checked. Claimant also commented that he felt his headaches and dizziness may have been contributed to by a recent mass on his left ear that was drained by a physician and treated with antibiotics.

The Claimant underwent an MRI of the brain on October 3, 2013. It was normal. His MRI of the neck revealed multi-level mild-moderate degenerative disc disease.

A follow-up evaluation by Dr. Abu-Ata was conducted on October 23, 2013 where the Claimant again presented with a normal neurological and clinical examination. He continued to refuse CSF testing for his complaints of headaches. Dr. Abu-Ata awaited the results of nerve conduction studies and EMG testing, which was performed on February 21, 2014. This testing was normal. Dr. Abu-Ata recommended that Claimant be evaluated by a spine surgeon for evaluation of cervical spine disease.

The Claimant underwent a second neurological evaluation by Charles S. Jervey, M.D. on November 19, 2013. Dr. Jervey noted that the Claimant experienced no loss of consciousness at the time of his work incident, that the CT and MRI scans of the head were normal, and that the MRI scan of the neck did not reveal anything that would be expected to cause symptoms. Dr. Jervey opined that the Claimant had sustained a mild head injury which would not be expected to cause permanent nor long-term recurring symptoms. He did not find any cognitive impairment. Dr. Jervey was unable to explain the persistence of the Claimant's alleged ongoing symptoms following such relatively mild head trauma, with normal head CT and MRI imaging, and stated that it would be very uncommon. He did not feel that any other symptoms were caused by or related to the Claimant's work incident and did not recommend any work restrictions.

The Claimant failed to show for a follow-up visit with Dr. Abu-Ata on December 23, 2013 and he canceled his appointment with Dr. Abu-Ata on January 23, 2014.

The Claimant was evaluated by David Stickler, M.D., a neurologist, on August 20, 2014. Dr. Stickler also noted that the Claimant had not experienced any loss of consciousness, dizziness, memory loss or laceration initially at the time of his work incident; that he had normal CT and MRI imaging; and, that his clinical examination was unremarkable. Dr. Stickler opined that the history of Claimant's work injury did not support the occurrence of a concussive event and that any current headaches should not be caused by mild head trauma. Dr. Stickler could not attribute the presence of chronic daily headaches to the work incident. Dr. Stickler did not feel that the Claimant's other symptoms were related to the work incident. He felt that the Claimant had previously reached maximum medical improvement.

Dr. Stickler rendered deposition testimony on January 15, 2015. Dr. Stickler testified that the Claimant's history and presentation did not reflect that he had experienced even a mild concussive event. Dr. Stickler did not feel that any current symptoms would result from Claimant's work incident. Dr. Stickler testified that the majority of people who have like degrees of head trauma improve within the first month, or within a matter of weeks, and that it would be most likely that the Claimant had reached maximum medical improvement by the time of his October 23, 2013 evaluation by Dr. Abu-Ata, which was more than eight months following the work incident. Dr. Stickler did not find any permanent impairment to the Claimant's brain. Dr. Stickler testified that any physical restrictions were based solely upon the Claimant's subjective complaints at the time and stated that there were no objective findings that would require that any type of physical restrictions be imposed as any result from Claimant's work incident. Similarly, Dr. Stickler testified that no medications would be required because of

Claimant's work incident. Dr. Stickler did not feel that the work incident required any further evaluation or referral to other medical specialists for examination.

FINDINGS OF FACT

Based upon the greater weight and preponderance of the substantial evidence in the whole record, the following Findings of Fact are rendered:

1. The Claimant was employed by Amazon.Com DEDC, LLC ("Amazon") at its facility in West Columbia, SC on February 10, 2013 at the time of his work incident. Amazon had workers' compensation insurance coverage with American Zurich Insurance Company. [Stipulation No. 2 above].

2. The Claimant earned average weekly wages of \$489.09 at the time of his work incident. [Stipulation No. 3 above].

3. Claimant experienced an incident at work on February 10, 2013. He struck his head on the edge of a table while bending over to retrieve an object from the floor. Claimant did not fall down and suffered no loss of consciousness or alteration in awareness. [Transcript of Hearing, pp. 49-51 and multiple APA submissions].

4. Claimant's initial presentation for medical evaluation reflected no visible evidence of any injury, any swelling, any discoloration or broken skin, and no outward evidence of any injury or neurological deficits. [APA No. 6, pp. 50-53].

5. Similarly, Claimant's subsequent presentation for medical evaluation at HealthWorks several days after the work incident demonstrated no objective manifestations of any neurological deficits or other injury. A CT scan of the head was normal. On February 15, 2013, Claimant reported that his symptoms were much improved. He was pronounced able to

work full-duty without restriction. No return appointments or further evaluations were recommended. [APA No. 5, pp. 35-49].

6. Subsequent medical evaluations two months later at Palmetto Health Richland Memorial Hospital Emergency Room and at HealthWorks reflected that Claimant's neurological and other clinical examination continued to be normal. The emergency room physician directed Claimant to see his family physician for high blood pressure, but otherwise he was not found to need any other evaluation or management. HealthWorks stated that the Claimant's current symptoms did not appear to be related to his February 2013 work injury and were more likely related to other health issues. The HealthWorks physician recommended that the Claimant see his family physician for follow-up of non-work-related conditions, stating that the cause of Claimant's problems is not known and the objective findings are not consistent with a history of a work-related etiology. Claimant was given work restrictions but it was noted that they were not caused by the work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34].

7. On August 26, 2013 and October 23, 2013, Mahmoud Abu-Ata, M.D., a neurologist, noted that at the time of the work incident Claimant had no loss of consciousness or awareness and that he suffered no scalp laceration or bleeding. Claimant exhibited a normal neurological and other clinical examination. Dr. Abu-Ata assessed Claimant's condition as "description of post traumatic headache," with possible migraine, rebound analgesic headache, hypertension and tension component. The Claimant refused to undergo CSF examination for evaluation of headaches. Dr. Abu-Ata recommended an MRI of the brain, an MRI of the cervical spine, and nerve conduction studies with EMG testing. MRI scanning of the brain was normal. Nerve conduction studies and EMG testing was normal. MRI scanning of the neck revealed multi-level mild-moderate degenerative disc disease and Dr. Abu-Ata recommended

that Claimant be evaluated by a spine surgeon for evaluation of cervical spine disease. The Claimant failed to show for a follow-up visit with Dr. Abu-Ata on December 23, 2013 and he canceled his appointment with Dr. Abu-Ata on January 23, 2014. [APA No. 2, pp. 4-13].

8. Neurological evaluation by Charles S. Jervey, M.D., a neurologist, on November 19, 2013 noted that the Claimant experienced no loss of consciousness at the time of his work incident, that the CT and MRI scans of the head were normal, and that the MRI scan of the neck did not reveal anything that would be expected to cause symptoms. Dr. Jervey opined that the Claimant had sustained a mild head injury which should not cause Claimant's alleged ongoing symptoms and would not be expected to cause permanent nor long-term recurring symptoms. He did not find any cognitive impairment. Dr. Jervey did not feel that any other symptoms were caused by or related to the Claimant's work incident and did not recommend any work restrictions. [APA No. 3, pp. 14-15].

9. Neurological evaluation by David Stickler, M.D., a neurologist, on August 20, 2014 also noted that the Claimant had not experienced any loss of consciousness, dizziness, memory loss or laceration initially at the time of his work incident and that Claimant's current clinical examination was unremarkable. Dr. Stickler opined that the history of Claimant's work injury did not support a concussive event and that Claimant's complaints of chronic daily headaches should not be caused by mild head trauma from Claimant's work incident. Dr. Stickler concluded that the Claimant's other symptoms were not related to the work incident. He felt that the Claimant had previously reached maximum medical improvement. [APA No. 1, pp. 1-3].

10. Dr. Stickler testified that the Claimant's history and presentation did not reflect that he had experienced even a mild concussive event; that any current symptoms would not

result from Claimant's work incident; that the majority of people who have like degrees of head trauma improve within the first month, or within a matter of weeks; that Claimant had most likely reached maximum medical improvement by the time of his October 23, 2013 evaluation by Dr. Abu-Ata, which was more than eight months following the work incident; that there was no permanent impairment to the Claimant's brain; that any physical restrictions were based solely upon the Claimant's subjective complaints and that there were no objective findings that would require that any type of physical restrictions be imposed as any result from Claimant's work incident; that no medications would be required because of Claimant's work incident; and, that no effects of the work incident required further evaluation or referral of Claimant to other medical specialists for examination. [Defendants' Exhibit No. 2].

11. The Claimant was able to continue working during the initial months following his work injury. [Transcript of Hearing, p. 50; Defendants' Exhibit No. 1].

12. Medical evidence supports a causal relationship from the work injury to Claimant's complaints of initial headaches only. Drs. Jervey and Stickler state that any work-related headaches should have resolved during the initial months following Claimant's mild head trauma and that any subsequent headaches are not related to Claimant's work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

13. Medical evidence fails to support any causal relationship to Claimant's other complaints or symptoms, including his eyes, ear, legs, feet, neck, shoulders, hands, back and anxiety. Dr. Abu-Ata's records do not comment upon any relationship from Claimant's work injury to his other multiple and varied symptoms. Dr. Jervey opines that Claimant's other symptoms are not related to his work incident. Dr. Stickler similarly opines that Claimant's

other symptoms are not related to his work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

14. Claimant has seen numerous medical care practitioners in several different settings over a period of almost two years without acknowledgement by Claimant that any treatment has improved the Claimant's description of his complaints and symptoms. [Transcript of Hearing, pp. 56-58].

15. Claimant complains of ongoing symptoms and multiple conditions that he says prevent him from working. However, Claimant is able to drive a car, work on his computer, actively email, actively post on Twitter and actively post on Facebook. During the year between May 17, 2014 and the hearing on May 21, 2015, the Claimant posted 1,066 tweets on Twitter, which averages greater than three tweets per day. His Facebook posts reflect that he attended at least two political rallies during that same period of time. None of his Twitter or Facebook posts reflect any complaints or descriptions of his symptoms or contentions regarding disability. Claimant's regular and daily use of his computer is inconsistent with his complaints that vision and light trigger his symptoms. His attendance at rallies is inconsistent with his complaints that noise triggers his symptoms. [Transcript of Hearing, pp. 53-55, 58-61, 64-72, 77-80; Defendants' Exhibit No. 3; Defendants' Exhibit No. 4].

16. Claimant reached maximum medical improvement by October 23, 2013 from any effects from his work incident. After that date, no further medical treatment or evaluation was because of the injury or tended to lessen any period of disability. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

17. Claimant was not incapable because of his work incident from earning the same or similar wages. Any lost time from work was not because of any disabling injury from his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2; Defendants' Exhibit No. 3; Defendants' Exhibit No. 4].

18. Claimant has sustained no permanent lost earnings capacity because of his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

19. Claimant has sustained no permanent specific loss of use to any body parts because of his work incident. [Transcript of Hearing, pp. 50, 53-61, 64-72, 77-80; APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

20. Claimant lacks credibility

CONCLUSIONS OF LAW

Based upon the Findings of Fact determined above and applicable law as set forth below, the following Conclusions of Law are rendered:

1. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-1-160, and other applicable law, Claimant did not sustain any compensable disabling injury to his head, brain, eyes, ear, legs, feet, neck, shoulders, hands, back or anxiety by accident arising out of or in the course of his employment.

2. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-15-60, and other applicable law, Claimant is not entitled to provision by Defendants of any additional medical evaluation and/or treatment after October 23, 2013.

3. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-15-60, and other applicable law, Defendants shall be responsible only for payment for medical evaluation or treatment authorized and furnished to Claimant by Defendants, in amounts subject to the medical fee scheduled promulgated by the South Carolina Workers' Compensation Commission.

4. Pursuant to S.C. Code Ann. Sections 42-1-120, 42-1-160, 42-9-10, 42-9-20, and other applicable law, Claimant is not entitled to any temporary disability compensation benefits.

5. Pursuant to S.C. Code Ann. Sections 42-9-120, 42-1-160, 42-9-10, 42-9-20, 42-9-30, and other applicable law, Claimant is not entitled to any permanent disability compensation benefits.

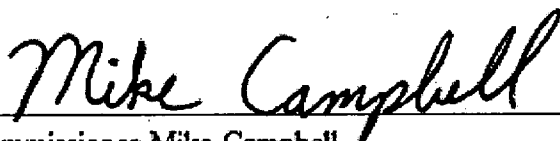
6. Pursuant to S.C. Code Ann. Section 42-1-40 and other applicable law, the applicable compensation rate is \$326.08.

ORDER

IT IS HEREBY ORDERED that Claimant failed to meet his burden of proof by a preponderance of the evidence that he sustained any disabling injury or that he is entitled to any compensation benefits or further medical benefits. Claimant's claim for further medical benefits and disability compensation benefits is hereby **DENIED**.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION



Commissioner Mike Campbell

State of South Carolina

1333 Main Street, 5th Floor
P.O. Box 1715
Columbia, S.C. 29202-1715



TEL: (803) 737-5700
FAX: (803) 737-5764

Workers' Compensation Commission

May 26, 2015

J. Russell Goudelock, II
MCANGUS GOUDELOCK & COURIE, LLC
P.O. Box 12519, Capitol Station
Columbia, S.C. 29211

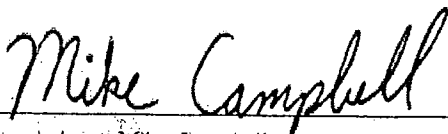
RE: Clarence B. Jenkins v. Amazon.com. DEDC, LLC
WCC File #1303989

Dear Mr. Goudelock:

Please prepare the Order in the above referenced case and submit the original via e-mail in Word document to my attention within thirty (30) days from receipt of this correspondence. The Order should reflect as outlined in my attached directives. When submitting your proposed Order, please be sure to copy Pro se party(s) with the same.

If you have any questions in these regards, do not hesitate to contact me at (803) 737-5678.

Yours very truly,


Commissioner Mike Campbell

MC/bc

CC: Clarence B. Jenkins, Pro se Claimant

REQUEST FOR PROPOSED ORDER

Please note these are general Order Instructions/Directives only. This document is not an Order. It is a request for a proposed Order. The undersigned reserves the right to modify or delete any portion of this document.

WCC File Number: 1303989
Date of Hearing: 05/21/2015
Place of Hearing: Richland County

CLAIMANT: Clarence B. Jenkins
EMPLOYER: Amazon.com. DEDC, LLC
CARRIER: American Zurich Insurance Co.
Claimant's Attorney: Pro Se

Defendant's Attorney: J. Russell Goudelock, II

DOI: 02/10/2013

AWW: \$489.09 CR: \$326.08

Court Reporter: Cora Bruton
131 Browning Court
Lexington, SC 29073
cocobk@windstream.net
(803) 397-0189

FINDINGS & DIRECTIVES

Mr. Goudelock, please draft the Order consistent with the below findings and directives and return to this office within 30 days. Based on sworn testimony and a preponderance of the evidence, I hereby find:

1. Claimant did not meet his burden of proof that his alleged additional body parts listed on his form 50 are causally related to his admitted work injury.
2. Therefore, Claimant's request for additional benefits under the Act is hereby denied.

INSTRUCTIONS: Please let our office know if you have difficulty obtaining a transcript or cannot complete the order within this timeframe. Draft the Order consistent with the above substance of the preceding Findings of Fact; however you may also add additional Findings of Fact consistent with the above ruling. The Order should include biographical information regarding the Claimant's work history and previous medical history, if relevant to the case.

If you need a transcript, order it *immediately* from the court reporter listed above. Provide a copy of the proposed Order to opposing counsel or *pro se* claimant before or at the same time one is submitted to the Commission.

When submitting the proposed Order to the Commission, please email only to bcheeseboro@wcc.sc.gov. The Commission no longer requires hard copies of the proposed order unless the claimant is *pro se*.

Matters to include in the Order:

1. APA Submissions (if submitted)
2. Stipulations
3. Statement of the Case (contentions of the parties – stated concisely)
4. Evidence of the Case (synopsis of the evidence – including testimony and medical reports)
5. Findings of Fact [numbered] (Do not delete any of the above findings.) The prevailing party may add to support the decision, except regarding credibility unless you have been so instructed.
6. Conclusions of Law (cite applicable statutory sections and case law)
7. Award

Do not address credibility in the Order, unless it has been addressed in the preceding Order Notes.

The Honorable R. Michael Campbell, II
Commissioner
South Carolina Workers' Compensation Commission
1333 Main Street
Suite 500
Columbia, South Carolina 29201
(803) 737-5672

Order Instructions mailed to parties on May 26, 2015

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

W.C.C. FILE NO: 1303989

Clarence B. Jenkins

**EMPLOYEE,
CLAIMANT/RESPONDENT**

vs.

Amazon.Com. DEDC, LLC

EMPLOYER,

AND

Insurance Co. of the State of Pa.

**CARRIER,
DEFENDANTS/APPELLANTS,**

APPELLATE PANEL REVIEW

held in Columbia, South Carolina, on September 15, 2014
per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

November 18th, 2014

APPEARANCES: Claimant/Appellant Pro Se

Defendants/Respondents represented by J. Russell Goudelock, II

STATEMENT OF THE CASE

The Claimant hit his head on the corner of a metal table at work on February 10, 2013. Claimant filed a Form 50 Request for a Hearing in which he specifically seeks reimbursement for mileage for travel to medical providers and to the pharmacy to pick up prescription medications. Defendants filed a Form 51 Employer's Response admitting that the Claimant is entitled to reimbursement for mileage, but contend that he is only entitled to mileage reimbursement related to treatment or prescriptions by authorized health care providers incurred for travel to and from places that are more than 5 miles away.

The hearing was scheduled to address the limited issue of mileage reimbursement only. The Single Commissioner issued an Order, dated May 27, 2014, awarding the Claimant mileage reimbursements pursuant to *S.C. Code Regs. 67-1601* for authorized medical care only.

Thereafter, within the statutory period, Claimant filed a Form 30 Request for Commission Review citing the following exceptions:

1. How can Amazon accepted Dr. Eden findings of a post traumatic conclusion and other medical treatment now say unapproved while receiving short term pay?
2. How can SC Workers' Comp allowed Amazon to use a double standard as to what is approved or not approved pertaining to medical information?
3. How can Amazon deny an MRI which had to be paid by medical insurance then allowed to present it as part of their legal brief and oral argument on 3-12-2014?
4. How can Dr. Mohammed recommend an MRI as part of his initial evaluation but was denied by workers' comp and no it is okay for Amazon to make that a part of their written brief an oral argument is a double standard as to what is approved or not approved which was submitted to SC Worker's Compensation Commission?
5. How can Amazon admits and accepted injury to head therefore rejecting causes and treatment associated with post traumatic conclusion even though medical documentation to support medical care?
6. South Carolina Worker's Commission allowed Amazon to apply and use a double standard as to what is approved or not approved but denied the same process in regards to my

medical care that is associated with a head injury and post traumatic conclusion. To include blood fluids and other coming from ear.

In the appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. 42-17-50, review the award, weigh the evidence that was presented at the initial hearing, and if good grounds are shown, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

On September 15, 2014 oral arguments by the parties were presented before the Appellate Panel. Based upon oral arguments, a review of the Appellate Briefs and the evidentiary record presented at the hearing in this case evidence, the Appellate Panel, by and through its statutory and inherent power, entered into its decision pursuant to *S.C. Code Ann. Section 42-17-50*.

Based upon review of the foregoing, we hereby **AFFIRM WITH AMENDMENTS** the Decision and Order of the Single Commissioner. Accordingly, the Appellate Panel renders the following Findings of Fact and Conclusions of Law which shall become the law of the case.

FINDINGS OF FACT

1. The Claimant sustained a work-related injury on February 10, 2013 while employed with Amazon.
2. Claimant has received medical evaluation and/or treatment by HealthWorks, Dr. Abu-Ata and Dr. Jervey. Defendants have furnished and authorized medical evaluation and/or treatment by HealthWorks, Dr. Abu-Ata and Dr. Jervey.
3. Additionally, Claimant has received other medical evaluation and/or treatment by his family physician, Dr. Eden and other physicians at Family Health Centers, Providence Hospital Emergency Room and by Dr. Paysinger. Defendants have not authorized or furnished medical treatment and/or evaluation by, or on referral by, these physicians.

4. Claimant received medical evaluation and/or treatment at Providence Hospital Emergency Room on September 19, 2013. Such medical evaluation and/or treatment was not because of his work injury.

CONCLUSIONS OF LAW

1. Pursuant to *S.C. Code Ann. Section 42-15-60* and other applicable law, the Claimant is entitled to reimbursement for mileage incurred during visits to, or for procuring medications prescribed by, the authorized medical providers set forth in Finding of Fact No. 2 above.

2. Pursuant to *S.C. Code Regs. 67-1601* and other applicable law, Claimant shall only be reimbursed for such mileage, as set forth in Conclusion of Law No. 1 above, that is to and from a place of medical attention which is more than five miles away from his home and in accordance with the amount allowed state employees for mileage reimbursement.

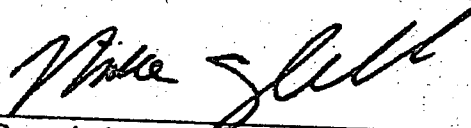
3. Pursuant to *S.C. Code Ann. Section 42-15-60* and other applicable law, Claimant is not entitled to reimbursement for mileage incurred for medical treatment, evaluation and/or prescriptions by, or on referral by, the medical care practitioners set forth in Findings of Fact No. 3 and 4 above and any others that were/are not authorized or furnished to Claimant by Defendants.

ORDER

IT IS HEREBY ORDERED that Defendants shall make appropriate mileage reimbursement to Claimant as set forth in Conclusions of Law Nos. 1 and 2 above.

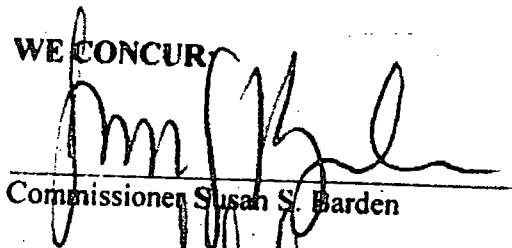
IT IS FURTHER ORDERED that Defendants shall not reimburse Claimant for mileage incurred for medical treatment, evaluation and/or prescriptions by, or on referral by, the medical care practitioners and/or facilities set forth in Conclusion of Law No. 3 above.

AND IT IS SO ORDERED.

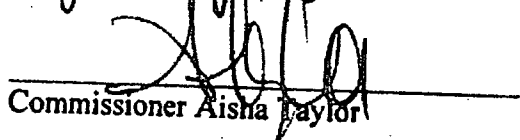


Commissioner R. Michael Campbell, II
For the Appellate Panel

WE CONCUR



Commissioner Susan S. Barden



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on November 18, 2014

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM DEDC, LLC,

Employer,

AND

INSURANCE CO. OF THE STATE OF PA.,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Lexington, S.C. on March 12, 2014.

APPEARANCES:

Claimant, Clarence B. Jenkins, appeared pro se.

Defendants represented by J. Russell Goudelock, II,
Esquire of McAngus Goudelock & Courie, L.L.C. of
Columbia, South Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner Andrea C. Roche

FILED:

May 27, 2014

STATEMENT OF THE CASE

The Claimant hit his head on the corner of a metal table at work on February 10, 2013. Claimant filed a Form 50 Request for a Hearing in which he specifically seeks reimbursement for mileage for travel to medical providers and to the pharmacy to pick up prescription medications. Defendants filed a Form 51 admitting that the Claimant is entitled to reimbursement for mileage, but contend that he is only entitled to mileage reimbursement related to treatment or prescriptions by authorized health care providers incurred for travel to and from places that are more than 5 miles away.

The hearing was scheduled to address the limited issue of mileage reimbursement only.

STIPULATIONS

The parties stipulated that the South Carolina Workers' Compensation Commission has appropriate jurisdiction to adjudicate these issues and venue is acceptable in Lexington County. The file of the South Carolina Workers' Compensation Commission is made a part of the record, with the exception of any self-serving declarations or unstipulated medical records.

APA EXHIBITS AND OTHER DOCUMENTARY EVIDENCE

The parties submitted the following medical records and other documents into evidence pursuant to the South Carolina Administrative Procedures Act:

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.		AmCare	02/10/13 – 10/27/13	1-5
2.		Palmetto Health HealthWorks	02/14/13 – 04/15/13	6-23
3.		Palmetto Health Richland ER	04/15/13 – 09/02/13	24-35
4.	Mahmoud Abu-Ata, M.D.		08/26/13 – 10/03/13	36-40
5.		Family Health Centers/Norfield	09/06/13 – 09/10/13	41-44
6.		Providence Hospitals ER	09/13/13	45-48
7.	Benjamin Paysinger, M.D.	Palmetto ENT	09/13/13	49-55
8.	Charles S. Jervy, M.D.	Carolina Neurological Clinic	11/19/13	56-57

Additionally, Claimant submitted into evidence copies of medical records and billing information from various medical care providers.

EVIDENCE

Claimant testified that he seeks mileage reimbursement to and from various medical appointments, including Dr. Eden, Dr. Paysinger and Dr. Abu-Ata. Claimant also testified that he picked up multiple prescriptions that were prescribed by various medical providers.

FINDINGS OF FACT

Based upon the evidentiary submissions and testimony in the record, I make the following Findings of Fact:

1. The Claimant sustained a work-related injury on February 10, 2013 while employed with Amazon.
2. Claimant has received medical evaluation and/or treatment by HealthWorks, Dr. Abu-Ata and Dr. Jervey. Defendants have furnished and authorized medical evaluation and/or treatment by HealthWorks, Dr. Abu-Ata and Dr. Jervey.
3. Additionally, Claimant has received other medical evaluation and/or treatment by his family physician, Dr. Eden and other physicians at Family Health Centers, and by Dr. Paysinger. Defendants have not authorized or furnished medical treatment and/or evaluation by, or on referral by, these physicians.

CONCLUSIONS OF LAW

1. Pursuant to *S.C. Code Ann. Section 42-15-60* and other applicable law, the Claimant is entitled to reimbursement for mileage incurred during visits to, or for procuring medications prescribed by, the authorized medical providers set forth in Finding of Fact No. 2 above.

2. Pursuant to *S.C. Code Regs. 67-1601* and other applicable law, Claimant shall only be reimbursed for such mileage, as set forth in Conclusion of Law No. 1 above, that is to and from a place of medical attention which is more than five miles away from his home and in accordance with the amount allowed state employees for mileage reimbursement.

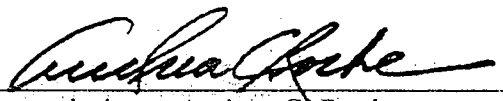
3. Pursuant to *S.C. Code Ann. Section 42-15-60* and other applicable law, Claimant is not entitled to reimbursement for mileage incurred for medical treatment, evaluation and/or prescriptions by, or on referral by, the medical care practitioners set forth in Finding of Fact No. 3 above and any others that are not authorized or furnished to Claimant by Defendants.

ORDER

IT IS HEREBY ORDERED that Defendants shall make appropriate mileage reimbursement to Claimant as set forth in Conclusions of Law Nos. 1 and 2 above.

IT IS FURTHER ORDERED that Defendants shall not reimburse Claimant for mileage incurred for medical treatment, evaluation and/or prescriptions by, or on referral by, the medical care practitioners set forth in Conclusion of Law No. 3 above.

AND IT IS SO ORDERED.



Commissioner Andrea C. Roche

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM.DEDC, LLC,

Employer,

AND

INSURANCE COMPANY STATE OF
PENNSYLVANIA C/O SEDGWICK CMS

Carrier,

Defendants.

CONSENT ORDER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

This matter is currently pending before the South Carolina Workers' Compensation Commission pursuant to Forms 50 and 51. Claimant is represented by Lakesha Jeffries, Esquire of the Jeffries Law Firm, and Defendants are represented by Elizabeth F. Render, Esquire of McAngus, Goudelock & Courie, LLC. Prior to a Hearing, the parties advised the Commission that an agreement had been reached regarding the issues presented for determination at the Hearing. The parties now desire the agreement to be embodied into a Consent Order of the Commission. Therefore, the agreement of the parties is as follows:

1. The South Carolina Workers' Compensation Commission has jurisdiction over the parties and subject matter of the claim.
2. The Claimant alleges that he was involved in a compensable work-related injury

when he injured his head which caused him to suffer from headaches, dizziness, and vision blurriness on February 10, 2013 arising out of and in the course of his employment.

3. Defendants admit that the Claimant suffered from an incident, but deny the extent of his injuries.

4. However, Defendants have agreed to authorize an evaluation with Dr. Abu-Ata for the Claimant's ongoing complaints and an appointment is currently scheduled for August 26, 2013.

5. All issues including, but not limited to, issues set forth in the Forms 50 and 51 are preserved by the parties without prejudice or waiver of any assertions or defenses.

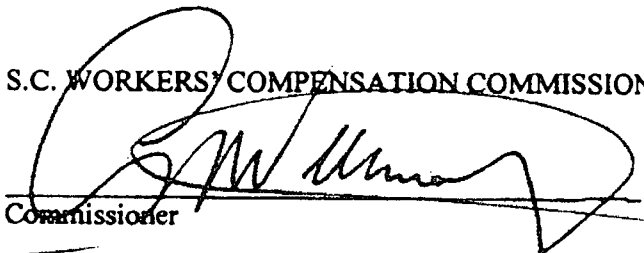
6. A Hearing in this case shall be continued and the file returned to the general files of the South Carolina Workers' Compensation Commission pending further request for a Hearing by either party in the future or other resolution of this claim by future agreement of the parties.

NOW THEREFORE, on joint motion of Lakesha Jeffries, Esquire, attorney for the Claimant, and Elizabeth F. Render, Esquire, attorney for the Defendants,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED, that the agreement of the parties as set forth above is adopted as an Order of this Commission as if fully set forth herein.

IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

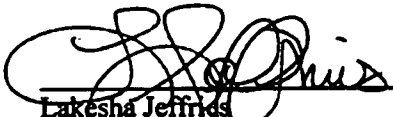

Commissioner

Dated: 8-12, 2013

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WE CONSENT:



Lakesha Jeffries
Attorney for Claimant



Elizabeth F. Render
Attorney for Defendants

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States mail addressed to any unrepresented party.

By Elaine Boyd on August 13, 2013

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant/Appellant,

vs.

AMAZON.COM DEDC, LLC,

Employer,

AND

INSURANCE CO. OF THE STATE OF PA.,

Carrier,

Defendants/Respondents.

**RESPONDENTS' BRIEF
TO
FULL COMMISSION**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARENCE B. JENKINS, *PRO SE* CLAIMANT:

STATEMENT OF THE CASE

Claimant experienced an admitted incident at work on February 10, 2013 when he leaned over and struck his head on a table. Defendants furnished Claimant with medical evaluation and treatment. No disability compensation benefits were paid.

Claimant filed Forms 50 contending that he had sustained injuries to multiple body parts, including his head, eyes, ear, legs, feet, neck, shoulders, hands, back, and that he experiences anxiety as a result of his incident at work. A hearing was held on May 21, 2015 in Columbia, South Carolina before Commissioner Michael Campbell. At the hearing, Claimant sought additional medical examination and treatment, temporary total disability compensation benefits

from April 22, 2013 to September 23, 2013 and January 22, 2014 to present, and permanent disability benefits. Defendants denied that Claimant was entitled to any further benefits beyond the medical evaluations and treatment to attempt to assess Claimant's multiple complaints.

Commissioner Campbell issued a Decision and Order on August 14, 2015 denying Claimant's claim for further benefits. Commissioner Campbell ruled that Claimant failed to establish that he sustained any disabling injury or that he is entitled to any compensation benefits or further medical benefits. Commissioner Campbell concluded that Claimant did not sustain any compensable disabling work injury to his head, brain, eyes, ear, legs, feet, neck, shoulders, hands, back or anxiety; that Claimant had reached maximum medical improvement by October 23, 2013; that Defendants furnished appropriate medical evaluation or treatment; that Claimant is not entitled to any temporary disability compensation benefits; and, that Claimant is not entitled to any permanent disability compensation benefits.

Claimant filed a Form 30 seeking review by the Full Commission. Claimant asserted 38 grounds for review and accompanied his filing with 38 exhibits. Subsequently, Claimant has offered numerous additional exhibits. Defendants have objected to, and moved to exclude, the post-hearing exhibits offered by Claimant.

FACTUAL BACKGROUND

Claimant is a forty-six year old college graduate. During the 21 years between 1994 and 2015, the Claimant worked for approximately 11½ years and was unemployed for approximately 9 years. He received unemployment compensation benefits from 2007 to 2012 prior to commencing work with Amazon in 2012 as a warehouse associate. [Transcript of Hearing, pp. 38-47].

Claimant experienced an incident at work on February 10, 2013. He struck his head on the edge of a table while bending over to retrieve an object from the floor. Claimant did not fall down and suffered no loss of consciousness or alteration in awareness. [Transcript of Hearing, pp. 49-51 and multiple APA submissions]. Claimant's initial presentation for medical evaluation reflected no visible evidence of any injury, any swelling, any discoloration or broken skin, and no outward evidence of any injury or neurological deficits. [APA No. 6, pp. 50-53].

Claimant's subsequent presentation for medical evaluation at HealthWorks several days after the work incident demonstrated no objective manifestations of any neurological deficits or other injury. A CT scan of the head was normal. On February 15, 2013, Claimant reported that his symptoms were much improved. He was pronounced able to work full-duty without restriction. No return appointments or further evaluations were recommended. [APA No. 5, pp. 35-49].

Subsequent medical evaluations two months later at Palmetto Health Richland Memorial Hospital Emergency Room and at HealthWorks reflected that Claimant's neurological and other clinical examination continued to be normal. The emergency room physician directed Claimant to see his family physician for high blood pressure, but otherwise he was not found to need any other evaluation or management. HealthWorks stated that the Claimant's current symptoms did not appear to be related to his February 2013 work injury and were more likely related to other health issues. The HealthWorks physician recommended that the Claimant see his family physician for follow-up of non-work-related conditions, stating that the cause of Claimant's problems are not known and the objective findings are not consistent with a history of work-related etiology. Claimant was given work restrictions but it was noted that they were not caused by the work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34].

On August 26, 2013 and October 23, 2013, Mahmoud Abu-Ata, M.D., a neurologist, noted that at the time of the work incident Claimant had no loss of consciousness or awareness and that he suffered no scalp laceration or bleeding. Claimant exhibited a normal neurological and other clinical examination. Dr. Abu-Ata assessed Claimant's condition as "description of post traumatic headache," with possible migraine, rebound analgesic headache, hypertension and tension component. The Claimant refused to undergo CSF examination for evaluation of headaches. Dr. Abu-Ata recommended an MRI of the brain, an MRI of the cervical spine, and nerve conduction studies with EMG testing. MRI scanning of the brain was normal. Nerve conduction studies and EMG testing was normal. MRI scanning of the neck revealed multi-level mild-moderate degenerative disc disease and Dr. Abu-Ata recommended that Claimant be evaluated by a spine surgeon for evaluation of cervical spine disease. [APA No. 2, pp. 4-13].

Neurological evaluation by Charles S. Jervey, M.D., a neurologist, on November 19, 2013 noted that the Claimant experienced no loss of consciousness at the time of his work incident, that the CT and MRI scans of the head were normal, and that the MRI scan of the neck did not reveal anything that would be expected to cause symptoms. Dr. Jervey opined that the Claimant had sustained a mild head injury which should not cause Claimant's alleged ongoing symptoms and would not be expected to cause permanent nor long-term recurring symptoms. He did not find any cognitive impairment. Dr. Jervey did not feel that any other symptoms were caused by or related to the Claimant's work incident and did not recommend any work restrictions. [APA No. 3, pp. 14-15].

Neurological evaluation by David Stickler, M.D., a neurologist, on August 20, 2014 also noted that the Claimant had not experienced any loss of consciousness, dizziness, memory loss or laceration initially at the time of his work incident and that Claimant's current clinical

examination was unremarkable. Dr. Stickler opined that the history of Claimant's work injury did not support a concussive event and that Claimant's complaints of chronic daily headaches should not be caused by mild head trauma from Claimant's work incident. Dr. Stickler concluded that the Claimant's other symptoms were not related to the work incident. He felt that the Claimant had previously reached maximum medical improvement. [APA No. 1, pp. 1-3].

Dr. Stickler testified that the Claimant's history and presentation did not reflect that he had experienced even a mild concussive event; that any current symptoms would not result from Claimant's work incident; that the majority of people who have like degrees of head trauma improve within the first month, or within a matter of weeks; that Claimant had most likely reached maximum medical improvement by the time of his October 23, 2013 evaluation by Dr. Abu-Ata, which was more than eight months following the work incident; that there was no permanent impairment to the Claimant's brain; that any physical restrictions were based solely upon the Claimant's subjective complaints and that there were no objective findings that would require that any type of physical restrictions be imposed as any result from Claimant's work incident; that no medications would be required because of Claimant's work incident; and, that no effects of the work incident required further evaluation or referral of Claimant to other medical specialists for examination. [Defendants' Exhibit No. 2].

The Claimant was able to continue working during the initial months following his work injury. [Transcript of Hearing, p. 50; Defendants' Exhibit No. 1].

Drs. Jervy and Stickler state that any work-related headaches should have resolved during the initial months following Claimant's mild head trauma and that any subsequent headaches are not related to Claimant's work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit

No. 2]. Medical evidence fails to support any causal relationship to Claimant's other complaints or symptoms, including his eyes, ear, legs, feet, neck, shoulders, hands, back and anxiety. Dr. Abu-Ata's records do not comment upon any relationship from Claimant's work injury to his other multiple and varied symptoms. Dr. Jervey opines that Claimant's other symptoms are not related to his work incident. Dr. Stickler similarly opines that Claimant's other symptoms are not related to his work incident. [APA No. 4, pp. 23-26; APA No. 5, pp. 27-34; APA No. 2, pp. 4-13; APA No. 3, pp. 14-15; APA No. 1, pp. 1-3; Defendants' Exhibit No. 2].

Claimant saw numerous medical care practitioners in several different settings over a period of almost two years without acknowledgement by Claimant that any treatment has improved the Claimant's description of his complaints and symptoms. [Transcript of Hearing, pp. 56-58].

Claimant complains of ongoing symptoms and multiple conditions that he says prevent him from working, including allegations that noise, vision and light trigger his symptoms. However, Claimant is able to drive a car, work on his computer, actively email, actively post on Twitter and actively post on Facebook. During the year between May 17, 2014 and the hearing on May 21, 2015, the Claimant posted 1,066 tweets on Twitter, which averages greater than three tweets per day. His Facebook posts reflect that he attended at least two political rallies during that same period of time. None of his Twitter or Facebook posts reflect any complaints or descriptions of his symptoms or contentions regarding disability. [Transcript of Hearing, pp. 53-55, 58-61, 64-72, 77-80; Defendants' Exhibit No. 3; Defendants' Exhibit No. 4].

ARGUMENTS

I. Admission of purported evidentiary exhibits by Claimant after the Commission's issuance of its Decision and Order is violative of applicable law and such exhibits should be excluded as inadmissible evidence.

Defendants have properly replied to Claimant's attempts to admit post-hearing exhibits and moved to exclude such exhibits from consideration as evidence. Attached to Claimant's Form 30 and in subsequent additional submissions are multiple exhibits which contain documents not previously admitted into evidence at the hearing.

Pursuant to S.C. Code Ann. Section 42-17-50, South Carolina Workers' Compensation Regulation 67-707, and other applicable law, Defendants assert that such exhibits are not properly before the Workers' Compensation Commission as after-discovered evidence, or as admissible evidence in any other manner, and respectfully assert that any consideration of such exhibits by the Workers' Compensation Commission is legally inappropriate.

At the commencement of the hearing, extensive discussions took place regarding Claimant's attempts to submit bundles of unidentified evidentiary exhibits. In response to Defendants' objections, Claimant was advised by the Hearing Commissioner that the hearing would be postponed if Claimant wished to exercise his right to have and/or obtain legal counsel to represent him. The Claimant had been previously represented by legal counsel, but this relationship was terminated. The Claimant testified that he had been advised by Defendants' legal counsel to obtain legal representation. The Claimant declined to retain legal counsel and elected to proceed with the hearing *pro se*.

→ Claimant asserts that Commissioner Campbell improperly applied South Carolina Workers' Compensation Regulation 67-611 regarding Claimant's failure to submit a Pre-hearing Brief. To the extent that Commissioner Campbell may have erred regarding Claimant's

submission of a Pre-hearing Brief, such error is harmless. Claimant still failed to comply with South Carolina Workers' Compensation Regulation 67-612 regarding admission of experts' reports as evidence. Regulation 67-611 does not allow for admission of experts' reports.

Accordingly, Defendants respectfully assert that the law does not permit Claimant's submission of evidence on appeal to the Full Commission after the close of the hearing record and issuance of Commissioner Campbell's Decision and Order. Admission of such evidence violates Defendants' due process and other rights set forth in the South Carolina Administrative Procedures Act, the South Carolina Workers' Compensation Act, the South Carolina Workers' Compensation Regulations and other applicable law. Such evidence should be rejected and excluded.

II. Claimant's incident at work caused only mild head trauma. Any resulting effects of such mild trauma from the work incident resolved uneventfully. Claimant's subsequent description of multiple and varied physical symptoms and alleged disability are not because of his work incident. Claimant is not entitled to any additional workers' compensation benefits.

The Claimant described a relatively nominal blow to his head that occurred at work on February 10, 2013. He struck his head on a table when he bent over. He did not fall in any uncontrolled or violent manner onto the edge of a table. Nothing caused any severe trauma to his head. He did not lose consciousness or experience any alteration of awareness. His presentation following the incident manifested no visible evidence of any injury, any swelling, any discoloration or broken skin and no evidence of any injury or neurological deficits. He continued working initially.

Claimant initially complained only of a headache and pain. Claimant initially denied dizziness or any visual changes. Subsequently, Claimant's description of his symptoms

progressed to complaints of multiple and varied pain and physical conditions that he contended resulted from his work incident.

During ensuing medical evaluations following his work injury, substantial medical evidence confirms that Claimant had not experienced any loss of consciousness, dizziness, memory loss, scalp laceration or bleeding initially at the time of his work incident; that he had normal CT and MRI imaging; that his clinical examinations were repeatedly unremarkable by various medical care practitioners; that Claimant did not exhibit any cognitive impairment; that Claimant's history and presentation did not reflect that he had experienced even a mild concussive event; that Claimant's current symptoms did not appear to be related to his February 2013 work injury and were more likely related to other health issues; that the cause of Claimant's problems were not known and the objective findings were not consistent with history of a work-related etiology.

Medical opinions stated that the Claimant had sustained a mild head injury which would not be expected to cause permanent nor long-term recurring symptoms; that the persistence of the Claimant's alleged ongoing symptoms were unexplained following such relatively mild head trauma; that it would be very uncommon that any current headaches should be caused by Claimant's mild head trauma; that the presence of chronic daily headaches could not be attributed to the work incident; that the majority of people who have like degrees of head trauma improve within the first month, or within a matter of weeks; that Claimant's other alleged symptoms were not caused by or related to the Claimant's work incident; and, that it would be most likely that the Claimant had reached maximum medical improvement by the time of his October 23, 2013 evaluation by Dr. Abu-Ata, which was more than eight months following the work incident.

No medical evaluation or treatment ever resulted in Claimant describing sustained improvement in his diffuse symptoms.

Claimant contended that he had been intermittently disabled since his work incident because activity and environment, including typing on a computer, shopping, walking, attending church or other events, noise, bright lights, heat and smell cause the onset of his multiple symptoms. Claimant's regular and daily use of his computer is inconsistent with his complaints that vision and light trigger his symptoms. His attendance at rallies is inconsistent with his complaints that noise triggers his symptoms.

Medical testimony established that Claimant reached maximum medical improvement by October 23, 2013 from any effects from his work incident. After that date, no further medical treatment or evaluation would be because of the injury or tended to lessen any period of disability. Further, medical evidence reflected that there was no permanent impairment to the Claimant's brain; that any physical restrictions were based solely upon the Claimant's subjective complaints at the time and that there were no objective findings that would require that any type of physical restrictions be imposed as any result from Claimant's work incident; that no medications would be required because of Claimant's work incident; and, that Claimant's work incident required no further evaluation or referral to other medical specialists for examination. Claimant was not incapable because of his work incident from earning the same or similar wages. Any lost time from work was not because of any disabling injury from his work incident.

Claimant has sustained no permanent lost earnings capacity because of his work incident. Claimant has sustained no permanent specific loss of use to any body parts because of his work incident.

The evidence establishes Claimant no longer suffered from any work injury-related condition or effects after, at worst, October 23, 2013 that entitled him to any further workers' compensation benefits. Denial of Claimant's request for benefits is supported by substantial evidence.

CONCLUSION

Defendants respectfully assert that the record compiled at the hearing in this case should be legally upheld and that Claimant's attempts to submit post-hearing evidence is improper, is properly excluded and should be rejected. Commissioner Campbell's denial of Claimant's claim for further medical benefits and disability compensation benefits should be affirmed. Claimant failed to meet his burden of proof to establish by a preponderance of the evidence that he sustained any disabling injury or that he is entitled to any compensation benefits or further medical benefits.

Respectfully submitted,



J. RUSSELL GOUDELOCK, II
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina
November 11, 2015

Pre-Hearing Brief pursuant to S.C. Code Reg. 67-611 that was objected by them at May 21, 2015 hearing in which Commissioner Michael Campbell II stated was the law and to not allow pertinent medical records.

2. Pursuant to SC Code Ann. Section 42-17-50 does allows the South Carolina Worker's Compensation Full Commission to receive further evidence therefore the admittance of pertinent medical records and supportive documents that was denied on May 21, 2015 will be presented in addition to medical evaluations by Dr. Carol Benoit and Dr. James Way along with Social Security Disability Administration Determination therefore will be in accordance with the law of SC Code Ann. 42-17-50.

3. The medical evaluations of Dr. Carol Benoit and Dr. James Way has never been presented before at a S.C. Worker's Compensation Hearing and either a S.C. Worker's Compensation Full Commission Hearing.

4. The medical evaluations by Psychologist, Dr. James Way and Neurologist, Dr. Carol Benoit pursuant to S.C. Code Reg. R-67-707 will be in accordance with new evidence being presented to S.C. Worker's Compensation Full Commission as established to be of the same nature and character due to Assigned Worker's Compensation Neurologist, Dr. Abu-Atta's recommendations for claimant to see a neuro spine specialist, neuro surgeon and psychologist which was denied by defendants therefore has proven to provide validation to claimant work related injuries that he continued to suffered from.

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NOW, THEREFORE, for the reasons stated herein, claimant respectfully move that South Carolina Worker's Compensation Commission issue an Order to include independent medical evaluations from Dr. Carol Benoit and Dr. James Way for consideration of appellant's evidence or in any other manner in this case.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Clarence B. Jenkins Jr.", written over a horizontal line.

Clarence B. Jenkins Jr, Claimant, Pro Se

October 15, 2015
Neeses, South Carolina

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM DEDC, LLC,

Employer,

AND

INSURANCE COMPANY OF THE STATE
OF PENNSYLVANIA,

Carrier,

Defendants.

**DEFENDANTS' REPLY TO
CLAIMANT'S MOTION TO
INCLUDE APPELLANT'S EXHIBITS
TO THE FORM 30**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARENCE B. JENKINS, *PRO SE* CLAIMANT:

Defendants, Amazon.com DEDC, LLC and Insurance Co. for the State of PA., by and through their undersigned counsel, pursuant to S.C. Code Reg. 67-215 and other applicable law, hereby reply to Claimant's Motion to Include Appellant's Exhibits to the Form 30 based upon the following grounds:

1. Defendants admit that an unrepresented claimant is not required to submit a Pre-Hearing Brief pursuant to S.C. Code Reg. 67-611.
2. Defendants deny that such regulatory or other authority allows for admission at or after a hearing of any documentary evidence or experts' reports that were not properly offered. S.C. Code Reg. 67-611 is inapplicable to Claimant's assertion of entitlement to admit

Appellant's Exhibits into evidence on review.

3. Defendants' respectfully assert that any party to a hearing, including an unrepresented claimant, must admit written evidence which he intends to rely upon in accordance with S.C. Code Reg. 67-612, Admission of Expert's Report as Evidence.

4. Claimant was the moving party to this hearing. S.C. Code Reg. 67-612 requires that all moving parties, including *pro se* claimants, timely notify opposing parties at least fifteen days before the scheduled hearing of written experts' reports to be admitted into evidence. Further, the S.C. Administrative Procedures Act and other applicable law similarly provide parties due process rights to cross-examine, respond to or otherwise oppose evidence received at a hearing in written form or otherwise.

5. Claimant was repeatedly afforded the right and opportunity prior to and at the scheduled hearing to retain legal counsel and provide for timely admission of evidence by postponing the scheduled hearing, which Claimant refused to do.

6. Defendants respectfully assert that Claimant failed to timely notify Defendants or otherwise timely and properly offer admission prior to the scheduled hearing of documentary evidence or written experts' reports and admission of such evidence on review is improper and violates Defendants' due process rights afforded by applicable regulations, the S.C. Administrative Procedures Act and other law.

7. Further, S.C. Code Reg. 67-707 provides that a party seeking to introduce new evidence into the record on a case on review must establish that such evidence is of the same nature and character required for granting a new trial and must satisfy other requirements set forth in S.C. Code Reg. 57-707(1) and (2). Claimant fails to make a showing that satisfies these regulatory requirements.

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NOW, THEREFORE, for the reasons stated herein, Defendants respectfully request that the South Carolina Workers' Compensation Commission exclude from evidence the Exhibits attached to the Appellant's Form 30.

Respectfully Submitted,



J. RUSSELL GOUDELOCK, II
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina
October 9, 2015

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SOUTH CAROLINA COMPENSATION COMMISSION

LEXINGTON, SOUTH CAROLINA

FEBRUARY 10, 2013

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS JR.,

Employee,

Claimant

vs

AMAZON.COM.DEDC,LLC,

Employer,

AND

INSURANCE COMPANIES OF THE STATE
OF PENNSYLVANIA,

Carrier,

Defendants,

PLAINTIFF'S MOTION TO INCLUDE
APPELLANT'S EXHIBITS TO THE
FORM 30

SCWCC
OCT 02 2015
JUDICIAL

TO: SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION,
AMAZON.COM.DEDC,LLC AND INSURANCE COMPANIES OF THE STATE OF
PENNSYLVANIA, DEFENDANTS.

Claimant, Pro Se pursuant to Regulation 42-17-50 of the South Worker's
Compensation Commission Act, and other applicable law, hereby moves for an Order
Including Appellant's Exhibits to the form 30 based on the following grounds.

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1. Commissioner Michael Campbell II made an egregious error regarding R-67-611 at May 21, 2015 hearing by not allowing Claimant to present and enter pertinent medical records and other supportive documents specifically stating R-67-611 a pre-hearing brief must be filed by Claimant before hearing which is not in accordance with the law.
2. Pursuant to SC Code Ann. Section 42-17-50 does allows the South Carolina Worker's Compensation Full Commission to receive further evidence therefore the admittance of pertinent medical records and supportive documents will be in accordance with the law of SC Code Ann. 42-17-50.
3. Pertinent medical information and supportive documents attached to form 30 are Exhibits which contains records previously obtained by Amazon.com, DEDC, LLC and Insurance Companies of the State of Pennsylvania through subpoenas and other actions.
4. South Carolina Worker's Compensation Commission has also previously been provided pertinent medical information and supportive documentations.
5. Appellant filed form 30 in a timely manner with South Carolina Worker's Compensation Commission.

NOW, THEREFORE, for the reasons stated herein, Claimant respectfully move that South Carolina Worker's Compensation Commission issue an Order Including the Exhibits attached to the appellant's form 30 for consideration of appellant's evidence or in any other manner in this case.

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Respectfully Submitted,

Clarence B. Jenkins Jr.

Clarence B. Jenkins Jr, Claimant, Pro Se
945 Wire Rd,
Neeses, SC 29107
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September 28, 2015
Neeses, South Carolina

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM.DEDC, LLC,

Employer,

AND

INSURANCE COMPANY OF THE STATE
OF PENNSYLVANIA,

Carrier,

Defendants.

**RESPONDENTS' MOTION TO
EXCLUDE APPELLANT'S
EXHIBITS TO THE FORM 30**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARENCE B. JENKINS, *PRO SE* CLAIMANT:

Defendants, Amazon, LLC and Sedgwick, by and through their undersigned counsel,
pursuant to Regulation 67-215 of the South Carolina Workers' Compensation Act, and other
applicable law, hereby moves for an Order Excluding Appellant's Exhibits to the Form 30 based
on the following grounds:

1. On August 14, 2015 the Single Commissioner issued an Order in which he
ordered that the Claimant failed to meet his burden of proof by a preponderance of the evidence
that he sustained any disabling injury or that he is entitled to any compensation benefits or
further medical benefits.

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2. Thereafter, the Appellant filed a Form 30 Request for Full Commission Review on August 25, 2015.

3. Attached to the Form 30 are Exhibits which contain document not previously admitted into evidence at the hearing.

4. Pursuant to S.C. Code Ann. Section 42-17-50, South Carolina Workers' Compensation Regulation 67-707, and other applicable law, Defendants assert that the Appellant's Exhibits attached to the Form 30 are not properly before the Workers' Compensation Commission as after-discovered evidence, or as admissible evidence in any other manner, and respectfully assert that any consideration of such Exhibits by the Workers' Compensation Commission is legally inappropriate.

NOW, THEREFORE, for the reasons stated herein, Defendants respectfully move that the South Carolina Workers' Compensation Commission issue an Order excluding the Exhibits attached to the Appellant's Form 30 from consideration as Appellant's evidence or in any other manner in this case.

Respectfully Submitted,



J. RUSSELL GOUDELOCK, II
MCANGUS GOUDELOCK & COURIE, L.L.C.
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Attorneys for the Employer/Carrier

Columbia, South Carolina
September 24, 2015

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1303989

CLARENCE B. JENKINS)
)
 CLAIMANT,)
)
 VS.)
)
 AMAZON.COM)
)
 EMPLOYER,)
)
 AND)
)
 AMERICAN ZURICH)
)
 CARRIER.)

SC WORKERS' COMPENSATION COMMISSION

FULL BOARD HEARING OF

CLARENCE B. JENKINS

VS

AMAZON.COM

This is the Transcript of the South Carolina Workers' Compensation Full Board Hearing of Clarence B. Jenkins versus Amazon.com, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 1:32 P.M., Monday, December 14, 2015, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

GD

PALMETTO COURT REPORTING
321 Mac Circle Lexington, SC 29073
(803) 358-0515

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APPEARANCES

FOR THE APPELLANT:
Pro Se

FOR THE RESPONDENT:
J. Russell Goudelock, II, Esquire
MGC Insurance Defense
1320 Main Street, 10th Floor
P.O. Box 12519
Columbia, SC 29211

COMMISSIONER PRESENT:

Avery Wilkerson, Chair
T. Scott Beck
Aisha Taylor

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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1 Mr. Jenkins: Okay.

2 Commissioner Wilkerson: So, what I'll do is, I'm
3 going to ask the Court Reporter to call the case for us
4 and then we'll deal with the motions first and we may
5 ask you to step outside before we take the case on --

6 Commissioner Taylor: Depending on the motion.

7 Commissioner Wilkerson: -- it depends on what we
8 want to do with the motions, okay? So, what I'm going
9 to do is give you a couple of minutes for the motion;
10 is that enough or do you all need more than two (2)
11 minutes for the motion part of it?

12 Mr. Jenkins: That should be -- that should be
13 fine.

14 Mr. Goudelock: That's fine. I think,
15 essentially, they are the same; they come from both
16 sides but deal with the same subject matter.

17 Commissioner Beck: Right.

18 Commissioner Wilkerson: They are, okay. So,
19 Madame Court Reporter, if you will call the case.

20 Court Reporter: Today is December 14th, 2015.
21 This is South Carolina Workers' Compensation case
22 number 1303989. This is the case of Clarence B.
23 Jenkins, the Claimant, versus Amazon.com, the Employer
24 and American Zurich is the Carrier. The Appellant is
25 the Pro Se Claimant. The Respondent is represented by

1 J. Russell Goudelock. Each side is allowed ten (10)
2 minutes for oral argument and the Appellant three (3)
3 minutes in reply. You are requested to argue the
4 grounds of exception and stay within the record. The
5 Single Hearing Commissioner was Commissioner Campbell.

6 Commissioner Wilkerson: So, Mr. Goudelock, two
7 (2) minutes to tell us about the motion, even though we
8 have everything.

9 Mr. Goudelock: Thank you. I think --

10 Commissioner Wilkerson: Thank you.

11 Mr. Goudelock: -- Your Honor, I think that the
12 motions are just generally from both sides to deal
13 with. When Mr. -- at the hearing in this case Mr.
14 Jenkins had about four (4) folders worth of documents
15 that he showed up with. He had filed no notice of --
16 of submissions pursuant to Regulation 67-612. He was
17 offered the opportunity to have an attorney; he
18 declined the opportunity to have an attorney. He
19 hearing went forward and the four (4) folders of the
20 stuff he showed up with was excluded. The case, of
21 course, was heard by Commissioner Campbell and an order
22 issued and then Mr. Jenkins appealed it. With his
23 appeal he included -- it depends on how you count them
24 but somewhere between thirty (30) to thirty-eight (38)
25 exhibits of -- in various forms and so we moved to

1 exclude those exhibits as -- as not appropriate
2 evidence; it is not proper after discovery evidence and
3 -- and violates our -- of our due process rights; I
4 think in turn, he moved to admit them. So, that's --

5 Commissioner Wilkerson: Okay.

6 Mr. Goudelock: -- that's the two (2) motions.

7 Commissioner Wilkerson: Okay. Thank you.

8 Mr. Jenkins: Okay.

9 Commissioner Wilkerson: Please, sir.

10 Mr. Jenkins: Yes, sir. The two (2) motions on
11 the floor is one to include the -- the documents, the
12 medical documentation that I tried to have entered on
13 May 21st. By Commissioner Campbell making a -- an
14 egregious error concerning the law, the workers' Comp
15 law, which R. 67-611 states that a Pro Se Claimant does
16 not have to file a pro -- a pre-legal brief. He was
17 told that on that day. He left the bench for about
18 twenty (20) to thirty (30) minutes saying he'd be -- he
19 had to go research the law. He came back after about
20 thirty (30) minutes saying based on Mr. Goudelock's
21 objection that I was not allowed to enter my supportive
22 medical documentation; so, that's the first error of
23 the law. He violated his own workers' Comp law. Now,
24 I don't see how this Commission can go forward and
25 accept his finding knowing the fact that an error such

1 as that has such a great harm to a -- to a outcome of a
2 case. The second motion on the floor is one where it
3 allows -- 42nd -- 42-17-50 does allow the South
4 Carolina Workers' Comp Commission to compensate the
5 Full Commission to receive further evidence; therefore
6 the admittance of pertinent medical records as
7 supportive documents that was denied on May 21st, 2015.
8 So, here again, another Workers' Comp law does allow
9 the Full Commission to receive and -- and review
10 additional documentation that was not allowed on May
11 21st. So, those are the two (2) motions: To have the
12 documents that was brought with me on May 21st to be
13 admitted and also, the additional documentation,
14 medical documentation, that also will verify my current
15 medical condition at this time. Thank you very much.

16 Commissioner Wilkerson: Thank you. I appreciate
17 it. Any questions?

18 Mr. Goudelock: Commissioner, just a brief
19 response.

20 Commissioner Wilkerson: Sure.

21 Mr. Goudelock: The -- 67-611 deals with a
22 pre-hearing brief and Mr. Jenkins is correct that that
23 is not required to be submitted by an unrepresented
24 Claimant. 67-612 deals with documentary evidence
25 submissions; that does not afford the same right to --

1 to not provide those. So, we stand by our -- our
2 motion to exclude that evidence.

3 Commissioner Wilkerson: Okay. Thank you all
4 both.

5 Mr. Jenkins: And just one -- one response. On
6 that day, Mr. Goudelock, I did bring at least four (4)
7 folders of medical documentation, also supportive
8 medical documentation. Mr. Goudelock objected to those
9 documentations being presented and by him being a -- a
10 -- a insurance attorney and by him being dealing with
11 workers' Comp for a long time, he should have known
12 that it was lawful for me to enter those documents on
13 that day. And by Mr. Campbell, being the Commissioner,
14 he should have been informed of the law and that's the
15 egregious -- that's -- that's an egregious error; it is
16 not harm -- it is not harmless, it is harmful. Mr.
17 Goudelock has admitted in his motion that a error was
18 made by Commissioner Campbell and he -- they also have
19 acknowledge that I did have the right to enter those
20 documents on May 21st and I was denied.

21 Commissioner Wilkerson: Okay. Well, thank you,
22 sir --

23 Mr. Jenkins: Yes, sir.

24 Commissioner Wilkerson: -- we appreciate that.
25 I'm going to ask you all, if you all would step outside

1 on the motion and then we'll have you come back in for
2 the hearing. This concludes the motion part of the
3 hearing here today. Thank you.

4 (Off The Record)

5 Commissioner Wilkerson: All right. We're --
6 we're back on the record and we've discussed the
7 motions and the motion to exclude that was from the
8 Defense has been granted. The motion to include the
9 Appellant's exhibits and to include the Appellant's
10 additional medical reports is denied, okay? Now, we
11 wanted to bring everybody back in to do that before the
12 initial appeal of the case takes place, okay? Because
13 before that takes place you still have the right to
14 have an attorney represent you on the appellant part of
15 your case; that's totally left up to you, sir, you get
16 that choice, okay? So, do you want to have an attorney
17 represent you on your case that will now become -- come
18 before the Full Commissioner here?

19 Mr. Jenkins: Not able to -- to -- not able to do
20 so at this time.

21 Commissioner Wilkerson: Okay.

22 Mr. Jenkins: But I would like to get a complete
23 answer on why the Commission has decided to do nothing
24 -- to deny those additional records when they was --
25 they was actually brought on May 21st.

1 Commissioner Wilkerson: I understand that but
2 we've already ruled on that; so, that's out, okay? So,
3 now you --

4 Mr. Jenkins: Wait but -- but is it based on the
5 law or why is that or why? 67 --

6 Commissioner Beck: Of course it's based on the
7 law.

8 Mr. Jenkins: -- R. 67-611 says I have a -- I
9 don't have to file a pre-legal brief.

10 Commissioner Wilkerson: All of our decisions are
11 based on the law.

12 Mr. Jenkins: Not if you -- not --

13 Commissioner Wilkerson: We're not --

14 Commissioner Taylor: But due --

15 Commissioner Wilkerson: -- we're not here to
16 argue that point. Do you want to proceed forward this
17 afternoon --

18 Mr. Jenkins: -- I want to proceed forward.

19 Commissioner Wilkerson: -- with the hearing --

20 Mr. Jenkins: And I want --

21 Commissioner Wilkerson: -- on your case?

22 Mr. Jenkins: -- yes, sir; I do.

23 Commissioner Wilkerson: Okay.

24 Mr. Jenkins: But I'm objecting to the -- the
25 Commission's finding at this time.

1 Commissioner Wilkerson: I understand. That's
2 fine. Okay. So, at this point in time you have ten
3 (10) minutes --

4 Mr. Jenkins: Yes, sir.

5 Commissioner Wilkerson: -- to make your argument
6 about your case, okay?

7 Mr. Jenkins: Okay. All right.

8 Commissioner Wilkerson: Mr. Goudelock has the
9 same amount of time. You don't have to take all the
10 time but you're welcome to take all the time you need.

11 Mr. Jenkins: Right.

12 Commissioner Wilkerson: Then you have three (3)
13 minutes in reply, okay?

14 Mr. Jenkins: Okay.

15 Commissioner Wilkerson: So, if you would, address
16 the Full Commission as to your appeal here this
17 afternoon.

18 Mr. Jenkins: Okay.

19 ARGUMENT FOR THE APPELLANT

20 By Mr. Jenkins:

21 To the Commission, I just want to start off by
22 saying, everything that's in the report concerning the
23 Defendant's report is a distortion; it's a complete
24 lie. And if you look at the documentation that was
25 submitted to the Workers' Commission -- if you start

1 and go line-by-line -- first I'm going to start with
2 67-611 that said I had a right not to file a pre-legal
3 brief; so, my documents should have been submitted and
4 it wasn't and so, this Full Commission is also in
5 violation of that as well. Section 1, Number 2, Amazon
6 and Sedgwick state that no -- just -- just really
7 compensation was ever paid. If you look at these
8 financial records from Liberty Mutual, I was receiving
9 the short term disability and long term disability for
10 several months; so, that's -- so, that's a lie.

11 Mr. Goudelock: Your Honors, those are
12 part of the records that are excluded.

13 Commissioner Wilkerson: You can not go
14 outside of the record and if it's outside of the
15 record those don't come in today. If it's outside
16 -- you've got to stay within the record --

17 Mr. Jenkins: Yes, they was --

18 Commissioner Wilkerson: -- that took
19 place at the hearing. You can't now go try to get
20 those documents in. So, you've got to stay within
21 the record that was presented at the original
22 hearing.

23 Mr. Jenkins: -- at the original
24 hearing? I wasn't given -- I wasn't given a chance to
25 present any documents because of the egregious rule of

1 67-11 -- 611 by Commissioner Michael Campbell. I was
2 not given a chance to enter any documentation. So,
3 you're asking me to do something that was -- that was
4 in error concerning the law. But what I will tell you
5 though, here's another lie, Amazon and Sedgwick stated
6 that I only had two (2) medical visits with Dr.
7 Mohammed but my medical documentation that was denied
8 by Commissioner Campbell, and also by this Full
9 Commission, I had at least a total of five (5) visits
10 with the assigned Workers' Comp doctor, going back, the
11 last appointment was October 23rd, 2014. Mr. Godelock
12 and Amazon has stated that my last appointment was in
13 October of 2013. Also, another lie was, they assigned
14 a nurse, Kelly Wells. There's a document that I have
15 in here that she sent to me reminding me of my June --

16 Mr. Godelock: Same objection, Your
17 Honors.

18 Commissioner Wilkerson: If you're
19 outside of the record you can not be
20 presented and that will be stricken from the
21 record.

22 Mr. Jenkins: -- well, let's see what
23 else. And, again, I -- I mean, I don't know what you
24 -- you're asking but I will tell you this though,
25 Amazon and Sedgwick was aware of all my medical

1 appointments from all health care providers because --
2 now, this was submitted on May 21st -- because Amazon
3 had subpoenaed all health care providers and -- and the
4 workers' Comp Commission was provided those subpoenas.
5 So, they -- it's not like they didn't know who I saw or
6 where I went, how often I went because they have
7 submitted subpoenas to the workers' Comp Commission,
8 which you -- which you all should have been aware
9 because those same subpoenas was also provided to me.
10 So, therefore, Amazon and Sedgwick can not say they was
11 not aware of all of my medical appointments, whether it
12 was one (1) or whether it was five (5) or whether it
13 was ten (10) and neither can the workers' Comp
14 Commission deny that they was not aware of my medical
15 appointments because you also was provided a copy of
16 those subpoenas. It was stated during the Commission
17 here on May 21st that my workers' Comp doctor did not
18 take me out of work. It was Amazon HR that stated that
19 we will not allow you to -- because of your work
20 restriction -- to enter the plant and that was in
21 February of 2014; that was Amazon HR. There is no
22 medical documentation from any of my health care
23 providers that state that you can not work. They
24 placed me on work restrictions. It was Amazon HR,
25 Michelle Doyle, who sent me an email. That was -- it

1 was -- the email was not provided to the Commission but
2 he was told that during the hearing; so, that's just as
3 well, the Commission was made aware. That we will not
4 allow you to enter the work site because of your work
5 restrictions and that took place February of 2014, and
6 I was terminated as of April of 2015. So, that's
7 pretty much an entire year without any type of
8 compensation from the Workers' Comp Commission or
9 Amazon and -- and Sedgwick. What else was -- was
10 stated? In the deposition where they completed with
11 Dr. Stickler out of Charleston, he -- he stated -- he
12 stated that there was some type of hypersensitivity in
13 my left foot and he also talked about there could be a
14 possibility of a neuroscope, which Amazon was -- with
15 the hearing, Commissioner Campbell, he did accept that
16 on May 21st. Let's see can I find it. I can't find it
17 at this time but I'll come back to it.

18 Commissioner Wilkerson: If that was
19 accepted as part of the record --

20 Mr. Jenkins: Right, it was accepted.

21 Commissioner Wilkerson: -- we already
22 have that.

23 Mr. Jenkins: Right.

24 Commissioner Wilkerson: Yes, sir; we
25 already have that. Yes, sir.

1 Mr. Jenkins: Right. And so, I don't
2 see how Commissioner Campbell could accept some
3 documents but yet refuse to accept permanent --
4 pertinent medical documentation. Neuroscope was just
5 something I pulled off the Internet; that's from my own
6 research. So, he refused to accept pertinent medical
7 documentation from the assigned workers' Comp doctor?
8 That's an egregious error on the workers' Comp
9 Commission. Also, I want to point to Mr. Goudelock's
10 legal brief and this is where it was biased at the
11 hearing on -- on May 21st; it's -- it's been biased
12 here -- here today. On May 21st -- this is Mr.
13 Goudelock's brief -- there is no exhibits in here that
14 talks about -- like in his pre-legal brief that talks
15 about my Twitter activity nor my Facebook activity nor
16 gave reference to -- oh, and a situation that I had
17 with the local town Police Chief James -- oh, I can't
18 think of his name -- James Preacher. But yet
19 Commissioner Campbell allowed Mr. Goudelock to enter
20 those on -- on May 21st. So, how -- how could there be
21 a different standard? He gave -- he gave Mr. Goudelock
22 free range. This is his legal brief; do you want -- do
23 you want to go through it?

24 Commissioner Wilkerson: We've already
25 gotten that from the last hearing.

1 Mr. Jenkins: Right. So, you -- so,
2 therefore you're able to verify -- let's go through it
3 now while we're here.

4 Commissioner Wilkerson: You've got two
5 (2) minutes, so.

6 Mr. Jenkins: Okay. Well, you can --
7 well, you can verify that there was no -- there was no
8 listing of my Facebook activity, my Twitter activity
9 nor the situation with James Preacher listed as part of
10 his legal brief but he was given the free way by
11 Commissioner Campbell to enter that in -- on the May
12 21st but I was denied the opportunity to enter
13 pertinent medical records; so, there's a different
14 standard. So, the -- Commissioner Campbell was biased
15 then and I'm going to put it on the record, this
16 Commission today is biased today because you, again,
17 have refused -- you, again, have refused to honor
18 67-611, which you should be an expert on. It does not
19 -- it does not say I had to file a legal brief. So, if
20 I brought ten (10) -- if I brought ten (10) folders of
21 documents with me on May 21st, if I felt they were
22 worthy of me defending my case, I should have had a
23 right to allow those documents to enter into the Court
24 record; I should have been allowed to.

25 Commissioner Taylor: Mr. Jenkins, and

1 part of this goes to the -- to the motion and
2 I -- I'm sure I'm going to kick myself but I
3 -- I don't want you to leave here
4 misunderstanding the Statute. You keep
5 referring to Regulation 67-611.

6 Mr. Jenkins: Right.

7 Commissioner Taylor: Your records were
8 excluded under 67-612. You did not have to
9 file a pre-hearing brief; you are absolutely,
10 one hundred percent (100%) correct.

11 Mr. Jenkins: Right.

12 Commissioner Taylor: But the documents,
13 the doctors evidence, is called expert
14 reports; those fall under 67-612. You do
15 have to provide those to the other side
16 fifteen (15) days in advance of the hearing.

17 Mr. Jenkins: Well -- well, not to --
18 not to cut you off in disrespect.

19 Commissioner Taylor: Sure.

20 Mr. Jenkins: But let's clarify this.
21 If they had issued subpoenas to all my health care
22 medical providers, and I'm aware that the subpoenas was
23 issued, they already had those documents; whether I had
24 delivered to them or not, they already had them. And
25 then, I'm going to go a little bit further. By Mr.

1 Goudelock submitting partial medical records from Dr.
2 Mohammed, we should have all -- we should have had all
3 of them. Then, therefore, I don't see how you can use
4 67-612. If he had partial documents, what's the
5 difference with him -- me having all and he having
6 partial? I don't -- I don't understand that myself.
7 I'm -- I'm a simple person; I'm very simplicité [sic].

8 Commissioner Wilkerson: Go ahead and
9 finish your thought --

10 Mr. Jenkins: So, my --

11 Commissioner Wilkerson: -- and then
12 you'll have three (3) minutes in reply.

13 Mr. Jenkins: -- so -- so, my -- my
14 thought is this, I don't think I'm getting a fair -- a
15 fair hearing. I didn't get one on May the 21st and I'm
16 not getting it today. But I did come here with the
17 hopes of doing so but, you know, I take nothing -- I --
18 I never -- I never assume anything from anybody, you
19 know, because see, sometimes people can know the law,
20 they can't -- and interpret the law for what it is and
21 they will still turn a blind eye to the law.

22 Commissioner Wilkerson: Okay. Well,
23 thank you and you'll have three (3) minutes
24 in reply. Mr. Goudelock, you have up to ten
25 (10) minutes.

Mr. Goudelock: Thank you, Your Honor.

ARGUMENT FOR THE RESPONDENT

By Mr. Goudelock:

Your Honors, I'll be -- I'll be brief. My -- my brief, I think, addresses most of the points that I would make. Let me start by saying that -- that because I don't address them, please do not assume that I agree with everything that Mr. Jenkins has said. Let me also start out by saying that everybody involved with this case has begged Mr. Jenkins to have a lawyer. He has been begged by me; this is in the records. We mediated this case twice. The Mediator, Mr. Williams, recommended to him to get a lawyer. Commissioner Campbell asked him about ten (10) times at the beginning of the hearing to get a lawyer. He has elected to proceed on his own. I wish he had a lawyer. I would love for him to have a lawyer but he doesn't. What -- what happened in this case is on February the 10th, 2013, he was working at Amazon and he dropped a -- something at -- by the table, a work table a little bit higher than this; he bent over to pick it up and he hit his head. He didn't fall and land on his head and blow it out on the concrete. He didn't lose consciousness. He didn't lose alteration of -- of -- of his presence. He didn't have any bleeding. He

1 didn't have -- at lease the medical records reflect;
2 his testimony is different but he didn't -- didn't have
3 a knot on his head or anything like that. He continued
4 to work. Later he went to Amcare, which is their
5 in-house thing to get some Tylenol. But in any event
6 the -- the -- what this turns on is, there is no
7 dispute that he had something happen to him that day;
8 the question in this case all along has been what
9 happened and what, if anything, resulted from it.
10 We've had to try to sort out allegations of injuries to
11 his head, his eyes, his ear, his legs, his feet, his
12 neck, his shoulders, his hands, his back and his
13 emotional state and we've done the best we can to try
14 to do that and submit the medical records that we felt
15 were relevant to that. Commissioner Campbell heard it;
16 he heard a hearing for several hours and at the end of
17 the hearing it was his determination and the -- and
18 it's set forth in the brief, of course, and in the
19 order with citations to the record, that there was no
20 disabling injury to Mr. Jenkins and that the conditions
21 that he was complaining of now did not result, at this
22 point in the case, from what happened to him on
23 February the 13th or February the 10th of 2013. So, we
24 would submit to you that Commissioner Campbell's
25 decision is supported, not only by substantial evidence

1 but certainly by preponderance of the evidence and
2 should be affirmed.

3 Commissioner Wilkerson: Any questions?

4 Commissioner Taylor: No.

5 Commissioner Wilkerson: Okay. Thank
6 you. Sir, you have three (3) minutes in
7 reply.

8 REPLY FOR THE APPELLANT

9 By Mr. Jenkins:

10 And I want to stand and say that, here again, Mr.
11 Goude-lock is distorting my medical information. A day
12 or so after I did have a injury, I did came to work and
13 I had a -- a extreme pounding headache but the very
14 moment that I got in until -- until I was about to lose
15 consciousness and so, that's why Amazon sent me to
16 their medical provider, probably, the second day.
17 You're right, I did continue to work after I had been
18 hit because I -- I continued to -- to have my symptoms
19 continue to increase that night and during that night I
20 left work early; I didn't continue to work the entire
21 shift. And see, by not having any blood; well, I did
22 have bleeding in my ear. I didn't wake up till morning
23 but I couldn't even lift my head off the -- off the
24 pillow because my head was just like in a -- a
25 paralyzed state; if I moved I felt like something was

1 going to happen. And then, finally, this ear right
2 here that -- the reason its still kind of ill formed,
3 when I woke up it had -- it was -- it was breaking out
4 from the inside out; it was about as twice the size as
5 this ear right here. And I thought a bug had bite me.
6 I went to my health -- my family doctor and she said,
7 well, I can tell you up front, this is not from a bug
8 bite; this is from some type of impact to the head.
9 were you fighting and wrestling and boxing? I said,
10 well, I haven't been in any type of fights or anything
11 or any type of conflict other than when I got hit on
12 the head. So, she -- she -- she opened it up and blood
13 and fluid was going everywhere. And she said, well,
14 the more I squeeze the more blood come out -- comes out
15 of it.

16 Mr. Goudelock: Your Honor, I'm going to
17 object at this point. That condition had
18 already --

19 Mr. Jenkins: well --

20 Mr. Goudelock: -- been ruled out at a
21 prior hearing.

22 Mr. Jenkins: -- well, he said --

23 Commissioner Wilkerson: Okay.

24 Mr. Jenkins: -- well, he said no blood.
25 He said no blood; so, let me deal with the blood issue.

1 So, she --

2 Commissioner Wilkerson: We'll allow
3 that comment in the record.

4 Mr. Jenkins: -- right. So, she
5 bandaged up my ear and said if it ever happens again
6 you go to the nearest emergency room. And about a day
7 or so later again it did bunged up again about as twice
8 as this ear right here. I went to Providence Health
9 Care Provider. The emergency room doctor said -- he
10 said, I'm not going even touch it, he said, because I
11 don't even know what it is. He said, but I'm going to
12 call a -- a specialist and I'm going to find out from
13 them. He called a specialist. They kept me in the
14 emergency room pretty much until dawn. He said -- he
15 said, he wants you in his office two o'clock the next
16 -- the next day. Two o'clock I went in there and he
17 said, well, this is not a bug bite; it comes from some
18 type of impact to head. And he said, what I'm going to
19 do, he said, I'm going to open it up and while I'm
20 opening it up I'm going to have my nurse to have a
21 suction and she is going to suction while I squeeze and
22 that's what happened on two o'clock that next day. And
23 he puts -- he put -- he put about twenty (20) shots in
24 this ear so he could numb it up. And he kept -- he put
25 about seven (7) stitches in there and I had to keep the

1 stitches in there for a week or so. So, when said
2 there was no -- no gash or no impact, I know they want
3 to make believe that my head was just a simple hit on
4 the table -- table but it was much more than that
5 because my symptoms have only got -- they have
6 increased and they have gotten worse from time -- as
7 time has progressed. And that worse -- the reason why
8 they have gotten worse --

9 Commissioner Wilkerson: Finish your
10 comment.

11 Mr. Jenkins: -- sir?

12 Commissioner Wilkerson: Finish your
13 comment --

14 Mr. Jenkins: That's due to --

15 Commissioner Wilkerson: -- your three
16 (3) minutes are up.

17 Mr. Jenkins: -- that's due to neglect
18 of Amazon and Sedgwick and also this Workers' Comp
19 Commission.

20 Commissioner Taylor: All right. Thank
21 you.

22 Commissioner Wilkerson: Thank you, sir.
23 I appreciate it. What we'll do is, we'll
24 take everything presented today, everything
25 that has been handed in for the hearing,

1 everything that's been in the file and you'll
2 get a decision coming out probably sometime
3 in January or February, okay? At that point
4 in time, if you disagree with what we come up
5 with, I don't know what that is at this point
6 in time, then you have the right to appeal
7 your case to the Court of Appeals --

8 Mr. Jenkins: Right.

9 Commissioner Wilkerson: -- and that
10 would be left totally up to you to move
11 forward.

12 Mr. Jenkins: Right.

13 Commissioner Wilkerson: And I think you
14 live in Richland County; is that correct?

15 Mr. Jenkins: I live -- no, I live in
16 Orangeburg County.

17 Commissioner Wilkerson: Orangeburg
18 County, okay.

19 Mr. Jenkins: Right. That -- let me --
20 let me --

21 Commissioner Wilkerson: We're through
22 with the hearing.

23 Mr. Jenkins: -- yeah, but we --

24 Commissioner Wilkerson: We just wanted
25 to give you your rights.

1 Mr. Jenkins: -- yeah, we're through.

2 Commissioner Wilkerson: Thank you.

3 This concludes the hearing. Thank you.

4 (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDED

5 AT 2:02 P.M.)

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1303989

CLARENCE B. JENKINS,)

CLAIMANT,)

V.)

AMAZON.COM, DEDC, LLC,)

EMPLOYER,)

AND)

AMERICAN ZURICH INSURANCE)
COMPANY,)

CARRIED)
DEFENDANTS.)

HEARING
BEFORE COMMISSIONER

D. MICHAEL CAMPBELL, II

TRANSCRIPT

THE WORKERS' COMPENSATION HEARING, TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
2:44 P.M. THURSDAY, MAY 21, 2015, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA 29201.

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

APPEARANCES

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REPORTED BY

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 131 BROWNING COURT
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 803-397-0189

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1 THE COURT: Today is May 21, 2015. This is
2 Workers' Compensation Case File Number 1303989. The
3 Claimant is Clarence B. Jenkins, pro se. The Employer
4 is Amazon.Com, LLC. The Carrier is American Zurich
5 Insurance Company represented by Attorney J. Russell
6 Goudelock.

7 The date of accident is February 10, 2013.
8 There's an average weekly wage of \$489.09 with a
9 corresponding compensation rate of \$326.08.

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

13 MR. JENKINS: I would like to make an objection
14 that the bill that they're submitted, it's incomplete.
15 It's not -- don't have all the records -- proper
16 medical records that has been submitted over time from
17 different doctors that -- that has been approved by
18 Amazon, such as far as Dr. Ata. There's only two
19 specific dates that's in his medical records, but I
20 saw him a total of five times that was approved by
21 Amazon, so his record's incomplete.

22 THE COURT: Okay. All right. Mr. Goudelock.

23 MR. GOUDELOCK: It's not my job to make his case,
24 Your Honor. We've begged him to get a lawyer and he
25 hasn't submitted anything additional.

1 THE COURT: Yes, they are allowed to submit what
2 they want to and what they don't want to.

3 MR. JENKINS: Yes, sir.

4 THE COURT: And if you have -- I'm not trying to
5 give you a hard time, but if you have records that you
6 wanted to come in --

7 MR. JENKINS: Yes, sir.

8 THE COURT: -- you would have had to have handed
9 those -- already had an opportunity for them to see
10 them just like they shared their stuff with you.

11 MR. JENKINS: Yes, sir.

12 THE COURT: Vice versa.

13 MR. JENKINS: The one thing about that, I called
14 your office and I spoke to Ms. Barbara Cheeseboro --

15 THE COURT: Yes, sir.

16 MR. JENKINS: -- about that. I wanted to submit
17 those documents and she told me that I can bring them
18 on the day of and could have them examined, because
19 that's the only reason why I did not submit them prior
20 to. But, even in light of that, they still have those
21 documents because on two of those visits the workers'
22 comp nurse, Ms. Kelly Wells was there with me in the
23 office visit and she received a copy of those medical
24 records while I was there. So the reason why they
25 didn't submit as part of their legal Brief I only can

1 say is -- is they're possibly trying to distort what
2 took place, but they should have those records because
3 I know even me, personally, I have submit those
4 records even though it deals with a different
5 situation. So -- and that's only why I did not submit
6 them in the -- in the beginning because you were
7 talking about duplicates and -- and I know they should
8 have already had those records. Now, they're not part
9 of their legal Brief, and that's their story, but
10 that's not the entire case.

11 THE COURT: Okay. Do you have the documents with
12 you?

13 MR. JENKINS: Yes, sir, I do.

14 THE COURT: If you want to share them with Mr.
15 Goudelock and if he has any objections to them coming
16 in I can't let them in because they're untimely, but
17 if he has no objections to them then I'll allow them
18 in.

19 MR. JENKINS: Okay.

20 MR. GOUDELOCK: I'm going to object to them, Your
21 Honor.

22 THE COURT: Okay. Yeah, here again, I'm sorry
23 about that, but that's not fair to either side. This
24 is something that everybody has -- I know you're
25 sitting here telling me that they had a chance to

1 review it --

2 MR. JENKINS: Right. Right.

3 THE COURT: And your objection is noted for the
4 record, so that's now officially part of the record.

5 MR. JENKINS: Yes, Your Honor.

6 THE COURT: But I'm going to note that I'm ruling
7 not to let those in, but that is part of the record
8 just so you know.

9 MR. JENKINS: Okay.

10 THE COURT: All Right. Are there any further
11 objections to APAs, jurisdiction, venue or any other
12 items?

13 MR. JENKINS: Well, I want -- again, going back
14 to the argument that even though I am objecting to the
15 fact that their entire workman's comp case, their
16 legal Brief is inaccurate, it's incomplete and it's a
17 -- it's a total -- they gave a total distortion of
18 events that have taken place. And Amazon are aware
19 of, approved and assigned and also sent a
20 representative with me to those doctor's appointments.
21 So in light of that by those records not being part of
22 the legal Brief I only see that as far as Amazon
23 trying to distort what actually took place. So I'm
24 still going with that objection because I think that's
25 important to this -- to this entire case. And

1 furthermore, I would have sent them prior notification
2 of the documents I was going to be submitting for two
3 reasons; one, they already had the majority of these
4 documents, so that's one reason. And then the second
5 reason, I called up here and spoke to Ms. Barbara
6 Cheeseboro, which is your staff, and she indicated
7 that I could bring them on the day of, because I
8 wanted to follow the same procedure and I -- I took
9 her advice by her working in workers' comp of being
10 part of your staff, I was ensured that she gave me the
11 right information and so I don't think I should be
12 held to the point where those documents are merely not
13 being -- was not given prior, I don't think I should
14 be held to that standard knowing that I tried to
15 follow the correct procedure. But based on the
16 workers' comp information that was provided to me by
17 someone who works here in your office I went on that
18 understanding.

19 THE COURT: And you're sure you were clear that
20 you understood what she had told you?

21 MR. JENKINS: Right. She said because you are --
22 you are representing yourself you are pro se and she
23 said that's why -- and she said, yes, because you are
24 representing yourself you can bring those documents
25 the day of and present them. I made sure that I -- I

1 called her just to make sure because I didn't want no
2 little hiccup, you know, excuse the language.

3 MR. GOUDELOCK: Your Honor, if I could respond.

4 THE COURT: Yes, please.

5 MR. GOUDELOCK: Mr. Jenkins is a college educated
6 fellow. He's had a lawyer before that he terminated.
7 He has been told ad nauseam to get a lawyer, by me
8 multiple times. We've had two mediations ordered in
9 this case and at the conclusion of the mediation the
10 mediator, Mr. Williams, recommended for him to get a
11 lawyer. He's had every opportunity to know the rules.
12 I have -- I have the right to rely on the evidence
13 he's going to present and he should not be allowed to
14 submit it late. If he needed -- if he doesn't know
15 the rules he needs to hire a lawyer, and if he waits
16 --

17 THE COURT: And I will tell you this, if you
18 really feel like your case -- it's imperative for your
19 case -- I can't let what you want come in, I can't let
20 it come in.

21 MR. JENKINS: Yes, sir.

22 THE COURT: We're here on your Form 50, so you
23 reserve your right -- you can withdraw your Form 50
24 and then refile it and make sure that they have
25 everything that is, you know, they're supposed to

1 have, but I have to agree with Mr. Goudelock, y'all
2 have had plenty of time to get this worked out.

3 MR. JENKINS: Right. Well, when they -- based on
4 that because of this -- because the information that
5 has been compiled, this is very important to my case
6 and I'm going to request that my Form 50 be withdrawn
7 because based on all this documentation and based on
8 the misinformation that -- that he -- or missing from
9 the legal Brief, that's form of distortion of the
10 facts of this case, so I would like to withdraw my
11 Form 50; I'd like to refile it in -- in light of them
12 getting all the documents that I have here. Because
13 it's very important that that -- that be submitted to
14 the -- the Commission; the South Carolina Workers'
15 Comp Commission.

16 MR. GOUDELOCK: What are all the documents you're
17 going to submit?

18 MR. JENKINS: Well, the documents are I want to
19 -- because your legal Brief focus on my two past
20 Employers and those -- those two past Employers they
21 -- they became very hostile and so I think that --

22 MR. GOUDELOCK: Are you talking about the -- are
23 you talking about -- you're talking about medical
24 records aren't you?

25 MR. JENKINS: No, I'm talking about -- I'm

1 talking about the entire file -- I'm talking about the
2 entire documents, that's what -- goes --

3 MR. GOUDELOCK: All that stuff you've got right
4 there you want -- you want to submit today?

5 MR. JENKINS: Yeah, all this stuff, because it's
6 very important. Very important because -- because you
7 focus -- when you focus on my past Employers and
8 that's -- some of them were hostile -- I need to
9 provide documents to show you that it wasn't even
10 related to that what -- what you have in your legal
11 Brief. There are certificates and awards that I
12 received at those past Employers, so I need to dispute
13 that. I also need to dispute my unemployment record.
14 During it -- my unemployment benefits record is part
15 of the legal Brief as well. During that time that's
16 when the economy had fell out. Everybody was
17 unemployed and I was one of those ones that was
18 unemployed for several years. So I don't want the
19 Workers' Comp Commission to take -- to take it upon
20 themselves that because I received unemployment for
21 several years that I was just sitting at home drawing
22 a check, because that -- that's not true.

23 THE COURT: Okay.

24 MR. JENKINS: And so I wanted to -- so I wanted
25 to dispute that. I also wanted to dispute that Dr.

1 Ata records are incomplete. I also want to dispute
2 the fact that Dr. Eden record is not complete because
3 Amazon -- she was the one -- she was my family health
4 physician. I have documents from Sedgwick that told
5 me because it was a work injury to contact your
6 physician -- your physician. That means mine.
7 Whoever doctor I found, that's who I would go -- Dr.
8 Eden was my primary physician. She was the one that
9 stated that I have a -- a pulled --

10 MR. GOUDELOCK: Object to anything the doctor
11 said, Your Honor.

12 THE COURT: Yes, you can't --

13 MR. JENKINS: Right, but it's all documentation
14 though. It's medical documentation.

15 THE COURT: Okay.

16 MR. GOUDELOCK: Your Honor, in response to his
17 withdrawing his 50, our 51 joins in his request for a
18 hearing. We would ask to go forward and I -- I
19 respectfully -- it's unfortunate that he can't get all
20 that in, but I don't know how I'm supposed to allow
21 four folders worth of things in. We -- our Form 51
22 requested that we join in the hearing request and we
23 would request that the hearing go forward.

24 THE COURT: Okay.

25 MR. GOUDELOCK: It's gone on long enough.

1 THE COURT: Can I have just one moment if y'all
2 will indulge me and I'll be right back with you.

3 (Off the record at 4:03 p.m.)

4 (On the record at 4:15 p.m.)

5 THE COURT: We'll go back on the record. I've
6 got a couple of things I need to go over real quick.
7 First of all I can't let you let that stuff in. I
8 just can't. Now, I will ask you again. Are you sure
9 you don't want time to go get an attorney?

10 MR. JENKINS: Yeah, yeah, I want to.

11 THE COURT: Let me finish before -- because even
12 if you withdraw your 50 --

13 MR. JENKINS: Yeah.

14 THE COURT: -- since -- Mr. Goudelock with
15 joining him in request for a hearing you were -- what
16 part of the Act were you doing that under?

17 MR. GOUDELOCK: The Section that allows us to
18 petition for hearing.

19 THE COURT: Okay. And that's where I had to get
20 a ruling of law on that to check and make sure. But
21 since you specified on your Form 51 that you were
22 joining in the request he has the right to move
23 forward with the hearing. However, in your right to
24 due process you have the right to go request an
25 attorney. But my point is, unless you're going to go

1 get an attorney even if you withdraw your 50 we're
2 going to go forward with the hearing.

3 MR. JENKINS: Well, we might as well go forward,
4 but you -- and again -- I understand what you're
5 saying, but based on what took place at the very first
6 one that I had at workers' comp, that was under
7 Commissioner Roche --

8 THE COURT: But that wasn't what's before me.

9 MR. JENKINS: Right, but the same process though.
10 We were allowed to bring information the day of at the
11 hearing.

12 THE COURT: You can bring it the day of as long
13 as they've had a chance to look at it, but I'm not
14 going to have trial by ambush, and that's exactly what
15 this is.

16 MR. JENKINS: Well, I want -- one thing, last
17 time we had a hearing I didn't provide anything in
18 prior, so I'm assuming that was a general procedure
19 because she -- she allowed it.

20 THE COURT: But sir, like I said, before we went
21 on the record I explained to you, you're going to be
22 held to the same accountability that the attorneys
23 will be if you decide to represent yourself. And so
24 it's your call, but if we move forward if you're not
25 going to exercise your right to go get an attorney, we

1 move forward regardless of whether you withdraw your
2 50 or not, we're going to move forward on Mr.
3 Goudelock's 51. So it's your case, so you know, you
4 --

5 MR. JENKINS: Right. I'll just -- I'll -- you
6 know, I'll --

7 THE COURT: -- know I've got to make sure that
8 you understand the circumstances.

9 MR. JENKINS: Yes, sir. But, I'm not going to
10 withdraw my 50, we're going to go ahead, but only
11 thing -- position I would like to add, is that the
12 documents that I want to submit that have been denied
13 -- Amazon -- Amazon and Mr. Goudelock has seen those
14 documents either by email or by postal mail and that
15 can be proven because see I brought copies of all the
16 emails showing that they have already had prior
17 knowledge. So that they have already -- that's why
18 they now -- but they were aware of it because their
19 concern about these documents was addressed to them by
20 email. So they have been aware of it.

21 THE COURT: Well, okay. I'll give you an
22 opportunity to respond, Mr. Goudelock.

23 MR. GOUDELOCK: Commissioner, I -- you know, I
24 don't know what he's got in those four folders over
25 there. He talks about some stuff from Voorhees

1 College and other things. I've never seen any of
2 that. Again, the Rules are clear as to what it is.
3 He's been advised to have an attorney long before
4 today; he's been advised to have one today and he
5 elects to move forward. He can cite the law in his
6 emails and everything else. He ought to be held to
7 the standards for the hearings of law for this hearing
8 today.

9 MR. JENKINS: Right. And again, there are
10 documents in here that came from Amazon that are not
11 part of his legal Brief that deals with this case. So
12 they have had prior knowledge because they have sent
13 me the documents. So they can't come -- Amazon cannot
14 come in here and say they're not aware of certain
15 documents. They may not be aware of all of them, but
16 they are aware of the majority of them, either by
17 postal mail or by email and I brought the emails to
18 show. They have his address, they have (inaudible)
19 address, Ms. Keith's address and other people at
20 Amazon address. So they are aware. It's not -- it's
21 not something that just popped out of -- out of
22 wonderland and they don't have any knowledge of it.

23 MR. GOUDELOCK: Your Honor, we're not saying
24 we're not aware of some of the documents I'm sure he
25 has in there. But the point is we have the right to

1. rely on how he's going to present his case and that's
2. what due process is all about and that's what the
3. Rules stand for. He's supposed to make his case, we
4. have an opportunity to respond to it. And to show up
5. with four folders of documents, and I don't know all
6. those documents, I guarantee I don't know all those
7. documents. He's not entitled to submit those -- we
8. submit that he's not entitled to submit those. The
9. hearing needs to move forward if he's not going to get
10. an attorney.

11. MR. JENKINS: I just want to make one more
12. comment, Your Honor, if I could. Sorry I'm sitting
13. down, but --

14. THE COURT: You're fine.

15. MR. JENKINS: Just to make one more comment. The
16. majority -- majority of the documents are not unknown
17. to them and I would know that either address --

18. THE COURT: And sir, I hear what you're saying.
19. I get that point.

20. MR. JENKINS: Right.

21. THE COURT: But the problem is we've got certain
22. Rules and Regulations we have to follow and unless he
23. knows everything that's in there just like you know
24. everything that's been handed up by him on his side, I
25. can't allow it in.

1 MR. JENKINS: Well, I understand, but Amazon
2 cannot come in here and distort the facts.

3 THE COURT: Okay.

4 MR. JENKINS: With -- with known documents --
5 with known documents that they have decided, that's
6 almost like you hiding the truth and you come in here
7 and are lying because they're known documents that
8 came from Amazon, that came from the true Amazon
9 workers' comp doctor that treated me that are not part
10 of their legal Brief. There's medical documentation
11 in there that Amazon accepted from my private
12 physician, Dr. Eden, as to post traumatic concussion
13 that's not in there.

14 THE COURT: Okay. Well, I'm going --

15 MR. JENKINS: Oh -- but thank you, though.

16 THE COURT: I'm going to ask you one more time.

17 MR. JENKINS: Yes, sir.

18 THE COURT: Because I cited the Rules and
19 Regulations that have to be followed, are you sure you
20 don't to go get an attorney in this matter?

21 MR. JENKINS: Yes, sir, I don't. At this time I
22 would like to go ahead and proceed and the reason
23 based on that I had a real bad situation with the one
24 that I did have, so I'm kind of like a little bit
25 weary and I don't want to get myself in that situation

1 again, so I would like to proceed. And we'll -- we'll
2 let the -- I want to just say --

3 THE COURT: I can't tell you what to do. I mean
4 I can't force you to go get an attorney if you don't
5 want to, but you know, Mr. Goudelock has said he would
6 feel more comfortable with you going -- let me ask you
7 this. I can ask you this. The attorney that you had
8 before, was he a workers' comp attorney?

9 MR. JENKINS: He was. He was and the reason why
10 -- (inaudible), I seen (inaudible), that's (inaudible)
11 right now. Things started off pretty good with Ms. --
12 with her, but as time went on I became aware of the
13 information that was coming from Amazon that was not
14 true and he did not provide me that information. I
15 went and found out through -- they was -- what it was
16 they were using a tactic, using that as a tactic for
17 me to go ahead and settle. I said, "Well, why y'all
18 didn't make me aware of this?" I didn't know that
19 Amazon was -- was seeing me as being disruptive at the
20 plant when I did go back. And none of that was true.
21 And she didn't bother to tell me. The only way I
22 understand tried to get me to settle, she said, "Well,
23 you may as well go ahead and settle because Amazon
24 sees you as a trouble maker." And I -- that's -- I
25 never -- I know that that's the reason why I'm a

1 little weary of attorneys at this time basically.

2 THE COURT: But you feel you're going to base
3 your decision on that just all attorneys just because
4 of that one experience?

5 MR. JENKINS: Yeah, I've got to say that -- when
6 --

7 THE COURT: I mean like I say, I can't tell you
8 what to do, but --

9 MR. JENKINS: I know, sir, I appreciate it, I
10 really do.

11 THE COURT: All right. Let's do this because
12 I've given you ample opportunity to go get an attorney
13 --

14 MR. JENKINS: Yes, sir.

15 THE COURT: -- so we need to move forward.

16 MR. JENKINS: Yes, sir.

17 THE COURT: And so the objections on the record
18 have been noted --

19 MR. JENKINS: Yes, sir.

20 THE COURT: -- and that you wanted to hand it in.
21 It's cited untimeliness and Mr. Goudelock objected to
22 it, so without further objection the Commission's File
23 becomes a part of the record with the exception of
24 self-serving declarations and unstipulated medical
25 reports.

1 Mr. Jenkins, we obviously are here today on your
2 Form 51, so tell me what it is that you are seeking
3 from the Commission today?

4 MR. JENKINS: Yes, sir. On my Form 51 due to the
5 fact that I -- I was out for a period of time from
6 April 22nd to September which as I have stated, the
7 main issue, because I was provided short term
8 disability.

9 THE COURT: And I don't mean to interrupt you,
10 but to clarify, part of this was -- I believe there
11 was a head injury that was admitted; is that correct?

12 MR. JENKINS: Right. Right. Exactly.

13 THE COURT: I just want to get that for the
14 record.

15 MR. JENKINS: Yes, sir.

16 THE COURT: And just so I can sort it out, tell
17 me the body parts that you're claiming that are
18 compensable.

19 MR. JENKINS: Okay. At this time after it
20 happened, you know, I was basically a well person.
21 Not going to doctors, not taking any prescriptions,
22 just a 45 year old man just feeling good, you know. I
23 always tell people I'm 30 years old. My nephews, they
24 were having a problem with that. So anyhow after I
25 got the head injury I first started having these

1 headaches and I felt weak and -- and sometimes very
2 light headed and different things. And to the point,
3 you know, they got worse over time. Any type of
4 movement, had double vision. I know Amazon don't want
5 to believe this but I even had this left ear, I could
6 be in the bed sleeping and I would hear a loud popping
7 that would wake me out of my sleep. And I would have
8 to lay on my pillow, before I could even lift my head
9 up, for at least a minute or two. And then after
10 about a couple of days of that I noticed my ear was
11 swelling up. And I thought something bite me, I
12 really did and I went to my medical doctor; she said,
13 "No, this is not a bug bite, it's cauli -- cauliflower
14 ear." And it got twice the size of this ear. She
15 said that comes from somebody who has had an impact to
16 the head.

17 MR. GOUDELOCK: Your Honor, the ear's already
18 been ruled out. That issue --

19 MR. JENKINS: Right -- but --

20 MR. GOUDELOCK: -- has been ruled out in prior --

21 MR. JENKINS: He asked me what -- he asked me
22 what body parts.

23 MR. GOUDELOCK: What body part -- I didn't mean
24 to interrupt you --

25 THE COURT: That's okay. Yeah, I want to know

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1 the body parts that you think are compensable but were
2 denied.

3 MR. JENKINS: Okay. Well, that would be my head,
4 my eyes, I believe there's some nerve damage that
5 happened in my leg -- in my right leg and my left
6 foot. I'm having neck and shoulder problems. I'm
7 also having some paralysis in my hand at -- at times.
8 I've had some back problems that come and goes, but
9 the main problem is my head, my shoulder, my neck, my
10 weakness in my right and left leg and the paralysis --
11 and some -- and that's pretty much it.

12 THE COURT: And you're seeking for all those to
13 be found compensable under the Act?

14 MR. JENKINS: Right. Because -- because you
15 think about the kind of work that I did at Amazon,
16 very tremendous work, always constantly under
17 pressure. And -- and when you think about what
18 happened prior to when I got the job at Amazon, I had
19 been out of work for maybe two and a half, three
20 years. And you know, being -- being out of work is
21 more stressful than you actually having a job. So I
22 wasn't going to a job -- there's -- there's no record
23 of me at a doctors' office. There's no record of me
24 getting a prescription. And any -- knowing me, when I
25 would get sick I would go to the emergency room

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1 whether I had insurance or not, because my life was
2 just that important to me. So when you think about
3 from February 10th, 2013 all of a sudden I became ill
4 after I had a head injury, and I -- I have to assume
5 that this is all connected. And based on the medical
6 documentation from the doctors, you know, they pretty
7 much verify that those things can occur with a head
8 injury if it's not properly treated. And -- and
9 that's what Amazon did not do, Amazon did not provide
10 proper care. They did some things. I'm not going to
11 totally come kick them under -- under the bus like the
12 way they're trying to do me, but I'm going to tell you
13 the truth. They provided some things, but there's a
14 lot of things that they could have did that they
15 didn't do and they still yet have not done based on
16 the doctor -- the true doctor for workers' comp has
17 recommended. So based on that that's neglect, that
18 has caused -- that has caused further injury and
19 further harm because I've got to come and sit here and
20 suffer day after day and night after night because I
21 have not been treated -- provided the proper medical
22 care. And so I would just like to conclude with that
23 at this time.

24 THE COURT: Okay.

25 MR. JENKINS: Thank you.

1 THE COURT: Yes, sir. Mr. Goudelock, if you
2 would please put your position on the record, sir.

3 MR. GOUDELOCK: Yes, sir, Your Honor. Mr.
4 Jenkins sustained a mild trauma to the head as has
5 been described by physicians on February 10th of 2013.
6 He was bending over to pick up a part and he hit his
7 head on a table. He didn't fall, he didn't slip, he
8 didn't land flat on his back. He didn't have any of
9 that. We admit he had an incident with mild trauma to
10 his head. We deny that he sustained any compensable
11 injury from it. We deny that he's entitled to
12 temporary total, we deny that he has any permanent
13 disability. His condition was properly evaluated.
14 It's our contention -- contention that he reached
15 maximum medical improvement on or before October 23rd,
16 2013 based upon the APA Number 2, which is Dr. Abu
17 Ata, APA Number 3, Dr. Jervej, APA Number 1, Dr.
18 Stickler and then the deposition testimony of Dr.
19 Stickler which has been handed up as Defendants'
20 Exhibit Number 2. The Form 50 that was filed seeks
21 only compensability of the head, eyes, neck, legs and
22 feet so we would deny the shoulder, paralysis -- I
23 have objected to the shoulder, paralysis in the hand
24 or the back, which I think are the other body parts
25 he's mentioned in his claim -- or in his opening.

1 There has been, I mentioned earlier, a prior hearing
2 by Commissioner Roche that addressed some medical
3 expenses. At that hearing she found that Family
4 Health Centers -- or Norfield Medical Clinic which is
5 one and the same as well as Providence Hospital ER and
6 Dr. Paysinger, were not authorized medical care
7 providers. She ordered mediation. A Form 50 and 51
8 filed in 2014 where Commissioner Beck also ordered
9 mediation. We've been to mediation twice with the
10 mediator Derrick Williams in both the mediations
11 there. Again, we've handed up Dr. Stickler's
12 deposition which is Defendants' Exhibit 2, the
13 timecards, defendants' Exhibit 1. I believe that's
14 it, Your Honor.

15 THE COURT: Okay. Mr. Jenkins, do you have
16 anything to add?

17 MR. JENKINS: Yes, sir. I would like to address
18 all of those things that Mr. Goudelock has presented.
19 One, at Amazon at work there were several occasions
20 where their onsite medical staff sent me home because
21 my blood pressure was too high to be there. This --
22 after the injury. There's no medical documentation at
23 Amazon medical site where I was coming in there
24 because of other medical problems. On one occasion my
25 head --

1 MR. GOUDELOCK: Commissioner, if he -- I didn't
2 mean to object -- to interrupt, but if he's going to
3 -- if he's going to start testifying can we get him
4 sworn in?

5 THE COURT: Yes.

6 MR. JENKINS: Well, I wanted -- well, I was only
7 addressing the things that he brought up out of the
8 different reports.

9 THE COURT: If it relates to your position I'll
10 let you do that, but otherwise we're going to need to
11 swear you in.

12 MR. JENKINS: Okay.

13 THE COURT: But I'll tell you what; just to be on
14 the safe side why don't we go on and do that just to
15 cover everything.

16 MR. JENKINS: Okay.

17 THE COURT: So if you would please raise your
18 right hand. Do you swear or affirm that the testimony
19 that you're about to give is the truth, the whole
20 truth and nothing but the truth?

21 MR. JENKINS: I do.

22 THE COURT: Okay. You can continue with your
23 thought.

24 MR. JENKINS: Okay. Thank you. Their medical
25 staff on at least three occasions sent me home. One

1 particular I came in because I was having a headache
2 real bad, it still made me lightheaded. The medical
3 staff checked my blood pressure. He said -- he said,
4 "Sit here", he said, "It's too high." He said, "I'm
5 going to check back in in five minutes." He did so,
6 it was still too high. He got me up, put me on their
7 hospital -- you know, like a hospital -- a medical
8 room bed, and he said, "I want you to turn on your
9 left side." He said, "I want you to lay there for
10 about five minutes. Raise your -- bring your legs up
11 and your hand." He said, "I need to get your blood
12 pressure low." He kept -- about five minutes he would
13 check it again. He said, "I can't let you stay here.
14 I've got to send you home." There was another
15 incident after the injury where the medical staff
16 checked me. The guy told me particularly I don't know
17 whether you've got (inaudible), vacation, he said,
18 that really don't matter.

19 MR. GOUDELOCK: Object to anything anybody said,
20 Your Honor.

21 MR. JENKINS: Right. But these are medical --
22 but these are medical staff at Amazon.

23 THE COURT: Okay. But they're not here to
24 testify to what they told you.

25 MR. JENKINS: Right. Right.. But these are

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1 events that happened that I'm a witness to. So not
2 only is it hearsay --

3 THE COURT: All right. Let me just clarify
4 something. It might make it easier on you. You can't
5 tell me what somebody told you. You can tell me what
6 your understanding about something is, but you can't
7 tell me what somebody told you. Because like I say,
8 they're not here to corroborate what you're saying.

9 MR. JENKINS: Okay. Okay.

10 THE COURT: But you can tell me, my understanding
11 about this was, that kind of thing.

12 MR. JENKINS: Okay. My understanding was that I
13 was too sick to be at work and my understanding was
14 you had to go home now. And that is exactly what
15 happened. I was not provided a choice. Now, to
16 address Dr. Jervey's medical records, he was the first
17 doctor that Amazon decided to give a first -- a second
18 opinion. Well, I -- I went on the intention that this
19 -- Dr. Jervey was going to examine me and treat me,
20 but that's not what happened. I went all the way down
21 to Charleston all day long, waited and they took me
22 back in the room after a while and Dr. Jervey came in.
23 He had a stack of papers like this and I was sitting
24 on the table and he was going through the paper and so
25 finally I asked him, I said, "You going to examine

1 me?" He said, "No, I was only told to -- I was not to
2 --

3 MR. GOUDELOCK: Object to anything that the
4 doctor said, Your Honor.

5 MR. JENKINS: Right. Right. Right. My
6 understanding -- my understanding was he was just to
7 give -- he was to give Amazon a second opinion and it
8 -- it was my belief that is exactly what happened
9 because I went home without any treatment. Right? So
10 that's the first flaw. Now, to deal with Dr.
11 Stickler, it was my understanding that Dr. Stickler
12 was going to treat me. On two -- with two visits to
13 Dr. Stickler it is my understanding that because of
14 the physician's office nothing happened that day down
15 in Charleston. So, it is my understanding that
16 another appointment was to be established, which it
17 was, for August the 20th. The first one was August
18 13th, second appointment was a week later, August
19 20th. It was my understanding that Dr. Stickler was
20 going to examine me and come up with a treatment plan.
21 It is my understanding that is not what happened. Dr.
22 Stickler provided Amazon with a medical rating. Even
23 though he was not the approved workers' comp doctor he
24 was just to give a second opinion. And even during
25 that examination, if you look at Dr. Stickler's

1 deposition which is part of Amazon's Brief, he stated
2 he cannot -- he cannot complete a full evaluation. He
3 did a partial though I stayed there for a hour. He
4 also referred Dr. Ata, medical diagnosis from the MRI
5 that was done, but Dr. Stickler also determined that
6 there was hyper -- hypersensitivity in my left foot at
7 the top and the bottom. And so that's in his
8 deposition. Dr. Stickler also has testified in his
9 deposition that it maybe was -- what's the word for it
10 -- sensescope -- I can't think of the proper name for
11 it -- and migraine headaches that were daily. And so
12 he -- he -- he gave and he said he possibly
13 recommended some work restrictions and some additional
14 medication. But during the deposition all that
15 changed with Dr. Stickler, he -- he changed up his
16 story. First of all he -- he said that he -- he could
17 not determine anything other than the hypersensitivity
18 in my foot, left foot, top and bottom. Well, he
19 recommend -- he agreed with the MRI, but far as
20 recommending any type of work restrictions or any type
21 of medicine for the headaches, all that changed when
22 the deposition took place. The deposition took place
23 on January the 14th, 2015. Now that date is very
24 important and I'll tell you why. Dr. Ata who was the
25 treating assigned neurologist approved by Amazon. On

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1 two visits, there were three, but on two particular
2 Amazon noticed we had Nurse Kelly Wells visit with me
3 at those two visits. One was on February 21st, the
4 other one on June 20th. Well, on June 20th visit
5 before we concluded Nurse Kelly Wells asked Dr. Ata
6 for a medical rating. He told her no.

7 MR. GOUDELOCK: Object to anything the doctor
8 said, Your Honor.

9 MR. JENKINS: Well, it's my understanding.

10 THE COURT: Sustained.

11 MR. JENKINS: Right. Sustained. It's my
12 understanding Amazon wanted a medical rating from Dr.
13 Ata because he was the assigned neurologist. It is my
14 understanding based on Dr. Ata's medical diagnosis,
15 based on the MRI, based on my symptoms, it is my
16 understanding that he was not going to provide Amazon
17 with a medical rating.

18 MR. GOUDELOCK: Same objection, Your Honor. The
19 only way he knows that is if he -- if he's going to
20 testify he hearing something, which he's not allowed
21 to testify to.

22 MR. JENKINS: Well, I say my -- it is my
23 understanding -- no, I'm sorry, go ahead.

24 THE COURT: No, I was just going to say
25 sustained. Go ahead. Continue.

1 MR. JENKINS: It is my understanding that their
2 own -- their legal Brief there is no medical rating in
3 there from Dr. Ata, in their legal Brief. Now, it is
4 my understanding that Amazon wanted to schedule a
5 deposition with Dr. Ata. It is my understanding based
6 on communication, email communication that they had
7 made contact with Dr. Ata. It is my understanding
8 that the deposition could not be held until later of
9 2014 because, it is my understanding, that Dr. Ata was
10 going out of the country. It is my understanding that
11 Dr. Ata was back in his office as of October 2014. It
12 is my understanding --

13 MR. GOUDELOCK: Your Honor, I don't know how I'm
14 supposed to even address anything, because he rambles
15 on --

16 MR. JENKINS: Now, I --

17 MR. GOUDELOCK: Instead of saying what the doctor
18 says which is what he's not allowed to do or what he
19 contends he says, he keeps going "my understanding".
20 He's got the opportunity to present evidence. What
21 he's offering is not evidence.

22 MR. JENKINS: I can't present it.

23 MR. GOUDELOCK: You don't have the right to
24 present it. You have been offered the opportunity to
25 have an attorney, you've been told to have an attorney

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1 and you don't have one. So you're here and I submit
2 we need to move forward with this hearing. If he
3 needs to take the stand to testify to the proper stuff
4 then he can do that, --

5 MR. JENKINS: What --

6 MR. GOUDELOCK: -- but I don't know -- there's
7 not any way for me to respond to the hearsay type
8 things he's saying. He's just twisting it around
9 saying it's my understanding.

10 THE COURT: And I understand that and let's go
11 conclude this so we can move forward with testimony.

12 MR. JENKINS: I'm going to conclude -- right,
13 right. So it is my understanding by Dr. Ata being in
14 his office in October 14, it is my understanding from
15 prior documentation that Amazon wanted to do a
16 deposition with Dr. Ata, had every opportunity to do
17 it, but it is my understanding Amazon told not to and
18 went down to Charleston to get Dr. Stickler's
19 deposition January 14, 2015 when Dr. Stickler -- it is
20 my understanding that Dr. Stickler was just to give a
21 second opinion. It is my understanding that Dr. Ata
22 is the approved, assigned neurologist by Amazon. It
23 is my understanding that if Amazon wanted to get a
24 complete and accurate fact of what my condition was as
25 to proper treatment, it is my understanding that

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1 Amazon would have gotten Dr. Ata's deposition, because
2 they had plenty of time. And it is my understanding
3 the reason why they did not want Dr. Ata's deposition
4 because it is my understanding based on documentation
5 --

6 MR. GOUDELOCK: Your Honor, --

7 MR. JENKINS: -- that Dr. Ata --

8 MR. GOUDELOCK: -- the same thing --

9 MR. JENKINS: -- let me finish, let me finish.

10 MR. GOUDELOCK: -- he's had -- he has the
11 opportunity to depose Dr. Ata if he thinks all this
12 stuff is substantiated.

13 MR. JENKINS: Let me --

14 MR. GOUDELOCK: And he hasn't done it himself.

15 THE COURT: And I --

16 MR. GOUDELOCK: So he can't sit here and say
17 what's speculation without any proof of it --

18 MR. JENKINS: This is documentation --

19 MR. GOUDELOCK: -- and go on like this.

20 MR. JENKINS: -- this is all proof.

21 THE COURT: All right.

22 MR. GOUDELOCK: He's got no proof of it.

23 MR. JENKINS: Right. But let me just conclude,
24 let me conclude.

25 THE COURT: Yes, let's wrap this up because we

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1 need to --

2 MR. JENKINS: Let's wrap it up. So -- so -- I
3 lost my thought, but we're going to get it together
4 though. Because -- it is my understanding because Dr.
5 Ata had not provided Amazon with a medical rating
6 based on my understanding of the Claimant's medical
7 condition, it is my understanding --

8 MR. GOUDELOCK: Same objection.

9 MR. JENKINS: -- why Amazon went to Dr. Stickler
10 to get a -- to get a medical rating and to do his
11 deposition.

12 THE COURT: Okay.

13 MR. JENKINS: Yes. Thank you.

14 THE COURT: Now, Mr. Goudelock, would you like to
15 -- you can certainly respond or if you would like to
16 call for testimony.

17 MR. GOUDELOCK: Just brief -- I would call for
18 testimony in just a second. Briefly in response, Your
19 Honor. He -- if he feels all that way he has -- he
20 had the opportunity to get all this information from
21 Dr. Abu Ata. I would submit that none of that's
22 substantiated in any manner, that there's any evidence
23 in the record. He's had the opportunity to do that.
24 Dr. Stickler's deposition he was advised of. I talked
25 to him on the phone about it, I talked to him on the

1 phone that morning before we went to it. He knew he
2 had a right to be there, so he could have questioned
3 Dr. Stickler with anything he wanted to. Is that not
4 true?

5 MR. JENKINS: Right. That is true. I'm
6 testifying -- I'm testifying --

7 MR. GOUDELOCK: Let me finish, I'm talking now.
8 The -- the doctors he referred to on treatment, and
9 again, we would -- we would refer you to the APAs that
10 we referenced as well as Dr. Stickler's deposition.
11 Dr. Jervey and Dr. Stickler did not end up treating
12 because they did not find the conditions that he has
13 were related to his blow to his head. So we don't --
14 we don't have an obligation to provide treatment when
15 it's -- when what's going on with him is not because
16 of the mild trauma he sustained to his head. So
17 that's what happened on that. We are ready for the
18 witness.

19 MR. JENKINS: If I could I would just like to
20 object. Briefly, if I could, Your Honor.

21 THE COURT: Go ahead.

22 MR. JENKINS: On one, he did ask me about going
23 down to Dr. Stickler deposition when I didn't feel the
24 need to go because Dr. Stickler was not the approved
25 neurologist. I appreciate the effort, but Dr.

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1 Stickler wasn't the one, Dr. Muhammed was the treating
2 physician which I had seen five times. Dr. Stickler
3 pretty much one time. And there is something -- we'll
4 go ahead. I can't --

5 THE COURT: If you would come around here and
6 just watch that step because it's kind of tricky
7 sometimes.

8 MR. JENKINS: Okay.

9 THE COURT: You're still under oath. Mr.
10 Goudelock.

11 MR. JENKINS: Now, let me -- do I have to
12 testify?

13 THE COURT: Yes. He has the right to question
14 you.

15 MR. JENKINS: Okay.

16 Clarence Jenkins,
17 Having first been duly sworn, testified as follows:

18 DIRECT EXAMINATION

19 BY MR. GOUDELOCK:

20 Q Let me -- let me start out once again, Mr.
21 Jenkins, to make sure the record's clear.

22 A Yes, sir.

23 Q I told you to get an attorney didn't I?

24 A Yes, sir, you did.

25 Q And Mr. Derrick Williams told you to get an

1 attorney didn't he?

2 A I -- yes, I guess you can say that. We had
3 a conversation, but --

4 Q All right. You're 46 years old?

5 A Yes.

6 Q All right. Your birthdate's August 14th
7 of '68?

8 A Yes.

9 Q You're single?

10 A Yes.

11 Q You don't have any dependents, correct?

12 A Right.

13 Q You're a college graduate with a BS in --
14 Bachelor of Science in Marketing from South Carolina
15 State --

16 A Yes.

17 Q -- in 1992?

18 A Yes.

19 Q You're proficient in Microsoft Word?

20 A Yes.

21 Q Microsoft Excel?

22 A I would say medium -- yeah, I would say yes.

23 Q Microsoft Power Point?

24 A Yes.

25 Q Microsoft Access?

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1 A I wouldn't say proficient, but yes.

2 Q Microsoft Publisher?

3 A Somewhat, but not proficient.

4 Q Adobe Acrobat?

5 A Not proficient.

6 Q You listed them in a job application before
7 that you were proficient in those at Voorhees College,
8 didn't you?

9 A No, I don't think I would have Adobe Acrobat
10 because I know -- I know I'm not proficient in that.

11 Q You know how to operate it?

12 A Huh?

13 Q You know how to do it? You know how to use
14 Adobe Acrobat?

15 A I've got some knowledge of it, but not too
16 far on proficient.

17 Q Okay. You worked -- you graduated in 1992?

18 A Uh-huh.

19 Q Since 1994 you worked for -- as a Probation
20 and Parole Agent for the State of South Carolina for
21 about two and a half years, correct?

22 A Yes, sir.

23 Q Then you were out of work for about a year
24 and a half, right?

25 A Right. That's correct.

1 Q And then you did cust -- you were a customer
2 service rep for APAC Tele-Services?

3 A Yes.

4 Q And then you were out of work for about
5 another year? No, you did that for about a year and a
6 half?

7 A Right. I did that for about a year and a
8 half or two years; somewhere around there.

9 Q And then you were out of work for about six
10 months?

11 A That's correct.

12 Q And then you were a collections and billing
13 specialist with Adecco Staffing?

14 A That's correct.

15 Q You did that for about six months?

16 A That's correct.

17 Q And then you went to Voorhees College where
18 you worked for about six and a half years initially as
19 a case manager in the Work Force Development Center?

20 A Somewhat correct (inaudible). I did go
21 there as a case manager, but it was with the Welfare
22 to Work Program.

23 Q Okay. That was your first job there?

24 A That was my first job.

25 Q Then you were Assistant Director of Work

1 Force Investment Act?

2 A At one time, but I actually started out as a
3 Resource Specialist One and then I worked as a Case
4 Manager, then Job Developer, then a Coordinator and
5 then became Assistant Director of the One Stop.

6 Q Okay. And then your last position there was
7 as Admissions and Recruiting?

8 A That's correct.

9 Q Admissions Coordinator -- Admissions
10 Counselor and Recruiter, correct?

11 A Yes.

12 Q And you were terminated in -- on December
13 11th of 2006?

14 A December 12th, 2006.

15 Q December 12th of 2006?

16 A Uh-huh.

17 Q And what was the -- what was that all about?

18 A Well, actually to be honest with you, it was
19 part of a corrupt plan by Voorhees College. One --

20 Q How many -- how many -- don't tell me names,
21 but how many -- how many people were corrupt in that
22 -- in that plan -- the --

23 A I would say at least about --

24 Q -- HR Director?

25 A Right.

1 Q Your supervisor?

2 A Right.

3 Q Who else?

4 A Some other senior management. I would say
5 probably three or four more.

6 Q Okay. So there were -- were four or five
7 people --

8 A Uh-huh.

9 Q -- that collaborated in a corrupt plan to --

10 A Uh-huh.

11 Q -- harass you and create a hostile work
12 environment, I believe, is what you alleged at the
13 time?

14 A When that how -- all started, when you think
15 about my employment history at Voorhees College you
16 thinking about you would be have to sit -- I know -- I
17 know you're trying to make it look as -- as failure,
18 but you don't have -- you don't move around from one
19 department to another without being success, so --

20 Q Could be somebody wanted you to move?

21 A Well, you know, people -- the very person
22 that I filed a complaint with was Henry Lawton. He
23 first came here as a coworker. We didn't have any
24 problems, but the very moment that he became
25 supervisor I became the number one target. You know

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1 why I became the number one target? Because I was
2 good at what I did. Some people talk their way into
3 the position, I -- I do my job and so by me being the
4 top recruiter the prior year before he got hired and
5 he's coming in and he's talked his game and ran his
6 game about he had all this. So when you're getting
7 full leadership you got to be able to perform. And
8 because he couldn't perform and I was -- I was the
9 number one target. And so when he started harassing
10 me and different things I filed a complaint against
11 him. And we had a grievance committee and the
12 grievance committee came back in his finding, they
13 took it as though -- they viewed the situation that
14 was not highly appealed and they fired me --
15 terminated me for fraud. Well, when you look at my
16 record from being at Voorhees College from 2000 -- May
17 of 2000 to December 12th of 2006, there was no
18 write-up, none -- not one. Because you know why; I
19 did my job. And state to me while you know that I was
20 good at what I did because Voorhees College had such a
21 bad image with students, parents and State Holders,
22 they decided to have a customer service trainer for
23 the entire campus. I was one of those seven people
24 that was selected to provide that training by
25 (inaudible). I was paid an additional \$125.00 on the

1 down low by the people in the office, told me don't
2 tell anybody. Then when I got into the Office of
3 Recruitment -- I didn't ask to go to the Office of
4 Recruitment. You know how I got in the Office of
5 Recruitment? The college president called me and took
6 me into his office and he said I want you all to go
7 into the office initially for one year to help me with
8 our recruiting goal. If it does not work out you all
9 can return -- now, you got to remember, at that time I
10 was Assistant Director of the -- of the WIA One Work
11 Force. I was already making \$30,000.00 a year. And
12 he didn't give me a pay increase. I went over there
13 to try and help the college out, you know, keep their
14 -- keep the students and keep the income, where people
15 had jobs, but --

16 Q And at the conclusion of all that good
17 performance you were terminated as to --

18 A I was terminated.

19 Q Okay. And then you were out of work for
20 about three weeks?

21 A Right.

22 Q And I think you -- you went to work for
23 about five months as --

24 A Yes.

25 Q -- as a Career Skills Instructor at Bamberg

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1 Job Corps?

2 A Right.

3 Q And after that you were out of work from
4 about 2007 until you went to Amazon in 2012 weren't
5 you?

6 A Not exactly correct. Partly, yeah. One, I
7 did go to Job Corps shortly after being terminated
8 from Voorhees College. With that -- when I took that
9 job the contract gave a stipulation that if I received
10 a speeding ticket I would be terminated. That was
11 when I took the job. Even though I was hired as a
12 Career Skills Instructor I would never have
13 opportunity to drive, but because I had a -- several
14 speeding tickets on my driving record that was the
15 purpose of that. So, -- so even with that -- that
16 extreme possibility of not getting a speeding ticket I
17 still went with the Job Corps and was really
18 successful there. You think about being there six
19 months and you get -- get a certificate from your
20 supervisor saying excellent job with staff and
21 students, but here again, you know, if people don't --
22 don't -- if people don't --

23 Q I didn't bring up the fact that you were
24 terminated.

25 A No, I'm just saying --

1 Q I just said you worked there --

2 A Right. But I'm just saying --

3 Q -- and you were out of work and drew
4 unemployment, right?

5 A -- I'm just telling you the story. Well,
6 because people got (inaudible) and still, look I got a
7 ticket and the contract says I'm immediately
8 terminated. Well, I got the ticket on May 1st. I
9 told my supervisor about it. She said, "Everything's
10 okay. We'll wash it, don't worry about it. I'll take
11 care of it." But because somebody thought that I was
12 becoming a threat she decided to come back a month
13 later and use that same ticket against me when she
14 already had told -- I -- I reported it to my Employer
15 the following day when I got back to work, but she
16 waited a month later and took it to HR and that's why
17 I was terminated.

18 Q Okay. Again, after you left there from 2007
19 to 2012 you drew unemployment?

20 A I did. I did.

21 Q Okay. And then you went to work with Amazon
22 on September 2nd of 2012 as a warehouse --

23 A Yes, I did.

24 Q So since -- between 1994 and 2015 you've had
25 about five or so different positions over 11 and a

1 half years and you've been out of work about nine
2 years; does that sound about right?

3 A Pretty much off and on.

4 Q Okay.

5 A I would say yes in some agreement, but well
6 let me go back to Amazon. I started in September the
7 2nd but because I went there in the right mindset to
8 work, that's who I am. You know, being on the job
9 probably two months because of my excellent work
10 performance and my attendance Amazon moved me down to
11 Vendor Returns where we dealt with bulk orders, didn't
12 have a rate. That was two months of being on the job
13 and I had -- I had other sources telling me you -- you
14 -- you got to be doing something good for -- for you
15 to just get here and to be moved into Vendor Returns
16 when people who have been here a year before you have,
17 they didn't get the opportunity. So that -- that goes
18 -- that goes to verify my -- my character, my record.

19 Q Right. According to your testimony earlier
20 Amazon turned on you too, right? They -- they
21 harassed you and they were -- they created a hostile
22 work environment and same thing every other job did to
23 you?

24 A What they did -- but you have to look at --

25 Q Okay.

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1 A -- but you have to look at the record. It's
2 not -- not just based on -- on --

3 Q I understand.

4 A -- on -- it's not based on hearsay. When
5 you apply -- when you apply all the facts is that when
6 I got hurt Amazon never did really document that I got
7 hurt. They said, oh, we don't see no blood.

8 Q There was none was there?

9 A There was no blood, but there was a mark.

10 Q There was no bruising?

11 A There was a mark and a soft spot.

12 Q Okay. Well, no doctors documented any --
13 any discoloration, any bruise, or any cut?

14 A Yes, Dr. Eden did, it's in her record. But
15 let me go a little further though. For two days or so
16 after I got hit when I came into work and my head was
17 pounding, about to explode, the safety manager at
18 Amazon and the AmCare staff tried to talk me out of
19 being hurt. And my head was about to explode. The
20 safety manager got up out of his chair and was yelling
21 to me as though I was a child, standing over me
22 yelling and so finally I stood up and I was stressed,
23 I said, "I can't sit here." I said, "I'm going to
24 HR." So finally he said, "Sit down. Sit down. You
25 ain't going nowhere." So I said, "Well, I ain't going

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1 to sit here in this room, I'll wait in the next room."
2 So he went and got HR. HR, Ms. Mary Woosie came in in
3 the AmCare facility, she said, "I can see" --

4 MR. GOUDELOCK: Your Honor, I'm going to again
5 object to him saying what anybody said, because I
6 don't know what he's going to say --

7 THE COURT: Sustained, and let's move on.

8 A Okay. Well, because of the stress that I
9 was in --

10 Q You contend that they were on you that bad
11 but yet they arranged for you to go to a doctor in two
12 days didn't they?

13 A Only because Mary Woosie from HR came in
14 there and saw the distress I was in and demanded.

15 Q Okay. So if you asked them to go they
16 didn't pay any attention to you?

17 A No, sir, they --

18 Q If the records reflect that you asked them
19 to go --

20 A Right.

21 Q -- and they said that they set it up you
22 deny that that's what happened?

23 A Ms. Mary Woosie from HR came -- she was the
24 one that authorized it.

25 Q All right. And your -- your -- when you --

1 when you struck your head you had dropped -- you had
2 dropped something on the floor, --

3 A Yes, sir.

4 Q -- right? And -- and a table about like
5 what you're sitting at, is it about that high?

6 A Pretty much, or maybe a little bit higher;
7 I'm not sure.

8 Q And you bent over to pick it up --

9 A Right.

10 Q -- and you struck the right side of your
11 head on the table?

12 A Yeah, on the -- on the corner of the table.
13 It was like a -- like one of them tables you move
14 around, metal --

15 Q All right.

16 A -- about like this I guess. And it caught
17 right like that, you know.

18 Q Right. You kept working, you ultimately
19 went to Am -- to what they call AmCare, --

20 A Right.

21 Q -- which is the clinic inside there, right?

22 A I -- I kept working, but I was working under
23 distress because I wasn't feeling good and I was
24 feeling lightheaded and beginning to sweat, so.

25 Q And so it's your -- your testimony there was

1 a soft spot --

2 A Yeah, right.

3 Q -- or something, but -- but otherwise there
4 was nothing anybody could see; is that correct?

5 A I think everybody knew -- a mark, but it
6 wasn't to the point where it was bleeding or nothing,
7 you know, something they could see up there.

8 Q You didn't pass out or lose consciousness or
9 anything like that, correct?

10 A I did not, but came close several times.

11 Q Now, through the medical evaluations that
12 you had you had a CT Scan of your head initially, that
13 was done on February the 14th, four days later, right?

14 A Yes, sir.

15 Q And it was normal wasn't it?

16 A Yes, sir.

17 Q And then subsequently you had an MRI done?

18 A Yes.

19 Q So another test -- different test of the
20 head?

21 A Right.

22 Q And it was normal, correct? Right?

23 A The head was normal but there was some other
24 things going with -- bulging disc in my neck --

25 Q Right. They found some degenerative disc --

1 A -- and my spine.

2 Q -- disease in your neck, but the MRI of your
3 head --

4 A But the MRI of the head --

5 Q -- MRI of your head --

6 A -- but there was some things that --

7 Q -- was normal? And that was in October?

8 A I believe it was October.

9 Q Okay. So that was eight months later, so it
10 was normal four days later in the CT Scan, it was
11 normal eight days later -- eight months later on the
12 MRI, correct?

13 A Yeah, pretty much. But not completely
14 normal, even though you --

15 Q The MRI of the head was normal?

16 A Right. Right. The MRI did not completely
17 came back normal, because you look at the medical
18 record it shows that there was some -- some things
19 going on with my neck --

20 Q I'm not talking about your neck --

21 A -- and my shoulder.

22 Q -- I'm talking about your head.

23 A But you have to think about when I hit my
24 head on that table it probably did affect my -- my
25 head because I -- my neck and different things, so.

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1 Q And your legs and your feet?

2 A Well, and --

3 Q Or just your right leg and your left foot?

4 I can't remember which one. That's what you said
5 isn't it?

6 A Right. In both of them.

7 Q You said one leg and the other foot though?

8 A No, I have problems with my -- it started
9 with my right foot and leg and then eventually went to
10 my left foot and leg. But you know soon after that
11 now, I believe in May, May or April one, there is
12 documentation where Amazon was made aware of that when
13 I went to get out of my car one day my left leg
14 collapsed and then my right leg just fell over.

15 Q Amazon's been made aware of a whole --

16 A Right. They made a --

17 Q -- bunch of things that you say is going on
18 with you.

19 A Right. I had to grab -- I had to grab hold
20 of the car --

21 Q In fact, would it surprise you that these
22 are the emails you sent about every day --

23 A Right.

24 Q -- to tell us -- to tell us what's going on
25 that day with you?

1 A Right. There -- there's a lot, because I
2 think they need to know.

3 Q How thick is that?

4 A It's pretty thick, but I think you need to
5 know. It's better off you knowing than not knowing.

6 Q Two inches, inch and a half?

7 A It's better off you knowing than not
8 knowing.

9 Q Would it be fair to say you send about an
10 email a day or so to us?

11 A Well, I mean I only send you the email
12 because --

13 Q Is that -- is that true?

14 A I wouldn't say about no every day, but
15 maybe. But the reason why I even send email because
16 it's better off you knowing than not knowing because I
17 was still suffering from medical problems that Amazon
18 had been made aware of from the very start, and I was
19 not getting the proper treatment. So I did not want
20 Amazon to come up and say, oh, we wasn't aware of
21 this, we wasn't aware of this. So that's why --

22 Q I mean we've been aware of everything you've
23 complained. We just contend it ain't because of the
24 head injury.

25 A Right. But that's why I took it to the

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1 point of making you all aware.

2 Q I know, you -- you've done that.

3 A Right. But let me go --

4 Q Let me -- let me pick up again for a minute.

5 A Okay.

6 Q You also had EMG and Nerve Conduction
7 Studies done, correct?

8 A Right.

9 Q Of your upper extremities and they were
10 normal and your lower extremities were normal?

11 A I had one test and one of them was not, but
12 that test was so awful and painful I wouldn't -- I
13 wouldn't put that test on nobody. That --

14 Q But you had -- you had it?

15 A I had it but I didn't know all of the -- I
16 didn't know all of the -- when they said that would go
17 along with it, if I had known that was what that test
18 would have involved, I would have never had that test.
19 Because let me tell you, that test is awful. That
20 test ought to be outlawed in order to determine
21 whether somebody got nerve damage. Those are the kind
22 of things you do to terrorists. You put -- you put
23 electricity -- you're shocking somebody with
24 electricity, that was a awful test. I mean awful. So
25 I -- I couldn't do those no more. I couldn't.

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1 Q Dr. Abu Ata asked you to do one, a CSF test
2 for your headaches that you didn't -- didn't want --
3 didn't elect to undergo did you?

4 A He wanted -- the truth is I couldn't do
5 that.

6 Q Okay.

7 A I couldn't.

8 Q In addition to --

9 A Oh.

10 Q -- you had seen -- so AmCare Healthworks
11 where they sent you first, you've been to Palmetto
12 Richland ER, Dr. Abu Ata, Dr. Jervy, Dr. Stickler and
13 you've seen your family doctors like 20 times?

14 A I wouldn't say 20, maybe ten or maybe 15,
15 but I wouldn't say 20. I don't think it's 20.

16 Q Okay. And it's your -- it's your family
17 doctor you -- you --

18 A Dr. Eden.

19 Q -- you've seen Ms. Hampton?

20 A Right.

21 Q Who is a PA? You've seen Dr. Eden?

22 A Uh-huh.

23 Q Seen Dr. Tamarchio?

24 A Uh-huh.

25 Q You've seen Nurse Practitioner Gantt?

1 A Uh-huh.

2 Q Seen Nurse Practitioner Gonzalez?

3 A Uh-huh.

4 Q You've seen Nurse Practitioner Wright?

5 A I think I just seen her.

6 Q All -- all total you've probably seen at
7 least 13 different medical care practitioners,
8 correct?

9 A Right. And even those 13, some of them that
10 you call far as Dr. Eden who believed I had post
11 traumatic concussion. Dr. Tamarchio he also feels
12 that --

13 MR. GOUDELOCK: Object to anything that these --

14 A Right. But you mentioned --

15 MR. GOUDELOCK: -- doctors said, Your Honor.

16 It's not in evidence.

17 A -- but it's all medical documentation now,
18 it's not hearsay. He brought it up.

19 Q There's no medical -- your medical records
20 are not in evidence that can support what you contend
21 they say.

22 A Right. But this could be in your medical
23 records. I get my legs and stuff hurt, but go ahead.

24 THE COURT: If your legs are hurting you can
25 stand up.

1 THE WITNESS: No, I don't want to stand up, that
2 make it hurt more.

3 Q All right. And out of those 13 or so
4 medical practitioners there's nothing that's made you
5 any better has it? In fact, you've gotten worse?

6 A I -- I believe I have gotten worse, but
7 that's Amazon neglect though.

8 Q Okay. What -- what is it you contend that
9 prevents you from working?

10 A You see, just like I am right now, I need --
11 there's nothing -- I would never say I can't do
12 anything, that -- that would be a lie. But what I'm
13 telling you that after so much activity I -- I begin
14 to go down, I begin to having headaches, nervousness,
15 even when typing on the computer my shoulder and stuff
16 gets so tight and so hurting until I have to stop.
17 And when you think about typing with computers you
18 would think that would be easy and simple. But with
19 me now it's getting to be hard. So I can do certain
20 things, but just too much it becomes a problem.

21 Q Physical activities a problem?

22 A Some, it if -- if it becomes too much it
23 will be.

24 Q And what's too much?

25 A I can't even be out as far as shopping quite

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1 a bit or -- or walking, you know, getting your
2 groceries or -- or -- that will be too much. Or even
3 -- even being at a cookout, even in church service,
4 you know. One time I usually could -- could -- when
5 the preacher preached, you know, stay there for an
6 hour, well might even stay two --

7 Q All right. Just --

8 A -- I could deal with it, but now if they
9 wrap it up in 20 minutes, you know. Been 20 minutes I
10 think you ought to be able to finish the story and
11 move on.

12 Q Does noise prevent you from working?

13 A Some, and that's too much -- you know, if
14 it's too loud, it's just loud TV. My mother say I
15 talk loud but I work loud too, and I -- I can take
16 some noise, but when it gets to the point where it's
17 too much, you know, I have -- I have to quit.

18 Q Lights?

19 A I guess it could be at -- at some point if
20 they're too bright or whatever or -- or they're
21 putting out too much heat, you know, I just -- I just
22 --

23 Q Smells?

24 A Far as smell I really -- I have a problem
25 with that and I've got to the point now where

1 depending on how bad it is I start coughing and
2 gagging to the point where I can either find myself
3 into the point where I may be having lightheaded or
4 about to faint.

5 Q You said you cough and gag?

6 A Yeah.

7 Q And you contend that's related to the blow
8 to your head too?

9 A Well, if you look at what -- what the
10 (inaudible) sense scope -- I can't think of the proper
11 name of it, it's something like that. But that can --
12 risk of that and even with traumatic brain injury
13 those are counted risks of that.

14 Q You did that on your computer research?

15 A No, I did -- I did that after, but I first
16 did that after the doctor.

17 Q Let me ask you this. Despite these things
18 that we -- that you just talked about that prevent you
19 from working, you can drive your car, correct?

20 A And sometimes that's painful. That was hard
21 coming up here today.

22 Q But you do it. You drove up here, right?

23 A I never -- I did, but it was hard.

24 Q You drive it up here to get it serviced, or
25 you used to?

1 A Yeah, that was -- that would only be that I
2 would getting off work I would go by the BMW place.

3 Q Right. But you got in a fight with them and
4 you don't use them anymore do you?

5 A No, you -- you the one that's telling that
6 story. Now since you brought that up, since you
7 brought that up --

8 Q They got after you too didn't they?

9 A -- no, no, I ought to be able to explain
10 what happened with that.

11 Q Go ahead.

12 A Well, I took my car to BMW. I bought a used
13 BMW, I had extended warranty on it. I had some minor
14 repairs that needed to be done. I called the warranty
15 company to verify whether those repairs would be
16 covered. They said yes they were. Now I'm driving 80
17 miles round trip to work four days a week, no problem
18 with the car whatsoever, drive like a champ, you know,
19 I love it, right. Anyhow I took it by BMW to have
20 some minor repairs work done. So they told me, said
21 well, we got to order the part, the part ain't --
22 ain't come in yet. They said well give us a few days
23 or next week and come back. I did that, so when I got
24 there they said well we're going to have to keep the
25 car because we going to be able to do the work. So I

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1 said fine, so they got me a rental car. Gave me the
2 rental car for the whole week. After -- on Tuesday I
3 called to see whether the repair work was done. The
4 supervisor, Erica, said our technician found another
5 problem. Your thermostat, the housing is damaged.
6 Right? I said, "Well, I'm not aware of that." Now
7 you know that can't be true because you think about
8 driving 80 miles roundtrip four days a -- a week if
9 the thermostat was acting up I'm sure that I would be
10 the first to know. I was driving the car. You can't
11 drive a car that's overheating. I'm going to tell you
12 you can't hardly get out of the yard, now you can't
13 drive. So I didn't -- I didn't really make no big
14 deal about it. I said, "Well, since they are the
15 experts with BMW" and they already had -- before I
16 found out they already contacted the warranty company,
17 got approval for the warranty -- for the repairs,
18 already had contacted the adjusters, had the adjuster
19 -- the adjuster had already came by the BMW, verified
20 that yeah, it was done. Now I was the last to find
21 out, right. I got my car back, I started having
22 heating problems -- overheating problems that I had
23 never had before -- never had. So -- so yeah, you
24 know, after you make it look like I was getting
25 problems with everybody, you know, but one thing about

1 me I'm a factual person. I always can tell -- I
2 always go by the facts and I've got the documentation.
3 If you look at the service order when I first took the
4 car in there I never complained about a water
5 overheating problem. And so therefore when BMW say,
6 well, you have one, that shocked me. But I said well,
7 they're the experts, they know. So you --

8 Q You turned them over to the Better Business
9 Bureau?

10 A Yeah, I know.

11 Q You -- you addressed the issue with them to
12 the extent that they had to hire an attorney to issue
13 a cease and desist letter against you, right?

14 A Right. Right. They did.

15 Q Okay.

16 A But let -- let me tell you about that
17 though. Tell you what did with that. What dealed
18 with that though I am still not afraid to deal with
19 BMW and I still do -- I still do my negative campaign
20 against them, so does that tell you with that negative
21 if they were so -- if they were so that meaningful
22 about stopping me from telling my story they would
23 have done something by now. Do you know why they
24 won't -- they won't come back to me with a lawsuit;
25 they threatened me with a lawsuit. You know why they

1 won't come back with one, because I got the facts to
2 back it up.

3 Q You tell -- you tell that story don't you?

4 A Right. I tell that story. I sure do.

5 Q Well, why we're getting to that though, --

6 A Right. I tell it.

7 Q -- we talked about you driving your car.

8 A Yeah.

9 Q Now despite the noise and lights and smells
10 and all that bothering you, you can work on your
11 computer can't you?

12 A Yeah, but that's hard too. I just told you

13 --

14 Q If it's so hard you fire it up though, don't
15 you buddy?

16 A Yeah, it wears me out, but I get through
17 though, I'm hurting.

18 Q But you send -- these are just the ones you
19 send to me.

20 A Yeah, I'm hurting though.

21 Q Okay.

22 A When I get through I'm hurting.

23 Q But you get those out, right?

24 A But sometimes I tell you all, I can't deal
25 with you all, I got to go lay down. I have to leave.

1 it alone -- I have to leave it alone for a couple of
2 days.

3 Q As well -- as well as getting those out
4 you're on Twitter aren't you?

5 A I be on Twitter sometimes. I do. I believe
6 -- I believe in staying up with my stuff. I just
7 believe that. So -- so you're right. I don't see me
8 all the time.

9 Q No, you're not on there all the time.

10 A I'm not on all the time, but when I'm on
11 there, I'm on there, because when I get through then
12 I'm through.

13 Q I want to show you a document that I'll have
14 marked in just a second as Defendants' Exhibit Number
15 3.

16 (Defendants' Exhibit Number 3, copy of Twitter
17 Account, marked for identification and entered into
18 the record.)

19 A Right.

20 Q And ask you is that a copy of your Twitter
21 account?

22 A Pretty much.

23 Q Okay.

24 A Wait a minute now, that's quite a bit of
25 time now, -- that's not --

1 Q No, it is. It's over --

2 A That's not even one month.

3 Q No. You can look at it. It starts on May
4 7th, 2014. Right?

5 A I can't see that.

6 Q Right here.

7 A It's made out to -- let's go back and --

8 Q No, I'm going to take it from the front.
9 That's when it starts.

10 A No that could be when -- that could be when
11 you -- that could be your starting point.

12 Q Okay. Well, I just -- let's go with that
13 starting point then and if you're going before -- it
14 goes to April 23rd, correct? I'm sorry, May 19th of
15 this year?

16 A Yeah, but I was -- I was on there the other
17 night.

18 Q Okay. So from --

19 A I don't deny that I have a Twitter Account.
20 I don't deny that I deal with it.

21 Q I'm not saying you deny it. My -- my point
22 is that with all these problems you're having that
23 from May of 2014 to May of 2015 in addition to the
24 inch and a half of emails you send me, you posted 1066
25 tweets.

1 A I don't think that's -- that's correct.

2 MR. GOUDELOCK: Your Honor, we would offer that
3 as Defendants' Exhibit Number 3 and if you'd take
4 judicial notice at the top it counts them.

5 THE WITNESS: I object to that, because there's
6 no way possible that I could have done 1000 or more
7 tweets. There is no way possible. I'm going to have
8 to have proof -- I'm going to have to have proof of
9 that and I'm going to have to go through that piece by
10 piece.

11 Q What does that say?

12 A No, see that -- that's not right.

13 Q Okay.

14 A I know that's not right. I don't even go --

15 Q You can take notice of this --

16 A I don't get -- I don't even get on Twitter
17 that -- I'm on Twitter at times and then when you
18 think about Twitter I'm not on there 24 hours a day
19 seven days a week. I may put -- I may put a note on
20 there in the morning, I may put a note out there late
21 at night because I can't sleep because of illness or I
22 may put it out there early evening. But it's not like
23 I'm out there seven days a week, 24 hours a day.

24 Q But your eyes are bad, the light bothers
25 you?

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1 A Oh.

2 Q I mean --

3 A I just told you. It's not that I can't do
4 it, I said when I do too much it wears on me. I can
5 use a computer, I can type, but after so much my
6 shoulders, my neck and my fingers begin to hurt.

7 Q Okay.

8 A And that's not -- I don't -- I -- I can use
9 a computer, I'm not going to deny that. And -- and
10 the reason I be on the computer with Amazon, I have to
11 -- I have to notify you all. I'm not able to come to
12 Columbia every day, so I have to use the necessary
13 communication that's available to me, and that's by
14 email or by phone. So that would be correct.

15 Q All right. I'm going to show you what I
16 mark as Defendants' Exhibit Number 4. Is that your
17 Facebook Account?

18 A Yes.

19 Q Okay.

20 A Uh-huh.

21 (Defendants' Exhibit Number 4, Facebook Account,
22 marked for identification and entered into the
23 record.)

24 A I don't deny being on Facebook.

25 MR. GOUDELOCK: Your Honor, I would offer

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South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1303989
Carrier File #: B367100249000101671
March 19, 2015

NOTICE OF HEARING

CLARENCE B JENKINS v. AMAZON.COM.DEDC, LLC

Subject: To determine issues as set forth on Forms 50 and 51.
Date: May 21, 2015 at 03:30 PM
Location: SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B
Columbia, SC 29202

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Mike Campbell
803-737-5678, bcheeseboro@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Barbara Cheeseboro, SC Workers' Compensation, March 19, 2015

Party

Employee: CLARENCE B JENKINS
945 WIRE RD
NEESES, SC 29107

Employer: AMAZON.COM.DEDC, LLC
Carrier: American Zurich Insurance Co.

Employer: AMAZON.COM.DEDC, LLC
Carrier: American Zurich Insurance Co.

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1303989

CLARENCE B. JENKINS,
Employee/Claimant

-VS-

AMAZON.COM.DEDC, LLC,
Employer

AND

INSURANCE COMPANY OF THE
STATE OF PENNSYLVANIA
c/o SEDGWICK CLAIMS
MANAGEMENT SERVICES, INC.)

Carrier,
Defendants

DEPOSITION OF:

David E. Stickler, M. D.

DATE: Wednesday, January 15, 2015

TIME: 3:35 p.m.

LOCATION: Neurology Specialists of South Carolina
2695 Elms Plantation Boulevard
North Charleston, SC 29406

REPORTER: Robin L. Dotter

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A P P E A R A N C E S

For the Defendants: McAngus Goudelock & Courie
 BY: J. Russell Goudelock, II,
 Esquire
 1320 Main Street
 Meridian, 10th Floor
 Columbia, SC 29201

I N D E X T O E X A M I N A T I O N (S)

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Direct Examination by Mr. Goudelock.....	3

I N D E X T O E X H I B I T (S)

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1 Whereupon, the deposition is taken pursuant
2 to the South Carolina Rules of Civil Procedure
3 for the purposes allowed therein; and that the
4 deponent was explained his right to read and
5 sign the deposition and waived that right.

6 (DAVID E. STICKLER, M. D., having been duly
7 sworn, testified as follows:)

8 DIRECT EXAMINATION BY MR. GOUDELOCK:

9 Q Dr. Stickler, my name's Rusty Goudelock, and I
10 represent Amazon in a workers' compensation claim involving
11 Mr. Clarence Jenkins. I know you've given depositions in
12 the past, not in this case, but I'm aware that you're
13 familiar with the process. If I ask you any questions that
14 you don't understand or if any of my questions are
15 confusing to you, please stop me and let me know. Okay?
16 Is that okay?

17 A Okay.

18 MR. GOUDELOCK: And, Miss Court Reporter,
19 I'm going to attach, as Exhibit A, a copy of the
20 deposition notice from December 16th that
21 notified Mr. Jenkins, who's unrepresented, of
22 the deposition today and will put on the record
23 as well I spoke with him by telephone as
24 recently as yesterday confirming, as our
25 understanding, that the deposition was taking

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1 place today, and he has a right to attend and
2 participate in the deposition.

3 BY MR. GOUDELOCK:

4 Q Dr. Stickler, you're a physician licensed to
5 practice medicine in South Carolina?

6 A I am.

7 Q And your medical practice specializes in
8 neurology?

9 A Correct.

10 Q I believe for nine years you were an associate
11 professor at MUSC?

12 A An assistant professor for about the first four
13 and then promoted to associate after that.

14 Q Okay. And then you also -- you currently have a
15 clinical practice in neurology?

16 A Full-time clinical practice.

17 Q And you engaged in a clinical practice at MUSC
18 as well?

19 A In the past.

20 Q And you're board certified by the American Board
21 of Psychiatry and Neurology?

22 A Correct.

23 Q I'm going to ask you some questions about your
24 evaluation of Mr. Jenkins. I would ask that your answers
25 be stated within -- or be -- reflect your opinions within

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1 reasonable medical certainty. I won't ask you that every
2 time, but I'll tell you that ahead of time and then I'll
3 make sure at the end that the answers you've given have
4 been within reasonable medical certainty. Is that fair?

5 A That's fair.

6 Q Okay. You saw Mr. Jenkins, I think, on August
7 28th of 2014; is that correct?

8 A Correct.

9 Q And you had medical records from his -- his
10 medical visits and treatment and evaluation up until that
11 time, correct?

12 A Consisting of two neurological evaluations.

13 Q Okay.

14 MR. GOUDELOCK: Let's go off the record one
15 second.

16 (The deposition went off the record for a brief
17 period.)

18 MR. GOUDELOCK: Let's go back on the
19 record.

20 While we were off the record, we clarified
21 that he has the records from -- from two
22 neurologists, Dr. Abu-Ata's treatment records
23 and then the evaluation report from Dr. Jervey.

24 BY MR. GOUDELOCK:

25 Q Is that correct?

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1 A Correct.

2 Q All right. Now, on August 28th, 2014, when you
3 saw Mr. Jenkins, you did perform an in-person clinical
4 examination?

5 A I did.

6 Q And roughly how long were you with him?

7 A Probably about an hour.

8 Q Okay. At that time did he relate to you a
9 history of having been injured at work on February 10th of
10 2013 --

11 A He did.

12 Q -- which was about two years ago? And did he
13 relate to you that he had bent over to pick up something
14 and struck his head on a table?

15 A Right. Correct, the right side of his head.

16 Q Okay. He didn't fall and strike his head. He
17 was bending over and struck his head, correct?

18 A Correct.

19 Q And did he relate to you that he did not lose
20 any consciousness at that time?

21 A He did not, or he did -- correct that. When I
22 asked him about loss of consciousness, he denied having a
23 loss of consciousness.

24 Q Okay. And, as we stated earlier, you're aware
25 of the evaluations by Dr. Abu-Ata and Dr. Jervey, correct?

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1 A I am.

2 Q What symptoms did he complain to you of at the
3 time you saw him?

4 A His primary complaint was headache.

5 Q And at that time did he complain -- at the time
6 you saw him did he complain of any blurred vision?

7 A He talked about dizziness and some episodes of
8 lightheadedness associated with the headache or blurred
9 vision and fatigue, as well as sensitivity to light and
10 noise.

11 Q Okay. And is the sensitivity to light, is that
12 what you refer to as photophobia?

13 A Yeah. The sensitivity to light is photophobia,
14 and the sensitivity to noise is phonophobia.

15 Q And did he complain to you of any weakness in
16 his right leg at the time you saw him?

17 A He also felt that he had become weak in the
18 right leg.

19 Q All right. Any other symptoms that he
20 complained to you about when you saw him?

21 A Intermittent chest pain, pain in the legs at
22 night, and the previously mentioned lightheadedness and
23 near-syncope.

24 MR. GOUDELOCK: Let's go off the record one
25 second.

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1 (The deposition went off the record for a brief
2 period.)

3 (LETTER DATED 12-16-14 WITH ATTACHED DOCUMENTS
4 MARKED EXHIBIT A FOR I.D.)

5 MR. GOUDELOCK: Let's go back on the
6 record.

7 BY MR. GOUDELOCK:

8 Q Dr. Stickler, at the time of your evaluation you
9 were aware of the prior physical examinations from the
10 neurologists you talked about and -- and you're aware of
11 the diagnostic studies that were performed in the means of
12 a CT scan of the head on February 14th of 2013, MRI of the
13 brain on October 3rd of 2013. I think he had nerve
14 conduction studies and EMG that were performed on February
15 21st of 2014; is that correct?

16 A I was aware.. Correct.

17 Q Would it be fair to say that all the diagnostic
18 tests and studies that I just referenced were normal?

19 A The brain imaging, both the CT and the MRI of
20 the head, were normal per the impression of the -- of the
21 reading radiologist. The MRI of the neck did have mild to
22 moderate multi-level degenerative changes, including a disc
23 bulge at several levels with a protrusion and degeneration
24 of a disc at a single level.

25 Q Okay. But the stuff related to his head was all

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1 normal?

2 A Correct.

3 Q And the EMG, nerve conduction studies didn't
4 reflect any type of radiculopathy or anything, did they?

5 A They were normal.

6 Q Okay. In reviewing the medical records from
7 Dr. Abu-Ata and Dr. Jervey did -- was there anything
8 indicated in any of their reports of their physical exams
9 that reflected any abnormal findings from their physical
10 exams?

11 (A pause was taken.)

12 A I have two exams from Dr. Abu-Ata from June
13 20th, 2014 and an earlier one from August 26, 2013. They
14 do not report any abnormal examination findings, based on
15 the review of the note from that day. There's an
16 additional note from February 21st, 2014 that also did not
17 report significant examination abnormalities. The
18 additional evaluation by Dr. Jervey on November 19th, 2013
19 did not document a complete neurologic examination.

20 Q All right. Describe for me, if you would, just
21 in summary, the type of clinical exam, what you would have
22 performed during your clinical exam of Mr. Jenkins at the
23 time of his visit with you.

24 A My examination would consist of what we would
25 call a comprehensive neurologic examination, generally,

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1 hitting multiple areas of the nervous system. This would
2 include a test of motor function by examining strength in
3 the upper and lower extremities, checking reflexes,
4 checking sensation to modalities such as temperature, light
5 touch, vibration, and proprioception.

6 The coordination and gait were also tested
7 looking for balance impairment. Also would look at his
8 cranial nerves looking for evidence for abnormalities of
9 coordination and motor function. Also looked at cognitive
10 function briefly looking at orientation and -- and memory,
11 and that would be the major components of the examination I
12 performed.

13 Q And did your examination identify any
14 abnormalities?

15 A On his examination I did find that he had mild
16 what's called hyperesthetic sensation, meaning
17 hypersensitivity, in the left foot, on both the top and the
18 bottom of the foot. The remainder of the examination was
19 normal.

20 Q In your opinion would the -- what you just
21 described relative to his foot have anything to do with his
22 work injury that occurred on February 10th, 2013?

23 A I would not expect that focal foot numbness
24 would be a sequela of a mild degree of head injury.

25 Q Okay. Following your examination, Dr. Stickler,

1 Q All right. You comment in your report,
2 Dr. Stickler, about no loss of consciousness. What's the
3 significance of that in the context of a blow to the head
4 like this?

5 A It has some bearing in the terms of what we call
6 concussion and, ultimately, post-concussion. You don't
7 necessarily have to lose consciousness to have a
8 concussion, but we look at loss and alteration of
9 consciousness, so we're looking at "Were they knocked out,"
10 as a simple term for loss of consciousness, "Were they
11 confused and have any immediate impairment of cognitive
12 function around the time" to try to see if it was what we
13 would think would be a true concussion. When we look at
14 defining concussions, even mild degrees of concussions have
15 a degree of neurologic impairment that would involve an
16 alteration in consciousness.

17 Q Was there anything in the context of the history
18 he related to you or the findings that reflected to you he
19 had I don't know if it's fair to say anything that rises to
20 the significance of a concussion, or what -- how would you
21 characterize the degree or lack of degree of any
22 significant manifestation of head injury?

23 A In the history I obtained he had mentioned
24 really no alteration in cognitive or clear knowledge of
25 function at the time and noted predominantly focal pain at

1 the site of the trauma. He was able to go and get, you
2 know, on-site medical attention without any -- any clear
3 documentation of a concussive event.

4 Q And you're aware that he continued to work at
5 that time?

6 A Yeah. He continued working at that time.

7 Q Okay. In light of that degree or lack of
8 degree, if you will, whichever way you prefer to
9 characterize it, of a blow to the head, when would you have
10 expected the work-related symptoms to likely have resolved?

11 A I mean, that's a variable issue with -- with,
12 you know, any degree of head injury, concussion or not,
13 but, typically, the majority of people who have even light
14 degrees of head trauma improve within the first, you know,
15 month, usually within a matter of weeks, but based on -- on
16 presenting symptoms, it can change, though.

17 Q Okay. Mr. Jenkins had an MRI of the brain on
18 October 3rd of 2013 and he saw Dr. Abu-Ata on October 23rd
19 of 2013 and then Dr. Jervy on November 19th of 2013. He
20 subsequently failed to show for an appointment on December
21 26th with Dr. Abu-Ata. He cancelled an appointment with
22 Dr. Abu-Ata on January 23rd of 2014. Would it be likely
23 that he would have been expected to have reached maximum
24 medical improvement by his October 23rd, '13 visit with
25 Dr. Abu-Ata after he'd had the MRI scan of his brain?

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1 A I mean, it's likely but difficult to comment on,
2 given that I wasn't, you know, able to evaluate him at that
3 time to determine what degree of symptoms he had or what
4 examination findings, but I think within that time frame it
5 would be most likely that he would be expected to improve.

6 Q That would have been a little more than eight
7 months in that -- most of the time it would have been
8 likely to have resolved anything related to the work
9 injury. Is that fair to say?

10 A Yes. The majority of cases would have resolved
11 in that time frame.

12 Q Did you find any indication of any permanent
13 impairment to his brain as a result of his work injury?

14 A I did not document any abnormalities on my exam
15 that would indicate he had a permanent injury to his brain.

16 Q Okay. You comment about some physical
17 restrictions in your report. Are those based solely on his
18 subjective complaints at the time?

19 A On questioning about his level of function and
20 attempts to return to work, he had mentioned an increasing
21 discomfort and difficulty with returning to work, and so,
22 yes, those were subjective.

23 Q Okay. Anything from your objective findings
24 that would have caused you or that would cause you to put
25 any type of physical restrictions from him purely as a

1 and at that time, did you identify any symptoms, at the
2 time of your examination, that you felt were related to his
3 work incident then?

4 A Symptoms?

5 Q Yes, or conditions.

6 A Well, the most consistent, you know, complaint
7 he had had had been his headache which, you know, had the
8 onset around the time, but at the time of my evaluation the
9 frequency had ultimately increased dramatically over time
10 which, in my mind, made it less likely to be from the
11 trauma that occurred in February of 2013.

12 The other complaints that he presented with
13 seemed to have an onset in the time frame after the episode
14 on February 10th, consisting of the lightheadedness, the
15 dizziness, the right leg weakness, the near-syncopal
16 episodes, and the chest pain which didn't occur, based on
17 my history and the review of the records, 'til several
18 months after the head injury in February.

19 Q Maybe another way of asking it, was it your
20 opinion that at the time you saw him that any of the
21 symptoms he presented with then were caused by his work
22 incident?

23 A At that time I didn't feel that his symptoms
24 were consistent with those from his injury in February of
25 2013.

1 result of his objective condition?

2 A No.

3 Q And the subjective -- I think you've already
4 answered this earlier, but the subjective symptoms that he
5 was complaining to you of at that time you didn't feel were
6 any longer related to his work injury; is that correct?

7 A Correct.

8 Q So the physical restrictions that you imposed on
9 him at that time were not because of his work injury. They
10 were because of his subjective symptoms at that time?

11 A Correct.

12 Q Would you assign any physical restrictions as a
13 result of his work injury?

14 A I did not find anything that would result in the
15 application of restrictions.

16 Q Okay. Discussion briefly in your report of some
17 medications, and I think you talk about them as being
18 preventive. Tell me what you mean by that.

19 A So for chronic daily headache which is, you
20 know, not an infrequent occurrence with people having
21 headaches to occur on a daily basis, you have really two
22 options in treating. You have what we call preventative
23 therapy, and these are medications that we give on a daily
24 basis to try to prevent headache, and you have abortive
25 therapy. These are medications we give to try to make a

1 headache go away when it occurs.

2 Q Any of the medication that you talk about in
3 your report at that time -- strike that. Let me rephrase
4 that.

5 The medications you're talking about in
6 your report at that time are not medications that you
7 recommended in any manner because of his work injury,
8 correct? You recommended those just because of symptoms
9 that he's having then?

10 A Correct. I mean -- correct. The treatment of
11 his chronic headache was attempted with, you know, drugs
12 like propranolol and Neurontin. I had mentioned other
13 drugs that are commonly used for the treatment of chronic
14 daily headache.

15 Q Those would be for headaches at that time that,
16 in your opinion, were not related to his work injury?

17 A Yes.

18 Q And do you -- do you recommend any other
19 treatment at all? I didn't think there was any that I saw
20 in your report.

21 A That was the only discussion I had was regarding
22 treatment of the daily headache.

23 Q Okay. As a result of any of your evaluation,
24 did you see any need for a referral to any other specialist
25 for conditions that you felt would have been because of his

1 work injury?

2 A I did not recommend any additional referrals
3 based on the history and the examination that I saw.

4 Q Okay. Anything in your examination that
5 reflected to you that he needed to see an ophthalmologist
6 because of his work injury?

7 A No.

8 Q Anything that you saw in your evaluation that
9 reflected he needed to see a psychiatrist because of his
10 work injury?

11 A No, but I don't think that I completed a
12 complete psychiatric evaluation at the time, but those
13 issues did not come up in the course of the evaluation.

14 Q Had you seen something during the course of that
15 you -- whether it was work related or not, was it likely
16 you would have commented on --

17 A Yes.

18 Q -- something? Anything as part of your
19 evaluation that indicated to you a need for him to undergo
20 any neuropsychological testing because of his work injury?

21 A We did not review any symptoms that would
22 require that intervention. That, typically, would be done
23 for persistent memory loss, behavioral changes, and that --
24 those were not identified during my evaluation.

25 Q Anything from your evaluation that would have

1 indicated a need for him to see a spine surgeon for his
2 neck or legs because of his work injury?

3 A Well, it was identified that he had a degree of
4 impairment within the cervical spine, but the symptoms
5 related -- relayed to me at that time were not indicative
6 of a cervical spine impairment, and that was not
7 recommended.

8 Q Okay. And the studies that were done on the
9 cervical spine, would it be fair to describe those as
10 chronic as opposed to acute, at least with --

11 A I wouldn't be able to time frame the --

12 Q Okay.

13 A -- the findings on the MRI. That would be more
14 of a radiology question.

15 Q Nerve conduction studies and EMG exam didn't
16 reflect any type of radiculopathy, did they?

17 A No. I believe that the nerve conduction and EMG
18 examined both lower extremities and did not find evidence
19 for neuropathy or lumbar radiculopathy but did not evaluate
20 the potential for cervical radiculopathy.

21 Q Okay. And lastly, Dr. Stickler, again, I would
22 ask you to confirm that the opinions and responses you've
23 given have all been stated within a reasonable degree of
24 medical certainty; is that correct?

25 A They are.

Q No further questions. Thank you, sir.

A Okay.

(The deposition concluded at 4:00 p.m.)

* * *

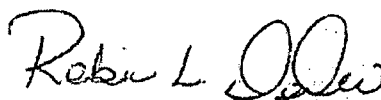
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1 STATE OF SOUTH CAROLINA)
2 COUNTY OF CHARLESTON : C-E-R-T-I-F-I-C-A-T-E
3)

4 I, Robin L. Dotter, Professional Court Reporter
5 and Notary Public, certify that I did have DAVID STICKLER,
6 M. D. to appear before me at 2:35 p.m. on Wednesday, the
7 14th day of January, 2015, in the offices of Neurology
8 Specialists of SC, 2695 Elms Plantation Boulevard, North
9 Charleston, South Carolina; that the witness was duly sworn
10 and cautioned to tell the truth, the whole truth, and
11 nothing but the truth; that the foregoing pages constitute
12 a true and accurate transcript of his testimony given at
13 that time and place.

14 I further certify that I am not of counsel or kin
15 to any of the parties to this cause of action, nor am I
16 interested in any manner in its outcome.

17 IN WITNESS WHEREOF I have hereunto set my hand
18 and seal this 27th day of January, 2015.
19

20 
21

22 Court Reporter for South Carolina.
23 My commission expires October 24, 2023.
24
25

ROBIN L. DOTTER, COURT REPORTER (843) 971-5867

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM.DEDC, LLC,

Employer,

AND

INSURANCE COMPANY OF THE STATE OF
PENNSYLVANIA c/o SEDGWICK CLAIMS
MANAGEMENT SERVICES, INC.,

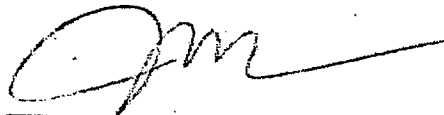
Carrier,

Defendants.

**NOTICE OF DEPOSITION
OF
MAHMOUD MUSTAFA ABU-ATA, M.D.**

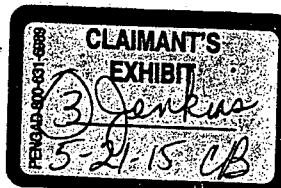
TO: CLARENCE JENKINS, PRO SE CLAIMANT:

PLEASE TAKE NOTICE that the oral deposition of Mahmoud Mustafa Abu-Ata, M.D. in the above-captioned action, will be taken pursuant to Section 42-3-160 of the South Carolina Code of Laws, 1976, before a Notary Public for South Carolina, or before some other officer authorized by law to take depositions on **Monday the 10th day of November, 2014, at 2:30 p.m.** and from day to day thereafter until the taking of the deposition is adjourned, at the offices of Mahmoud Mustafa Abu-Ata, 2850 Pelham Court Orangeburg, South Carolina 29118. You are hereby notified of the time and place, and you are further invited to attend and participate. This deposition is being taken for the purpose of discovery, for use at trial and for all other purposes as are permitted under the rules of the Commission and all applicable statutes and laws.



J. Russell Goudelock, II
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

September 19, 2014
Columbia, South Carolina



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Claimant's Name: Clarence Jenkins Jr SSN: _____ Employer's Name: Amazon DEDC LLC
Address: _____ Address: 7200 Discovery Lane
City: Neeses State: SC Zip: 29107 City: Chattanooga State: TN Zip: 37421
Home Phone: _____ Work Phone: NA Insurance Carrier: Insurance Company of the State of Pennsylvania
Preparer's Name: Clarence Jenkins Jr Law Firm: NA Preparer's Phone #: 8032634514

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 2/10/2013 (m/d/yyyy)

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

1. How did Commissioner Michael Campbell II made an egregious error per R-67-611 by not allowing claimant to enter pertinent documents regarding medical records stating a pre-hearing brief was needed which is incorrect pertaining to law see exhibit -1 the law R-67-611.
2. How did SC Worker's Compensation Commission allowed Amazon and Sedgwick to states no disability compensation was paid which is a distortion due to benefits by Libert Mutual from 5/2013 to 11/2013, see paystubs exhibit-2
3. How did SC Worker's Compensation allowed Amazon and Sedgwick to states no disability compensation was paid which is a distortion due to benefits by Aetna Insurance from 7/2014 to 01/2015 see paystubs exhibit-3
4. How did SC Worker's Compensation allowed Amazon and Sedgwick to states no disability compensation was ever paid which is a distortion due to benefits by Amazon 02/2014 to 03/2014. see paystubs exhibit-4
5. Why SC Worker's Compensation Commission did not recogized my disability under SC Law Code 42-1-120 when Amazon and Sedgwick did. see SC Law Code exhibit-5 42-1-120.
6. Why did SC Worker's Compensation allowed Amazon and Sedgwick to states that no further medical treatment was provided when Nurse Kelly Wells sent a reminder a letter confirming 6/20/2014 appointment with Dr. Atta. See letter exhibit-6

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

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SC Worker's Compensation Commission
address PO Box 1715 Columbia, SC 29202-1715 on the _____ day of August 2015
by first class postage certified mail personal service.

Clarence Jenkins Jr
Preparer's Signature

Claimant
Title

upscale81@yahoo.com
Email

P-25-2015
Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

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APPEAL ATTACHMENT

7. Why did SC Worker's Compensation allowed Amazon and Sedgwick to states no further treatment was provided past 10/23/2013 when Dr. Atta medical records confirmed verification of other office visit for 2014. See medical records exhibit-7
8. Why did Amazon and Sedgwick states claimant drew unemployment benefits from 2007 to 2012 which is another distortion. See claimant unemployment benefit records that exhausted March, 2010 exhibit-8
9. Why did SCWCC allowed Amazon and Sedgwick to states no further treatment is needed or permanent disability when Dr. Atta (assigned worker's doctor) provided certification to Aon Hewitt (Amazon Administrators) that symptoms was chronic and date for returning to normal work duty as unknown dated 3/5/2014. See medical certification for Aon Hewitt exhibit-9
10. Why did Amazon and Sedgwick terminated temporary disability benefits without filing a form 17 which is required by SCWCC under R-67-505 (E). See R-67-505 (E) exhibit-10
11. Why did SCWCC allowed Amazon and Sedgwick to prevent entrance to plant by Michelle Doyle of Amazon Human Resources in 2/2014 because of work restrictions from Dr. Atta and did not provide total compensation for the entire leave of absence from work. See email letter from Michelle Doyle (Amazon HR) exhibit-11
12. Why did SCWCC allowed Amazon and Sedgwick to send notification of deposition to Dr. Atta (assigned worker's comp doctor) on 9/19/2014 but never actually completed. see notification of deposition exhibit-12
13. Why SCWCC Commissioner Campbell II egregious error of R-67-611 denied claimant an opportunity to provide additional supplemental medical information from Dr. Atta (assigned worker comp doctor) sent to Cuna Mutual regarding medical symptoms. see certification form dated 3/5/2014 exhibit-13
14. Why did SCWCC allowed Amazon and Sedgwick to distort claimant office visits with Dr. Atta (assigned worker doctor) stating a missed 12/23/2013 appointment when there was never an appointment scheduled for 12/23/2013 but 12/24/2013. see appointment. letter from Dr. Atta exhibit-14

15. Why did SCWCC allowed Amazon and Sedgwick to state unauthorized medical care when an introduction letter from Sedgwick providing instructions to give claim number to your physician's office on all medical bills and records where it did not say as assigned by Amazon and Sedgwick. See letter dated 2/15/2013 exhibit-15
16. Why did SCWCC allowed Amazon and Sedgwick to present facebook account activity which was not part of their pre-hearing brief (APA). See defendant's own legal brief.
17. Why did SCWCC allowed Amazon and Sedgwick to present twitter account activity which was not part of their pre-hearing brief (APA). See defendant's own legal brief.
18. Why did SCWCC allowed Amazon Amazon and Sedgwick to present false records and distorted statements regarding former Norway Chief Of Police (james 'jim' preacher) who was a tyrant that was not part of their pre-hearing legal brief (APA). See defendant's own legal brief.
19. Why did Comm. Michael Campbell II egregious error of R-67-611 by denying the opportunity to present an eyewitness account (Regina Mohammed) of claimant condition and events from 2/10/2013. see letter exhibit-~~20~~ 19
20. Why did SCWCC allowed Atty. Goudelock for Amazon and Sedgwick to state in a email letter dated 4/24/2014 that I will not be receiving worker's compensation benefits knowing that access to work facility was being denied by Amazon HR because work restrictions from Dr. Atta. See letter exhibit-20
21. Why did SCWCC allowed Amazon and Sedgwick to submit false and distorted reports from Dr. Jervey and Dr. Stickler stating there was no weakness reported soon after incident when visiting Palmetto Health Work it is indicated on summary report from Dr. Brian Hurley on 2/14/2013. see Dr. Brian Hurley report exhibit-21
22. Why did SCWCC allowed Amazon and Sedgwick to submit false and distorted reports from Dr. Jervey and Dr. Stickler stating there was no weakness reported soon after incident when visiting Palmetto Health Work it is indicated on summary report from Dr. Margaret Mckecknie on 4/15/2013. See report exhibit-22
23. Why did SCWCC allowed Amazon and Sedgwick to present only two office visit with Dr. Atta (assigned worker doctor) when there was total of five visits. See medical office visit exhibit-23
24. Why did SCWCC allowed Amazon and Sedgwick to states no further medical treatment is needed and maximum medical improvement has been reached which is another false and distorted statement because Dr. Atta (assigned worker doctor) made additional referrals that was needed because of symptoms. see medical referrals exhibits-24

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25. Why did SCWCC allowed Amazon and Sedgwick to state that claimant has worked normal duties since returning from work injury which is a false and distorted statement. I have never performed normal duty since work injury. See work restrictions exhibit-25

26. Comm. Michael Campbell II instructions dated May 26, 2015 informed defendants to draft order consistent with facts to ruling which may include additional information. The order also stated to not address credibility, unless it has been addressed in the preceding Order Notes. SCWCC is to seek the truth and render justice therefore only credibility can be achieve that. By Comm. Campbell II instructions regarding his decision was not based on credibility but something else other facts. See Comm. Campbell II Instructions see exhibit-26

27. Claimant stated before Comm. Campbell II that this hearing was bias and being unfair. Comm. Campbell showed prejudice towards Amazon against claimant because he did not apply the same standards with regards to pertinent documentations to properly defend case. Refer to hearing transcript and see exhibit R-67-611.

28. According to Amazon own written verification knew that I was approved for short-term disability from 1/20/2014 to 3/7/2014 and did receive compensation for those times. see Amazon Claim Status dated February 24, 2014 exhibit-28

29. According to Amazon own written verification, short-term disability was terminated on 3/8/2014 with a decision date of 6/18/2014 which is not in compliance with R-67-506 (F) which states a form 17 and form 21 must be submitted to SCWCC and form 21 must be served on claimant which did not happen. see Amazon Claim Status dated August 11, 2014 exhibit-29

30. Why did SCWCC allowed Amazon and Sedgwick to violate R-67-510. see law exhibit-30

31. Why did SCWCC allowed Amazon and Sedgwick to distort medical records from Norfield Medical Center. It was Md.Sharon Eden that made the determination of a concussion in April, 2013 and immediately took me out of work and referred to a neurologist at Orangeburg Neurology and Pain Clinic. Amazon and Sedgwick accepted Dr. Eden findings therefore was on a leave of absence from 4/2013 to 8/2013. Dr. Eden also provided work restrictions for claimant upon returning back to work which was accepted by Amazon and Sedgwick. Dr. Eden completed an Amazon Certification Of Health Care Provider Form stating chronic condition requiring treatment up to two years. The form also stated chronic headaches due to post concussion syndrome and dizziness dated 9/10/2013. I was provided short-term and long-term disability payments by Liberty Mutual from 5/2013 to 11/2013.

✓

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I was seen by Dr. Tomarchio continued me on work restrictions due to concussion symptoms on 1/16/2014 to avoid environments with loud noises and bright lights. I saw Dr. Gonzalez on 1/15/2015 and 1/27/2015 and her findings with aftermath of TBI. Would be very difficult to create set of symptoms exhibited by patient without true injury. see medical records from Norfield Medical Center regarding Dr. Eden, Dr. Tomarchio and Dr. Gonzalez exhibit-31

32. Comm. Campbell II did not fully comprehend the TBI under SC Law Code 42-9-10 due to an error of R-67-611, see exhibit-32

33. Comm Michael Campbell II egregious error of R-67-611 prevented the aforementioned documents from being presented on May 21, 2015 as claimant was self representation. refer to May 21, 2015 transcript

34. Claimant provided Amazon and Sedgwick status updates on medical condition and symptoms which was not allowed by Comm. Campbell. see emails exhibit-34

~~34. Why SCWCC did not file a complaint with SC Attorney General Insurance Fraud Division due to being informed of Amazon and Sedgwick intentional deception.~~ *CP 8-25-15*

35. Why did SCWCC allowed Amazon and Sedgwick to distort medical claimant records on purpose because defendants had subpoena documentations from all health care providers. see subpoenas already submitted at May 21, 2015 hearing.

Submitted by,

Clarence Jenkins Jr
Clarence Jenkins Jr

8-25-2015

APPEAL ATTACHMENT B

36. How do Amazon and Sedgwick provide me with a request medical information letter dated 8/14/2013 provisionally placing me off work for a period of time due to injury and work restrictions. which was provided by Dr. Eden. Exhibit-36
37. How can Amazon and Sedgwick provide a transitional work assignment dated 8/20/2013 with work restrictions. Exhibit-37
38. How can SCWCC allowed Amazon and Sedgwick to omit and not include medical records of Md. Sharon Eden when there is communications provided stating specifically that I was to remain off work until Dr. Eden returns and provide clarifications regarding restrictions. Exhibit-38.

Submitted by,



Clarence Jenkins Jr

8-25-2015



Claimant's Name: Clarence B. Jenkins SSN: _____
Address: _____
Home Phone: _____ Work Phone: (803) 791-6542
Preparer's Name: J. Russell Goudelock, II

Employer's Name: Amazon.com DEDC, LLC [CAE1]
Address: 7200 Discovery Drive, Chattanooga, TN 37421
Carrier: Insurance Company of the State of Pennsylvania
Preparer's Phone #: (803) 227-2222

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$326.08 2. AWW: \$489.09 Date of Injury: 02/10/13
3. Type of injury and body part(s): ALLEGED headaches, eyes, neck, legs and feet.
4. Facts in controversy: Did Claimant sustain any compensable injury(ies) by accident arising out of and in the course of his employment to the extent alleged in Form 50? Has Claimant been incapable because of injury from earning the same or similar wages? Is Claimant entitled to payment of any temporary total disability benefits (Form 50 seeks payment dates 04/22/13-09/23/13 and 01/22/14 to present)? Is Claimant entitled to payment of any permanent disability benefits (Form 50 seeks General Disability)? Is Claimant entitled to any additional medical treatment and/or medical evaluation?
5. Legal issues involved: S.C. Code Ann. Sections 42-1-120, 42-1-160, 42-9-10, and 42-15-60; other applicable statutes, regulations and case law.
6. Unusual aspects: Defendants have furnished Claimant with appropriate medical treatment and/or evaluation to the extent potentially caused by work injury. Claimant's current medical condition, if any, is not because of any compensable work injury. Defendants reserve the right, and may move, to postpone or adjourn the scheduled hearing to exercise due process rights afforded by the S.C. Administrative Procedures Act, and other applicable law, to cross-examine, respond to and/or otherwise oppose evidence presented by Claimant.
7. Witnesses (designate if expert):* Claimant; Michael Sarnina; Kelley Wells, RN; Alicia Keisler and/or other representative(s) from Employer; see no. 6 above.
8. Exhibits: Relevant employment personnel records from Amazon; transcript of Claimant's deposition testimony (June 17, 2013); relevant employment personnel records from Voorhees College [submitted pursuant to APA]; relevant unemployment compensation records from S.C. Dept. of Employment and Workforce [submitted pursuant to APA]; extensive emails, in whole or in part, from Claimant to Defendants may be submitted; see no. 6 above.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Defendants' Notice (May 11, 2015); transcript of deposition testimony of David E. Stickler, M.D. (January 15, 2015); see no. 6 above.
10. Name, address, and specialty, if any, of the treating physician: Palmetto Health HealthWorks, Columbia, SC, occupational medicine.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: Defendants join in Claimant's request for hearing and seek determinations that Claimant has reached maximum medical improvement and no further medical benefits or any temporary or permanent disability compensation benefits are owed to the Claimant.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-4803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarence B. Jenkins

address 945 Wire Road, Neeses, South Carolina 29107

by ☐ first class postage ☒ certified mail ☒ personal service.

on the 11th **day of** May 20 15

Signature: _____

Date of Hearing: May 21, 2015

Email: rgoudelock@mgclaw.com

Time needed for hearing: 1.5 hours

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1303989

CLARENCE B. JENKINS,

Employee,

Claimant,

vs.

AMAZON.COM.DEDC, LLC,

Employer,

AND

INSURANCE COMPANY OF THE STATE
OF PENNSYLVANIA C/O SEDGWICK
CLAIMS MANAGEMENT SERVICES,
INC.,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARENCE B. JENKINS, *PRO SE* CLAIMANT:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

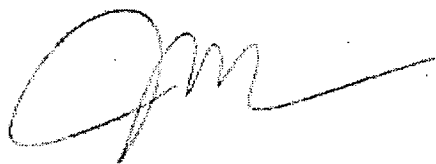
APA#	DOCTOR	PRACTICE	DATES	PAGES
1.	David Stickler, M.D.	Neurology Specialists of Charleston	8/28/14	1-3
2.	Mahmoud Abu-Ata, M.D.	The Neurology and Pain Clinic	8/26/13-2/21/14	4-13
3.	Charles S. Jervy, M.D.	Carolina Neurological Clinic	11/19/13	14-15
4.		Palmetto Health Richland	4/15/13-8/9/13	16-26
5.		Palmetto Health HealthWorks	2/14/13-4/15/13	27-48
6.		AmCare	2/10/13	49-53
EXHIBITS				

7.	Portions of employment personnel records from Vorhees College	10/16/99-10/14/09	54-101
8.	Portions of SC Dept. of Employment Workforce records, including relevant excerpts from SCDEW Hearing Transcript dated 2/5/2007	12/13/06-12/12/11	102-218
9.	Deposition transcript of David Stickler, M.D.	01/15/15	

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Claimant; Michael Sarnina; Kelley Wells, RN; Alicia Keisler and/or other representative(s) from Employer.



J. RUSSELL GOUDELOCK, II
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina
May 11, 2015



Claimant's Name: Clarence B. Jenkins SSN _____ Employer's Name: Amazon.Com DEDC, LLC
Address _____ Address: 7200 Discovery Drive, Chattanooga, TN 37421
Home Phone: _____ Work Phone # _____
Date of Injury: 2/10/13 Insurance Carrier: Insurance Company of the State of Pa.
Preparer's Name: J. Russell Goudelock, II Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2222

Date of Injury or Illness: 2/10/13 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit that Claimant struck his head. Defendants deny that Claimant sustained injury entitling him to compensation. Defendants deny that Claimant's accident affected his eyes, neck, leg and/or feet.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See No. 1 above.
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: See No. 1 above.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☒ **needs** ☒ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: See No. 1 above. Defendants have furnished Claimant with appropriate medical care. Claimant has reached maximum medical improvement. Claimant's condition(s) and symptom(s) existing at this time, if any, are not because of injury, are not disabling and any further medical treatment will not tend to lessen any period of disability.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: See Nos. 1 and 6 above. Claimant has not been incapable because of injury from earning the same or similar wages.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: See Nos. 1, 6 and 7 above. Claimant has sustained no permanent disability.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 489.09 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Defendants join in Claimant's request for hearing and seek adjudication and determination by the Workers' Compensation Commission that Claimant has reached maximum medical improvement and no further medical benefits and/or disability compensation benefits are owed to Claimant.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67.1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

Preparer's Signature

Attorney for Employer/Carrier rgoudelock@mgclaw.com
Title _____ Email _____

April 2, 2015
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



Carrier File #: 30130262778
Carrier Code #:
Employer FEIN #:
393
2-19

Claimant's Name: Clarence B. Jenkins Jr SSN:

Employer's Name: Amazon.com, d/b/a, LLC

Address:

Address: 7200 Discovery Drive

City: Neeses State: SC Zip: 29107

City: Chattanooga State: TN Zip: 37421

Home Phone: Work Phone: 803/791-6542

Insurance Carrier: Injury company, state of Pennsylvania
c/o Sedgwick Management Services

Preparer's Name: Clarence B. Jenkins Jr Law Firm: NA

Preparer's Phone #: 803/243-4514

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

Date of Injury or Illness: 2-10-2013

- ☐ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to head part(s) of Body Injured) on 2-10-13 (Month/Day/Year) in Chattanooga county, state of SC.
2. Body part(s) affected are: head, eyes, neck, legs and feet.
Briefly describe how the accident occurred: Bending over to pick an item and hit forehead on metal table
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury: yes
4. The relationship of employer and employee existed at the time of injury: yes
5. At the time of the injury, the claimant was performing services arising out of and in the course of employment: yes
6. Notice of the accidental injury was given to the Employer on 2-10-13 (Month/Day/Year) in the following manner: Reported to supervisor Mike Semina who took me to a care for treatment and filed a report.

Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for:

☒ (b) additional medical examination and treatment for headaches, eyes, neck, arm, legs, feet because of nerve damage

Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

4-22-2013 to 9-23-2013 and 01-22-2014 to present

Due to the injury, the claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

10. Due to the injury, the claimant has a serious bodily disfigurement consisting of:

A bulging disc in several locations in neck and spine that has caused nerve damage

10a. At the time of the injury, the claimant was paid weekly wages of \$600, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:

Amazon 4400 12th West Columbia SC 29172

11. Further grounds or unusual aspects of claim: Amazon and Sedgwick has refused to allow medical treatments as recommended by Dr. Otto and others - See Attachment

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:

Dr. Otto, Orangeburg, SC / Dr. Eden, Norway, SC / Dr. Tomarchio, Norway, SC - See Attachment

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. ☒ I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 2 hours

13b. ☐ I am requesting a hearing. A \$25 fee is required.

Mediation

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

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

Verify I have served this document pursuant to Reg. 67-211 by delivering a copy to SeWorther's Compensation Commission
at P.O. Box 1715 Columbia, SC 29202-1715 on the 25th day of 2 2015 by ☒ first class postage ☐ certified mail ☐ personal service.

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

Signature: Clarence B. Jenkins Jr Title: Plaintiff Upscale 810@yahoo.com 2-25-2015
Date:

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-212 through 67-215 as well as Reg. 67-1801.

WC Form # 50
Revised 7/13

50

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

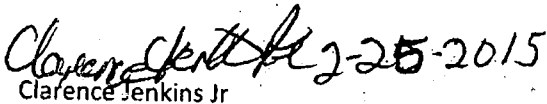
195

Attachment
Additional Comments

Question 11: Amazon and Sedgwick recently subpoena records from unauthorized medical visits as of 2/2015 even though they have went before SC Worker's Compensation Commission on two occasion to address this. SC Worker's Commission agreed with Amazon and Sedgwick regarding unauthorized therefore has allowed them to not accept responsibility and I was denied mileage. By Amazon and Sedgwick subpoena unauthorized medical records after SC Worker's Compensation Commission ruled in their favor in 2014 should now therefore be made to accept responsibility by both parties. SC Worker's Commission previous rulings exempted Amazon and Sedgwick from recognizing unauthorized medical visits and their continuing efforts to obtain records therefore nullify prior orders. Under SC Codes of Laws 42-9-10 states weekly payments shall be made weekly to a person injured on the job when they are unable to work with additional comments.

Question 12: Dr. Paysinger, Columbia, SC/Dr. Stickler, Charleston, SC/Dr. Jervey, Charleston, SC/Dr. Tonia Gantt, Norway, SC and NP Dr. Gonzalez, Norway, SC

Submitted by,

 2-25-2015
Clarence Jenkins Jr

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov



WCC File #: 1303989
Carrier File #: 30130262998
Carrier Code #:
Employer FEIN #:

Claimant's Name: Clarence B. Jenkins SSN _____ Employer's Name: Amazon.Com DEDC, LLC
Address _____ Address: 7200 Discovery Drive, Chattanooga, TN 37421
Home Phone: _____ Work Phone #: (803) 791-6542
Date of Injury: 2/10/13 Insurance Carrier: Insurance Co. of the State of Pa.
Preparer's Name: J. Russell Goudelock, II Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2222

Date of Injury or Illness: 2/10/13 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

- It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit that claimant struck his head. Defendants deny that claimant sustained injury entitling him to compensation. Defendants deny the claimant's accident affected his eyes, ears, neck, leg and/or foot.
- It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See no. 1 above.
- It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See no. 1 above.
- It is ☒ Admitted ☐ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See no. 1 above.
- It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are: See no. 1 above.
- It is ☐ Admitted ☒ Denied the employee ☒ needs ☒ is entitled to additional medical care as a result of injury or illness. The reasons for denial are: See no. 1 above. Defendants have furnished claimant with appropriate medical care. Claimant has reached maximum medical improvement. Claimant's condition(s) and symptom(s) existing at this time, if any, are not because of injury, are not disabling and any further medical treatment will not tend to lessen any period of disability.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: See nos. 1 and 6 above. Claimant has not been Incapable because of injury from earning the same or similar wages.
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: See nos. 1, 6 and 7 above. Claimant has sustained no permanent disability.
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$489.09 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: Defendants join in claimant's request for hearing and seek adjudication and determinations by the Workers' Compensation Commission at that time that claimant has reached maximum medical improvement and no further medical benefits and/or disability compensation benefits are owed to claimant.

☒ Mediation

- ☒ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67.1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

Preparer's Signature

Attorney for Employer/Carrier rgoudelock@mcclaw.com
Title Email

October 23, 2014
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 7/13

3rd AMENDED

51

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Employer's Answer to Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov



WCC File #: 1303989
Carrier File #: 30130262998
Carrier Code #:
Employer FEIN #:

Claimant's Name: Clarence B. Jenkins SSN _____ Employer's Name: Amazon.Com DEDC, LLC
Address: _____ Address: 7200 Discovery Drive, Chattanooga, TN 37421
Home Phone: _____ Work Phone #: (803) 791-6542
Date of Injury: 2/10/13 Insurance Carrier: Insurance Co. of the State of Pa.
Preparer's Name: J. Russell Goudelock, II Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2222
Date of Injury or Illness: 2/10/13 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit that claimant struck his head. Defendants deny that claimant sustained injury entitling him to compensation. Defendants deny the claimant's accident affected his eyes, ears, neck, leg and/or foot.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See no. 1 above.
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: See no. 1 above.
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See no. 1 above.
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: See no. 1 above.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☒ **needs** ☒ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: See no. 1 above. Defendants have furnished claimant with appropriate medical care. Claimant has reached maximum medical improvement. Claimant's condition(s) and symptom(s) existing at this time, if any, are not because of injury, are not disabling and any further medical treatment will not tend to lessen any period of disability.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: See nos. 1 and 6 above. Claimant has not been incapable because of injury from earning the same or similar wages.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: See nos. 1, 6 and 7 above. Claimant has sustained no permanent disability.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$489.09 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Defendants join in claimant's request for hearing and seek adjudication and determinations by the Workers' Compensation Commission at that time that claimant has reached maximum medical improvement and no further medical benefits and/or disability compensation benefits are owed to claimant.

☒ **Mediation**

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

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

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

Preparer's Signature

Attorney for Employer/Carrier rgoudelock@mcclaw.com
Title _____ Email _____

October 17, 2014
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
13 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
3) 737-5723 www.wcc.sc.gov



WCC File #: 1303989
Carrier File #: 30130262998
Carrier Code #:
Employer FEIN #:

Claimant's Name: Clarence Jenkins Jr SSI

Employer's Name: Amazon DeDe, LLC

Address:

Address: 7200 Discovery Drive

City: Aveses

State: SC Zip: 29107

City: Chattanooga

State: TN Zip: 37421

Home Phone:

Work Phone: 803 791-6542

Insurance Carrier: C/O Seaglor, State of Pennsylvania

Preparer's Name: Clarence Jenkins Jr Law Firm: AIA

Preparer's Phone #: 803 263-4514

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

Date of Injury or Illness: 2-10-13

☒ Injury ☒ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Head Part(s) of Body Injured on 2-10-13 Lexington

2. Body part(s) affected are: Head, eyes, ears, leg and foot

Briefly describe how the accident occurred. Hit my head on a metal table as I pick up an item.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. yes

4. The relationship of employer and employee existed at the time of injury. yes

5. At the time of the injury the claimant was performing services arising out of and in the course of employment. yes

6. Notice of the accidental injury was given to the Employer on 2-10-13 (Month/Day/Year) in the following manner: By reporting injury to

Immediate supervisor and filing a written report to on-site medical facility

Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for:

☒ (b) additional medical examination and treatment for Constant headaches, right leg and foot and vision problems

Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

see attachment

Due to the injury, the claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☒ Partial

☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

1. ☒ Determination of permanent disability is premature at this time.

2. Due to the injury, the claimant has a serious bodily disfigurement consisting of:

NO

3a. At the time of the injury, the claimant was paid weekly wages of \$50 and demands accounting of days worked and wages earned as provided by law.

3b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident: Amazon

4400 Pk West Columbia, SC 29172

Further grounds or unusual aspects of claim:

see attachment

4a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Dr. Mohammed

Orangeburg, SC / Dr. Hickley, Charleston, SC / Dr. Eden, Norway, SC

4b. To the best of your knowledge, did you have any prior permanent disability? NO

If yes, describe:

Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

5a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 1 hour

5b. I am requesting a hearing. A \$25 fee is required.

Mediation

☒ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

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

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

If I have served this document pursuant to Reg. 67-211 by delivering a copy to

PO Box 1265 Columbia, SC 29172 on the 10 day of October 2014 by ☐ first class postage ☐ certified mail ☐ personal service.

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

Clarence Jenkins Jr Claimant

Signature

Title

Email

Date

Instructions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-212 through 67-215 as well as Reg. 67-1801.

C Form # 50

Revised 7/13

50

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

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Attachment: SC Worker's Compensation Form 50

8. Have not work since January 21, 2014 because of medical problems and employer not allowing access because medical work restrictions which is supported by written verification.

11. Amazon Legal Representative (Mr. Rusty Goudelock) stated in an email April, 2014 that worker's compensation would not be given to me when the laws of the state of South Carolina has allowed for it due to work related injury and employer admitting to injury. Amazon intended to create a financial hardship by denying worker's compensation and shortterm disability since March 5, 2014 knowing that employer (Amazon) did not allowed me to work because of light duty restrictions by Dr. Mohammed. I sought information for many months from Amazon regarding worker's compensation or shortterm disability and no one would respond which is supported by verification. I have been receiving blank monthly pay stubs since March 5, 2014 sent to my direct deposit account which is supported by written verification. By Amazon finding a doctor (Dr. Stickler) to say I am at maximum medical improvement because Dr. Mohammed who is primary neurologist would not give them a rating in June, 2014 when requested by Nurse Case Manager (Kelly Wells) stating until he receives medical evaluation from neuro surgeon, neuro physician and spine specialist which have not been completed at this time. Dr. Stickler Office would not even confirm that I was ever a patient of his when Aetna Insurance was seeking information per my authorization which is supported by verification. Amazon had previous attempted the same maximum medical improvement outcome with Dr. Jervey (neurologist) from Charleston, SC. I am still in need of additional medical care.

Submitted by,

Clarence Jenkins Jr. October 6, 2014

Clarence Jenkins Jr.



Claimant's Name: Clarence B. Jenkins SSN _____ Employer's Name: Amazon.Com.dedc, LLC
Address _____ Address: 7200 Discovery Drive, Chattanooga, TN 37421
Home Phone: _____ Work Phone # _____
Date of Injury: 2/10/13 Insurance Carrier: Insurance Company State of Pennsylvania
c/o Sedgwick Claims Management Services
Preparer's Name: J. Russell Goudelock, II Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2222

Date of Injury or Illness: 2/10/13 Estimated time for hearing: _____

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit that Claimant sustained a minor injury on the date set forth in the Claimant's Form 50, but deny the extent of the injuries alleged.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: _____
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: _____
6. It is ☐ **Admitted** ☒ **Denied** the employee ☒ **needs** ☒ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: Claimant's current condition is not due to a compensable work-related accident. Claimant has received appropriate medical treatment for any injuries because of his work accident and no further evaluation and/or treatment will tend to lessen any period of alleged disability.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: Claimant is currently working; therefore no temporary total disability benefits are due.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: Premature.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 554.00 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Defendants contend that Claimant is not entitled to reimbursement for mileage as alleged in his Form 50 as the incurred mileage was for unauthorized medical treatment. S.C. Code Ann. Sections 42-1-160, 42-15-60, and other applicable statutes and regulations. Defendant reserve the right to amend the Form 51 pending further investigation.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67.1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

Preparer's Signature

Attorney for Employer/Carrier ellizabeth.render@mqclaw.com
Title _____ Email _____

January 9, 2014
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 1303989
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Clarence Jenkins Jr SSI
Address: _____
City: Neeses State: SC Zip: 29107
Home Phone: _____ Work Phone: 803 791-6542
Preparer's Name: Clarence Jenkins Jr Law Firm: NA
Employer's Name: Amazon
Address: 4400 12th
City: West Columbia State: SC Zip: 29172
Insurance Carrier: Insurance Company of the State of Pennsylvania / CMS
Preparer's Phone #: 803 747-4185

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: 2-10-2013

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to head (Part(s) of Body Injured) on 2-10-13 (Month/Day/Year) in Lexington county, state of SC.
1b. Body part(s) affected are head, eyes, neck and ears.
Briefly describe how the accident occurred: Drop on item between two table, hit my head on a metal stand
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. yes
3. The relationship of employer and employee existed at the time of injury. yes
4. At the time of the injury the claimant was performing services arising out of and in the course of employment. yes
5. Notice of the accidental injury was given to the Employer on 2-10-2013 (Month/Day/Year) in the following manner:
By visiting them on site medical center (conceded) for treatment
☐ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☐ (b) additional medical examination and treatment for: _____
☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Multiple reimbursement
☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$ _____, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:

11a. Further grounds or unusual aspects of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

MD, Dr. Robert H. Anderson, Lexington, SC
Dr. Mohammed Dargatzis, SC

11c. To the best of your knowledge, did you have any prior permanent disability? NA at this time
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

☒ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: _____

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

Clarence Jenkins Jr
Preparer's Signature

Claimant
Title

upstate@sc.gov
Email

11-23-2013
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

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

202

SCWCC
DEC 04 2013
JUDICIAL
DEC 10 2013

November 23, 2013

South Carolina Worker's Compensation Commission
1333 Main Street Suite 500* PO Box 1715
Columbia, SC 29202-1715

WCC File # 1303989
Amazon and Sedgwick

Dear Commission:

I have been unable to get mileage reimbursement for medical providers that provided treatment from events surrounding my injury on 2/10/2013. I have submitted mileage reimbursement since August, 2013 and have not receive payment. I am submitting Walmart Pharmacy records which verifies that Sedgwick (Amazon Worker's Comp) and Amazon has paid for medicine authorize by Dr. Benjamin Paysinger because of an hematoma in my left ear. I have constant complained about problems with my left side of my head along the left ear and neck since the injury on 2/10/2013 which can be verified by recorded documents. Dr Sharon Eden and Dr. Paysinger along with an emergency visit provided medical care for the hematoma.

Amazon wants to deny any legitimate claims to my injury on 2/10/2013 therefore will not accept treatment from this provider (Dr. Paysinger) and others. The pharmacy record from Walmart clearly shows where Sedgwick (Amazon Worker's Comp) paid for medical prescriptions therefore accepted it to be related to my injury on 2/10/2013 as it should be.

I am requesting a hearing to have mileage reimbursement be paid for medical treatment provided Dr. Paysinger and others that has assisted with my recovery efforts which are still needed.

Thanks,


Clarence Jenkins Jr.

11-23-2013

**South Carolina Workers' Compensation
Commission**

1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov



WCC File #: 1303989
Carrier File #: 30130262998
Carrier Code #:
Employer FEIN #:

Claimant's Name: Clarence B. Jenkins SSN _____ Employer's Name: Amazon.Com.dedc, LLC
Address _____ Address: 7200 Discovery Drive
City Orangeburg State SC Zip 29107 City Chattanooga State TN Zip 37421
Home Phone: _____ Work Phone # _____
Date of Injury: 2/10/13 Insurance Carrier: Insurance Company State of Pennsylvania c/o Sedgwick
Preparer's Name: Elizabeth F. Render Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2308

Date of Injury or Illness: 2/10/13 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

1. It is ☒ **Admitted** ☐ **Denied** the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants admit that Claimant sustained an injury on the date set forth in the Claimant's Form 50, but deny the extent of the injuries alleged.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is ☒ **Admitted** ☐ **Denied** at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: _____
5. It is ☒ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are: _____
6. It is ☐ **Admitted** ☒ **Denied** the employee ☐ **needs** ☐ **is entitled to additional** medical care as a result of injury or illness. The reasons for denial are: Claimant's current condition is not due to a compensable work-related accident. Claimant has received appropriate medical treatment for any injuries because of her work and no further evaluation and/or treatment will tend to lessen any period of alleged disability.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: Claimant is not incapable of performing work due to a compensable work-related accident.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: Premature.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$554.00 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
S.C. Code Ann. Sections 42-9-10, 42-15-60, and other applicable statutes and regulations. Defendants reserve the right to amend the Form 51 pending further investigation.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67.1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

Elizabeth F. Render

Attorney for Employer/Carrier elizabeth.render@mgclaw.com
Title _____ Email _____

July 18, 2013
Date

Preparer's Signature

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
WWW.WCC.SC.GOV
REQUEST FOR HEARING



WCC File #: 1303989
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: CLARENCE JENKINS SSN: _____
Address: _____
City: NEESES State: SC Zip: 29107
Home Phone: (803) 263-4515 Work Phone: _____
Preparer's Name: LAKEISHA W. JEFFRIES Law Firm: JEFFRIES LAW FIRM
Employer's Name: AMAZON FULFILLMENT CENTER
Address: 4400 12TH STREET EXTENSION
City: WEST COLUMBIA State: SC Zip: 29172
Insurance Carrier: FCCI INSURANCE COMPANY
Preparer's Phone #: (803) 531 - 6300

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

Date of Injury or Illness: 02/10/2013

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to HEAD, DOUBLE VISION, HEADACHES, and DIZZINESS on FEBRUARY 10, 2013 in RICHLAND county, state of SOUTH CAROLINA.
1b. Body part(s) affected are: HEAD, DOUBLE VISION, HEADACHES, and DIZZINESS.
Briefly describe how the accident occurred: Claimant bent down to pick up a fallen object when he hit his head on metal shelf.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on FEBRUARY 10, 2013 in the following manner:
REPORTED INJURY TO SUPERVISOR.

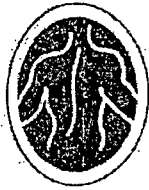
- ☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: HEAD, DOUBLE VISION, HEADACHES and DIZZINESS.
☒ (b) additional medical examination and treatment for: See 6(a)
☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
FEBRUARY 10, 2013- forward
☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☒ (2) Specific Disability: ☒ Total
☐ (3) Wage Loss ☒ Partial
☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
N/A
10a. At the time of the injury, the Claimant was paid weekly wages of \$TBD, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
AMAZON FULFILLMENT CENTER, 4400 12TH STREET, W. COLUMBIA, SC 29172.
11a. Further grounds or unusual aspects of claim:
N/A
11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
PALMETTO HEALTH RICHLAND, 5 RICHLAND MEDICAL PARK DRIVE, COLUMBIA, SC 29203; NORFIELD MEDICAL CENTER, 7061 NORWAY RD., NORTH, SC 29112; PALMETTO HEALTH BAPTIST, 1330 TAYLOR STREET, COLUMBIA, SC 29220.
11c. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 1 Hour

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

L. Jeffries
Preparer's Signature

Attorney ljeffries@jeffrieslawsc.com
Title _____ Email _____

JUNE 24, 2013
Date



Neurology
Specialists of Charleston
www.NeurologyCharleston.com

Neurology Specialists of Charleston
David Stickler, MD
2695 Elms Plantation Blvd - Charleston, SC 29406
Phone: (843) 410-0924
Fax: (843) 818-1145
www.NeurologyCharleston.com

August 28, 2014

Independent Medical Examination

Patient: Clarence Jenkins

DOB:

Date of IME: 08/20/2014

Chief Complaint: Headaches

History: 46 year old male presents for evaluation of headaches status post a work related injury which occurred on 02/10/2013. Patient states that on 02/10/2013, while working at Amazon, he dropped an object on the floor and while bending down to retrieve the object, he struck the right side of his head on a table. Patient denies loss of consciousness, dizziness, memory loss, or laceration initially. Patient was evaluated at the on-site medical clinic for a hematoma and was cleared to return to work. The following day, patient states he began to have a left-sided headache, fatigue, and weakness. Patient states he went to the ER on 02/14/2013 and had a non-contrasted head CT, which, per patient, was normal. Pt was given Toradol for headaches to take PRN. Patient then states that over time he began to experience almost daily headaches. He presents today reporting episodic headaches since shortly after the accident and a constant headache since 2/2014. Patient denies any history of migraine or extreme headaches in the past. Patient states headaches are left frontal and associated with blurred vision, weakness, fatigue, neck pain, photophobia, and phonophobia. Patient denies aura, nausea/vomiting.

In approximately April 2013, patient states he began experiencing dizziness and near-syncopal episodes. Patient reports multiple visits to the ER over the next few months for headaches, dizziness, and near-syncopal episodes, which patient states coincided with hypertension. Patient also states that he developed weakness of the right lower extremity, leg pain at night, and intermittent chest pain.

On 8/26/2013, patient was seen by a neurologist in Orangeburg, SC, Dr. Mahmoud Abu-Ata. Patient had a normal neurological exam and was recommended for an MRI brain and C-spine, as well as NCS/EMG of the bilateral lower extremities. Patient was started on Propranolol, Flexeril, and Meclizine.

Per physician notes, patient missed his following 3 appointments and returned to Dr. Abu-Ata on 02/21/2014, stating that his headache symptoms had persisted, with improved dizziness. Patient was then recommended to continue Propranolol, Flexeril, and start Neurontin. There was an attempt to return to work with light duty at that time.

On 6/20/2014 Patient had a follow-up appointment with Dr Abu-Ata. The physician notes state that patient had discontinued Propranolol and Flexeril, and had started Neurontin with minimal relief. Patient was recommended to restart Propranolol and Flexeril and continue with Neurontin. There was also a concern for medication overuse headaches at that time.



Neurology

Specialists of Charleston
www.NeurologyCharleston.com

Neurology Specialists of Charleston
David Stickler, MD
2695 Elms Plantation Blvd - Charleston, SC 29406
Phone: (843) 410-0924
Fax: (843) 818-1145
www.NeurologyCharleston.com

Mr. Jenkins states that he continues to have frequent, daily headaches with no relief from previous treatments.

Past Medical History: Hypertension

Medications:

Toradol (stopped)
Propranolol (not taking)
Flexeril (intermittent use)
Neurontin
Meclizine (as needed)

Imaging Review:

CT head without contrast: Normal (per patient)

MRI Brain: Normal

MRI Cspine: Mild to moderate right neural foraminal stenosis and mild left neural foraminal stenosis at C6-7 secondary to an asymmetric disc osteophytic bulge to the right with uncovertebral joint hypertrophy. Focal central protrusion at C4-5 causing mild central canal stenosis. Moderate disc degeneration at C5-6 without stenosis. Asymmetric left sided facet arthropathy at the C7-T1 and the T1-2 levels.

NCS/EMG Bilateral Lower Extremities: Normal

Physical Exam: Physical Examination:

General: In no acute distress.

Musculoskeletal: No cervical tenderness. Mild left forehead tenderness.

Mental Status: Fully alert and oriented. Normal fund of knowledge. Normal registration. 3/3 recall. Normal language. Normal crossed response inhibition.

Cranial Nerves: Normal pupils, Normal fundoscopic examination. Normal facial motor strength and sensation. Normal extraocular movements. Normal speech. Normal tongue and palate movements.

Reflexes: 2+ and symmetric throughout

Sensation: Intact to all modality testing in the distal extremities except for hyper esthetic sensation on the distal dorsal and plantar surface of the left foot.

Motor: 5/5 strength in both the upper and lower extremities

Coordination: No tremor. Normal fine motor movements. No ataxia.

Gait: Normal

Assessment/Recommendations:

- Mr. Jenkins sustained an injury to his right **frontotemporal** region on February 10, 2013. There was no loss or alteration of consciousness to support that this was a concussive event.
- It is likely that there was a degree of pain associated with the trauma in the timeframe immediate following the accident. It is within a reasonable degree of medical certainty that Mr. Jenkin's chronic and escalating degree of headaches are not a result of what would be

4-207



Neurology

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Neurology Specialists of Charleston

David Stickler, MD

2695 Elms Plantation Blvd - Charleston, SC 29406

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considered to be a mild degree of head trauma. I feel that it is difficult to attribute the presence of a chronic daily headache (now continuous since 2/2014) to the work-related injury in 2013.

- The additional symptoms including dizziness, leg pain and leg weakness were not present in the timeframe immediately following the injury and there does not appear to be a relationship between these complaints and his head injury.
- The management of chronic daily headaches involves avoidance of analgesic medication overuse and the use medications for preventative management. Both the gabapentin that he is currently taking and the propranolol previously used are forms of preventative management. He has not improved with either of these medications, but it is not clear if he was compliant with the propranolol therapy.
- It is within a reasonable degree of medical certainty that Mr. Jenkins is at maximal medical improvement. Additional preventative therapies including amitriptyline and topiramate could be considered for preventative therapy, but given his history of multiple prior failed treatment attempts, the probability of therapeutic success is probably low. Based on the records, amitriptyline was previously recommended but I do not find documentation that this treatment was attempted. It remains unclear when MMI was reached with the report of a constant headache since February of 2014.
- Mr. Jenkins' level of impairment is directly related to his pain that he reports and the symptom increase he experiences with any increased level of activity. He meets most of the impairment classification for class 3 or moderately severe pain except for the lack of significant pain-related limitation on physical examination. This pain is the basis for his physical limitations. During the examination today there were no limitation in performance of the examination tasks due to pain and he continues to independently maintain his activities of daily living (ADLs). The greatest indicator of his level of restriction would have to be the failed attempts to return to light duty. There are no other objective markers to use in this situation.

Please contact be with any questions

David E. Stickler, MD

Mohammed Alhatou, M.D.

Mahmoud Abu-Ata, M.D.

The Neurology and Pain Clinic

2850 Pelham Court

Orangeburg, SC 29118

803 531-8500

Name: Jenkins, Clarence

Patient ID: 99564

Date of Birth:

Gender:

Male

Date of Exam:

2/21/2014 10:44

AM

Referring Physician: W/C

Examining Physician: Dr. Abu-Ata

Patient History:

Leg pain and parasthesia

Interpretation:

Sensory nerve conduction studies of both lower extremities showed normal bilateral sural and right superficial peroneal responses. Motor nerve conduction studies of both lower extremities showed normal bilateral tibial and peroneal responses. Needle EMG exam of selected muscles of the lower extremities is normal

Conclusions:

This is a normal study. There is no electrophysiological evidence of myopathy, lumbosacral radiculopathy, plexopathy, motor or large sensory fiber neuropathy.

Mohammed Alhatou, M.D.

Mahmoud Abu-Ata, M.D.

DATE: 8/26/13
T. BP: 144/84 P: 74
WT: 155 AGE/RACE/SEX: 45 M HT: 5'10"
new patient
ALLERGIES: NKA

CLARENCE JONES

Headaches
Head trauma @ work

86

10/24/13
T. BP: 144/84 P: 81
WT: 155 AGE/RACE/SEX: 45 M HT: 5'10"
EMT
ALLERGIES: NKA

12-26-13 pt no-showed (BMD)
1/23/14 pt was a cancel today (BMD)

2-20-14 EMT approved for 2-21-14 (H)

2/21/14
T. BP: 144/84 P: 84
WT: 155 AGE/RACE/SEX: 45 M HT: 5'10"
EMT
ALLERGIES: NKA

Dr. Mohammed Alhatou
Dr. Mahmoud Abu-Ata
2850 Pelham Ct.
Orangeburg, SC 29118
Tel: (803) 531-8500
Fax: (803) 533-5585

DATE: October 23, 2013

PATIENT: Clarence Jenkins

MR#:

REASON FOR VISIT: Follow up for headaches

Chief Complaint: Headaches and multiple other complains

HISTORY: Mr. Jenkins is a 45 year old gentleman who is right handed who comes today for NCS/EMG and follow up. He said he still has frequent headaches but not as severe. They are down to every other day or once every 3 days now. They would last few hours occurring mostly in evening. He denies any aura but describes phosphenes, black holes and blurry vision during the headache. His headaches are usually left frontal, dull aching, pressure or throbbing associated with photophobia, phonophobia and odor sensitivity. No relation to coughing, sneezing, straining or changing position. No nausea or vomiting. They are aggravated by bright light, noise and physical activities. He said dizziness and light headedness are better. He still complains of neck pain associated with pain radiating to arms and hands with bilateral hand pain and numbness. He also describes pain and numbness in his legs. He said his memory and concentration are better. He denies any recent vertigo, hearing loss, tinnitus, balance difficulties, falling, lower back pain, bowel or bladder incontinence, upper or lower extremity weakness, double vision, eye pain, eye redness, speech or swallowing problems, seizures, syncope, staring spells, change in taste or smell, hallucinations, delusions, depression, anxiety, suicidal or homicidal ideation.

Review of systems:

- Constitutional: No fever, chills, night sweats or fatigue.
- Eye: No visual disturbances, eye pain, eye discharge, eye burning or double vision
- ENT: No ear pain, decreased hearing, nasal congestion, or sore throat.
- Respiratory: No shortness of breath, cough, sputum, hemoptysis, or wheezes
- Cardiovascular: No chest pain, palpitations, edema, syncope, PND or orthopnea.
- Gastrointestinal: No nausea, vomiting, diarrhea, constipation, heartburn, abdominal pain, melena or hematemesis.
- Genitourinary: No dysuria, hematuria, flank or suprapubic pain, hesitancy or urgency
- Hematological/Lymphatic: No bruising tendency, bleeding tendency, or swollen lymph glands.
- Endocrine: No polyuria, polydipsia, cold or heat intolerance, or excessive hunger.
- Immunologic: No recurrent fevers or recurrent infections.
- Neurological: as per History of presenting illness.
- Psychiatric: as per History of presenting illness.

Past medical history:

-Hypertension

Past surgical history: -Upper GI

Family history: Diabetes, Heart problems, Cancer

Social history: No tobacco, alcohol or drug abuse. Back to work

Medications:

-Propranolol 20 mg bid

-Flexeril 10 mg qhs

Allergies: No known drug allergies.

PHYSICAL EXAMINATION:

-Vital signs: BP - 126/85, heart rate -81. Weight 162 lb, Resp rate 15. General: conscious, alert, and oriented to time, place and person. Not in any distress. Head and neck exam: normocephalic, non-

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traumatic, supple neck, no cranial, vertebral or carotid bruits. No scalp or cervical tenderness. No meningismus or neck stiffness. Negative Kernig and Brudzinski signs. ENT: wet mucus membranes, no erythema, no sore throat, intact tympanic membranes, grossly intact hearing. EYE: Pupils equally reactive to light. No papilledema on fundoscopy. Chest: Clear lungs to auscultation bilateral. Not in respiratory distress. Heart: S1, S2 and S3. Regular rate and rhythm. No murmurs, gallops or rubs. Palpable peripheral pulses. Abdomen: soft, non-tender, positive bowel sounds. No palpable masses. Genitourinary: No costo-vertebral tenderness. No suprapubic tenderness. Musculoskeletal and extremities: No deformities, no spine tenderness. Negative Tinel and Phalen signs. Negative straight leg raising test. Skin: old burn scar left leg. No skin rash. Lymphatic: No palpable enlarged lymph nodes. Psychiatric: appropriate, normal affect, non suicidal. Neurological: fluent speech, intact comprehension, repetition and naming. Memory: intact. Cranial nerves II - XII intact. Normal fundoscopy. Motor: Normal tone and bulk. Good strength in the upper and lower extremities 5/5. Sensation: Intact pinprick, light touch, vibration and position all 4 limbs. Deep Tendon Reflexes: Symmetrical +2 in upper and lower extremities. Babinski: both toes are down-going. Coordination: intact finger-to-nose test, heel-shin test and rapid alternating movements. Gait is steady. Romberg is negative.

MRI Brain: Normal

MRI CSpine: Mild to moderate right neural foraminal stenosis and mild left neural foraminal stenosis at C6-7 secondary to an asymmetric disc osteophytic bulge to the right with uncovertebral joint hypertrophy. Focal central protrusion at C4-5 causing mild central canal stenosis. Moderate disc degeneration at C5-6 without stenosis. Asymmetric left sided facet arthropathy at the C7-T1 and the T1-2 levels.

NCS/EMG upper extremities normal

ASSESSMENT:

-Headaches, description of post traumatic headache, with possible migraine, rebound analgesic headache, hypertension and tension component.

-Post concussion syndrome

-Neck pain

-Cervical degenerative spine disease with mild to moderate right neural foraminal stenosis and mild left neural foraminal stenosis at C6-7 secondary to an asymmetric disc osteophytic bulge to the right with uncovertebral joint hypertrophy. Focal central protrusion at C4-5 causing mild central canal stenosis. Moderate disc degeneration at C5-6 without stenosis. Asymmetric left sided facet arthropathy at the C7-T1 and the T1-2 levels

-Arm and leg pain and parasthesia

-Radicular symptoms

-Head trauma

-Dizziness, better

-Hypertension

PLAN:

-Patient not interested in doing CSF exam for evaluation of headaches.

-I explained to him the results of MRI brain, MRI C spine and NCS/EMG

-Will do NCS/EMG lower extremities next visit for evaluation of leg pain and parasthesia. He said he could not tolerate whole test today

-For preventive treatment of headaches continue propranolol 20 mg bid, later may increase dose as tolerated

-Increase flexeril to 10 mg bid for tension component and neck pain

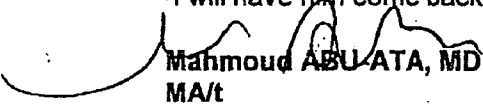
-Start neurontin 300 mg qhs X 1 week then bid X 1 week then tid

-Meclizine 12.5 mg tid prn dizziness

2/2

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Dr. Mahmoud Abu-Ata
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Fax: (803) 533-5585

- He is to keep a headache calendar and regular measurement of BP.
- Neck and back strengthening exercises, vestibular exercises and refer to physical therapy
- He was counseled about weight reduction.
- Refer to spine surgery for evaluation of cervical spine disease
- Avoid heavy weight lifting, frequent bending, pulling, pushing or kneeling
- I explained to patient in details the side effects of medications.
- Patient was counseled about findings, diagnoses, managements and plan.
- I will have him come back for follow up in about 8 weeks.


Mahmoud ABU-ATA, MD
MA/t

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10/3/2013 1:56:51 PM PAGE 2/3 Fax Server



SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging West Columbia
2997 Sunset Boulevard, W. Columbia, SC 29169
p: (803) 936-0223 f: (803) 936-0229

PATIENT: JENKINS, CLARENCE
DOB:
MRN: 942500
PHYSICIAN: MOHAMMED ALHATOU, MD
EXAM DATE: 10/03/2013

EXAM: MR-Brain Without Contrast

REASON FOR EXAM: headaches and neck pain

TECHNIQUE: The following sequences were performed on a GE Signa HD Excite 1.5 Tesla magnet: Multiplanar, multisequence imaging was performed through the brain without the use of intravenous contrast. No priors are available for comparison.

FINDINGS: The ventricles and cisterns are normal in size, shape, and configuration. There is no mass effect or midline shift. There is no contusion. Diffusion weighted imaging is normal.

There are no white matter abnormalities. There are no extra-axial fluid collections or masses. Flow voids are present within the circle of Willis and dural sinuses.

The orbits, pituitary gland, and visualized cervical cord are within normal limits. There is no pineal region cyst.

There is no nasopharyngeal soft tissue mass or paranasal sinus mucosal disease. There is no mastoid effusion.

IMPRESSION: Normal MRI of the brain without gadolinium.

Paul Aitchison, MD

PA/bm

DD: 10/03/2013 10:09 A

DT: 10/03/2013 11:49 A

Accession#: 08-1709903 VS#: 11557593 CS#: 510740

cc:

Electronically Signed and Reviewed by Paul Aitchison, MD 10/03/2013 01:45 P

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SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging West Columbia
2997 Sunset Boulevard, W. Columbia, SC 29169
p: (803) 936-0223 f: (803) 936-0229

PATIENT: JENKINS, CLARENCE
DOB:
MRN: 942500
PHYSICIAN: MOHAMMED ALHATOU, MD
EXAM DATE: 10/03/2013

EXAM: MR-Cervical Spine Without Contrast

REASON FOR EXAM: headaches and neck pain

TECHNIQUE: The following sequences were performed on a GE Signa HD Excite 1.5 Tesla magnet: Sagittal and axial fast spin echo T2, sagittal fast spin echo T1 and STIR, and axial T2* imaging was performed through the cervical spine without the use of intravenous contrast. There are no priors for comparison.

FINDINGS: The prevertebral soft tissue structures are within normal limits. The visualized posterior fossa is without mass. The cervical cord is normal in signal, contour and caliber.

There are mild facet degenerative changes on the left at C2-3 without disc bulge.

There is a small central protrusion at C3-4 with right-sided facet arthropathy but no stenosis.

There is a focal central protrusion at C4-5 just abutting the ventral cord.

There is a diffuse disc-osteophytic bulge at the C6-7 level with asymmetric right-sided uncovertebral joint hypertrophy and mild bilateral facet arthropathy.

The C7-T1 intervertebral disc is normal. There are facet degenerative changes at C7-T1 and T1-2, moderate in severity and predominantly left-sided.

STIR sequences demonstrate no muscle edema or evidence of fracture.

IMPRESSION:

1. Mild to moderate right neural foraminal stenosis and mild left neural foraminal stenosis at C6-7 secondary to an asymmetric disc-osteophytic bulge to the right with uncovertebral joint hypertrophy.
2. Focal central protrusion at C4-5 causing mild central canal stenosis.
3. Moderate disc degeneration at C5-6 without stenosis.
4. Asymmetric ~~left-sided~~ facet arthropathy at the C7-T1 and T1-2 levels.

Paul Aitchison, MD

PA/aep

DD: 10/03/2013 10:20 A

DT: 10/03/2013 12:48 P

Accession#: 08-1709907 VS#: 11557647 CS#: 510899

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DUP
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PATIENT: JENKINS, CLARENCE

DOB:

EXAM: MR-Cervical Spine Without Contrast

EXAM DATE: 10/03/2013

CC:

Electronically Signed and Reviewed by Paul Aitchison, MD 10/03/2013 01:51 P

**Dr. Mohammed Alhatou
Dr. Mahmoud Abu-Ata
2850 Pelham Ct.
Orangeburg, SC 29118
Tel: (803) 531-8500
Fax: (803) 533-5585**

DATE: August 26, 2013
PATIENT: Clarence Jenkins
MR#:

REASON FOR VISIT: Evaluation for headaches

Chief Complaint: Headaches and multiple other complains of 6 months duration

HISTORY: Mr. Jenkins is a 45 year old gentleman who is right handed who comes today for evaluation of headaches. He said he only had minimal brief rare headache in the past up until 2/10/2013 when he hit his head at work. He said he works at a warehouse, he dropped an object at floor between two tables and when he tried to pick it up he hit his head on edge of table. He did not lose consciousness or awareness. No scalp laceration or bleeding but felt dizzy and drowsy and started having a headache later on that evening. He also started feeling dizzy and about to faint later that day in addition to generalized weakness. These symptoms continued for several days and he went to ER and had a CT head on 2/14/2014 that per patient was negative. But since then, he is having frequent daily headaches that would last several hours but may continue the whole day. They occur every day. He denies any aura but describes phosphenes, black holes and blurry vision during the headache. His headaches are usually left frontal, dull aching, pressure or throbbing associated with photophobia, phonophobia and odor sensitivity. No relation to coughing, sneezing, straining or changing position. No nausea or vomiting. They are aggravated by bright light, noise and physical activities. He also describes neck pain and intermittent dizziness, light headedness, feeling weak/tired and difficulty with attention and concentration. He takes toradol for his headache and neck pain which helps. He takes it 2 per day. No radiation to arms. Otherwise, he denies any recent vertigo, hearing loss, tinnitus, balance difficulties, falling, lower back pain, upper or lower extremity pain, bowel or bladder incontinence, upper or lower extremity numbness, double vision, eye pain, eye redness, speech or swallowing problems, seizures, syncope, staring spells, change in taste or smell, hallucinations, delusions, depression, anxiety, suicidal or homicidal ideation. He said his BP had been elevated lately.

Review of systems:

- Constitutional: No fever, chills, night sweats or fatigue.
- Eye: No visual disturbances, eye pain, eye discharge, eye burning or double vision
- ENT: No ear pain, decreased hearing, nasal congestion, or sore throat.
- Respiratory: No shortness of breath, cough, sputum, hemoptysis, or wheezes
- Cardiovascular: No chest pain, palpitations, edema, syncope, PND or orthopnea.
- Gastrointestinal: No nausea, vomiting, diarrhea, constipation, heartburn, abdominal pain, melena or hematemesis.
- Genitourinary: No dysuria, hematuria, flank or suprapubic pain, hesitancy or urgency
- Hematological/Lymphatic: No bruising tendency, bleeding tendency, or swollen lymph glands.
- Endocrine: No polyuria, polydipsia, cold or heat intolerance, or excessive hunger.
- Immunologic: No recurrent fevers or recurrent infections.
- Neurological: as per History of presenting illness.
- Psychiatric: as per History of presenting illness.

Past medical history:

-Hypertension

Past surgical history: -Upper GI

Family history: Diabetes, Heart problems, Cancer

Social history: No tobacco, alcohol or drug abuse. Back to work

Medications:

-Toradol 10mg 1 tab q6hrs

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217

Dr. Mohammed Alhatou
Dr. Mahmoud Abu-Ata
2850 Pelham Ct.
Orangeburg, SC 29118
Tel: (803) 531-8500
Fax: (803) 533-5585

Allergies: No known drug allergies.

PHYSICAL EXAMINATION:

-Vital signs: BP – 156/84, heart rate –76. Weight 165 lb, Resp rate 15. General: conscious, alert, and oriented to time, place and person. Not in any distress. Head and neck exam: normocephalic, non-traumatic, supple neck, no cranial, vertebral or carotid bruits. No scalp or cervical tenderness. No meningismus or neck stiffness. Negative Kernig and Brudzinski signs. ENT: wet mucus membranes, no erythema, no sore throat, intact tympanic membranes, grossly intact hearing. EYE: Pupils equally reactive to light. No papilledema on fundoscopy. Chest: Clear lungs to auscultation bilateral. Not in respiratory distress. Heart: S1, S2 and S3. Regular rate and rhythm. No murmurs, gallops or rubs. Palpable peripheral pulses. Abdomen: soft, non-tender, positive bowel sounds. No palpable masses. Genitourinary: No costo-vertebral tenderness. No suprapubic tenderness. Musculoskeletal and extremities: No deformities, no spine tenderness. Negative Tinel and Phalen signs. Negative straight leg raising test. Skin: old burn scar left leg. No skin rash. Lymphatic: No palpable enlarged lymph nodes. Psychiatric: appropriate, normal affect, non suicidal. Neurological: fluent speech, intact comprehension, repetition and naming. Memory: intact. Cranial nerves II – XII intact. Normal fundoscopy. Motor: Normal tone and bulk. Good strength in the upper and lower extremities 5/5. Sensation: Intact pinprick, light touch, vibration and position all 4 limbs. Deep Tendon Reflexes: Symmetrical +2 in upper and lower extremities. Babinski: both toes are down-going. Coordination: intact finger-to-nose test, heel-shin test and rapid alternating movements. Gait is steady. Romberg is negative.

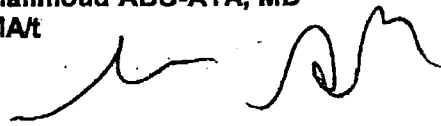
ASSESSMENT:

- Headaches, description of post traumatic headache, with possible migraine, rebound analgesic headache, hypertension and tension component.
- Post concussion syndrome
- Neck pain
- Head trauma
- Dizziness
- Hypertension

PLAN:

- Patient not interested in doing CSF exam for evaluation of headaches.
- Will do MRI brain for evaluation of headaches
- MRI C spine and NCS/EMG for evaluation of neck pain
- For preventive treatment of headaches will try on propranolol 20mg qam X 1 week then 20 mg bid, later may increase dose as tolerated
- Add flexeril 10 mg qhs for tension component and neck pain
- Meclizine 12.5 mg tid prn dizziness
- Later may consider neurontin
- He is to keep a headache calendar and regular measurement of BP.
- Stop toradol
- Neck strengthening exercises, vestibular exercises and refer to physical therapy
- He was counseled about weight reduction.
- Avoid heavy weight lifting, frequent bending, pulling, pushing or kneeling
- I explained to patient in details the side effects of medications.
- Patient was counseled about findings, diagnoses, managements and plan.
- I will have him come back for follow up in about 6weeks.

Mahmoud ABU-ATA, MD
MAI



-18-
218

CAROLINA NEUROLOGICAL CLINIC, L.L.P.

JAMES L. BUMGARTNER, M.D.
THOMAS H. DUKES, III, M.D.
CHARLES S. JERVEY, M.D.
HAMID R. BAHADORI, M.D.

*125 Doughty Street
Suite 460
Charleston, SC 29403
(843) 723-0202
Fax (843) 723-1052*

PATIENT: CLARENCE JENKINS
DATE: NOVEMBER 19, 2013
REFERRING PHYSICIAN:
FOR: INDEPENDENT MEDICAL EVALUATION

HISTORY: The patient is a 45-year-old male I was asked to see for an evaluation of a work-related head injury that occurred on 02/10/13. He was employed with the Amazon Facility in West Columbia, South Carolina, at the time. He states that he bent down to pick up an object he dropped and when he stood up, he hit the right side of his head on the corner of a metal table. There was no loss of consciousness. He went to the onsite medical clinic and declined any first-aid treatment. At that time, he denied any dizziness or visual changes. He was noted to have some tenderness at the injury site but no swelling and no broken skin. He was treated with self-administered ibuprofen. At that time, his pain was rated as a 4 on a 10-point scale. He had a follow-up visit at the clinic the next day. At that time, his pain rating was 0 on a 10-point scale. He did, however, complain of having "irritation" at the injury site, but no further description of that. Later visit that same day had him complaining of pain in the left side of his head, radiating down his neck and along his left shoulder. He was feeling hot and tired. He reports that he continued working. He continued to have complaints of pain in the left neck and shoulder and subsequently some complaints of headaches. He was then seen at Palmetto Health occupational clinic and had an unremarkable neurological exam. He had a head CT scan, which was normal. In mid 04/13, he was complaining about dizziness. He says he almost passed out but did not lose consciousness. He reports that he would get lightheaded, and he thinks it was due to abnormal blood pressure, although I could not find any significantly abnormal blood pressures that would be expected to cause syncope. He was taken out of work on 04/23/13. He returns apparently sometime in 08/13, although is now on light duty work. He reports he still has episodes of lightheadedness to the point he feels like he might pass out and he just feels bad. He also complains of intermittent weakness of the right lower extremity. He complains of pain in the left neck and shoulder. He had an MRI of the head, which was normal. MRI of the cervical spine showed some mild DJD but nothing that would be expected to cause the patient's symptoms in the left neck and shoulder nor right lower extremity weakness. He has had multiple exams, noting him to have normal gait, normal heel-to-toe walking, and good coordination and strength as well as normal sensory exams. Cranial nerve exams have also been normal throughout.

I was asked to render an opinion as to whether his complaints are causally related to his work accident on 02/10/13. The patient had a mild head injury at that time. It is possible for patients to have subsequent recurrent headaches as a result of such head injury. Dizziness and cognitive complaints are also a possibility as well. The complaints generally start at or about the time of the accident. Generally, mild head injuries, such as this, would not be expected to cause permanent nor long-term recurring symptoms.

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207 219

RE: CLARENCE JENKINS

11/19/13

Page - 2 -

I would not expect any cognitive impairment to result with such a mild head injury, particularly in view of the normal head CT and MRI imaging. The headaches are causally related as regards to time, although I am unable to explain the persistence of the symptoms with such relatively mild head injury. It is a possibility but would be very unusual. The patient developed some other symptoms a couple of months later, which I do not think are causally related to the patient's accident at work. As far as the headache complaints are concerned, he has not thus far responded to propranolol or gabapentin, although he is on a very low dose of the gabapentin. I think it might be reasonable to try an alternate prophylactic medication such as Elavil and with a target dose of at least 75 mg. Blood level could subsequently be checked. I do not think any work restrictions are needed with regards to the patient's complaints of headaches. I am uncertain how to explain his persistent shoulder and neck pain and right lower extremity intermittent weakness, as I do not see any indication of objective findings that would be related to these complaints nor was the impact a sufficient force to be expected to cause such significant and long-lasting symptoms. As far as the lightheadedness is concerned, I do not think that is work injury related.

Please feel free to contact me if you would like to discuss this case in greater detail.

Sincerely,



Charles S. Jervey, M.D.

CSJ/sun

7000-4-09 / 110231



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222

Emergency Dept**JENKINS JR, CLARENCE BURNETT - R007346327**

Result type: Emergency Dept
Result date: 15 April 2013 04:16
Result status: Auth (Verified)
Result title: Emergency Dept
Performed by: Larochelle MD, Michael on 15 April 2013 04:16
Verified by: Privette Jr MD, Troy W on 21 April 2013 13:21

Contributor system: Softmed

Emergency Dept (Verified)

PATIENT: JENKINS, CLARENCE DICT: Michael Larochelle, MD-R
MR #: 007346327 DOB: 06/14/1966
ADMITTED: 04/15/2013 PT.LOC: PD2
ACCOUNT #: 1310500526

DATE OF VISITATION: 04/15/2013

ACCOUNT NUMBER: 1310500526

ATTENDING PHYSICIAN: Troy W. Privette Jr., MD

MODE OF ARRIVAL: Private vehicle

HISTORY OF PRESENT ILLNESS: The patient is a 44-year-old, African American male with no known past medical history, who presents with chief complaint of elevated blood pressure. The patient reports that he works at Amazon, and they have an employee health clinic where he gets his blood pressure checked and it has been elevated recently at 130/100 consistently and prior to coming

2013 he did hit his head while on the job. Since this time he complains of having blurry vision. He also did not have any headaches prior to this incident and has subsequently had constant intermittent headaches that are low-grade in nature since this time. He states that these are usually in the back of the head. He also has symptoms of dizziness, vertigo, phonophobia, nausea or vomiting. He does take Tylenol for his symptoms. He

a primary care physician. On re-clarification, the patient is not having headache at this time and is only here because of his elevated blood pressure reading. The patient was apparently evaluated by employee physician who obtained a CAT scan of his head, non-contrast, which was negative.

REVIEW OF SYSTEMS: Denies chest pain, shortness of breath, fevers, chills, sweats, nausea, vomiting, diarrhea, constipation, hematuria, syncope, palpitations, skin rashes or lesions, urinary symptoms. Rest of review of systems negative.

PAST MEDICAL HISTORY: None.

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Page 1 of 3
(Continued)

Emergency Dept

JENKINS JR, CLARENCE BURNETT - R007346327

CURRENT MEDICATIONS: None.

ALLERGIES: No known drug allergies.

FAMILY HISTORY: Remarkable for liver cancer and diabetes mellitus.

SOCIAL HISTORY: The patient works at Amazon. Denies any alcohol, tobacco, or illicit drug use. He does live alone. He is sexually active with one partner and uses condoms.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 98.4 degrees, pulse 83, respirations 18, blood pressure 133/86, pulse ox 98 percent on room air.

GENERAL APPEARANCE: This is a 44-year-old, African American male, nontoxic / in appearance, in no acute distress.

HEENT: Head is normocephalic, atraumatic. Pupils equal, round, and reactive to light. TMs clear bilaterally. Oropharynx and nasopharynx clear. Mucous membranes are moist.

NECK: Supple. Nontender. No lymphadenopathy.

CARDIOVASCULAR: Heart is regular rate and rhythm with no murmurs, rubs, or gallops.

ABDOMEN: Soft, nontender, nondistended with no rebound or guarding. Bowel sounds are present.

EXTREMITIES: No cyanosis, clubbing, or edema.

SKIN: Warm and dry. No rashes or lesions.

NEUROLOGICAL: The patient is alert and oriented with appropriate mood and affect. His cranial nerves 2 through 12 are grossly intact with no deficits.

in all four extremities. Heel-to-shin testing is normal. Negative Romberg. Gait is normal.

MEDICAL DECISION MAKING: This is a 44-year-old, African American male, who is afebrile and hemodynamically stable here and is normotensive here in the emergency

laboratory studies, including a CBC and BMP. I would like to evaluate his renal function, and otherwise I do not feel it necessary to obtain a CT of the head at this time given his normal neurologic exam. On my review, the patient did have a normal head CT on 02/14/2013.

LABORATORY DATA: CT of the head was normal.

EMERGENCY DEPARTMENT COURSE: The patient was seen and evaluated immediately upon arrival to the emergency department. He is afebrile and hemodynamically stable. He did have mild improvement in his headache with Vicodin one tab. Given his normal neurologic exam, normal laboratory workup, I do not feel that any further imaging is warranted at this time. The patient does not have any gross visual deficits here on evaluation in the emergency department. Concerning his blurry vision as it is unclear what the etiology of this is. However, I do not feel there is an emergent cause of his headaches and/or blurry vision that needs further evaluation and management at this time. In addition, the patient is not having any of these

Emergency Dept

JENKINS JR, CLARENCE BURNETT - R007346327

symptoms right now and only came here for elevation of his elevated blood pressure reading. He is normotensive at this time. He does need to establish care with a primary care physician who can follow him for these issues. The patient expressed understanding and agreement of what signs and symptoms would warrant a return visit to the emergency department.

DIAGNOSIS/IMPRESSION:

1. CONCERN FOR ELEVATED BLOOD pressure.
2. Recent chronic headaches.

Attending physician was Dr. Privette, who was present and available at all times.

D: 04/15/2013 04:02 T: 04/15/2013 04:16 TID: 90604
Job #: 26751 Doc #: 30166078
cc: Michael Larochelle, MD-R

I was present with the resident during the history and exam. I discussed the case with the resident and agreed with the findings and plan as documented in the resident's note. I supervised all above procedures done by the resident.

Signature Line

Electronically Signed & Verified on 04/21/2013 11:18
by Larochelle MD, Michael

Electronically Signed & Verified on 04/21/13 13:21
by Privette Jr MD, Troy W

Completed Action List:

- * Perform by Larochelle MD, Michael on 15 April 2013 04:16
- * Sign by Larochelle MD, Michael on 21 April 2013 11:18 Requested on 15 April 2013 10:16
- * Modify by Privette Jr MD, Troy W on 21 April 2013 13:21
- * Sign by Privette Jr MD, Troy W on 21 April 2013 13:21 Requested by Larochelle MD, Michael on 21 April 2013 11:18
- * VERIFY by Privette Jr MD, Troy W on 21 April 2013 13:21



HealthWorks

301 302629980001

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Clarence B. Jenkins
Company: Amazon
Provider: Margaret R McKechnie, APRN-BC
Nurse/Tech: Alvia Richardson-SSII

Date of Birth:
Injury Date: February 10, 2013
Exam Date: April 15, 2013
Time: 3:45 PM

DEMOGRAPHICS: Clarence B. Jenkins is a 44 year-old male, employee of Amazon, resident of Neeses.

CHIEF COMPLAINT: Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.

HISTORY OF PRESENT ILLNESS: Clarence's primary problem is a head injury located in the head. It has been about 9 weeks since the onset of the head injury. Clarence says that it seems to be intermittent. He has noticed that it is made worse by bending. It is improved with aspirin. He also notes that it is accompanied by dizziness. He feels it is not improving. His pain level is 6/10.

His second problem is pain located in the neck. He describes it as dull ache. He considers it to be localized. It has been about 9 weeks since the onset of the pain. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving it and bending. It is improved with aspirin. He feels it is not improving. His pain level is 6/10.

His third problem is pain located in the left shoulder. He describes it as dull ache. He considers it to be localized. It has been about 9 weeks since the onset of the pain. Clarence says that it seems to be intermittent. It is improved with aspirin. He feels it is not improving. His pain level is 6/10.

His fourth problem is Vision located in the left eye. He describes it as blurry. He considers it to be localized. It has been about 9 weeks since the onset of the Vision. Clarence says that it seems to be intermittent. He has noticed that it is made worse by looking and moving it. He feels it is not improving. His pain level is 5/10.

Employee states he has had symptoms of headache, dizziness, lightheadedness since his injury in February. However, he has been able to do his regular job. He also states he has had high blood pressure while at work, taken by Amcare. He states his symptoms were especially bad last night and he went to the ER because his BP at work was 150/120 and he felt very lightheaded. He reports a history of elevated BP in 2006, when he was advised to take BP medication, which apparently was not taken.

Reviewed the ER record. His BP was normal at the 4/15/13 visit. His neurological exam was normal and the physician did not feel further imaging was indicated at that time. He was referred to his own physician for follow up of blurred vision, dizziness, etc.

REVIEW OF SYSTEMS:

Constitutional: POSITIVE for fatigue, chills. Negative for recent weight loss, significantly overweight, fever.
Eyes: POSITIVE for blurred vision, inflamed eyes. Negative for loss of visual acuity, double vision.
ENT: Negative for difficulty swallowing, hoarseness, swollen lymph nodes, difficulty hearing.
Cardiovascular: POSITIVE for chest pain. Negative for palpitations, shortness of breath, swelling of feet, varicose veins.
Respiratory: Negative for pneumonia, hemoptysis, chronic cough, asthma.
Gastrointestinal: Negative for stomach ulcer, chronic heartburn, recent change in bowel habits, gall bladder disease, liver disease.
Genitourinary: Negative for frequent urination, burning on urination, kidney stones, change in urinary stream.
Musculoskeletal: POSITIVE for joint pain. Negative for joint redness, joint swelling, muscle cramping.
Skin and Breast: Negative for eczema, psoriasis, unusual hair loss, breast discomfort.
Neurological: POSITIVE for weakness, numbness, headache. Negative for seizures, paralysis.
Psychiatric: Negative for anxiety, depression, insomnia, panic.
Endocrine: Negative for excessive hunger, excessive thirst, thyroid disease, diabetes.
Hematologic: Negative for anemia, easy bruising, history of blood clots.
Immunologic: Negative for frequent infections, swollen lymph nodes.

PAST, FAMILY AND SOCIAL HISTORY:

Tetanus Immunization: He states he had his last tetanus immunization in 2007.

Previous Surgery: None.

Current Conditions: Hypertension 2005 Ulcer Back injuries 2003

CURRENT MEDICATIONS: None.

ALLERGIES: None.

VITAL SIGNS: Blood Pressure: 116/70. Respiratory Rate: 18/min and normal. Pulse Rate: 76/min.

EXAMINATION:

Constitutional: He appears to be healthy. He is able to walk with no difficulty.

Head: Decreased sensation is not present. Symmetric features. No tenderness over scalp. No swelling or other lesions noted on scalp.

Left Eye: Vision: far - both eyes and each eye: 20/25. Near vision: OD 20/30, OS 20/40. PERRL.

Neck: Range of motion is normal.

Neurological: Gait is normal. Cranial nerve function II-XII is intact.

Psychiatric: Agitation is absent. Anxiety appears to be absent.

DIAGNOSIS: 1. Headache. 2. Generalized Weakness and Lightheadedness.

DISCUSSION: His neurological exam remains normal today, as it was in the ED early this morning. Although it is not unusual to have some lingering headache and dizziness after a blow to the head, his current symptoms do not appear to be related to the February injury, and are more likely to be related to other non-work-related health problems. Will encourage employee to follow up with his own provider.

PLAN OF CARE: Referred to his own provider for BP monitoring, evaluation of blurred vision in left eye, lightheadedness. Due to the reported severity of his lightheadedness (feeling as if he would faint), advise work restrictions to avoid safety sensitive duties such as working on dangerous machinery or at heights.

MEDICAL CAUSATION: The cause of this problem is not known at this time. The objective findings are not consistent with the history of a work-related etiology.

RECOMMENDED WORK STATUS: Clarence's recommended work status is restricted duty. The effective date for this work status is 4/15/2013.

RECOMMENDED ACTIVITY RESTRICTIONS:

See Amazon form.

AFTERCARE INSTRUCTIONS: Tylenol for headache. Follow up with your own healthcare provider about blood pressure, blurred vision, lightheadedness.

Margaret McRechie APRN-BC

NP



HealthWorks

FOLLOW-UP CARE STATEMENT

TO BE COMPLETED BY EMPLOYEE:

Employee: Charene Jenkins Jr
Date of illness/injury: 2-10-13
Employer: Amazon

Last four of SSN: _____
Job Title: packer
Date: 4-15-13

History of Present Illness:

Problem you are being seen for: headaches, dizziness, high blood pressure

How are you doing compared with last visit?

☐ improved: (please circle) slightly, significantly, now resolved
☐ not improved
☒ worse: (please circle) a little, much

What has changed? loss of labors, blood vision, constant headache

What has helped? not really much

Have you been taking the medication prescribed or given through this office? ☐ yes, ☒ no

Is it helping? ☐ yes, ☒ no. Comments: _____

Are you having any side effects from the medicine? ☐ yes, ☒ no

Have you recently found out that you are pregnant? ☐ yes, ☒ no

116/70
76
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Patient instructed to follow-up with HealthWorks in _____

Treatment requested ☐ Xrays ☐ MRI Referred to: _____

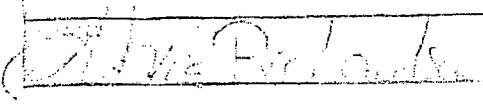
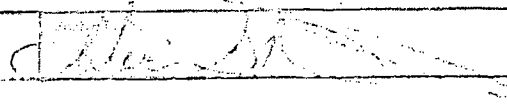
Downtown: Taylor at Marion Street
Columbia, SC 29220
Phone 803.296.3500 Fax 803.296.3965
Medical Director Initials: WCF

RMH: 9 Medical Park, Suite 360
Columbia, SC 29203
Phone 803.434.7442 Fax 803.434.3587
Form Revised 04-16-2012

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Pulmetto Health - HealthWorks
1333 Taylor St Suite 3H
Columbia, SC 29220
(803) 296-3500

Visit Summary for Employer

EMPLOYER Amazon	PHONE (804) 541-4696
CONTACT Trina Smith	FAX (866) 317-3690
	EMAIL trsmith@amazon.com
PATIENT NAME Clarence B. Jenkins	RESTRICTED DAYS
PATIENT ID	LOST DAYS
DATE OF INJURY OR ILLNESS 02/10/2013	PRACTITIONER NAME
DATE OF TREATMENT 04/15/2013 Workers Comp Followup	TIME ARRIVE 3:47 PM
	TIME LEAVE 5:03 PM
PATIENT'S DESCRIPTION OF PROBLEM Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.	
DIAGNOSIS 1. Headache. 2. Generalized Weakness and Lightheadedness.	
MEDICATIONS PRESCRIBED	
WORK OR ACTIVITY RESTRICTIONS See Amazon form.	
TREATMENT RENDERED His neurological exam remains normal today, as it was in the ED early this morning. Although it is not unusual to have some lingering headache and dizziness after a blow to the head, his current symptoms do not appear to be related to the February injury, and are more likely to be related to other non-work-related health problems. Will encourage employee to follow up with his own provider.	
NEXT 3 APPOINTMENTS	
 	

Patient Visit Summary and Instructions

Palmetto Health - HealthWorks

1333 Taylor St Suite 3H

Columbia, SC 29220

(803) 296-3500

PATIENT LAST NAME Jenkins		PATIENT FIRST NAME Clarence		AGE 44	GENDER Male
DATE OF TREATMENT 04/15/2013	DATE OF INJURY OR ILLNESS 02/10/2013	PRACTITIONER'S NAME NP			
TIME ARRIVE 3:47 PM		TIME IN 4:00 PM		TIME OUT 5:03 PM	
PATIENT'S DESCRIPTION OF PROBLEM Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.					
DIAGNOSIS 1. Headache. 2. Generalized Weakness and Lightheadedness.					
MEDICATIONS PRESCRIBED					
WORK OR ACTIVITY RESTRICTIONS See Amazon form.					
AFTERCARE INSTRUCTIONS Tylenol for headache. Follow up with your own healthcare provider about blood pressure, blurred vision, lightheadedness.					
NEXT 3 APPOINTMENTS _____ _____ _____					
PATIENT I received this information and was given the opportunity to ask questions about my care.			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding.		

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301302629980001

SECTION I: EMPLOYEE/PATIENT INFORMATION: THIS SECTION TO BE COMPLETED BY THE EMPLOYEE/PATIENT			
Employee Name (Please Print) Clarence Jenkins		Employee Login:	
HR Contact Name Trina Smith (216)272-1147 (216)702-4020		Scan/E-Mail	FAX Number (toll-free) 803-791-6511
Employee Phone Number	Employee Signature _____ Date _____		Date Injury/Illness Commenced (month/day/year) 2-10-2013
		Employee Email Address (if available):	

NOTE TO HEALTH CARE PROVIDER: Amazon uses this form for multiple purposes: to collect medical information when our employees report an injury or illness for which they must seek medical care, to determine if the employee is released to work with restrictions and is seeking an accommodation or if our employee can return to full duty. Complete and accurate information is much appreciated. The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

SECTION II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER		
Patient's Name (Please Print) Clarence Jenkins		Date of Most Recent Visit (month/day/year) 4-15-2013
Identify any limitations on performing the essential functions of this employee's job. Due to light headness, should not work with dangerous machinery or at heights.		
Injury is: ☐ Work-Related ☒ Not Work-Related ☐ Undetermined		
State the approximate date that the limitation commenced.		
HEALTH CARE PROVIDER RECOMMENDATIONS		
NOTE TO HEALTH CARE PROVIDER: Please select 1 of the 3 recommendations listed below and follow the appropriate instructions.		
☐ RETURN TO WORK WITH NO LIMITATIONS Please complete Section III	Date Examined	Expected Return to Work Date
☐ UNABLE TO RETURN TO WORK Please complete Section III	Date Examined	Expected Return to Work Date
☒ RETURN TO WORK WITH LIMITATIONS Please complete Sections III, IV & V (page 2)	Date Examined 4-15-2013	Expected Return to Work Date 4-15-2013
SECTION III: HEALTH CARE PROVIDER SIGNATURE AND CONTACT INFORMATION		
Health Care Provider's Name/Title (Print): Margaret McKechnie, APRN-BC	Address 1333 Taylor St. Suite 3H	
Health Care Provider's Signature: Margaret McKechnie APRN-BC	City, State, ZIP Columbia, SC 29220	Phone 803 296-3500
Date 4-15-13	Phone 803 296-3500	Fax 803 296-3965

Might any medications prescribed to Treat This Impairment/Condition limit the employee's ability to perform the essential functions of the employee's job?	If yes, list the manner in which medication might limit the employee's ability to perform the essential functions of the employee's job:
☐ Yes ☒ No	
Will this Impairment/Condition Require any therapeutic activities during the workday?	Duration and Frequency
☐ Yes ☒ No	

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Amazon has a written policy regarding transitional duty and early RTW and seeks to meet restrictions as part of a well-managed recovery

Employee Name (Please Print): Clarence Jenkins

Hours worked per shift:

SECTION IV: WORK RESTRICTIONS

Ability of Patient: (percentages indicate the proportion of the patient's shift the patient can perform the function)		Fully Restricted	25%	50%	75%	Not Restricted	If Temporary Restricted Until?	Permanent
1	a. Lift up to 5 lbs. (circle one) Left, Right, Both b. Lift 5 - 10 lbs. L, R, B c. Lift 11 - 20 lbs. L, R, B d. Lift 21 - 30 lbs. L, R, B e. Lift 31 - 50 lbs. L, R, B	☐	☐	☐	☐	☒		☐
2	a. Push/Pull up to 5 lbs. L, R, B b. Push/Pull 5 - 10 lbs. L, R, B c. Push/Pull 11 - 20 lbs. L, R, B d. Push/Pull 21 - 30 lbs. L, R, B e. Push/Pull 31 - 50 lbs. L, R, B	☐	☐	☐	☐	☒		☐
3	a. Overhead Reach L, R, B b. At Shoulder Reach L, R, B c. Below Shoulder Reach L, R, B d. Rotation of Head/Neck	☐	☐	☐	☐	☒		☐
4	a. Bend/twist - <u>NO repetitive bending</u> b. Kneel c. Crawl d. Squat	☐	☒	☐	☐	☒		☐
5	a. Sit b. Stand c. Walk d. Climb stairs e. Climb ladders	☐	☐	☐	☐	☒		☐
6	a. Use hands for repetitive motion L, R, B b. Do simple grasping, turning such as grasping hand scanner (<15 inch-pounds) L, R, B c. Do forceful grasping, turning such as using a packaging tape dispenser (>15 inch-pounds) L, R, B	☐	☐	☐	☐	☒		☐
7	a. See b. Hear c. Talk	☐	☐	☐	☐	☒		☐
8	Can the patient work more than 40 hours within a week? ☒ YES ☐ NO If no, please indicate the number of hours the patient can work: _____ hours/day _____ hours/week							
9	Can the patient drive commercial machinery such as a delivery van, forklift, reach truck, scissor lift or truck? ☐ YES ☒ NO							
10	Does the patient have any work restrictions related to a psychological or mental condition? ☐ YES ☒ NO							
SECTION V: ADDITIONAL TREATMENT CONSIDERATIONS (check and describe if applicable)								
☐ Spinal Brace ☐ Crutches ☐ Neck/Lumbar Support		Location and description of device (soft or hard, open toe or closed toed boot, arm, wrist, etc.):						
☐ Heat ☐ Ice ☐ Elevate ☐ Physical Therapy		Duration and frequency:						



HealthWorks

301 30262980001

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Clarence B. Jenkins
Company: Amazon
Physician: Brian W. Hurley, MD
Nurse/Tech: Paula Marshall- Med Tech

Date of Birth:
Injury Date: February 10, 2013
Exam Date: February 15, 2013
Time: 1:30 PM

DEMOGRAPHICS: Clarence B. Jenkins is a 44 year-old male, employee of Amazon, resident of Neeses.

CHIEF COMPLAINT: Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.

HISTORY OF PRESENT ILLNESS: Clarence's primary problem is a head injury located in the head. He describes it as throbbing. It has been 5 days since the onset of the head injury. Clarence says that it seems to be constant. He has noticed that it is made worse by moving it, bending and standing. It is improved with rest. He feels it is improving slightly. His pain level is 6/10.

His second problem is pain located in the neck. He describes it as sharp. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the left.

His third problem is pain located in the left shoulder. He describes it as sharp. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the left. He also notes that it is accompanied by numbness in left fingers.

His fourth problem is Vision located in the left eye. He describes it as Blurred. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving it.

REVIEW OF SYSTEMS:

Constitutional: POSITIVE for fatigue, chills. Negative for recent weight loss, significantly overweight, fever.

Eyes: POSITIVE for blurred vision, inflamed eyes. Negative for loss of visual acuity, double vision.

ENT: Negative for difficulty swallowing, hoarseness, swollen lymph nodes, difficulty hearing.

Cardiovascular: POSITIVE for chest pain. Negative for palpitations, shortness of breath, swelling of feet, varicose veins.

Respiratory: Negative for pneumonia, hemoptysis, chronic cough, asthma.

Gastrointestinal: Negative for stomach ulcer, chronic heartburn, recent change in bowel habits, gall bladder disease, liver disease.

Genitourinary: Negative for frequent urination, burning on urination, kidney stones, change in urinary stream.

Musculoskeletal: POSITIVE for joint pain. Negative for joint redness, joint swelling, muscle cramping.

Skin and Breast: Negative for eczema, psoriasis, unusual hair loss, breast discomfort.
Neurological: POSITIVE for weakness, numbness, headache. Negative for seizures, paralysis.
Psychiatric: Negative for anxiety, depression, insomnia, panic.
Endocrine: Negative for excessive hunger, excessive thirst, thyroid disease, diabetes.
Hematologic: Negative for anemia, easy bruising, history of blood clots.
Immunologic: Negative for frequent infections, swollen lymph nodes.

PAST, FAMILY AND SOCIAL HISTORY:

Tetanus Immunization: He states he had his last tetanus immunization in 2007.

Previous Surgery: None.

Current Conditions: Hypertension 2005 Ulcer Back injuries 2003

CURRENT MEDICATIONS: None.

ALLERGIES: None.

VITAL SIGNS: Weight: 158 lbs. Height: 67 inches. BMI: 24.7 (Normal). Blood Pressure: 120/80. Respiratory Rate: 16/min and normal. Pulse Rate: 77/min.

EXAMINATION:

Head:

atraumatic, pupils 3mm equal and reactive Cardiovascular:

S1S2 RRR, no gallops or murmurs Shoulders without bruising and with full ROM Neurological: alert, oriented x3, CN II-12 intact, Motor-5/5 bilateral upper and lower ext strength, Sensory-intact, Cerebellar-intact, Gait and tandem walking intact.

DIAGNOSIS: 1. Headache. 2. Generalized Weakness and Lightheadedness.

DISCUSSION: His neurological exam remains non-focal. I discussed with him the the CT scan revealed no acute abnormality. He admits that his headache is much improved and not having any significant visual disturbance or lightheadedness any more.

PLAN OF CARE: Okay to return to work full duty capacity.

MEDICAL CAUSATION: The cause of this problem is related to work activities.

RECOMMENDED WORK STATUS: Clarence's recommended work status is no work capacity. The effective date for this work status is 2/15/2013.

RECOMMENDED ACTIVITY RESTRICTIONS:

None

AFTERCARE INSTRUCTIONS: Okay to return to work full duty capacity. He can continue Tylenol pm.

Bryan W. Harley, MD

Medical



HealthWorks

FOLLOW-UP CARE STATEMENT

TO BE COMPLETED BY EMPLOYEE:

Employee: Clarence Jenkins Jr
Date of illness/injury: 2-10-13
Employer: Amazon

Last four of SSN: XXX-XX-1391
Job Title: Warehouse Associate
Date: 2-15-13

History of Present Illness:

Problem you are being seen for: a follow-up to results of scol scan and headaches with some vision problems on left side

How are you doing compared with last visit?

☒ improved: (please circle) slightly, significantly, now resolved
☐ not improved
☐ worse: (please circle) a little, much

What has changed? Headaches are not extreme but some irritation

What has helped? not sure

Have you been taking the medication prescribed or given through this office? ☐ yes, ☒ no

Is it helping? ☐ yes, ☐ no. Comments: _____

Are you having any side effects from the medicine? ☐ yes, ☒ no

Have you recently found out that you are pregnant? ☐ yes, ☒ no

Patient instructed to follow-up with HealthWorks in _____

Treatment requested ☐ Xrays ☐ MRI Referred to: _____

Downtown: Taylor at Marion Street
Columbia, SC 29220
Phone 803.296.3500 Fax 803.296.3965
Medical Director Initials: WCF

RMH: 9 Medical Park, Suite 360
Columbia, SC 29203
Phone 803.434.7442 Fax 803.434.3587
Form Revised 04-16-2012

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Patient Visit Summary and Instructions

Palmetto Health - HealthWorks
1333 Taylor St Suite 3H
Columbia, SC 29220
(803) 296-3500

PATIENT LAST NAME Jenkins		PATIENT FIRST NAME Clarence		AGE 44	GENDER Male
DATE OF TREATMENT 02/15/2013	DATE OF INJURY OR ILLNESS 02/10/2013	PRACTITIONER'S NAME Medical			
TIME ARRIVE 1:26 PM		TIME IN 1:44 PM		TIME OUT	
PATIENT'S DESCRIPTION OF PROBLEM Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.					
DIAGNOSIS 1. Headache. 2. Generalized Weakness and Lightheadedness.					
MEDICATIONS PRESCRIBED					
WORK OR ACTIVITY RESTRICTIONS None					
AFTERCARE INSTRUCTIONS Okay to return to work full duty capacity. He can continue Tylenol prn.					
NEXT 3 APPOINTMENTS 					
PATIENT I received this information and was given the opportunity to ask questions about my care.			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding.		

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amazon

Health Care Provider Request for Medical Information (RMI)

NOTE TO EMPLOYEE: You must provide a copy of this completed report to the HR LCA Team by _____.

SECTION I: COMPLETED BY THE EMPLOYEE/PATIENT

Employee Name (Please Print)	Employee Phone Number	Date Injury/Onset of Symptom
HR Contact Name + Phone Number	Scan/Email	Fax Number (if applicable)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this act, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving reproductive services.

SECTION II: COMPLETED BY THE HEALTH CARE PROVIDER

Patient's Name (Please Print)		Date of Examination (Month/Day/Year)
Identify the injury or illness for which treatment is sought.		
Approximate beginning date of the period of incapacity	Approximate end date of the period of incapacity	
☒ Work-Related ☐ Not Work-Related ☐ Undetermined	☐ Pre-Existing Injury/Illness ☐ New Injury/Illness ☐ Undetermined	
Was medication, other than over-the-counter medication prescribed?	If the patient will be under the influence of the medication during working hours, please describe side effects that could impair the patient's ability to work.	
☐ Yes ☒ No		
Will additional treatment be required?	If Yes, please provide a description of the general type of treatment you anticipate.	
☐ Yes ☒ No		
Does this condition substantially limit the patient's ability to perform major life activities?	If Yes, please specify the major life activity (or activities) affected, and describe how the condition substantially limits that major life activity.	
☐ Yes ☒ No		

SELECT ONE (1) OPTION:

☐ UNABLE TO RETURN TO WORK: Please note: If you check this box, Amazon will require an additional update before the employee is released.	Estimated Return to Work Date:	Date of Next Visit:
☒ EMPLOYEE CAN RETURN TO WORK:		
☐ WITHOUT WORK RESTRICTIONS Please complete page 1 only	Date Employee is Released to Return to Work Without Restrictions:	
☐ WITH WORK RESTRICTIONS Please complete page 2 AND indicate how long the restrictions are in place.	Date Employee is Released to Return to Work With Restrictions:	

SECTION III: HEALTH CARE PROVIDER SIGNATURE AND CONTACT INFORMATION

Health Care Provider's Name (Please Print)	Address
Health Care Provider's Signature	City, State, ZIP
	Phone
	Fax

Employee Name (Please Print) Chen, Mandy

Hours worked per shift: _____

SECTION IV: WORK RESTRICTIONS

Ability of Patient: (percentages indicate the proportion of the patient's shift the patient can perform the function)		Fully Restricted	25%	50%	75%	Not Restricted	If Temporary Restricted Until?	Permanent
1	a. Lift up to 5 lbs (circle one) L, R, B	☐	☐	☐	☐	☐		☐
	b. Lift 5 - 10 lbs L, R, B	☐	☐	☐	☐	☐		☐
	c. Lift 11 - 20 lbs L, R, B	☐	☐	☐	☐	☐		☐
	d. Lift 21 - 30 lbs L, R, B	☐	☐	☐	☐	☐		☐
	e. Lift 31 - 50 lbs L, R, B	☐	☐	☐	☐	☐		☐
2	a. Push/Pull up to 5 lbs L, R, B	☐	☐	☐	☐	☐		☐
	b. Push/Pull 5 - 10 lbs L, R, B	☐	☐	☐	☐	☐		☐
	c. Push/Pull 11 - 20 lbs L, R, B	☐	☐	☐	☐	☐		☐
	d. Push/Pull 21 - 30 lbs L, R, B	☐	☐	☐	☐	☐		☐
	e. Push/Pull 31 - 50 lbs L, R, B	☐	☐	☐	☐	☐		☐
3	a. Overhead Reach L, R, B	☐	☐	☐	☐	☐		☐
	b. At Shoulder Reach L, R, B	☐	☐	☐	☐	☐		☐
	c. Below Shoulder Reach L, R, B	☐	☐	☐	☐	☐		☐
	d. Rotation of head/neck	☐	☐	☐	☐	☐		☐
4	a. Bend/twist	☐	☐	☐	☐	☐		☐
	b. Kneel	☐	☐	☐	☐	☐		☐
	c. Crawl	☐	☐	☐	☐	☐		☐
	d. Squat	☐	☐	☐	☐	☐		☐
5	a. Sit	☐	☐	☐	☐	☐		☐
	b. Stand	☐	☐	☐	☐	☐		☐
	c. Walk	☐	☐	☐	☐	☐		☐
	d. Climb stairs	☐	☐	☐	☐	☐		☐
	e. Climb ladders	☐	☐	☐	☐	☐		☐
6	a. Use hands for repetitive motion L, R, B	☐	☐	☐	☐	☐		☐
	b. Do simple grasping, turning such as grasping hand scanner (<15 inch-pounds) L, R, B	☐	☐	☐	☐	☐		☐
	c. Do forceful grasping, turning such as using a packaging tape dispenser (>15 inch-pounds) L, R, B	☐	☐	☐	☐	☐		☐
7	a. See	☐	☐	☐	☐	☐		☐
	b. Hear	☐	☐	☐	☐	☐		☐
	c. Talk	☐	☐	☐	☐	☐		☐
8	Can the patient work more than 40 hours within a week? ☒ YES ☐ NO If no, please indicate the number of hours the patient can work: _____ hours/day _____ hours/week							
9	Can the patient drive commercial machinery such as a delivery van, forklift, reach truck, scissor lift or truck? ☒ YES ☐ NO							
10	Does the patient have any work restrictions related to a psychological or mental condition? ☐ YES ☒ NO							
11	Please describe any other recommended work restrictions or temporary work accommodations, whether related to the patient's mental or physical condition, medication, or treatment considerations							

SECTION V: ADDITIONAL TREATMENT CONSIDERATIONS (check and describe if applicable)
☐ Splint/Brace ☐ Crutches
☐ Neck/Lumbar Support

Location and description of device (soft or hard, open toe or closed toe boot, cast, etc.)

☐ Heat ☐ Ice
☐ Elevate ☐ Physical Therapy

Duration and frequency

OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Clarence B. Jenkins

Company: Amazon

Physician: Brian W. Hurley, MD

Nurse/Tech: Paula Marshall- Med Tech

Date of Birth:

Injury Date: February 10, 2013

Exam Date: February 14, 2013

Time: 4:00 PM

DEMOGRAPHICS: Clarence B. Jenkins is a 44 year-old male, employee of Amazon, resident of Neeses.

CHIEF COMPLAINT: Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.

HISTORY OF PRESENT ILLNESS: Clarence's primary problem is a head injury located in the head. He describes it as throbbing. It has been 4 days since the onset of the head injury. Clarence says that it seems to be constant. He has noticed that it is made worse by moving it, bending and standing. It is improved with rest. He feels it is getting worse. His pain level is 6/10.

His second problem is pain located in the neck. He describes it as sharp. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the left.

His third problem is pain located in the left shoulder. He describes it as sharp. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the left. He also notes that it is accompanied by numbness in left fingers.

His fourth problem is vision located in the left eye. He describes it as Blurred. Clarence says that it seems to be intermittent. He has noticed that it is made worse by moving it.

REVIEW OF SYSTEMS:

Constitutional: POSITIVE for fatigue, chills. Negative for recent weight loss, significantly overweight, fever.

Eyes: POSITIVE for blurred vision, inflamed eyes. Negative for loss of visual acuity, double vision.

ENT: Negative for difficulty swallowing, hoarseness, swollen lymph nodes, difficulty hearing.

Cardiovascular: POSITIVE for chest pain. Negative for palpitations, shortness of breath, swelling of feet, varicose veins.

Respiratory: Negative for pneumonia, hemoptysis, chronic cough, asthma.

Gastrointestinal: Negative for stomach ulcer, chronic heartburn, recent change in bowel habits, gall bladder disease, liver disease.

Genitourinary: Negative for frequent urination, burning on urination, kidney stones, change in urinary stream.

Musculoskeletal: POSITIVE for joint pain. Negative for joint redness, joint swelling, muscle cramping.

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Skin and Breast: Negative for eczema, psoriasis, unusual hair loss, breast discomfort.
Neurological: POSITIVE for weakness, numbness, headache. Negative for seizures, paralysis.
Psychiatric: Negative for anxiety, depression, insomnia, panic.
Endocrine: Negative for excessive hunger, excessive thirst, thyroid disease, diabetes.
Hematologic: Negative for anemia, easy bruising, history of blood clots.
Immunologic: Negative for frequent infections, swollen lymph nodes.

PAST, FAMILY AND SOCIAL HISTORY:

Tetanus Immunization: He states he had his last tetanus immunization in 2007.

Previous Surgery: None.

Current Conditions: Hypertension 2005 Ulcer Back injuries 2003

CURRENT MEDICATIONS: None.

ALLERGIES: None.

VITAL SIGNS: Weight: 158 lbs. Height: 67 inches. BMI: 24.7 (Normal). Blood Pressure: 119/71. Respiratory Rate: 16/min and normal. Pulse Rate: 79/min.

EXAMINATION:

Head:

atraumatic, pupils 3mm equal and reactive Cardiovascular:

S1S2 RRR, no gallops or murmurs Shoulders without bruising and with full ROM Neurological: alert, oriented x3, CN II-12 intact, Motor-5/5 bilateral upper and lower ext strength, Sensory-intact, Cerebellar-intact, Gait and tandem walking intact.

DIAGNOSIS: 1. Headache. 2. Generalized Weakness and Lightheadedness.

DISCUSSION: His neurological exam is non-focal, but due to complaint of some dysequilibrium, lightheadedness and headache that has worsened over past 4 days since injury, I will obtain CT of head. He is to take Tylenol only until a head bleed has been ruled out. If no head bleed, then he can take OTC Ibuprofen or Naprosyn prn.

PLAN OF CARE: Non-contrast CT scan has been ordered. He is to return tomorrow for possible clearance for work if CT scan is negative, as his exam is otherwise unremarkable.

MEDICAL CAUSATION: The cause of this problem is related to work activities.

RECOMMENDED WORK STATUS: Clarence's recommended work status is no-work capacity. The effective date for this work status is 2/14/2013. This work status designation ends He will be re-evaluated tomorrow for possible return to work.

RECOMMENDED ACTIVITY RESTRICTIONS:

General: Do not operate heavy machinery, climb a ladder until re-evaluation

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AFTERCARE INSTRUCTIONS: Return here for your follow-up visit in 1 day.



Palmetto Health Baptist
TAYLOR AT MARION
COLUMBIA, SC 29220

To: Floyd MD, Willie C
HEALTHWORKS
1333 TAYLOR STREET, SUITE 3H,
Columbia, SC 29220

Patient: JENKINS JR, CLARENCE
BURNETT
Address: NEESES, SC 29107
Phone: (803)263-4514
DOB: Age: 44 years

Ord Phy: Floyd MD, Willie C
FIN: B1304502291
Pt Type: OPB-Outpatient
MRN: B000886572
CC:

RADIOLOGY SERVICES

Exam:
CT Head W/O IV Contrast

Exam Date/Time:
2/14/2013 5:47:02 PM

Accession Number:
CT-13-009557

Reason for Exam:

r/o subdural hematoma or other bleed; s/p blunt head trauma

Findings:

CT OF THE HEAD WITHOUT CONTRAST - 02/14/13

CLINICAL HISTORY: Headache.

TECHNIQUE: Five millimeter helically acquired axial images are obtained through the brain without the administration of contrast material.

FINDINGS: Noncontrast CT brain scan dated 02/14/13 is obtained and demonstrates no acute finding of the posterior fossa, brainstem or supratentorial structures, with no intracranial hemorrhage, mass effect or hydrocephalus. No significant white matter tract abnormality is present. No extra-axial fluid collections are present. Visualized portions of the orbits and face are normal appearing, and the osseous structures are intact.

CONCLUSION: Normal head CT.

*** Final ***

Trans On: 02/14/2013 18:05 by: LOG

Read by: Kilpatrick Jr MD, Zachary M

Released By: Kilpatrick Jr MD, Zachary M

Released on: 02/15/2013 08:47

Noted
2/15/13

Palmetto Health - HealthWorks

1333 Taylor St Suite 3H

Columbia, SC 29220

(803) 296-3500

Visit Summary for Employer

COMPANY Amazon		PHONE (123) 954-6159	
CONTACT Stephen Bordes		FAX (803) 791-6511	
		EMAIL stepbords@amazon.com	
PATIENT NAME Clarence B. Jenkins		RESTRICTED DAYS	
PATIENT ID		LOST DAYS	
DATE OF INJURY OR INCIDENT 02/10/2013		PHYSICIAN'S NAME	
DATE OF TREATMENT 02/14/2013 Workers Comp Initial		TIME ARRIVE 4:01 PM	TIME OUT
PATIENT'S DESCRIPTION OF PROBLEM Patient states: I drop an item on the floor between two table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head.			
DIAGNOSIS 1. Headache 2. Generalized Weakness and Lightheadedness			
DELEGATIONS PRECISELY			
WORK OR ACTIVITY RESTRICTIONS General: Do not operate heavy machinery, climb a ladder until re-evaluation.			
TREATMENT RENDERED This neurological exam is non-focal, but due to complaint of some dysequilibrium, lightheadedness and headache that has worsened over past 4 days since injury, I will obtain CT of head. He is to take Tylenol only until a head bleed has been ruled out. If no head bleed, then he can take COC, Ibuprofen or Naproxen.			
NEXT 3 APPOINTMENTS 02/15/2013 1:30 PM Workers Comp follow-up			
PHYSICIAN K. L. [Signature]		SIGNATURE [Signature]	

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Patient Visit Summary and Instructions

Palmetto Health - HealthWorks
1233 Taylor St Suite 3H
Columbia, SC 29220
(803) 296-3500

PATIENT LAST NAME Jenkins		PATIENT FIRST NAME Clarence		AGE 44	GENDER Male
DATE OF TREATMENT 02/14/2013	DATE OF INJURY OR INCIDENT 02/10/2013	PRACTITIONER'S NAME Medical			
TIME ARRIVE 4:01 PM		TIME IN		TIME OUT	
PATIENT'S DESCRIPTION OF PROBLEM Patient states, "I drop an item on the floor between my table and a metal stand. I went to pick the item up and hit my head on the sharp end of the metal table. Have a soft spot and bruise on my head."					
DIAGNOSIS 1. Headache. 2. Generalized Weakness and Lightheadedness.					
MEDICATIONS PRESCRIBED					
WORK OR ACTIVITY RESTRICTIONS General: Do not operate heavy machinery, climb a ladder until re-evaluation.					
AFTERCARE INSTRUCTIONS Return here for your follow-up visit in 1 day.					
NEXT 3 APPOINTMENTS 02/15/2013 1:30 PM Workers Comp Follow-up					
PATIENT I received this information and was given the opportunity to ask questions about my care.			STAFF MEMBER I reviewed this information with the patient. The patient verbalized understanding. 		

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amazon

Health Care Provider Request for Medical Information (RMI)

NOTE TO EMPLOYEE: You must provide a copy of this completed report to the HR LOA Team by / /

SECTION I: COMPLETED BY THE EMPLOYEE/PATIENT

Employee Name (Please Print): <u>Clarence Jenkins</u>	Employee Phone Number: 	Date Injury/Date is Occurred:
HR Contact Name / Phone Number: 	Site/Email: 	FA# Number (if any):

The Genetic Nondiscrimination Act of 2009 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history; the results of an individual's or family member's genetic tests; the fact that an individual or an individual's family member sought or received genetic services; and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisted reproductive services.

SECTION II: COMPLETED BY THE HEALTH CARE PROVIDER

Patient's Name (Please Print): <u>Clarence Jenkins</u>		Date of Examination (month/day/year):
Identify the injury or illness for which treatment is sought: <u>Left shoulder, right knee & back pain</u>		
Approximate beginning date of the period of incapacity: <u>2/1/13</u>	Approximate end date of the period of incapacity: <u>7/1/13</u>	
☒ Work-Related ☐ Not Work-Related ☐ Undetermined ☐ Pre-Existing injury/illness ☒ New Injury/illness ☐ Undetermined		
Was medication, other than over-the-counter medication, prescribed? ☐ Yes ☒ No	If this patient will be under the influence of the medication during working hours, please describe side effects that could impair the patient's ability to work: 	
Will additional treatments be required? ☐ Yes ☒ No	If Yes, please provide a description of the general type of treatment you anticipate: <u>Physical Therapy</u>	
Does this condition substantially limit the patient's ability to perform major life activities? ☐ Yes ☒ No	If Yes, please identify the major life activity (or activities) affected, and describe how the condition substantially limits that major life activity: 	

SELECT ONE (1) OPTION:

☒ UNABLE TO RETURN TO WORK: Please note: If you check this box, Amazon will require an additional update before the employee is released.	Estimated Return to Work Date: <u>7/1/13</u>	Date of Next Visit: <u>5-15-13 @ 13:00</u>
	Date Employee is Released to Return to Work Without Restrictions: 	
☐ EMPLOYEE CAN RETURN TO WORK:		
☐ WITHOUT WORK RESTRICTIONS Please complete page 1 only	→	
☐ WITH WORK RESTRICTIONS Please complete page 2 AND indicate how long the restrictions are in place.	→	
Date Employee is Released to Return to Work With Restrictions: 		

SECTION III: HEALTH CARE PROVIDER SIGNATURE AND CONTACT INFORMATION

Health Care Provider's Name (Please Print): <u>Dr. [Signature]</u>	Address: <u>1333 [Address]</u>
Health Care Provider's Signature: <u>[Signature]</u>	City, State, ZIP: <u>CA 94022</u>
Date: <u>2/1/13</u>	Phone: <u>(855) 292-3521</u>
	Fax: <u>(855) 292-3442</u>

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Employee Name (Please Print) John DoeHours worked per shift: 8**SECTION IV: WORK RESTRICTIONS**

Ability of Patient: (percentages indicate the proportion of the patient's shift the patient can perform the function)		Fully Restricted	25%	50%	75%	Not Restricted	If Temporary Restricted Until?	Permanent
1	a. Lift up to 5 lbs. (circle one) Left, Right, Both b. Lift 5 - 10 lbs. L, R, B c. Lift 11 - 20 lbs. L, R, B d. Lift 21 - 30 lbs. L, R, B e. Lift 31 - 50 lbs. L, R, B	☐	☐	☐	☐	☒		☐
2	a. Push/Pull up to 5 lbs. L, R, B b. Push/Pull 5 - 10 lbs. L, R, B c. Push/Pull 11 - 20 lbs. L, R, B d. Push/Pull 21 - 30 lbs. L, R, B e. Push/Pull 31 - 50 lbs. L, R, B	☐	☐	☐	☐	☒		☐
3	a. Overhead Reach L, R, B b. At Shoulder Reach L, R, B c. Below Shoulder Reach L, R, B d. Rotation of Head/Neck	☐	☐	☐	☐	☒		☐
4	a. Bend/twist b. Kneel c. Crawl d. Squat	☐	☐	☐	☐	☒		☐
5	a. Sit b. Stand c. Walk d. Climb stairs e. Climb ladders	☐	☐	☐	☐	☒		☐
6	a. Use hands for repetitive motion L, R, B b. Do simple grasping, turning, such as grasping hand scanner (< 15 inch-pounds) L, R, B c. Do forceful grasping, turning, such as using a packaging tape dispenser (> 15 inch-pounds) L, R, B	☐	☐	☐	☐	☒		☐
7	a. See b. Hear c. Talk	☐	☐	☐	☐	☒		☐
8	Can the patient work more than 40 hours within a week? ☐ YES ☒ NO If no, please indicate the number of hours the patient can work _____ hours/day _____ hours/week							
9	Can the patient drive commercial machinery such as a delivery van, forklift, reach truck, scissor lift or truck? ☐ YES ☒ NO							
10	Does the patient have any work restrictions related to a psychological or mental condition? ☐ YES ☒ NO							
11	Please describe any other recommended work restrictions or temporary work accommodations, whether related to the patient's mental or physical condition, medication, or treatment considerations. <u>No other restrictions recommended.</u>							

SECTION V: ADDITIONAL TREATMENT CONSIDERATIONS (check and describe if applicable)	
☐ Splint/Brace ☐ Crutches ☐ Neck/Lumbar Support	Location and description of device (soft or hard, open toe or closed toed boot, arm, wrist, etc.)
☐ Heat ☐ Ice ☐ Massage ☐ Physical Therapy	Duration and frequency



amazon FULFILLMENT

Associate First Report of Injury (FROI)

Safety Form

This form is to be completed by the associate and is used only as a complementary tool to assist Safety and the AM with the incident investigation

This form does NOT take the place of any approved intake forms for OMR's.

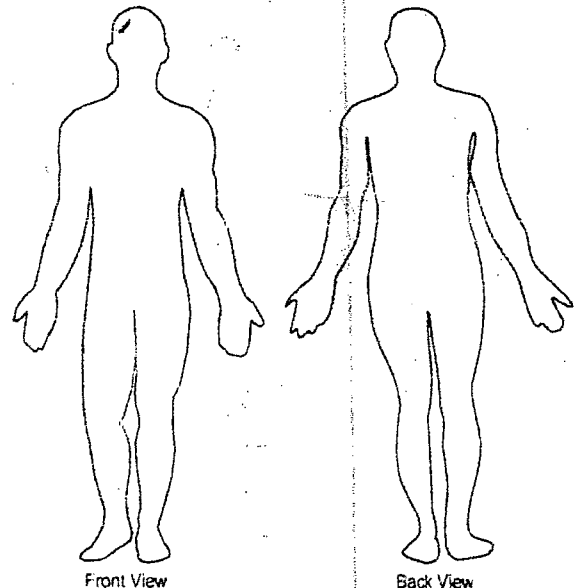
Name: Clarence Jenkins Jr Login: clenkinsj Employer: ☒ Amazon.com ☐ Agency ☐ ContractorAddress: News SC 29101

Cell Phone #: _____ Home Phone #: _____

Date of Birth: _____ Gender: ☒ Male ☐ Female ☒ Full Time ☐ Part Time Hire Date: 9-2-12Department: Packing Shift #: WRO2 Area Manager: MikeDate Incident Reported: 2-10-13 Time Incident Reported: 8:15 PM ☐ AM ☒ PMActual Incident Date: 2-10-13 Actual Incident Time: 8:00 ☐ AM ☒ PMIncident Location: Vendor ReturnDescribe your Assigned Task: packing and scanning Body Part Affected: head ☐ Left ☒ Rightorder for shipment

Describe the Incident: I drop the an item on the floor between two table and a metal stand I went to pick the item up and put my head on the sharp end of the metal table. I have a soft spot and a bruise on my head. Another co-worker was standing by and notice it he also made mention to supervisor (Mike) in my absent

Please mark area(s) affected on diagram below.

In your opinion is your injury or illness related to something you did at work? ☒ Yes ☐ NoIs this a new injury? ☐ Yes ☒ NoDid incident occur during overtime? ☐ Yes ☒ NoTo whom did you originally report the incident? MikeWas First Aid Offered? ☐ Yes ☒ No ☐ N/A Type: _____ Declined First Aid? ☐ Yes ☒ No ☐ N/AWas Outside Medical Treatment Offered? ☐ Yes ☒ No ☐ N/A Type: _____ Declined Outside Medical Treatment? ☐ Yes ☒ No ☐ N/ADid anyone observe this incident? ☒ Yes ☐ No If yes, who MullieHave you suffered previous injury to this same body part? ☐ Yes ☒ No When did the injury occur? _____ Who was the Employer? _____

The information given is true and correct. I authorize the release of medical information relative to this incident to the Health Service Personal of AMCARE, the insurance carrier, and/or the workers compensation carrier of the facility. I have received and understand the instructions as explained to me, and have no further questions at this time.

Associate Signature: Clarence Jenkins Jr Date: 2-10-13Manager Signature: _____ Date: 2/10/13

Name	Jenkins, Clarence	Incident Date	02/10/2013/ 08:00p
SSN/ID	720113 / JENKINCL	Injury/Illness	Bruise Right Forehead
Company	Amazon.Com LLC	Description	
Department	Vendor Returns	Case Number	CAE1-2013-0075

Dr. Note on 10/27/2013 by Mark Fowke, EMT-B CAE1

Today at the beginning of the shift, Mr. Jenkins came to AMCARE to give us documentation of a doctor's visit today. He came in, gave me the document and RTW. I am making this note and uploading the document. Electronically signed on 10/27/2013 at 20:10 by MARKFOWK, Mark Fowke, EMT-B CAE1

Amcare Encounter For B/P on 10/20/2013 by Mark Fowke, EMT-B CAE1

Tonight Mr. Jenkins came to AMCARE complaining of a headache and dizziness and wanted his B/P taken. His B/P was 132/84 and he is RTW. Electronically signed on 10/20/2013 at 20:27 by MARKFOWK, Mark Fowke, EMT-B CAE1

Update on 09/15/2013 by Mark Fowke, EMT-B CAE1

Mr. Jenkins came to AMCARE at approximately 18:30 15Sept2013 stating that on the 13th he went to the ER for a mass on his left ear that he felt was related to his WR case. The doctors evaluated him and sent him to a specialist. Upon further evaluation it was determined that he had "coliflower ear" and it was drained. Mr. Jenkins feels that this may have contributed to his headaches and dizziness that he reports to have been experiencing since his WR incident at AMAZON. The doctor put him on an antibiotic, Cephalexin 500mg and Hydroco/acetaminop 5-325 mg tabs for pain and told him it may need to be drained multiple times. Mr. Jenkins reported that he felt with the pain and dizziness and medications that he could not perform his job duties. He went to HR to inform them before he left for the evening. HR instructed him to have his doctor fill out an RMI. Mr. Jenkins came back to AMCARE where he was given blank RMIs. He then left for the final time that evening at approximately 19:00. Electronically signed on 9/15/2013 at 19:07 by MARKFOWK, Mark Fowke, EMT-B CAE1

B/P Check on 09/02/2013 by Mark Fowke, EMT-B CAE1

A came to AmCare at 22:15 09/02/2013 stating that he experiencing headache and dizziness. His b/P was 130/90. AA RTW. Electronically signed on 9/02/2013 at 22:18 by MARKFOWK, Mark Fowke, EMT-B CAE1

OHM Note on 09/01/2013 by Mark Fowke, EMT-B CAE1

A came into AMCARE at the beginning of shift complaining of headache and requested to have his B/P taken, it was 24/84. His AM came to AMCARE at approx. 20:30 stating that the AA was not doing his work and complaining of dizziness and headache. At approx. 20:45 the AA returned to AMCARE complaining that his headache is getting worse. I took his B/P and it had elevated slightly to 134/84. Electronically signed on 9/01/2013 at 19:46 by MARKFOWK, Mark Fowke, EMT-B CAE1

Occupational Follow-up Visit on 02/13/2013 by James Kinsey, EMT-B CAE1

2/13/2013 23:30 KINSEYJ
Date of Injury: 2/10/13

Injury: AA BUMPED FOREHEAD ON TABLE

Current job function: SPOOLER

Current Pain level (per Universal Pain Assessment Tool): AA DID NOT PROVIDE A LEVEL OF PAIN.

Changes from initial Assessment: SEE NOTES

Compliance/self care: NONE

First Aid Care: DECLINED

Home Care suggestion(s):

Additional observations/notes: AA ARRIVED IN AMCARE FOR FOLLOW UP ON ABOVE INCIDENT. AGAIN, HE HAS

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Name	Jenkins, Clarence	Incident Date	02/10/2013/ 08:00p
SSN/ID	720113 / JENKINCL	Injury/Illness Description	Bruise Right Forehead
Company	Amazon.Com LLC	Case Number	CAE1-2013-0075
Department	Vendor Returns		

DECLINED ANY OFFER OF TREATMENT BESIDES SELF ADMINISTERING OTC MEDS. THE ASSOCIATE HAS STATED THAT HE WANTS TO BE SEEN BY A PHYSICIAN FOR HIS INJURY. THIS PROCESS HAS ALREADY BEEN STARTED BY DAY SHIFT PERSONNEL. AS ATTEMPTED BEFORE, OMR INTERVIEWED AA TO DETERMINE EXACTLY WHAT IS GOING ON WITH HIM. AA NOTES LEFT HEADACHE WITH RADIATING LEFT NECK AND SHOULDER PAIN, ALONG WITH A VAGUE DESCRIPTION OF "IRRITATION". AA COULD NOT PROVIDE A LEVEL OF PAIN, NOR TELL WHAT IRRITATED MEANT. WHEN ASKED TO PROVIDE A MORE DETAILED DESCRIPTION OF HIS SYMPTOMS, HE STATED "I DON'T WANT TO PLAY 1000 QUESTIONS". AT NO TIME DID AA REPORT ANY NUMBNESS OR TINGLING UNTIL OMR EXPLAINED SOME OF THE COMMON SYMPTOMS OF MILD CONCUSSION. AA THEN STATED THAT HE DID HAVE NUMBNESS BUT NEVER TOLD OMR. AA FURTHER STATED CLEARLY THAT HE JUST WANTED TO GO HOME WHERE HE COULD BE COMFORTABLE BUT WANTED WORK COMP TO PAY FOR HIS ABSENCE. AA HAS BEEN GIVEN WORK MODIFICATIONS FOR TONIGHT AND WILL BE CONTACTED AS SOON AS HIS APPOINTMENT HAS BEEN SCHEDULED.

Electronically signed on 2/13/2013 at 23:30 by KINSEYJ-James Kinsey, EMT-B CAE1

Occupational Follow-up Visit on 02/12/2013 by James Kinsey, EMT-B CAE1

2/12/2013 21:08 KINSEYJ

Date of Injury: 2/10/13

Injury: FOREHEAD BRUISE

Current job function: VENDOR RETURNS

Current Pain level (per Universal Pain Assessment Tool): 3/10

Changes from initial Assessment: 4/10

Compliance/self care: NO

First Aid Care: DECLINED

Home Care suggestion(s):

Additional observations/notes: AA ARRIVED TO F/U ON ABOVE INJURY. HE WANTS TO BE SEEN BY HEALTHWORKS FOR HIS INJURY. HE SHOWS NO NEUROLOGICAL DEFICIT, PEARL, COAX3. AA NOTES HEAD ACHE ON LEFT FOREHEAD AND "IRRITATION". DAYTIME OMR WILL SCHEDULE HIS VISIT AT HEALTHWORKS. ALL TREATMENTS DECLINED BY AA. RTW

Electronically signed on 2/12/2013 at 21:08 by KINSEYJ-James Kinsey, EMT-B CAE1

Occupational Follow-up Visit on 02/11/2013 by James Kinsey, EMT-B CAE1

2/12/2013 00:15 KINSEYJ

Date of Injury: 2/10/13

Injury: BRUISE TO FOREHEAD

Current job function: VENDOR RETURNS

Current Pain level (per Universal Pain Assessment Tool): 4/10

Changes from initial Assessment: SEE NOTES

Compliance/self care: NO

First Aid Care: DECLINED, SELF ADMINISTERED 325MG TYLENOL

Home Care suggestion(s): ICE, OTC MEDS PRN

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Name	Jenkins, Clarence	Incident Date	02/10/2013/ 08:00p
SSN/ID	720113 / JENKINCL	Injury/Illness Description	Bruise Right Forehead
Company	Amazon.Com LLC		
Department	Vendor Returns	Case Number	CAE1-2013-0075

Additional observations/notes: AA RETURNED TO AMCARE REGARDING THE BUMP HE SUSTAINED ON HIS HEAD YESTERDAY. DURING HIS LAST FOLLOW UP EARLIER THIS EVENING HE STATED THAT HIS PAIN WAS 0/10. HE NOW CLAIMS THAT HE DID NOT SAY THIS AND NOTES A HEADACHE ON THE LEFT SIDE OF HIS HEAD 1/10-RADIATING DOWN HIS NECK, ALONG WITH LEFT SHOULDER PAIN. AA ALSO STATED THAT HE WAS FEELING HOT AND TIRED. AGAIN, THERE IS NO VISIBLE ABNORMALITY SEEN. NOR ANY NEUROLOGICAL DEFICIT, PUPILS EQUAL/REACTIVE TO LIGHT. AA WANTS TO GO HOME AND TO SEE A DOCTOR UNLESS HE CAN BE PUT IN ANOTHER JOB FUNCTION. AA DECLINED ALL TX, BUT DID TAKE ONE 325MG PILL OF TYLENOL. OMR WILL CONTACT DAY TIME PERSONNEL REGARDING SUCH.
Electronically signed on 2/12/2013 at 0:15 by KINSEYJ-James Kinsey, EMT-B CAE1

Occupational Follow-up Visit on 02/11/2013 by James Kinsey, EMT-B CAE1

2/11/2013 19:26 KINSEYJ

Date of Injury: 2/10/13

Injury: FOREHEAD VS TABLE

Current job function: VENDOR RETURNS

Current Pain level (per Universal Pain Assessment Tool): 0/10

Changes from initial Assessment: 4/10

Compliance/self care: NO

First Aid Care: DECLINED

Home Care suggestion(s):

Additional observations/notes: AA ARRIVED IN AMCARE FOR F/U ON FOREHEAD INJURY. HE DENIES ANY PAIN. HIS ONLY COMPLAINT IS "IRRITATION" AT THE INJURY SITE WITH NO FURTHER DESCRIPTION. AA DECLINED ANY TX AT THIS TIME BUT WISHES TO CONTINUE FOLLOW UPS FOR SAFE MEASURE. NEXT F/U IS TOMORROW 1840.
JTW

Electronically signed on 2/11/2013 at 19:26 by KINSEYJ-James Kinsey, EMT-B CAE1

Occupational Visit on 02/10/2013 by James Kinsey, EMT-B CAE1

2/11/2013 03:10 KINSEYJ

Reason for visit: PAIN TO RIGHT SIDE OF FOREHEAD

How did the Injury or illness occur: AA HIT HIS HEAD ON THE SIDE OF A METAL TABLE WHILE PICKING UP AN ITEM HE DROPPED BESIDE IT.

Location of Incident: VENDOR RETURNS, PACK AREA

Job function when injury occurred: VENDOR RETURNS

Time/Date of Incident: 2000 2/10/13

First Reported to: MIKE SARMINA

Time/Date Reported: 2015 2/10/13

Visual Appearance of Illness/Injury: UNREMARKABLE

Body Part(s)/Side(s): RIGHT SIDE FOREHEAD AT HAIR LINE

Pain Level/Radiation:(Per Universal Pain Assessment Tool): 4/10

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Progress Notes

11/05/2013

Page:4

Name	Jenkins, Clarence	Incident Date	02/10/2013/ 08:00p
SSN/ID	720113 / JENKINCL	Injury/Illness	Bruise Right Forehead
Company	Amazon.Com LLC	Description	
Department	Vendor Returns	Case Number	CAE1-2013-0075

What is your normal level of pain: 0/10

Range of Motion/Motor/Sensory: POSITIVE MOTOR SENSATION

L/P: P: R: DECLINED

First Aid Care: 400MG SELF ADMINISTERED IBUPROFEN, ALL OTHER TREATMENT DECLINED

Home Care Suggestion(s): ICE, OTC MEDS

Follow up: TOMORROW 1830

Additional Note: AA ARRIVED IN AMCARE FOLLOWING INCIDENT NOTED ABOVE. HE IS ALERT/ ORIENTED WITH OP 4/10. AA NOTES A HEADACHE AND TENDERNESS TO THE TOUCH AT INJURY SIGHT. EXAM GIVEN-NO SWELLING, DISCOLORATION OR BROKEN SKIN NOTED. AA DENIES ANY DIZZINESS OR VISUAL CHANGES. ALL FIRST AID IS DECLINED. AA JUST WANTED SOME OTC MEDS FROM THE LIL MEDIC FOR HIS HEAD PAIN. AA WILL R/U IN AMCARE TOMORROW 1830.RTW.

Electronically signed on 2/11/2013 at 3:11 by KINSEYJ-James Kinsey, EMT-B CAE1



Office of Human Resources

December 11, 2006

Mr. Clearance Jenkins Jr.
945 Wire Road
Neeses, SC 29107

Dear Mr. Jenkins:

A formal complaint was filed by you, Mr. Clearance Jenkins Jr, against your supervisor, Mr. Henry Lawton. Your formal complaint was 1.) Harassment from your supervisor; 2.) Hostile working environment created by your supervisor. A Formal Grievance was granted by the Personnel Committee and your case was heard on December 8, 2006.

The Personnel Committee has concluded that your supervisor, Mr. Henry Lawton did not harass you in the work environment. Mr. Lawton was performing his duties as your manager/supervisor in enforcing policies and procedures. It has also been concluded that your supervisor did not create a hostile working environment for you, however he was/is transforming the Admissions and Recruitment Office to support the overall mission of Voorhees College. As your supervisor, Mr. Lawton has the right to request a meeting with you to discuss your progress as an Admissions Counselor/Recruiter, and to ensure that the Admissions Office is progressing accordingly. He also has the right and authority to question any situation that may subject Voorhees College to misrepresentation, fraud, and/or abuse.

Mr. Jenkins, please understand that policies and procedures are the governing body of an organization and must be enforced and adhered to. In your case, you did not acknowledge various policies and procedures, nor did you warrant the constructive advisements from your immediate supervisor. You were issued a travel advance check in the amount of \$1021.90 on October 27, 2006 from Voorhees College, to assist in performing your duties as Admissions Counselor/Recruiter. You did not report to your recruiting destinations, nor did you call and report your absence to your immediate supervisor. Upon your return, you were asked to give back the funds that were issued for your travel to which you did not. You were afforded several opportunities by various personnel of Voorhees College to repay the monies due. To date you have only repaid \$350.00 which leaves a balance of \$671.90. Please note Section 2.24 - Policy on Fraud and Abuse in the Voorhees College Faculty and Staff Handbook 2004-2009. "Any act of fraud ascertained upon investigation, pursuant to a criminal conviction, or through written acknowledgment by the employee(s) concerned, shall result in the appropriate disciplinary and legal actions against the employee(s) and/or entities, to include the possibility of termination of employment, restitution and/or forwarding information to the appropriate authorities for

221 253

criminal prosecution. The repayment of losses shall be sought in all cases and the College would normally expect to recover all costs in addition to the recovery of losses.

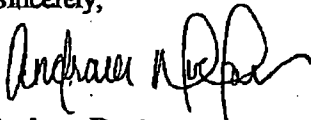
For the purposes of this policy, fraud shall include but not be limited to:

1. Theft or misappropriation of College assets;
2. Submitting false claims for payments or reimbursement
3. Accepting or offering a bribe or accepting gifts or other favors under circumstances that might lead to the inference that the gift or favors was intended to influence an employee's decision-making while serving the College
4. Accepting a commission from or paying same to a third party
5. Black-mail or extortion
6. 'Off Books' accounting or making false or fictitious entries
7. Knowingly creating and/or distributing false or misleading financial reports
8. Paying of excessive prices or fees where justification thereof is not documented
9. Violation of the College's procedures with the aim of personal gain or to the detriment of the College
10. Willful negligence intended to cause damage to the material interest of the College
11. A dishonorable or irresponsible or deliberate act against the interests of the College

Please be advised that it was concluded that you have violated the College's policy on Fraud and Abuse and therefore your employment with Voorhees College is terminated effective immediately. The college acknowledges that you are to be reimbursed in the amount of \$171.56; which will be deducted from the amount you owe Voorhees College. This leaves a balance of \$500.34 owed to Voorhees College, which will be deducted from your final pay. If there is a positive balance after the monies owed are deducted from your final pay, it will be directly deposited into your bank account on file, and your check stub will be mailed to your home address.

If you have any questions, please feel free to contact the Office of Human Resources at 803.703.7150/7151.

Sincerely,



Andraea Doctor
Director, Human Resources

Cc: Dr. Lee E. Monroe, President

-92- 222 254

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: JENKINS, CLARENCE
DICTATING PROVIDER: Noltkamper, Daniel Francis MD
ATTENDING: Noltkamper, Daniel Francis MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BSID:
PATIENT TYPE:

ACCOUNT # D00508105640
MED REC # M000637306
AGE: 45
NURSING STATION: D.ED
DATE OF DICATION: 09/13
TIME OF DICATION: 1206

Past Medical Hx:
HEAD INJURY AT WORK/HEADACHE & BLURRY VISION, HTN
Tetanus (Within 5 Yrs): NO
Pneumovax (Last 5 Yrs): NO
Influenza (Within 1 yr): NO
Allergies
Coded Allergies:
No Known Drug Allergies (09/13/13)

Ambulatory Medications
Reported Medications
Cephalexin (CEPHALEXIN MONOHYDRATE) 500 MG
Ketorlac Tromethamine (KETOROLAC TROMETHAMINE) 10 MG
Flexeril (Cyclobenzaprine Hcl) 10 MG

General Medical Prob. ExamPhysical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FIO2
09/13 1042	97.4	83	20	108/84	100			

General Appearance WD/WN, mild distress

Eyes

bilateral eye PERRL, bilateral eye EOMI

Run: 09/13/13-12:44 by

ED NOTE (DTP) - Dictating Physician's copy

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SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: JENKINS, CLARENCE
DICTATING PROVIDER: Noltkamp, Daniel Francis MD
ATTENDING: Noltkamp, Daniel Francis MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00508105640
MED REC # M000637306
AGE: 45
NURSING STATION: D.ED
DATE OF DICTATION: 09/13
TIME OF DICTATION: 1206

Ear, Nose, Throat Left ear superior antihelix swollen and tender. Mild erythema., TMs and EACs normal

Respiratory lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular no murmur, regular rate/rhythm

Neurologic/Psychiatric alert, oriented x3

Medical decision making

Course:

Could be auricular abscess vs auricular hematoma. Concerned more it is infection right now. Already been drained once and on Keflex. Will discuss with ENT for possible referral now.

D/W Dr Warder, To see Dr Paysinger 1500 today at office. Give gram Rocephin in ED.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Ceftriaxone Sodium	1 gm	1X ER STAT STA IM	09/13 1237 09/13 1238	DC	
Lidocaine HCl	2.1 ml	1X ER STAT STA INJ	09/13 1237 09/13 1238	DC	

Consulted with:

Warder, Frank Reid MD

Time of consult: 1212

Return call received: 1230

Decision made to admit? No

ED Departure

Run: 09/13/13-12:44 by

ED NOTE (DTP) - Dictating Physician's copy

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SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTES

PATIENT: JENKINS, CLARENCE
DICTATING PROVIDER: Noltkamper, Daniel Francis MD
ATTENDING: Noltkamper, Daniel Francis MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00508105640
MED REC # M000637306
AGE: 45
NURSING STATION: D.ED
DATE OF DICATION: 09/13
TIME OF DICATION: 1206

Past Medical Hx:

HEAD INJURY AT WORK/HEADACHE & BLURRY VISION, HTN

Tetanus (Within 5 Yrs): NO

Pneumovax (Last 5 Yrs): NO

Influenza (Within 1 yr): NO

Allergies

Coded Allergies:

No Known Drug Allergies (09/13/13)

Ambulatory Medications

Reported Medications

Cephalexin (CEPHALEXIN MONOHYDRATE) 500 MG

Ketorolac Tromethamine (KETOROLAC TROMETHAMINE) 10 MG

Flexeril (Cyclobenzaprine Hcl) 10 MG

General Medical Prob. Exam

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FI02
09/13 1042	97.4	83	20	108/84	100			

General Appearance WD/WN, mild distress

Eyes

bilateral eye PERRL, bilateral eye EOMI

Run: 09/13/13-12:44 by

ED NOTE (DTP) - Dictating Physician's copy

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SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: JENKINS, CLARENCE
DICTATING PROVIDER: Noltekamper, Daniel Francis MD
ATTENDING: Noltekamper, Daniel Francis MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # D00508105640
MED REC # M000637306
AGE: 45
NURSING STATION: D.ED
DATE OF DICTATION: 09/13
TIME OF DICTATION: 1206

Ear, Nose, Throat Left ear superior antihelix swollen and tender. Mild erythema., TMs and EACs normal
Respiratory lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use
Cardiovascular no murmur, regular rate/rhythm
Neurologic/Psychiatric alert, oriented x3

Medical decision making

Course:

Could be auricular abscess vs auricular hematoma. Concerned more it is infection right now. Already been drained once and on Keflex. Will discuss with ENT for possible referral now.

D/W Dr Warder, To see Dr paysinger 1500 today at office. Give gram Rocephin in ED.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Ceftriaxone Sodium	1 gm	1X ER STAT STA IM	09/13 1237 09/13 1238	DC	
Lidocaine HCl	2.1 ml	1X ER STAT STA INJ	09/13 1237 09/13 1238	DC	

Consulted with:

Warder, Frank Reid MD

Time of consult: 1212

Return call received: 1230

Decision made to admit? No

ED Departure

Run: 09/13/13-12:44 by

ED NOTE (DTP) - Dictating Physician's copy

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12-05-13;03:31PM;

7803 256 0881

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SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: JENKINS, CLARENCE

DICTATING PROVIDER: Noltkamper, Daniel Francis MD

ATTENDING: Noltkamper, Daniel Francis MD

ADMISSION DATE:

DISCHARGE DATE:

ROOM/HED:

PATIENT TYPE:

ACCOUNT # D00508105640

MED REC # M000637306

AGE: 45

NURSING STATION: D.ED

DATE OF DICTATION: 09/13

TIME OF DICTATION: 1206

Time of Disposition 1300

Clinical Impression.

Primary Impression: Auricular Infection

Disposition DISCH TO HOME OR SELF CARE

Condition Stable

Patient Instructions Abscess (ED)

Additional Instructions

To Dr Paysinger's office 3PM today. Get there 20 mins early. Office on 2nd floor of building
in ED parking lot. 2750 Laurel St Suite 203. Palmetto ENT

May Return On: 09/15/13

~ ~
~ Referrals:

Paysinger, Benjamin Daniel Jr. MD

~ ~
~ ~

~ Dictating Provider Signature: Noltkamper, Daniel Francis MD
E-Signed by

Electronic Signature Date: 09/13/13

Electronic Signature Time: 1243

Report Co-Signed by:
E-Signed by

Electronic Signature Date:

Electronic Signature Time:

Run: 09/13/13-12:44 by

ED NOTE (DTP) - Dictating Physician's copy

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amazon FULFILLMENT

Associate First Report of Injury (FROI)

Safety Form

This form is to be completed by the associate and is used only as a complementary tool to assist Safety and the AM with the incident investigation.

This form does NOT take the place of any approved intake forms for OMR's.

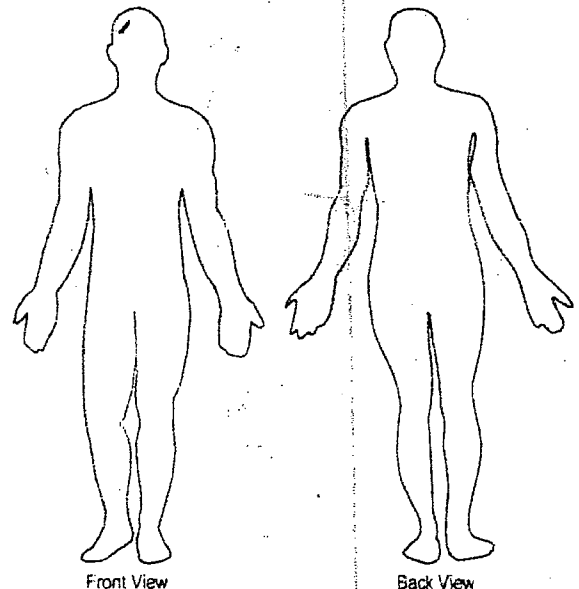
Name: Clarence Jenkins Jr Login: jenkinsc Employer: ☒ Amazon.com ☐ Agency ☐ ContractorAddress: Nevers St 29101

Cell Phone #: _____ Home Phone #: _____

Date of Birth: _____ Gender: ☒ Male ☐ Female ☒ Full Time ☐ Part Time Hire Date: 9-2-12Department: Packing Shift #: Wno2-- Area Manager: MikeDate Incident Reported: 2-10-13 Time Incident Reported: 8:15 PM ☐ AM ☒ PMActual Incident Date: 2-10-13 Actual Incident Time: 8:00 ☐ AM ☒ PMIncident Location: Vendor ReturnDescribe your Assigned Task: packing and scanning order for shipment Body Part Affected: head ☐ Left ☒ Right

Describe the Incident: I drop the an item on the floor between two table and a metal stand I went to pick the item up and put my head on the sharp end of the metal table. I have a soft spot and a bruise on my head. Another co-worker was standing by and notice it he also made mention to supervisor (mike) in my absent.

Please mark area(s) affected on diagram below.

In your opinion is your injury or illness related to something you did at work? ☒ Yes ☐ NoIs this a new injury? ☐ Yes ☒ NoDid incident occur during overtime? ☐ Yes ☒ NoTo whom did you originally report the incident? mikeWas First Aid Offered? ☐ Yes ☒ No ☐ N/A Type: _____ Declined First Aid? ☐ Yes ☒ No ☐ N/AWas Outside Medical Treatment Offered? ☐ Yes ☒ No ☐ N/A Type: _____ Declined Outside Medical Treatment? ☐ Yes ☒ No ☐ N/ADid anyone observe this incident? ☒ Yes ☐ No If yes, who: mikeHave you suffered previous injury to this same body part? ☐ Yes ☒ No When did the injury occur? _____ Who was the Employer? _____

The information given is true and correct. I authorize the release of medical information relative to this incident to the Health Service Personal of AM CARE, the insurance carrier, and/or the workers compensation carrier of the facility. I have received and understand the instructions as explained to me, and have no further questions at this time.

Associate Signature: Clarence Jenkins Jr Date: 2-10-13Manager Signature: _____ Date: 2/10/13



CERTIFICATION OF HEALTH CARE PROVIDER for Leave of Absence

Employee's Name: Clarence Jenkins Jr Employee Phone Number: 803-747-4185

Employee Login: jenkinsl

Patient's Name: _____
(if different from employee)

Relationship: Self

DOB: [REDACTED]
(If requesting for child)

Instructions for Health Care Provider: Complete, sign and fax to 888-253-2885 or email LOA@amazon.com. Please answer, fully and completely, all applicable parts. Be as specific as you can. Incomplete forms may not be sufficient to determine FMLA coverage. Please return this form no later than ____/____/____.

NOTE: If this request is for an employee's family member, please complete questions 1, 2, 4 and 5 only.

Health Care Provider eligible to complete certification include doctors of medicine or osteopathy authorized to practice medicine or surgery by the State in which the doctor practices, podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist), nurse practitioners, nurse-midwives, clinical social workers, Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, MA, any health care provider recognized under the company health plan and/or a health care provider listed above who practices in a country other than the United States and who is authorized to practice under the laws of that country.

1) A "serious health condition" under the Family and Medical Leave Act (FMLA) means an illness, injury, impairment, or physical or mental condition that involves one of the categories below. Does the patient's condition qualify under any of the categories described? If so, please check the applicable categories:

- ☐ **Hospital Care** - Inpatient care (i.e. overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
- ☐ **Absence plus Treatment** - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
- ☐ **Pregnancy** - Any period of incapacity due to pregnancy, or for prenatal care. Estimated due date: ____/____/____
- ☒ **Chronic Condition Requiring Treatments** - A chronic condition which:
- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
 - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- ☐ **Permanent/Long-Term Condition Requiring Treatment** - A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- ☐ **Multiple Treatments (Non-Chronic Condition)** - Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider; either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy, radiation, etc), severe arthritis (physical therapy), kidney disease (dialysis).
- ☐ **None of the Above**



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2) If none of the above is checked, describe below the medical facts:

- a. Approximate date condition commenced: _____ Probable duration of condition: _____
- b. Does this condition require the employee to be absent from work? YES ☐ NO ☐

3) What does the employee need? Check all applicable sections and complete in their entirety:

☐ Full/Continuous Leave Start Date: ____/____/____ Estimated End Date: ____/____/____

☒ Intermittent Leave/Reduced Work Schedule (Occasional/periodic for planned and/or unanticipated absences, typically less than 3 consecutive days) Start Date: 09/02/13 Estimated End Date: 09/02/14

If intermittent time off is needed, check and complete all that apply:

Intermittent time needed for episodic flare-ups YES ☒ NO ☐

Frequency: 1 times per 1 week(s) OR _____ times per _____ month(s)

Duration _____ hours or _____ day(s) per episode

Periodic treatment from a healthcare provider YES ☒ NO ☐

Frequency: _____ times per _____ week(s) OR 1 times per 1-2 month(s)

Duration _____ hours or _____ day(s) per visit

Reduced schedule needed YES ☐ NO ☒

40 hour(s) per day; 4 days per week, until ____/____/____

☐ Restrictions/Accommodations

Is employee able to perform the essential functions of the job? YES ☒ NO ☐

Were you provided a job description when completing this form? YES ☒ NO ☐ If no, Amazon or your patient may reach out to you for more information as needed.

Restrictions/Accommodations are: ☐ Permanent ☒ Temporary with anticipated duration of: upto 2 years

What are the current difficulties requiring support?

Chronic headaches due to post concussion syndrome
Dizziness

If there are restrictions or limitations, please list below:

4) If the leave request is for a family member with a serious health condition, please answer the following:

- a. Does the patient require assistance for basic medical, personal, safety or transportation needs? YES ☐ NO ☐
- b. Would employee's presence to provide psychological comfort be beneficial to the patient? YES ☐ NO ☐
- c. What does the employee need in order to care for their family member?

☐ Full/Continuous Leave Start Date: ____/____/____ Estimated End Date: ____/____/____

☐ Intermittent Leave/Reduced Work Schedule (Occasional/periodic for planned and/or unanticipated absences, typically less than 3 consecutive days) Start Date: ____/____/____ Estimated End Date: ____/____/____

If intermittent time off is needed, check and complete all that apply:

Intermittent time needed for care, appointments, transportation and/or other needs? YES ☐ NO ☐

Frequency: ____ times per ____ week(s) OR ____ times per ____ month(s)

Duration ____ hours or ____ day(s) per episode

Reduced schedule needed to provide care for family member? YES ☐ NO ☐

____ hour(s) per day; ____ days per week, until ____/____/____

5) Is there any other relevant information that we should know?

If you have questions, please call us at (888) 892-7180.

Fax the completed form to (888) 253-2885 or email a scanned copy to LOA@amazon.com.

Name Of Health Care Provider (Please Print): SHARON I EDEN MD	Type Of Practice: GEN PRACTICE
Office Address: 7061 NORWAY RD NEESES SC 29107	Phone Number: 803 874-2065 Fax Number: 263-4086 803 263-4097
Signature Of Health Care Provider: 	Date: 9/10/13

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



8/20/2013

CLARENCE JENKINS # 720113

RE: Offer of Transitional Work Assignment (TWA)

Dear CLARENCE:

This letter confirms our discussion on 8/20/2013 regarding your medical situation that is affecting your ability to perform the essential functions of your current job. At that time, we reviewed the following documentation and information:

- Healthcare Provider Request for Medical Information (RMI) Form
- Reviewed the essential functions of your current job and your current work limitations

The information provided by your health care provider stated the following restrictions:
Associate Cannot:

- Lift more than 31 - 50lbs for over 25% of shift
- Lift more than 21 - 30lbs for over 25% of shift
- Lift more than 11 - 20lbs for over 50% of shift
- Push/Pull more than 31 - 50lbs over 25% of shift
- Push/Pull more than 21 - 30lbs over 25% of shift
- Push/Pull more than 11 - 20lbs over 50% of shift
- Overhead reach for more than 25% of shift
- At or below shoulder reach for more than 75% of shift
- Rotate head/neck for more than 25% of shift
- Bend, twist or squat for more than 25% of shift
- Kneel or crawl for more than 50% of shift
- Sit more than 75% of shift
- Stand more than 25% of shift
- Walk more than 50% of shift
- Climb stairs or ladders more than 25% of shift
- Use hands for repetitive motion, simple forceful grasping, turning more than 50% of shift
- See more than 50% of shift
- Hear more than 75% of shift
- Work more than 40hrs/week
- Work more than 10 hours/day
- Drive commercial machinery

After reviewing this information, we have determined that you are eligible for a TWA and we are able to provide the following TWA:

TWA	Details
Continue in your current position with temporary modifications to certain job tasks	After considering your temporary limitations, we are able to provide you a TWA by temporarily modifying the essential functions of your job, in the following manner: - Associate can perform any task assigned by his AM that falls within his above limitations

If you choose to take a FMLA leave instead of accepting a TWA, please check the "REJECT" box in the Acknowledgement section at the end of this letter and indicate that you are taking a leave instead to accepting a TWA as the reason. Please note that taking a FMLA leave instead of accepting a TWA may affect your worker's

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compensation or other disability benefits. **However, if you are not eligible for FMLA leave, and you reject a TWA, your employment will be terminated.**

• N/A

As a reminder, this TWA offer will begin on 8/20/2013 and end on 9/19/2013 (30 DAYS LATER THAN START DATE). At that time, we will review and re-evaluate whether you are medically able to return to your regular job.

Throughout the duration of this temporary assignment, please immediately inform your supervisor or Human Resources if there are any changes to your current work limitations or need for further job modifications. Amazon may request that you submit updated medical documentation to evaluate any changes to your status.

Contact me at ELLIOTTM@amazon.com or (803)791-6540 to advise of your acceptance of this offer and return this document to me either in person or via fax or mail to the address listed below. Please sign the acknowledgement below to indicate your agreement or refusal to this offer we are implementing on your behalf. **If we do not hear from you within three (3) days from the date of this letter, we will assume that you do not want to take advantage of this offer and that you have refused our offer. Please understand that if you do not accept Amazon's offer and if you are not eligible for FMLA that it may affect your employment status. In addition, we will have no other choice but to assume you have voluntarily resigned your employment with Amazon and process your termination as such on that date.**

Attached with this letter is a copy of the Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process.

Please understand that your acceptance of this offer will not change any of the terms and conditions in your original Offer Letter from Amazon, including your "at-will" employment status. In addition, if you do not accept this offer, it may affect your worker's compensation or other disability benefits.

Regards,

MICHAEL ELLIOTT
4400 1st Street Extension
West Columbia, SC 29172
ELLIOTTM@amazon.com

ACKNOWLEDGEMENT

I have had an opportunity to review this Transitional Work Assignment (TWA) offer with Human Resources at Amazon. I hereby ☐ **Accept** ☐ **Reject** the Transitional Work Assignment that Amazon will implement on my behalf, as described in this offer letter. I also hereby acknowledge that I have been provided a copy of, have read and understand the Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process.

If you are **ACCEPTING** this offer, you **MUST** carry a copy of these restrictions with you at all times while in the FC.

If you are **REJECTING** this offer, please provide a reason below:

Print Name

Signature

Date

Attachments:

Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process

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4/16/2013

CLARENCE JENKINS # 720113

RE: Offer of Transitional Work Assignment (TWA)

Dear CLARENCE:

This letter confirms our discussion on 4/16/2013 regarding your medical situation that is affecting your ability to perform the essential functions of your current job. At that time, we reviewed the following documentation and information:

- Healthcare Provider Request for Medical Information (RMI) Form
- Reviewed the essential functions of your current job and your current work limitations

The information provided by your health care provider stated the following restrictions:
Associate Cannot:

- Bend/Twist over 25% of shift
- Climb Ladders

After reviewing this information, we have determined that you are eligible for a TWA and we are able to provide the following TWA.

TWA	Details
Continue in your current position with temporary modifications to certain job tasks	After considering your temporary limitations, we are able to provide you a TWA by temporarily modifying the essential functions of your job, in the following manner: - Can perform functions assigned by her AM that adhere to the above restrictions. - Associate can continue in his normal PACK function. Bending/twisting of the torso is not permitted per Safety guidelines.

If you choose to take a FMLA leave instead of accepting a TWA, please check the "REJECT" box in the Acknowledgement section at the end of this letter and indicate that you are taking a leave instead of accepting a TWA as the reason. Please note that taking a FMLA leave instead of accepting a TWA may affect your worker's compensation or other disability benefits. **However, if you are not eligible for FMLA leave, and you reject a TWA, your employment will be terminated.**

- N/A

As a reminder, this TWA offer will begin on 4/16/2013 and end on 5/16/2013 (30 DAYS LATER THAN START DATE). At that time, we will review and re-evaluate whether you are medically able to return to your regular job.

Throughout the duration of this temporary assignment, please immediately inform your supervisor or Human Resources if there are any changes to your current work limitations or need for further job modifications. Amazon may request that you submit updated medical documentation to evaluate any changes to your status.

Contact me at ELLIOTTM@amazon.com or (803)791-6540 to advise of your acceptance of this offer and return this document to me either in person or via fax or mail to the address listed below. Please sign the acknowledgement below to indicate your agreement or refusal to this offer we are implementing on your behalf. **If we do not hear from you within three (3) days from the date of this letter, we will assume that you do not want to take advantage of this offer and that you have refused our offer. Please understand that if you do not accept Amazon's offer and if you are not eligible for FMLA that it may affect your employment status. In addition, we will have no other**

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choice but to assume you have voluntarily resigned your employment with Amazon and process your termination as such on that date.

Attached with this letter is a copy of the Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process.

Please understand that your acceptance of this offer will not change any of the terms and conditions in your original Offer Letter from Amazon, including your "at-will" employment status. In addition, if you do not accept this offer, it may affect your worker's compensation or other disability benefits.

Regards,



MICHELE ELLIOTT
4400 12th Street Extension
West Columbia, SC 29172
ELLIOTTM@amazon.com

ACKNOWLEDGEMENT

I have had an opportunity to review this Transitional Work Assignment (TWA) offer with Human Resources at Amazon. I hereby ☐ **Accept** ☐ **Reject** the Transitional Work Assignment that Amazon will implement on my behalf, as described in this offer letter. I also hereby acknowledge that I have been provided a copy of, have read and understand the Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process.

If you are **ACCEPTING** this offer, you **MUST** carry a copy of these restrictions with you at all times while in the FC.

If you are **REJECTING** this offer, please provide a reason below:

Print Name

Signature

Date

Attachments:

Amazon US Operations Guidelines For Transitional Work Assignments And The Reasonable Accommodation Process

CC: File

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Compose

← → Delete Move Spam More Collapse All ↑ ↓ X

Inbox (296)

Drafts (46)

Sent

Spam (187)

Trash (26)

Folders

Recent

Sponsored



Harry's
How Harry's is Disrupting a
\$13 Billion Industry

Follow up(4)

Me Ms. Monica: Please a status update pertaining to longterm disability. Sep 24 at 5:14 PM

Goss, Monica L Hello Clarence, I am still waiting for the clinical review of Today at 12:30 PM

Me Amazon: Please see email from Aetna Insurance detailing how Dr. Sti Today at 1:08 PM

Me
To mellis@schac.sc.gov

Ms. Ellis:

Please review email below which verifies Amazon hostile treatment. Please add to my complaint against Amazon. Send notification once this email is receive.

Clarence Jenkins Jr

Hide message history

On Thursday, September 25, 2014 1:08 PM, Clarence Jr <upscale81@yahoo.com> wrote:

Amazon:

Please see email from Aetna Insurance detailing how Dr. Stickler Office will not confirm my visit with them which was ordered by Amazon. I am ever more confident that my visit with Dr. Stickler was a pre-arrange corruption to deny current medical or future problems but provide a report of Maximum Medical Evaluation on behalf of Amazon to benefit them. What a scam of shame because I had already provided Aetna with a copy of Dr. Stickler report therefore my visit was verified.

Amazon, be assure all these documentations will be used to established a hostile environment. I cannot even digress because Amazon continues to be a monster in this entire process.

Clarence Jenkins Jr

On Thursday, September 25, 2014 12:29 PM, "Goss, Monica L" <GossM@AETNA.com> wrote:

Hello Clarence,

I am still waiting for the clinical review of the IME completed and it should come back anytime. Also I left a voicemail this morning with Dr. Muhammad as we were told on 9/10/2014 the records would be faxed in 24-48 hours and the information is still not received. Since that day our vender Parameds left 7 voicemails with no return call.

Also On Wednesday this week Janna with Dr. Stickler is still advising that there are no records found for you with your name, social security number and date of birth. What may help at this point is to see if they can give you a copy of your visit(s) directly. I am not sure why they are telling us there are no records.

Monica Goss
Long Term Disability Analyst
Aetna Life Insurance Company
(888) 807-3750
Fax: (866) 667-1987

From: Clarence Jr [mailto:upscale81@yahoo.com]
Sent: Wednesday, September 24, 2014 2:14 PM
To: Goss, Monica L
Subject: Follow up

Ms. Monica:

Pinpoint
where
customers
are
dropping
off and
re-engage
with them
instantly to
close sales.

Live Web Insights
It's free!

Start now

YAHOO!
COMMERCE CENTRAL

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1 what witnesses he wants to as part of his defense.

2 MR. JENKINS: Okay. I'd like to call --

3 THE COURT: We're going to take a five minute
4 break real quick.

5 (Off the record at 5:31 p.m.)

6 (On the record at 5:42 p.m.)

7 THE COURT: We'll go back on the record.

8 MR. GOUDELOCK: Thank you, sir. I would object
9 to him calling Ms. Keisler, she was listed as my
10 witness. I didn't present her, he hasn't filed a
11 Prehearing Brief listing anybody as a witness, so I
12 think it's a bit improper for him to be able to call
13 her as part of his direct examination. She hasn't
14 been presented direct by me.

15 THE COURT: Okay. Mr. Goudelock is correct in
16 that, Mr. Jenkins. You didn't have any witnesses that
17 you wanted to present, Mr. Jenkins?

18 MR. JENKINS: No. I would -- well, I think -- I
19 think Ms. Keisler is more than able to testify. She's
20 been working with comp especially for Amazon, so she
21 has knowledge of a lot of things that is in his legal
22 Brief. So I -- I think she's -- you know, she's here.
23 You know even though she's here for the Defendants,
24 but she's here. And I ask the Court that he allow her
25 to testify.

1 MR. GOUDELOCK: Same objection.

2 THE COURT: And I'm going to sustain Mr.
3 Goudelock's objection because he's correct in his
4 assessment about that and since you don't have anybody
5 else listed on yours and you made the point before we
6 left just a minute ago about individuals that he had
7 listed as witnesses are not here.

8 MR. JENKINS: Right.

9 THE COURT: That's his prerogative as to who, he
10 can list them as witnesses saying that he reserves the
11 right to call those individuals, but that does not
12 mean that they are required to be here --

13 MR. JENKINS: Okay.

14 THE COURT: -- if he decides not to put them on
15 the stand.

16 MR. JENKINS: All right. What about would I be
17 allowed to present social documents that was out of
18 social media? Mr. Goudelock -- the document that I
19 had knowledge -- or prior knowledge that he was going
20 to make -- matter of fact, those documents are not
21 part of his legal Brief, but he has been allowed to --
22 to --

23 THE COURT: So you're -- when you say social
24 media, things like Facebook and Twitter?

25 MR. JENKINS: Well, I'm talking about people web

1 pages, you know, web pages and different things, or
2 agency web pages, or depositions that's filed with the
3 Workers' Comp Commission and all that's public
4 information.

5 THE COURT: Well, if it's a deposition that's
6 filed with the Commission it's already part of our
7 record, so we already have it.

8 MR. JENKINS: But I also want to -- and then the
9 South Carolina Legislature, I want to deal with Rule
10 42-9-10 which he had on his Form 50 -- Form 51 or
11 whatever.

12 THE COURT: Okay. What's your argument regarding
13 that?

14 MR. JENKINS: Well, based on his -- this states
15 that when a person out of work because of a injury and
16 the Employer has admitted to that injury. Which in
17 this case Amazon -- it did happen -- the injury did
18 happen. Amazon did admit it to the injury, those two
19 are facts. What also is fact is that Amazon because
20 of medical restrictions sent me which is not part of
21 Amazon legal Brief, but it's part of Amazon's
22 employment record, it's part of my employment record.
23 That I was ordered not to come into the plant because
24 they could not accommodate the work restrictions. And
25 during that time period -- during that time period

1 from March -- from February the 21st, 2014 I was just
2 recently terminated as of April 3rd, 2014, but the
3 point that I want to make is that because I was denied
4 access because of work restrictions not able to
5 accommodate by Amazon HR, and that 42-9-10 states that
6 the Employee should receive weekly benefits. During
7 the time of March 5th to July 19th I received short
8 term disability from March 5th up until -- no, I'm
9 sorry. From February the 7th up until March 5th, 2014
10 I received five weeks short term disability payment.
11 So because of 42-9-10 states that weekly benefits
12 should be paid to the Employee -- Employee because
13 he's out. I did not receive any income from March 5th
14 up until July 19th because the Employer kept me out
15 because of my medical symptoms and work restrictions.
16 Therefore, I feel that workers' comp -- that Amazon
17 owes for four and a half months of unpaid benefits.
18 Short term benefits was not paid, eventually long term
19 disability kicked in the middle of July. But for four
20 and a half months, from March 5th up until July 19th
21 there was no income at all. And therefore, Amazon
22 should be held accountable for those benefits.

23 THE COURT: Sir, I hear what you're saying, but
24 I'm also looking at your Form 50 and I don't see where
25 that's a part of your Form 50 and what is before me

1 today.

2 MR. JENKINS: Well, if you take -- if you take
3 January 22nd, 2014 to present that would fall within
4 that category.

5 THE COURT: Correct, but you haven't argued as
6 part of your argument on your Form 50 that you wanted
7 TTD.

8 MR. JENKINS: Well, let's see.

9 THE COURT: And that has to be included as part
10 of your Form 50, otherwise it's not properly before
11 me.

12 MR. JENKINS: Well, you see, due to injury the
13 Claimant requests temporary total disability benefits
14 because of lost compensable time from work and wages
15 to a period of, and I do have from January 22nd, 2014
16 to present. So that would include -- present means
17 now, which income -- some income has been provided,
18 but some -- during some months no income has been
19 provided.

20 THE COURT: Okay.

21 MR. JENKINS: So -- so you take January 22nd, 2014
22 --

23 THE COURT: All right. I see where you're
24 talking about.

25 MR. GOUDELOCK: May I respond, Your Honor?

1 today.

2 MR. JENKINS: Well, if you take -- if you take
3 January 22nd, 2014 to present that would fall within
4 that category.

5 THE COURT: Correct, but you haven't argued as
6 part of your argument on your Form 50 that you wanted
7 TTD.

8 MR. JENKINS: Well, let's see.

9 THE COURT: And that has to be included as part
10 of your Form 50, otherwise it's not properly before
11 me.

12 MR. JENKINS: Well, you see, due to injury the
13 Claimant requests temporary total disability benefits
14 because of lost compensable time from work and wages
15 to a period of, and I do have from January 22nd, 2014
16 to present. So that would include -- present means
17 now, which income -- some income has been provided,
18 but some -- during some months no income has been
19 provided.

20 THE COURT: Okay.

21 MR. JENKINS: So -- so you take January 22nd, 2014

22 --

23 THE COURT: All right. I see where you're
24 talking about.

25 MR. GOUDELOCK: May I respond, Your Honor?

1 THE COURT: Sure.

2 MR. GOUDELOCK: What he cites, 42-9-10 -- 42-9-10
3 says benefits are due when -- for disability.
4 42-1-120 defines disability as a condition because of
5 the injury. Our contention is that the medical
6 evidence before you that he's complaining of that he's
7 been talking about forever, is not going -- not
8 disabling him because of the injury.

9 THE COURT: Okay. And sir, since you have this
10 on your form I will address that in my Order when I
11 issue my Order.

12 MR. JENKINS: Okay. Okay. Thank you. But I
13 would like to get back to making note of some -- some
14 documents that are public regard to -- to address them
15 before the Court if I could.

16 THE COURT: Do you have exhibits that you want to
17 --

18 MR. JENKINS: Yes, sir.

19 THE COURT: That are social media exhibits?

20 MR. JENKINS: Right. 'Social media exhibits.

21 MR. GOUDELOCK: I don't know what they are, Your
22 Honor, but same objection I had at the outset of the
23 hearing. He has not filed a Prehearing Brief and
24 listed any exhibits. He has not offered any APA
25 submission notifications to us timely and I don't know

1 what those are, but I would object to them as coming
2 in.

3 MR. JENKINS: And I want to object to Mr. Rusty's
4 objection because then this -- if the Court agrees if
5 that would be advised, because he has been allowed to
6 present documents that's on social media that I had
7 not received prior to now in his Brief. Those emails,
8 those Twitter Accounts, that was not -- that was not
9 part of his Brief, I had not seen those documents
10 before today. And therefore, I'm already going to
11 assume that this Court has been biased because he's --
12 he's getting -- he's being able to do some things that
13 I can't do.

14 MR. GOUDELOCK: So you're accusing me of making a
15 lie?

16 MR. JENKINS: No, I'm accusing -- I'm accusing
17 Amazon of having a little weight a little bit. Not
18 Mr. -- not Mr. Carroll because I don't want to get
19 Judge Carroll -- I don't want to get on his bad side.

20 MR. GOUDELOCK: What social media things do you
21 have?

22 MR. JENKINS: Well, one, I want to present this
23 document here. I went on Mickle and Bass website and
24 I saw where the former Commissioner, Andrea Roche now
25 works for Mickle and Bass.

1 why I wanted to have it for the record because just in
2 case you know, we haven't -- I have to proceed to the
3 Court of Appeals it's better off to have those records
4 because see they going to say well you did not have
5 your record during the previous hearing. Another
6 further documentation that I would like to submit. I
7 had it -- during the original hearing Amazon spent so
8 much time having unauthorized visits disputed before
9 Commissioner Roche. Commissioner Roche during her
10 Finding agreed with Amazon. And I come to present to
11 the Court then as of January 20, 2015 Amazon issued
12 subpoenas for all those visits of unauthorized medical
13 care that I was not allowed to get mileage on to that
14 part of the record. So my -- my argument is the
15 workers' compensation already agrees with Amazon then
16 why would Amazon as of January 20th, 2015 issue
17 subpoenas for all those unauthorized medical visits?
18 Such -- such as to the very ones that I'm not being
19 allowed to submit here today such as The Family Health
20 Center.

21 THE COURT: But sir, you're not being allowed to
22 submit those here today --

23 MR. JENKINS: Right. Right.

24 THE COURT: -- because you didn't properly submit
25 them.

1 MR. JENKINS: Right, right, right, right, but the
2 point -- the whole thing about that though, but Amazon
3 be able to subpoena the records. Amazon, even though
4 they were not part of Amazon legal Brief, Amazon have
5 a public document where they issue subpoenas for all
6 those medical records including Richland Medical
7 Center, Dr. Muhammed, Norfield Medical Center, Dr.
8 Eden, but yet, Dr. Tomarchio, Dr. Gonzalez, but yet,
9 you know, I'm not able to present all their records
10 when Amazon is the one that issued subpoenas for the
11 records though.

12 THE COURT: And you could have if you had
13 properly listed stuff.

14 MR. JENKINS: Right. Right, but you -- I
15 understand, sir, but even though -- even though I may
16 have not properly listed them, they saw those things
17 --

18 THE COURT: And here -- be also aware of this, if
19 there were subpoenas that were issued the Commission
20 is aware of that. That's all a part of the record.
21 We have all of that information.

22 MR. JENKINS: Right. So then does the Commission
23 have to ask where are the records then? Why didn't
24 Amazon submit the records? You know why Amazon didn't
25 submit the records; because the records dispute their

1 claim that a injury is not as serious as -- as it has
2 been and that's why they have not submitted the
3 records. But the subpoenas -- they got the records.
4 And so by Amazon saying that --

5 MR. GOUDELOCK: Your Honor, this has been ruled
6 on and --

7 MR. JENKINS: Right. Right. But let me -- let
8 me finish though.

9 MR. GOUDELOCK: -- and determined over and over
10 again.

11 MR. JENKINS: Right. But let me finish though.

12 MR. GOUDELOCK: I'm happy for him to go on and on
13 with the --

14 MR. JENKINS: No, I'm not happy either, I'm a
15 little under the weather; I'm sick. But I want to
16 make my argument. By Amazon saying they're not aware
17 of these documents --

18 MR. GOUDELOCK: Nobody said we weren't aware.

19 MR. JENKINS: These subpoenas verify -- they
20 verify that Amazon got those records, therefore, I
21 should be allowed -- the reason I didn't follow the
22 proper procedure, I wanted to follow what I was told
23 by the Workers' Comp Commission staff. Amazon had
24 prior knowledge because there's no way possible that
25 if you issue subpoenas those medical providers are not

1 going to provide you all the records that they have on
2 that client, that patient if you subpoena those
3 records. So Amazon had prior knowledge, so I'd like
4 to submit these records to the Court. Even though you
5 have them but I still would like to submit them
6 because I'm afraid this is going to have to go to the
7 Court of Appeals, so I want all these things in there.

8 THE COURT: You've already -- let me explain
9 something to you.

10 MR. JENKINS: Yes, sir.

11 THE COURT: You understand that the next appeal
12 is to come --

13 MR. JENKINS: Right. I understand --

14 THE COURT: -- before the Commission?

15 MR. JENKINS: Yes, sir, I do understand. I was
16 told that, I'm sorry.

17 THE COURT: Mr. Goudelock?

18 MR. JENKINS: I've got a headache. It's all
19 right though. Thank you though.

20 THE COURT: Thank you.

21 MR. JENKINS: While you doing that Commissioner
22 Carroll, I know you have Dr. Stickler's deposition so
23 you're going to read this, do I need to hand this for
24 the Court record as well, because I know you already
25 have it.

1 THE COURT: That's his deposition?

2 MR. JENKINS: Yes, sir.

3 THE COURT: No, I have his full deposition.

4 MR. JENKINS: Okay. Okay.

5 THE COURT: Mr. Goudelock?

6 MR. GOUDELOCK: Your Honor, for the sake of not
7 cluttering the record, I'm going to object to it. He
8 hasn't listed any of this stuff, there are pages and
9 pages of them. If you let them in that's fine, but --

10 MR. JENKINS: They're your documents.

11 MR. GOUDELOCK: I know. I've already told you we
12 subpoenaed them. We're aware of the records and we've
13 subpoenaed them. I'm not disagreeing with you. I'm
14 just trying --

15 THE COURT: And I'll let them in just because
16 they're part of the record, but Mr. Goudelock has --
17 like I say, I'm giving you a lot of latitude here.

18 MR. JENKINS: Yes, sir, and I appreciate it.

19 THE COURT REPORTER: Am I going to mark these?

20 MR. GOUDELOCK: Mark them as a group.

21 (Claimant's Exhibit Number 5, subpoenas and
22 various documents, marked for identification and
23 entered into the record.)

24 MR. JENKINS: That -- that's it for me, Your
25 Honor. Thank you, sir.

State of South Carolina

1333 Main Street, 5th Floor
P O Box 1715
Columbia, SC 29202-1715



TEL (803) 737-5700
FAX (803) 737-5764

Workers' Compensation Commission

REGULATORY PROCEDURES ADVISORY

January 25, 2012

FORM 14B (PHYSICIAN'S STATEMENT)

This is a Commission Advisory clarifying the requirements for filing a Form 14B (Physician's Statement).

Background

The Commission created Form 14B (Physician's Statement) as a result of an amendment to Section §42-15-60 of the SC Code of Laws in 2007. The language in this Section was amended to add paragraph (B) (1), which states:

When a claim is settled on the commission's Agreement for Permanent Disability/Disfigurement Compensation form, the employer is not required to provide further medical treatment or medical modalities after one year from the date of full payment of the settlement unless the form specifically provides otherwise.

Applicability

For injuries occurring on or after July 1, 2007 which require future medical care and treatment, settlements on the Commission's Form 16A (Agreement for Permanent Disability/Disfigurement) must be accompanied by a Form 14B. The Form 14B must indicate whether or not future medical care and treatment will be required. (SC WCC Regulations R67-802 and R67-803)

Requirements

The Commission's Form 14B (Physician's Statement) is required when a matter is to be resolved at an informal conference or when a Form 16A (Agreement for Permanent Disability/Disfigurement) is submitted to the Commission for approval. The Form 14B is required for the record to reflect the need for future medical care and treatment. If, in the course of evaluation and treatment, the treating physician makes a determination of any restrictions on the claimant, the need for future medical care and treatment, and an impairment rating due to the injury, the treating physician is required to provide the impairment rating on Form 14B.

**SC Workers' Compensation Commission
Regulatory Procedures Advisory
January 25, 2012**

The Form 14B is to be used by authorized treating physician to render an opinion with regard to these issues.

The Jurisdictional Commissioner requires either a Form 14B or a physician's narrative report when considering Final Agreement and Release documents where the Claimant is not represented by Counsel. The 14B or the narrative report must indicate the impairment rating, restrictions on the Claimant, and the need for future medical care and treatment in order to properly consider the agreement.

Form 14B or a narrative report from the treating physician is required for proper filing by the Defense to request stop payment of compensation citing the Claimant has reached maximum medical improvement.

A Form 14B is not required as documentation for the filing of a Form 21 (Employer's Request for Hearing).

If you have any questions regarding this notice or the proper filing of form or documents with the Commission, please contact Virginia Crocker, Judicial Director, (803) 737-5739 or vcrocker@wcc.sc.gov.

(3) A party shall plead in response to an amended form within the time remaining for response to the original form or within ten days after service of the amended form, whichever period may be longer, unless the Commission otherwise orders.

(4) Attorneys for the parties shall serve the opposing party according to R.67-211.

(5) If the claimant is not represented by an attorney, the Commission will serve the employer's representative or attorney.

C. An amended form must be timely filed and served. The Commissioner will determine at the hearing whether to allow a party to rely on new facts or defenses.

HISTORY: Amended by State Register Volume 16, Issue No. 4, eff April 24, 1992; State Register Volume 21, Issue No. 4, eff April 25, 1997.

67-611. Pre-hearing Brief.

A. A claimant who is representing himself or herself is not required to file a Form 58, Pre-hearing Brief.

(1) If the claimant elects to file a Form 58, mail the Form 58 to the Commissioner's office identified on the hearing notice.

(2) The Commissioner's office will send a copy of the Form 58 to the employer's attorney.

B. Each attorney representing a party at a hearing shall file and serve a Form 58 according to the following:

(1) File a Form 58 and proof of service at least ten days before the hearing with the Hearing Commissioner's office identified on the hearing notice. Complete the Form 58 and give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements including video recordings and/or transcribed audio recordings have been taken from one of the witnesses including the claimant and indicate who has possession of same. A party is under a duty to promptly supplement a response with respect to any question directly addressed on the form and amend a response if the party obtains information upon the basis of which the party knows the response was incorrect when made, or the party knows the response thought correct when made is no longer true and the circumstances are such that a failure to amend the response is in substance a knowing concealment.

(2) Serve the opposing party according to R.67-211.

C. The Form 58 shall remain in the Commission's file but shall not constitute evidence or become part of the record of the hearing.

D. If an attorney fails to file and serve a Form 58, the Commissioner may postpone the hearing according to R.67-613 or assess against an attorney by written order a fine of up to one hundred dollars.

HISTORY: Amended by State Register Volume 16, Issue No. 4, eff April 24, 1992; State Register Volume 21, Issue No. 4, eff April 25, 1997.

67-612. Admission of Expert's Report as Evidence.

A. This regulation does not apply to the Form 14A filed according to R. 67-1301, nor shall this regulation be construed to limit a party's right to call a witness (lay or expert) or present evidence (lay or expert) in the form of a deposition.

B. A written expert's report to be admitted as evidence at the hearing must be provided to the opposing party as follows:

(1) The moving party must provide the report to the opposing party at least fifteen days before the scheduled hearing.

(2) The non-moving party must provide to the moving party any report not provided by the moving party at least ten days before the scheduled hearing.

(3) Where both parties file hearing requests the first party to file shall be considered the moving party.

(4) The carrier shall be deemed the moving party in all hearings scheduled pursuant to a request under R. 67-504C.

South Carolina Legislature

South Carolina Code of Laws > Title 42

South Carolina Code of Laws Unannotated Current through the end of the 2014 Session

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Title 42 - Workers' Compensation

CHAPTER 9

Compensation and Payment

42-9-5. Basis for award.

Award made pursuant to this title must be based upon specific and written detailed findings of fact substantiating the award.

(2007 Act No. 111, Pt I, Section 16, eff July 1, 2007, applicable to injuries that occur on or after that date.

42-9-10. Amount of compensation for total disability; what constitutes total disability.

If the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the disability a weekly compensation equal to sixty-six and two-thirds percent of his average weekly wages, but not less than seventy-five dollars a week so long as the amount does not exceed his average weekly salary; if this amount does exceed his average weekly salary, the injured employee may not be paid, each week, less than his average weekly salary. The injured employee may not be paid more each week than the average weekly wage in this State for the preceding fiscal year. In no case shall the period covered by the compensation exceed five hundred weeks except as provided in subsection (C).

Loss of both hands, arms, shoulders, feet, legs, hips, or vision in both eyes, or any two thereof, constitutes total and permanent disability to be compensated under the provisions of this section.

Notwithstanding the five-hundred-week limitation prescribed in this section or elsewhere in this title, any person determined to be totally and permanently disabled as a result of a compensable injury is a paraplegic, a quadriplegic, or who has suffered physical brain damage is not subject to the five-hundred-week limitation to receive the benefits for life.

Notwithstanding the provisions of Section 42-9-301, no total lump sum payment may be ordered by the commission in any case under this section where the employee is entitled to lifetime benefits.

662 Code Section 72-151; 1952 Code Section 72-151; 1942 Code Sections 7035-32, 7035-34; 1936 (39) 1231; 1937 (40) 613; 1941 (42) 221; 1953 (48) 2753; 1972 (57) 2339; 1974 (58) 2265; 1976 Act No. 532 Section 3; 1978 Act No. 500 Section 1; 1984 Act No. 417; 1986 Act No. 389, eff April 29, 1986; 111, Pt I, Section 17, eff July 1, 2007, applicable to injuries that occur on or after that date.

42-9-20. Amount of compensation for partial disability.

Otherwise provided in Section 42-9-30, when the incapacity for work resulting from the injury is partial, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during such disability a weekly compensation equal to sixty-six and two-thirds percent of the difference between his average weekly wages before the injury and the average weekly wages which he is able to earn thereafter, but not more than the average weekly wage in this State for the preceding fiscal year. In no case shall the period covered by such compensation be greater than three hundred forty weeks from the date of injury. In case the partial disability is after a period of total disability, the latter period shall not be deducted from a maximum period allowed in this section for partial disability.

2 Code Section 72-152; 1952 Code Section 72-152; 1942 Code Section 7035-33; 1936 (39) 1231; 1937 (40) 613; 1953 (48) 103; 1966 (54) 2753; 1972 (58) 2265; 1976 Act No. 532 Section 4; 1977 Act No. 70.

30. Schedule of period of disability and compensation.

As provided in the following schedule, the disability in each case is considered to continue for the period specified and the compensation paid for the injury is as follows:

If a thumb sixty-six and two-thirds percent of the average weekly wages during sixty-five weeks;

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- (2) employee's name;
- (3) employer's name and address;
- (4) insurance carrier's name, address, and the National Council on Compensation Insurance code; and
- (5) insurance carrier's claim number, policy number, and policy effective date. The carrier claim number is the unique identifier a carrier uses throughout the life of a claim to report that claim to the National Council on Compensation Insurance. Failure to comply with the provisions of this subsection shall bar an employer or his carrier from recovery from the fund.
- (g) If the employee has a permanent physical impairment, as defined in this section and the prerequisites for reimbursement have been met, and if it can be shown that the subsequent injury most probably would not have occurred "but for" the presence of the prior impairment, then reimbursement will be granted as provided in this section even if the subsequent injury does not cause the employer's liability for compensation and medical benefits to be substantially greater than that which would have resulted from the subsequent injury alone.
- (h) When a third party is deemed to be an employer for the purposes of paying workers' compensation benefits, that third party will be entitled to reimbursement from the Second Injury Fund if either he or the employer of record have met the knowledge requirements outlined in this section, as well as all other requirements.
- (i) The Second Injury Fund is entitled to a credit for sums recovered by the employer or his workers' compensation carrier from third parties, after the employer or his workers' compensation carrier have been reimbursed for the monies paid out by them and not reimbursed by the fund.
- (j) The Second Injury Fund can enter into compromise settlements at the discretion of the director with approval of a majority of the Workers' Compensation Commission, provided a bona fide dispute exists.
- (k) Any employer operating in violation of Section 42-6-20 is not eligible for reimbursement from the South Carolina Second Injury Fund.
- (l) As a prerequisite to reimbursement from the fund, the insurer shall be required to certify that the medical and indemnity reserves have been reduced to the threshold limits of reimbursement and report in accordance with the National Council on Compensation Insurance Workers' Compensation Statistical Plan.
- (m) The Second Injury Fund Director must quarterly submit to the National Council on Compensation Insurance information regarding Second Injury Fund accepted claims.
- (n) The National Council on Compensation Insurance must submit a report of any discrepancies pursuant to regulations established by the Department of Insurance. The Department of Insurance is directed to establish regulations concerning Second Injury Fund discrepancies.

HISTORY: 1962 Code Section 72-601; 1972 (57) 2578; 1974 (58) 2237; 1976 Act No. 560 Section 1; 1982 Act No. 314, Section 1A; 1982 Act No. 438, Section 1; 1988 Act No. 309, Section 1, eff February 24, 1988; 1990 Act No. 589, Section 1, eff June 12, 1990; 2003 Act No. 73, Section 22, eff June 25, 2003; 2007 Act No. 111, Pt II, Section 3, eff July 1, 2007, applicable to injuries that occur on or after that date.

SECTION 42-9-410. Reimbursement from Second Injury Fund for employee who becomes totally and permanently disabled in a subsequent injury; notice of preexisting permanent impairment.

- (a) When an employee shall become totally and permanently disabled under Section 42-9-10, because of the loss of a hand, arm, foot, leg or the vision of an eye in a subsequent injury under Section 42-9-150 or 42-9-170, he may receive from the employer compensation and medical care provided by this title for total and permanent disability, and the employer shall be reimbursed a portion of the cost thereof from the Second Injury Fund as herein provided.
- (b) If the loss of the member or eyesight is not caused or contributed to by any of the conditions defined as "permanent physical impairment" in Section 42-9-400, the employer shall be responsible to pay such compensation and provide such medical care as is required by Sections 42-9-150 or 42-9-170 and 42-15-60, and the employer shall thereafter be reimbursed by the Second Injury Fund for the cost of such further compensation and medical care as the injured employee shall receive under this chapter.
- (c) If the loss of the member or eyesight is caused or contributed to by any of the conditions defined in Section 42-9-400 as "permanent physical impairment," the employer shall pay the compensation and medical expense for seventy-eight weeks as required by subsection (a) of Section 42-9-400 and thereafter the employer shall be reimbursed from the Second Injury Fund for such further compensation or medical expense as the employer shall provide for the employee under this chapter.
- (d) In order to receive additional benefits from the Second Injury Fund as permitted by Sections 42-9-150 and 42-9-170, the employer shall establish that he had knowledge of the employee's preexisting permanent physical impairment prior to the time of the subsequent injury by accident, unless the employer can establish that he did not have prior knowledge of the employee's preexisting physical impairment because the existence of the condition was concealed by the employee.

HISTORY: 1962 Code Section 72-601.1; 1974 (58) 2237, 2758; 1982 Act No. 314, Section 1; 2003 Act No. 73, Section 23, eff June 25, 2003.

SECTION 42-9-430. Workers' compensation benefits.

Whenever a dispute arises between two or more parties as to which party is liable for the payment of workers' compensation benefits to an injured employee pursuant to the provisions of this title and there is no genuine issue of material fact as to the employee's employment, his average weekly wage, the occurrence of an injury, the extent of the injury, and the fact that the injury arose out of and in the course of the employment, the hearing commissioner may, in his discretion, require the disputing parties involved to pay benefits immediately to the employee and to share equally in the payment of those benefits until it is determined which party is solely liable, at which time the liable party must reimburse all other parties for the benefits they have paid to the employee with interest at the legal rate of interest provided in Section 34-31-20(A).

HISTORY: 1984 Act No. 276.

SECTION 42-9-440. Suspected false statements or misrepresentations to be reported to Insurance Fraud Division of Office of Attorney General.

The commission shall report all cases of suspected false statement or misrepresentation, as defined in Section 38-55-530(D), to the Insurance Fraud Division of the Office of the Attorney General for investigation and prosecution, if warranted, pursuant to the Omnibus Insurance Fraud and Reporting Immunity Act.

HISTORY: 1994 Act No. 497, Part II, Section 31B, eff July 1, 1994.

IN THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKER'S COMPENSATION
APPELLATE PANEL

Case No. 2016-000598

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SC Court of Appeals

Clarence B. Jenkins, Employee, ...Appellant.

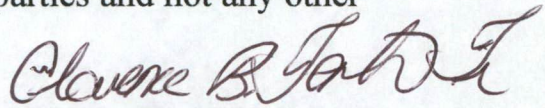
v.

Amazon.Com DEDC, LLC, Employer,
and American Zurich Ins. Co, Carrier, ...Respondents.

CERTIFICATE OF APPELLANT

The undersigned hereby certifies that the Record On Appeal contains all
material proposed to be included by any of the parties and not any other
material.

January 26 2018


/s/Clarence B. Jenkins Jr.

Clarence B. Jenkins Jr.

945 Wire Rd.

Neeses, South Carolina 29107

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