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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

TRIAL COURT CASE NO. 0809951

APPELLATE CASE NO. 2013-000286

Old Republic, Ins. Co.,..... Respondent,

v.

The South Carolina Second Injury Fund,..... Appellant,

In re: Lester Miller,..... Employee/Claimant,

v.

Archer Daniels-Midland Company,..... Respondent.

RECORD ON APPEAL

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AND

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DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. NO.: 0809951
S.I.F.: 144088

Old Republic Insurance Company,
Carrier.

-vs-

South Carolina Second Injury Fund
Defendant.

In re: Lester Miller,
Employee/Claimant,

-vs-

Archer Daniels Midland Co.,
Employer,

and

Old Republic Insurance Co.,
Carrier.

HEARING: Held on January 4, 2012, in Camden, SC, per notices
timely and properly served upon all parties of interest.

APPEARANCES: The South Carolina Second Injury Fund was
represented by Latonya Edwards, Esquire, of Dilligard
Edwards, LLC, Columbia, South Carolina

The Claimant was represented by Sabrina Love-
Sloan, The South Carolina Uninsured Employer's
Fund was represented by Terri J. Morrill, of Clawson
& Staubes, LLC, Charleston, South Carolina.

The Claimant did not appear at the hearing.

PURPOSE OF HEARING: To determine the issues as set forth on Forms 54 and
55.

DECISION AND ORDER: By Commissioner G. Bryan Lyndon

DATE OF DECISION: **April 16, 2012**

STIPULATIONS

The parties stipulated as follows:

1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.
2. Venue was properly set in Camden County, South Carolina.
3. The Claimant alleged that he sustained injuries to both lungs, his respiratory system, and/or to the whole person as a result of an occupational disease or accident, arising out of and in the course of his employment on April 11, 2008.
4. The Employer/Carrier and Claimant resolved this matter by way of an Agreement and Final Release.
5. The Employer/Carrier seek reimbursement from the South Carolina Second Injury Fund.
6. This matter was scheduled for a hearing on December 12, 2011 however, was postponed by the Commission over objection of the Employer/Carrier, due to an illness of the Claimant.

APA SUBMISSIONS

Although the underlying claim was settled with the Claimant, Lester Miller, he submitted into evidence (and upon which the Employer/Carrier relied, in part) by the following:

1.	Carolina Pulmonary & Critical Care Physicians, LLC	3/5/08 – 6/27/11	1-21
2.	Springs Memorial Hospital	4/11/08	22-28
3.	Upstate Lung & Critical Care Specialists, PC	3/26/09 – 11/2/09	29-32
4.	Spartanburg – Upstate Lung	5/12/09	33-35
5.	Carolina Pulmonary Physicians, PA	10/21/09 – 9/8/11	36-51
"A"	Functional Capacity Evaluation performed by Tracy Hill, PT, of Columbia Rehabilitation Clinic, Inc.	10/26/11	52-69
"B"	Vocation Assessment performed by J. Adger Brown, MD, CDMS	10/31/11	70-76
"C"	Claimant's Personnel Records	N/A	77-121

Old Republic Insurance Company submitted into evidence:

6.	Form 50	6/30/08	122-123
7.	Springs Memorial Hospital	1/4/04 - 8/15/07	124-134
8.	Kershaw Family Medicine	8/16/04 - 6/22/07	135-147
9.	Dr. N. L. Still	7/6/07	148-149
10.	Dr. I.F. Afulukwe	8/8/07	150-152
11.	Dr. James M. Timmons, Jr.	7/1/08	153
12.	Dr. Joseph Boscia	3/26/09	154-156

The South Carolina Second Injury Fund did not submit evidence into the record under the Administrative Procedures Act.

STATEMENT OF CASE

This matter comes before the South Carolina Workers' Compensation Commission upon the issues raised by the Employer/Carrier's filing of a Form 54, and the South Carolina Second Injury Fund's filing of a Form 55. The Employer/Carrier asserted that the Claimant suffered from the permanent pre-existing disabling conditions of sleep apnea, bronchial asthma, diabetes, hypertension, and restrictive lung disease, all of which preexisted the Claimant's injury by accident on April 11, 2008; were hindrances or obstacles to employment; and combined with or were aggravated by that injury to result in substantially greater medical costs; lost time from work; and loss of use or disability.

The Employer/Carrier, further, asserted that this case was not barred by a hearing in 2012, because §42-7-320(B) requests only that the Second Injury Fund "accept" a claim by December 31, 2011, and does not address that one may not be ordered by them after that date. Alternatively, they argued that it would be inequitable to apply §42-7-320 as a bar where this matter was scheduled for a hearing on December 12, 2011, but postponed through no fault of the moving parties, and was unable to be rescheduled before December 31, 2011.

The South Carolina Second Injury Fund took the position that the Claimant's preexisting conditions were not hindrances or obstacles to his employment and that the Claimant did not suffer from an occupational disease or accident. They also asserted that they could not be ordered to reimburse in this case where they had not "accepted" this claim prior to December 31, 2011, pursuant to §42-9-40, even when hearing was postponed on December 12, 2011, and not reset until January 4, 2012.

EVIDENCE SUMMARY

Evidence considered by the undersigned Commissioner in reaching this decision included a Respiratory Clearance Form for ADM dated July 2, 2007. That form, along with e-mails dated July 6, 2007, reveal that the employer was aware that the Claimant's pre-existing lung, respiratory and breathing problems were of such magnitude that he was unable to wear a respirator while at work. (Claimant's Exhibit C). Those records were affirmed by the testimony of the employer's witness, Bryce Edmund Neilson, the present plant manager for the Kershaw Soybean facility (T., p. 19). Mr. Neilson testified that ADM regularly gives pulmonary function tests to employees. If an employee fails

the test, they are not able to be placed in ADM's employment, which would constitute a hindrance or obstacle to employment. (T., p. 21) The witness reviewed the Claimant's file and found that, although he was not allowed to wear a respirator, he was continued in their employ despite his pre-existing condition.

Medical records in evidence reveal that the Claimant was diagnosed with and/or treated for a number of pre-existing conditions. Records from Springs Memorial Hospital reflect treatment for obstructive sleep apnea, diabetes, and coronary artery disease in a report of July 1, 2004.

Records from Kershaw Family Practice also report the Claimant's long term obstructive sleep apnea (July 1, 2005), and Claimant's increased respiratory effort (May 2, 2006).

Dr. N.L. Still was unable to certify the Claimant, on July 6, 2007, for respiratory wear. Additionally, prior to April 11, 2008, the claimed date of injury in this case, the Claimant was seen by Dr. I.F. Afulukwe, a pulmonologist, who found him to have lung disease with worsening pulmonary function and bronchospasm. On March 5, 2008, he diagnosed the Claimant with bronchospasm, due to occupational asthma.

Following the alleged date of accident, the Claimant had a pulmonary function test revealing moderate severe restrictive defect. He was also seen by Dr. James M. Timmons, Jr., his primary physician, who noted that he was aware Mr. Miller had long suffered from obstructive sleep apnea, and had been on CPAP medication or treatment for ten (10) years.

The Claimant was evaluated by Dr. Joseph Boscia, III, a pulmonologist. Dr. Boscia noted a history of breathing problems and failure of a pulmonary function test

with a subsequent test showing a restrictive pattern. It was his conclusion that the Claimant's respiratory difficulties had worsened while inhaling fumes and dust at work.

Following the alleged accident, Dr. Afulukwe was of the opinion that the Claimant suffered from pre-existing chronic obstructive pulmonary disease (COPD) and reactive airway disease, both of which were aggravated by his employment to result in substantially greater lost time from work, medical costs and disability.

Other factors considered by the undersigned Commissioner, in this ruling, included that this matter was, initially, set for a hearing before the Commission on September 29, 2011; and was rescheduled on November 20, 2011. At that time, the parties agreed to join all issues at a hearing prior to the end of 2011. The case was then set for a hearing on December 12, 2011, however, was postponed when the Claimant advised the Commission that he was ill, and unable to attend. The undersigned Commissioner then had a telephone conference with all the parties on December 20, 2011, at which time the parties were advised that there was no time during which to reschedule the hearing by the end of 2011. It was then reset at the earliest possible date of January 4, 2012.

FINDINGS OF FACT

1. The Claimant, Lester Miller, sustained injuries as a result of his employment to his lungs/respiratory system, a result for which the underlying claim was settled prior to the hearing in the claim for reimbursement.

2. The Claimant's average weekly wages were Seven Hundred Twenty-one and 35/100 (\$721.35) Dollars, resulting in a compensation rate of Four Hundred Seventy-six and 09/100 (\$476.09) Dollars.

3. Prior to the accident in this case, it was well documented that the Claimant was treated for numerous medical conditions including sleep apnea, obstructive lung disease, bronchial asthma, diabetes, and lung disease, including with CPAP medication and treatment for many years.

4. The employer, Archer-Daniels Midland Company, was well aware of the Claimant's pre-existing lung conditions, including a physician's restriction that he was unable to wear a mask due to those conditions.

5. The Claimant had preexisting COPD, sleep apnea, morbid obesity, and reactive breathing problems.

6. The pre-existing conditions were aggravated by or combined with the occupational injury to result in substantially greater lost time from work; medical costs; and/or loss of use or disability.

7. The knowledge requirement was met through the testimony of the Employer indicating that the Employer was aware of the Claimant's pre-existing conditions from his medical records and inability to wear a mask due to his breathing problems, as well as documents in the Claimant's personnel file.

8. The Employer/Carrier has met their burden of proving that the Claimant suffered from COPD, sleep apnea, morbid obesity and reactive breathing problems, all of which preexisted the accident; were permanent physical conditions constituting hindrances or obstacles to employment, and were aggravated by or combined with the injury to result in substantially greater medical costs, lost time from work, and loss of use or disability.

9. This matter was first scheduled for a hearing on September 29, 2011, and rescheduled for a hearing on November 20, 2011, however, that hearing was postponed by agreement of the parties to join all issues, following which a Consent Order was issued.

10. This matter was reset for a hearing on December 12, 2011, but, was postponed due to an unavoidable illness of the Claimant.

11. On December 20, 2011, a telephone conference was held at which time it was discussed that this matter could not be reset for a hearing, prior to December 31, 2011, due to the Commissioner's schedule.

12. The Carrier, Insurance Company of the State of PA, is entitled to reimbursement from the South Carolina Second Injury Fund.

CONCLUSIONS OF LAW

1. Under §42-9-400, the Claimant suffered from permanent physical conditions of COPD, sleep apnea, morbid obesity, and restrictive breathing problems, which resulted in compensation for medical payments, lost time from work, and disability that were substantially greater and caused by an aggravation or a combination of the pre-existing conditions with the injury, than that which would have resulted from the subsequent injury alone.

2. Under §42-9-400(d) permanent physical impairment means any permanent condition, whether congenital or due to an injury, which constitutes an obstacle to employment or re-employment. The Claimant's pre-existing conditions were physical impairments within this definition.

3. Under §42-9-400, the Carrier has met all prerequisites for reimbursement by the South Carolina Second Injury Fund and is, therefore, entitled to reimbursement from the Fund, once the threshold limits, as set forth in §42-9-400(a)(2), have been met.

4. Under §42-7-40, the Second Injury Fund may not "accept" a claim after December 31, 2011, however, nothing precludes the Commission from ordering reimbursement after that time.

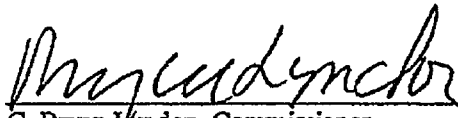
5. The equities are in favor of the Employer/Carrier due to the failure of this case to go forward in 2011, as the postponement of a hearing in December 2011, and the inability to reset this for a hearing prior to the end of the year were due to no fault of theirs.

ORDER

IT IS, THEREFORE, ORDERED, that the Carrier, Insurance Company of the State of PA, is entitled to reimbursement from the Second Injury Fund in this case, as provided by the Workers' Compensation Act.

IT IS, THEREFORE, SO ORDERED,

No hearing costs are assessed in this instance.



G. Bryan Lyndon, Commissioner

South Carolina Workers' Compensation Commission

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 certified mail addressed to any unrepresented party.

April 16, 2012

By: Tamara Morris, Administrative Assistant to Commissioner Lyndon

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0809951

Old Republic Ins. Co.,
Carrier/Petitioner

-VS-

The South Carolina Second Injury Fund,
Respondent

In re: Lester Miller, Employee

-VS-

Archer Daniels-Midland Company, Employer

Appellate Panel Review held in Columbia
South Carolina on September 17, 2012
notices timely and properly served on all
parties of interest

Appellate Panel Decision and order filed

1-8, 2013

APPEARANCES:

Old Republic Insurance Company represented
by Terri J. Morrill, Esquire, Clawson & Staubes, LLC
Charleston, South Carolina.

The South Carolina Uninsured Employer's Fund
represented by Latonya Edwards, Esquire
Columbia, South Carolina.

STATEMENT OF CASE

The parties in the matter were heard by Commissioner G. Bryan Lyndon, in Camden, South Carolina, on January 4, 2012. On April 16, 2012, Commissioner Lyndon issued the following order:

~~IT IS, THEREFORE, ORDERED, that the Carrier, Insurance Company of the State of PA, is entitled to reimbursement from the Second Injury Fund~~
in this case, as provided by the Workers' Compensation Act.

IT IS, THEREFORE, SO ORDERED,

No hearing costs are assessed in this instance.

Within the statutory period, counsel for the Second Injury Fund filed a Form 30 Application for Review, setting forth grounds for appeal, copies of which were furnished to all interested parties prior to oral arguments presented before the appellate Panel on September 17, 2012. The appeal, together with all documentary evidence, was delivered to the individual members of the Full Commission, and has since been under study and consideration.

By appeal, the Second Injury Fund respectfully submitted the following:

1. Did the Hearing Commissioner err in finding as a fact (Finding of Fact No.6) that the pre-existing conditions were aggravated by or combined with the occupational injury to result in substantially greater lost time from work; medical costs; and/or loss of use or disability; when such finding is against the greater weight of the reliable, probative, and substantial evidence in the record?
2. Did the Hearing Commissioner err in finding as a fact (Finding of Fact No.7) that the knowledge requirement was met through the testimony of the Employer, the error being that employer's testimony should have been submitted by June 30, 2011 per § 42-7-320(B)(2).
3. Did the Hearing Commissioner err in finding as a fact (Finding of Fact No.8) that the Employer/Carrier has met their burden of proving that Claimant's preexisting conditions were permanent physical conditions constituting hindrances or

obstacles to employment, when such finding is against the preponderance of the reliable, probative, and substantial evidence in the record and is contrary to prevailing case and statutory law?

4. Did the Hearing Commissioner err in finding as a fact (Finding of Fact No.12) that the Carrier is entitled to reimbursement from the South Carolina Second Injury Fund, when such finding is against the preponderance of the reliable, probative, and substantial evidence in the record?
5. Did the Hearing Commissioner err in concluding (Conclusion of Law No.4) that under § 42-7-40, the Second Injury Fund may not "accept" a claim after December 31, 2011, however, nothing precludes the Commission from ordering ~~reimbursement after that time when such conclusion is against the greater weight~~ of the reliable, probative and substantial evidence in the record?
6. Did the Hearing Commissioner err in concluding (Conclusion of Law No.5) that the equities are in favor the Employer/Carrier due to the failure of this case to go forward in 2011, as the postponement of a hearing in December 2011, and the inability to reset this for a hearing prior to the end of the year were due to no fault of theirs, when such conclusion is against the greater weight of the reliable, probative and substantial evidence in the record?

Upon the appeal, the Carrier, Old Republic Insurance Company, as the

Respondent respectfully asserted the following:

1. The Claimant was employed by the Employer on the alleged date of the injury, April 11, 2008, and this case would more likely than not have been found to be compensable if the underlying issues had been tried.
2. The Claimant had numerous preexisting conditions before his disability, which were hindrances or obstacles to his employment.
3. The Carrier's claim met the requisites of S.C. Code Ann. §42-7-320, and the failure of this matter to go forward to a hearing in 2011, was through no fault of their own, with the Commissioner properly ruling on the equities.

In an appellate review, the panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985) 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. The order is affirmed, with amendment, as follows:

FINDING OF FACT

1. The Claimant, Lester Miller, sustained injuries as a result of his employment to his lungs/respiratory system, a result for which the underlying claim was settled prior to the hearing in the claim for reimbursement.

2. The Claimant's average weekly wages were Seven Hundred Twenty-one and 35/100 (\$721.35) Dollars, resulting in a compensation rate of Four Hundred Seventy-six and 09/100 (\$476.09) Dollars.

3. Prior to the accident in this case, it was well documented that the Claimant was treated for numerous medical conditions including sleep apnea, obstructive lung disease, bronchial asthma, diabetes, and lung disease, including with CPAP medication and treatment for many years.

4. The employer, Archer-Daniels Midland Company, was *well* aware of the Claimant's pre-existing lung conditions, including a physician's restriction that he was unable to wear a mask due to those conditions.

5. The Claimant had preexisting COPD, sleep apnea, morbid obesity, and re-active breathing problems.

6. The pre-existing conditions were aggravated by or combined with The occupational injury to result in substantially greater lost time from work; medical costs; and/or loss of use or disability.

7. The knowledge requirement was met through the testimony of the Employer indicating that the Employer was aware of the Claimant's pre-existing conditions from his medical records and inability to wear a mask due to his breathing problems, as well as documents in the Claimant's personnel file

problems, as well as documents in the Claimant's personnel file.

8. The Employer/Carrier has met their burden of proving that the Claimant suffered from COPD, sleep apnea, morbid obesity and reactive breathing problems, *all* of which preexisted the accident; were permanent physical conditions constituting hindrances or obstacles to employment, and were aggravated by or combined with the injury to result in substantially greater medical costs, lost time from work, and loss of

~~use or disability~~

9 This matter was first scheduled for a hearing on September 29, 2011, and rescheduled for a hearing on November 20, 2011, however, that hearing was postponed by agreement of the parties to join all issues, following which a Consent Order was issued.

10. This matter was reset for a hearing on December 12, 2011, but was postponed due to an unavoidable illness of the Claimant.

11. On December 20, 2011, a telephone conference was held at which time it was discussed that this matter could not be reset for a hearing, prior to December 31, 2011, due to the Commissioner's schedule.

12. The Carrier, Insurance Company of the State of PA, is entitled to reimbursement from the South Carolina Second Injury Fund.

CONCLUSIONS OF LAW

1. Under §42-9-400, the Claimant suffered from permanent physical conditions of COPD, sleep apnea, morbid obesity, and restrictive breathing problems, which resulted in compensation for medical payments, lost time from work, and disability that were substantially greater and caused by an aggravation or a combination of the pre-existing conditions with the injury than that which would have resulted from

the subsequent injury alone.

2. Under §42-9-400(d) permanent physical impairment means any permanent condition, whether congenital or due to an injury, which constitutes an obstacle to employment or re-employment. The Claimant's pre-existing conditions were physical impairments within this definition.

3. Under §42-9-400 (b), the Carrier has met all prerequisites for ~~reimbursement by the South Carolina Second Injury Fund and is, therefore, entitled~~ to reimbursement from the Fund, once the threshold limits, as set forth in §42-9-400(a)(2), have been met.

4 Under §42-9-400, the Second Injury Fund may not "accept" a claim after December 31, 2011, however, nothing precludes the Commission *from* ordering reimbursement after that time.

5. The equities are in favor of the Employer/Carrier due to the failure of this case to go forward in 2011, as the postponement of a hearing in December 2011, and the inability to reset this for a hearing prior to the end of the year were due to no fault of theirs.

ORDER

IT IS, THEREFORE, ORDERED, that the Carrier, Insurance Company of the State of PA, is entitled to reimbursement from the Second Injury Fund in this case as provided by the Workers' Compensation Act.

IT IS, THEREFORE, SO ORDERED,

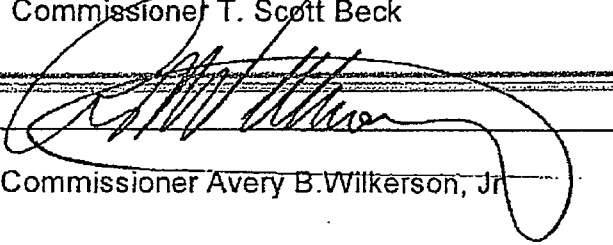
No hearing costs are assessed in this instance.

S.C. WORKERS' COMPENSATION COMMISSION


Commissioner Derrick L. Williams

AFFIRMATION, WITH AMENDMENT
CONCUR:


Commissioner T. Scott Beck


Commissioner Avery B. Wilkerson, Jr.

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 Valerie Deller on January 8, 2013

COUNTY OF KERSHAW)
STATE OF SOUTH CAROLINA)
Lester Miller,)
Employee/Claimant,)
v.)
Archer-Daniels-Midland Company,)
Employer,)
Old Republic Insurance Company,)
Carrier.)
IN RE: Old Republic Insurance)
Company v. South Carolina Second)
Injury Fund.)

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0809951
SIF FILE NO. 144088

CONSENT ORDER TO POSTPONE
HEARING

**TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION;
COMMISSIONER SUSAN S. BARDEN; LATONYA EDWARDS, ESQUIRE,
ATTORNEY FOR THE SOUTH CAROLINA SECOND INJURY FUND; SABRINA
M. LOVE-SLOAN, ESQUIRE, ATTORNEY FOR THE CLAIMANT; AND TERRI
MORRILL LYNCH, ESQUIRE, ATTORNEY FOR THE EMPLOYER/CARRIER:**

COME NOW the parties, by counsel, and advise the Commission that the issues
outstanding for a hearing to be held before the undersigned Commissioner on September
29, 2011, at 9:30 a.m. in Camden, South Carolina, have been resolved, as follows:

1. The hearing scheduled to be held in this matter was based upon the
Employer/Carrier's filing of a form 54, as against the South Carolina Second Injury Fund.
2. The South Carolina Second Injury Fund takes the position that this matter is
premature for a hearing as against it, because there has never been a ruling on the
compensability of the underlying claim.

3. The Claimant, through counsel, also asserts that this matter is premature for a claim as against the Second Injury Fund, as there has been no ruling on the underlying claim.

4. The Claimant, further, agrees that he is going forward with the filing of a Form 50 to request a hearing, following which the Defendants will immediately file a Form 51 and move to add the South Carolina Second Injury Fund to enable this matter to be heard by the Commission prior to the deadline date for pursuing claims, as against the South Carolina Second Injury Fund, with all parties.

5. The South Carolina Second Injury Fund agrees that it will not object to being added as a party and having the underlying claim, as well as the Claim against the Second Injury Fund, heard by the same Commissioner at the same time.

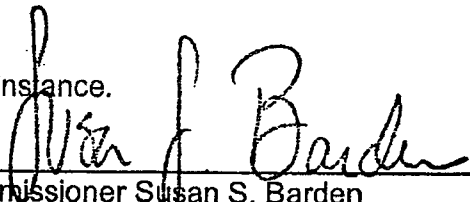
WHEREFORE, the parties having reached an agreement to temporarily resolve the outstanding issues in this matter, including to postpone the hearing scheduled to be heard on September 29, 2011, and to join the underlying claim with the South Carolina Second Injury Claim.

IT IS, THEREFORE, ORDERED that the hearing scheduled in this matter for September 29, 2011, shall be postponed.

IT IS, FURTHER, ORDERED that this matter will be rescheduled for a hearing before the Workers Compensation Commission upon request of any of the parties.

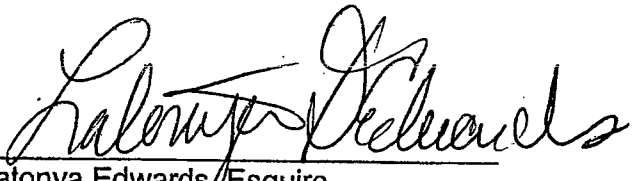
IT IS SO ORDERED.

No hearing costs are assessed in this instance.


Commissioner Susan S. Barden
S.C. Workers' Compensation Commission

Columbia, South Carolina
October 25, 2011

Sabrina M. Love-Sloan, Esquire
P.O. Box 12627
Rock Hill, SC 29731
Attorney for the Claimant


Latonya Edwards, Esquire
Boykin & Davis, LLC
PO Box 11844
Columbia SC 29211
Attorney for the SC Second Injury Fund

Terri J. Morrill, Esquire
Clawson & Staubes, LLC
126 Seven Farms Drive, Ste. 200
Daniel Island, SC 29492
Attorney for the Employer/Carrier

CERTIFICATE OF SERVICE
This is to certify that the undersigned has this date
served this order in the above entitled action upon all
parties to this cause by depositing a copy hereof,
postage paid, in the United States mail addressed to
the attorney or attorneys for said parties.

This 25th day of October, 2011.

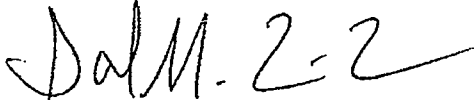
By KRISTI LOVE
Administrative Assistant to the Commissioner

IT IS SO ORDERED.

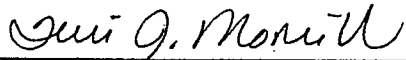
No hearing costs are assessed in this instance.

Commissioner Susan S. Barden
S.C. Workers' Compensation Commission

Columbia, South Carolina
_____, _____, 2011



Sabrina M. Love-Sloan, Esquire
P.O. Box 12627
Rock Hill, SC 29731
Attorney for the Claimant



Terri J. Morrill, Esquire
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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #0809951

OLD REPUBLIC INS CO	)	
	)	
APPELLANT,	)	SC WORKERS' COMPENSATION COMMISSION
	)	
VS.	)	HEARING OF
	)	
SC SECOND INJURY FUND	)	OLD REPUBLIC INSURANCE COMPANY
	)	
RESPONDENT	)	VS
	)	
IN RE:	)	SOUTH CAROLINA SECOND INJURY FUND
	)	
LESTER MILLER	)	IN RE: LESTER MILLER VS
	)	ARCHER DANIELS-MIDLAND COMPANY
VS.	)	
	)	
<u>ARCHER DANIELS-MIDLAND</u>	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Old Republic Insurance Company versus South Carolina Second Injury Fund, In Re: Lester Miller versus Archer Daniels-Midland Company, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 1:46 P.M., Monday, October 22, 2012, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

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BY

GLORIA DAVIS

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APPEARANCES

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COMMISSIONERS PRESENT:

Derrick Williams, Chair
T. Scott Beck
Avery Wilkerson

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

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1 me back up -- reversed based on the following
2 grounds: First, we assert that the Claimant was
3 not working for the Employer on the date of the
4 injury. The Claimant's last day of work -- and
5 this is an occupational exposure case.

6 Commissioner Wilkerson: Oh, okay. Yes.

7 Ms. Edwards: The Claimant's last day of work
8 was October 17th, 2007. The carrier is using the
9 Claimant's pulmonary function test date of April
10 11, 2008, as the date of the alleged injury based
11 on the last injurious exposure rule but certainly
12 we would point out that we believe Claimant was
13 not working for the Claimant -- for the Employer
14 that day and is not entitled to reimbursement on
15 that ground. Second, we also assert that the
16 Claimant did not have a pre-existing condition
17 before his occupational exposure and if so it was
18 not a hindrance to employment. And I would point
19 to the following APA's: At carrier APA, page 129,
20 this is July 2004, approximately a year prior to
21 the occupational exposure, Claimant's respiratory
22 function test was normal; his breathing was not
23 labored and his lungs were clear. At carrier APA,
24 page 30, there was no evidence of nerve deficits
25 or motor weakness. At carrier APA, page 135,

1 Claimant's respiratory system was clear with
2 normal respiratory effect. At carrier APA, page
3 80, in 2007, Claimant received medical clearance
4 to work using protective equipment. Also in that
5 year Claimant underwent a pulmonary function test,
6 which revealed reduction -- and this is at carrier
7 APA, pages 133 through 134. The pulmonary
8 function test revealed a reduction in lung
9 volumes, which the doctor apparently attributed to
10 morbid obesity at that time. At carrier APA, page
11 133 and 134, again, Claimant was diagnosed with
12 bronchial asthma due to morbid obesity. In July
13 2008, this is at carrier APA, pages 4 and 5,
14 approximately two (2) months after the work injury
15 Claimant was diagnosed with occupational asthma
16 and sleep apnea. At carrier APA, page 5, treating
17 physician indicated that the Claimant did not
18 suffer any permanent impairment to his lungs and
19 Claimant was instructed to avoid exposure to
20 inhaled toxins. As it relates to the hindrance
21 issue -- well, let me back up. On the -- as it
22 relates to -- yes, as it relates to the hindrance
23 issue, the Hearing Commissioner's order includes
24 the conditions of hypertension, diabetes, sleep
25 apnea, morbid obesity; this is at finding at fact

1 numbers: Three (3), five (5), eight (8) and in
2 conclusion of law number one (1). All of those
3 conditions are included as pre-existing conditions
4 that are eligible for reimbursement; however, we
5 believe that it was error for the Hearing
6 Commissioner to include all of those conditions
7 when there was not any medical support for basing
8 an award based on all of those medical conditions.
9 And so, The Fund denies that the Claimant had a
10 pre-existing condition before the occupational
11 exposure and, if so, it wasn't a hindrance to
12 employment based on those previously cited APA's.
13 Also, we would assert that carrier doesn't meet
14 the requirements of 42-7-320 (B) and its
15 subsections. Of course all of you are familiar
16 with the section that calls for the winding down
17 of The Second Injury Fund. In this particular
18 case The Fund, as it relates to the June 30th,
19 2011 date, The Fund objected to the live witness
20 testimony of, I think, the -- a representative of
21 the Employer and over The Fund's objection that
22 witness' testimony was allowed in to testify
23 regarding knowledge. And certainly we would
24 assert that the plain meaning of the Statute would
25 require that anything submitted on The Second

1 Injury Fund elements, and we would consider live
2 testimony material as well; don't know if you guys
3 would but we would consider live testimony
4 information on -- on the substance of criteria,
5 which is knowledge. Evidence --

6 Commissioner Beck: Ms. Edwards, don't --

7 Ms. Edwards: -- yes, sir.

8 Commissioner Beck: -- don't your exceptions
9 sort of imply that the pre-existing conditions, in
10 fact, did exist? Your exception says that, did
11 the Hearing Commissioner err in a -- in a finding
12 as a fact that the pre-existing conditions were
13 aggravated by or combined. That implies to me
14 that you at least are admitting they existed at
15 the time.

16 Ms. Edwards: -- the -- all -- no, I'm -- the
17 pre-existing conditions in those findings? Right.
18 I'm not -- right, I'm not saying --

19 Commissioner Beck: I --

20 Ms. Edwards: -- that he was not morbidly
21 obese; I'm not saying that.

22 Commissioner Beck: -- well, I thought I
23 heard you say at the onset of your argument that
24 the pre-existing -- that the -- that his
25 pre-existing conditions did not pre-exist the --

1 the date of --

2 Ms. Edwards: Some -- some of those; not --
3 not all of those that -- that were in that catalog
4 list. Let me go back. The pre-existing condition
5 that we are alleging did not exist before the
6 occupational exposure are the asthma; which he
7 wasn't diagnosed with occupational asthma and
8 sleep apnea until 2008, after this work injury and
9 the treating physician indicated that the -- there
10 was no permanent impairment to his lungs and the
11 -- and he should avoid inhaled toxins. As it
12 relates to the other things: Hypertension,
13 diabetes, morbid obesity; we're not saying that
14 those things weren't present.

15 Commissioner Beck: Okay.

16 Ms. Edwards: Do you understand?

17 Commissioner Beck: I -- I just missed that.

18 Ms. Edwards: Yes, I -- I'm sorry.

19 Commissioner Beck: I missed understood --

20 Ms. Edwards: I didn't mean to --

21 Commissioner Beck: -- your point.

22 Ms. Edwards: -- right. I didn't mean to
23 confuse that issue. I'm asserting on those
24 additional conditions that there wasn't any
25 medical support for reimbursement with respect to

1 those.

2 Commissioner Beck: Okay.

3 Ms. Edwards: Okay? I'm sorry. Okay. Let
4 me go back. As it relates to the testimony,
5 again, we would assert that the live testimony was
6 evidence that should have been submitted by June
7 30th because it goes to one (1) of The Second
8 Injury Fund elements, which is knowledge, in this
9 case. And like I said, you know, that is our
10 interpretation because that would be evidence
11 necessary to prove the substantial -- the
12 substance of elements of reimbursement and we
13 believe that the Statute requires that all of that
14 be in by June 30th and so, we objected to that.
15 Testimony was allowed in over our objection, and
16 so, we're appealing that as well. Also, as it
17 relates to the December 31st, 2011 date, we
18 certainly would assert that our interpretation of
19 the section is that no hearing -- The Fund cannot
20 accept a case after December 31st 2011, and the
21 section does not even make a -- any provision for
22 paying a claim that has been accepted -- that has
23 not been accepted before December 31st, 2011, and
24 as 42-7-320 (B) (3) that it says that we will
25 continue to pay claims that have been accepted

1 before -- on or before December 31st, 2011.

2 Commissioner Wilkerson: Even if they are
3 canceled or due to medical conditions no one can
4 appear?

5 Ms. Edwards: Yes.

6 Commissioner Wilkerson: All right. What's

7 --

8 Ms. Edwards: And I'm getting ready to
9 address that.

10 Commissioner Wilkerson: -- good.

11 Ms. Edwards: I'm sorry.

12 Commissioner Wilkerson: No, no, no.

13 Ms. Edwards: I'm getting ready to address
14 that one --

15 Commissioner Wilkerson: That's all right.

16 Ms. Edwards: I haven't gotten to that yet,
17 okay?

18 Commissioner Wilkerson: Okay. That's fine.

19 Ms. Edwards: That's right.

20 Commissioner Wilkerson: If not --

21 Commissioner Williams: Yes, because I was
22 going --

23 Ms. Edwards: I haven't gotten to that. Let
24 me back up.

25 Commissioner Williams: -- I was going to ask

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something about that too.

Ms. Edwards: Okay. That's my last one (1).

Commissioner Wilkerson: Okay. That's fine.

Ms. Edwards: One of the --

Commissioner Wilkerson: All right.

Ms. Edwards: I'm sorry, you got ahead of me.

Commissioner Wilkerson: No, that's okay.

Ms. Edwards: I'm sorry. On the equities
issue --

Commissioner Wilkerson: Okay. I'm fine with
that.

Ms. Edwards: -- one of the things that the
Commissioner pointed out was because the hearing
had been scheduled a couple of times and had to be
rescheduled due to no fault of the carrier's.

Commissioner Wilkerson: I understand.

Ms. Edwards: And so, our position is that as
while we certainly empathize with that, everybody
had notice, they had four (4) years; 2007,
everybody knew about the deadline --

Commissioner Wilkerson: Okay.

Ms. Edwards: -- since 2007. We -- and trust
me, I understand but certainly we believe the
statute is pretty clear on what's supposed to
happen and the fact that when the hearings were

1 scheduled in November and December of last year,
2 something that no party had control of prevented
3 it from going forward, we certainly believe that
4 the Statute requires a strict reading and while we
5 sympathize with everybody who this may happen to,
6 including the carrier, we think that the Statute
7 should be complied with on that issue. And I
8 think that was the issue that you were inquiring
9 about. And so --

10 Commissioner Williams: Well, is --

11 Ms. Edwards: -- go ahead.

12 Commissioner Williams: -- is the argument
13 that no cases could be heard past December 31st,
14 2011, or no cases could be ruled on because --

15 Ms. Edwards: No. No, because we certainly
16 believe that the -- the cases heard -- we can't --
17 certainly we can't control when a Commissioner
18 signs an order and so, if the case were heard in
19 2011, that's not something we would come and --
20 I'd never come in and object to a case that was
21 heard in 2011 but the Commissioner didn't sign the
22 order until 2012; we -- we don't make that
23 argument but we certainly think that hearings --
24 that intent of the Statute was to have all of
25 those hearings in 2011. Now, whether you sign

1 them in 2011, or not is not a major issue for us
2 because it got in and -- and to use everything
3 that this carrier could have complied with was
4 done. When you sign it, if you take a year to
5 sign it, as long as it was in 2011, I'm not going
6 to come in argue that we shouldn't pay it because
7 it was heard in 2011.

8 Commissioner Williams: Okay. Fair enough.

9 Ms. Edwards: Okay? Any questions for me?
10 Thank you, Your Honors.

11 Commissioner Williams: All right. Is it
12 Morel -- Morrill?

13 Ms. Morrill: It's now Morrill.

14 Commissioner Williams: Morrill.

15 Ms. Morrill: I went back to my maiden name.

16 Commissioner Wilkerson: Yes.

17 Commissioner Williams: Yes.

18 Ms. Morrill: Yes, sir.

19 Commissioner Williams: I knew it was Lynch
20 before. Go ahead.

21 Ms. Morrill: All right, Commissioner
22 Williams.

23 ARGUMENT FOR THE RESPONDENT

24 By Ms. Morrill:

25 May it please the Commission? Obviously, I'm

1 here on behalf of the Employer and the Carrier in
2 their claim against The Second Injury Fund.
3 Because Latonya has very well delineated the
4 issues before you I'm not going to go into the
5 evidence submitted except to the extent that I
6 need to to rebut her argument. So, I'm not going
7 to give you the whole first part of my argument,
8 what happened, how we got there, what the evidence
9 was submitted but what I would like to do instead
10 is address each of her arguments. The first is
11 that the employee was not even employed on April
12 11th, 2008. If you're talking in terms of
13 physically employed, that's correct. This
14 Claimant had had another injury; in fact, he'd had
15 a Workers' Comp claim with an injury to his knee
16 and was out of work. But we're not only dealing
17 with actually physically being present but we're
18 dealing with the Statutes that address other
19 grounds for setting a date of injury before the
20 Commission, which include, as Latonya correctly
21 pointed out, date of diagnosis, date of discovery
22 or it could have been discovered and I'll go
23 through that a little bit with you. 42-11-20
24 defines date of disability as the event of an
25 employee actually becoming incapacitated from

1 performing in the last occupation. So, even if an
2 employee is disabled for another cause he could
3 still become disabled as he did in this case when
4 the occupational injury before -- before, which we
5 are before you. In the case at hand he was still
6 employed by the employer; he had not been
7 terminated by the employer on April 8th, 2008. He
8 was not actually working there, again, because of
9 the injury to his knee but the evidence presented
10 to the Commission included evidence that he was
11 actually disabled on April 11th, 2008, and that
12 included the Springs Memorial Hospital records of
13 that date showing that he had a pulmonary function
14 test and that that showed moderately severe
15 restrictive disease. Further, if you look at
16 section 42-15-20, where they discuss the
17 repetitive trauma, notice is to be given to the
18 employer within ninety (90) days of the date the
19 employee either discovered or could have
20 discovered. And in the case at hand another
21 important date is that the Claimant was advised of
22 some defects on April 8th, 2008, again, right
23 around that April 11th, 2008 time period. We do
24 not think that's significant. Date of diagnosis
25 and date of discovery are used regularly in

1 occupational disease claims. It wasn't litigated;
2 however, because the case was settled with the
3 Claimant prior to this issue going forward. The
4 second argument, pre-existing conditions existing
5 before his disability. We would submit that the
6 record is replete with evidence that this Claimant
7 has numerous pre-existing physical conditions,
8 including diagnosis to his lung that the
9 Commissioner properly considered. The -- the most
10 significant thing is that in 2007, the year prior
11 to this claim that claimed an injury to his lungs,
12 he had gone to his employer with a note from a
13 physician outside of his employment indicating
14 that he was diagnosed with sleep apnea, bronchial
15 asthma with restrictive disease, increased
16 respiratory upper and he was not certified for
17 respiratory wear. Now, that I think in and of
18 itself became a problem because he is man who
19 already has respiratory problems, which
20 constitutes a hindrance and obstacle to employment
21 because he is not allowed to wear the respiratory
22 wear that his very job requires. His inability to
23 wear that respiratory equipment prior to his claim
24 clearly was hindrance or obstacle to employment in
25 this case. The Employer/Carrier specifically

1 submitted the reports of -- and I -- I apologize,
2 I do not know how -- Dr. Afulukwe. I'm not sure.
3 I pronounce his name wrong. But he specifically
4 stated that he had pre-existing, chronic,
5 obstructive disease and reactive airway disease
6 and we attached his two (2) questionnaires to the
7 brief so that you could see those; there was no
8 evidence offered to rebut that. It was found that
9 he had occupational asthma, sleep apnea and morbid
10 obesity; all of which conditions were aggravated
11 and exacerbated by his work conditions. Perhaps
12 more significantly, and this would be our number
13 three (3), is The Second Injury Fund's position
14 that some of the evidence submitted at the time of
15 the hearing could not have been submitted. Even
16 if you buy the argument that the employer's
17 testimony should not have been allowed because the
18 employer had not testified prior to that June 3 of
19 2011 deadline, the record has substantial evidence
20 to support the Commissioner's findings. And that
21 evidence included prior communications; I believe
22 it was in-house emails back and forth indicating
23 that this Claimant because of his lung conditions
24 could not wear the respiratory wear at his
25 employer; that was well prior to the April 11th,

1 2000 date. Additionally, the medical records,
2 again, of Dr. Afulukwe said that his pre-existing
3 conditions were a hindrances or obstacles to
4 employment. And, again, there is substantial
5 evidence in the record upon the issue of whether
6 it's a hindrance or obstacle and whether there
7 were pre-existing conditions that the Commissioner
8 could have based his opinion, even disregarding
9 the opinion of the employer on -- particularly on
10 the hindrance or obstacle. And finally, the
11 gorilla in the room. Section 42-7-320 (B). You
12 know, this is a case in which the Commissioner
13 found that the equities should apply and, as
14 Latonya indicated, this had been set for a hearing
15 in September; however, at that point the Claimant
16 still -- and -- and she -- one of the things she
17 said is, well, they had four (4) years to pursue
18 this. Well, that's not technically true and
19 that's what happened in this case. And the
20 problem with the pursuit of it is The Second
21 Injury Fund's position that you cannot go forward
22 on a Second Injury Fund claim until the underlying
23 claim has been adjudicated or addressed. The
24 Claimant didn't pursue the underlying claim. We
25 had had settlement negotiations for years and

1 actually settled it shortly before the hearing but
2 the Claimant had not pushed it forward to a
3 hearing. Knowing these deadline dates; however,
4 the employer did seek to have it scheduled for a
5 hearing before December, 2011. When The Second
6 Injury Fund objected in September when we had a
7 hearing scheduled we were able to reach a consent
8 agreement. That agreement provided that the
9 Claimant would go ahead and quickly file a 50, we
10 would respond with the 51 and this would be reset
11 for a hearing and, in fact, it was. What happened
12 -- and I -- I think, Commissioner Wilkerson, you
13 may have asked that question, is that the Friday
14 before a hearing scheduled to be held on a Monday
15 Claimant's counsel called and said my client is
16 sick and can't make it to the hearing. That --
17 The Second Injury Fund obviously -- I mean, my
18 client in their claim against The Second Injury
19 Fund obviously had no control over that. As soon
20 as we knew that the hearing was being postponed we
21 were on the phone with Commissioner Lyndon's
22 office saying we've got to do something about
23 this; we've got that December deadline.
24 Commissioner -- because -- and -- and it's just
25 everything that could happen happened. This

1 happened right around the Christmas holidays.
2 Commissioner Lyndon was unable to schedule it
3 beforehand, despite a telephone conference in
4 which the -- the parties said we've got to
5 schedule this before the end of the year if you
6 can. It was -- he was unable to schedule it until
7 January 4th. The equity issue we think is very
8 clear; the equities are in favor of the employer.
9 But there is an additional argument and that is
10 the strict reading of that section. That section
11 says only that The Fund shall not accept a claim
12 for reimbursement after December 31st; it does not
13 address the Commission ordering a claim and that
14 -- that is our legal argument on that; that has
15 not been determined. I was surprised to hear
16 Latonya say that would have accepted an order
17 after 2012; because quite frankly had we gone
18 forward to that hearing we would have gotten an
19 order into the Commission immediately. Now, that
20 doesn't mean he would have signed it but it would
21 have gone immediately. But none the less, in this
22 case the Employer/Carrier made every effort to get
23 this matter forward, from the hearing scheduled in
24 September to reaching the consent order, to get
25 the Claimant to file the 50 so the underlying

1 issues would be bound with these issues, to having
2 it set in December, and actually December 12th;
3 so, it was early enough that there would have been
4 time to get in an order and then having the
5 Claimant call in the Friday before the hearing and
6 say, well, I'm sick I can't be there, the
7 Commissioner being unable to schedule it, mainly
8 because of the holidays, and here we are today.
9 And we would submit that there substantial
10 evidence in the equities to support the
11 Commissioner's hearing and we would ask that it be
12 affirmed.

13 Commissioner Williams: All right.

14 Ms. Edwards: Just -- just briefly. Just
15 briefly.

16 Commissioner Williams: Ms. Edwards.

17 RESPONSE FROM THE APPELLANT

18 By Ms. Edwards:

19 Just two (2) things. We certainly didn't say
20 they had four (4) years to pursue; we're saying
21 they had four (4) years -- four (4) years of
22 notice of the deadline, which they could have
23 taken some action, they could have requested a
24 hearing; they could have done a lot of other
25 things before that. And we objected in September

1 because they were still -- it was still a denied
2 claim. And I think the Statute is very clear, you
3 certainly have -- it has to be a claim that they
4 paid something on or agree that they owe before
5 they can accept reimbursement. At that point it
6 was still denied and they were trying to get
7 reimbursement for a claim that they were denying;
8 so, that's why we objected. I agree -- I agree
9 with all of that -- the -- the details of the
10 telephone conference and all of that but
11 certainly, like I said, we certainly would assert
12 that -- and accepting an order after 2012, we
13 don't have a -- that -- that's never been an issue
14 with us. If the hearing is in 2011, it doesn't
15 matter when the order is signed. That's -- that's
16 not ever an argument I'll come in and make that
17 the order wasn't signed until 2012; that -- that's
18 not going to happen. Now, the hearing in 2012,
19 that's my argument that that shouldn't occur. But
20 once again, while the Statute says that The Fund
21 shall accept a claim -- the acceptance, Ms.
22 Morrill's argument is that they accepted --

23 Commissioner Beck: What's the statutory
24 provision for that? The order --

25 Ms. Edwards: 42 -- I'm sorry.

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Commissioner Beck: -- go ahead.

Ms. Edwards: Go ahead; I'm sorry, sir.

Commissioner Beck: The order has 42-7-40 and that's not correct. I'm trying --

Ms. Edwards: Okay. The -- its 42-7-320 (B).

Commissioner Beck: 320?

Ms. Edwards: Yes. That talks about the winding down and its subsections (B) 1 and (B) 2 and (B) 3. The one that says The Fund shall not accept a claim after December 31st is (B) 2. Either (B) itself or (B) 2, I'm sorry; I don't have my Statute book in front of me.

Commissioner Beck: It's (B). I see it.

Ms. Edwards: Okay. (B) just -- and then, (B) 3 talks about -- it says that The Fund shall continue reimbursing Employers and Carriers for claims accepted by The Fund on or before December 31st, 2011. Now, that's the provision where we are asserting that since that portion does not make any provision for The Second Injury Fund to pay claims that have not been accepted before December 31st or -- or, you know, on or before December 31st, we believe that that section is enforcing our argument that we can't do anything with any claim that hasn't been heard in 2011.

1 And so, I would just point those few things out
2 and I'll have a seat.

3 Commissioner Williams: All right.

4 Ms. Edwards: Unless you have any questions.

5 Commissioner Williams: All right. That
6 being the case that will conclude this hearing.

7 Thank you ladies.

8 (There being no further arguments, the hearing concluded at
9 2:07 P.M.)

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Old Republic Insurance Company, vs. South Carolina Second Injury Fund, In Re: Lester Miller vs. Archer Daniels-Midland Company;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 25 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 9th Day of February, 2013.



Gloria Davis
Notary Public for South Carolina
My Commission Expires 12/21/21

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South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File # 0809951
Carrier File # 001977-003016-WC-01
Carrier Code # 0093
Employer FEIN 37-1328117

Claimant's Name: <u>Lester Miller</u>	SSN: <u>248-70-3951</u>	Employer's: <u>Archer-Daniels-Midland Company</u>
Address: <u>2570 Cane Mill Road</u>		Address: <u>P.O. Box 338</u>
City: <u>Lancaster</u>	State: <u>SC</u>	City: <u>Kershaw</u> State: <u>SC</u> Zip: <u>29067</u>
Home Phone: <u>803-283-1187</u>	Work Phone: _____	Insurance: <u>Gallagher Bassett</u>
Preparer's Name: <u>Terri Morrill Lynch</u>		Preparer's Phone #: <u>(843) 577-2026</u>

Check applicable claim. Provide information and documents requested.

1. The Employee sustained a compensable-claimed accidental injury to the Lungs, (restricted airways, obstructive pulmonary) on 4/11/2008 in Kershaw SC Part of Body
Date County State
2. That the Second Injury Fund was put on notice of the claim on October 10, 2008
Date
3. That the Carrier concluded the disability claim by (Award) (Agreement) on Pending
Date
4. That the subsequent injury combined with or was aggravated by the below-named permanent impairment under S.C. Code §42-9-40 (d):
 - a. Listed Impairment - (1) - (33) 31-Pulmonary disease
 - b. (34) (a) Lung disease with limited pulmonary function, asthma, obstructive sleep apnea, chronic obstructive pulmonary disease, restrictive airway disease
 - c. (34) (b) _____
5. ☒ a. That the impairment pre-existed;
☒ b. That the impairment was permanent; and
☒ c. That the impairment is a physical condition.
6. ☒ That the prior impairment combined with or was aggravated by the subsequent injury.
7. ☒ That the combination/aggravation substantially increased the liability of the Carrier for (disability), (medical) or (both).
8. ☒ That the prior impairment was a hindrance of obstacle to employment or re-employment.
9. ☒ a. That the Employer has knowledge of the prior impairment;
____ b. That the impairment was unknown to the Employee and the Employer; or
____ c. That the Employee concealed the prior impairment from the employer.
10. ☒ That the subsequent injury would not have occurred "but for" the prior impairment.
11. That the above claim qualifies for reimbursement under S.C. Code §42-9-410 because:
Claimant was diagnosed with lung disease and a worsening of pulmonary function, as result of which he could not wear a respirator. He is now claiming additional problems with his not wearing a respirator and lungs, as a result of exposure to soy bean dust.
12. Other grounds for claim:

Terri Morrill Lynch
Terri Morrill Lynch

6/22/11
Date

Lester Miller 248-70-3951

Archer-Daniels-Midland Company

Claimant's Name SSN

Employer's Name

2570 Cane Mill Road Lancaster, SC 29720

P.O. Box 338 Kershaw, SC 29067

Address City State Zip

Address City State Zip

803-283-1187

Old Republic Insurance Company c/o Gallagher Bassett

Home Phone # Work Phone #

Insurance Carrier

Terri J. Morrill

(843) 577-2026

Preparer's Name

Phone #

N RE: OLD REPUBLIC INSURANCE COMPANY v. SOUTH CAROLINA SECOND INJURY FUND

A claim for workers' compensation benefits is made based on the follow grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 476.09 2. AWW: \$ 721.35 Date of Injury: 4/11/2008 (Alleged)

3. Type of Injury and body part(s): Claimant alleges injury to his lungs/respiratory system which either aggravated or combined with pre-existing respiratory disease.

4. Facts in Controversy: Whether, if this case is found to be compensable, the Employer//Carrier is entitled to reimbursement from the Second Injury Fund?

5. Legal Issues Involved: \$42-9-400 - Claimant suffered from pre-existing conditions which were aggravated/combined with his alleged injuries to result in substantially greater medical treatment, lost time from work, and loss of use or disability, if his claim is found to be compensable.

6. Unusual problems Yes, this case has not yet been found to be compensable.

7. Witnesses (designate if expert)*: Representatives of ADM by Memo.

8. Exhibits: Respiratory Clearance Form dated 7/2/07 - knowledge of pre-existing conditions. E-mails dated 7/6/07 re: Claimant's problems with respiratory wear;

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) PRIOR TO 4/11/08: Springs Memorial Hospital - 1/4/04 - sleep apnea; 7/1/04 - diabetes, obstructive sleep apnea, coronary artery disease, neurological disorder; 5/2/06 - dizziness; 8/15/07 - bronchospasm and dyspnea; 8/15/07 - bronchial asthma with restrictive disease, sleep apnea; Kershaw Family Medicine: 8/16/04 - diabetes, hypercholesterolemia, hypertension, cerebral thrombosis; 2/21/05 - follow-up to diabetes blood pressure and cholesterol; 7/1/05 - long suffered from obstructive sleep apnea; 5/2/06 - increased respiratory effort; 10/12/06 sore throat; 10/26/06 - bronchitis; 1/26/07 - diabetes; 6/22/07 - diabetes, hypercholesterolemia, hypertension, sleep apnea; Dr. N.L. Still: 7/6/07 cannot certify for respiratory wear. Dr. I. F. Afulukwe - 8/8/07 - lung disease with worsening pulmonary function; AFTER 4/11/08: Springs Memorial Hospital - 4/11/08 - Pulmonary Function Test - moderate severe restrictive defect. Dr. I. F. Afulukwe - 3/5/08 - bronchospasm due to occupational asthma; 3/9/11 - pre-existing chronic obstructive pulmonary disease and reactive airway disease aggravated by injury resulting in substantially greater lost time from work, disability and medical costs. Dr. James M. Timmons, Jr., - 7/1/08 - aware of obstructive sleep apnea and bronchitis. Dr. Joseph Boscia - 3/26/09 - respiratory difficulties worsened while inhaling fumes and dust. Dr. William Alleyne - 10/27/09 - hypersensitivity pneumonitis or occupational asthma

10. Name, address, and specialty, if any, of the treating physician: Springs Memorial Hospital, 800 West Meeting Street, Lancaster, SC 29720, Kershaw Family Medicine Associates, LLC, 216 East Marion Street, Kershaw, SC 29067, N.L. Still, 3420 E. Garfield Avenue, Decatur, IL 62526.

11. Impairment rating(s); body part(s); physician and date of opinion: Not applicable to the claim against the Second Injury Fund.

12. I am amending my Form 50/51 in the following manner: Not applicable

I verify the contents of this form are accurate and true to the best of my knowledge.

Terri J. Morrill
Terri J. Morrill

Email: tmorrill@clawsonandstaubes.com

Date: 9/14/11

Date of hearing: 9/29/11 @ 1:00 p.m. Time needed for hearing: ½ to 1 Hour
On Behalf of: ☐ Claimant ☒ Employer

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.

COUNTY OF KERSHAW
STATE OF SOUTH CAROLINA

Lester Miller,

Claimant,

v.

Archer-Daniels-Midland Company,

Employer,

Gallagher Bassett,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0809951

**NOTICE OF APA EXHIBITS AND
WITNESSES ON BEHALF OF
ARCHER-DANIELS-MIDLAND
COMPANY/GALLAGHER BASSETT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, LATONYA EDWARDS, ESQUIRE, ATTORNEY FOR THE SOUTH CAROLINA SECOND INJURY FUND, AND SABRINA M. LOVE-SLOAN, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, Archer-Daniels-Midland Company, and Carrier, Gallagher Bassett, hereby submit the following medical records and other evidence:

	OTHER	DATE	PAGE NOS
1.	Respiratory Clearance Form	7/2/07	1
2.	E-mails dated 7/6/07	7/6/07	2-3
	MEDICALS PRIOR TO 4/11/08	DATE	
3.	Springs Memorial Hospital	1/4/04 - 8/15/07	4-14
4.	Kershaw Family Medicine	8/16/04 - 6/22/07	15-27
5.	Dr. N. L. Still	7/6/07	28-29
6.	Dr. I. F. Afulukwe	8/8/07	30

	MEDICALS AFTER 4/11/08	DATE	
7.	Springs Memorial Hospital	4/11/08	31-32
8.	Dr. I.F. Afulukwe	3/5/08 and 3/9/11	33-36
9.	Dr. James M. Timmons, Jr.	7/1/08	37
10.	Dr. Joseph Boscia	3/26/09	38-40
11.	Dr. William Alleyne	10/27/09	41-45

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination.

Should you desire to exercise that right, you are to schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the documents referred to herein will be submitted at the Hearing before the South Carolina Workers' Compensation Commission.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called:

1. Any representative of the Employer who can testify as to the facts contained herein.

CLAWSON AND STAUBES, LLC

Terri J. Morrill

Terri J. Morrill
 126 Seven Farms Drive, Suite 200
 Charleston, SC 29492-8144
 (843) 577-2026
 Attorneys for Employer, Archer-Daniels-
 Midland Company, and Carrier, Gallagher
 Bassett.

Charleston, South Carolina
 September 14, 2011

Lester Miller 248-70-3951

Claimant's Name SSN

2570 Cane Mill Road Lancaster, SC 29720

Address City State Zip

803-283-1187

Home Phone # Work Phone #

Terri J. Morrill

(843) 577-2026

Preparer's Name

Phone #

Archer-Daniels-Midland Company

Employer's Name

P.O. Box 338 Kershaw, SC 29067

Address City State Zip

Old Republic Insurance Company c/o Gallagher Bassett

Insurance Carrier

IN RE: OLD REPUBLIC INSURANCE COMPANY v. SOUTH CAROLINA SECOND INJURY FUND

A claim for workers' compensation benefits is made based on the follow grounds:.

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 476.09 2. AWW: \$ 721.35 Date of Injury: 4/11/2008 (Alleged)
3. Type of Injury and body part(s): Whether the Claimant suffered from and timely reported an injury by accident or occupational disease? Claimant alleges injury to his lungs/respiratory system, which either aggravated or combined with pre-existing respiratory disease; if found compensable. Employer seeks reimbursement from the South Carolina Second Injury Fund.
4. Facts in Controversy: Whether the Claimant sustained a compensable injury by accident? Whether Claimant timely reported an accident or occupational disease? Whether, if this case is found to be compensable, the Employer/Carrier is entitled to reimbursement from the Second Injury Fund?
5. Legal issues involved: §42-11-10 - Claimant has burden of proving that he suffered from an occupational disease peculiar to his employment. §42-15-20 and §42-11-40 - No timely notice of an injury or occupational disease was given within ninety (90) days of the date of diagnosis. If found compensable, §42-9-400 - Claimant suffered from pre-existing conditions which were aggravated/combined with his alleged injuries to result in substantially greater medical treatment, lost time from work, and loss of use or disability.
6. Unusual problems Yes, this case has not yet been found to be compensable and all issues are to be joined per Consent Order. Claimant had not worked for employer since a prior injury on October 19, 2007, which would be "last date of injurious exposure." He was not working for the Employer on 4/11/08.
7. Witnesses (designate if expert)*: Representatives of ADM by Memo; Dan Lane.
8. Exhibits: Respiratory Clearance Form dated 7/2/07 - Employer's knowledge of pre-existing conditions (Claimant's Exh. "C"). E-mails dated 7/6/07 re: Claimant's problems with respiratory wear (Claimant's Exh. "C"); Form 50 dated 6/30/08 - first notice of claimed occupational disease after diagnoses prior to 3/3/08.
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) PRIOR TO 4/11/08: Springs Memorial Hospital - 1/4/04 - sleep apnea; 7/1/04 - diabetes, obstructive sleep apnea, coronary artery disease, neurological disorder; 5/2/06 - dizziness; 8/15/07 - bronchospasm and dyspnea; 8/15/07 - bronchial asthma with restrictive disease, sleep apnea; Kershaw Family Medicine: 8/16/04 - diabetes, hypercholesterolemia, hypertension, cerebral thrombosis; 2/21/05 - follow-up to diabetes blood pressure and cholesterol; 7/1/05 - long suffered from obstructive sleep apnea; 5/2/06 - increased respiratory effort; 10/12/06 sore throat; 10/26/06 - bronchitis; 1/26/07 - diabetes; 6/22/07 - diabetes, hypercholesterolemia, hypertension, sleep apnea; Dr. N.L. Still: 7/6/07 cannot certify for respiratory wear. Dr. I. F. Afulukwe - 8/8/07 - lung disease with worsening pulmonary function; bronchospasm; 3/5/08 - bronchospasm due to occupational asthma (Cl. APA "1"); AFTER 4/11/08: Springs Memorial Hospital - 4/11/08 - Pulmonary Function Test - moderate severe restrictive defect. (Cl. APA "2") Dr. James M. Timmons, Jr., - 7/1/08 - aware of obstructive sleep apnea and bronchitis. Dr. Joseph Boscia - 3/26/09 - respiratory difficulties worsened while inhaling fumes and dust. Dr. William Alieyne - 10/27/09 - hypersensitivity pneumonitis or occupational asthma (Cl. APA "5"); Dr. I. F. Afulukwe - 2/23/11 - pre-existing chronic obstructive pulmonary disease and reactive airway disease aggravated by injury resulting in substantially greater lost time from work, disability and medical costs.(Cl. APA "1")

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.

WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

11. Impairment rating(s); body part(s); physician and date of opinion: Not applicable to the claims against the Second Injury Fund. Dr. William Allilleyne - 10/27/09 - 45-65% impairment to breathing.

12. I am amending my Form 50/51 in the following manner: Not applicable

I verify the contents of this form are accurate and true to the best of my knowledge.

Terri J. Morrill
Terri J. Morrill

Email: tmorrill@clawsonandstaubes.com

Date: 12/6/11

Date of hearing: 12/12/11 @ 12:45 p.m. Time needed for hearing: 1 Hour
On Behalf of: ☐ Claimant ☒ Employer

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.
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WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

COUNTY OF KERSHAW
STATE OF SOUTH CAROLINA

Lester Miller,

Claimant,

v.

Archer-Daniels-Midland Company,

Employer,

Gallagher Bassett,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0809951

NOTICE OF APA EXHIBITS AND
WITNESSES ON BEHALF OF
ARCHER-DANIELS-MIDLAND
COMPANY/GALLAGHER BASSETT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, LATONYA EDWARDS, ESQUIRE, ATTORNEY FOR THE SOUTH CAROLINA SECOND INJURY FUND, AND SABRINA M. LOVE-SLOAN, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, Archer-Daniels-Midland Company, and Carrier, Gallagher Bassett, hereby submit the following medical records and other evidence:

	EMPLOYER'S APA'S	DATE	PAGE NOS.
6.	Form 50	6/30/08	122-123
7.	Springs Memorial Hospital	1/4/04 - 8/15/07	124-134
8.	Kershaw Family Medicine	8/16/04 - 6/22/07	135-147
9.	Dr. N. L. Still	7/6/07	148-149
10.	Dr. I.F. Afulukwe	8/8/07	150-152
11.	Dr. James M. Timmons, Jr.	7/1/08	153
12.	Dr. Joseph Boscia	3/26/09	154-156

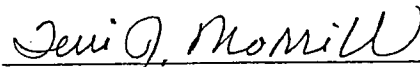
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YOU ARE FURTHER NOTIFIED that the documents referred to herein will be submitted at the Hearing before the South Carolina Workers' Compensation Commission.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called:

1. Dan Lane; and
2. Other representatives of Archer-Daniels Midland Company.

CLAWSON AND STAUBES, LLC



Terri J. Morrill
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, Archer-Daniels-
Midland Company, and Carrier, Gallagher
Bassett.

Charleston, South Carolina
December 5, 2011

South Carolina Workers' Compensation Commission

P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #	0809951
Carrier File #	001977-003016-WC-01
Carrier Code #	0093
Employer FEIN	37-1328117

Lester Miller	248-70-3951	Archer-Daniels-Midland Company
Claimant's Name	SSN	Employer's Name
2570 Cane Mill Road	Lancaster, SC 29720	P.O. Box 338
Address	City State Zip	Kershaw, SC 29067
803-283-1187		Address
Home Phone #	Work Phone #	City State Zip
Terri J. Morrill	(843) 577-2026	Old Republic Insurance Company c/o Gallagher Bassett
Preparer's Name	Phone #	Insurance Carrier

IN RE: OLD REPUBLIC INSURANCE COMPANY v. SOUTH CAROLINA SECOND INJURY FUND

A claim for workers' compensation benefits is made based on the follow grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$476.09 2. AWW: \$721.35 Date of Injury: 4/11/2008 (Alleged)
3. Type of Injury and body part(s): Whether the Claimant suffered from and timely reported an injury by accident or occupational disease? Claimant alleges injury to his lungs/respiratory system, which either aggravated or combined with pre-existing respiratory disease; if found compensable. Employer seeks reimbursement from the South Carolina Second Injury Fund.
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7. Witnesses (designate if expert)*: Representatives of ADM by Memo; Bryce Nielsen.
8. Exhibits: Respiratory Clearance Form dated 7/2/07 - Employer's knowledge of pre-existing conditions (Claimant's Exh. "C"). E-mails dated 7/6/07 re: Claimant's problems with respiratory wear (Claimant's Exh. "C"); Form 50 dated 6/30/08 - first notice of claimed occupational disease after diagnoses prior to 3/3/08.
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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.
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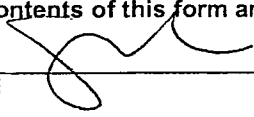
WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

AMENDED 58

10. Name, address, and specialty, if any, of the treating physician: Springs Memorial Hospital, 800 West Meeting Street, Lancaster, SC 29720, Kershaw Family Medicine Associates, LLC, 216 East Marion Street, Kershaw, SC 29067, N.L. Still, 3420 E. Garfield Avenue, Decatur, IL 62526,
11. Impairment rating(s); body part(s); physician and date of opinion: Not applicable to the claims against the Second Injury Fund. Dr. William Allilleyne - 10/27/09 - 45-65% impairment to breathing.
12. I am amending my Form 50/51 in the following manner: Not applicable

I verify the contents of this form are accurate and true to the best of my knowledge.


Terri J. Morrill

Email: tmorrill@clawsonandstaubes.com

Date: 12.7.11

Date of hearing: 12/12/11 @ 12:45 p.m.

Time needed for hearing: 1 Hour

On Behalf of: ☐ Claimant ☒ Employer

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.

WCC Form #58 Rev. Date 9/07

Pre-Hearing Brief

AMENDED 58

COUNTY OF KERSHAW
STATE OF SOUTH CAROLINA

Lester Miller,

Claimant,

v.

Archer-Daniels-Midland Company,

Employer,

Gallagher Bassett,

Carrier.

BEFORE THE
SOUTH CAROLINA WORKERS'
STATE OF SOUTH CAROLINA
COMPENSATION COMMISSION

W.C.C. FILE NO. 0809951

**AMENDED NOTICE OF APA
EXHIBITS AND WITNESSES ON
BEHALF OF
ARCHER-DANIELS-MIDLAND
COMPANY/GALLAGHER BASSETT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, LATONYA EDWARDS, ESQUIRE, ATTORNEY FOR THE SOUTH CAROLINA SECOND INJURY FUND, AND SABRINA M. LOVE-SLOAN, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, Archer-Daniels-Midland Company; and Carrier, Gallagher Bassett, hereby submit the following medical records and other evidence:

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11.	Dr. James M. Timmons, Jr.	7/1/08	153
12.	Dr. Joseph Boscia	3/26/09	154-156

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination.

Should you desire to exercise that right, you are to schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the documents referred to herein will be submitted at the Hearing before the South Carolina Workers' Compensation Commission.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called:

1. Bryce Nielsen; and
2. Other representatives of Archer-Daniels Midland Company.

CLAWSON AND STAUBES, LLC



Terri J. Morrill
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, Archer-Daniels-
Midland Company, and Carrier, Gallagher
Bassett.

Charleston, South Carolina
December 14, 2011



RESPIRATORY MEDICAL CLEARANCE FORM
For PHYSICIAN/LICENSED HEALTH CARE PROFESSIONAL'S (PLHCP)

1. Location # KERSHAW - 250 Date 7/2/07
City, State KERSHAW, S.C. 29057
Employee's Name LESTER M MILLER SS# 248- 70 - 3551

2. **RESPIRATOR TYPE**

☒ Fitting Face Piece ☒ Full Mask ☐ Helmet/Hood
☐ Half Mask ☒ SCBA

3. **RECOMMENDATIONS**

- ☐ No respirator use restrictions.
- ☒ Respirator use restrictions recommended. All restrictions must be specified here (you may wish to use the attached Respiratory Codes):
It may not be used. It will need. Pharmacy doctor
Substitution for medical evaluation of individual lung
- ☐ No respirator use restrictions recommended pending further medical evaluation. All evaluation yet needed must be specified here: _____
- ☐ No respirator use.

4. Medical Clearance Good For (depends on medical condition of employee; average ranges from one to two years as a member of the site rescue team).
Number of Years 6 months until evaluation by lung specialist

5. PLHCP Name: A.H. FRANK Title MD
PLHCP Signature: [Signature] Date: 7/2/07
PLHCP Address: 1130 HARTFORD ST. LANCASTER, SC 29720
(Signature above certifies that PLHCP is acting within the scope of practice authorized by the state)

* A copy of this Respiratory Medical Clearance Form must be returned to the ADM facility and a copy will be maintained by you, the Health Care Provider.

RECEIVED

PLHCP-02003

Jul 09 07

29-7-

Moore, Dianna

From: Still, N.L.
Sent: Friday, July 06, 2007 3:42 PM
To: Moore, Dianna
Subject: RE: Respiratory Medical Clearance

7/6/2007

Possibly

He needs a full medical investigation prior to making any decisions.

Also I need more information, such as:

Environmental conditions: heat, cold, humidity
Work effort: Medium, heavy, etc.
Any other personal protective equipment.

Lee Still, M.D.

From: Moore, Dianna
Sent: Friday, July 06, 2007 3:30 PM
To: Still, N.L.
Subject: RE: Respiratory Medical Clearance

7/6/07

Can the employee wear a hose lining Powered Air Purifying Respirator that includes a tyvek disposable head cover/hood?

Dianna

Original Message

From: Still, N.L.
Sent: Friday, July 06, 2007 3:02 PM
To: Moore, Dianna
Cc: Scott, Dale
Subject: RE: Respiratory Medical Clearance

7/6/07

At this point, he cannot be certified for respirator wear. Not even PFP.

I notice that Dr. Kedar cleared him for PFP, Full and SCBA for 6 months pending further evaluation.

It should work just the opposite. No respirator wear pending further evaluation.

If Mr. Miller has any questions, he is welcome to call me.

Lee Still, M.D.
217 451-5004
Fax 800-432-7574

From: Moore, Dianna
Sent: Friday, July 06, 2007 1:32 PM
To: Still, N.L.
Subject: Respiratory Medical Clearance

Re: Lester Miller - SS# 248-70-3951
Location: Kershaw - 250

I will be faxing the Respiratory Medical Clearance Form, Spirometry Report, and Job Evaluation Questionnaire for the above hourly employee to your attention. The questionnaire was faxed to ADM Kershaw in error and I will destroy it after faxing. Please advise procedures to follow for this employee.

Thanks,

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: DIS IN
RM NUMBER: 617-1
ADM DATE: 01/04/04
D/C DATE: 01/05/04

DICTATING PHYSICIAN: M Joseph Leidinger, MD

CONSULTATION REPORT

DATE OF CONSULTATION: 1/4/04

CONSULTING PHYSICIAN: M. Joseph Leidinger, MD
REFERRING PHYSICIAN: Bhaskar R. Reddy, MD

REASON FOR CONSULTATION: Pneumonia and obstructive sleep apnea

HISTORY OF PRESENT ILLNESS: Thank you Dr. Reddy for asking me to see this patient in pulmonary consultation. The history is as follows.

This is a 57 year-old white male who is a very poor historian. The patient evidently has had obstructive sleep apnea for a long period of time and was taken care of by a physician who is now deceased, probably at least six years. The patient does not see a physician for his sleep apnea and it is not clear whether or not he sees much in the way of physicians at all. He reports that he came home from work yesterday with confusion, talking out of his head, and fevers. Evidently he was brought to the emergency room and noted to have pneumonia and admitted to the hospital. The patient is a very poor historian. It appears that he has diabetes mellitus, obstructive sleep apnea, morbid obesity, and probably ~~chronic obstructive pulmonary disease~~.

REVIEW OF SYSTEMS: Negative except as mentioned above. He denies specifically hemoptysis, purulent sputum, fevers, chills, or sweats before the initial episode, and he is not reporting purulent sputum now. He feels markedly improved after being hospitalized.

PAST MEDICAL HISTORY: Positive for:

1. Obstructive sleep apnea,
2. Etc. as mentioned above.

SOCIAL HISTORY: Smoking history is positive. ETOH is negative by history. Toxin exposure is none known.

PHYSICAL EXAMINATION: The patient is seen in the ward after admission to the hospital. vital signs are per nursing notes. He is afebrile. HEENT exam shows the head to be normocephalic and atraumatic. He is morbidly obese. He has a grade IV posterior pharynx. Neck is supple. Trachea is in the midline. There is no jugular venous distention. There is no carotid bruit. Chest exam shows increase in the E to I ratio, increase in the AP diameter. There is marked obesity which muffles heart

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 01/23/08-13:05 by COLE, CRYSTAL

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: DIS IN
RM NUMBER: 617-1
ADM DATE: 01/04/04
D/C DATE: 01/05/04

DICTATING PHYSICIAN: M Joseph Leidinger, MD

CONSULTATION REPORT

sounds. Heart reveals regular rhythm with no lifts, heaves or thrills. No murmur. Abdomen is soft and non tender and obese. Bowel sounds are present. Extremities showed trace pretibial edema. Homan's sign is negative.

CHEST X-RAY: Unobtainable at this time, it appears lost in the system. By report he has a right lower lobe pneumonia.

LABORATORY DATA: White count is elevated at 16. The rest of her laboratory data is reviewed.

IMPRESSION: 1. Probable right lower lobe pneumonia
2. Diabetes mellitus
3. Obstructive sleep apnea
4. Morbid obesity
5. ~~Probable chronic obstructive pulmonary disease~~

PLAN:

1. Follow orders as written by Bhaskar R. Reddy, MD and new orders written by myself.

PHYSICIAN: M Joseph Leidinger, MD
ELECTRONICALLY SIGNED

LEIM :ME
REPORT #: 0105-0010
DATE/TIME DICTATED: 01/04/04 - 1447
DATE/TIME TRANSCRIBED: 01/05/04 - 0334
DATE/TIME ELECTRONICALLY SIGNED: 01/07/04 - 1511

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 01/23/04-13:05 by COLE,CRYSTAL

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: ADM IN
RM NUMBER: 607-1
ADM DATE: 07/01/04
D/C DATE:

DICTATING PHYSICIAN: Mark A. Porter, MD

CONSULTATION REPORT

DATE OF CONSULTATION: July 15, 2004

REFERRING PHYSICIAN: Ramarao Suresh, MD

CONSULTING PHYSICIAN: Mark A. Porter, MD

BRIEF CLINICAL HISTORY: Mr. Lester Miller is a 57 year-old gentleman whom we have been asked to see for evaluation of probable stroke that occurred, he says, two days ago. He notes two days ago that he had some slurring of speech, had some headache and dizziness, but the headache and dizziness have resolved. He has none of these symptoms now. He also had some clumsiness and decreased skilled movements in his right hand but denies any symptoms in his left upper extremity, no change in the function of his lower extremities.

He indicates that nothing unusual was occurring at the time he developed these symptoms two days ago. He is obese, he has diabetes and is rather inactive, does a lot of sitting around. He is not known to have a stroke before, he says.

PAST MEDICAL HISTORY: He does have a history diabetes. It is unclear how well he controls this. He also has a history of hypertension, hyperlipidemia, obstructive sleep apnea, and may well have some chronic lung disease. He has been seeing Robert Wozniak, MD from endocrinology for his diabetes.

PAST SURGICAL HISTORY:

1. Appendectomy.

ALLERGIES: No known medication allergies.

FAMILY HISTORY: Positive for hypertension and diabetes, he says.

SOCIAL HISTORY: He has a history of smoking. He does not use alcohol.

ADMISSION MEDICATIONS:

1. Zocor.
2. Nitrostat.
3. Diovan.
4. Aspirin.
5. Insulin.
6. Lortab.

Springs Memorial PCI *LIV3* (PCI: OE Database ELW)

Run: 07/23/08-13:05 by COLE,CRYSTAL

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: ADM IN
RM NUMBER: 607-1
ADM DATE: 02/01/04
D/C DATE:

DICTATING PHYSICIAN: Mark A. Porter, MD

CONSULTATION REPORT

RADIOLOGY DATA: Carotid ultrasound has been ordered and is pending. The patient had a CT scan taken, I believe, in the emergency department and preliminary results are unremarkable. Official results per radiology are pending.

REVIEW OF SYSTEMS: The patient denies headache, no visual disturbances. He still says his speech is not quite normal, with fluency problems. He says he is feeling better.

PHYSICAL EXAMINATION

Temperature is 98.7. Blood pressure is 144/97 this morning.

The patient appears to be alert, slightly slow in following commands, particularly using his right arm and leg. When I ask him to raise up his right arm, as an example, he would raise up his left arm initially. There may be some slight dysfluency, but minimal for language and speech function. There is slight flattening of the right nasolabial fold or right lower weakness of the face. Sensation appears to be more intact, diffuse in the face. Other cranial nerves are unremarkable. I hear no carotid bruits. Motor examination shows some slight drift in the right hand, slight decreased to fine skilled movements in the right hand. Equivocal 5-/5 strength in the right hand compared to the left. Limbs were stronger and symmetric. Reflexes were absent at the legs, 1+ at the arms with no definite Babinski signs seen bilaterally. Sensory examination shows mild atrophic skin changes in the lower legs but also decreased vibration and pinprick sensation in a stocking distribution to the knees bilaterally. No definite asymmetry to pin in the upper extremities, however. The patient has some difficulty with balance and mobility and some sensory imbalance, perhaps dystaxia upon standing and walking.

IMPRESSION: I would suspect the patient had a small left ~~cerebral~~ stroke, perhaps subcortical, perhaps lacune a couple of days ago. He has multiple risk factors for this and may represent small vessel disease. Risk factors are numerous including history of smoking, hypertension, diabetes, hypertension, obesity and obstructive sleep apnea. These all of course need to be treated as best as possible. Weight loss would be desirable as well.

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 01/23/08-13:05 by COLE, CRYSTAL

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: ADM IN
RM NUMBER: 607-1
ADM DATE: 07/01/04
D/C DATE:

DICTATING PHYSICIAN: Ramarao Suresh, MD

HISTORY SHEET

REASON FOR HOSPITALIZATION: Rule out cerebrovascular accident.

CHIEF COMPLAINT: "difficulty to speak for the past two days"

HISTORY OF PRESENT ILLNESS: Mr. Miller is a 57-year-old gentleman with multiple medical problems. He presented to the emergency room with history of difficulty to speak/forming words for the past two days. His problem dates back to about a week when he started having headaches and dizziness. Headache has been frontal and bilateral. He denies any vision disturbances. He has also been feeling dizzy, especially when he gets up from the lying down position. He denies any loss of consciousness, blackouts or falls. He denies chest pain, palpitations, orthopnea or paroxysmal nocturnal dyspnea. He denies shortness of breath, wheezing, cough, sputum production, fever, chills, rigors. He denies nausea or vomiting. He is a very poor historian and it is hard to obtain a good history from him.

FAST MEDICAL HISTORY:

1. Noninsulin-dependent diabetes mellitus.
2. Obstructive sleep apnea.
3. Obesity.
4. Hyperlipidemia.
5. Probable coronary artery disease.
6. Thyroid problems.
7. Neurological disorder.

(Most of this information was obtained from review of his previous encounters in this hospital and he did not give much history).

HOME MEDICATIONS:

1. ~~Glucophage~~ Insulin 70/30, dosage not known.
2. Glucophage 400 mg PO once daily.
3. Benicar 1 tablet PO once daily.
4. Lipitor 40 mg PO at bedtime.

ALLERGIES: No known medication allergies.

SOCIAL HISTORY: Currently there is no history of smoking or alcohol abuse.

FAMILY HISTORY: Reviewed; noncontributory.

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 07/23/04-13:05 by COLE, CRYSTAL

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: ADM IN
RM NUMBER: 607-1
ADM DATE: 07/01/04
D/C DATE:

DICTATING PHYSICIAN: Ramarao Suresh, MD

HISTORY SHEET

REVIEW OF SYSTEMS: I have obtained a full review of systems and they were all negative except as mentioned above.

PHYSICAL EXAMINATION

VITAL SIGNS: Pulse 74 per minute, blood pressure 137/82, respiratory rate 18, temperature 97.4.
GENERAL APPEARANCE: The patient is a obese, normally nourished.
NOSE, THROAT, MOUTH: Mucosa is not inflamed. Turbinates are pink. Septum is midline. Gums are pink without any lesions. There are no obvious gum lesions. Oral mucosa is pink and moist. Soft and hard palate contiguous. Tongue is moist without ulcers. Gag reflex is present. The oral cavity is crowded.

NECK: Supple, no masses noted. The trachea is midline. No thyromegaly or masses noted. No jugular venous distention.

RESPIRATORY: The chest is symmetrical, normal anterior to posterior diameter. Respiration is nonlabored. He is not using accessory muscles. No dullness, no flatness, no hyperresonance. Tactile fremitus is not diminished. Lungs are clear to auscultation bilaterally.

CARDIOVASCULAR: Regular rate and rhythm, no murmur, no clicks or rubs, no gallops. S1, S2 normal. No peripheral edema over the ankle, no varicosities. Pedal pulses are palpable but decreased bilaterally. Skin is warm and dry.

ABDOMEN: No masses or tenderness noted. The bowel sounds are active in all four quadrants. Liver and spleen are nontender. No hepatosplenomegaly.

LYMPHATIC: No tenderness or enlargement noted in the neck or axilla.

MUSCULOSKELETAL: Gait is coordinated and smooth. Muscle strength is appropriate and equal bilaterally. No atrophy or abnormal movements noted.

EXTREMITIES: No deformity, clubbing or cyanosis of digits and nails noted.

NEUROLOGICAL/PSYCHIATRIC: Patient alert and oriented to place

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 07/23/08-13:05 by COLE, CRYSTAL

PATIENT NAME: MILLER, LESTER M
 DATE OF BIRTH: 09/18/46
 UNIT NUMBER: M000432932

PT STATUS: ADM IN
 RM NUMBER: 607-1
 ADM DATE: 07/01/04
 D/C DATE:

DICTATING PHYSICIAN: Ramarao Suresh, MD

HISTORY SHEET

and person. I do not see any evidence of cranial nerve deficits. There is no evidence of motor weakness. The deep tendon reflexes are equal and comparable bilaterally. Babinski is bilateral flexor.

CLINICAL DATA: CT scan of the head was reported negative.

LABORATORY DATA: White blood cell count 21.6, hemoglobin 12.8, hematocrit 36.5, platelet count 75, MCV 121, sodium 132, potassium 4.3, chloride 96, CO2 28, glucose 396, BUN 31, creatinine 1.2, calcium 9.4.

IMPRESSION:

1. Probable cerebrovascular accident.
2. Noninsulin-dependent diabetes mellitus.
3. Macrocytic anemia.
4. Obstructive sleep apnea.
5. Obesity.

PLAN: I obtained history from the patient to the possible extent and collected information, further information from the emergency room records and also, review of recommendations made in the previous encounters, examined him, reviewed all available clinical data. This gentleman presents with vague complaints of difficulty forming words and my understanding is it could be slurring of speech. I am not sure, however, going by his description. His initial CT scan of the head was negative. He has no focal neurological deficits at this time. His sensory system is intact. I will request a neurology evaluation and at the same time, carotid doppler, also. Further investigations for this particular problem will depend on non-neurology recommendations.

I have started him on aspirin. I have also started him on sliding scale insulin for his diabetes control. Complaints with his medications is extremely doubtful. I do not know if he has any follow up or treatment for his obstructive sleep apnea. He has elevated MCV and I have requested vitamin B-12 and folate levels.

There was an unsuccessful lumbar puncture attempt in the emergency room. I do not see any reason to try this procedure again unless neurology thinks otherwise.

Springs Memorial PCI "LIVE" (PCI: OE Database ELW)

RUN: 07/23/08-19:05 BY COLE, CRYSTAL

Patient: MILLER, LESTER M DOB: 9/18/1945 Patient #: D00588243 MRN: M000432832

Adult Assessment 05/02/2006 11:56 JFH

Room Assignment: Patient assigned to room 10. Time to room 11:31.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are up to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Bedrails are up to protect patient from fall. Patient is at risk for fall.

Pain: Patient rates pain as 3 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the HEAD. Patient describes the pain as constant, aching.

Neurological: The patient is alert and oriented times 3 (person, place & time). Patient's affect is appropriate. Maintains good eye contact and has normal speech. Patient responds appropriately and is cooperative with staff. REPORTS HAVING WORSE HA AND SOB EARLIER AND DIZZINESS SORT OF FELL OVER, WENT TO SEE DR. BP WAS UP SENT HERE FOR EVAL CURRENTLY REPORTS MILD HA DENIES SOB OR PAIN 1145JH

Respiratory: Airway is patent. Respiratory effort is mildly labored. Lung sounds by auscultation reveal clear breath sounds. Pulse oximetry attached to patient with a reading of 98%. The patient denies cough. DENIES SOB 1145JH

Cardiovascular: All pulses are palpable, strong, and intact. The skin appears pale. Capillary refill is greater than 2 seconds. Pedal edema 2+. Location of the edema is pretibially. Cardiac monitor is attached to patient. Electronic non-invasive blood pressure monitor attached to patient. DENIES CHEST PAIN OR SOB CURRENTLY 1145JH

Flowsheets 05/02/2006 15:04 JFH

Vital Signs

Time	Temp	Route	Pulse	BP	Resp	O2 SAT	EKG	Pain Scale
12:30			74	182/92	20			4

Vital Signs

Time	Temp	Route	Pulse	BP	Resp	O2 SAT	EKG	Pain Scale
13:30			69	182/90	18			

Treatments 05/02/2006 12:47 BE
1245-TO CT VIA STRETCHER.

Springs Memorial Hospital
800 West Meeting Street, Lancaster, SC 29720
803-288-1478

Patient: MILLER, LESTER M DOB: 9/18/1946 Patient #: D005898243 MRN: M000432932
Discharge instructions

Illness/Injury & Medicine Topics
HIGH BLOOD PRESSURE (HYPERTENSION) (English)

Special Instructions

RETURN TO ER FOR WORSENING SYMPTOMS, INCREASE DIOVAN TO 240MG DAILY, SEE
DR. TIMMONS IN A WEEK

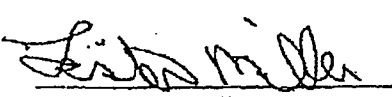
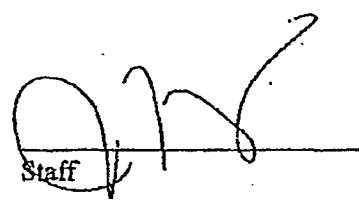
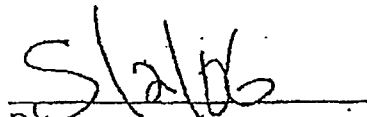
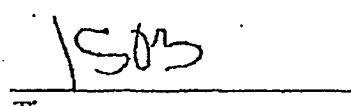
Referred to:

Timmons Jr., J. M.
Phone: (803) 475-3475
216 EAST MARION STREET
KERSHAW SC 29067

Follow up in 5 days

Acknowledgement

I have received and I understand the instructions as described above.

 _____ Patient or Guardian	 _____ Staff
 _____ Date	 _____ Time

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 08/15/07
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

DATE OF STUDY: August 15, 2007

PRIMARY CARE PHYSICIAN: James M. Timmons, Jr., MD

REASON FOR STUDY: Evaluation for bronchospasm and dyspnea.

RESULTS:

I. BIODATA: This is a 60 year-old white male, who is 74 inches tall, weighs 300 pounds. Smoking history is negative. He does give a history of exposure to dust.

II. FLOW VOLUME LOOP:

This is reviewed and shows air flow obstruction with substantial post bronchodilator improvement.

III. SPIROMETRY:

FVC is 2.04 liters (39%). FEV1 is 1.64 liters (45%). FEV1/FVC ratio is 80 compared to predicted of 69. Peak flow is 6.42 liters per second (68%). Mid lung flow is 1.60 liters per second (48%). MVV is 71 liters per minute (52%). Post bronchodilator FEV1 shows a 23% increase, peak flow shows a 78% increase, mid lung flow shows a 58% increase, MVV shows a 30% increase.

IV. LUNG VOLUMES:

By plethysmography vital capacity is 2.23 liters (43%). FRC is 2.19 liters (49%). RV is 1.95 liters (74%). TLC is 4.17 liters (53%). RV:TLC ratio is 46 compared to predicted of 33. Airway resistance is 5.65, upper limits of normal is 2.50.

V. DIFFUSION CAPACITY:

DSB is 24.03 (86%). After correction for alveolar ventilation the D/VA 8.30 (235%).

CONCLUSIONS:

This pulmonary function test shows evidence for moderate airways obstruction with substantial post bronchodilator response. In addition, he has moderate severe restriction with a reduction in lung volumes across the board. This may be due to obesity in this patient who is 300 pounds. There is air trapping as indicated by increase in RV:TLC ratio. Diffusion capacity is

PULMONARY FUNCTION TEST - Additional copy

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 08/15/07
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

preserved. All of these findings suggest bronchial asthma with superimposed restrictive disease due to morbid obesity. I recommend treating this patient with the usual medications for asthma treatment. This patient may require evaluation for obstructive sleep apnea given his respiratory symptoms, in addition to morbid obesity.

PHYSICIAN: I. F. Afulukwe, MD
ELECTRONICALLY SIGNED

AFUI :LS
REPORT #: 0817-0033
DATE/TIME DICTATED: 08/16/07 - 1837
DATE/TIME TRANSCRIBED: 08/17/07 - 0645
DATE/TIME ELECTRONICALLY SIGNED: 08/17/07 - 1338

CC: J. M. Timmons, Jr., MD

PULMONARY FUNCTION TEST - Additional copy

Kershaw Family Medicine Associates, LLC

216 East Marlon St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 57 y

Date of Service: 08/16/2004 03:12 pm

midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: Clear to auscultation and percussion. Normal respiratory effort. No fremitus.

CARDIOVASCULAR:

CARDIAC: Regular rhythm. No murmurs, rubs, or gallops. PMI not displaced. No thrill.

ARTERIAL: Carotid, aortic, femoral, and pedal pulses of normal amplitude with no bruits.

EDEMA/VARICOSITIES OF EXTREMITIES: No edema or varicosities.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

HERNIA: No hernias are present.

LYMPHATICS: No lymphadenopathy in the neck, axillae, or groin.

MUSCULOSKELETAL EXAM:

GAIT/STATION: Normal gait.

DIGITS/NAILS: No clubbing, cyanosis, inflammation, or ischemia.

HEAD AND NECK: Normal to inspection and palpation with satisfactory range of motion.
Strength adequate with normal stability.

EXTREMITIES:

LEFT UPPER: No misalignment or tenderness. Full range of motion. Normal stability, strength and tone.

RIGHT UPPER: No misalignment or tenderness. Full range of motion. Normal stability, strength and tone.

BILATERAL LOWER: No misalignment or tenderness. Full range of motion. Normal stability, strength and tone.

SKIN:

INSPECTION: Warm, dry, no diaphoresis, no significant lesions, irritation, rashes or ulcers.

PALPATION: No induration, obvious subcutaneous nodules or tightening.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4 and symmetrical.

SENSATION: Patient with decreased sensation bilateral plantar surface of feet.

PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

ASSESSMENT/PLAN:

401.1-ESSENTIAL HYPERTENSION, BENIGN

ASSESSMENT: The blood pressure remains satisfactory. Will not change medication, continue to monitor for complications.

MEDICATIONS:

DIOVAN ORAL TABLET 80 MG, 1 QD, 90 Dispensed, status: NEW HISTORY,
08/16/2004.

272.0-PURE HYPERCHOLESTEROLEMIA

STATUS: Unchanged.

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 57 y

Date of Service: 08/16/2004 03:12 pm

MEDICATIONS:

ZOCOR ORAL TABLET 80 MG, 1 QD, 90 Dispensed, status: NEW HISTORY,
08/16/2004.

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIC

STATUS: Unchanged.

MEDICATIONS:

METFORMIN HCL ORAL TABLET 1000 MG, 1 B.I.D., 60 Dispensed, status: NEW
HISTORY, 08/16/2004.

434.0-CEREBRAL THROMBOSIS

STATUS: Unchanged.

MEDICATIONS:

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 B.I.D., 60 Dispensed,
status: NEW HISTORY, 08/16/2004.

AGGRENOX ORAL CAPSULE 12 HR 25-200 MG, 1 B.I.D., 60 Dispensed, 2 Fills,
status: CONTINUED, 08/16/2004.

RETURN VISIT: Patient instructed to return in 2 months. Will send for records

Electronically Signed by: James M. Timmons, Jr., M.D. on Tuesday, August 24, 2004

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 58 y

Date of Service: 02/21/2005 08:44 am

CHIEF COMPLAINT: Here to f/u on his diabetes, blood pressure, and cholesterol.

HISTORY OF PRESENT ILLNESS: 58 yo WM for follow up of diabetes, blood pressure, and cholesterol. Was sick last week with diarrhea, sore throat, and cough. Checks sugars 2x day, once in morning 05:00, ranging 115-125, and again in afternoon 16:00 before supper and it's about 100. Sugars 5 days ago peaked at 172 when he was sick with his illness. BP today is up 160/74. Has not checked it at an outside source. Stopped taking Aggrenox due to cost. Has not had seizures since stroke in 6/04. Pt reports steadily losing weight, total about 70lbs by watching what he eats but says he does not exercise.

HISTORY:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIED.

272.0-PURE HYPERCHOLESTEROLEMIA

401.1-ESSENTIAL HYPERTENSION, BENIGN

434.0-CEREBRAL THROMBOSIS

PAST MEDICAL HISTORY:

MEDICAL: Type II Diabetes, hypercholesterolemia, hypertension.

SURGICAL: Appendectomy, left knee arthroscopy. Growths around both eardrums. Removed around age 17. Was told both would grow back.

MEDICATIONS:

ZOCOR ORAL TABLET 80 MG, 1 QD, 90 Dispensed, status: NEW HISTORY, 08/16/2004.

METFORMIN HCL ORAL TABLET 1000 MG, 1 B.I.D., 60 Dispensed, 5 Fills, status: CONTINUED, 02/21/2005.

NITROTAB SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, 1 tab (sl) prn chest pain, 25 Dispensed, status: NEW HISTORY, 08/16/2004.

DIOVAN ORAL TABLET 80 MG, 1 QD, 90 Dispensed, status: NEW HISTORY, 08/16/2004.

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 B.I.D., 60 Dispensed, status: NEW HISTORY, 08/16/2004.

ALLERGIES:

PENICILLIN Comments: Dizzy.

SOCIAL HISTORY:

MARITAL HISTORY: Married, living with spouse.

PERSONS IN HOME: Spouse.

TOBACCO USE: Has no significant smoking history.

ALCOHOL: Does not give any significant history of alcohol usage.

REVIEW OF SYSTEMS:

GENERAL: Normal activity and energy level, no change in appetite. No major weight gain or loss. No malaise, chills, fever, diaphoresis.

EYES: No vision changes or diplopia.

EARS/NOSE/MOUTH/THROAT: No tinnitus, hearing loss, gum bleeding, epistaxis, hoarseness or

Kershaw Family Medicine Associates, LLC

216 East Marlon St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 58 y

Date of Service: 02/21/2005 08:44 am

dysphagia. No significant sinus congestion or pain.

RESPIRATORY: No recent upper respiratory infections, dyspnea, cough, hemoptysis or wheezing.

CARDIAC: No chest pain, palpitations, tachyarrhythmia, orthopnea, dyspnea on exertion, or paroxysmal nocturnal dyspnea.

GI: No food intolerance, abdominal pain, nausea, vomiting, bloating, water brash, diarrhea, constipation, melena, or hematochezia. No change in caliber of stools.

GU: No penile discharge, lower tract obstructive symptoms, dysuria, or hematuria.

MUSCULOSKELETAL: No muscle or joint pain, weakness, swelling or inflammation. No restriction of motion, no atrophy or backache.

NEUROLOGICAL: No weakness, dizziness, loss of consciousness, transient ischemic symptoms, or seizures.

SKIN/BREAST: No rashes or non-healing lesions. No breast symptoms noted.

PSYCHIATRIC: No increased nervousness, mood changes or depression. Coping well.

ENDOCRINE: No thyroid trouble, heat or cold intolerance, diabetes, excessive thirst, hunger or urination.

HEMATOLOGIC/LYMPHATIC: No anemia, easy bruising, bleeding or swollen nodes.

ALLERGIC/IMMUNOLOGIC: No hay fever or history of environmental allergies. No chronic problems with immunity.

PHYSICAL EXAMINATION:

CONSTITUTIONAL:

VITALS SIGNS:

BLOOD PRESSURE: 160/74 Right Arm Sitting

PULSE: 76 Right Radial, Regular

WEIGHT: 270lbs

GENERAL APPEARANCE: Caucasian male, APPEARS GREATER THAN STATED AGE, MODERATELY OVERWEIGHT BODY HABITUS, appropriately groomed, normally nourished, developmentally normal, in no acute distress.

EYES:

CONJUNCTIVAE AND LIDS: Conjunctivae and lids appear normal.

EARS, NOSE, MOUTH AND THROAT:

EXTERNAL/EARS AND NOSE: Overall appearance normal with no scars, lesions or masses.

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: Normal to auscultation.

CARDIOVASCULAR:

CARDIAC: Rhythm regular with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL: Normal carotids bilaterally, normal pedal pulses bilaterally, normal radial pulses bilaterally.

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992
Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946 Patient's Age: 58 y
Date of Service: 02/21/2005 08:44 am

EDEMA/VARICOSITIES OF EXTREMITIES: MODERATE VARICOSITIES
BILATERALLY, no edema.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

MUSCULOSKELETAL EXAM:

GAIT/STATION: Normal gait.

SKIN:

INSPECTION: Warm, dry, no diaphoresis, no significant lesions, irritation, rashes or ulcers.
Indurated, hyperpigmented area on R leg from stasis

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4 and symmetrical.

SENSATION: Normal to touch, pinprick and vibration.

PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

ASSESSMENT/PLAN:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIED

STATUS: Unchanged. Continue metformin. Refilled rx. Will check A1C. Pt says unable to afford labs.

272.0-PURE HYPERCHOLESTEROLEMIA

STATUS: Unchanged. Will do blood work to see cholesterol levels. Think chol and lft's are more important than A1C

401.1-ESSENTIAL HYPERTENSION, BENIGN

STATUS: Unchanged. BP slightly elevated today. Will continue meds.

434.0-CEREBRAL THROMBOSIS

STATUS: Resolved. Being followed by a neurologist. Had stopped Aggrenox due to price.
Instructed pt to take ASA

RETURN VISIT: Return for follow up blood work if cannot arrange outside source to take it. Follow up in 3 months.

Electronically Signed by: James M. Timmons, Jr., M.D. on Friday, February 25, 2005

Kershaw Family Medicine Associates, LLC

216 East Marlon St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 59 y

Date of Service: 05/02/2006 01:29 pm

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: INCREASED RESPIRATORY EFFORT, INCREASED RESPIRATORY RATE, both lungs normal to auscultation.

CARDIOVASCULAR:

CARDIAC: Regular rhythm. No murmurs, rubs, or gallops. PMI not displaced. No thrill.

EDEMA/VARICOSITIES OF EXTREMITIES: 1+ EDEMA BILATERALLY.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4 and symmetrical.

PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

ASSESSMENT/PLAN:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIC

MEDICATIONS:

METFORMIN HCL ORAL TABLET 1000 MG, 1 Two Times A Day, 60 Dispensed, 5

Fills, status: CONTINUED, 12/20/2005.

272.0-PURE HYPERCHOLESTEROLEMIA

MEDICATIONS:

ZOCOR ORAL TABLET 80 MG, 1 QD, 90 Dispensed, status: NEW HISTORY, 08/16/2004.

401.1-ESSENTIAL HYPERTENSION, BENIGN

MEDICATIONS:

DIOVAN ORAL TABLET 160 MG, 1 QD, status: NEW HISTORY, 05/02/2006.

434.0-CEREBRAL THROMBOSIS

ASSESSMENT:

MEDICATIONS:

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 Two Times A Day, 60 Dispensed, 5 Fills, status: CONTINUED, 12/20/2005.

786.05-SHORTNESS OF BREATH

ASSESSMENT: To ER for further eval.

Electronically Signed by: James M. Timmons, Jr., M.D. on Friday, May 12, 2006

Kershaw Family Medicine Associates, LLC

216 East Marlon St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 60 y

Date of Service: 10/12/2006 04:41 pm

CHIEF COMPLAINT: Complaints of a sore throat, ear pain bilaterally, jaws hurt, chest /throat congestion

HISTORY OF PRESENT ILLNESS: 60 year old white male with sleep apnea has closing sensation. ~~Wheezing~~

on exam. Stridor mild is noted.

PAST MEDICAL HISTORY:

MEDICAL: Type II Diabetes, hypercholesterolemia, hypertension. CVA, OSA

CURRENT MEDICATION LIST:

NITROTAB SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, 1 tab (sl) prn chest pain

ZOCOR ORAL TABLET 80 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 Two Times A Day

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 Two Times A Day

LISINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-25 MG, 1 QD

ACCU-CHEK COMPACT IN VITRO STRIP, 1 QD

CURRENT ALLERGY LIST:

PENICILLIN

PHYSICAL EXAMINATION:

CONSTITUTIONAL:

VITALS SIGNS:

TEMPERATURE: 98°F Oral

PULSE: 76 Left Radial, Regular

RESPIRATION: 20

BLOOD PRESSURE: 144/70 Left Arm Sitting

WEIGHT: 270lbs

GENERAL APPEARANCE: Healthy appearing individual in no distress.

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: ~~MILD EXPIRATORY WHEEZE HEARD THROUGHOUT BOTH LUNG FIELDS~~

CHEST/BREAST: Breasts normal to inspection and palpation with no chest deformity.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

SKIN:

INSPECTION: Warm, dry, no diaphoresis, no significant lesions, irritation, rashes or ulcers.

ASSESSMENT/PLAN:

466.0-ACUTE BRONCHITIS

MEDICATIONS:

LEVAQUIN ORAL TABLET 500 MG, 1 QD, 7 Duration/Days Supply, status: NEW
PRESCRIPTION, 10/12/2006.

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992
Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946 Patient's Age: 60 y
Date of Service: 10/26/2006 05:27 pm

CHIEF COMPLAINT: Here for follow up evaluation of bronchitis.

HISTORY OF PRESENT ILLNESS: He is doing better. He has been coughing for 4-5 weeks. No recent BP medication changes since the summer. Dr. Timmons changed the Prinzipide this summer. Still coughing green mucous. Still has rhonchi throughout

PAST MEDICAL HISTORY:

MEDICAL: Type II Diabetes, hypercholesterolemia, hypertension. CVA, OSA

SURGICAL: Appendectomy, left knee arthroscopy. Growths around both cardrums. Removed around age 17. Was told both would grow back.

CURRENT MEDICATION LIST:

NITROTAB SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, 1 tab (sl) prn chest pain

ZOCOR ORAL TABLET 80 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 Two Times A Day

LISINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-25 MG, 1 QD

ACCU-CHEK COMPACT IN VITRO STRIP, 1 QD

LEVAQUIN ORAL TABLET 500 MG, 1 QD

DIDN'T GET RX

ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER 220 MCG/INH, dose daily.

PHYSICAL EXAMINATION:

CONSTITUTIONAL:

VITALS SIGNS:

PULSE: 72 Left Radial, Regular

TEMPERATURE: 98°F Oral

BLOOD PRESSURE: 140/68 Left Arm Sitting

WEIGHT: 292lbs

GENERAL APPEARANCE: Healthy appearing individual in no distress.

O2 Sat:95 %

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: RHONCHI HEARD IN THE AXILLA OF BOTH LUNGS, MILD EXPIRATORY WHEEZE HEARD THROUGHOUT BOTH LUNG FIELDS.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

SKIN:

INSPECTION: Warm, dry, no diaphoresis, no significant lesions, irritation, rashes or ulcers.

ASSESSMENT/PLAN:

401.1-ESSENTIAL HYPERTENSION, BENIGN I have confusion over his medications. On Diovan at

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 60 y

Date of Service: 10/26/2006 05:27 pm

the pharmacy, but is on Prinzide by our records. He is not taking the Prinzide.

MEDICATIONS:

LISINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-25 MG, 1 QD, 30
Dispensed, 5 Fills, status: DISCONTINUED, 10/26/2006.

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD, 3 Fills, 30 Duration/Days Supply,
status: NEW PRESCRIPTION, 10/26/2006.

466.0-ACUTE BRONCHITIS Suspect pneumonia possibly. Get CXR.

MEDICATIONS:

ALBUTEROL INHALATION AEROSOL SOLUTION 90 MCG/ACT, 2 inhal q 4-6 hrs
for cough and wheeze, 3 Fills, 30 Duration/Days Supply, status: NEW PRESCRIPTION,
10/26/2006.

OMNICEF ORAL CAPSULE CONVENTIONAL 300 MG, 1 Two Times A Day, 10
Duration/Days Supply, status: NEW PRESCRIPTION, 10/26/2006.

Electronically Signed by: Jonathan Hegler, M.D. on Monday, October 30, 2006

Kershaw Family Medicine Associates, LLC

216 East Marlon St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992
Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946 Patient's Age: 60 y
Date of Service: 01/26/2007 01:58 pm

CHIEF COMPLAINT: Here for follow up evaluation of diabetes.

HISTORY:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIC The diabetes has not changed. The patient denies polyuria, polyphagia, polydipsia, change in vision, foot ulcerations, or hypoglycemic episodes. No complications noted from the medication presently being used. Blood sugars are in the 100 to 150 range.

272.0-PURE HYPERCHOLESTEROLEMIA The patient's LDL has not been done recently. The patient is attempting to follow a low saturated fat diet.

PAST MEDICAL HISTORY:

MEDICAL: Type II Diabetes, hypercholesterolemia, hypertension. CVA, OSA

SURGICAL: Appendectomy, left knee arthroscopy. Growths around both eardrums. Removed around age 17. Was told both would grow back.

CURRENT MEDICATION LIST:

NITROTAB SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, 1 tab (sl) prn chest pain

ACCU-CHEK COMPACT IN VITRO STRIP, 1 QD

~~ASMANEX 14-METERED DOSES INHALATION AEROSOL POWDER 220 MCG (INH dose daily)~~

METFORMIN HCL ORAL TABLET 1000 MG, 1 Two Times A Day

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

ZOCOR ORAL TABLET 80 MG, 1 QD

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 Two Times A Day

ALBUTEROL INHALATION AEROSOL SOLUTION 90 MCG/ACT, 2 inhal q 4-6 hrs for cough and wheeze

FISH-EPA ORAL CAPSULE CONVENTIONAL 1000 MG, 3 Every Morning

CURRENT ALLERGY LIST:

PENICILLIN

PHYSICAL EXAMINATION:

CONSTITUTIONAL:

VITALS SIGNS:

BLOOD PRESSURE: 136/64 Left Arm Sitting

PULSB: 72 Left Radial, Regular

WEIGHT: 294lbs

GENERAL APPEARANCE: Caucasian male, in no acute distress.

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: Clear to auscultation and percussion. Normal respiratory effort. No fremitus.

CARDIOVASCULAR:

CARDIAC: Regular rhythm. No murmurs, rubs, or gallops. PMI not displaced. No thrill.

EDEMA/VARICOSITIES OF EXTREMITIES: 1+ EDEMA BILATERALLY.

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 60 y

Date of Service: 01/26/2007 01:58 pm

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4 and symmetrical.

PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

ASSESSMENT/PLAN:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIC

LAB ORDERS:

Order number: 3273 Test Ordered: Hemoglobin A1c - 001453

Order number: 3273 Test Ordered: Comp. Metabolic Panel (13) - 310900

272.0-PURE HYPERCHOLESTEROLEMIA

LAB ORDERS:

Order number: 3273 Test Ordered: Lipid Panel - 303756

RETURN VISIT: Patient instructed to return in 3 months. Lab before ov

Electronically Signed by: James M. Timmons, Jr., M.D. on Monday, January 29, 2007

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 60 y

Date of Service: 06/22/2007 01:35 pm

CHIEF COMPLAINT: ~~having problems breathing for the past few days. Coughing real bad. Get tired real~~
~~easily.~~

HISTORY:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIC The diabetes has not changed. The patient denies polyuria, polyphagia, polydipsia, change in vision, foot ulcerations, or hypoglycemic episodes. No complications noted from the medication presently being used. Blood sugars are in the 100 to 150 range, the last HgbA1c was in the 6 - 7 range.

272.0-PURE HYPERCHOLESTEROLEMIA The patient's most recent LDL is at goal. The patient is not attempting to follow the low saturated fat diet.

401.1-ESSENTIAL HYPERTENSION, BENIGN The patient denies chest pain, shortness of breath, dyspnea on exertion, pedal edema, or headache.

780.51-INSOMNIA WITH SLEEP APNEA Hx of pbs x 10 yrs. On C-Pap Has also had chronic bronchitis. Had walking PNX last year. Has been doing ok til 1 week ago. Started gasping for breath. Tries with walking into the next room. Worked a few days this past week but could not work today. Coughing but no phlegm. No fever or chills. Used Asmanex on 1 time.

PAST MEDICAL HISTORY:

MEDICAL: Type II Diabetes, hypercholesterolemia, hypertension, CVA, OSA

SURGICAL: Appendectomy, left knee arthroscopy. Growths around both eardrums. Removed around age 17. Was told both would grow back.

CURRENT MEDICATION LIST: ***need rx's refilled*******

NITROTAB SUBLINGUAL TABLET SUBLINGUAL 0.4 MG, 1 tab (sl) prn chest pain

METFORMIN HCL ORAL TABLET 1000 MG, 1 Two Times A Day

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

ALBUTEROL INHALATION AEROSOL SOLUTION 90 MCG/ACT, 2 inhal q 4-6 hrs for cough and wheeze

FISH-EPA ORAL CAPSULE CONVENTIONAL 1000 MG, 3 Every Morning

ZOCOR ORAL TABLET 80 MG, 1 QD

PHENYTEK ORAL CAPSULE CONVENTIONAL 200 MG, 1 Two Times A Day

CURRENT ALLERGY LIST:

PENICILLIN

PHYSICAL EXAMINATION:

CONSTITUTIONAL:

VITALS SIGNS:

BLOOD PRESSURE: 148/80 Right Arm Sitting

PULSE: 80 Right Radial, Regular

WEIGHT: 302lbs

GENERAL APPEARANCE: Caucasian male, in no acute distress.

O2 Sat:95% on RA

Kershaw Family Medicine Associates, LLC

216 East Marion St.
Kershaw, SC 29067
(803) 475-3475

PatientID: P0004992

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946 Patient's Age: 60 y

Date of Service: 06/22/2007 01:35 pm

EARS, NOSE, MOUTH AND THROAT:

EARS: Tympanic membranes shiny without retraction. Canals unremarkable. Hearing grossly normal.

NOSE (AND SINUS): No abnormality of the nose or sinuses is noted.

ORAL: Inspection of gums, lips, palate, and teeth normal. No scars, lesions, or masses. Oral mucosa unremarkable with non-inflamed posterior pharynx.

NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

RESPIRATORY: Clear to auscultation and percussion. Normal respiratory effort. No fremitus.

CARDIOVASCULAR:

CARDIAC: Regular rhythm. No murmurs, rubs, or gallops. PMI not displaced. No thrill.

ARTERIAL: Carotid, aortic, femoral, and pedal pulses of normal amplitude with no bruits.

EDEMA/VARICOSITIES OF EXTREMITIES: TRACE EDEMA BILATERALLY.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses. Bowel sounds active.

LIVER/SPLEEN/KIDNEY: No hepatosplenomegaly, tenderness or nodularity. Kidneys not palpable.

ASSESSMENT/PLAN:

250.00-TYPE II (NON-INSULIN DEPENDENT TYPE) OR UNSPECIFIED

STATUS: Unchanged.

272.0-PURE HYPERCHOLESTEROLEMIA

STATUS: Unchanged.

401.1-ESSENTIAL HYPERTENSION, BENIGN

TREATMENTS:

EKG No acute changes

RETURN VISIT: Patient instructed to return in 1 month.

Electronically Signed by: James M. Timmons, Jr., M.D. on Thursday, June 28, 2007



Physician Licensed Health Care Professional's (LHCP)
Respirator Medical Evaluation Form

Employee Name Miller, Lyle M
Location # 2501 Date: 7/6/07
City, State Reidsville, SC

RESPIRATOR TYPE

- ☐ Filtering Face Piece ☐ Full Mask ☐ Helmet/Hood
☐ Half Mask ☐ SCBA

RECOMMENDATIONS

- ☐ No respirator use restrictions
☐ Respirator use restrictions recommended. All restrictions must be specified here:

- ☐ No respirator use restrictions recommended pending further medical evaluation. All evaluation yet needed must be specified here:

☒ No respirator use

*Medical Re-Evaluation to be Scheduled in Three Years Unless Indicated Otherwise:

Number of Years: _____

PLHCP Name: ☒ N. L. Still, M.D.

PLHCP Signature: [Signature] Date: _____

PLHCP Address: 3420 E. Garfield Ave. Decatur, IL 62526

N. L. Still, M.D.
Medical Director
ADM Medical Facility
3420 E. Garfield Ave.
Decatur, IL 62526
217 451-5004
Fax 800-437-7574

Date: 7/6/07

Prior to completing the clearance for respirator certification the following information is needed:

Employee Name: Miller, Kester

Location: 258

- ☐ Pulmonary Function Test or Spirometry
- ☐ Vital Signs
- ☐ Medical Examination:
- ☐ Medical Examination with specific attention to:

- ☐ Review of Medical Records with specific attention to:

- ☒ Follow up with personal Medical Doctor pulmonologist
- ☐ Referral to _____
- ☒ Other cannot be certified
- ☐ Comments: is not used

☒ N. L. Still, M.D.
[Signature]

☐ John Mahony, PA-C

Med Packet
Sent 7/10/07
TAS

CAROLINA PULMONARY AND CRITICAL CARE PHYSICIANS
822 W. Meeting Street, Lancaster, SC 29720
Tel: 803-286-8433; Fax: 803-286-8431

August 8, 2007

Re: Lester Miller
DOB: 09-18-1946

Subjective: He is a new patient here. He had PFTs on his job to evaluate for fitness to wear a mask and he failed. He was told that his lung capacity was only 41%. He has had these tests in the past and passed them without difficulty. In the past five weeks since he has not been able to wear a mask, he has been inhaling dusts on his job and his breathing has become worse. He cannot think of anything that has changed in his life between the last time he passed the test and now. In fact he has lost some weight. He does not smoke cigarettes. He has no history of asthma or problems with allergies.

His current medications include Dilantin, Dlovan Hct, Glucophage, ASA and Zocor. He is allergic to Penicillin.

He has been diagnosed with sleep apnea and has been on CPAP for the past seven or eight years.

Objective: Middle aged man who is large framed and not in apparent distress. He weighed 300 lbs. His BP was 172/86 mmHg. His room air oxygen saturation at rest was 94%.

ENT: narrow oropharyngeal passage.

Neck: supple with no goiter. Trachea is in the midline.

Chest: vesicular breath sounds with diffuse bilateral wheezing and rhonchi.

Cardiac: regular S1 and S2 with S3 gallop noted.

Abdomen: full, soft and non tender with normal bowel sounds

Extremities: no edema, clubbing or cyanosis.

Assessment: Mr. Miller appears to have developed some type of lung disease which has resulted in worsening of his pulmonary function. His clinical examination suggests significant bronchospasm associated with some inflammatory lung disorder. He may have developed some type of adult onset bronchial asthma.

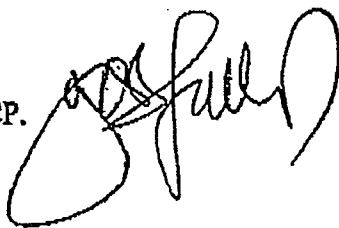
Plan:

I will schedule him for PFTs to assess for Asthma/COPD and other lung disorder.

I will also send him for chest xray.

I will see him back in two weeks and make further recommendations at the time.

I. F. Afulukwe, MD, FCCP.



SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 04/11/08
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

DATE OF STUDY: 4/11/08

REASON FOR STUDY: Reevaluation for patient with respiratory difficulties, dyspnea, bronchospasm, and history of occupational inhaled toxins.

RESULTS:

I. BIODATA: This is a 61 year-old white male who is 74 inches tall and weight 319 lbs. His smoking history is negative. He describes occupational dust exposure to dust including vegetable chemicals on his job.

II. FLOW VOLUME LOOP:

This is reviewed and shows a substantial contraction of his vital capacity. No significant difference is noted between the pre and post bronchodilator loops.

III. SPIROMETRY:

FVC is 2.36 liters (45%). FEV1 is 1.97 liters (55%). FEV1/FVC ratio is 83 compared to predicted of 69. Peak flow is 7.83 liters per second (83%). Mid lung flow is 2.77 liters per second (85%). MVV is 89 liters per minute (66%). Post bronchodilator no significant changes are noted.

IV. LUNG VOLUMES:

These are measured by plethysmography. Vital capacity is 2.38 liters (46%). FRC is 1.95 liters (44%). RV is 1.73 liters (65%). TLC is 4.11 liters (52%). RV/TLC ratio is 42 compared to predicted of 33. Airway resistance is increased at 8.51, upper limit of normal is —.

V. DIFFUSION CAPACITY:

DSB is 23.33 (84%). After adjusting for alveolar ventilation the D/VA is 6.74 (192%).

CONCLUSION:

This pulmonary function test shows significant reduction in vital capacity a consequent reduction in FEV1. However, peak flow,

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 04/11/08
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

mid expiratory flows are normal. There is moderate severe restrictive defect with marked reduction in lung volumes including vital capacity, FRC, RV, and TLC. He may have some air trapping as indicated by an increase in RV/TLC ratio. Diffusion capacity is preserved.

VI. TREND REPORT:

This patient's current pulmonary function test when compared with the previous pulmonary function test done on 8/15/07. His vital capacity shows an improvement from 2.04 on the previous testing to 2.36 today. His FEV1 shows an improvement from 1.64 to 1.97 on the current testing. Peak shows an improvement from 6.42 to 7.83 on the current testing.

CONCLUSION:

This patient has moderate severe restrictive defect with some air trapping and improvement in his spirometry parameters on the trend report. Clinical correlation is recommended.

PHYSICIAN: I. F. Afulukwe, MD
ELECTRONICALLY SIGNED

AFUI :ME
REPORT #: 0412-0030
DATE/TIME DICTATED: 04/12/08 - 0827
DATE/TIME TRANSCRIBED: 04/12/08 - 0850
DATE/TIME ELECTRONICALLY SIGNED: 04/15/08 - 0857

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 07/23/08-13:01 by COLE, CRYSTAL

CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, LLC

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 03/05/2008

CHIEF COMPLAINT: Here for follow up evaluation.

HISTORY OF PRESENT ILLNESS: he has been doing better since he stopped going to work and inhaling dusts and chemicals probably mixed in.

PAST MEDICAL HISTORY: see attached.

CURRENT ALLERGY LIST:
PENICILLIN

CURRENT MEDICATION LIST: Symbicort and Singulair
DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD
METFORMIN HCL ORAL TABLET 1000 MG, 1 QD
ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD
SIMVASTATIN ORAL TABLET 80 MG, 1 QD

PHYSICAL EXAM: Large framed morbidly obese man.

VITAL SIGNS:

VS-WEIGHT: 314lbs

VS-TEMPERATURE: 98.1 °f Oral

VS-PULSE: 82 Right Radial, Regular

VS-BLOOD PRESSURE: 162/88 Left Arm Sitting

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally, expiratory wheeze bilaterally. Clear to percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL PULSES: Normal carotid pulses with no bruits. No palpable enlargement or bruit of the abdominal aorta. Normal femoral pulses with no bruits or enlargements. Normal pedal pulses and capillary refill.

EDEMA/VARICOSITIES OF EXTREMITIES: No edema or varicosities of the extremities. There is chronic induration of the legs with varicosities and pigmentation of soles.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

CAROLINA PULMONARY & CRITICAL CARE

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM
Patient Name: **LESTER M MILLER**
Date of Birth: 09/18/1946

Date of Service: 03/05/2008

ASSESSMENT/PLAN: Bronchospasm due to occupational asthma is better at this time.

TESTS PERFORMED IN OFFICE:
O2 SAT:93%

I will see him back in three months and consider PSG for OSA.
He will have PFTs to assess for improvement, but his Oxygen has gone up.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, March 05, 2008

Ifediora F. Afulukwe, M.D.
RE: Lester M. Miller
February 23, 2011
RCI File #: 33970
Page Three

Did the following conditions most probably exist prior to October 22, 2007 and also the on the job injury of April 11, 2008?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the subsequent exposure from July 2007 through October 22, 2007, most probably aggravate the following conditions:

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater time lost from work than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater permanent disability than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

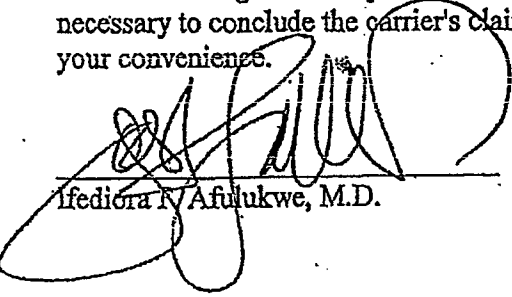
Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater medical costs than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

I realize the degree of conjecture involved in these questions, but please be assured that your expert opinion is necessary to conclude the carrier's claim with the Fund. I have enclosed a self-addressed, stamped envelope for your convenience.


Ifediora F. Afulukwe, M.D.

3/9/2011
Date

Ifediora F. Afulukwe, M.D.

RE: Lester M. Miller

February 23, 2011

RCI File #: 33970

Page Four

The Second Injury fund requires us to ask if the condition(s) meets the definition of a permanent physical impairment, which is defined by the Fund as "any permanent condition, whether congenital or due to injury or disease, of such seriousness as to constitute a hindrance or obstacle to obtaining employment or to obtaining re-employment if the employee should become unemployed."

Based upon the above, within a reasonable degree of medical certainty, as it relates to this patient, would the following conditions be considered permanent?

a. chronic obstructive pulmonary disease

Yes ☒ No ☒

b. reactive airway disease

Yes ☒ No ☒

Based upon the above, within a reasonable degree of medical certainty, as it relates to this patient, would the following conditions be considered serious enough to constitute a hindrance or obstacle to employment or re-employment?

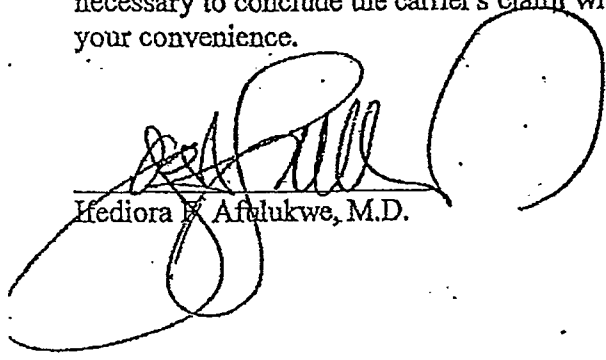
a. chronic obstructive pulmonary disease

Yes ☒ No ☒

b. reactive airway disease

Yes ☒ No ☒

I realize the degree of conjecture involved in these questions, but please be assured that your expert opinion is necessary to conclude the carrier's claim with the Fund. I have enclosed a self-addressed, stamped envelope for your convenience.


Ifediora F. Afulukwe, M.D.

3/5/2011
Date

PRIMARY CARE DIVISION
SENTINEL
HEALTH PARTNERS, PA

JOHN B. DuBOSS, M.D.
J. CARL KEARSE, M.D.
GORDON PENNEBAKER, M.D.
JAMES S. SHAW, M.D.
CYNTHIA A. WILBERDING, M.D.
JULIE A. TAYLOR, M.D.
PAULA L. BELMAR, M.D.
MIN WOOK KANG, M.D.
JAMES M. TIMMONS, M.D.
JONATHAN H. HEGLER, M.D.

TALLULAH F. HOLMSTROM, M.D.
JAMES C. MCALPINE, JR., M.D.
JACK F. SCHEUER, JR., M.D.
ANNE BLAKE, R.N., M.S.N., F.M.P.
ANITA DUBOSE, R.N., M.N., A.C.N.P.
KATIE ANDERSON, P.A.-C.
LAUREN TAYLOR, P.A.-C.
JENNIFER CARTER, P.A.-C.
BEVERLY H. TIMMONS, C.P.N.P.

July 1, 2008

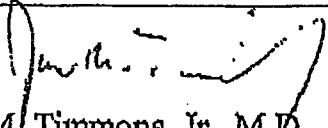
Sabrina M. Love-Sloan, Esq.
Stewart & Love, LLC
1242 Ebenezer Road
Rock Hill, SC 29732

Re: Lester Miller; SS# 248-70-3951

Dear Ms. Sloan;

Mr. Miller indeed has been a patient of mine for several years although I really have not been involved with treatment of his lung disease. I have mostly been involved with his treatment of his multiple medical problems including diabetes, hypertension, and obesity. I am aware of the fact that he has long suffered from obstructive sleep apnea and has been on CPAP medication or CPAP treatment for some ten years. He was seen in the office for one episode of acute bronchitis. Because I have not really been involved in the evaluation and management of his primary problems I do not feel qualified to answer the questions that were posed to me. I would defer this to Dr. Afulukwe, his pulmonologist.

Yours truly,


James M. Timmons, Jr., M.D.

1344 Halle Street • Camden, SC 29020 • Phone 803-432-1996 • Fax 803-432-1463
710 DeWitt Drive • Lugoff, SC 29078 • Phone 803-438-1806 or 803-438-7566 • Fax 803-438-4371
216 E. Marion Street • Kershaw, SC 29067 • Phone 803-475-3475 or 803-475-3350 • Fax 803-475-5360
1004 Emanuel Street • Elgin, SC 29045 • Phone 803-438-7698 • Fax 803-438-7563

Patient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
Encounter Date: 03/26/2009 03:48 PM
Encounter Closed Date: 05/12/2009 04:46 PM

Chief Complaint:
Difficulty Breathing

History of Present Illness:

Lester Miller is in the office today complaining of difficulty breathing. His symptoms started several year(s) ago. He worked for Archer Daniel Midland Company where he processed soy beans. There, he was fit tested for a respirator. According to the records, he failed his fit test in 2007 which prompted consultation with Dr. Afulukwe, a pulmonologist in Lancaster, SC. Prior to this, by report, he never had issues with fit tests, and passed them quite easily. Lester states the onset was acute. Onset occurred at work. For five weeks while being evaluated for his fit test, he describes fumes and dusts that he would inhale at work. He would frequent the silos where soy beans are kept and describes dust that would block out the sun. He was not wearing face mask protection at that time. Prior to exposure to silo dusts and other fumes at work, Mr. Miller rarely suffered or complained of respiratory difficulties. He describes the breathing problems as moderate. Lester describes his breathing as frequently short, choppy, burning in my chest and labored. He saw Dr. Afulukwe who notes wheezing and rhonchi on physical exam. Lung function test showed a restrictive pattern with a concomitant obstructive defect consistent with asthma, possibly related to exposures at work. He also notes associated weight loss, excessive daytime sleepiness, cough and depression and fatigue. His difficulty breathing is relieved by staying away from work and dusts. The symptoms are worsened by dusts and fumes. Since being out of work, his breathing has returned to normal.

Chronic Medications:

aspirin 325 mg tablet ec SIG: once a day
lisinopril-hctz 20-25 mg tab SIG: once a day
metformin hcl 1,000 mg tablet SIG: one twice a day
phenytoin sod ext 100 mg cap SIG: two twice a day
simvastatin 80 mg tablet SIG: once a day
singulair 10 mg tablet SIG: once a day
ymbicort 80-4.5 mcg inhaler SIG: two puffs every twelve hours

Allergy review information is not available.

Drug Allergies:
penicillins.

Review of Systems:

Constitutional Symptoms: Symptoms include fatigue, loss of appetite, sleep disturbance, abnormal activity level. No symptoms of fevers and chills, night sweats, headaches.

Ears, Nose, Throat: No symptoms of ear pain, ear drainage, ringing in ears, hearing loss, dizziness, vertigo, sinusitis, nasal obstruction, nasal discharge, nose bleeds, sore throat, sores in mouth, dysphagia, tooth/gum trouble, hoarseness.

Cardiovascular: Symptoms include chest pain at rest, shortness of breath on exertion. No symptoms of chest pain on exertion, shortness of breath lying down, swelling of ankles, palpitations, fainting spells, cyanosis.

Respiratory: Symptoms include coughing, shortness of breath - (with minimal exertion), snoring. No symptoms of wheezing, sputum, hemoptysis, nocturnal dyspnea, tachypnea.

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM
NOTE STATUS: FINAL

Patient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
Encounter Date: 03/26/2009 03:48 PM
Encounter Closed Date: 05/12/2009 04:46 PM

Gastrointestinal: Symptoms include anorexia. No symptoms of nausea, vomiting, hematemesis, diarrhea, constipation, other change in bowel habits, blood in stool, abdominal pain, indigestion or heartburn.
Musculoskeletal: No symptoms of back pain, joint pains, joint stiffness, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness.
Neurological: No symptoms of headache.
Psychiatric: Symptoms include change in sleep pattern, anxiety, depression. No symptoms of hyperactivity, moodiness, obsessive thoughts, compulsions.
Endocrine: No symptoms of polydipsia, polyuria, excessive thirst, trouble sleeping, weight gain, weight loss, excessive sweating.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, easy bruising.
Allergic/Immunologic: No symptoms of itchy eyes, red eyes, sneezing, itchy nose.

Physical Exam:

Vital Signs: BP: 160/80, Weight: 325, Height: 74", FIO2: ra, O2 Sat Rest: 96, Pulse: 88, BMI: 41.73.

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.

Head: Normocephalic, atraumatic.

Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. . Pupils are equal in size, round, reactive to light and accommodation.

Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.

Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion. Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.

Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. There is no edema, cyanosis, or clubbing.

Abdomen: The abdomen is flat. There are no scars present.

Lymph Nodes: Palpation of the cervical area is unremarkable. Palpation of the axillary area is unremarkable.

Musculoskeletal: Gait is described as normal. Inspection and palpation of the nails reveals no abnormality. Inspection and palpation of the digits show no abnormality. Inspection of the thoracic spine reveals normal finding. The thoracic spine is non-tender to palpation. Thoracic spine range of motion is normal. The thoracic spine is stable. Left upper extremity is normal on inspection. Palpation is normal. Range of motion is normal. The left upper extremity has no joint instability. . Right upper extremity is normal on inspection. Palpation is normal. Range of motion is normal. The right upper extremity has no joint instability. Left lower extremity is normal on inspection. Palpation is normal. Range of motion is normal. The left lower extremity has no joint instability. Right lower extremity is normal on inspection.

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM
NOTE STATUS: FINAL

atient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
ncounter Date: 03/26/2009 03:48 PM
ncounter Closed Date: 05/12/2009 04:46 PM

alpalpation is normal. Range of motion is normal. The right lower extremity has no joint instability.
kin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
eurological: Cranial nerves II - XII are within normal limits. Cranial nerve II: visual acuity and visual fields are normal. Cranial nerve III, IV, VI: Extra ocular eye movements are intact without nystagmus. Cranial nerve V: Sensation over the face, corneal reflexes are normal. Cranial nerve VII: Normal facial symmetry. Cranial nerve VIII: Hearing is normal bilaterally. Cranial nerve IX, X: Phonation and movement of soft palate are normal. Cranial nerve XI: Shoulder girdle is normal. Cranial nerve XII: The tongue protrudes midline.
sychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affection is observed.

rocedures:
pirometry: suggestive of a restrictive pattern.

agnosis:
J6.9 Unspecified respiratory conditions due to fumes and vapors
J6.09 Dyspnea (resp. insufficiency)(snoring)

ssessment:
eneral: Respiratory difficulties seem to have worsened considerably while inhaling fumes and dusts while at work. Avoidance is the best means to reduce exposure and thereby improve respiratory function. If that is not possible, then patient should be fitted for an environmental suit with respirator. It is with reasonable medical certainty that the accelerated respiratory difficulties were as a result of inhalation of dusts and fumes while on the job without proper precautions (masks, respirators, etc). He seems to have reached maximum medical improvement with avoidance of dusts and fumes. He should never work in that type of environment again. His lung function should not worsen while being away from dusty environments and continuing with inhalers.

Plan:
Poststate Lung Plan: The level of diagnoses or management options: multiple The level of amount and/or complexity of care reviewed: moderate The level of risk of complications and/or morbidity or mortality: low

orders:
Procedure:
Spirometry, Order Date: 05/12/2009 04:15 PM

This chart has been electronically signed using individually secured passwords.
Attending Physician: Joseph Boscia, III, MD
05/12/2009 04:46 PM

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM
NOTE STATUS: FINAL

STEWART & LOVE, L.L.C.1442 EBBESZER ROAD
ROCK HILL, SOUTH CAROLINA 29732BRENT F. STEWART
SABRINA LOVE-SLOAN*ALSO ADMITTED IN
WEST VIRGINIAROCK HILL (803) 321-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 694-3200
FAX (803) 321-5676**FAXED**REPLY TO:
P.O. BOX 670
ROCK HILL, SC 29731-6670

October 27, 2009

EXPEDITED REQUEST
VIA FACSIMILE @ (803) 328-0270Dr. William Alleyne
Carolina Pulmonary Physicians
124 Glenwood Drive
Rock Hill, SC 29732RE: Lester Miller vs. Archer Daniels Midland Company, et. al.
DOB: 9/16/46

Dear Dr. Alleyne:

Please be advised that our office has been retained to represent Lester Miller in a workers' compensation claim against Archer Daniels Midland Company. A review of Mr. Miller's medical records indicates that on October 21, 2009, you diagnosed him with hypersensitivity pneumonitis or occupational asthma. Mr. Miller has a four year history of exposure to soybean dust working at the soybean processing plant he is a lifetime non-smoker.

In order to determine the causality of his symptoms and future medical needs, please indicate in the below questionnaire your medical opinions relating to Mr. Miller's current physical condition. (Please check "yes" or "no" and explain if necessary)

1. I am a Board Certified Pulmonologist and have examined Mr. Miller. As a result, I have provided medical treatment to address his breathing issues.

☒ YES☐ NOExplanation, if necessary: _____

2. On October 21, 2009, I noted the following: "the fact that his symptoms improved following discontinuation of employment is certainly consistent with either hypersensitivity pneumonitis or occupational asthma." (See Attachment).

☒ YES

☐ NO

Explanation, if necessary: _____

3. It is my expert medical opinion "*most probably and to a reasonable degree of medical certainty (greater than 50% probability)*" that Lester Miller is suffering from either hypersensitivity pneumonitis or occupational asthma.

☒ YES

☐ NO

Explanation, if necessary: _____

4. It is my expert medical opinion "*most probably and to a reasonable degree of medical certainty (greater than 50% probability)*" that Mr. Miller's hypersensitivity pneumonitis or occupational asthma is causally related to prolonged exposure to soybean dust during his four (4) years of factory work for Archer Daniels Midlands Company.

☒ YES

☐ NO

Explanation, if necessary: _____

5. It is my expert medical opinion that Mr. Miller has reached maximum medical improvement.

☒ YES

☐ NO

Explanation, if necessary: _____

6. It is my expert medical opinion that Mr. Miller's hypersensitivity pneumonitis or occupational asthma has resulted in permanent impairment to his whole person.

☒ YES

☐ NO

7. Amount of permanent impairment to Mr. Miller's whole person as a result of his work related hypersensitivity pneumonitis or occupational asthma:

50%

8. Class of impairment to whole person as a result of work related hypersensitivity pneumonitis or occupational asthma:

class IV 45-65%

Explanation, if necessary: _____

perpetual impairment

9. It is my expert medical opinion that Mr. Miller's hypersensitivity pneumonitis or occupational asthma and related breathing difficulty (diminished lung capacity) would make it difficult for him to perform physical manual labor work at this time. His current work status: remain out of work indefinitely.

☒ YES

☐ NO

Explanation, if necessary: _____

10. It is my expert medical opinion that Mr. Miller is in need of the following types of future medical treatment: (Please check all applicable types of treatment and explain if necessary).

- ☒ Quarterly follow up visits in my office and breathing/epirometry testing to monitor his breathing condition.
- ☒ May benefit from inhaled bronchodilators and Singulair.
- ☒ Follow up visits through my office on an as needed basis.

Explanation, if necessary: _____

October 27, 2009

Page 8 of 8

11. All of the above opinions are rendered "most probably" (greater than 80% probability) and to a reasonable degree of medical certainty.

☒ YES

☐ NO

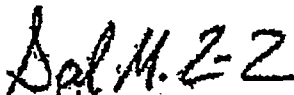
Explanation, if necessary: _____



Dr. William Allayne
Carolina Pulmonary Physicians

Should you require any additional information in these regards, please do not hesitate to contact me. With kindest personal regards, I am,

Sincerely,



Sabrina M. Love-Sloan
Attorney at Law

SLB/kam



Claimant's Name: LESTER MILLER SSN: 248-70-3951 Employer's Name: Archer-Daniels-Midland Company
Address: 2570 Cane Mill Road Address: 427 North Hampton Street
City: Lancaster State: SC Zip: 29720 City: Kershaw State: SC Zip: 29067
Home Phone: (803) 283 - 1187 Work Phone: () - Insurance Carrier: Gallagher-Bassett Services
Preparer's Name: Sabrina M. Love-Sloan Law Firm: Stewart & Love, LLC. Preparer's Phone #: (803) 328-5600

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.

Claim for workers' compensation benefits is made based on the following grounds:

Date of Illness: 4/11/2008

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to Both lungs and the whole person on 4/11/2008 (date of diagnosis) in Kershaw county, state of South Carolina.

1b. Body part(s) affected are: Both lungs and whole person.

Briefly describe how the accident occurred. The Claimant has been diagnosed with lung damage as a result of exposure to dirt and vegetable dust in his occupation at Archer-Daniels-Midlands Company.

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 4/11/08 in the following manner: Claimant was referred by Dr. Timmons to see a pulmonary specialist and the employer has been copied the findings. In addition, this Form 50 will serve as written notice within the statutory ninety (90) day period as prescribed by the S.C. Workers' Compensation Act.

6. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: both lungs

☒ (b) additional medical examination and treatment for: both lungs

7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: April 11, 2008 and continuing

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: Claimant reserves the right to assert disfigurement at a later date.

- 10a. At the time of the injury, the Claimant was paid weekly wages of \$361.16, 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: N/A

- 11a. Further grounds or unusual aspects of claim: 1) Claimant requests payment of all causally-related medical treatment; 2) Claimant requests medical treatment and care for his lungs; 3) Claimant requests temporary total disability benefits from April 11, 2008 and continuing; and 4) Claimant reserves the right to seek permanency at a later date.

- 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: Spring Memorial Hospital, Cardiopulmonary Department, 800 West Meeting Street, Lancaster, SC 29720

- 11c. To the best of your knowledge, did you have any prior permanent disability? Yes
If yes, describe: Right knee work-related injury 10/22/2007; pending claim

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: N/A

Verify the contents of this form are accurate and true to the best of my knowledge.

Sabrina M. Love-Sloan
Preparer's Signature

Attorney for the Claimant
Title

sabrina.love@stewartandlove.com
Email

6/30/2008
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.

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 03/05/2008

CHIEF COMPLAINT: Here for follow up evaluation.

HISTORY OF PRESENT ILLNESS: he has been doing better since he stopped going to work and inhaling dusts and chemicals probably mixed in.

PAST MEDICAL HISTORY: see attached.

CURRENT ALLERGY LIST:
PENICILLIN

CURRENT MEDICATION LIST: Symbicort and Singulair
DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD
METFORMIN HCL ORAL TABLET 1000 MG, 1 QD
ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD
SIMVASTATIN ORAL TABLET 80 MG, 1 QD

PHYSICAL EXAM: Large framed morbidly obese man.

VITAL SIGNS:

VS-WEIGHT: 314lbs

VS-TEMPERATURE: 98.1°f Oral

VS-PULSE: 82 Right Radial, Regular

VS-BLOOD PRESSURE: 162/88 Left Arm Sitting

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally, expiratory wheeze bilaterally. Clear to percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4. Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL PULSES: Normal carotid pulses with no bruits. No palpable enlargement or bruit of the abdominal aorta. Normal femoral pulses with no bruits or enlargements. Normal pedal pulses and capillary refill.

EDEMA/VARICOSITIES OF EXTREMITIES: No edema or varicosities of the extremities.

There is chronic induration of the legs with varicosities and purple discoloration of soles.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 03/05/2008

~~ASSESSMENT/PLAN: Bronchospasm due to occupational asthma is better at this time.~~

TESTS PERFORMED IN OFFICE:

O2 SAT:93%

I will see him back in three months and consider PSG for OSA.

He will have PFTs to assess for improvement, but his Oxygen has gone up.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, March 05, 2008

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: LESTER M MULLER

Date of Birth: 09/18/1946

Date of Service: 07/09/2008

CHIEF COMPLAINT: Here for follow up evaluation. Pt states that he is on a new med Januvia 7mg (did not bring bottle with him today)

HISTORY OF PRESENT ILLNESS: he is doing better and breathing casier since he stopped going to work. He is sleeping and doing well otherwise. We reviewed his PFTs from April 2008. He is planning on rethring when he gets to 62 years old.

PAST MEDICAL HISTORY: DM, HTN, Occupational Asthma.

CURRENT ALLERGY LIST:
PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 QD

ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD

SIMVASTATIN ORAL TABLET 80 MG, 1 QD

SYMBICORT 80/4.5, 2 puffs bid

SINGULAR ORAL TABLET 10 MG, 1 qd

PHYSICAL EXAM: Large framed morbidly obese man.

VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 326lbs

VS-TEMPERATURE: 98°F Oral

VS-PULSE: 86 Right Radial, Regular

VS-BLOOD PRESSURE: 154/82 Left Arm Sitting

CONSTITUTIONAL:

RESPIRATORY: Normal respiratory effort. Expiratory wheeze bilaterally. Clear to percussion.
Normal to palpation with no fremitus.

CARDIOVASCULAR:

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

HERNIA: No obvious hernias.

SKIN: stasis eczema R leg.

ASSESSMENT/PLAN: Occupational Asthma/pneumoconiosis. PFTs better off from work.
I will schedule him for one year PFTs in Mid August 2008 with trend report.

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 07/09/2008

TESTS PERFORMED IN OFFICE:

O2 SAT:91%

RETURN VISIT: I will see him back in three months.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, July 09, 2008

STATEMENT FROM
IFEDIORA FOSTER AFULUKWE, M.D. - HEATH SPRINGS MEDICAL CENTER

RE: LESTER MILLER

After my examination of Mr. Miller, along with a review of his medical records, it is my opinion, more probable than not and to a reasonable degree of medical certainty, the following:

1. What conditions currently affect Lester Miller?
Occupational Asthma
Sleep Apnea
Mild obesity
2. Are said conditions caused by his exposure to dust and hazardous materials on his job?
☒ YES ☐ NO
3. Does Mr. Miller suffer from an occupational disease?
☒ YES ☐ NO
4. Are the above conditions exacerbated or aggravated by the work conditions at Archer-Daniels-Midland Company?
☒ YES ☐ NO
5. Do you feel Mr. Miller is at Maximum Medical Improvement (MMI) for his lung condition at this time?
☒ YES ☐ NO
6. What treatment(s), if any, do you recommend to lessen his degree of disability?
inhaled bronchodilators
continuous air
avoid exposure
7. Does Mr. Miller suffer from any permanent impairment to the lungs?
☐ YES ☒ NO
8. If you feel Mr. Miller suffers from a permanent impairment to the lungs, using the *Guides to Permanent Impairment* what degree of permanent partial impairment would you assign to his lungs?

9. What limitations and/or restrictions would you prescribe?

Avoid exposure to inhaled toxins

10. Would such limitations be permanent and if not, for what length of time/duration?

Permanent

11. Does his limitations/restrictions limit the type of job or work he will be capable of performing now or in the future?

☒ YES

☐ NO

Dated: 7-21-08

Medora Foster Atulukwe, M.D.
Heath Springs Medical Center
209 South College Street
Heath Springs, SC 29058

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 10/08/2008

CHIEF COMPLAINT: Check-up, no complaints today.

HISTORY OF PRESENT ILLNESS: He is doing well and breathing easier since off work.

PAST MEDICAL HISTORY: DM, HTN, Occupational Asthma

CURRENT ALLERGY LIST:
PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 QD

ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD

SIMVASTATIN ORAL TABLET 80 MG, 1 QD

SYMBICORT 80/4.5, 2 puffs bid

SINGULAIR ORAL TABLET 10 MG, 1 qd

SOCIAL HISTORY:

MARITAL STATUS: Married, living with spouse.

OCCUPATION: Retired.

TOBACCO USE: Previously used smokeless tobacco. (stopped Sept., 2008)

ALCOHOL: Does not give any significant history of alcohol usage.

CAFFEINE: Consumes a large amount of caffeinated beverages daily.

PHYSICAL EXAM:

VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 325lbs

VS-TEMPERATURE: 98.1°F Oral

VS-PULSE: 75 Right Radial, Regular

Comments: O2 95%

VS-BLOOD PRESSURE: 160/82 Left Arm Sitting

CONSTITUTIONAL:

RESPIRATORY:

CARDIOVASCULAR:

NEUROLOGIC:

ASSESSMENT/PLAN: Occupational Asthma/ HSP. Better since off work dust.
OSA on treatment and doing well.
I will refill his Singulair and Albuterol MDI.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 10/08/2008

RETURN VISIT: I will see him back in six months and get PFTs at the time with trend.

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 04/08/2009

CHIEF COMPLAINT: Here for follow up evaluation.

HISTORY OF PRESENT ILLNESS: He is here for follow up. He is doing fairly well and has no new complaints today. He is breathing fairly well. He is also sleeping well and has no complaints with this. There have been no interval changes in his medical history since his last visit.

PAST MEDICAL HISTORY: Occupational Asthma, DM, HTN

CURRENT ALLERGY LIST:
PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 QD

ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD

SIMVASTATIN ORAL TABLET 80 MG, 1 QD

SYMBICORT 80/4.5, 2 puffs bid

SINGULAIR ORAL TABLET 10 MG, 1 qd

ALBUTEROL MDI, 2 PUFFS QID PRN

PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT, 2puffs qidprn

PHYSICAL EXAM:

VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 319lbs

VS-TEMPERATURE: 98°F Oral

VS-PULSE: 85 Right Radial, Regular

VS-BLOOD PRESSURE: 162/76 Left Arm Sitting

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

HEAD/FACE: Sinuses are not tender, red or swollen.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally, expiratory wheeze bilaterally. Clear to percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL PULSES: Normal carotid pulses with no bruits. No palpable enlargement or bruit of the abdominal aorta. Normal femoral pulses with no bruits or enlargements. Normal

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 04/08/2009

----- pedal pulses and capillary refill.

EDEMA/VARICOSITIES OF EXTREMITIES: 1+ pitting edema below the knees.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

MUSCULOSKELETAL EXAM:

GAIT/STATION: Gait intact. Station, posture normal. Romberg negative.

DIGITS/NAILS: No clubbing, cyanosis, inflammation, hemorrhages, infection, ischemia or deformities noted.

ASSESSMENT/PLAN:

Occupational Asthma/HSP. Stable at this time. He has been doing better since being off work and therefore avoiding additional exposure. I will continue his current treatment. He is stable and no changes are needed at this time. He will continue on his current medications.

DM, HTN, Hyperlipidemia per his PMD.

TESTS PERFORMED IN OFFICE:

O2 SAT:91 % on room air at rest.

I will get PFTs to assess his current pulmonary status. He will also need repeat PFTs at his next visit to assess for any progression of his lung disease.

RETURN VISIT: I will see him back in six months.

Electronically Signed by: Ifediora Afulukwe, MD on Sunday, April 19, 2009

PATIENT #	DATA	SSN	BIRTHDAY	AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE & TIME	NO.
							4/8/09	
Yester - Miller 320-7985			200 Monroe Hwy Apt. 207 Lancaster, SC					
IOUS BALANCE	DELO. AGE/AMOUNT	ADATA	DATE	PREV. TCODE	DESCRIPTION OF PREVIOUS TRANSACTION	AMOUNT		
PAYMENT DATE	LAST PMT AMOUNT	AMT PD THIS YR	CNTL	INSURANCE FILED				
DYER								
ICD-9 CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS		INSURANCE					
			REFERRING DOCTOR					

T NOTES

DESCRIPTION	DX	FEE	CODE	DESCRIPTION	DX	FEE	CODE	DESCRIPTION	DX	FEE
ATTENT			LABORATORY			DIAGNOSIS				
Problem Focused			36415	Blood Draw				1. cold		
Expanded Problem			86403	Mono				2. Asbestosis		
Low Complexity			87880	Strep Test				3. ASA		
Moderate Complexity			87060	Nose/Throat/Culture				4. [Signature]		
High Complexity				TSH				5. [Signature]		
				Arterial Blood Gas						
USHED PATIENT			RADIOLOGY			PLAN/ORDERS				
Minimal Problem				Chest X-Ray				1.		
Problem Focused				CT Chest				2.		
Low Complexity				PET Scan				3.		
Moderate Complexity				Echocardiogram				4.		
High Complexity				Echo with Doppler				5.		
				Chest Ultrasound						
CONSULT/SPR/EXAM										
Problem Focused										
Low Complexity										
Moderate Complexity										
High Complexity										
NARY TEST			INJECTION			RETURN:				
Pul. Function Test				Administer Only				Days	Wk	6 Mos
Pulse Oximeter			90471	PPD						PRN
Provential Inhal. Treatment			86585	Influenza Vaccine						
EKG			90658	Pneumococcal Immun.						
Removal Ear Cerumen			90732	IM Injection of Antibiotic						
Remove w/ Impacted Cerumen			90788	Allergy Single Inj.						
Tympanogram			95115	Allergy Multiple						
Complex Pulm. Exercise Test			95117	Rocophin 250 mg						
Overnight Oximetry			J0696	Lidocaine						
Lung Volumes			J2000	Phenergan						
Diffusion Capacity			J2550	Solu-Medrol						
6 Min. Walk			J2930	Unclassified Drugs						
Spirometry w/ Pre and Post			J3490	Decadron 4 mg						
Multi-Oximeter			J1100	Xylocaine						
			J3480							
STUDY						Previous Balance				
Polysomnography - Initial										
PSG - CPAP/BIPAP Titration										
PSG - Split Night Study										
MSLT										
Maintenance of Weakness Test										

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 10/07/2009

CHIEF COMPLAINT: Here for follow up evaluation. Pt states that he is coughing more than usual he want to know if is caused by the change of the season.

HISTORY OF PRESENT ILLNESS: He is here for follow up. He is doing fairly well but is coughing more than usual and thinks it may be due to the change in season. He has no new complaints today. He is on his medications and needs no refills today.

PAST MEDICAL HISTORY: COPD, Sleep Apnea, Pneumonia, Asthma Unspecified.

CURRENT ALLERGY LIST: PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD; METFORMIN HCL ORAL TABLET 1000 MG, 1 QD

ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD

SIMVASTATIN ORAL TABLET 80 MG, 1 QD; SYMBICORT 80/4.5, 2 puffs bid

SINGULAIR ORAL TABLET 10 MG, 1 qd; ALBUTEROL MDI, 2 PUFFS QID PRN

PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT, 2puffs qidprn

SOCIAL HISTORY:

MARITAL STATUS: Married, living with spouse.

OCCUPATION: Retired.

TOBACCO USE: Previously used smokeless tobacco. (stopped Sept., 2008)

ALCOHOL: Does not give any significant history of alcohol usage.

CAFFEINE: Consumes a large amount of caffeinated beverages daily.

PHYSICAL EXAM:

VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 322lbs

VS-TEMPERATURE: 98.2°f Oral

VS-PULSE: 81 Right Radial, Regular

VS-BLOOD PRESSURE: 150/90 Left Arm Sitting

Comments: 02 SAT 94%

CONSTITUTIONAL:

GENERAL APPEARANCE: Moderately overweight body habitus, morbidly obese body habitus. In no acute distress.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally. Clear to

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 10/07/2009

percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL PULSES: Normal carotid pulses with no bruits. No palpable enlargement or bruit of the abdominal aorta. Normal femoral pulses with no bruits or enlargements. Normal pedal pulses and capillary refill.

EDEMA/VARICOSITIES OF EXTREMITIES: 2+ pitting edema below the knees. He has erythema in the legs also.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

ASSESSMENT/PLAN:

Mr. Miller likely has seasonal cold with cough; I will give him something for that. He is otherwise fair. I will schedule PFTs here in the office to reassess his occupational Asthma/COPD.

OSA; stable and has no complaints at this time.

He has cor pulmonale with chronic leg edema with red cellulitis.

RETURN VISIT: I will see him back in six months.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, October 14, 2009

CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, LLC

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

PatientID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: 04/07/2010

CHIEF COMPLAINT: Here for follow up evaluation.

HISTORY OF PRESENT ILLNESS: He is here for follow up; he is doing fairly well and has no new complaints today. He has been using his medications and DME as directed. There have been no interval changes in his medical history.

PAST MEDICAL HISTORY: Sleep Apnea, COPD, Cor. Pulmonale, Asthma.

CURRENT ALLERGY LIST: PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT TABLET 160-12.5 MG, 1 QD; METFORMIN HCL ORAL TABLET 1000 MG, 1 QD
ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD
SIMVASTATIN ORAL TABLET 80 MG, 1 QD; SYMBICORT 80/4.5, 2 puffs bid
SINGULAIR ORAL TABLET 10 MG, 1 qd; ALBUTEROL MDI, 2 PUFFS QID PRN
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT, 2puffs qidprn

SOCIAL HISTORY:

MARITAL STATUS: Married, living with spouse.

OCCUPATION: Retired.

TOBACCO USE: Previously used smokeless tobacco. (stopped Sept., 2008).

ALCOHOL: Does not give any significant history of alcohol usage.

CAFFEINE: Does not use caffeinated beverages.

PHYSICAL EXAM:

CURRENT VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 335lbs

VS-TEMPERATURE: 97.9°F Oral

VS-PULSE: 80 Right Radial, Regular

VS-BLOOD PRESSURE: 140/70 Left Arm Sitting

Comments: 02 SAT 95%

CONSTITUTIONAL:

GENERAL APPEARANCE: Overweight body habitus. In no acute distress.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally, expiratory wheeze bilaterally. Clear to percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, LLC

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

822 West Meeting St. * Lancaster, SC 29720 * Tel: (803) 286-8433

Patient ID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 04/07/2010

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

EDEMA/VARICOSITIES OF EXTREMITIES: No edema or varicosities of the extremities.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatjugular reflex or pulsations noted. No splenomegaly or tenderness.

MUSCULOSKELETAL EXAM:

GAIT/STATION: Gait intact. Station, posture normal. Romberg negative.

DIGITS/NAILS: No clubbing, cyanosis, inflammation, hemorrhages, infection, ischemia or deformities noted.

EXTREMITIES:

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

ASSESSMENT/PLAN:

COPD and OSA stable. Sleeps with his mask; not on Rx for COPD; able to go down but not up; would not want any MDIs unless his breathing gets worse.

Off Worker Comp and now on Medicare.

I will get repeat PFTs.

493.90-ASTHMA UNSPECIFIED

496-COPD

327.23-SLEEP APNEA (OSA ADULT/PEDIATRIC)

RETURN VISIT: Six months.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, March 09, 2011

ASSIGNED

COPD and

Off Worker

I will get

493.90-ASTHMA

496-COPD

327.23-SLEEP

APNEA (OSA

ADULT/PEDIATRIC)

RETURN VISIT:

Six months.

HEATH SPRINGS MEDICAL CENTER

CHUKWUMA S. OGUGUA,

209 S.College St. * Heath Springs, SC 29058 * Tel: (803) 273-4018

Patient ID: 200566LM

Patient Name: **LESTER M MILLER**

Date of Birth: 09/18/1946

Date of Service: **09/28/2010**

CHIEF COMPLAINT: Here for follow up evaluation. Cpap use.

HISTORY OF PRESENT ILLNESS: as noted above.

PAST MEDICAL HISTORY: Asthma, Sleep Apnea, COPD.

CURRENT ALLERGY LIST:

PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD

METFORMIN HCL ORAL TABLET 1000 MG, 1 QD

ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD

SIMVASTATIN ORAL TABLET 80 MG, 1 QD

SOCIAL HISTORY:

MARITAL STATUS: Married, living with spouse.

OCCUPATION: Retired.

TOBACCO USE: Previously used smokeless tobacco. (stopped Sept., 2008)

ALCOHOL: Does not give any significant history of alcohol usage.

CAFFEINE: Does not use caffeinated beverages.

PHYSICAL EXAM:

CURRENT VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 336lbs

VS-TEMPERATURE: 98.2°F Oral

VS-PULSE: 81 Right Radial, Regular

VS-BLOOD PRESSURE: 138/74 Left Arm Sitting

Comments: 02 SAT 91%

CONSTITUTIONAL:

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

RESPIRATORY: Normal respiratory effort. Normal to auscultation. Clear to percussion. Normal to palpation with no fremitus.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills; lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

HEATH SPRINGS MEDICAL CENTER

CHUKWUMA S. OGUGUA,

209 S.College St. * Heath Springs, SC 29058 * Tel: (803) 273-4018

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 09/28/2010

MUSCULOSKELETAL EXAM: chronic skin changes in both legs.

ASSESSMENT/PLAN: OSA: asymptomatic; he is compliant with CPAP and is benefitting from it; I will keep the pressure setting the same.

COPD/Pulmonary Fibrosis overlap: I reviewed the PFT with him; I started him on prn albuterol.

RETURN VISIT: Patient instructed to return in 3 months.

Electronically Signed by: Chukwuma S. Ogugua, MD, FCCP on Tuesday, September 28, 2010

Patient Name:

Date of Birth:

Date of Service:

ASSIGNMENT

REVISION

Electronically

Signature

Date of Service

Date of Birth

Date of Service

Ifediora F. Afulukwe, M.D.
RE: Lester M. Miller
February 23, 2011
RCI File #: 33970
Page Three

Did the following conditions most probably exist prior to October 22, 2007 and also the on the job injury of April 11, 2008?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the subsequent exposure from July 2007 through October 22, 2007, most probably aggravate the following conditions:

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater time lost from work than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater permanent disability than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

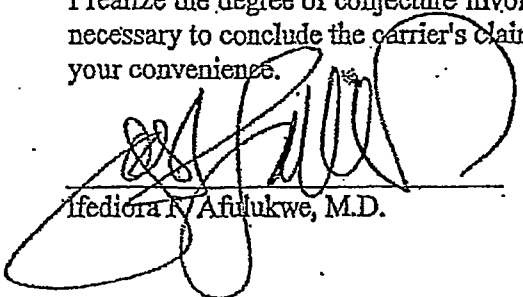
Yes ☒ No ☐
Yes ☒ No ☐

Did the aggravation of the following conditions most probably result in substantially greater medical costs than would have occurred with the injury of subsequent exposure from July 2007 through October 22, 2007 alone?

- a. chronic obstructive pulmonary disease
- b. reactive airway disease

Yes ☒ No ☐
Yes ☒ No ☐

I realize the degree of conjecture involved in these questions, but please be assured that your expert opinion is necessary to conclude the carrier's claim with the Fund. I have enclosed a self-addressed, stamped envelope for your convenience.


Ifediora F. Afulukwe, M.D.

3/9/2011
Date

Ifediora F. Afulukwe, M.D.

RE: Lester M. Miller

February 23, 2011

RCI File #: 33970

Page Four

The Second Injury fund requires us to ask if the condition(s) meets the definition of a permanent physical impairment, which is defined by the Fund as "any permanent condition, whether congenital or due to injury or disease, of such seriousness as to constitute a hindrance or obstacle to obtaining employment or to obtaining re-employment if the employee should become unemployed."

Based upon the above, within a reasonable degree of medical certainty, as it relates to this patient, would the following conditions be considered permanent?

a. chronic obstructive pulmonary disease

Yes ☒ No ☐

b. reactive airway disease

Yes ☒ No ☐

Based upon the above, within a reasonable degree of medical certainty, as it relates to this patient, would the following conditions be considered serious enough to constitute a hindrance or obstacle to employment or re-employment?

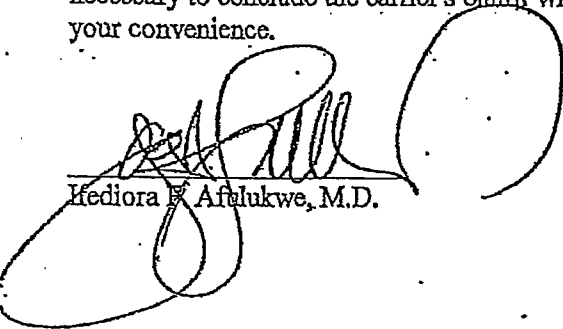
a. chronic obstructive pulmonary disease

Yes ☒ No ☐

b. reactive airway disease

Yes ☒ No ☐

I realize the degree of conjecture involved in these questions, but please be assured that your expert opinion is necessary to conclude the carrier's claim with the Fund. I have enclosed a self-addressed, stamped envelope for your convenience.


Ifediora F. Afulukwe, M.D.

3/5/2011
Date

HEATH SPRINGS MEDICAL CENTER

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

209 S.College St. * Heath Springs, SC 29058 * Tel: (803) 273-4018

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 06/27/2011

CHIEF COMPLAINT: Here for follow up evaluation. Pt checked his b/s at noon today results 101 he also states that he had triple by-pass surgery since the last visit.

HISTORY OF PRESENT ILLNESS: He is here for follow up; he tells me that Dr. Reames did Triple Bypass in April and he has been doing much better since then. There have been no other interval changes in his medical history otherwise. He has some SOB due to his COPD/Asthma and it appears to be at baseline.

PAST MEDICAL HISTORY: Asthma, Sleep Apnea, COPD.

CURRENT ALLERGY LIST: PENICILLIN

CURRENT MEDICATION LIST:

DIOVAN HCT ORAL TABLET 160-12.5 MG, 1 QD; METFORMIN HCL TABLET 1000 MG, 1 QD.
ADULT ASPIRIN EC LOW STRENGTH ORAL TABLET ENTERIC COATED 81 MG, 1 QD
SIMVASTATIN ORAL TABLET 80 MG, 1 QD; VENTOLIN HFA 90MCG, 2 Q6H P.R.N.

SOCIAL HISTORY:

MARITAL STATUS: Married, living with spouse.

OCCUPATION: Retired.

TOBACCO USE: Previously used smokeless tobacco. (stopped Sept., 2008)

ALCOHOL: Does not give any significant history of alcohol usage.

CAFFEINE: Does not use caffeinated beverages.

PHYSICAL EXAM:

VITAL SIGNS:

VS-HEIGHT: 6ft2in

VS-WEIGHT: 327lbs

VS-TEMPERATURE: 98°F Oral

VS-PULSE: 78 Right Radial, Regular

VS-BLOOD PRESSURE: 130/72 Left Arm Sitting

CONSTITUTIONAL:

GENERAL APPEARANCE: Overweight body habitus. In no acute distress.

HEAD/FACE: Sinuses are not tender, red or swollen.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Decreased breath sounds bilaterally, expiratory wheeze bilaterally. Clear to percussion. Normal to palpation with no fremitus.

HEATH SPRINGS MEDICAL CENTER

IFEDIORA F. AFULUKWE, M.D., F.C.C.P.

209 S.College St. * Heath Springs, SC 29058 * Tel: (803) 273-4018

PatientID: 200566LM

Patient Name: LESTER M MILLER

Date of Birth: 09/18/1946

Date of Service: 06/27/2011

CARDIOVASCULAR:

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable S3 or S4.

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

EDEMA/VARICOSITIES OF EXTREMITIES: No edema or varicosities of the extremities.

GASTROINTESTINAL:

ABDOMEN: No hernias. No masses.

LIVER/KIDNEY/SPLEEN: Liver is smooth, firm, and nontender. No hepatomegaly, hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

LYMPHATICS: No lymphadenopathy in the neck, axillae, or groin.

MUSCULOSKELETAL EXAM:

GAIT/STATION: Gait intact. Station, posture normal. Romberg negative.

DIGITS/NAILS: No clubbing, cyanosis, inflammation, hemorrhages, ischemia or deformities noted.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4+ and symmetrical. No Babinski or clonus.

ASSESSMENT/PLAN:

327.23-SLEEP APNEA (OSA ADULT/PEDIATRIC)

493.90-ASTHMA UNSPECIFIED

496-COPD

519.11-BRONCHO/TRACH SPASMS(TRACHEOMALACIA)(RADS)

COPD, OSA. He had sleep testing at CHS; and does not believe the results and came to ask me.

I will get PFTs in September and see him two weeks after.

I have asked him to keep his CPAP settings the same; and do not change unless I instruct him to.

RETURN VISIT: Three months.

Electronically Signed by: Ifediora Afulukwe, MD on Wednesday, July 27, 2011

Springs Memorial Hospital
Cardiopulmonary Department
 800 W. Meeting Street
 Lancaster, SC 29720



Name: Miller, Lester M
 Birth Date: 9/18/1946
 Technician: Lucile L. Whiting
 Occupation: ADM Soybean
 Physician: Afulukwe/Timmons
 Diagnosis: Bronchospasm/Dyspnea

Gender: Male Age: 61
 Weight: 145.0 kg, 319.0 lbs
 Height: 188.0 cm, 74.0 in
 Race: White
 Hazard: Dust (dirt & vegetable)

Smoke Time:
 Smoke What:
 Smoke Per Day:
 Pack years:
 Quit Time:
 Patient ID: M432932

Study Date and Time: 4/11/2008 01:18 PM

Spirometry

	Units	Predicted	Pre Drug Results	Pre Drug % Predicted	Post Drug Results	Post Drug % Predicted	%Change
FVC	L, btps	5.19	2.36	45 <	2.28	44 <	-3
FEV1	L, btps	3.59	1.97	55 <	1.92	53 <	-3
FEV1/FVC	%	69.18	83.42	121 >	84.02	121 >	1
FEFmax	L/s	9.41	7.83	83	8.30	88	6
FEF50%	L/s	5.37	4.30	80	4.78	89	11
FEF25-75%	L/s	3.25	2.77	85	2.56	79 <	-8
FIVC	L, btps		2.16		1.90		-12
FIFmax	L/s		5.00		4.20		-16
FIF50%	L/s		4.62		3.78		-18
FEF50/FIF50	%		93.21		126.43		36
TET	s		7.10		6.76		-5
MVV	L/min, btps	136.47	89.84	66 <	93.75	69 <	4
Duration	s		12.00		12.00		

LUNG VOLUMES (Plethysmography)

	Units	Predicted	Pre Drug Reported	Pre Drug % Predicted	Post Drug Reported	Post Drug % Predicted	%Change
VC	L, btps	5.19	2.38	46 <	2.31	44 <	-3
FRC	L, btps	4.47	1.95	44 <	1.66	37 <	-15
RV	L, btps	2.67	1.73	65 <	1.47	55 <	-15
TLC	L, btps	7.86	4.11	52 <	3.77	48 <	-8
RV/TLC	%	33.92	42.06	124 >	38.85	115	-8
IC	L, btps	3.39	2.16	64 <	2.11	62 <	-2
ERV	L, btps	1.80	0.22	12 <	0.19	11 <	-12
VTG	L, btps		1.99		1.70		-15
RAW	cmH2O/L/s	0.20 - 2.50	8.51		5.76		-32

Diffusion Capacity

	Units	Predicted	Results	Pre Drug % Predicted
Desb	ml/min/mmHg	27.63	23.33	84
VAsb	L, btps	7.86	3.46	44 <
DVASb	ml/min/mmHg	6.52	6.74	102 >

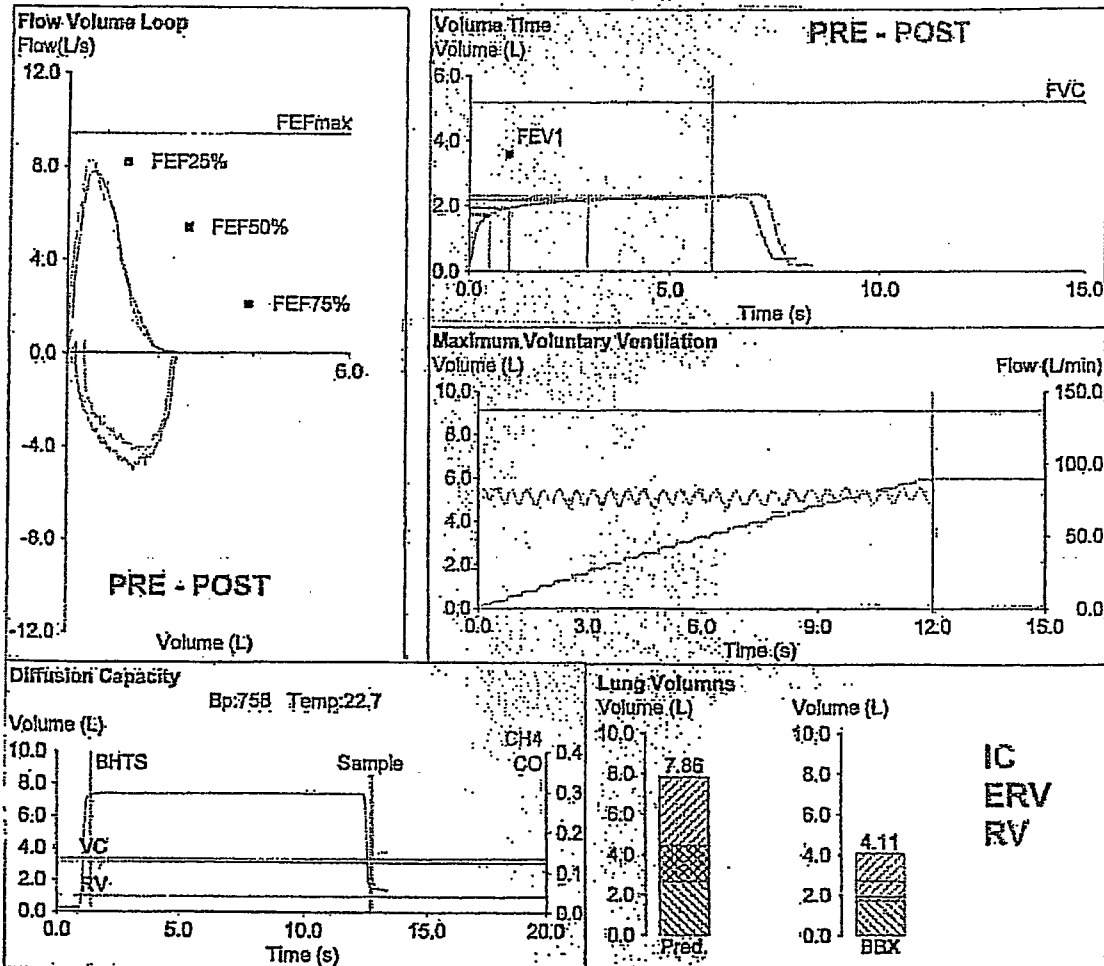
94060
 94240
 94720
 04/11/08
 HA

Springs Memorial Hospital
Cardiopulmonary Department
 800 W. Meeting Street
 Lancaster, SC 29720

ID: M432932

Name: Miller, Lester M

Study Date and Time: 4/11/2008 01:18 PM



Tech Notes

Gave a very good effort & followed instructions fair.

M432932 - 4/11/2008 1:18:10 PM - Miller, Lester M

Springs Memorial Hospital

Trending Report

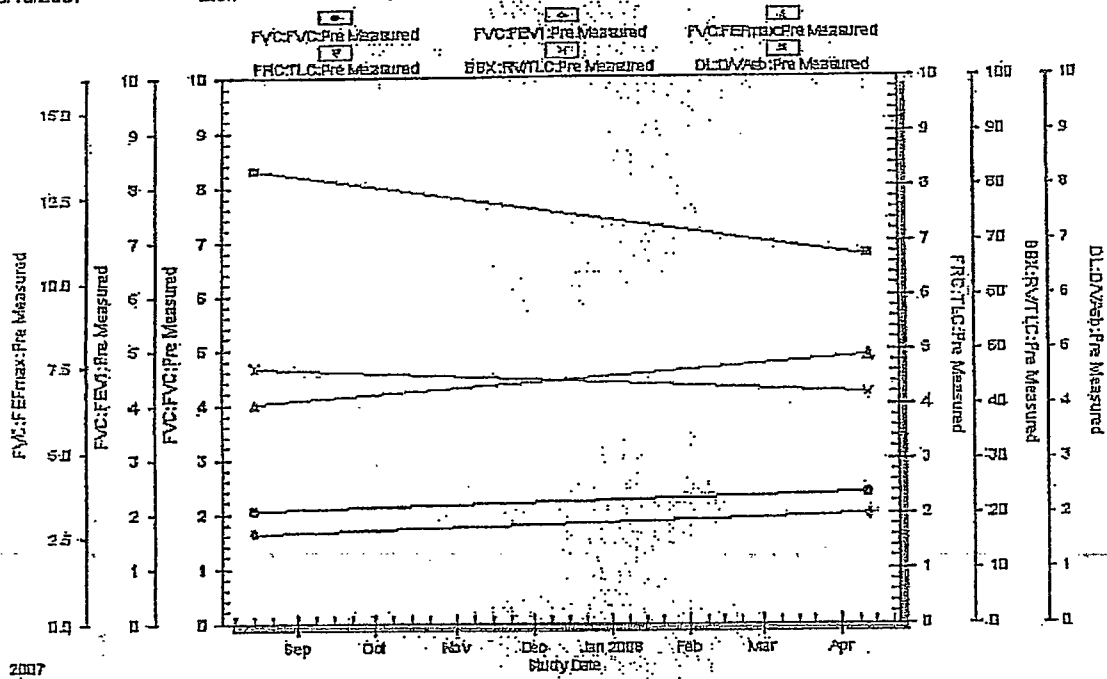
Last Name: Miller

First Name: Lester M

Study Date: 4/11/2008 1:18:10 PM

Patient ID: M432932

Study Date	FVC FVC	FVC FEV1	FVC FEFmax	FRC TLC	BBX RV/TLC	DL D/VAsh
4/11/2008	Pre Measured 2.36	Pre Measured 1.97	Pre Measured 7.83	Pre Measured	Pre Measured 42.06	Pre Measured 6.74
8/15/2007	2.04	1.64	6.42		46.67	8.30



M432932 - 4/11/2008 1:18:10 PM - Miller, Lester M

1300 FPPT

RUN DATE: 04/11/08 Springs Memorial Hospital **ADMISSIONS** PAGE 1
RUN TIME: 0540 PATIENT INQUIRY
RUN USER: CPS.GRPA

ACCOUNT # 0006015526 NAME: MILLER, LESTER M

UNIT # M000432932 PAT STATUS: PRE CLT SOC SEC #: 248-70-3951
BIRTHDATE: 09/18/46 MAR STATUS: M RACE: W
AGE: 61 RELIGION: MOTHER'S NAME: HANCOCK
SEX: M AFFILIATION: MAIDEN/OTHER NAMES: MILLER, LESTER HARVIN
-----PATIENT'S ADDRESS-----
2570 CANE MILL ROAD
LANCASTER, SC 29720
(HOME) (803)283-1187
(OTHER)
ALTERNATE ADDRESS N
-----PATIENT'S EMPLOYER-----
ARCHERY DANIELS MIDLANDS COMP
HAMPTON ST
KERSHAW, SC 29067
(BUS) (803)475-3715
OCCUPATION: EMP STATUS:

-----PERSON TO NOTIFY-----
MILLER, BONNIE REL: W
2570 CANE MILL ROAD
LANCASTER, SC 29720
(HOME) (803)283-1187 (BUS)
(HOME) (BUS)
-----NEXT OF KIN-----
REL: (BUS)

-----GUARANTOR-----
MILLER, LESTER M REL: S
2570 CANE MILL ROAD
LANCASTER, SC 29720
(HOME) (803)283-1187 SS # 248-70-3951
-----GUARANTOR'S EMPLOYER-----
ARCHERY DANIELS MIDLANDS COMP
HAMPTON ST
KERSHAW, SC 29067
(BUS) (803)475-3715
OCCUPATION: EMP STATUS:

-----INSURANCE #1-----
INSURANCE: BC & BS OF ILLINOIS SUBSCRIBER: MILLER, LESTER M COMP/ORGAN: ADM
STREET: 233 NORTH MICHIGAN AVENUE RELATION: S COMP/ORG # 015331
STREET: POLICY # ADM843116559 EMP STATUS: FT
CITY: CHICAGO STATUS: ON EMP NAME: ADM
STATE: IL EFFECT DATE: EMP LOC: KERSHAW
ZIP: 60601 EXPIRE DATE: DEDUCTIBLE:
PHONE: (800)972-8088 COVERAGE # CO-PAY:
BENEFIT PLAN

AUTHORIZATION # EFF DATE EXP DATE AUTH STATUS VERIFY STATUS/DATE UNITS REF TYPE REQST PROV DIAG CODE

-----UB92 CONDITIONS-----
1 11 04/11/08 ADM SOURCE: PR LAST HOSP:
SPECIAL PGM: FROM:
THROUGH:

-----UB92 OCCURRENCE SPAN CODES-----
FROM: THRU:
FROM: THRU:

-----PHYSICIANS-----
PRI: FINANCIAL CLASS: BC REASON FOR VISIT:
ADM: ADM/SVC/RES DATE: 04/11/08 ASTHMA, BRONCHOSPASMS
ATT: AFUJ AfuJukwa, J. F. MD ADM/SVC/RES TIME:
FAM: TIMJ Timmons, J. H. Jr. MD ADMIT PRIORITY: E
OTH:

RUN DATE: 04/11/08.
RUN TIME: 0540
RUN USER: CPS:GRIPA.

Springs Memorial Hospital **ADMISSIONS**
PATIENT INQUIRY

PAGE 2

ACCOUNT #: 0086015526

NAME: MILLER, JESTER, N

ER:

VISIT DIAGNOSIS:

LOCATION: CPS

VIP PATIENT: N

CONFIDENTIAL: N

WAS PATIENT PRESENT AT TIME OF REGISTRATION NPC No Patient Contact

Is the patient a member of the Senior Circle? N

WILL THIS BE A PPO STAY? N IS THIS A MEDCOST PREFERRED PATIENT? N

IF INPATIENT IS PATIENT A HOSPICE PATIENT? N

** SC COUNTY CODES BEGIN WITH 01: GA WITH 47: NC WITH 73 **

IN WHAT COUNTY DOES PATIENT RESIDE? 29 LANCASTER

MAKE COPIES OF FRONT AND BACK OF INSURANCE CARDS

IS PATIENT CURRENTLY A PATIENT OF SMH HOME CARE OF LANCASTER N

IS PATIENT RECEIVING HEMODIALYSIS? N

HAS PATIENT BEEN GIVEN AN ER SURVEY? N

WHAT IS PATIENT'S PRIMARY LANGUAGE? E ENGLISH

INTERPRETER:

INTERPRETER'S PHONE NUMBER:

ANSWER Y FOR YES OR N FOR NO FOR THE TB SCREEN BELOW

PERSISTANT PRODUCTIVE COUGH > 2 WKS DURATION N COUGHING UP BLOOD N NIGHT SWEATS N

WEIGHT LOSS N ANOREXIA N FEVER N

IF PATIENT SIGNED OR RECEIVED THE FOLLOWING FORMS ANSWER Y, N, OR NA

CONSENT FORM N NOTICE OF PRIVACY PRACTICES Y

PATIENT BILL OF RIGHTS IMPORTANT MESSAGE MEDICARE N

IMPORTANT MESSAGE CHAMPUS N CHAMPUS PRIVACY ACT N

INFORMATION TO CLERGY N ER - SURVEY N

WHAT TO EXPECT DURING ER VISIT N

METHICILLIN RESISTANT STAPH AUREUS/VRE ISOLATED AT SMH

If the query above is answered Y please PLACE the PATIENT on CONTACT ISOLATION

LAST UPDATE: 04/10/09 1212 BUS.BLATO

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 04/11/08
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

DATE OF STUDY: 4/11/08

REASON FOR STUDY: Reevaluation for patient with
respiratory difficulties, dyspnea,
bronchospasm, and history of
occupational inhaled toxins.

RESULTS:

I. BIODATA: This is a 61 year-old white male who is 74 inches
tall and weight 319 lbs. His smoking history is
negative. He describes occupational dust exposure
to dust including vegetable chemicals on his job.

II. FLOW VOLUME LOOP:

This is reviewed and shows a substantial contraction of his
vital capacity. No significant difference is noted between the
pre and post bronchodilator loops.

III. SPIROMETRY:

FVC is 2.36 liters (45%). FEV1 is 1.97 liters (55%). FEV1/FVC
ratio is 83 compared to predicted of 69. Peak flow is 7.83
liters per second (83%). Mid lung flow is 2.77 liters per second
(85%). MVV is 89 liters per minute (66%). Post bronchodilator
no significant changes are noted.

IV. LUNG VOLUMES:

These are measured by plethysmography. Vital capacity is 2.38
liters (46%). FRC is 1.95 liters (44%). RV is 1.73 liters (65%). TLC is 4.11
liters (52%). RV/TLC ratio is 42 compared to predicted of 33.
Airway resistance is increased at 8.51, upper limit of normal is
—.

V. DIFFUSION CAPACITY:

DSB is 23.33 (84%). After adjusting for alveolar ventilation the
D/VA is 6.74 (192%).

CONCLUSION:

This pulmonary function test shows significant reduction in vital
capacity a consequent reduction in FEV1. However, peak flow,

PULMONARY FUNCTION TEST - Medical Records' copy

PATIENT NAME: MILLER, LESTER M
DATE OF BIRTH: 09/18/46
UNIT NUMBER: M000432932

PT STATUS: REG CLI
RM NUMBER:
ADM DATE: 04/11/08
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PULMONARY FUNCTION TEST

mid expiratory flows are normal. There is moderate severe restrictive defect with marked reduction in lung volumes including vital capacity, FRC, RV, and TLC. He may have some air trapping as indicated by an increase in RV/TLC ratio. Diffusion capacity is preserved.

VI. TREND REPORT:

This patient's current pulmonary function test when compared with the previous pulmonary function test done on 8/15/07. His vital capacity shows an improvement from 2.04 on the previous testing to 2.36 today. His FEV1 shows an improvement from 1.64 to 1.97 on the current testing. Peak shows an improvement from 6.42 to 7.83 on the current testing.

CONCLUSION:

This patient has moderate severe restrictive defect with some air trapping and improvement in his spirometry parameters on the trend report. Clinical correlation is recommended.

PHYSICIAN: I. F. Afulukwe, MD
ELECTRONICALLY SIGNED

AFUI :ME
REPORT #: 0412-0030
DATE/TIME DICTATED: 04/12/08 - 0827
DATE/TIME TRANSCRIBED: 04/12/08 - 0850
DATE/TIME ELECTRONICALLY SIGNED: 04/15/08 - 0857

CC:

Springs Memorial PCI *LIVE* (PCI: OE Database ELW)

Run: 07/23/08-13:01 by COLE, CRYSTAL

Name: Miller Lester Chart# 27813 Date 3/26/09Wt 325 Ht 74" B/P 160/80 H/R 88 RR Temp FIO2 RACough 0 Smoking NOSputum 0 Nausea +Dyspnea + Vomiting 0Wheeze 0 Diarrhea 0Edema 0 Chest Pain 0Palpitations 0 Pain achesOriented X3 ETOL Present Illness + reason for visit New patient -Workers Comp.Very SOB.New Allergies PCN-Last Chest X-Ray 2 yrs ago. Lancaster.

Physical Exam:

✓ WNL/NEG

* ABN/POS

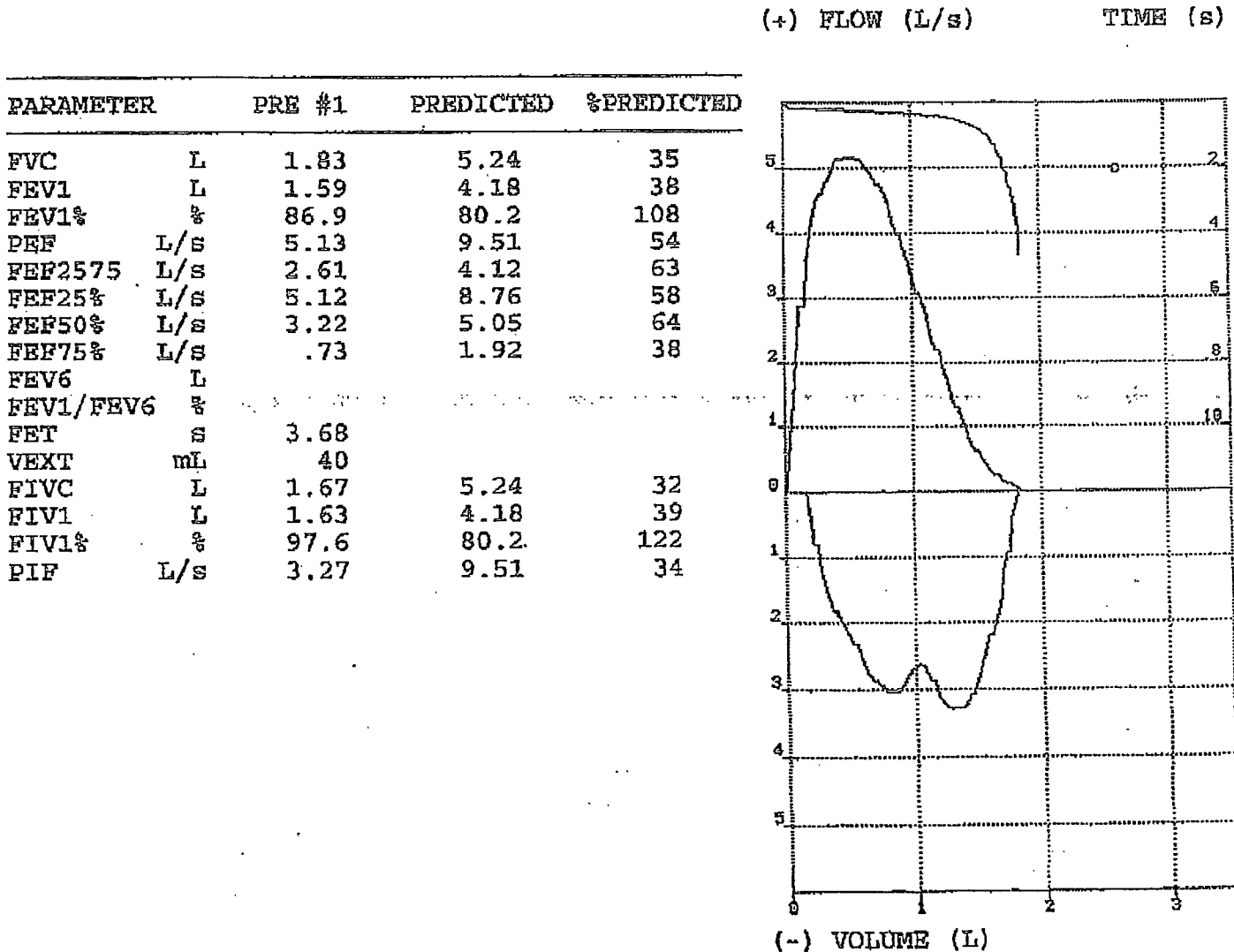
Walked APM 4 yrs.* General Appearance * Skin/Turgor * ENT * Sinus * Mouth * Neck * Heart: Rhythm Murmurs Gallop Tones * Abdomen * Chest/Lungs: Breath Sounds Wheezes Rales Effort Symmetry * Extremities: * Mobility: Gait Reflexes Aides * Mental Status LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O₂Sat RestLung Vol DLCO U/A CXR ABG'S Bun Cre K+ Theo O₂Sat Rest Office Treatment 96 RAEducation Diagnosis Plan Prescriptions Next Appt W/ke Months W/GHE JAR DRR STC 134Staff

Upstate Lung and Critical Care

DATE 03/26/09 TIME 14:32 BTPS 1.106 Ver 3.4

NAME Miller Lester
 BIRTH DATE 09/18/46 #ID 27813
 AGE 62 HEIGHT in 74 SEX M WEIGHT lb 325

PREDICTED Knudson PRED. CONVERSION 100%
 PRE FILE N° 1269



SPIROMETRY INTERPRETATION

Severe Restriction

BEST VALUES				
		MEASURED	PRED.	%PRED
FVC	L	1.83	5.24	35
FEV1	L	1.59	4.18	38
PEF	L/s	5.13	9.51	54
FEV1%	%	86.9	80.2	108

STATEMENT FROM
JOSEPH BOSCIA, M.D. - UPSTATE LUNG & CRITICAL CARE

RE: LESTER MILLER

After my examination of Mr. Miller, along with a review of his medical records, it is my opinion, more probable than not and to a reasonable degree of medical certainty, the following:

1. What conditions currently affect Lester Miller?

Pt was only seen once in our
office - on 3.26.89
Pt complained of dyspnea, nausea, & aches at
that visit

2. Are said conditions caused by his exposure to dust and hazardous materials on his job?

☒ YES ☐ NO

3. Does Mr. Miller suffer from an occupational disease?

☒ YES ☐ NO

4. Are the above conditions exacerbated or aggravated by the work conditions at Archer-Daniels-Midland Company?

☒ YES ☐ NO

5. Do you feel Mr. Miller is at Maximum Medical Improvement (MMI) for his lung condition at this time?

☒ YES ☐ NO

6. What treatment(s), if any, do you recommend to lessen his degree of disability?

Avoidance of dusts & fumes - using inhalers.

7. Does Mr. Miller suffer from any permanent impairment to the lungs?

☒ YES ☐ NO

8. If you feel Mr. Miller suffers from a permanent impairment to the lungs, using the *Guides to Permanent Impairment* what degree of permanent partial impairment would you assign to his lungs?

9. What limitations and/or restrictions would you prescribe?

no lifting or walking distances; no exposure
to dusty environments.

10. Would such limitations be permanent and if not, for what length of time/duration?

permanent.

11. Does his limitations/restrictions limit the type of job or work he will be capable of performing now or in the future?

☒ YES

☐ NO

Dated: 11/2/09

Joseph Boscia, M.D.
Upstate Lung & Critical Care
1091 Boiling Springs Road
Spartanburg, SC 29303

SPTBG-UPSTATE LUNG
1091 Boiling Springs Road
SPARTANBURG, SC 29303
Phone: 864-573-6320
Fax: 864-573-6323

Patient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
Encounter Date: 03/26/2009 03:48 PM
Encounter Closed Date: 05/12/2009 04:46 PM

Chief Complaint:

Difficulty Breathing

History of Present Illness:

Lester Miller is in the office today complaining of difficulty breathing. His symptoms started several year(s) ago. He worked for Archer Daniel Midland Company where he processed soy beans. There, he was fit tested for a respirator. According to the records, he failed his fit test in 2007 which prompted consultation with Dr. Afulukwe, a pulmonologist in Lancaster, SC. Prior to this, by report, he never had issues with fit tests, and passed them quite easily. Lester states the onset was acute. Onset occurred at work. For five weeks while being evaluated for his fit test, he describes fumes and dusts that he would inhale at work. He would frequent the silos where soy beans are kept and describes dust that would block out the sun. He was not wearing face mask protection at that time. Prior to exposure to silo dusts and other fumes at work, Mr. Miller rarely suffered or complained of respiratory difficulties. He describes the breathing problems as moderate. Lester describes his breathing as frequently short, choppy, burning in my chest and labored. He saw Dr. Afulukwe who notes wheezing and rhonchi on physical exam. Lung function test showed a restrictive pattern with a concomitant obstructive defect consistent with asthma, possibly related to exposures at work. He also notes associated weight loss, excessive daytime sleepiness, cough and depression and fatigue. His difficulty breathing is relieved by staying away from work and dusts. The symptoms are worsened by dusts and fumes. Since being out of work, his breathing has returned to normal.

Concomitant Medications:

aspirin 325 mg tablet ec SIG: once a day
lisinopril-hctz 20-25 mg tab SIG: once a day
metformin hcl 1,000 mg tablet SIG: one twice a day
phenytoin sod ext 100 mg cap SIG: two twice a day
simvastatin 80 mg tablet SIG: once a day
singulair 10 mg tablet SIG: once a day
symbicort 80-4.5 mcg Inhaler SIG: two puffs every twelve hours

Allergy review information is not available.

Drug Allergies:

penicillins.

Review of Systems:

Constitutional Symptoms: Symptoms include fatigue, loss of appetite, sleep disturbance, abnormal activity level. No symptoms of fevers and chills, night sweats, headaches.

Ears, Nose, Throat: No symptoms of ear pain, ear drainage, ringing in ears, hearing loss, dizziness, vertigo, sinusitis, nasal obstruction, nasal discharge, nose bleeds, sore throat, sores in mouth, dysphagia, tooth/gum trouble, hoarseness.

Cardiovascular: Symptoms include chest pain at rest, shortness of breath on exertion. No symptoms of chest pain on exertion, shortness of breath lying down, swelling of ankles, palpitations, fainting spells, cyanosis.

Respiratory: Symptoms include coughing, shortness of breath - (with minimal exertion), snoring. No symptoms of wheezing, sputum, hemoptysis, nocturnal dyspnea, tachypnea.

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM

NOTE STATUS: FINAL

Patient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
Encounter Date: 03/26/2009 03:48 PM
Encounter Closed Date: 05/12/2009 04:46 PM

Gastrointestinal: Symptoms include anorexia. No symptoms of nausea, vomiting, hematemesis, diarrhea, constipation, other change in bowel habits, blood in stool, abdominal pain, indigestion or heartburn.
Musculoskeletal: No symptoms of back pain, joint pains, joint stiffness, muscle pain, muscle weakness.
Integumentary: No symptoms of skin rashes, itching, skin dryness.
Neurological: No symptoms of headache.
Psychiatric: Symptoms include change in sleep pattern, anxiety, depression. No symptoms of hyperactivity, moodiness, obsessive thoughts, compulsions.
Endocrine: No symptoms of polydipsia, polyuria, excessive thirst, trouble sleeping, weight gain, weight loss, excessive sweating.
Hematologic/Lymphatic: No symptoms of abnormal bleeding, easy bruising.
Allergic/Immunologic: No symptoms of itchy eyes, red eyes, sneezing, itchy nose.

Physical Exam:

Vital Signs: BP: 160/80, Weight: 325, Height: 74", FIO2: ra, O2 Sat Rest: 96, Pulse: 88, BMI: 41.73.

General Appearance: Well-nourished, well-developed male in no acute distress. He is awake and alert and stated age.

Head: Normocephalic, atraumatic.

Eyes: Normal orbit and globe. Normal conjunctivae. Cornea shows normal finding. Both lids are. Pupils are equal in size, round, reactive to light and accommodation.

Ears, Nose, Mouth, Throat: Examination of external ears reveals normal helix, tragus and ear lobe. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is normal. Hard and soft palates are normal. Teeth reveal good repair. Gum is normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

Neck: Neck is symmetric, trachea is midline, no mass or JVD. Neck is supple, with full ROM to flexion, extension, and lateral rotation. Palpation of the neck shows normal pulsation, no adenopathy, or mass. Auscultation of the neck reveals no bruit or transmitted murmur. Inspection of the thyroid shows normal thyroid gland. Palpation to the thyroid shows normal thyroid gland.

Chest: Breathing is effortless and normal. Percussion of the chest produces resonant percussion notes. Palpation of the chest shows normal respiratory excursion. Auscultation of the lungs reveals clear breath sounds bilaterally. Breath sounds were normal in volume.

Cardiovascular: PMI is located in the fifth ICS, midclavicular line. The heart rate is normal and rhythm is regular. S-1 is normal. There is no gallop sound. Carotid upstroke is of normal volume, without bruit. There is no edema, cyanosis, or clubbing.

Abdomen: The abdomen is flat. There are no scars present.

Lymph Nodes: Palpation of the cervical area is unremarkable. Palpation of the axillary area is unremarkable.

Musculoskeletal: Gait is described as normal. Inspection and palpation of the nails reveals no abnormality. Inspection and palpation of the digits show no abnormality. Inspection of the thoracic spine reveals normal finding. The thoracic spine is non-tender to palpation. Thoracic spine range of motion is normal. The thoracic spine is stable. Left upper extremity is normal on inspection. Palpation is normal. Range of motion is normal. The left upper extremity has no joint instability. Right upper extremity is normal on inspection. Palpation is normal. Range of motion is normal. The right upper extremity has no joint instability. Left lower extremity is normal on inspection. Palpation is normal. Range of motion is normal. The left lower extremity has no joint instability. Right lower extremity is normal on inspection.

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM
NOTE STATUS: FINAL

SPTBG-UPSTATE LUNG
1091 Boiling Springs Road
SPARTANBURG, SC 29303
Phone: 864-573-6320
Fax: 864-573-6323

Patient: Lester Miller - 62 year(s) old - Male, ID: 27813, DOB: 09/18/1946
Encounter Date: 03/26/2009 03:48 PM
Encounter Closed Date: 05/12/2009 04:46 PM

Palpation is normal. Range of motion is normal. The right lower extremity has no joint instability.
Skin: Skin reveals no bruising, rash or eruptions. Palpation to the skin reveals no abnormality.
Neurological: Cranial nerves II - XII are within normal limits. Cranial nerve II: visual acuity and visual fields are normal. Cranial nerve III, IV, VI: Extra ocular eye movements are intact without nystagmus. Cranial nerve V: Sensation over the face, corneal reflexes are normal. Cranial nerve VII: Normal facial symmetry. Cranial nerve VIII: Hearing is normal bilaterally. Cranial nerve IX, X: Phonation and movement of soft palate are normal. Cranial nerve XI: Shoulder shrug is normal. Cranial nerve XII: The tongue protrudes midline.
Psychiatric: Patient has appropriate judgment. Patient has good insight. Proper orientation to time, place and person. Recent memory is intact. Remote memory is intact. Patient's mood is euthymic. Appropriate affection is observed.

Procedures:

Spirometry: suggestive of a restrictive pattern.

Diagnosis:

506.9 Unspecified respiratory conditions due to fumes and vapors
786.09 Dyspnea (resp. insufficiency)(snoring)

Assessment:

General: Respiratory difficulties seem to have worsened considerably while inhaling fumes and dusts while at work. Avoidance is the best means to reduce exposure and thereby improve respiratory function. If that is not possible, then patient should be fitted for an environmental suit with respirator. It is with reasonable medical certainty that the accelerated respiratory difficulties were as a result of inhalation of dusts and fumes while on the job without proper precautions (masks, respirators, etc). He seems to have reached maximum medical improvement with avoidance of dusts and fumes. He should never work in that type of environment again. His lung function should not worsen while being away from dusty environments and continuing with inhalers.

Plan:

Upstate Lung Plan: The level of diagnoses or management options: multiple The level of amount and/or complexity of data reviewed: moderate The level of risk of complications and/or morbidity or mortality: low

Orders:

Procedure:

Spirometry, Order Date: 05/12/2009 04:15 PM

This chart has been electronically signed using individually secured passwords.
Attending Physician: Joseph Boscia, III, MD
05/12/2009 04:46 PM

Lester Miller, 62 year(s) old - male, DOB: 09/18/1946

Printed : 05/12/2009 04:46:56 PM
NOTE STATUS: FINAL

William F. Alleyne II, M.D., F.C.C.P.
Carolina Pulmonary Physicians, P.A.
124 Glenwood Drive
Rock Hill, South Carolina 29732-1183
Phone (803)-329-8949
Fax (803)-328-0270
Email WFA2MD@WFA2MD.COM

October 21, 2009

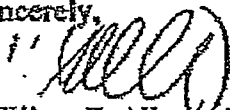
Sabrina Love-Sloan, Esquire
1242, Ebenezer Road
Rock Hill, SC 29732

Regarding: Lester Miller, DOB 9-18-46.

Dear Atty. Love-Sloan,

I have seen and examined Mr. Lester Miller in the office today. It is my opinion, stated to within a reasonable degree of medical certainty that Mr. Miller has a class IV, 45-65% impairment as per the American Medical Association Guide to the Evaluation of Permanent Impairment, 6th Edition. Furthermore, it is my opinion that the exposure to soybean dust during employment at Archer-Daniels-Midland was a contributing factor to Mr. Miller's impairment. He is at maximum medical improvement. He will require the use of inhaled bronchodilators such as Symbicort in conjunction with anti-inflammatories, such as Singulair on an ongoing basis. He should follow-up with a pulmonologist on a quarterly basis. A copy of my office notes and pulmonary function tests are enclosed for your review.

Sincerely,


William F. Alleyne MD FCCP

Lester Miller DOB: 9-18-46 Age: 63 Independent Medical Examination
Medical Record: 27385 Date: 10-21-09

Mr. Miller presents for an independent medical examination. The patient is a morbidly obese 63-year-old white male lifelong nonsmoker. The patient has used chewing tobacco previously. He has complained of difficulty breathing over the past 2 years. He has previously worked at the Archers Daniel Midland soybean processing plant for approximately 4 years. The patient worked for approximately 2 years as a temporary worker at 2 years as a full-time employee. His responsibilities included entering a silo on a forklift to monitor the soybean flow. This resulted in exposure to soybean dust. The patient denies any previous difficulty breathing prior to 2007. Mr. Miller was seen in September 2007 in addition to April and July 2008 by Dr. Foster Afulukwe. Dr. Afulukwe's impression was occupational asthma versus hypersensitivity pneumonitis. He recommended that Mr. Miller use inhaled bronchodilators and Singulair as well as avoid any future exposure to inhaled toxins. Mr. Miller was apparently told by the ADM physician to not wear a mask when entering the silo. Mr. Miller left the ADM soybean plant and his symptoms apparently improved. He was seen March 26, 2009 at the Upstate Lung and Critical Care Specialists. A restrictive defect was noted on his spirometry. The complete medical record is not available.

The patient currently complains of one night exertional dyspnea and a nonproductive cough. He previously worked at the McClanney Seasoning Company for approximately 10 years. He was required to load and unload trucks. He was not exposed to any dust. The patient worked at the Elliot Plant of Springs Industries in the cleanup crew for approximately one year. He denies any dust exposure at that time. Mr. Miller also worked at The Bleachery for approximately 9 years also in the cleaning department. He denies fevers, chills, night sweats, or weight loss.

PAST MEDICAL HISTORY: diabetes, hypertension, obesity, previous chewing tobacco use, sleep apnea, CVA, seizure disorder

PAST SURGICAL HISTORY: appendectomy

ALLERGIES: penicillin

MEDICATIONS: insulin 15 units subcutaneous b.i.d., metformin 1000 mg b.i.d., anticonvulsant, name and dosage unknown, antihypertensive, name and dosage unknown, lipid lowering agent, name and dosage unknown

SOCIAL HISTORY: the patient is married. He does not smoke or drink alcohol.

REVIEW OF SYSTEMS: CNS - positive CVA and seizure disorder; no headache, neck stiffness, photophobia. CVS - no chest pain, palpitations. GI - no nausea, vomiting, diarrhea. GU - no dysuria, hematuria. Musculoskeletal - chronic bipedal edema; arthritis or arthralgias.

Lester Miller

DOB: 9-18-46

Age: 63

Independent Medical Examination

Medical Record: 27385

Date: 10-21-09

page 2

PHYSICAL EXAM:

General - morbidly obese, white male in no acute distress

Vital Signs - BP 204/98 P 85 R 18 T 98.6 O₂ sat 93% room air W 334 lbs.

HEENT - Normocephalic - atraumatic. Pupils - equally round and reactive to light. Extra-ocular movements intact. Sclera - anicteric. Conjunctiva - pink, moist. Fundi - not visualized. Pharynx reveals midline tongue. Mucous membranes are moist. Neck - full range of motion, supple. Trachea midline. Thyroid not enlarged.

Breasts - Symmetric, no masses.

Cardiac - PMI diffuse. S1/S2 distant. No murmurs, rubs or gallops.

Chest - Normal AP diameter. No use of accessory muscles. Non-tender to palpation. Resonant to percussion. Diminished breath sounds, bibasilar crackles on clear on auscultation.

Abdomen - Positive bowel sounds, soft, non-tender.

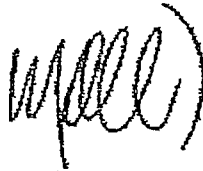
Extremities - chronic venous stasis changes and pitting edema of both legs.

LABS: Chest x-ray, dated 10-21-09, medical record 27385 cardiomegaly with vascular congestion. Pulmonary function tests dated 10-21-09 medical record 27385 restrictive defect with diffusion impairment

ASSESSMENT/PLAN:

1. Dyspnea. This patient has dyspnea which is multifactorial in etiology. He is morbidly obese and has clinical evidence of congestive heart failure. He also has a restrictive defect with a diffusion impairment on his pulmonary function tests. The forced vital capacity of 1.89 L or 39% predicted and/or the forced expiratory volume in one second of 1.49 L or 44% predicted qualify as a 45% to 65%, class IV impairment of the whole person as per the American medical Association Guide to the Evaluation of Permanent Impairment, 6th edition. The fact that his symptoms improved following discontinuation of employment is certainly consistent with either hypersensitivity pneumonitis or occupational asthma. I agree that he should continue to avoid his previous employment as well as his inhaled bronchodilators and Singulair as needed.

William F. Alleyne, II, M.D., FCCP



(FAX)

STEWART & LOVE, L.L.C.

1442 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732

BRENT P. STEWART
SABRINA LOVE-SLOAN

ALSO ADMITTED
WEST VIRGINIA

ROCK HILL (803) 324-5600
LANCASTER (803) 284-5600
CHESTER (803) 324-5600
YORK (803) 684-3800
FAX (803) 324-5676

FAXED

REPLY TO:
P.O. BOX 670
ROCK HILL, SC 29731-6670

October 27, 2009

**EXPEDITED REQUEST
VIA FACSIMILE @ (803) 324-0370**

Dr. William Alleyne
Carolina Pulmonary Physicians
124 Glenwood Drive
Rock Hill, SC 29733

RE: Lester Miller vs. Archer Daniels Midland Company, et. al.
DOB: 9/18/48

Dear Dr. Alleyne:

Please be advised that our office has been retained to represent Lester Miller in a workers' compensation claim against Archer Daniels Midland Company. A review of Mr. Miller's medical records indicates that on October 21, 2009, you diagnosed him with hypersensitivity pneumonitis or occupational asthma. Mr. Miller has a four year history of exposure to soybean dust working at the soybean processing plant he is a lifetime non-smoker.

In order to determine the causality of his symptoms and future medical needs, please indicate in the below questionnaire your medical opinions relating to Mr. Miller's current physical condition. (Please check "yes" or "no" and explain if necessary)

1. I am a Board Certified Pulmonologist and have examined Mr. Miller. As a result, I have provided medical treatment to address his breathing issues.

☒ YES

☐ NO

Explanation, if necessary:

2. On October 21, 2009, I noted the following: "the fact that his symptoms improved following discontinuation of employment is certainly consistent with either hypersensitivity pneumonitis or occupational asthma." (See Attachment).

☒ YES

☐ NO

Explanation, if necessary: _____

3. It is my expert medical opinion "*most probably and to a reasonable degree of medical certainty (greater than 50% probability)*" that Lester Miller is suffering from either hypersensitivity pneumonitis or occupational asthma.

☒ YES

☐ NO

Explanation, if necessary: _____

4. It is my expert medical opinion "*most probably and to a reasonable degree of medical certainty (greater than 50% probability)*" that Mr. Miller's hypersensitivity pneumonitis or occupational asthma is causally related to prolonged exposure to soybean dust during his four (4) years of factory work for Archer Daniels Midlands Company.

☒ YES

☐ NO

Explanation, if necessary: _____

5. It is my expert medical opinion that Mr. Miller has reached maximum medical improvement.

☒ YES

☐ NO

Explanation, if necessary: _____

6. It is my expert medical opinion that Mr. Miller's hypersensitivity pneumonitis or occupational asthma has resulted in permanent impairment to his whole person.

☒ YES

☐ NO

7. Amount of permanent impairment to Mr. Miller's whole person as a result of his work related hypersensitivity pneumonitis or occupational asthma:

30%

8. Class of impairment to whole person as a result of work related hypersensitivity pneumonitis or occupational asthma:

class IV 45-65%

Explanation, if necessary: _____

predicted impairment

9. It is my expert medical opinion that Mr. Miller's hypersensitivity pneumonitis or occupational asthma and related breathing difficulty (diminished lung capacity) would make it difficult for him to perform physical manual labor work at this time. His current work status: remain out of work indefinitely.

☒ YES

☐ NO

Explanation, if necessary: _____

Questionnaire to Dr. Alleyne

October 27, 2002

Page 4 of 6

10. It is my expert medical opinion that Mr. Miller is in need of the following types of future medical treatment: (Please check all applicable types of treatment and explain if necessary).

- ☒ Quarterly follow up visits in my office and breathing/spirometry testing to monitor his breathing condition.
- ☐ May benefit from inhaled bronchodilators and Singulair.
- ☐ Follow up visits through my office on an as needed basis.

Explanation, if necessary: _____

11. All of the above opinions are rendered "most probably" (greater than 80% probability) and to a reasonable degree of medical certainty.

☒ YES

☐ NO

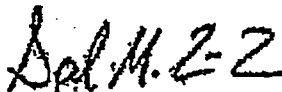
Explanation, if necessary: _____



Dr. William Alleyne
Carolina Pulmonary Physicians

Should you require any additional information in these regards, please do not hesitate to contact me. With kindest personal regards, I am,

Sincerely,



Sabrina M. Love-Sloan
Attorney at Law

SLS/kari

 **CAROLINA
PULMONARY**
PHYSICIANS, P.A.

September 08, 2011

Ms. Sabrina Love-Sloan, Esq.
312 Oakland Ave.
Rock Hill, SC 29730

Patient: Lester Miller
DOB: 09/18/1946

Lester Miller was seen in our office today, September 08, 2011. The following is a summary of today's visit.

History of Present Illness

1. Dyspnea

Comments:

Mr. Lester Miller presents for a followup independent medical examination.

The patient is a 64-year-old morbidly obese white male initially seen in October 2009. The patient is a lifelong nonsmoker, however, he did use chewing tobacco previously. Mr. Miller has noted breathing difficulties over the past 4-6 years. He previously worked at the Archer Daniel Midland soybean processing plant for proximally 4 years. He worked 2 years as a temporary worker and 2 years as a full-time employee. Mr. Miller was responsible for entering a silo on a forklift to monitor the soybean flow. He was exposed to soybean dust. He denies any difficulty breathing before 2007. He is followed by Dr. Foster Afulukwa from September 2007 until the present. Dr. Afulukwa's impression was occupational asthma versus hypersensitivity pneumonitis. His recommendation was that Mr. Miller avoid any future exposure to inhaled toxins, use inhaled bronchodilators and Singulair. Mr. Miller was told by the ADM physician did not wear a mask while entering the silo. When Mr. Miller left the appointment of ADM, his symptoms apparently improved. Mr. Miller was seen in March 2009 by The Upstate Lung and Critical Care Specialists. A restrictive defect was noted on spirometry. The interim history is most notable for coronary artery bypass grafting in April 2011 by Dr. Mark Reames at Carolinas Medical Center. The patient had a preserved left ventricular ejection fraction at 65%. He remains dyspneic with exertion after walking more than 500 feet. He is unable to walk up a flight of stairs without stopping and resting. He coughs rarely. The cough is occasionally productive of thick green mucus.

The patient previously worked at the McClanicy Seasoning Company for approximately 10 years. He was not exposed to any dust. He was required to load and unload trucks. Mr. Miller also worked at the Elliot Plant of Springs Industries in the cleanup crew for approximately one year. He denies any dust exposure at that time. He worked in the cleaning department at the bleachery for approximately 9 years. He denies fever, chills, night sweats, or weight loss. He has 2 pillow orthopnea.

Assessment/ Plan

Shortness of breath (786.05)

This patient has dyspnea which is multifactorial in etiology. He is morbidly obese with coronary artery disease. His pulmonary function tests reveal a moderate to severe restrictive defect with a diffusion impairment. Both the FVC and FEV1 qualify as a class IV 45-65% impairment of the whole person as per the American Medical Association Guide to the Evaluation of Permanent Impairment

Miller, Lester 09/18/1946

Sleep Apnea, Obstructive (327.23)

This patient has obstructive sleep apnea. He will continue his CPAP machine.

It is my opinion, stated to within a reasonable degree of medical certainty, that Mr. Miller's pulmonary disease is the result of hypersensitivity pneumonitis. I have advised that he avoid any types of dust, fumes, or chemicals in the future. He should also continue to use his bronchodilators on a p.r.n. basis


William F. Alleyne MD, FCCP

124 Glenwood Drive

Rock Hill, SC 29732

P 803-324-5280

Miller, Lester 09/18/1946

**CAROLINA
PULMONARY
PHYSICIANS, P.A.**

PATIENT: Lester Miller
DATE OF BIRTH: 09/18/1946
DATE: 09/08/2011 9:00 AM
VISIT TYPE: Office Visit

Chief Complaint/Reason for visit:

This 64 year old male presents with dyspnea.

History of Present Illness

1. Dyspnea

Comments:

Mr. Lester Miller presents for a followup independent medical examination. The patient is a 64-year-old morbidly obese white male initially seen in October 2009. The patient is a lifelong nonsmoker, however, he did use chewing tobacco previously. Mr. Miller has noted breathing difficulties over the past 4-5 years. He previously worked at the Archer Daniel Midland soybean processing plant for proximally 4 years. He worked 2 years as a temporary worker and 2 years as a full-time employee. Mr. Miller was responsible for entering a silo on a forklift to monitor the soybean flow. He was exposed to soybean dust. He denies any difficulty breathing before 2007. He is followed by Dr. Foster Afulukwe from September 2007 until the present. Dr. Afulukwe's impression was occupational asthma versus hypersensitivity pneumonitis. His recommendation was that Mr. Miller avoid any future exposure to inhaled toxins, use inhaled bronchodilators and Singulair. Mr. Miller was told by the ADM physician did not wear a mask while entering the silo. When Mr. Miller left the appointment of ADM, his symptoms apparently improved. Mr. Miller was seen in March 2009 by The Upstate Lung and Critical Care Specialists. A restrictive defect was noted on spirometry. The interim history is most notable for coronary artery bypass grafting in April 2011 by Dr. Mark Reames at Carolinas Medical Center. The patient had a preserved left ventricular ejection fraction at 65%. He remains dyspneic with exertion after walking more than 500 feet. He is unable to walk up a flight of stairs without stopping and resting. He coughs rarely. The cough is occasionally productive of thick green mucus.

The patient previously worked at the McCrancy Seasoning Company for approximately 10 years. He was not exposed to any dust. He was required to load and unload trucks. Mr. Miller also worked at the Elliot Plant of Springs Industries in the cleanup crew for approximately one year. He denies any dust exposure at that time. He worked in the cleaning department at the bleachery for approximately 9 years. He denies fever, chills, night sweats, or weight loss. He has 2 pillow orthopnea.

Chronic Problems

Diabetes Mellitus Type 2, Uncomplicated

Hypertension, Unspecified

Past Medical/Surgical History

Condition

Year Procedure/Surgery

Year

appendectomy

triple bypass

Miller, Lester 09/18/1946

knee surgery
cataract extraction and lens implantation
ear surgery

CVA
Diabetes
Hypertension
Obesity
Seizure disorder
Sleep apnea

Diagnostics History

<u>Test</u>	<u>Date Ordered</u>	<u>Status</u>	<u>Results</u>
Chest X-Ray, PA and Lateral View	09/08/2011	completed	The patient is status post median sternotomy. Cardiac shadow is enlarged. Lung fields revealed increased interstitial markings. No acute infiltrates or effusions.

Social History

Reviewed, no changes.

Medications Active Prior to Today's Visit

Medication list reviewed

Allergies

Reviewed, no changes.

Allergen/Ingredient

Brand

Reaction

Penicillins

Review of Systems

Constitutional:

Positive for:

- Fatigue.

Negative for fever and night sweats.

HEENT:

Negative for eye discharge and vision loss.

Negative for ear drainage, hearing loss and nasal drainage.

Respiratory:

Positive for:

- Cough.

- Dyspnea.

- Orthopnea. Frequency: daily. Degree: 2 Pillow.

- Wheezing.

Cardiovascular:

Positive for:

- Edema.

Miller, Lester 09/18/1946

Negative for chest pain, claudication and irregular heartbeat/palpitations.

Gastrointestinal:

Negative for abdominal pain, constipation, diarrhea and vomiting.

Genitourinary:

Negative for dysuria, hematuria, penile discharge and polyuria.

Metabolic/Endocrine:

Negative for cold intolerance, heat intolerance, polydipsia and polyphagia.

Neuro/Psychiatric:

Negative for gait disturbance.

Negative for psychiatric symptoms.

Dermatologic:

Negative for pruritus and rash.

Musculoskeletal:

Negative for bone/joint symptoms and muscle weakness.

Hematology:

Negative for bleeding and easy bruising.

Immunology:

Negative for environmental allergies and food allergies.

Vital Signs

Height

<u>Time</u>	<u>ft</u>	<u>in</u>	<u>cm</u>	<u>Last Measured</u>	<u>Method</u>	<u>%</u>
9:14 AM		72.00				

Weight / BSA / BMI

<u>Time</u>	<u>lb</u>	<u>oz</u>	<u>kg</u>	<u>Context</u>	<u>%</u>	<u>BMI kg/m2</u>	<u>BSA m2</u>
9:14 AM	330.00					44.73	

Blood Pressure

<u>Time</u>	<u>BP mm/Hg</u>	<u>Position</u>	<u>Side</u>	<u>Site</u>	<u>Method</u>	<u>Cuff Size</u>
9:14 AM	196/92	sitting				

Temp / Pulse / Respiration

<u>Time</u>	<u>Temp F</u>	<u>Temp C</u>	<u>Temp Site</u>	<u>Pulse/min</u>	<u>Pattern</u>	<u>Resp/min</u>
9:14 AM	97.4			78		18

Pulse Ox / FiO2

<u>Time</u>	<u>Pulse Ox Rest %</u>	<u>Pulse Ox Amb %</u>	<u>Timing</u>	<u>FiO2 %</u>	<u>L/min</u>	<u>Delivery Method</u>
9:14 AM	94			21		

Measured By

Miller, Lester 09/18/1946

Time

9:14 AM Kristen Zioncheck

Physical Exam

Constitutional:

Level of distress is awake & alert, no acute distress. Nourishment type is obese. Overall appearance is chronically ill-appearing.

Head / Face: Normocephalic.

Eyes: Pupils are equal, round and reactive to light. Conjunctiva and lids are normal.

Nose / Mouth / Throat: Nose, mouth, tongue and oropharynx are normal in appearance.

Neck / Thyroid: Neck is supple. Thyroid is symmetrical, without thyromegaly, masses or palpable nodules.

Lymphatic: No cervical or supraclavicular adenopathy.

Breast:

General comments: Symmetric no masses.

Respiratory:

Chest can be described as symmetric. Auscultation can be described as bilateral diffuse decreased breath sounds. Normal palpation. Lungs clear to percussion. There is no chest wall tenderness. There is no cough.

Respiratory effort is normal.

Cardiovascular:

Palpation / Percussion: PMI not palpable.

Heart Sounds: Abnormal S1 is distant. Abnormal S2 is distant.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

JVD is absent. See also extremities. Edema is present

Abdomen:

Abdomen is obese.

Soft, nontender, no organomegaly.

Inspection has detected protuberant.

Auscultation characterized by hypoactive bowel sounds.

There is no guarding. There is no rebound.

Rebound is negative.

Integumentary:

No impressive skin lesions present.

Comments: chronic venous stasis changes of the legs below the knee bilaterally. The patient also has a healed ulcer of the right pretibial area

Musculoskeletal: Normal musculature. No joint deformity or abnormalities.

Extremities:

Edema is present

Psychiatric: Alert and oriented. No unusual anxiety or evidence of depression.

Assessment/ Plan

Shortness of breath (786.05)

This patient has dyspnea which is multifactorial in etiology. He is morbidly obese with coronary artery disease. His pulmonary function tests reveal a moderate to severe restrictive defect with a diffusion impairment. Both the FVC and FEV1 qualify as a class IV 45-65% impairment of the whole person as per the American Medical Association Guide to the Evaluation of Permanent Impairment. His pulmonary disease is the result of hypersensitivity pneumonitis. I have advised that he avoid any types of dust, fumes, or chemicals in the future. He should also continue to use his bronchodilators on a p.r.n. basis

Sleep Apnea, Obstructive (327.23)

Miller, Lester 09/18/1946

This patient has obstructive sleep apnea. He will continue his CPAP machine.

Medications (added, continued or stopped this visit)

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Vitamin D	1,000 Unit		daily
Metformin Hcl	1,000 Mg		take 1 tablet (1000MG) by oral route 2 times every day with morning and evening meals
Pravastatin Sodium	40 Mg		take 1 tablet (40MG) by oral route every day
Lisinopril	20 Mg		take 1 tablet (20MG) by oral route every day
Fish Oil	1,000 Mg		take 1 Capsule by Oral route every day
Glipizide Er	10 Mg		take 1 tablet (10MG) by oral route every day with breakfast
Lantus	100 Unit/ml		Inject by subcutaneous route as per insulin protocol
Phenytoin Sodium Extended		100 Mg	take 1 capsule (100MG) by oral route 3 times every day
Coumadin	10 Mg		take 1 tablet (10MG) by oral route every day

Office Services

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Interpretation</u>	<u>Value</u>
completed	Chest X-Ray, PA and Lateral View			
completed	Diffusing Capacity			
completed	Lung Volumes			
completed	Pre and Post Bronchodilation Responsiveness			


Provider: William F. Alleyne II MD, FCCP

Document generated by: William Alleyne 09/08/2011 6:26 PM

124 Glenwood Drive
Rockhill, SC 29732



Carolina Pulmonary Physicians, PA
124 Glenwood Drive

Pulmonary Function Analysis

Patient: Miller, Lester
Id: 27385LM
Date: 09/08/11
Physician: DR ALLEYNE

Diagnosis:

Age: 64 Height(in): 72 Weight(lb): 330 Gender: Male Race: Caucasian



Spirometry

		Ref	Pre	Pre	Post	Post	Post
			Meas	% Ref	Meas	% Ref	% Chg
FVC	Liters	4.95	1.57	34	1.70	38	6
FEV1	Liters	3.82	1.31	34	1.43	37	9
FEV1/FVC %		77	79		81		
FEF25-75% L/sec		3.43	1.26	37	1.69	49	34
PEF L/sec			2.78		4.68		69
PEF L/sec			5.78		5.32		58



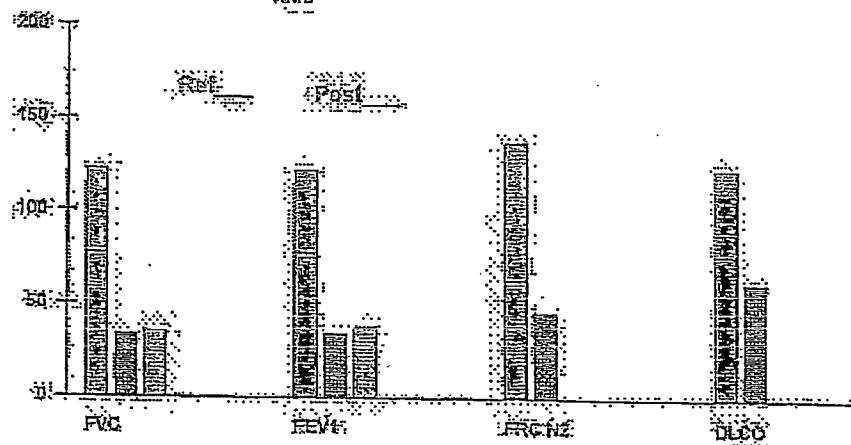
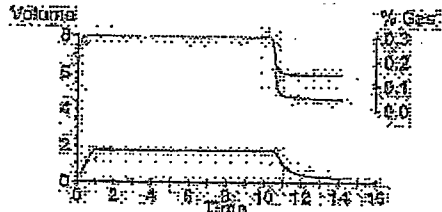
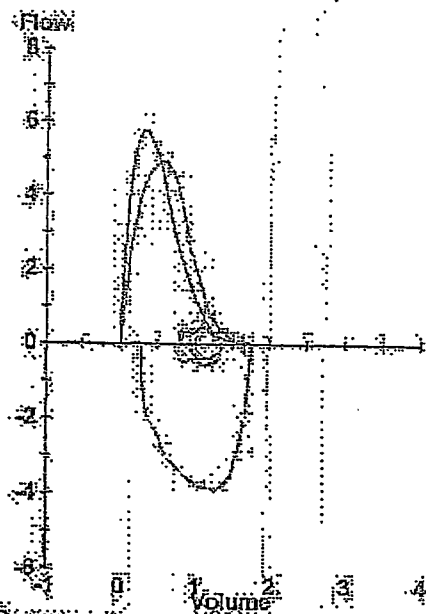
Lung Volumes

TLC	Liters	7.42	3.04	41
RV	Liters	2.44	1.97	53
RV/TLC %		34	45	
FRC N2	Liters	3.92	1.78	45



Diffusion

DLCO	mL/min/Hg/min	35.8	21.9	61
DL Aa	mL/min/Hg/min	35.8	21.9	61
DLCO VA	mL/min/Hg/min/L	4.90	6.77	135
DUVA Aa	mL/min/Hg/min/L		5.77	
VA	Liters		6.25	



Comments:

Patient was able to produce acceptable and reproducible spirometry data. He was able to complete DLCO and lung volumes with good effort and cooperation. PreAir HFA was used (times two pulls) with an AeroChamber for the post study.

Modest to severe restrictive defect with
diffusion impairment. The bronchodilator
response is not well. (A. ALLEYNE)

October 26, 2011

Ms. Sabrina Love-Sloan
Love Sloan Law Firm, L.L.C.
P.O. Box 12627
Rock Hill, S.C. 29731-2627

Re: Lester Miller

Mr. Miller was seen on October 26, 2011 for a Functional Capacity Evaluation.

Mr. Miller is a 65 year old male who reports difficulty breathing since the Fall of 2008. Mr. Miller did not report any pain prior to today's evaluation.

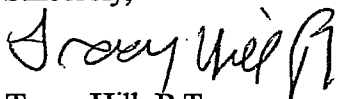
The results of the Functional Capacity Evaluation performed on this date indicate that his lifting ability qualifies him for limited light to limited medium work. He tolerates occasional walking, bending, twisting, and reaching. He does not tolerate occasional stairclimbing, kneeling, squatting, or crawling. He can lift from 14 to 30 pounds at various heights on an occasional basis. He can carry 17 pounds with 2 hands. He can carry 12 pounds in the right hand and 12 pounds in the left hand. He can push 40 pounds loaded in a sled and can pull 20 pounds loaded in a sled. He has a self-reported unlimited sitting tolerance. He has a self-reported standing/walking tolerance of 20 minutes. He was observed to sit for a maximal time of 39 minutes and stand for a maximal time of 5 minutes. He was observed to stand/walk for a maximal time of 7 minutes.

Treadmill testing was not completed as Mr. Miller's weight of 330 pounds exceeded the treadmill's weight limit of 300 pounds. Therefore, an estimate of his cardiorespiratory fitness level could not be determined. However, Mr. Miller was only capable of walking in the clinic for 2 minutes and 8 seconds (non-stop) before requiring a sitting break secondary to shortness of breath.

Mr. Miller put forth a consistent effort during the evaluation. He qualifies for sedentary work only secondary to limited standing/walking ability due to shortness of breath. It should be noted, Mr. Miller required frequent sitting breaks during today's evaluation secondary to shortness of breath.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,



Tracy Hill, P.T.

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845



428-3 McNulty Road, Box 219, Blythewood, SC 29016, 728-0421

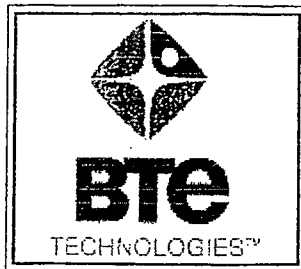


PREPARED FOR:

Ms. Sabrina Love-Sloan
Love Sloan Law Firm , L.L.C.
P.O. Box 12627
Rock Hill, S.C. 29731-2627

Tel: (803) 326-0000 Fax: (803) 326-0077

FUNCTIONAL ABILITIES EVALUATION



Client Information

Client Name: Mr. Lester M. Miller

Address: 200 Monroe Hwy. Apt 207
Lancaster, S.C.
29720

Injury Date: October 22, 2007

Dominant Hand: Left Hand

SSN: 248-70-3951

Date of Birth: September 18, 1946

Gender: Male

Height: 74 inches

Weight: 330 lbs

Marital Status: Married

Start & Finish Date: Oct 26, 2011

Evaluator: Tracy Hill. PT

Tracy Hill R

Tracy Hill. PT
Physical Therapist

COLUMBIA REHABILITATION CLINIC, INC.

2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

All testing was completed using the FOCUS System, Data Management was compiled through ODES products of BTE Technologies



FLOOR TO WAIST	18	limited light
12 INCH TO WAIST	30	limited medium
WAIST TO SHOULDER	17	limited light
SHOULDER TO OVERHEAD	14	
CARRY (2-HANDED)	17	
(R) HANDED CARRY	12	
(L) HANDED CARRY	12	
PUSH	40 (22, 215 F)	limited/medium
PULL	20 (16, 0 15 F)	limited light

Lester Miller

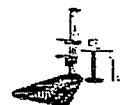
The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 25 repetitions

PRE HR 65 POST
HR 76

Evaluator Comments

Mr. Miller was able to bend forward at the waist 25 repetitions.



The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 25 repetitions

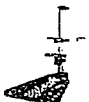
PRE HR 66 POST
HR 80

Evaluator Comments

Mr. Miller was able to rotate at the waist 25 repetitions.

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Mr. Lester M. Miller



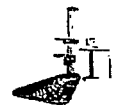
The patient was asked to crawl for 2 minutes. The results are as follows:

dynamic crawling: 31 seconds

PRE HR 70 POST
HR 92

Evaluator Comments

Mr. Miller was able to crawl for 32 seconds. Shortness of breath was noted and testing was terminated at the request of the patient secondary to shortness of breath.



The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: unable

PRE HR 66 POST
HR 88

Evaluator Comments

Mr. Miller was unable to squat. He attempted by holding onto plinth but was able to half squat only secondary to complaints of increased bilateral knee pain (audible popping).

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Mr. Lester M. Miller



The patient was asked to transfer 1 lb weights from shoulder level to above head level for 5 minutes. The results are as follows:

Dynamic reaching: 5 minutes

PRE HR 70 POST
HR 80

Evaluator Comments

Mr. Miller was able to reach for 5 minutes.



The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: unable

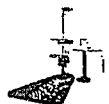
PRE HR 68 POST
HR 92

Evaluator Comments

Mr. Miller was able to kneel in the quadruped position but was unable to get upright secondary to complaints of increased bilateral knee pain and limited balance.

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Mr. Lester M. Miller



The patient was asked to ascend/descend a series of 4 stairs for a total of 10 cycles. The results are as follows:

Time (min,secs)	Initial Heart Rate (bpm)	Final Heart Rate (bpm)	Stairs Ascended	Stairs Descended
1:20	72	98	20	20

Evaluator Comments

Mr. Miller was able to ascend/descend a series of 4 stairs for a total of 5 cycles. He used a step over step gait pattern and required both handrails. Shortness of breath was noted after 3 cycles. Testing was terminated at the request of the patient secondary to complaints of shortness of breath.

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Mr. Lester M. Miller



Floor to waist lifting results are as follows:

Floor to waist: 18 pounds

Physical demand level: limited light

MAX HR 98

Evaluator Comments

Mr. Miller was able to lift 18 pounds with difficulty noted. He did not want to attempt any additional weight secondary to complaints of increased bilateral knee pain and shortness of breath.

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Mr. Lester M. Miller



The patient was asked to lift from 12 inches off of the floor to waist height. The results are as follows:

12 inch to waist: 30 pounds

Physical demand level: limited medium

MAX HR 96

Evaluator Comments

Mr. Miller was able to lift 30 pounds. He did not want to attempt additional weight secondary to complaints of increased bilateral knee pain.



The patient was asked to lift from waist height to shoulder height. The results are as follows:

Waist to shoulder: 17 pounds

Physical demand level: limited light

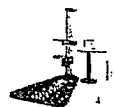
MAX HR 98

Evaluator Comments

Mr. Miller was able to lift 17 pounds and this was a maximal effort.

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2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

Mr. Lester M. Miller



The patient was asked to lift from shoulder height to overhead height. The results are as follows:

Shoulder to overhead: 14 pounds

Physical demand level: limited light

MAX HR 99

Evaluator Comments

Mr. Miller was able to lift 14 pounds and this was a maximal effort.



The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

Dynamic 2-handed 17 pounds
carry:

Physical demand level: limited light

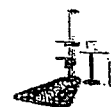
MAX HR 99

Evaluator Comments

Mr. Miller was able to carry 17 pounds. He did not want to attempt additional weight secondary to complaints of fatigue and shortness of breath

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Mr. Lester M. Miller



The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

Left-handed carry: 12 pounds

Right-handed carry: 12 pounds

MAX HR 100

Evaluator Comments

Mr. Miller was able to carry 12 pounds in his left hand and 12 pounds in his right hand. He did not want to attempt additional weight secondary to complaints of fatigue and shortness of breath.

COLUMBIA REHABILITATION CLINIC, INC.
2362 TWO NOTCH ROAD COLUMBIA SC 29204 (803) 799-7007

Mr. Lester M. Miller



The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 22.2 lb.ft.

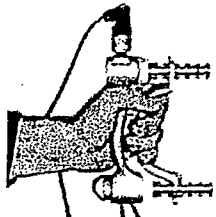
Pull: 16.0 lb.ft.

MAX HR 100

Evaluator Comments

Mr. Miller was able to push 40 pounds and pull 20 pounds loaded in a sled with difficulty noted. He did not want to attempt additional weight secondary to complaints of increased right knee pain and shortness of breath.

Hand Grip Strength

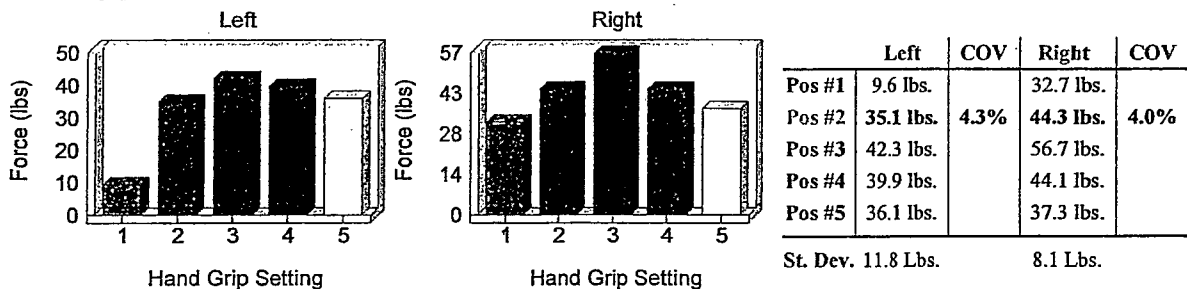


The hand dynamometer is set to each of the five available positions which vary the client's grip size. The results for each of the average maximum forces during each position are displayed by the corresponding bar graphs.

The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Lester M. Miller exerted consistent effort during grip strength testing. Mr. Lester M. Miller was tested using the modified maximum voluntary effort hand grip protocol. Mr. Lester M. Miller is left hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.^{1, 2}

Modified Maximum Voluntary Effort (MMVE)

Oct 26, 2011 11:55:04 AM



Using the Modified Maximum Voluntary Effort (MMVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve^{3, 11, 12, 13}, even in a disabled population or if the client's hand is injured^{3, 13}, with the coefficients of variation at position 2 within the acceptable 15% or less limit.

The graph obtained for Mr. Lester M. Miller did demonstrate a bell shaped curve which may be an indicator of maximal effort and the coefficients of variation of the underlying data may be an indicator of consistent effort

³ Stokes H. 1983. The seriously uninjured hand - weakness of grip. J Occup Med 25(9):683-684.

¹¹ Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. Am J Phys Med Rehabil 69(2): 96-101.

¹² Matheson L, Carlton R, Miemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. Ind Rehabil Q 1(3):9,17-23.

¹³ Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.



The patient's self-reported sitting tolerance is as follows:

.....

Evaluator Comments

Mr. Miller has a self reported unlimited sitting tolerance.

▶ **Standing tolerance**

Oct 26, 2011

The patient's self-reported standing tolerance is as follows:

.....

Evaluator Comments

Mr. Miller has a self reported standing tolerance of 15 minutes. He has a self reported standing/walking tolerance of 20 minutes. He reports his standing/walking tolerance is limited secondary to fatigue. He also reports shortness of breath with walking.

Cardiovascular Intake



Oct 26, 2011

Resting Rate (Min)	Systolic (mm Hg)	Diastolic (mm Hg)
62	128	64

Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure
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J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

Tel: (803) 738-0347
Fax: (803) 787-8662

4705 Crystal Drive
Columbia, SC 29206

November 4, 2011

TRANSMITTED VIA E-MAIL

Ms. Sabrina M. Love-Sloan, Attorney at Law
Love-Sloan Law, LLC
Post Office Box 12627
Rock Hill, SC 29731-2627

RE: Claimant	:Lester Miller
Employer	:Archer Daniels Midland Company (ADM)
DOA	:4/11/08
SSN	:xxx-xx-3951
Date of Interview	:10/31/11
Our File No.	:11-1060

Dear Ms. Love-Sloan:

Attached please find my evaluation report and statement on your client, Lester Miller. As I have stated in my report, I believe it is fairly obvious that this man is totally disabled from any and all forms of work. The medical records show that this man is not able to function in any type of environment similar to what he has done in the past and essentially needs a clean work setting. The functional capacity evaluation puts him at sedentary, or actually somewhat less than sedentary. When these factors are combined with his age, lack of skills, remote education, and other factors, it's apparent that either this man is incapable of work on a sustained basis or would be unhireable as no stable labor market exists for such an individual.

Thank you for allowing me to offer this opinion. If you have any questions, please don't hesitate to call me.

Sincerely yours,

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:gl

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consulting

Tel: (803) 738-0347
Fax: (803) 787-8662
4705 Crystal Drive
Columbia, SC 29206

November 4, 2011

TRANSMITTED VIA E-MAIL

RE: Claimant :Lester Miller
Employer :Archer Daniels Midland Company (ADM)
DOA :4/11/08
SSN :xxx-xx-3951
Date of Interview :10/31/11
Our File No. :11-1060

VOCATIONAL EVALUATION REPORT

INTRODUCTION:

Lester Miller is a sixty-five year old man who is seen on a referral from his attorney in connection with a work-related injury occurring back in April of 2008. Mr. Miller was employed by Archer Daniels Midland when he misstepped, slipped and fell, sustaining an injury to his knee. This matter was handled and adjudicated; however, during the process of returning to work, I understand Mr. Miller had to re-qualify by way of passing a breathing test which he failed to do. Mr. Miller's allegation is that long term exposure to dust has created breathing problems that have now grown in magnitude to the point that he is not only unable to return to his former work but any other type of employment.

This evaluation is sought to discuss the impact of Mr. Miller's medical condition and functional limitations on his ability to engage in any form of substantial gainful work. The report that follows derives not only from my clinical interview with Mr. Miller but also from a review of medical records, including pre-injury records from Dr. Ifediora F. Afulukwe, M.D., and records relative to the current matter from Dr. James M. Timmons, M.D., additional records of Dr. Ifediora Afulukwe, M.D., Dr. Joseph Boscia, M.D., Dr. William F. Alleyne, II, M.D., and a functional capacity evaluation completed October 26, 2011.

MEDICAL HISTORY:

Mr. Miller advises me that prior to having his breathing problems, he was being treated for sleep

apnea, type 1 diabetes, and high blood pressure. He states that since the onset of his symptoms he states that he was diagnosed with coronary artery disease, undergoing a triple bypass in April of 2011.

Mr. Miller advises me that when he was about eighteen years old, he broke his leg playing softball, about twenty years ago while working for the Grace Bleachery, he sustained a left knee injury, was out of work for a few days, and recovered after undergoing some arthroscopic surgery. In 2007, while also working for ADM, Mr. Miller sustained a shoulder injury, did not lose any time from work, and healed up without any residual complications. Beyond these notations, Mr. Miller's given history is negative for any other prior work-related injuries, significant motor vehicle accidents, or any serious personal injuries. Surgically, Mr. Miller states he had an appendectomy when he was about seventeen years old, had bilateral ear surgery when he was around nineteen or twenty, and had the aforementioned bypass surgery in April of this year. Additionally, he reminds me of the left knee surgery in connection with his injury at Grace Bleachery and also had right knee surgery back in 2008.

As relates to the current matter, an office note of Dr. Afulukwe dated March 5, 2008, documents respiratory problems and a notation that Mr. Miller had been doing better since he had stopped going to work and inhaling dust and chemicals, being diagnosed at that time with bronchospasm due to occupational asthma.

More recently, Mr. Miller was seen by Dr. James Timmons on July 1, 2008, with his again making reference to a history of bronchospasm and prior treatment for lung disease. Notes from Dr. Afulukwe, one of the long-term treating physicians, noted in July of 2008 that Mr. Miller's breathing had been easier since he stopped going to work, diagnosing him with occupational asthma/pneumoconiosis. In July of 2008, Dr. Afulukwe also completed a set of interrogatories stating that his condition was caused by exposure to dust and hazardous materials on his job, that he was suffering from occupational disease, and placing him at maximum medical improvement, with the need for filtered air, avoiding exposure (to irritants), and the need for bronchodilators. Dr. Afulukwe did not indicate that this man suffered permanent impairment to the lungs but should avoid that type of exposure in the future.

The next month, however, it seems that Mr. Miller had undergone pulmonary function studies which showed parameters to be worse than four months previously, with some improvement and recommended continued care. By April of 2010, Dr. Afulukwe noted that Mr. Miller's COPD and OSA were stable, that he was not on medication for his COPD but was using a mask for sleep, presumably a C-PAP machine.

Dr. Joseph Boscia saw Mr. Miller for several months in 2009 while this gentleman was still under the care of Dr. Afulukwe. In March of 2009, Dr. Boscia diagnosed occupational exposure to dust,

completed the same set of interrogatories as those completed by Dr. Afulukwe, but in this case stated that this man did have permanent impairment to the lungs as a result of his occupational exposure. He further limited him from any lifting or walking distances and no exposure to dusty environments on a permanent basis.

Dr. William Alleyne began seeing Mr. Miller on October 21, 2009, giving a 45 to 65% impairment as a result of his exposure to soybean dust at ADM, with that being a contributing factor to his impairment. He noted that this man would need bronchodilators on an ongoing basis and quarterly follow-up with a pulmonologist. As part of his report, Dr. Alleyne completed interrogatories from Mr. Miller's attorney asserting that Mr. Miller's condition improved following discontinuation of employment, making such consistent with either hypersensitivity pneumonitis or occupational asthma related to his prolonged exposure to soybean dust. Dr. Alleyne likewise agreed that Mr. Miller was at maximum medical improvement and that he had a permanent impairment to the whole person of 50%.

Finally on October 26, 2011, Mr. Miller was seen for a functional capacity evaluation. Although the evaluator who completed the evaluation stated that this man qualified for sedentary work due to limited standing and walking abilities due to shortness of breath, it was also noted that this man required frequent sitting breaks throughout the evaluation secondary to shortness of breath. In fact, the data collected during the course of the FCE is indicative of an individual who is not capable of meeting the requirements of even sedentary employment.

Mr. Miller is a left-hand dominant individual who is six feet two inches tall and now weighs 320 pounds, having gained approximately 20 pounds since the time of his accident. He continues under the care of his primary physician, Dr. Afulukwe, who was last seen six months ago and is scheduled to be seen in early November. He also follows with Dr. Alleyne, who was last seen three to four weeks ago. He also follows up with his cardiologist and with a foot doctor to monitor his feet and toenails secondary to his insulin-dependent diabetes.

Mr. Miller is currently taking Metformin twice a day. Novolog, 30/30 twice a day. seizure medication due to the residuals of what he describes as a mini stroke about seven years ago, two medications for blood pressure, one medication for cholesterol, Coumadin as a follow-up to his bypass surgery, and over-the-counter aspirin, fish oil, and Vitamin D. Additionally, Mr. Miller sleeps with a C-PAP machine which he has had for the last ten to fifteen years and has bilateral hearing aids.

Functionally, Mr. Miller states that he is unable to walk for more than very short distances or climb stairs or bend over due to shortness of breath. Further, he finds himself limited during periods of hot weather or cold, damp and rainy weather which he states further affects his breathing and makes any type of exertion difficult.

EDUCATIONAL BACKGROUND:

Mr. Miller advises me that he graduated from the twelfth grade at Lancaster High School in 1965. He then took a course of small engine repair for personal interest in 1967 or '68. Based on Mr. Miller's educational background, the assumption can be made that this is a relatively literate individual who would not have any problems in a job requiring basic reading and writing.

Mr. Miller joined the Army National Guard in the remote past but was discharged during basic training due to severe hearing problems. There is no service-connected disability and no availability of military-related benefits.

WORK HISTORY:

At the time of Mr. Miller's injury, he was employed as an unloader with Archer Daniels Midland. ADM is a company that processes soybeans, converting them into soybean oil and high grade animal feed. The process starts when trucks of soybeans or train cars of soybeans arrive at the plant. These need to be unloaded under supervision. This was Mr. Miller's job. He would unload trucks and rail cars, entering data into a computer, physically moving the product, operating a Bobcat and performing other work that was light to medium in its physical demands. This type of work required the ability to stand, walk, stoop, bend, reach, handle, push and pull on a regular basis. The skills associated with this type of employment were fairly limited and are certainly task specific, being nontransferable to other types of employment.

For the eleven years prior to working at ADM, Mr. Miller was in the shipping department at McClancy Seasonings. In this job, he was a warehouseman, operating a forklift, loading and unloading trucks, and, in his spare time, supervising the cleaning crew, making sure that everything was kept in a clean and orderly manner. This work again was medium to heavy in its physical demands and semiskilled.

Throughout the last fifteen years, the only period of time deemed vocationally relevant, Mr. Miller has done fairly physically demanding work of an unskilled or low semiskilled nature. His jobs have all required the ability to work in a warehouse environment, with his most recent job exposing him to a fair amount of dust, odors, and fumes. As noted above, the skills associated with this type of employment are of limited transferability and certainly would not be transferable for an individual not capable of working at least at the full range of medium physical demand.

OBSERVATIONS:

Mr. Miller arrived on time for his scheduled appointment with me. His presentation was that of a significantly overweight individual wearing bilateral hearing aids. He was casually, but neatly groomed, wearing a baseball style cap that he kept on during the course of the interview. Mr. Miller was accompanied by his wife, who sat in but did not participate in the interview process. Mr. Miller comes across as a pleasant individual with whom a good rapport was established. He presents his story in a straightforward manner consistent with the medical record. Mr. Miller appears to be a man of limited intellectual capability, given to short sentences, periodic digressions, and some occasional problems with focus. It was noticed that as he talked, he would sometimes get short-winded but at other times seemed to speak without particular difficulty. He generally moved in a slow and somewhat lethargic manner. There was no evidence of any patterns of bizarre or unusual thinking such as hallucinations or delusions. He appeared reasonably well-oriented with his memory generally well-preserved.

CONCLUSIONS:

Lester Miller is a sixty-five year old man who, for employment purposes, is now of retirement age. In fact, he states he is now on social security retirement benefits, having converted these over from social security disability on which he was placed in April of 2008 when he left employment. Mr. Miller has a twelfth grade remote education with no additional training and a work history of unskilled or low end semiskilled employment for which he has no transferable skills.

The medical record indicates that this man has significant problems with breathing and, if capable of work, would need an environment free of dust, fumes, odors, or extremes of temperature. A functional capacity evaluation indicates that this man is able to handle no more than a limited range of sedentary activities, becoming frequently short of breath and needing multiple breaks.

From a vocational standpoint, it is my opinion, within a reasonable degree of professional certainty, that Mr. Miller is permanently and totally disabled from any and all forms of employment. In order to work in any type of job, one of the most basic requirements is that an individual have the stamina to persist on the job, no matter how simple it may be, on a sustained basis without unusual interruptions. The medical records indicate that this man would need a dramatic change in his work environment, with the functional capacity evaluation showing that he needs to take breaks, has difficulty breathing, and would be unable to function at anything much more than limited sedentary activity. Considering Mr. Miller's age, remote education, lack of transferable skills, and severe physical restrictions, I don't believe that there are any jobs that this man could successfully handle on a sustained basis. Even in the unlikely event that a technical argument could be made that Mr. Miller might be able to perform some sort of work, that it is certainly clear that no employer would

be willing to hire this individual as they would undoubtedly hire anyone in preference to Mr. Miller who was younger, less physically encumbered and less of a threat to absences, further injuries, or disability.

J. Adger Brown, Jr.

J. Adger Brown, Jr., MA, CDMS
Rehabilitation Consultant

JAB:gl



APPLICATION FOR EMPLOYMENT
HOURLY PERSONNEL

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE 5-24-05

NAME Lester M. Miller

ADDRESS 175 Blackmon Circle CITY Kershaw STATE SC ZIP 29067

SS # 248-70-3951

HOME PHONE 475-5015

ARE YOU UNDER 18 YEARS OF AGE? YES ☒ NO ☐

ARE YOU AUTHORIZED TO WORK IN THE U.S.? ☒

*CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? ☒

* EXAMPLES: DRIVER'S LICENSE, U.S. SOCIAL SECURITY CARD,
U.S. CITIZEN CARD (INS FORM I-197), RESIDENT CITIZEN I.D. CARD (INS FORM I-179)

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THIS COMPANY? YES ☐ NO ☒ WHERE? ☐ FROM ☐ TO ☐
Mo. & Yr. Mo. & Yr.

NAME AND LOCATION OF HIGH SCHOOL ATTENDED ☐

DID YOU GRADUATE? YES ☒ NO ☐ DID YOU RECEIVE A G.E.D.? YES ☐ NO ☒

LIST ALL OTHER FORMAL EDUCATION OR TRAINING BEYOND HIGH SCHOOL. LIST WHERE AND WHEN TAKEN. ☐

TYPE OF WORK FOR WHICH YOU ARE QUALIFIED OR INTERESTED LAB, TRUCK & RAIL DUMP

WHAT ARE YOUR QUALIFICATIONS FOR TYPE OF WORK LISTED ABOVE? I HAVE BEEN TRAINED IN THESE AREAS

WHAT OTHER TRAINING (INCLUDING MILITARY SERVICE) DO YOU HAVE WHICH MAY ASSIST YOU IN THE PERFORMANCE OF THE JOB FOR WHICH YOU ARE APPLYING? ☐

HOBBIES, SPECIAL ABILITIES, RECREATIONAL INTERESTS ALL SPORTS

ARE YOU WILLING TO WORK OVERTIME? YES ☒ NO ☐ WEEKENDS? YES ☒ NO ☐ SHIFTS? YES ☒ NO ☐

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? YES ☒ NO ☐

CAN YOU BEGIN WORK IMMEDIATELY? Yes IF NOT, EXPLAIN ☐

ARE YOU CURRENTLY ON "LAY-OFF" STATUS FROM ANOTHER EMPLOYER AND SUBJECT TO RECALL? YES ☐ NO ☒

IF YES, EXPLAIN

(CRIMINAL CONVICTIONS WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT WITH THIS COMPANY.)

PRESENT OR LAST POSITION (LIST ALL EMPLOYMENT - START WITH PRESENT POSITION AND WORK BACK)		FULLY EXPLAIN DUTIES		
NAME OF COMPANY	PERIOD OF SERVICE AND WAGE EARNED	YOUR POSITION & A DESCRIPTION OF YOUR DUTIES	SUPERVISOR'S NAME AND TITLE	REASON FOR TERMINATION
COMPANY <u>Mechanical Springs</u> ADDRESS <u>Indian Land</u> TYPE OF BUSINESS <u>Seasoning</u>	FROM <u>93</u> TO <u>03</u> \$ <u>13.65</u> PER <u>Hour</u> EARNINGS	Forklift Instruction Shipping & Inventory clerk	FRANK Bailey	Lay off
COMPANY <u>SPRINGS</u> ADDRESS _____ TYPE OF BUSINESS <u>Textile</u>	FROM _____ TO _____ \$ _____ PER _____ EARNINGS		JERRY MONTAGUS	went to Lehigh
COMPANY <u>Lehigh</u> ADDRESS _____ TYPE OF BUSINESS <u>Steel</u>	FROM _____ TO _____ \$ _____ PER _____ EARNINGS		HAL HAGINS	
COMPANY _____ ADDRESS _____ TYPE OF BUSINESS _____	FROM _____ TO _____ \$ _____ PER _____ EARNINGS			

MAY WE CONTACT ALL OF THE EMPLOYERS LISTED? Yes

IT IS UNDERSTOOD THAT THE APPLICANT'S CONTINUED EMPLOYMENT IS SUBJECT TO THE TRUTHFULNESS OF THE STATEMENTS HERE CONTAINED.

UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR DISMISSAL IF EMPLOYED BY ADM. I AUTHORIZE INVESTIGATIONS OF ALL MATTERS CONTAINED IN THIS FORM AND AGREE THAT IF, IN THE JUDGMENT OF THE COMPANY, ANY MISREPRESENTATION HAS BEEN MADE BY ME HEREIN OR THE RESULTS OF SUCH INVESTIGATIONS ARE NOT SATISFACTORY TO THE COMPANY, ANY OFFER OF EMPLOYMENT MADE BY THE COMPANY MAY BE WITHDRAWN. IF EMPLOYED BY THE COMPANY, MY EMPLOYMENT MAY BE TERMINATED IMMEDIATELY, WITHOUT ANY OBLIGATION OR LIABILITY TO ME OTHER THAN FOR PAYMENT AT THE RATE AGREED UPON FOR SERVICES ACTUALLY RENDERED.

5-24-05

DATE AVAILABLE FOR EMPLOYMENT

Lester M. Miller

SIGNATURE OF APPLICANT

APPLICANTS, DO NOT COMPLETE THIS SECTION - FOR COMPANY USE ONLY

Date of Birth 9/16/46 Male ☒ Female ☐ Married ☐ Single ☐

In case of emergency, contact: Bonnie Miller Telephone 475-0172

Will the employee at anytime be driving a commercial vehicle for the Company which requires the employee to have a Commercial Driver's License (C.D.L.)? Yes ☐ No ☒

DATE STARTED _____ CLASSIFICATION _____ HOURLY RATE _____

DEPARTMENT _____ PLANT LOCATION _____

ADM Kershaw

Elevator Utility Operator Duties:

- Unload grain trucks
- Position and unload rail hopper cars
- Transfer grain between storage tanks
- Transfer grain to process
- Operate grain dryer
- Perform general housekeeping
- Perform light maintenance



RESPIRATORY MEDICAL CLEARANCE FORM

For PHYSICIAN/LICENSED HEALTH CARE PROFESSIONAL'S (PLHCP)

1. Location # KERSHAW - 250 Date 7/2/07

City, State KERSHAW, S.C. 29067

Employee's Name LESTER M MILLER SS# 248 - 70 - 3951

2. RESPIRATOR TYPE

☒ Filtering Face Piece ☒ Full Mask ☐ Helmet / Hood

☐ Half Mask ☒ SCBA

3. RECOMMENDATIONS

☐ No respirator use restrictions.

☒ Respirator use restrictions recommended. All restrictions must be specified here (you may wish to use the attached Respiratory Codes):

It may wear dust mask. It will need Physician doctor evaluation due to chronic bronchitis & asthma.

☐ No respirator use, restrictions recommended pending further medical evaluation. All evaluation yet needed must be specified here:

☐ No respirator use.

4. Medical Clearance Good For (depends on medical condition of employee, average range is from one to two years as a member of the site rescue team):

Number of Years 6 months until evaluation by Lung specialist

5. PLHCP Name: S. H. KEDM Title: MD

PLHCP Signature: [Signature] Date: 7/3/07

PLHCP Address: 1130 HAT 9 BYPASS, LANCASTER, SC 29720

(Signature above certifies that PLHCP is acting within the scope of practice authorized by the State)

* A copy of this Respiratory Medical Clearance form must be returned to the ADM facility and a copy will be maintained by you, the Health Care Provider.

PLCHPCF042803

RECEIVED

JUL 09 07

Moore, Dianna

From: Still, N.L.
Sent: Friday, July 06, 2007 4:42 PM
To: Moore, Dianna
Subject: RE: Respiratory Medical Clearance

7/6/2007

possibly.
He needs a full medical investigation prior to making any decisions.
So I need more information, such as:

mm
7/10/07

- Environmental conditions: heat, cold, humidity
- Work effort: Medium, heavy, etc.
- Any other personal protective equipment.

Lee Still, M.D.

From: Moore, Dianna
Sent: Friday, July 06, 2007 3:38 PM
To: Still, N.L.
Subject: RE: Respiratory Medical Clearance

7/6/07

Can the employee wear a loose fitting Powered Air Purifying Respirator that includes a tyvek disposable head cover/hood?
Dianna

-----Original Message-----

From: Still, N.L.
Sent: Friday, July 06, 2007 3:02 PM
To: Moore, Dianna
Cc: Scott, Dave
Subject: RE: Respiratory Medical Clearance

7/6/07

At this point, he cannot be certified for respirator wear. Not even FFP.
I notice that Dr. Kedar cleared him for FFP, Full and SCBA for 6 months pending further evaluation.
It should work just the opposite. No respirator wear pending further evaluation.
If Mr. Miller has any questions, he is welcome to call me.

Lee Still, M.D.
217 451-5004
Fax 800 437-7574

From: Moore, Dianna
Sent: Friday, July 06, 2007 1:32 PM
To: Still, N.L.
Subject: Respiratory Medical Clearance

Re: Lester Miller - SS# 248-70-3951
Location: Kershaw - 250

Moore, Dianna

From: Still, N.L.
Sent: Friday, July 06, 2007 2:02 PM
To: Moore, Dianna
Cc: Scott, Davé
Subject: RE: Respiratory Medical Clearance

7/6/07

At this point, he cannot be certified for respirator wear. Not even FFP.

I notice that Dr. Kedar cleared him for FFP, Full and SCBA for 6 months pending further evaluation.

It should work just the opposite. No respirator wear pending further evaluation.

If Mr. Miller has any questions, he is welcome to call me.

Lee Still, M.D.
217 451-5004
Fax 800 437-7574

From: Moore, Dianna
Sent: Friday, July 06, 2007 1:32 PM
To: Still, N.L.
Subject: Respiratory Medical Clearance

Re: Lester Miller - SS# 248-70-3951
Location: Kershaw - 250

I will be faxing the Respiratory Medical Clearance Form, Spirometry Report, and the Evaluation Questionnaire for the above hourly employee to your attention. The questionnaire was faxed to ADM Kershaw in error and I will destroy it after faxing. Please advise procedures to follow for this employee.

Thanks.

ARCHER DANIELS MIDLAND COMPANY
EARNINGS HISTORY INQUIRY

PR15033

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22/0

DTL	YEAR	GR	LOC	ID	GROSS EARNINGS	TAXABLE EARNINGS	PAYROLL HOURS	DTL
	2008	10	250	H	.00	.00	.00	
	2007	10	250	H	22,447.37	21,463.91	1,614.40	*
	2006	10	250	H	31,844.65	31,287.73	2,324.20	
	2005	10	250	H	12,439.05	12,260.72	882.20	

COMMAND: END NEXT YEAR:
PRMSG008 - END OF FILE

01/30/08 11:02:0

ARCHER DANIELS MIDLAND COMPANY
EMPLOYEE BASIC INFORMATION

PRII

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22,

SEX: MALE (AKA)ALSO KNOWN AS:
MARITAL STATUS: MARRIED RESIDENT ADDR: 2570 CANE MILL ROAD
HIRE DATE: 08/22/05
BIRTH DATE: 09/18/46 AGE: 61 LANCASTER
LAST DAY WORKED: 10/22/07 SC US 29720-0000
REHIRE DATE: TELEPHONE NO: (803) 283-1187 WORK:
VACATION DATE: 08/22/05 GOV JOB CODE: 08W ESS POS CODE:
SENIORITY DATE: 08/22/05 POS CODE: 6598 SUPV SW: N
ACQ. DATE/CODE POS TITLE: UTILITY
PRE/CO HIRE DATE:
PEN. VESTING DATE: 08/22/2005 REPORTS TO:
PEN. CREDIT DATE: 08/22/2005 REQUESTED BY:
PLANT SEN. DATE: APPROVED-BY:
SHORT TERM DISABILITY: REVIEW DATE:
FULL: 04 WEEKS - DATE STA: YRS/ED: CLOCK #: OFFICER: NO
60%: 22 WEEKS - DATE END: ADM NUMBER:

COMMAND: =

PAGE

ARCHER DANIELS MIDLAND COMPANY
PAYROLL YTD AMOUNTS

PRINT

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22/0

DATE: 01/01/2007 GRP: 10 LOC: 250 SUI CODE: 39 SOUTH CAROLI

GROSS EARN:	22,447.37	REGULAR EARN:	22,648.32
FICA EARN HI:	21,463.91	FICA TAX HI:	311.22
FICA EARN OASDI:	21,463.91	FICA TAX OASDI:	1,330.76
FED W/H TAX:	1,817.15	TAXABLE EARN:	21,463.91
SUI TAXABLE:	7,000.00	FUI TAXABLE:	7,000.00
PENSION EARN:	23,897.36	NQP EARN:	.00
DEF ELIG GROSS:	22,247.37	DEF DED AMT:	.00
SECTION 125 AMT:	983.46	EXEC, DEF, COMP:	.00

W/H TAX	NAME	CNTY	NAME	AMOUNT	BASE
*39	SOUTH CARO			1284.99	21463.91

COMMAND: =

PAGE 01

ARCHER DANIELS MIDLAND COMPANY
PAYROLL YTD AMOUNTS

PRI

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22

DATE: 01/01/2006 GRP: 10 LOC: 250 SUI CODE: 39 SOUTH CAROL

GROSS EARN:	31,844.65	REGULAR EARN:	29,300.11
FICA EARN HI:	31,287.73	FICA TAX HI:	453.61
FICA EARN OASDI:	31,287.73	FICA TAX OASDI:	1,939.81
FED W/H TAX:	2,814.86	TAXABLE EARN:	31,287.73
SUI TAXABLE:	7,000.00	FUI TAXABLE:	7,000.00
PENSION EARN:	31,844.65	NQP EARN:	.00
DEF ELIG GROSS:	31,844.65	DEF DED AMT:	.00
SECTION 125 AMT:	556.92	EXEC. DEF. COMP:	.00

W/H TAX	NAME	CNTY	NAME	AMOUNT	BASE
*39	SOUTH CARO			1893.08	31287.73

COMMAND: =

PAGE

ARCHER DANIELS MIDLAND COMPANY
PAYROLL YTD AMOUNTS

PRINI

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22/0

DATE: 08/25/2005 GRP: 10 LOC: 250 SUI CODE: 39 SOUTH CAROLI

GROSS EARN:	12,439.05	REGULAR EARN:	10,674.92
FICA EARN HI:	12,260.72	FICA TAX HI:	177.76
FICA EARN OASDI:	12,260.72	FICA TAX OASDI:	760.16
FED W/H TAX:	1,170.41	TAXABLE EARN:	12,260.72
SUI TAXABLE:	7,000.00	FUI TAXABLE:	7,000.00
PENSION EARN:	12,439.05	NQP EARN:	.00
DEF ELIG GROSS:	12,439.05	DEF DED AMT:	.00
SECTION 125 AMT:	178.33	EXEC. DEF. COMP:	.00

W/H TAX	NAME	CNTY	NAME	AMOUNT	BASE
*39	SOUTH CARO			754.43	12260.72

COMMAND: =

PAGE 01

ARCHER DANIELS MIDLAND COMPANY
YEAR-TO-DATE DEDUCTION INQUIRY

PRI

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22
TAX YEAR: 2007

DED ACT CODE	DED NAME	DED AMOUNT	DED ACT CODE	DED NAME	DED AMOU
-----	-----	-----	-----	-----	-----
BD	PP02-YOU+SPOUSE	983.46	CG	SPOUSE LIF - SING	183.
59	UNIFORMS	116.30			

193

COMMAND: =

PAGE

PR18009A

EMPLOYEE PAYROLL CALCULATIONS

01/28/08 12:47:2

552527 248-70-3951 MILLER, LESTER, M
10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN

HOURLY FULL-T STD TER
10/22/07

COMMAND: INQ FILING STATUS: TAX EXEMPTIONS:
STATUS: 8 FED: 2 ST: 2 FED: 0000 STATE: 0000 EXTRA:

* * * PRESS PF6 TO SEE SPECIAL TAXES * * *

IVR LOCKOUT:

SUI CODE: 39 BYPASS CANADIAN QPIP: 0
PAY FREQUENCY: 4 NO FEDERAL KEY: 0 BYPASS CANADIAN UI: 0
ADDRESS ON CHECK: 0 NO FICA KEY: 0 BYPASS CANADIAN PP: 0
REPLACEMENT W2: ELAPSED PERIODS: 00 FED TAX EXEMPT AMT:
REPLACEMENT T4: REPLACEMENT T4A: REPLACEMENT RELEVE-1:
BYPASS QUEBEC: 0 EARNED INCOME: PROV TAX EXEMPT AMT:
MONTHLY SALARY : 0.00 HRLY RATE: 12.780
PERS HOL: 0.0
MCP BANKED HOURS: 0.00 HOURS USED: 0.00 HOURS LEFT: 0.00
TIMECARD SECURITY: N

PF 1-HELP 2-P/P MENU 3-UPDATE 4-CLEAR 6-SPEC TAXES 12-FIELD HELP

ARCHER DANIELS MIDLAND COMPANY EARNINGS HISTORY INQUIRY

PR150

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/28

DTL	YEAR	GR	LOC	ID	GROSS EARNINGS	TAXABLE EARNINGS	PAYROLL HOURS	DTL
	2008	10	250	H	.00	.00	.00	
	2007	10	250	H	22,447.37	21,463.91	1,614.40	*
	2006	10	250	H	31,844.65	31,287.73	2,324.20	
	2005	10	250	H	12,439.05	12,260.72	882.20	

195

COMMAND: END NEXT YEAR:
PRMSG008 - END OF FILE

01/28/08 12:47

ARCHER DANIELS MIDLAND COMPANY
CHANGE REASON REMARKS

PRIN

10 ARCHER DANIELS MIDLAND CO 250 KERSHAW-SYBN
248-70-3951 552527 MILLER, LESTER M HOURLY FULL-T STD TERM 10/22/
EFF-DATE REASON-CODE REASON-NAME REASON-REMARKS
10/22/07 91W HRLY ONLY MED-OCC
03/19/07 92C RETURN-SHORT TERM DISAB.
02/04/07 91H HRLY ONLY MED-NON OCC
08/25/05 10 NEW HIRE
GRP/LOC/ID: 10/250.

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COMMAND: =

PAGE 0

Wayne Richards

NAME OF SUPERVISOR

DEPARTMENT

To be prepared in duplicate. Original for absentee's supervisor.
Copy for personnel records.

IM 4270

ABSENCE REPORT

NAME Lester Miller CLOCK OR PAYROLL NUMBER _____ DEPT. Utility

ADDRESS _____ PHONE 283-1187 SHIFT 3rd

LAST DAY WORKED _____ WILL RETURN IN APPROXIMATELY _____ DAYS

PERSON REPORTING ABSENCE Same PHONE _____

REPORTED TO:	BY PHONE	BY MESSENGER	OTHER MEANS	DATE	HOUR
<u>supervisor</u>	☒			<u>6-21-07</u>	<u>10:30 PM</u>

REASON FOR ABSENCE (CHECK APPROPRIATE REASON)

IDENT ON DUTY	☐	HOLIDAY	☐	SICKNESS-SELF	☒
IDENT OFF DUTY	☐	JURY DUTY	☐	VACATION	☐
DISCIPLINE	☐	LEAVE OF ABSENCE	☐	UNEXCUSED ABSENCE	☐
DEATH IN FAMILY	☐	SICKNESS IN FAMILY	☐	EXCUSED (OTHER)	☐

NAME OF HOSPITAL _____ NAME OF DOCTOR _____

REASON FOR ABSENCE EXPLAINED (AS REQUIRED) _____

did not work 4th day tonight because was sick.

DATE 6-21-07 REPORTED BY M. J. (Went)
PERSONNEL DEPT. IDENT

KERSHAW SOYBEAN PLANT
KERSHAW, SOUTH CAROLINA

LOCATION: 250

HANDBOOK FOR HOURLY EMPLOYEES

Effective: February 26, 2007

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The following provisions of this Handbook outline the wages, fringe benefits, and working conditions for hourly employees and form the basis upon which the Company operates the Kershaw soybean plant. The provisions of this Handbook, along with the wage rates and fringe benefits, are reviewed in January of each year. Your comments or suggestions are welcome at any time.

This Handbook is not a guarantee of continued employment, nor do the specifics contained herein constitute a guarantee of continued employment. Employees, at their discretion, may resign at any time for any reason; and the Company, at its discretion, may terminate the services of its employees at any time for any reason except for those reasons specifically prohibited by law.

ARTICLE I HOURS OF WORK, OVERTIME & PAY PROVISIONS

Section 1.01 Intent and No Pyramiding

This Article is intended to set forth the normal hours of work and to provide a basis for computing overtime and premium pay and shall not be construed as a guarantee or limitation on overtime hours or on the hours of work per day or per week, nor shall anything in this Handbook be so construed as to permit the pyramiding or duplicating of overtime or premium payments. Hours for which overtime or premium payments are made shall not be used to compute overtime or premium pay for any other hours. Whenever more than one premium could be applied to the same hours, only the larger will be paid. Shift differentials are premium payments but shall be considered as part of the employee's base rate for purposes of computing overtime or premium pay.

Section 1.02 Workday and Workweek

The workday is a 24-hour period running from 7:30 AM one day to 7:30 AM the following day. The workweek begins at 7:30 AM Monday and ends at 7:30 AM the following Monday. The workday and workweek may be different for some individuals or operations.

Section 1.03 Starting Times, Shifts and Schedules

The Company reserves the right to vary starting times, the scheduling of shift hours, as well as the number of shifts and the scheduling of workdays and hours. This includes determination as to whether employees are scheduled to eat-on-the-job or scheduled to have a 1/2 hour unpaid lunch period.

Section 1.04 Job Coverage

In case an employee does not report for work, the employee on that job shall stay until relieved.

Section 1.05

Distribution of Overtime

Employees will perform necessary overtime, call-back and call-in work. In general, the man-on-the-job method will be followed. Man-on-the-job refers to the man-on-the-job at the end of the shift. In continuous operations, the man-on-the-job may also refer to the man-on-the-job on the oncoming shift. If the man-on-the-job is not applicable, the overtime will be distributed as equally as practical among the employees who are qualified and normally perform the work (this is not to be interpreted as a strict equalization of overtime concept).

Section 1.06

Daily and Weekly Overtime Pay

All hours worked in excess of 40 straight time hours of actual work in any one workweek or 8 straight time hours of actual work in any one workday shall be compensated for at the rate of 1 1/2 times the employee's straight time hourly rate.

Note: An employee scheduled and working on the 2nd or 3rd shift who works continuously beyond his regularly scheduled 8 hours and continues working into his next day, or his scheduled day off or into a new workweek, shall receive 1 1/2 times his straight time hourly rate for such hours he works beyond the start of the new day. Such hours shall not be used to create overtime or premium payments during the employee's regular 8-hour straight time schedule, except that if an employee whose schedule changes from the 3rd shift to the 1st shift will be paid at 1 1/2 times for such continuous hours worked into the 1st shift.

Section 1.07

Scheduled Day Off Premium - 7th Day of Work in a Workweek

A - 5-Day Schedule - An employee will be paid 2 times his regular rate of pay for work performed on his 2nd day off, provided he has actually worked at least 4 or more hours in each of the other 6 days in the workweek. This provision will not apply to a schedule of less than 5 days.

B - 6-Day Schedule - An employee will be paid 2 times his regular rate of pay for work performed on his scheduled day off, provided he has actually worked at least 4 or more hours in each of the other 6 days in the workweek.

C - 7-Day Schedule - An employee will be paid 2 times his regular rate of pay for work performed on the last day of the workweek, provided he has actually worked at least 4 or more hours in each of the other 6 days in the workweek.

Section 1.08

Call-In or Call-Back Pay

An employee who is called in for emergency or overtime work on his scheduled day off or called back after he has finished his shift and left the plant, will be paid at 1 1/2 times his straight time hourly rate for such unscheduled hours worked or 2 hours pay at his straight time hourly rate, whichever is greater.

Section 1.09

Early Call-In

An employee who is called in to work in advance of his scheduled shift and continues working on into his regular shift will receive his applicable hourly rate for such early call-in hours. For payroll purposes, early pre-shift hours shall be considered as occurring in the same day as the employee's regular schedule. No other premium pay will apply to such early hours.

Section 1.10

Reporting Pay

An employee who reports to work as scheduled will be given sufficient work to enable him to earn not less than 4 times his regular straight time hourly rate of pay. If he is not given that much work, he shall receive 4 hours straight time pay. This Section shall not apply if the employee reports to work and is excused at his own request, or if he is advised in advance not to report for such scheduled work, or if he has been absent and returns to work without first notifying his supervisor to determine when he should report.

Section 1.11

Payday

Employees are paid on a weekly basis with payday being Friday. Checks issued on Friday cover wages earned during the week which ended at 7:30 AM the previous Monday.

ARTICLE II

EMPLOYEE STATUS

Section 2.01

Probationary, Temporary, Seasonal and Part-time Employees

A - Probationary Employees – An employee shall be regarded as probationary until the completion of 90 calendar days of service with the Company following his date of hire. Periods of 7 consecutive days or more during which the employee does not work for any reason will not count toward the 90 calendar days. There shall be no Company responsibility for the re-employment or continuing of employment of probationary employees. Probationary employees are not eligible for paid unworked holidays, vacations or other benefits provided in this handbook, except for those required by law. At the end of the probationary period, the employee shall be classified as a regular employee and seniority shall be established as beginning on his latest date of hire immediately preceding the completion of the probationary period.

B - Temporary and Seasonal Employees – Temporary and seasonal employees are those hired on a full-time basis (40 hours or more per week) but with the mutual understanding that the employment will be for a limited period of time. Temporary and seasonal employees are not eligible for paid unworked holidays, vacations or other benefits provided in this handbook, except for those required by law.

C - Part-time Employees – Part-time employees are those who are employed to work less than 40 hours per week. Part-time employees will not accrue service time and are not eligible for paid unworked holidays, vacations or other benefits provided in this handbook, except for those required by law.

Section Note: If an employee's status is changed from part-time, temporary or seasonal to permanent, the time worked as a part-time, temporary or seasonal employee will not count toward the probationary period.

Section 2.02 Loss of Employee Status

An employee shall lose his employee status and shall be terminated for any of the following reasons:

1. The employee is discharged or terminated.
2. The employee quits or resigns.
3. The employee is absent without satisfactory reason for 3 consecutive working days.
4. The employee is on layoff, or off work because of any other reason, except for military service (subject to the Uniformed Services Employment and Reemployment Rights Act of 1994), for a period of 12 consecutive months.
5. The employee declines re-employment when recalled from layoff or does not report within 5 days after written notification by registered mail.
6. The employee is granted a leave of absence and does not return at the expiration date, unless such leave is extended.
7. The employee retires under the Archer Daniels Midland Pension Plan for Hourly Wage Employees. However, an employee who receives a disability retirement in accordance with the applicable provisions of the Company's retirement plan but whose disability allowance has been discontinued because of his recovery from disability shall have his accumulated seniority restored, provided he returns to work within 30 calendar days from the date of the discontinuance of his disability retirement allowance.

Section 2.03 Maintenance Classification - Entry and Training

A - Entry into the Maintenance job classification will be either by assignment, provided the employee is agreeable to such assignment and fulfills the requirements listed below, or by hiring from outside. The following criteria, among others, may be used in the selection of Maintenance personnel:

1. Results from a Company designated test battery to measure maintenance aptitude, interest and other skills and characteristics.
2. Physically able to perform all types of plant maintenance work.
3. Willing and able to perform high work.

4. Willing and able to work overtime and emergency call-in or call-back work as an integral and inherent part of the Maintenance job classification.
5. Willing and able to take formal trade school courses as selected by management and to take such courses on a continuing basis during the training period.
6. Must have shown good job proficiency, have a good attendance record and have been a productive employee in previous jobs performed in the plant.
7. Must be able to weld and cut.
8. Must have a general knowledge of pipe fitting.

B - Training and Advancement - Employees in Maintenance Training Grades 1 through 3 must advance through the 3 training grades or be disqualified. Time spent in each training grade will be approximately as follows:

Training Grade 3 - 12 months
Training Grade 2 - 12 months
Training Grade 1 - 12 months

Extended absences over 30 calendar days for any reason will extend the training time described above for a period equal to the length of absence.

An employee with obvious maintenance skills may be advanced at a faster rate. Advancement through the training grades will be based on management's judgment of the employee's maintenance skills and job performance. An employee who is not progressing satisfactorily to the Maintenance A classification may be kept in any grade for longer than the above-listed time, or he may be disqualified. An employee who is disqualified from Training Grade 1 will return to his previous job classification. An employee disqualified from Training Grade 2 or 3 will be transferred to the Laborer classification.

C - Trade School Courses - An employee in training may be required to take formal trade school courses applicable to the plant maintenance work. Such courses must be approved by management prior to enrollment. The Company will pay for tuition, books and supplies, but not for time spent at such course.

D - Hand Tools - By the time an employee has completed the first 24 months of on-the-job training, he will be required to have accumulated all the hand tools necessary to perform his job.

Section Note: The Company will post a notice when it is anticipated that a maintenance vacancy may be filled through the testing program. An employee interested in entering the Maintenance Department may indicate so by signing the notice. An employee who does not meet the criteria described in paragraph A above, may be disqualified from testing.

Section 2.04

Layoff and Recall

A - When it becomes necessary to reduce the size of the workforce, employees will be retained based on management's judgment of their skill and ability to perform the remaining work.

B - Laid off employees will be recalled in reverse order in which they were laid off provided the recalled employees, in management's judgment, have the skill and ability to perform the jobs available.

ARTICLE III

HOLIDAYS

Section 3.01

Holidays

The following 9 days shall be considered as holidays:

New Year's Day - January 1

Easter

Memorial Day - last Monday in May

Fourth of July

Labor Day - 1st Monday in September

Thanksgiving Day - 4th Thurs. in Nov.

Christmas Eve Day - December 24

Christmas Day - December 25

*Personal Holiday

*Note: Personal Holiday: (1) the timing shall be subject to management's approval based on the need for efficient operations; (2) may be taken as a day off or at the employee's option, he may receive 8 hours straight time pay in lieu of the holiday; (3) does not apply to a new employee until he has completed 6 months of continuous service; (4) granted each year; (5) an unused Personal Holiday is not paid to an employee whose employment is terminated for any reason; and (6) an employee must be in an active work status to receive a Personal Holiday.

Section 3.02

Holidays Worked

All work performed on the 9 holidays listed above shall be paid at 1 1/2 times the employee's straight time hourly rate. In addition, the employee will receive 8 hours holiday pay at his straight time hourly rate.

Section 3.03

Pay For Holidays Not Worked

A - An employee who is not required to work on a recognized holiday will be paid holiday pay for that holiday equivalent to 8 hours at his regular straight time hourly rate provided he meets all of the following requirements:

1. The employee has worked both his last scheduled workday before the holiday and his first scheduled workday after the holiday unless excused by management.
2. The employee has worked at least one day during the workweek unless he is on vacation.

3. The employee is not receiving Death in the Family or Jury Duty or any other pay for time not worked benefits for the same day on which the holiday occurs.
4. The employee has completed his probationary period.

B - If an employee is scheduled to work on a holiday and fails to work as scheduled, he will not qualify for holiday pay as provided in paragraph A of this Section unless his absence is specifically approved in writing by the Plant Manager or his representative. Such employee must have worked during the week in which the holiday occurs.

C - An employee who is in a layoff or inactive status and is granted his earned vacation pay during a week in which a holiday occurs will qualify for holiday pay only if he meets all of the requirements in paragraph A of this Section.

Section 3.04 Holidays Considered As Time Worked

Holidays paid for, which fall on an employee's scheduled day of work, whether worked or not worked, will be considered as time worked for the purpose of computing overtime after 40 hours and 7th consecutive day of work premium.

Section 3.05 Holidays Not Considered As Time Worked

Holidays which fall on an employee's scheduled day off will not count as time worked for the purpose of computing overtime after 40 hours or 7th consecutive day of work premium. In no event shall the observance of a holiday on Saturday or Sunday result in the payment of overtime for hours worked prior to the holiday in the same workweek.

ARTICLE IV VACATIONS

Section 4.01 Vacation Period

A - To be eligible for a full vacation, an employee must have worked a minimum of 1800 hours in the previous calendar year. Time lost from an employee's regular schedule because the employee is on vacation or because of the occurrence of an unworked holiday shall count as hours worked in computing vacation eligibility under this Section. Such full vacation will be earned on January 1 each year to be taken between January 1 and December 31 and will be based on the completed years of continuous service by the employee as of January 1 according to the following schedule:

<u>Years of Service</u>	<u>Amount of Vacation</u>
1 Year	1 Week
2 through 4 Years	2 Weeks
5 through 14 Years	3 Weeks
15 Years or More	4 Weeks

B - An employee shall be eligible for the additional week of vacation when he has worked past his 2nd, 5th and 15th employment anniversary dates.

C - Vacation pay for full vacations will be calculated at 40 times the employee's straight time hourly rate.

Section 4.02 Vacation For Less Than One Year of Service

As of January 1, an employee with less than one year of service shall receive one straight time hour of vacation for every full 50 hours in which the employee was actively at work in the previous calendar year up to a maximum of 40 straight time hours. The employee may, at his option, receive vacation pay in lieu of vacation time off.

Section 4.03 Prorated Vacations For Those Ineligible For Full Vacations

A - An employee, who has completed one or more years of continuous service who worked less than 1800 hours in the previous calendar year, will be eligible for prorated vacation.

B - Prorated vacation will be granted on the basis of 1/10th of an employee's full vacation pay for each full 180 hours the employee worked in the calendar year prior to the calendar year in which the vacation allowance is taken.

C - An employee will receive prorated vacation pay instead of time off for any portion of his prorated vacation which is less than a full 8 hour day.

Section 4.04 Vacation Pay For Inactive Employees

On or after January 1, an employee who is in an inactive status because of illness, injury, approved leave of absence, or layoff, who has not taken his earned vacation (that vacation to which he became eligible on January 1) may request pay in lieu of such unused earned vacation. Such employee shall not be considered to be in a vacation status as a result of receiving his vacation pay.

Section 4.05 Vacation Pay For Terminated Employees

An employee who leaves the employ of the Company for any reason before taking his earned vacation or before receiving such earned vacation pay shall be paid such earned vacation pay at the termination of his employment. Earned vacation is defined as a vacation for which the employee became eligible on the January 1 date prior to his termination.

Section 4.06 Scheduling of Vacation Time

A - The Company will be as considerate as possible in trying to grant vacations at the time an employee requests it. However, vacations cannot be granted at times when it will impair the efficient operation of the plant.

B - An employee is not allowed to postpone his vacation in order to have a longer vacation the next year.

C - Vacations will be scheduled in full weeks of 40 hours, or with prior management approval, may be taken one day at a time. Earned vacation pay may be taken in lieu of time off.

Section 4.07 Pay in Lieu of Vacation

Pay in lieu of vacation, or any weekly portion thereof, may be granted to an individual employee at the employee's option. Holiday pay is not added to vacations paid for under this Section.

Section 4.08 Holiday Pay During Vacations

If a holiday is observed during an employee's vacation, he will receive an extra 8 hours straight time pay for each such holiday. The vacation period cannot be extended. Such holiday pay will only be paid to an employee who is in a vacation status at the time of the holiday.

ARTICLE V JOB CLASSIFICATIONS & RATES OF PAY

Section 5.01 Job Classifications

Job classifications and wage rates are outlined in Appendix A of this Handbook. Wage rates are reviewed annually.

Section 5.02 Provisions Applicable to Job Classifications

A - Employees will perform any duties to which they may be assigned. This may include performing duties which overlap job classifications. Maintenance, lubrication and housekeeping duties are considered as part of the duties of all job classifications. There are no light duty jobs.

B - Classified jobs may be filled, vacated or permanently discontinued at the Company's discretion and there shall be no restrictions on the number of employees used or not used in either job classification. There are no minimum crew or job manning requirements.

C - Safety is a shared responsibility. Employees' job responsibilities include their personal safety and collectively, that of their fellow employees.

Section 5.03

Shift Differentials

A - Fixed Second or Third Shifts - A shift differential is paid in addition to an employee's regular straight time hourly rate if he is scheduled and working on either the 2nd or 3rd shift. The 2nd shift differential is 15¢ per hour. The 3rd shift differential is 25¢ per hour.

Note 1A: If an employee is scheduled on a 2nd or 3rd shift and is involved in a continuous work period requiring him to work on more than one shift, then the shift on which he has been scheduled establishes the shift differential, if any, for all hours worked during the continuous work period. An employee who is scheduled on the day or 1st shift does not qualify for shift differential pay even though his work assignment overlaps the 2nd or 3rd shifts. Shift differentials are not applicable to call-ins or call-backs unless such an assignment continues on into the employee's regularly scheduled 2nd or 3rd shift. If an employee is on a regular schedule which requires him to overlap 2 shifts, then the shift on which he is scheduled the greatest number of hours determines the shift differential, if any. Should he be scheduled an equal number of hours on 2 shifts, then the higher shift differential will apply.

Note 2A: An employee who is scheduled on the 2nd or 3rd shift will have his shift differential added to his base rate for purposes of computing overtime and worked holiday pay, but not for any other unworked hours for which he is paid such as vacations, holidays, jury pay and funeral leave.

B - Rotating First, Second and Third Shifts - An employee who is scheduled and working on rotating shifts (1st, 2nd and 3rd shifts) will be paid a uniform shift differential of 20¢ per hour for all hours worked regardless of the shift on which the hours were worked. No other shift differential will apply to such an employee.

Note 1B: Employees who are scheduled and working on rotating shifts as described in paragraph B above, will have their shift differential added to their base rate for purposes of computing overtime, as well as for all unworked hours for which the employee is paid.

Section 5.04

Filling Temporary Vacancies

To provide for flexible and efficient operations, temporary vacancies which the Company determines are necessary to fill may be filled with any employee.

Section 5.05

Filling Permanent Vacancies

Permanent vacancies will be filled by Company assignment.

Section 5.06

Rates of Pay - Temporary Transfers

A - Lower-Rated Job - If an employee is temporarily transferred for Company convenience to a lower-rated classification, he will continue to receive the rate of pay for his regular job classification for a period not to exceed 30 calendar days.

B - Higher-Rated Job - An employee who works in a higher-rated job classification will receive the higher rate of pay for the hours actually worked in the higher-rated job classification.

Note 1B: Paragraph B applies when the Company fills a temporary vacancy created by the absence of an employee. It does not apply to employees who may relieve for breaks or supplement the workforce performing various tasks or jobs performed by other classifications.

Section 5.07 Rates of Pay - Permanent Transfers

If an employee is permanently promoted, demoted or transferred to another job classification, his rate of pay will be changed when he is assigned and working in the new job classification.

ARTICLE VI GRIEVANCE PROCEDURE

Section 6.01 Grievance Procedure

Grievances relating to the provisions of this Handbook should be filed promptly. There will be no penalty or discipline for an employee's use of this procedure. The following steps should be followed:

Step 1

Any employee having any grievance or misunderstanding concerning work conditions or procedures as covered in this Handbook may take the matter up with his immediate supervisor.

Step 2

If the employee is not satisfied with the answer of his supervisor, he may request a meeting with the Plant Manager. The Plant Manager will review the matter and advise the employee of his decision.

Step 3

If still not satisfied, the employee may make a written request for review of the matter by the Vice President of Operations. Requests should be mailed to the Vice President of Operations, in care of the Employee Relations Department, Box 1470, Decatur, IL 62525. The Vice President of Operations, or his designated representative, will review the matter and give an answer. This decision will be final.

ARTICLE VII TIME OFF FROM WORK

Section 7.01 Leaves of Absence

A - Personal leaves of absence up to 30 calendar days, without pay, may be granted (except for gainful employment elsewhere) by the Plant Manager.

B - Leaves of absence in accordance with the Family and Medical Leave Act will be provided when applicable (see Appendix B).

Section 7.02 Death in the Family

A - An employee who loses time on his scheduled workdays because of the death of a member of his immediate family will be paid up to 3 days, each day at 8 hours straight time for working time lost as a result of making arrangements or attendance at the funeral. The immediate family of the employee shall include his father, mother, stepfather, stepmother, spouse, brother, sister, stepbrother, stepsister, child, stepchild, mother-in-law or father-in-law.

B - An employee who loses time on his scheduled workday because of the death of an aunt, uncle, grandparent, or grandchild will be paid up to 8 hours straight time pay for working time lost as the result of attending the funeral.

Section 7.03 Jury Duty

An employee will not suffer any loss of straight time earnings if he is required to serve on a local, state or federal jury. While he is serving on the jury, he will be paid the difference between his regular straight time earnings and the amount of his jury pay. Such pay shall not exceed 8 hours per day or 40 hours per week. An employee dismissed from serving on jury duty on any of his regularly scheduled straight time days shall, immediately following dismissal, notify the Company he is available for work, and the Company shall have the option of having the employee work or paying him for the remainder of the day. An employee failing to notify the Company of his dismissal from jury duty will not be eligible for the jury duty differential pay.

Section 7.04 Annual Military Training

An employee will not suffer any loss of straight time earnings if he is a member of the National Guard or the National Reserves and he is required to spend up to 2 weeks' annual training. Following his service of such annual training, he will be paid the difference between his regular straight time earnings and the amount of his military pay. Such pay shall not exceed 80 straight time hours per calendar year.

Section 7.05 No Overtime or Premium Pay Calculations

Time paid for under the various Sections of this Article VII - Time Off From Work, shall not count as time worked for the purpose of computing daily or weekly overtime or the 7th day of work in a workweek.

ARTICLE VIII

GENERAL PROVISIONS

Section 8.01

Insurance

A - The Group Insurance Program for hourly employees at the Kershaw soybean plant is a separate document.

Note 1A: Coverages will be provided under one or a combination of the following as determined by the Company: (1) a self-insured arrangement maintained by the Company, or (2) a contract with one or more insurance carriers, HMOs, PPOs, or other health care provider system, network or alliance. The selection of a specific PPO, HMO, insurance carrier, network or alliance will be at the Company's option and may be changed by the Company. The Company shall have the right to revise claim processes and procedures, benefit eligibility requirements, administrative provisions, premium contributions and other details of the Group Insurance Program at its discretion.

B - If the medical insurance is provided by an HMO and for any reason the HMO cancels or discontinues all or part of its coverages, the Company shall extend to the affected employees self-insured or insured coverages. The cost of such coverages shall not exceed the Company's share of the premium last paid the HMO. Replacement coverages may or may not equal the prior HMO coverages.

Section 8.02

Pension

The pension plan for hourly employees at the Kershaw soybean plant is a separate document.

Section 8.03

Non-Discrimination

There shall be no discrimination of employees based on race, color, sex, sexual orientation, religion, disability status, national origin, age, veterans or Vietnam Era veterans as provided by Federal law. Wherever the male gender is used in this Handbook it shall be interpreted to apply equally to the female gender.

Section 8.04

Supervisors Working

There shall be no restriction on supervisors or other Company personnel performing any type or amount of work at any time.

Section 8.05

Health and Safety

The Company will make provisions in accordance with applicable federal, state or local regulations for the health and safety of its employees. Such health and safety rules, regulations, operating policies and procedures shall be strictly adhered to, including the wearing or use of personal protective equipment, wearing apparel and other health and safety equipment required by the Company.

Section 8.06

Substance Abuse

The Company has a vital interest in maintaining a work environment free of illicit drugs and alcohol. An employee under the influence of illicit drugs, inhalants and/or alcohol on the job may pose serious safety and health risks not only to himself but to fellow employees. The Company's Substance Abuse Policy is a separate document, which includes provisions for random drug testing.

Section 8.07

Management Rights

The Company retains all rights of management. Among these rights, but not intended as a wholly inclusive list, shall be the right to manage the plant and direct the workforce; to plan, direct and control plant operations; to determine the means, methods, processes and schedules of production; to determine the location of its plants and the continuance of its operating departments; to transfer work temporarily or permanently between plants, or to permanently close the plant or any portion thereof; to decide on "make" or "buy" decisions; to determine schedules and hours of work including overtime; to make and enforce reasonable plant rules and regulations; to make and enforce safety rules; to maintain order; to hire or rehire employees; to assign employees to work and designate the duties of the employees; to change, modify, eliminate or reassign job duties; to install, use and move cameras and other surveillance equipment, whether the cameras or other equipment are visible or hidden; to contract out work, including maintenance and construction work, or to have such work performed by other Company personnel; to determine the number of shifts; to promote or transfer employees from one job to another; to demote, discipline, suspend or discharge employees; to layoff or recall employees; to relieve employees from duty because of lack of work or any other legitimate reason; to set the wage rates for newly created jobs; and to make any decisions which, in the opinion of management, the efficient operation of the plant requires.

Section 8.08

Handbook Modifications & Intent

The provisions of this Handbook may be added to, discontinued or modified in whole or in part at any time. In addition, past practices, procedures and understandings may be changed or discontinued by management at any time.

<u>Job Classification</u>	Hourly Rates Effective <u>01-29-07</u>
Leadperson	\$17.01
Maintenance Exceptional Skills	16.21
Maintenance	15.65
Training Grade 3	14.68
Training Grade 2	13.30
Training Grade 1	12.83
Operator	13.75
Utility	12.78
Driver	12.08
Laborer	10.31

Shift Differentials

2nd Shift	.15
3rd Shift	.25
4th Shift (Rotating 1st, 2nd & 3rd)	.20

FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act only applies to your location if there are 50 or more ADM employees at your location or within a 75 mile radius of your location. Check with your supervisor to see if your location is covered by FMLA. If your location is covered, the Family and Medical Leave Act provides leaves of absence for the following reasons:

1. Medical Leaves - Employee's serious health condition or pregnancy disability. A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves (1) inpatient care in a hospital, hospice, or residential medical care facility and any period of incapacity or treatment associated therewith, or (2) an employee's serious health condition which results in more than 3 days of incapacity and:
 - (a) The employee sees a doctor or health care professional on one occasion and prescribes a regiment of treatment such as a prescription, physical therapy, breathing treatments, etc.; or
 - (b) The employee sees a doctor or health care professional on 2 or more occasions during the illness.

Absences of 3 days or less may also qualify for FMLA if the employee has a permanent, long-term, or chronic health problem or is eligible for intermittent leave. Childbirth, prenatal care and health problems associated with pregnancy are automatically considered serious health conditions for purposes of applying for FMLA.

2. Family Leaves - Father's attendance at birth of child; parent's care of child after birth; placement of a child with employee for adoption or foster care; serious health condition of employee's child under 18 years, or older child if disabled; serious health condition of employee's spouse or parent.

To be eligible for family or medical leave, an employee must have been employed by the Company for at least 12 months and have worked at least 1,250 hours during the 12 months preceding the leave. Whenever possible, employees must notify their supervisor or plant manager in writing at least 30 days prior to the leave stating the reason for the leave, the starting date, and the planned date of return to work. Appropriate certification for serious health conditions may also be required. If notification and appropriate certification are not provided in a timely manner, approval for leave may be delayed.

The maximum time allowed for a family or medical leave is a total of 12 weeks in a rolling 12-month period. Although most leaves would be taken in a single block of time, intermittent leaves or reduced leave schedules also may be approved, where required. Employees taking intermittent leave or reduced schedules may be required to temporarily transfer to another job with equivalent pay and benefits that better accommodates that type of leave.

The Company continues medical and dental benefits for employees on family and medical leave. Employees must continue to pay the required medical premium normally paid as an active employee while on leave. If the employee does not return to work after the expiration of the leave, the employee will be required to reimburse the Company for payment of benefit costs paid by the Company during the family and medical leave. Life and AD&D insurance terminates at the end of the month last worked. Long-term and short-term disability benefit programs terminate on last day worked.

Employees may elect, or the Company may require, that earned vacation or any other applicable paid leave be used in conjunction with any unpaid family and medical leave. If an absence qualifies, family and medical leave begins on the first day missed, regardless of whether or not all or part of the time missed is covered by a form of paid leave, such as disability, workers' compensation or vacation pay. A family or medical leave of absence is without pay when applicable paid leaves and unused vacation are exhausted.

Employees receiving Company-paid disability benefits will be required to provide the Company with periodic statements from their medical provider verifying disability. Employees on leave must contact their supervisor or plant manager before the first day of return, and bring a medical release from their physician if the leave was for the employee's health reasons. Failure to return to work on the date after the expiration of leave may result in termination of employment.

Employees may be restored to their former position upon their return from an authorized leave. However, the Company cannot guarantee that their position will remain open in their absence. If the position has been permanently filled by another employee, the returning employee will be offered an equivalent position for which they are qualified.

The specific government regulations regarding family and medical leave are quite extensive and this policy is only a summary. For more specific information, contact your supervisor or plant manager.

Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946
Account: 18436LM

Date: 12/21/2007

LANCASTER

H: He's seen in follow up for knee arthroscopy. He says he had somewhat of a setback in therapy but he is on a cane at this point and off the walker.

E: Exam shows that the effusion is diminished. He has improved ROM, he has some pain with full flexion. There is no definite instability. He is walking better today, there is no calf swelling or tenderness.

IMP: STATUS POST RIGHT KNEE ARTHROSCOPY.

P: He needs to continue sedentary work for now. I'm going to continue his PT which has been approved. See him back in four weeks for hopeful increase in his activity.

E. Neal Powell, Jr., M.D./stf

Dear Dr. Powell

Patient Name: Jester Miller D.O.B. 091846

Diagnosis: (R) meniscus tear

Eval Date: 11/4/07 No. Of Sessions Completed: 18 Last Visit: 012208

☐ Poor ☐ Moderate ☒ Good ☒ Excellent results have occurred with the patient reporting improvement.

Patient Has Received/Been Instructed In/Frequency/Compliance:

- | | |
|--|--|
| ☐ Proper posture | ☐ Heat/Cold home techniques |
| ☐ Body mechanics | ☐ TENS/EMS home usage |
| ☐ Joint protection | ☐ Electrical modalities |
| ☐ ROM/flexibility exercises | ☐ Soft tissue mobilization |
| ☒ Other <u>ther. exp. for strength train. Ice prn pain</u> | |

Progress/Change:

AROM (R) knee -5° to 115°

Strength (R) quads 4+/5 hamstrings 4/5.

Conts to use cane due to instability. Cont to have pain to exercise, ambulation

Recommendations:

- ☐ Continue plan of care ☐ Discharge
- ☒ Other: cont per MD
- ☐ This patient continues to be scheduled for therapy (☐ Daily, ☐ Two Time Per Week, ☐ Three Times Per Week, ☐ Weekly, ☐ Monthly, ☐ PRN) with anticipated completion date of _____
- If you have any questions, please contact me at Ext 1526
- ☒ Outpatient Rehabilitation Services at: Springs PT

Please fax additional orders or send written orders with the patient.

Comments: _____

I Certify the Above Services Are Required By This Patient

Thank you for this referral.

Bart Olander PT

Therapist's Signature

012208

Date

Physician Signature

Date

Thank you for your referral

Therapy

Outpatient Physical Therapy Progress Report



Springs Physical Therapy

Formerly known as Lancaster Rehabilitation

1203 Colonial Commons

Lancaster, SC 29720

Phone: (803) 286-1575 Fax: (803) 286-1353

Date: 01/22/08

Dear Dr. Powell

Patient Name: Justin Miller DOB: 09/18/46

Diagnosis: (R) neck pain

Eval Date: 11/15/07 No. of Sessions Completed: 18

Last Visit: 01/22/08

☐ Poor ☐ Moderate ☒ Good ☐ Excellent results have occurred with the patient reporting improvement.

Patient has Received/Been Instructed in Frequency/Compliance:

- | | |
|---|--|
| ☒ Proper posture | ☐ Heat/Cold home techniques |
| ☐ Body mechanics | ☐ TENS/EMS home usage |
| ☐ Joint protection | ☐ Electrical modalities |
| ☐ ROM/flexibility exercises | ☐ Soft tissue mobilization |
| ☒ Other: chin brace for stenosis pain | |

Progress/Change

ARIZONA (R) PAIN - 11/15/07

STENOSES (R) 11/15/07 - 11/15/07

STENOSES (R) 11/15/07 - 11/15/07

Recommendations

- ☐ Continue plan of care ☐ Discharge
- ☒ Other: chin brace for stenosis pain
- ☐ This patient continues to be scheduled for therapy (☐ Daily ☐ Two Times Per Week ☒ Three Times Per Week ☐ Weekly ☐ Monthly ☐ PRN) with anticipated completion date of:
- If you have any questions, please contact me at: Ext. 75216
- ☒ Outpatient Rehabilitation Services at: Springs Physical Therapy

Please fax additional orders or send written orders with the patient.

Comments:

I Certify the Above Services Are Required By This Patient	
Thank you for this referral.	
Therapist's Signature: <u>Justin Miller</u>	Date: <u>01/22/08</u>
Physician Signature: _____	Date: _____

Thank you for your referral

Therapy
Outpatient Physical Therapy Progress Report



Springfield Physical Therapy
Formerly known as Lancaster Rehabilitation
1201 Colonial Commons
Lancaster, SC 29720
Phone: (803) 296-1576 Fax: (803) 296-7553

Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946
Account: 18436 LM

Date: 12/21/2007

LANCASTER

H: He's seen in follow up for knee arthroscopy. He says he had some what of a setback in therapy but he is on a cane at this point and off the walker.

E: Exam shows that the effusion is diminished. He has improved ROM, he has some pain with full flexion. There is no definite instability. He is walking better today. There is no calf swelling or tenderness.

IMP: STATUS POST RIGHT KNEE ARTHROSCOPY

P: He needs to continue sedentary work for now. I'm going to continue his PT which has been approved. See him back in four weeks for hopeful increase in his activity.

E. Neal Powell, Jr., M.D. SU

Date: 01/22/08

Dear Dr. Powell

Patient Name: Leticia Miller D.O.B. 09/18/46

Diagnosis: (R) Chronic Pain

Eval Date: 11/14/07 No. Of Sessions Completed: 18

Last Visit: 01/22/08

☐ Poor ☐ Moderate ☒ Good ☐ Excellent results have occurred with the patient reporting improvement.

Patient has Received/Been Instructed in Frequency/Compliance:

- | | |
|--|--|
| ☐ Proper posture | ☐ Heat/Cold home techniques |
| ☐ Body mechanics | ☐ TENS/EMS home usage |
| ☐ Joint protection | ☐ Electrical modalities |
| ☐ ROM/flexibility exercises | ☐ Soft tissue mobilization |
| ☒ Other: Therapist for strength training | |

Progress/Status:

ARDA (R) Knees - 5° to 115°

Strength (R) quadriceps 4/15 Hamstrings 4/15

Balance - Good. Gait - Normal. Ankle - Good. Arch - Good.

Recommendations:

- ☐ Continue plan of care ☐ Discharge
☒ Other: Self care only
- ☐ This patient continues to be scheduled for therapy (☐ Daily ☐ Two Times Per Week ☒ Three Times Per Week ☐ Weekly ☐ Monthly ☐ PRN) with anticipated completion date of:
- If you have any questions, please contact me at: Ext. 5226
- ☒ Outpatient Rehabilitation Services at: Springs Physical Therapy

Please fax additional orders or send written orders with the patient.

Comments:

I Certify the Above Services Are Required By This Patient

Thank you for this referral.

Therapist's Signature

Date

Physician Signature

Date

Thank you for your referral

Therapy
Outpatient Physical Therapy Progress Report



Springs Physical Therapy
Formerly known as Lancaster Rehabilitation
1203 Colonial Commons
Lancaster, SC 29720

Phone: (803) 286-1578 Fax: (803) 286-1153

Patient Name: LESTER M MILLER
Date of Birth: 09/18/1946
Account: 1343GLM

Date: 12/21/2007

LANCASTER

H: He's seen in follow up for knee arthroscopy. He says he had somewhat of a setback in therapy but he is on a cane at this point and off the walker.

E: Exam shows that the effusion is diminished. He has improved ROM, he has some pain with full flexion. There is no definite instability. He is walking better today, there is no calf swelling or tenderness.

IMP: STATUS POST RIGHT KNEE ARTHROSCOPY

P: He needs to continue sedentary work for now. I'm going to continue his PT which has been approved. See him back in four weeks for hoped increase in his activity.
E. Neal Powell, Jr., M.D./Jr

Progress Report
1/25/08

Claimant: *Lester Miller*
Claim #: *001977-003016-WC-01*
Date of Referral: *11/12/2007*
Injury/Disability:
Date of Injury: *10/22/2007*
Date of Disability:
Employer: *Archer Daniels Midland*
Social Security #: *xxx-xx-3951*
Vendor File #: *6755869*

Header

Linda Bare
Gallagher Bassett - Rock Hill
1096 Assembly Drive, STE 210
Fort Mill, SC 29708
Linda_Bare@gbtpa.com
(803) 547-8036

Overview

Mr. Miller was seen for the third post operative knee arthroscopy visit, with Dr. Powell, on 1/23/08. Dr. Powell reported the following, post exam, Mr. Miller is on schedule as far as recovery for the type of surgery, (surgery of right knee-arthroscopy) on 11/5/07

Mr. Miller still has a weak hamstring and had a recent episode of his knee giving way.
Exam proved weak muscle yet, with some swelling

IW continues to use the 3 prong can (which he brought with him today)

PT report recommended continuation of therapy due to hamstring weakness

IW said his leg hurts, but he doesn't take anything for pain

MD recommended continuation of PT for 6 more weeks

(IW has been going 2 times per week), so approximately 12 more visits

Estimated MMI is next office visit (to be made 6 weeks from 1/23/08)

Staff was unable to make the appointment today as their computer doesn't go that far out.
I will have to call in Feb.

RTW sit down permitted as previously.

IW said his job has no regular work, and he has a "paper at home which says not to return until he can return full duty"

MD reported to IW that he should be able to return to his regular job, following completion of all treatment, and he expected the knee to heal completely.

Treating provider: CAROLINA ORTHOPEDIC SURGERY ASSOCIATES. Dr. Neal Powell 1201
Colonial Commons Lancaster, SC 29720. Phone: 286-8443 Fax : 283-9526

Diagnosis:

Posterior one tear medial meniscus, right knee
Posterior horn tear of lateral meniscus, right knee
Partial anterior cruciate ligament tear, right knee

Synovitis, right knee
Grade 111, chondromalacia, medial femoral condyle

Operative Procedure: 11/5/07

Arthroscopic partial medial meniscectomy, right knee
Arthroscopic partial lateral meniscectomy, right knee
Synovectomy, right knee complete
Debridement of articular cartilage, right knee

Case Management Plan

Closure Goal: Long Term : Desired outcome is to obtain complete healing, return to work without restrictions and further complications by anticipated MMI date of 3 months post surgery. IW will be required to follow MD recommendations, including physical therapy and medications. RTW light duty was ordered following the first post operative visit, but he has not resumed due to unavailability of light duty work.

IE: Short Term: Continue to attend necessary visits and complete all treatment in order to meet the Long Term Goals.

Case Management Interventions (Case Management activities to be performed during the next reporting period

- Return to MD in 6 weeks. I have to call the MD staff about a return visit as their computers will not scheduled dates 6 weeks out.
- Obtain office notes and provide accordingly
- Follow up with therapy to ensure successful outcomes.
- Accompany IW to follow up MD visits and obtain future recommended treatment, RTW date (full duty), without restrictions date, and estimated MMI
- Ensure coordination of further medical recommendations
- Ensure IW understands and is compliant with future treatments
- Provide adjuster, Ms. Bare and ER medical updates accordingly.

Analysis of Case Management Issues

Projected Duration of Disability

- Three months post surgery (Operative Procedure: 11/5/07)

Projected RTW Date: Full duty without restrictions is estimated at 3 months (2/08)

- Was permitted sedentary work on 11/13/07, but it is thought this is unavailable.
- Seen in follow up on 12/21/07 and was given RTW sedentary restrictions.
- 1/23/2008 RTW restrictions including Sedentary work only, keep right leg elevated, through next visit.

Projected Case Management Hours

Next Report Date

2/25/08

Vanessa D. Johnson

Vanessa D. Johnson, RN CCM

(704) 941-2232

Fax: 866-450-4152

Vanessa_Johnson@corvel.com

cc. Mr. Miller

Frank Sherman

Employer

Archer Daniels Midland

Fax: 803-475-3755

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

AUG 21 2013

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SC Court of Appeals

TRIAL COURT CASE NO. 0809951

APPELLATE CASE NO. 2013-000286

Old Republic, Ins. Co.,..... Respondent,

v.

The South Carolina Second Injury Fund,..... Appellant,

In re: Lester Miller,..... Employee/Claimant,

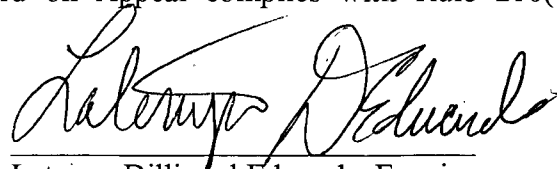
v.

Archer Daniels-Midland Company, ... Respondent.

CERTIFICATE OF COUNSEL

The undersigned certified that this Record on Appeal complies with Rule 210(c),
SCACR.

August 21, 2013



Latonya Dilligard Edwards, Esquire
Dilligard Edwards, LLC
3790 Fernandina Road, Suite 103
Columbia, South Carolina 29210
S.C. Bar #: 14593
(803) 750-2214 (phone)
(803) 750-2377 (fax)

ATTORNEY FOR APPELLANT

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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PROOF OF SERVICE

The undersigned employee of Dilligard Edwards, LLC, Attorney for the Appellant, does hereby certify that service of the **FINAL BRIEF OF THE APPELLANT, RECORD ON APPEAL AND CERTIFICATES OF COUNSEL** to the South Carolina Court of Appeals in the above-captioned matter was made upon counsel of record for Respondents Archer Daniels-Midland Company, Employer and Old Republic Insurance Company, Carrier, and the South Carolina Workers' Compensation Commission, by placing same in the United States Mail, first class postage prepaid, at the below listed address clearly indicated on said envelope on this 21st day of August, 2013, addressed as follows:

Terri J. Morrill, Esquire
Clawson and Staubes, LLC
126 Seven Farms Drive, Suite 200
Charleston, South Carolina 29492

RECEIVED

AUG 21 2013

Natalie Byars Fisher, Esquire
Clawson and Staubes, LLC
126 Seven Farms Drive, Suite 200
Charleston, South Carolina 29492

SC Court of Appeals

The Honorable Virginia Crocker, Judicial Director
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715



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ATTORNEY FOR APPELLANT