

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION
WCC FILE No. 1118397

Appellate Panel

Appellate Case No: 2013-000727

William D. Rhodes, claimant,

Appellant,

v.

M. B. Kahn Construction Company, Inc.,
Employer and Self-Insurer, and
Hewitt Coleman & Associates, Inc. TPA.,

Respondents.

APPENDIX TO THE RECORD ON APPEAL

Gretchen A. Rogers
MICKEL AND BASS, LLC
P.O. Box 5639
Columbia, SC 29250
(803) 929-0029
Attorney for Appellant

Michael A. Farry (SC Bar No. 1964)
Bruce B. Campbell (SC Bar No. 65343)
HORTON, DRAWDY, WARD,
MULLINAX & FARRY, P.A
307 Pettigru St.
Greenville, South Carolina 29601
(864) 233-4351
Attorneys for Respondents

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SC Court of Appeals

September 26, 2013

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675



WCC File #: 1118397
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: William Rhodes SSN: [REDACTED] Employer's Name: MB Kahn Construction Co., Inc.
Address: [REDACTED] Address: P.O. Box 1179
City: [REDACTED] State: SC Zip: [REDACTED] City: Columbia State: SC Zip: 29202
Home Phone: () - Work Phone: () - Insurance Carrier: TPA - Hewitt, Coleman & Associates
Preparer's Name: Michael A. Farry Law Firm: Horton Law Firm Preparer's Phone #: 864-233-4351

The date of injury reported on Form 12A is: 11/28/11 (m/d/yyyy)

Check appropriate section(s). The employer's representative requests a hearing to:

I. **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on 4/30/12 (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of 5/17/12 (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on 5/17/12 (m/d/yyyy).

II. **Address suspension, termination, or reduction of temporary disability payments for any cause.**

- a. At any time pursuant to § 42-9-260(E).
- b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is _____

III. **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

report of Dr. Earl B. McFadden, Jr., 5/3/12
Claimant reached maximum medical improvement on 4/30/12 (m/d/yyyy) (copy of medical report must be attached).

IV. **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

V. **Determine amount of compensation for claims involving a fatality.** (Dependency investigation must be attached).

- a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
 - b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.
- A hearing requested pursuant to this section will be set on an expedited basis.

- A \$ 25.00 filing fee and updated Form 18 must be included with an employer's request for a hearing.
- An employer requesting a hearing must include certification that the request has been served on all parties in compliance with R.67-211.

Preparer's Signature

Attorney for Defendants

5/17/12

Title

Date

307 Pettigru Street, Greenville, SC 29601

Address

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or visit us online at www.wcc.sc.gov.

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

WCC File #..... 111839700
Carrier File # 0011101448-001
Carrier Code..... 000689
Employer FEIN 57-0347524

Claimant

RHODES*WILLIAM DAVID SS# [REDACTED]
[REDACTED]
[REDACTED] SC [REDACTED]

Employer

M. B. KAHN CONSTRUCTION COMPANY, INC.
POST OFFICE BOX 1179
COLUMBIA, SC 29202

Self Insured - Administered By
HEWITT, COLEMAN & ASSOCIATES, INC.

Home Phone (803) [REDACTED] Work Phone ()

Preparer's Name RICHARD HURLEY

Preparer's Phone (864) 240-5800

1. Date of injury: 11/28/2011 2. Total Weeks Compensation Paid 22

3. Type of Compensation/Periods of Payment:

Type: TP From 12/11/11 To 1/28/12

Type: TT From 1/31/12 To 2/27/12

Type: TP From 2/28/12 To 3/26/12

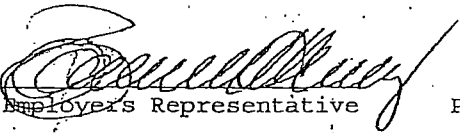
4. Date of First Payment: Type TT From 3/28/12 To 5/15/12

5. Total Amount Paid (a) Compensation: \$6,204.98

(b) Medical (Include Nursing, Hospital, Drugs, Etc): \$15,646.91

6. Informal Conference is Requested: NO

Use these lines to send a memo to the Commission:



Employer's Representative Phone# (864) 240-5800

5/15/12

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement

Claimant's Name: William D Rhodes

Employer's Name: M. B. Kahn Construction Company

Physician's Name: Earl B. McFadden, Jr.

Insurance Carrier: Self-Insured by Hewitt, Coleman & Associates

Practice/Clinic: ^{Moore} Orthopaedics

SCWCC File No: 001118387

Preparer's Name: Leigh Augustyniak

Phone: (864) 248-5885 (803) 221-8123

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 11/28/11

Date of first office visit: 11/30/11

Date of last visit: 4/30/12

Diagnosis or nature of Injury or Illness: Rt shoulder rotator cuff tear w/ debridement of the Glenohumeral joint

Body part(s) Injured: Right shoulder

Body part(s) affected: Right shoulder

Date of Maximum Medical Improvement: 4/30/12

Based on the AMA Guidelines, the claimant has sustained a 10% medical impairment to Rt shoulder injured body part(s) and a 10% medical impairment to upper extremity, 10% Whole body other affected body part(s).

- The claimant is able to return to work without restriction.
- The claimant is able to return to work with the following restrictions:

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

5/3/12
Date

Treating Physician

Physician's Statement

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA)

COUNTY OF LEXINGTON)

William Rhodes, Employee,)

Claimant,)

vs.)

MB Kahn Construction Co., Inc.,)

Employer and Self-Insured, and)

Hewitt, Coleman & Associates, Inc.,)

TPA,)

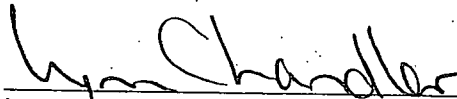
Defendants.)

W.C.C. FILE NO.: 1118397

CERTIFICATE OF MAILING

I, Lynn Chandler, an employee with the firm of Horton, Drawdy, Ward, Mullinax & Farry, P.A., do hereby certify that on May 17, 2012, I served Form 21 on behalf of Defendant on Claimant by causing same to be placed in the United States mail, postage prepaid, certified mail, return receipt requested, addressed as follows:

Gretchen Rogers
Mickle & Bass
1116 Blanding Street
Columbia, SC 29201


Lynn Chandler

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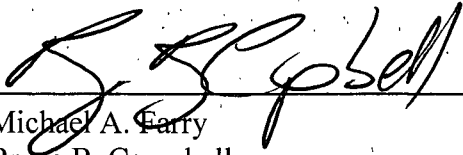
v.

M. B. Kahn Construction Company, Inc.,
Employer and Self-Insurer, and
Hewitt Coleman & Associates, Inc. TPA

Respondents.

PROOF OF SERVICE

I certify that I have served the Appendix to the Record on Appeal on Gretchen Rogers, Esq, Attorney for Appellant, by depositing a copy of it in the United States Mail, postage prepaid, on September 30, 2013, addressed to Attorney of Appellant, Gretchen Rogers, Esq. 1803 Hampton Street, Floor 2, Columbia, South Carolina 29201.



Michael A. Farry
Bruce B. Campbell
HORTON, DRAWDY, WARD, MULLINAX &
FARRY, P.A.
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ATTORNEY FOR RESPONDENTS

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