THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Appellate Case No. 2018-001274

Ray K. Logan, Employee, Respondent,

v.

Winthrop University, Employer, and
South Carolina State Accident Fund, Carrier, Appellants.

RECORD ON APPEAL
VOLUME II OF II

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ATTORNEYS FOR RESPONDENT

ATTORNEYS FOR APPELLANTS

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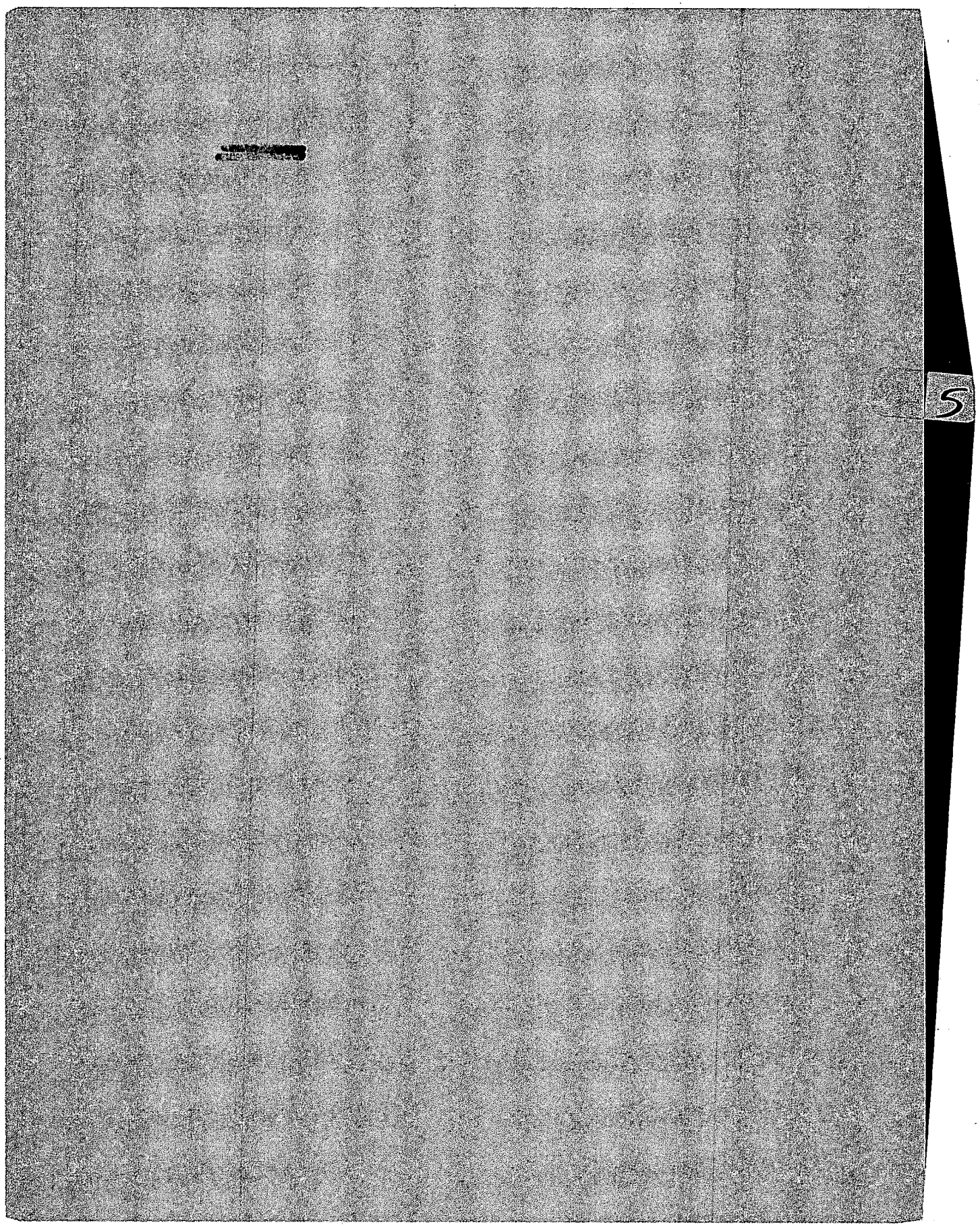
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Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

WC Worksheet
New Patient

Date of Injury: 2/26/14

Name: RAY LOGAN Incident #: OM1570 DOB [redacted] Date 2/26/14

MA / NURSE NOTES. Dominant hand: ☒ Right ☐ Left Allergies: NKDA

Medications: HTN MED, VIT, FISH OIL, ASA BENAZAPRIL Problems/Side effects: _____

☐ Yes ☒ No History of ulcers or gastritis? ☐ Yes ☐ No Possibly pregnant? Last Tetanus Toxoid: _____

Occupational History:

Job Title: PAINT SUPERVISOR Length of employment with company: 11 yrs Average hours per week: 43

Main Job Characteristics At The Time Of Injury:

☐ Sit down job ☐ Prolonged standing or walking ☐ Repetitive use of hands/keyboard/mouse ☐ Kneeling or squatting
☐ Bending ☐ Stooping ☐ Climbing ☒ Overhead work ☐ Operating Hand tools / Machinery
☐ Lifting / Pulling / Pushing ☐ Up to 10 lbs. ☐ Up to 25 lbs. ☐ Up to 50 lbs. ☐ Up to _____ lbs. Other: _____

☐ Yes ☒ No Any lost work time? If Yes, specify number of full days lost: _____ and last date worked _____

☐ Yes ☒ No Any other source of employment? If Yes, specify: _____

☒ Yes ☐ No Any sports or hobbies? If Yes, specify: OUTDOOR SPORTS

☐ Yes ☒ No Any previous treatment for the complaint(s) before coming to Arrowood/Riverview /Occumed?: If Yes, specify: _____

Chief Complaint: LOW BACK PAIN - CENTER

Ht: _____ in Wt: 202 lbs Pulse: 80 /min BP: 146/92 mmHg Resp: 18 /min Temp: 98.2 °F

Completed by: NP/MA @ 1230p

PHYSICIAN HISTORY: (Explain any **Yes** answers below)

☐ Yes ☐ No Chemical / toxic exposure involved?
☐ Yes ☐ No Any previous occupational injuries or illnesses?
☐ Yes ☐ No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

Describe the Injury Event (Describe the mechanism of injury and characteristics of the main complaints)

Arthon (115 [illegible]) to back [illegible]
Pain - sharp/dull ; [illegible]
[illegible]
Twisted back

CHIEF COMPLAINT [illegible]

COMPLAINT #1: _____
LOCATION: _____
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other: _____
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe
DURATION: _____ Min _____ Hours _____ Days
TIMING: ☐ Intermittent ☐ Constant
CONTEXT: _____
MODIFYING FACTORS: Exacerbated by: _____
Lessened by: _____

COMPLAINT #2: _____
LOCATION: _____
QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other: _____
SEVERITY: ☐ Mild ☐ Moderate ☐ Severe
DURATION: _____ Min _____ Hours _____ Days
TIMING: ☐ Intermittent ☐ Constant
CONTEXT: _____
MODIFYING FACTORS: Exacerbated by: _____
Lessened by: _____

☐ As part of my evaluation, I reviewed the information above, as well as the patient's **Medical, Family and Social History** and the **Review of Systems** on the back.

[illegible] 2-14

Physician Signature

Date 02/26/14 **Riverview Medical Center/Occumed** Page 1

Time In: 1230 p MP

Time Out: 153 pm THH

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

9
MCNair

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider:
Protocol: WC Incident New

Background Problem

Date of Injury: 2/26/2014 Case Age: 1 (Today) Claim Number:

Using painter pole extenion ladder carrying back pain

Diagnosis

Standard Services

Auth Authorization For Visit

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:

Other:

Report Results To:

Phone:

Fax:

Special Protocol Instructions Follow

L-Spine x-ray 3V-LS

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Time In: ___ _____
Time Out: ___ _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu
Provider:
Protocol: WC Incident New

Special Instructions:

DRUG and/or ALCOHOL TESTING
- None.

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here due to carrier.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 ~~AND TO Thadd~~ at Winthrop at 323-2426.

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. ✓ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. ✓ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

(16)

Time In:
Time Out: [redacted]

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider:
Protocol: WC Incident New

Carrier Information

Check W/C Insurance

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Briana Mobley
Telephone: (803) 896-5800
Fax:

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Arrowood Medical Center | Occupational Health at Riverview | Riverview Medical Center

Corporate Health History

Date 2-26-14

Name Ray Logan Date of Birth [redacted] Gender (Circle One) M F

Medications Please list current medications including prescription, non-prescription, vitamins, allergy shots, etc.

Some High blood Pressure Pills Vitamin Fish oil Bayer

Allergies Are you allergic to any medications or other substances? ☒ No ☐ Yes (If yes, please list below)

[redacted]

Surgeries Please list any surgeries (inpatient and outpatient).

Work History

1. Have you had any chemical exposures at work? ☐ Yes ☒ No
   If yes, please explain
2. Have you ever been unable to work for a physical reason or been refused a job because of your health? ☐ Yes ☒ No
   If yes, please explain
3. Have you ever been awarded a compensation for accident or injury? ☐ Yes ☒ No
   If yes, please explain
4. Have you ever been rejected or discharged from the military for a medical cause? ☐ Yes ☒ No
   If yes, please explain

(78)

Arrowood Riverview Occupa...

PATIENT INFORMATION

Today's date [redacted] Time 11:05

Name Ray Kelvin Logan SS# [redacted]

Address 705 Ferndale dr City Rock Hill

State S.C Zip Code 29730 Age 52 Date of Birth [redacted] Sex C

Telephone 803 242 9517

Type of service(s) requested today ... Drug Screen

Sent in by Company Name Winthrop Chr. Contact Name Thadd Bridges 371-0220

Back

If this is a return visit or for an injury/illness with an initial, please fill out the information below for today's visit.

2-26-14 Time of Injury 11:15 Date Reported 2-26-14

Winthrop Chr. Shack

Supervisor med. 2-26-14 11:20

Last year or 2

using Painter Pole Extension Ladder

Carrying back pain

Please complete the diagram below.

Rate the intensity of your pain NO PAIN WORST PAIN

Shaded Areas Example 0 10

Patient Signature Ray Logan Date 2-26-14

(19)

Arrowood Medical Center **Riverview Medical Center** **Occumed at Riverview**

BACK

Name: RAY LOGAN Incident #: OM 1570 DOB [redacted] Date 2/26/14 New Patient

[redacted]

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)

#___ Contusion. Lumbar	#___ Deg. Disk Disease. Lumbar	#___ Herniated Disk. Lumbar
#___ Radiculopathy. Lumb[redacted]	#1 Sprain/Strain. Lumbar	#___ Sciatica
#___ Spasm. Muscle	#___ Sprain/Strain. Thoracic	#___ Other:
#___ Other:	#___ Other:	

☐ Industrial ☐ Non-industrial

☐ **First Aid Case**

PHYSICIAN COMMENTS (Explain any No answers)

1. ☐ Yes ☐ No According to the patient, was the present injury/illness caused by a single specific event?
2. ☐ Yes ☐ No Are findings consistent with the patient's statement?

TREATMENT PLAN:

☐ Cryotherapy locally for 15 min. STAT.

Medications (Check all medications that apply and write the prescription in the blanks provided)

☐ Acetaminophen ES 500 mg #40	☐ Acetaminophen/Codeine 30 mg #20
☐ Cyclobenzaprine 10 mg #20	☐ Hydrocodone/Acet 5/500 mg #20
☐ Ibuprofen 200 / 400 / 600 / 800 mg #40 TPotm	☐ Naproxen 250 / 375 / 500 mg #40
☐ Robaxin 750 mg #20 1-2 PO TID	☐ Soma 350 mg #20
☐ Other	☐ Other

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support

☐ Lumbar Pillow ☐ Other:

Other:

☐ **Physical Therapy:** Evaluate and treat ____ times/week for ____ weeks

☐ **Gait Training**

Work Status: ☑ Regular work ☐ Modified work ☐ Off work

Interpreter ☐ required.

Return to clinic on: 1 wk

MA/Nurse completing medical orders:

CONSULT / REFERRAL TO SPECIALIST:

☐ **Consult** / ☐ **Referral** ☐ Emergency ☐ Orthopedics ☐ Other:

Reasons:

LABELS

L Spine x-ray 3V + C

PATIENT EDUCATION.

Patient voiced understanding of: ☐ **aftercare instructions** and **medication side effects**

☐ **work restrictions** and expected **progression of the injury.**

Patient was given **educational material** on

EMPLOYER CONTACT: ☐ **Discussed case** / ☐ **Left message** with:

PHYSICIAN. Signature: [signature] 316 Name: McNa

Arrowood Medical Center **Riverview Medical Center** **Occumed at Riverview**

BACK
Established Patient

Date of Injury: 2-26-14

Name: Ray Logan Incident #: OM 1570 DOB [redacted] Date 3-5-14

MA / NURSE NOTES: Since last visit:

Patient is ☐ better/ ☐ worse/ ☐ same. Treatment plan has ☑ been/ ☐ not been followed. Current Work Duty: ☐ Off ☑ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: Benzapril, MVI, Fish oil, ASA, Robaxin, Prednisone Any medication/ treatment problems or side effects:

Allergies: pt denies Pulse: 68 BP: 138/84 Resp: 16 Temp: 98.5

Completed by: M Cooke 10:50AM

SUBJECTIVE COMPLAINTS: ☑ reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Rev back Location [redacted]

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

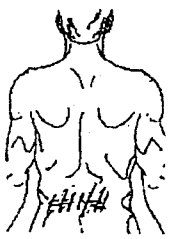
Since the last visit: ☐ Yes ☐ No Any new symptoms and complaints? Describe:

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain: sharp ☐ Yes ☐ No Numbness: ☐ Yes ☐ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other:

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)

1. ☐ Yes ☑ No **Disoriented to time, place and person, or non-alert?**
2. ☐ Yes ☐ No **Abnormal posture or gait,**
3. ☐ Yes ☐ No **Erythema, ecchymosis, scars, swelling, or masses in the back?**
4. ☐ Yes ☐ No **Tenderness or spasm in the back musculature?**
5. ☐ Yes ☐ No **Restricted range of motion of the back?** Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☑ Mid-tibia ☐ Ankles ☐ ____ inches from floor Extension: ___/30° Lat. Flexion R: ___ L: ___/45° Lat. Rotation R: ___ L: ___/30°
6. ☐ Yes ☐ No **Weakness of lower extremities?**
7. ☐ Yes ☐ No **Abnormal deep tendon reflexes of lower extremities?**
8. ☐ Yes ☐ No **Sensory changes to light touch and pinprick?**
9. ☐ Yes ☐ No ***Abnormal exam of the neck?***
10. ☐ Pos ☐ Neg **Straight Leg RaiseTest for sciatic nerve involvement?** Right: + at ___ degrees. Left: + at ___ degrees.
11. ☐ Pos ☐ Neg **Waddell's Signs for symptom magnification?**



DIC @ 11:35AM MC

DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Rev Strain Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☑ New prescription: Lodine / Robaxin prn 1st complete

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other

Physical Therapy: Evaluate and treat 3 times/week for 2 weeks

☐ Gait training.

Work Status: ☐ Regular ☐ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on: PRN

☐ Referral / ☐ Consult: To: Reason:

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN Signature:

Name:

MA/Nurse completing medical orders:

LABELS

RIVERVIEW
Medical Center [redacted]

OCCUMED
At Riverview

1393 Celanese Road
Rock Hill, SC 29732
(803) 329-3103 Fax 325-2232

Rock Hill Radiology Associates Overread Report

RAY LOGAN
DOB: [redacted]
DR. MCNAIR

LUMBAR SPINE, 3 VIEWS: 02/26/14

FINDINGS: There is no evidence for compression fracture. There is normal height and alignment of lumbar vertebrae. There are osteophytes noted at multiple levels. There is no major abnormality of the posterior elements. There is narrowing of the superior SI joints.

IMPRESSION: MINOR MULTILEVEL SPONDYLOSIS WITH NO ACUTE ABNORMALITY.

EDMms
d/t: February 26, 2014

Edward McKinney, M.D.

2-27-2014 SBC

(5)

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: [redacted]add Bridges [redacted]
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 2/26/14 Time In: 12:10PM Out: 1:41PM

Ident: xxx-xx-[redacted]
Department:
Job Title:
Purpose: WC Incident New

DOB: [redacted]
Phone: (803) 242-9917

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99204	OV N-Comp	Office Visit,New-Comprehensive
72110	XRLSSpine	XR:Lumbar/Sacral Spine

Work Status

Work Status: Return to Work without Restrictions As Of: 2/26/14

Follow Up

Follow-up Appointments: 3/05/14 at 11:00AM WC Incident Re-Check McNair, Charlton Scott MD

Comments

Subjective:
Objective:
Assessment:
Plan:

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1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730

Attention: [redacted]dd Bridges [redacted] Ident: xxx-xx-[redacted] DOB: [redacted]
Telephone: (803) 323-2392 Department:
Fax: (803) 323-2426 Job Title:
bridgesg@winthrop.edu Phone:(803) 242-9917
Provider: McNair, Charlton Scott MD
Visit Date: 2/26/14 Time In: 12:10PM Out: 1:41PM Purpose: WC Incident New

History, exam, and X-rays consistent with a strain at the lower back. Will treat with medications and reassess progress on recheck visit. Since he is the supervisor, he is not placed on restricted duty.

(13)

Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

BACK
Established Patient

Date of Injury: 2/[illegible]

Name: [illegible] Incident #: [illegible] DOB [redacted] Date [illegible]

MA / NURSE NOTES: Since last visit:

Patient is ☐ better/ ☒ worse/ ☐ same. Treatment plan has ☒ been/ ☐ not been followed. Current Work Duty: ☐ Off ☐ Modified ☒ Full

Work restrictions (if any) have ☒ been/ ☐ not been followed. Explain: [illegible]

Current Medications: [illegible] Any medication/ treatment problems or side effects: [redacted]

Allergies: NKDA Pulse: 74 BP: 16[illegible]/[illegible] Resp: [redacted] Temp: 98.6

Completed by: [illegible] [redacted] [illegible]

SUBJECTIVE COMPLAINTS: ☐ I reviewed the patient's **health history**, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: [illegible] Location: [illegible]

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: [illegible]

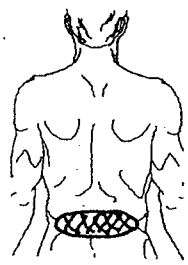
Since the last visit: ☐ Yes ☐ No Any new symptoms and **complaints**? Describe: [illegible]

S - Pt. says he is some better because he could put his pants on this morning but he had to get his daughter to put his shoes on.

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain: [illegible] ☐ Yes ☐ No Numbness: [illegible] ☐ Yes ☐ No Fever?
☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other: [illegible]

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below)

1. ☐ Yes ☒ No **Disoriented** to time, place and person, or **non-alert**?
2. ☒ Yes ☐ No Abnormal **posture or gait**? stands stiffly
3. ☐ Yes ☒ No **Erythema, ecchymosis, scars, swelling, or masses** in the back?
4. ☒ Yes ☐ No **Tenderness or spasm** in the back musculature?
5. ☒ Yes ☐ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☒ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ ____inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☒ No **Weakness** of lower extremities?
7. ☐ Yes ☒ No Abnormal **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☒ No **Sensory changes to light touch and pinprick**?
9. ☐ Yes ☒ No **Abnormal exam** of the **neck**?
10. ☐ Pos ☒ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at____ degrees. Left: + at____ degrees.
11. ☐ Pos ☒ Neg **Waddell's Signs** for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Lumbar sprain - 847.2 Diagnosis ☐ added ☐ deleted ICD9: [illegible]

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☒ New prescription: Norco 5 mg/325 mg 1 po. Q4hrs prn #20

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other [illegible]

Physical Therapy: Evaluate and treat ____ times/week for ____ weeks
☐ **Gait training.**

Work Status: ☐ Regular ☒ Modified ☐ Off work
Interpreter ☐ required.

Return to clinic on: [illegible]
☐ **Referral** / ☐ **Consult:** **To:** [illegible] **Reason:** [illegible]
☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

MA/Nurse completing medical orders: DC'd @ 1405

LABELS

PHYSICIAN Signature: [illegible] pa-c

Name: [illegible]

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Date 02/27/14 | Riverview Medical Center/Occumed | Page 1

Time In:
Time Out:

Encounter Form

Patient: [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 2/26/2014 Case Age: 1 Days Claim Number:
Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:
Other:

Report Results To:
Phone:
Fax:

Special Protocol Instructions Follow

19

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917. Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. __ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. __ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

Carrier Information

Check W/C Insurance

10

Time In:
Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

(71)

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: [redacted]add Bridges [redacted]
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: Lesslie, Robert D. MD
Visit Date: 2/27/14 Time In: 12:43PM Out: 1:50PM

Ident: xxx-xx-[redacted] DOB: [redacted]
Department:
Job Title:
Phone:(803) 242-9917
Purpose: WC Incident Re-Check

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Current Work Restrictions

No .floor-to-waist lifting	Starting: 2/27/14	Continuing
10 lbs.waist-to-shldr lifting	Starting: 2/27/14	Continuing
No prolong walking or standing	Starting: 2/27/14	Continuing
Alternate sitting/standing	Starting: 2/27/14	Continuing
Special Accommodations	Starting: 2/27/14	Continuing

Cannot take Norco at work or when driving. He may take regular Tylenol at those

Work Status

Work Status: Return to Work with Restrictions As Of: 2/27/14

Follow Up

Follow-up Appointments: 3/05/14 at 11:00AM WC Incident Re-Check McNair, Charlton Scott MD

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730
Attention:	[redacted]dd Bridges [redacted]	Ident:	xxx-xx[redacted] DOB: [redacted]
Telephone:	(803) 323-2392	Department:	
Fax:	(803) 323-2426	Job Title:	
	bridgesg@winthrop.edu		Phone:(803) 242-9917
Provider:	Lesslie, Robert D. MD		
Visit Date:	2/27/14 Time In: 12:43PM Out: 1:50PM	Purpose:	WC Incident Re-Check

Comments

Subjective:
Patient is in obvious increased pain with spasm of lower back. Will add stronger pain meds and restrictions.

Objective:

Assessment:

Plan:

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information

Claim # 2014-000549

Purpose: L-S strain w/ pain

Comments: Dr. C. Scott McNair is requesting referral for Physical Therapy for L-S sprain w/ pain. If you have any questions please call me at 803-981-9373.

Thank you,
Cathy G Adams
Occupatioanal Health Coordinator

Patient Information

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Telephone: (803) 242-9917

Identity: [redacted] Birth Date: [redacted]
Gender: Male Age: 52
Marital: Married
Insured ID: Work Comp Visit

Visit Date: 3/05/14

Employer: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Telephone: (803) 323-2392 Fax: (803) 323-2426

Insurance: State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Telephone: (803) 896-5800 Fax:

Referring Visit Information

Date of Injury or Illness: 2/26/14 Case Number: 2014-00004 Claim Number:

FAXED 3/6/14

Problem: Using painter pole extenion ladder carrying back pain

Diagnosis: 847.2 Sprain Lumbar Region

Procedures: 99214 Office Visit, Est-Detailed

3/10/14

Fax 803-612-2715

Subjective:

Objective:

Assessment:

Jennifer Stone
X 65913
Fax - 803-896-5801

(Adjuster =

(17)

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

Plan: Patient is progressing as well as expected at 1 week. Will continue treatment, restrictions, request PT, and recheck progress with the next visit.

[redacted] [redacted]

(16)

Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

BACK
Established Patient

Date of Injury: 2-26-14

Name: Ray Logan Incident #: OM 1570 DOB [redacted] Date 3-5-14

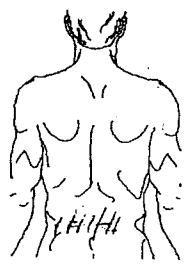
MA / NURSE NOTES: Since last visit:
Patient is ☐ better/ ☐ worse/ ☐ same. *Treatment plan has* ☑ been/ ☐ not been followed. Current Work Duty: ☐ Off ☑ Modified ☐ Full
Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain: Prednisone
Current Medications: Benzaprl, MV, Fish oil, NSA, Robaxin Any medication/ treatment problems or side effects: [redacted]
Allergies: pt. denies Pulse: 68 BP: 138/84 Resp: [redacted] Temp: 98.5
Completed by: M COOKE 10:50AM

SUBJECTIVE COMPLAINTS: ☑ reviewed the patient's **health history**, as documented in the first visit, and updated any changes below.
HPI: Chief Complaint: Rev Back Location: [redacted]
Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:
Since the last visit: ☐ Yes ☐ No Any new symptoms and **complaints**? Describe:

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain: ☐ Yes ☐ No Numbness: ☐ Yes ☐ No Fever?
☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other:

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below)

1. ☐ Yes ☑ No **Disoriented** to time, place and person, or **non-alert**?
2. ☐ Yes ☐ No Abnormal **posture or gait**?
3. ☐ Yes ☑ No **Erythema, ecchymosis, scars, swelling, or masses** in the back?
4. ☐ Yes ☐ No **Tenderness or spasm** in the back musculature?
5. ☐ Yes ☐ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☑ Mid-tibia ☐ Ankles ☐ ____inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☐ No **Weakness** of lower extremities?
7. ☐ Yes ☐ No Abnormal **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☐ No **Sensory changes to light touch and pinprick?**
9. ☐ Yes ☑ No **Abnormal exam** of the **neck?**
10. ☐ Pos ☐ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at ____degrees. Left: + at ____degrees.
11. ☐ Pos ☐ Neg **Waddell's Signs** for symptom magnification?



DIC @ 11:35AM MMC

DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Rev Strain Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:
Medications ☐ Continue current prescription. ☑ New prescription: Lodine 400mg po prn pain
Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other
Physical Therapy: Evaluate and treat 3 times/week for 2 weeks
☐ **Gait training.**

Work Status: ☐ Regular ☐ Modified ☐ Off work
Interpreter ☐ required.
Return to clinic on: PRN
☐ **Referral** / ☐ **Consult:** To: Reason:
☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

MA/Nurse completing medical orders:

LABELS

PHYSICIAN Signature: [redacted] 329
Name:

Date 03/05/14 (11:00AM) Riverview Medical Center/Occumed Page 1

Time In: 10:50am mmc

Time Out: 11:35am mmc

Encounter Form

Patient: Ray [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 2/26/2014 Case Age: 7 Days Claim Number:

Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:

Other: _____

Report Results To:

Phone:
Fax:

Special Protocol Instructions Follow

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

3-5-14 DW

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. __ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. __ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

Carrier Information

Check W/C Insurance

Time In:
Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: Thadd Bridges
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 3/05/14 Time In: 10:38AM Out: 11:28AM

Ident: xxx-xx[redacted] DOB: [redacted]
Department:
Job Title:
Phone:(803) 242-9917
Purpose: WC Incident Re-Check

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Current Work Restrictions

No .floor-to-waist lifting	Starting: 2/27/14	Continuing
20 lbs.waist-to-shldr lifting	Starting: 3/05/14	Continuing
No prolong walking or standing	Starting: 2/27/14	Continuing
Alternate sitting/standing 50/50% of time	Starting: 3/05/14	Continuing
Special Accommodations	Starting: 2/27/14	Continuing

Cannot take Norco at work or when driving. He may take regular Tylenol at those

Work Status

Work Status: Return to Work with Restrictions As Of: 2/27/14

Follow Up

Follow-up Appointments: 3/12/14 at 10:00AM WC Incident Re-Check McNair, Charlton Scott MD

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Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730
Attention:	Thadd Bridges [redacted]	Ident:	xxx-xx-[redacted] DOB: [redacted]
Telephone:	(803) 323-2392	Department:	
Fax:	(803) 323-2426	Job Title:	
	bridgesg@winthrop.edu		Phone: (803) 242-9917
Provider:	McNair, Charlton Scott MD		
Visit Date:	3/05/14 Time In: 10:38AM Out: 11:28AM	Purpose:	WC Incident Re-Check

Comments

Subjective:

Objective:

Assessment:

Plan:

Patient is progressing as well as expected at 1 week. Will continue treatment, restrictions, request PT, and recheck progress with the next visit.

(10)

Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

BACK
Established Patient

Date of Injury: _____

Name: Ray Logan Incident #: 1570 DOB [redacted] Date 3-12-14

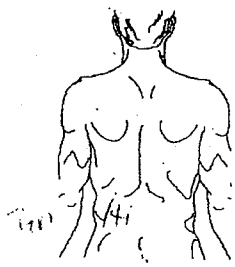
MA / NURSE NOTES: Since last visit: pt. Claims better mobility not increase in pain soreness @ Lower Back
Patient is ☒ better/ ☐ worse/ ☐ same. Treatment plan has ☒ been/ ☐ not been followed. Current Work Duty: ☐ Off ☒ Modified ☐ Full
Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain: _____
Current Medications: Hydrochlorothiazide, Robaxin, Prednisone, Benzapril, MV, Fiber, Aspirin Any medication/ treatment problems or side effects: [redacted]
Allergies: NKDA Pulse: 64 BP: 151/82 Resp: 16 Temp: 97.8
Height: 64.5" wt 200.4 lbs. Completed by: JSL [redacted] 10:55AM

SUBJECTIVE COMPLAINTS: ☑ I reviewed the patient's **health history**, as documented in the first visit, and updated any changes below.
HPI: Chief Complaint: Lower Back Location: _____
Characteristics: ☒ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☒ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: Short Duration
Since the last visit: ☐ Yes ☑ No Any new symptoms and **complaints**? Describe: [illegible]

Associated Signs/Symptoms: ☐ None ☑ Yes ☐ No Pain: Ache ☐ Yes ☐ No Numbness: _____ ☐ Yes ☐ No Fever?
☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other: _____

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below) [illegible]

1. ☐ Yes ☐ No **Disoriented** to time, place and person, or **non-alert**?
2. ☐ Yes ☐ No Abnormal **posture or gait**?
3. ☐ Yes ☐ No **Erythema, ecchymosis, scars, swelling, or masses** in the back?
4. ☐ Yes ☐ No **Tenderness or spasm** in the back musculature?
5. ☐ Yes ☑ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ ____ inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☐ No **Weakness** of lower extremities?
7. ☐ Yes ☐ No Abnormal **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☐ No **Sensory changes to light touch and pinprick**?
9. ☐ Yes ☐ No **Abnormal exam** of the **neck**?
10. ☐ Pos ☐ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at ____ degrees. Left: + at ____ degrees.
11. ☐ Pos ☐ Neg **Waddell's Signs** for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: [illegible] Diagnosis ☐ added ☐ deleted ICD9: _____

TREATMENT PLAN:
Medications ☐ Continue current prescription. ☐ New prescription: _____
Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support _____ ☐ Lumbar Pillow ☐ Other _____

Physical Therapy: Evaluate and treat _____ times/week for _____ weeks
☐ **Gait training.**

Work Status: ☐ Regular ☑ Modified ☐ Off work
Interpreter ☐ required. Tue.
Return to clinic on: _____
☐ **Referral** / ☐ **Consult:** To: _____ **Reason:** _____
☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: [signature] MD335
Name: _____

MA/Nurse completing medical orders: _____

LABELS
Discharged 12:15 pm (198)
(5)

Date 03/12/14 (10:00AM) Riverview Medical Center/Occumed Page 1

Time In: 10:30 AM
Time Out: 12:18 pm

Encounter Form

Patient: Ray [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 2/26/2014 Case Age: 14 Days Claim Number:
Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426
		stewartm@winthrop.edu

Instructions

Use Form:
Other: _____
Report Results To:
Phone:
Fax:

Special Protocol Instructions Follow

56

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. __ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. __ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

Carrier Information

Check W/C Insurance

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu [redacted]

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: [redacted]nadd Bridges [redacted]
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 3/12/14 Time In: 9:46AM Out: 12:02PM

Ident: xxx-xx-[redacted] DOB: [redacted]
Department:
Job Title:
Phone: (803) 242-9917
Purpose: WC Incident Re-Check

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Current Work Restrictions

Alternate sitting/standing 15/85% of time	Starting: 3/12/14	Continuing
Special Accommodations	Starting: 2/27/14	Continuing
Cannot take Norco at work or when driving. He may take regular Tylenol at those		
Lifting - 30 Lbs. Max	Starting: 3/12/14	Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 2/27/14

Follow Up

Follow-up Appointments: 3/19/14 at 12:00PM WC Incident Re-Check McNair, Charlton Scott MD

Comments

Subjective:

53

1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730
Attention:	hadd Bridges	Ident:	xxx-xx-[redacted] DOB: [redacted]
Telephone:	(803) 323-2392	Department:	
Fax:	(803) 323-2426 bridgesg@winthrop.edu	Job Title:	Phone:(803) 242-9917
Provider:	McNair, Charlton Scott MD		
Visit Date:	3/12/14 Time In: 9:46AM Out: 12:02PM	Purpose:	WC Incident Re-Check

Objective:

Assessment:

Plan:

They are making progress in the recovery from their injuries. Will continue treatment plan, discontinue medications, and recheck in one week to see how they are doing. Will adjust care at that time as needed based on progress and physical findings.

He is experiencing some personal issues that would best be evaluated by his primary physician.

Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

BACK
Established Patient

Date of Injury: 2/26/14

Name: RALY LOGAN Incident #: OM1570 DOB [redacted] Date 3/19/13

MA / NURSE NOTES: Since last visit:

Patient is ☒ better/ ☐ worse/ ☐ same. Treatment plan has ☒ been/ ☐ not been followed. Current Work Duty: ☐ Off ☒ Modified ☐ Full

Work restrictions (if any) have ☒ been/ ☐ not been followed. Explain: ☒ LIFT >20lbs, ALT/SIT-STAND, ☒NORCO AT WORK/DRIVING

Current Medications: NORCO, ~~BC~~ ROBAXIN, PREDNISONE, BENAZAPRIL, MVI, ASA Any medication/ treatment problems or side effects:

Allergies: NKDA Pulse: 66 BP: 150/92 Resp: [redacted] Temp: 98.3

WT: 200 Completed by: APRN [redacted] 1320

SUBJECTIVE COMPLAINTS: ☑ I reviewed the patient's **health history,** as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: [illegible] Location: [illegible]

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

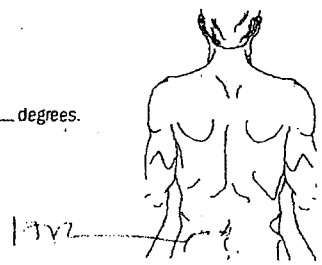
Since the last visit: ☐ Yes ☐ No Any new symptoms and **complaints**? Describe: [illegible]

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain: [illegible] ☐ Yes ☐ No Numbness: ☐ Yes ☐ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other:

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below)

1. ☐ Yes ☐ No **Disoriented** to time, place and person, or **non-alert**?
2. ☐ Yes ☐ No Abnormal **posture or gait**?
3. ☐ Yes ☐ No ***Erythema, ecchymosis, scars, swelling, or masses*** in the back?
4. ☐ Yes ☐ No **Tenderness or spasm** in the back musculature?
5. ☐ Yes ☐ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ ____inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☐ No **Weakness** of lower extremities?
7. ☐ Yes ☐ No *Abnormal* **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☐ No **Sensory changes to light touch and pinprick?**
9. ☐ Yes ☐ No **Abnormal exam** of the **neck?**
10. ☐ Pos ☐ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at____degrees. Left: + at____degrees.
11. ☐ Pos ☐ Neg **Waddell's Signs** for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: [illegible] Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription:

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other

Physical Therapy: Evaluate and treat 2-3 times/week for 1-2 weeks
☐ **Gait training.** [illegible]

Work Status: ☐ Regular ☐ Modified ☐ Off work
Interpreter ☐ required.
Return to clinic on: Tbs
☐ **Referral** / ☐ **Consult: To:** **Reason:**
☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: [signature] 341
Name:

MA/Nurse completing medical orders:

LABELS
PL
1135
49

Date 03/19/14 (12:00PM) **Riverview Medical Center/Occumed** Page 1

Time In: 1320 MP

Time Out: 1332

Encounter Form

Patient: Ray Logan [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 2/26/2014 Case Age: 21 Days Claim Number:

Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:

Other: _____

Report Results To:

Phone:

Fax:

Special Protocol Instructions Follow

(30)

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu [redacted]

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

75

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. __(I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. _✓_ OSHA-recordable ___ Non-recordable

CB
_____ _____
Provider Initials Discharging Staff Initials

Carrier Information

Check W/C Insurance

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

[redacted]

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730
Attention:	Thadd Bridges	Ident:	xxx-xx-[redacted]
Telephone:	(803) 323-2392	Department:	
Fax:	(803) 323-2426	Job Title:	
	bridgesg@winthrop.edu		
Provider:	McNair, Charlton Scott MD		
Visit Date:	3/19/14 Time In: 11:42AM Out: 1:31PM	Purpose:	WC Incident Re-Check

DOB: [redacted]

Phone: (803) 242-9917

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Work Status

Work Status: Return to Work without Restrictions As Of: 3/19/14

Follow Up

Follow-up Appointments: 3/25/14 at 12:30PM WC Incident Re-Check McNair, Charlton Scott MD

Comments

Subjective:

Objective:

Assessment:

Plan:
The patient is doing well with their injury and can resume full duties. Will continue PT, recheck on the next visit, and if doing well, will release.

49

Arrowood Medical Center **Riverview Medical Center** **Occumed at Riverview**

BACK
Established Patient

Date of Injury: 2-26-14

Name: Ray Regan Incident #: OM1570 DOB [redacted] Date 3-25-14

MA / NURSE NOTES: Since last visit:

Patient is ☐ better/ ☐ worse/ ☐ same. Treatment plan has ☐ been/ ☐ not been followed. Current Work Duty: ☐ Off ☐ ~~Modified~~ ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: Robaxin, Prednisone, Benazapril, My, ASA, Narco Any medication/ treatment problems or side effects:

Allergies: pt. denies Pulse: 66 BP: 124/76 Resp: 16 Temp: 98.1

[redacted] [redacted] Completed by: LL Cooke 1:16pm

SUBJECTIVE COMPLAINTS: ☑ I reviewed the patient's **health history,** as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Rev Back Location:

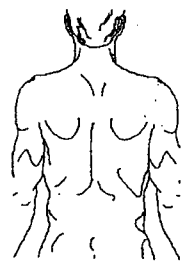
Characteristics. ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☑ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☑ No Any new symptoms and **complaints?** Describe:

Associated Signs/Symptoms: ☑ None ☐ Yes ☐ No Pain: ☐ Yes ☐ No Numbness: ☐ Yes ☐ No Fever?
☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other:

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below)

1. ☐ Yes ☑ No **Disoriented** to time, place and person, or **non-alert**?
2. ☐ Yes ☑ No Abnormal **posture or gait**?
3. ☐ Yes ☑ No **Erythema, ecchymosis, scars, swelling, or masses** in the back?
4. ☐ Yes ☑ No **Tenderness or spasm** in the back musculature?
5. ☐ Yes ☑ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ ____inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☑ No **Weakness** of lower extremities?
7. ☐ Yes ☑ No Abnormal **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☑ No **Sensory changes to light touch and pinprick**?
9. ☐ Yes ☑ No **Abnormal exam** of the **neck**?
10. ☐ Pos ☑ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at ____ degrees. Left: + at ____ degrees.
11. ☐ Pos ☑ Neg **Waddell's Signs** for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: LBP (M54.5) Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription:

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other

Physical Therapy: Evaluate and treat ____ times/week for ____ weeks
☐ **Gait training.**

Work Status: ☑ Regular ☐ Modified ☐ Off work
Interpreter ☐ *required* NC

Return to clinic on:
☐ **Referral /** ☐ **Consult: To:** **Reason:**
☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

MA/Nurse completing medical orders:

LABELS

(44)

PHYSICIAN Signature: [redacted] MD346
Name:

Date 03/25/14 (12:30PM) **Riverview Medical Center/Occumed** Page 1

Time In: 1:15pm-11:11

Time Out: 1:25 pm - 55

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave.
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu [redacted]

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background/Problem

Date of Injury: 2/26/2014 Case Age: 27 Days Claim Number:

Using painter pole extenion ladder carrying back pain

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:

Other: _____

Report Results To:

Phone:
Fax:

Special Protocol Instructions Follow

45

Time In: _____
Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 52
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

3-25-14 SM

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. ✓ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. ✓ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

Carrier Information

Check W/C Insurance

Time In: _____

Time Out: _____

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: [redacted]
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

Riverview Medical Center/Occume...
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730
[redacted]

Attention: Thadd Bridges
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 3/25/14 Time In: 1:08PM Out: 1:57PM

Ident: xxx-xx[redacted] DOB: [redacted]
Department:
Job Title:
Phone: (803) 242-9917
Purpose: WC Incident Re-Check

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 2/26/14 Case Number: 2014-00004 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Work Status

Work Status: Discharged from Care As Of: 3/25/14

Comments

Subjective:

Objective:

Assessment:

Plan:

Patient has successfully recovered from the injury and is able to resume their full duties. Will release from care and return to full duty. He is to finish PT on Thursday. There is not a scheduled follow-up visit at this time.

[redacted]

RIVERVIEW
Medical Center

OCCUMED
At Riverview

1393 Celanese Road
Rock Hill, SC 29732
(803) 329-3103 Fax 325-2232

Rock Hill Radiology Associates Overread Report

RAY LOGAN
DOB: [redacted]
DR. MCNAIR

LUMBAR SPINE, 5 VIEWS: 04/29/15

FINDINGS: Lumbar vertebrae are normal in height and alignment. Disc narrowing is present at L4-5 and L5-S1 and to a lesser extent L3-4 and there are osteophytes at multiple levels. There is no major abnormality of the posterior elements. Facet arthropathy present at L5-S1, primarily on the left.

There is significant joint space narrowing involving the right hip with what appears to be prominent subchondral cyst formation. Findings not likely secondary to avascular necrosis but because of subchondral cystic change in the femoral head further investigation with MR scan of the right hip may be beneficial.

IMPRESSION: NO ACUTE ABNORMALITY OF THE LUMBAR SPINE.

MINOR MULTILEVEL DEGENERATIVE DISC DISEASE AS DESCRIBED ABOVE.

PROMINENT JOINT SPACE NARROWING AND SUBCHONDRAL CYST FORMATION ASSOCIATED WITH THE RIGHT HIP. SEE DISCUSSION AS ABOVE.

EDMms
d/t: April 30, 2015

Edward McKinney, M.D.

D/w pt on f/u - hip (31)

Arrowood Medical Center | **Riverview Medical Center** | **Occumed at Riverview**

BACK
New Patient

Name: Kay Logan Incident #: OM-1570 DOB [redacted] Date 4/29/15

Associated Symptoms ☐ None (Check all that apply)

☐ Yes ☑ No Dysuria ☐ Yes ☑ No Polyuria ☐ Yes ☑ No Fever, chills, sweats. ☐ Yes ☑ No Hematuria
☑ Yes ☐ No Paresthesias ☐ Yes ☑ No Weakness ☐ Yes ☑ No Changes in bowel habits ☐ Yes ☑ No Pain radiation to: Groin
☐ Other: _____

EXAMINATION: (Check all that apply and **explain any Yes answers** below)

Inspection
1. ☐ Yes ☑ No **Disoriented** to time, place and person and/or ***non-alert***?
2. ☐ Yes ☐ No *Abnormal* ***posture or gait?*** Antalg.
3. ☐ Yes ☑ No **Erythema, ecchymosis, scars, masses, swelling, or deformities** in the back?
4. ☐ Yes ☑ No **Loss of lumbosacral lordosis?**
5. ☐ Yes ☐ No **Scoliosis?**
6. ☐ Yes ☐ No **Pelvis asymmetry?**
7. ☐ Yes ☐ No **Difficult Heel/Toe ambulation?**

Palpation
8. ☑ Yes ☐ No **Tenderness** or **spasm** of the spine or the paravertebral musculature? L2, L5

Range of Motion
9. ☑ Yes ☐ No **Restricted range of motion** of the back? (If Yes, specify restrictions below)
Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☑ Mid-tibia ☐ Ankles _____ inches from floor
Ext. ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°

Muscular, Neurological, Vascular

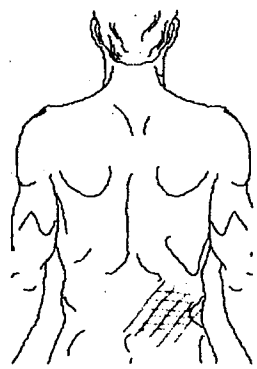
10. ☐ Yes ☑ No **Weakness** of the lower extremities? (If Yes, grade the weakness below)
Hip Flex (T12-L3) R____ L ____/5 Foot Dorsiflex-Inv (L4) R____ L ____/5 Great Toe Dorsiflex (L5) R____ L ____/5
11. ☐ Yes ☑ No **Abnormal deep tendon reflexes?** (If Yes, grade the response below)
Patellar (L2, L3, L4) R____ L ____/2 Achilles Tendon (S1) R____ L ____/2
12. ☐ Yes ☑ No **Sensory changes to light touch and pinprick?** (If Yes, specify area of decreased sensation below)
R / L Anterior Thigh (L1-L3) R / L Medial Leg/Foot (L4) R / L Lateral Leg/Medial Foot (L5)
R / L Lateral Leg/Dorsal Foot (L5) R / L Lateral Ventral Foot (S1) R / L Thoracoabdominal region
13. ☐ Yes ☑ No **Abnormal distal pulses?** (If Yes, specify): _____

Other: 14. ☐ Yes ☑ No **Abnormal exam** of the **neck?**

Maneuvers and Tests

15. ☐ Pos ☑ Neg **Straight Leg Raise Test** for sciatic nerve involvement. Right: + at____degrees. Left: + at____degrees.
16. ☐ Pos ☑ Neg **Patrick-Fabere Test** for pathology of saccroiliac joint.
17. ☐ Pos ☑ Neg **Extensor hallucis longus (EHL) Test**
18. ☐ Pos ☑ Neg **Wadell's Signs** for symptom magnification.
19. ☐ Pos ☐ Neg Other: _____

Explanation of abnormalities and other physical findings:



Other injuries associated with this incident: _____ (Document appropriately)

DIAGNOSTIC TESTS: Radiographic series of the ☑ Lumbar Spine ☐ Other: _____ Number of views____ X-Ray #: _____
☐ CBC / Differential ☐ Blood Chemistry ☐ Urinalysis. Dipstick ☐ Urinalysis ☐ Urine C&S Other: _____

Results: Wet x-ray reading: ☑ Normal Abnormal: 352 (34)

Arrowood MEDICAL CENTER **Riverview** MEDICAL CENTER **Occumed** AT RIVERVIEW

WC Worksheet
New Patient

Date of Injury: 12/04/14

Name: Kay Logan Incident #: OM-1570 DOB [redacted] Date 4/29/15

MA / NURSE NOTES: Dominant hand: ☑ Right ☐ Left Allergies: NKDA

Medications: Benazepril, Centrum, ASA, Tylenol, Aleve Problems/Side effects: _____

☐ Yes ☑ No History of ulcers or gastritis? ☐ Yes ☑ No Possibly pregnant? Last Tetanus Toxoid: [redacted]

Occupational History:

Job Title: Paint Supervisor Length of employment with company: 12 yrs Av[redacted]per week: 40+

Main Job Characteristics At The Time Of Injury:

☐ Sit down job ☐ Prolonged standing or walking ☐ Repetitive use of hands/keyboard/mouse ☐ Kneeling or squatting
☐ Bending ☐ Stooping ☐ Climbing ☐ Overhead work ☐ Operating Hand tools / Machinery
☐ Lifting / Pulling / Pushing ☐ Up to 10 lbs. ☐ Up to 25 lbs. ☐ Up to 50 lbs. ☐ Up to _____ lbs. Other: _____

☐ Yes ☑ No Any lost work time? If Yes, specify number of full days lost: _____ and last date worked _____

☐ Yes ☑ No Any other source of employment? If Yes, specify: _____

☐ Yes ☑ No Any sports or hobbies? If Yes, specify: _____

☐ Yes ☑ No Any previous treatment for the complaint(s) before coming to Arrowood/Riverview /Occumed?: If Yes, specify: _____

Chief Complaint: _____

Ht: _____ in Wt: _____ lbs Pulse: 74 /min BP: 140/80 mmHg Resp: 16 /min Temp: 98.7 °F

Completed by: CT/CT2

PHYSICIAN HISTORY: *(Explain any **Yes** answers below)*

☐ Yes ☑ No Chemical / toxic exposure involved?
☑ Yes ☐ No Any previous occupational injuries or illnesses? 12/14 - back, knee, groin
☐ Yes ☑ No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

Describe the Injury Event (Describe the mechanism of injury and characteristics of the main complaints)

As above pulling ladder to a low roof of van on 12/1/14
pain @ back, shoulder, wrist & groin. Reported to Tony
Tx'ed w/ Tec, went to Patient Care Medical
ED x-rays, 2/15 Pain Cont Low Back, Shoulder Pain
@ L knee, Sprain Wrist, Strain
pain now, mild pain today

CHIEF COMPLAINT

COMPLAINT #1: Discomfort Low Back

LOCATION: _____

QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other: _____

SEVERITY: ☐ Mild ☐ Moderate ☐ Severe

DURATION: _____ Min _____ Hours _____ Days

TIMING: ☐ Intermittent ☐ Constant

CONTEXT: _____

MODIFYING FACTORS: Exacerbated by: _____

Lessened by: _____

COMPLAINT #2: _____

LOCATION: _____

QUALITY: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Other: _____

SEVERITY: ☐ Mild ☐ Moderate ☐ Severe

DURATION: _____ Min _____ Hours _____ Days

TIMING: ☐ Intermittent ☐ Constant

CONTEXT: _____

MODIFYING FACTORS: Exacerbated by: _____

Lessened by: _____

☐ As part of my evaluation, I reviewed the information above, as well as the patient's **Medical, Family and Social History** and the **Review of Systems** on the back.

Physician Signature

13:43

Date 04-29-15 1:59pm
Time In:
Time Out: 4:00pm CT

Riverview Medical Center/Occumed

Encounter Form

Patient: Ray Logan [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider:
Protocol: WC Incident New

MPOAY

Background Problem

Date of Injury: 12/04/2014 Case Age: 146 Days Claim Number:

when removing a ladder from back of truck twisted back and leg. ladder hung up on bucket pull body pain fully

Diagnosis

Standard Services

Auth Authorization For Visit

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:
Other:

Report Results To:
Phone:
Fax:

Special Protocol Instructions Follow

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Time In:
Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider:
Protocol: WC Incident New

Special Instructions:

DRUG and/or ALCOHOL TESTING
- None.

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here due to carrier.

*****MD ONLY*****

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. __ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ___ Other _____
4. __ OSHA-recordable ___ Non-recordable

_____ _____
Provider Initials Discharging Staff Initials

37

Time In:
Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident New

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu
Provider:
Protocol: WC Incident New

Carrier Information

Check W/C Insurance

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Briana Mobley
Telephone: (803) 896-5800
Fax:

Arrowood MEDICAL CENTER | Occ..med AT RIVERVIEW | Riverview MEDICAL CENTER

Corporate Health History

Date 4/28/15

Name Ray Logan [redacted] Date of Birth [redacted] Gender (Circle One) M F

Medications Please list current medications including prescription, non-prescription, vitamins, allergy shots, etc.

Benzepril, Bayer Centrum, Fish oil

[redacted]

Allergies Are you allergic to any medications or other substances? ☒ No ☐ Yes (If yes, please list below)

Surgeries Please list any surgeries (inpatient and outpatient).

Work History

1. Have you had any chemical exposures at work? ☐ Yes ☒ No
   If yes, please explain
2. Have you ever been unable to work for a physical reason or been refused a job because of your health? ☐ Yes ☒ No
   If yes, please explain
3. Have you ever been awarded a compensation for accident or injury? ☐ Yes ☒ No
   If yes, please explain
4. Have you ever been rejected or discharged from the military for a medical cause? ☐ Yes ☒ No
   If yes, please explain

Arrowood Riverview Occupied

PATIENT INFORMATION

Today's Date: 4/29/[redacted] Time: 1:25 C

Name: Ray Kelvin Loya SS #: [redacted]

Address: 705 Fernoak Dr City: Rock Hill

State: S.C Zip Code: 29730 Age: 53 Date of Birth: [redacted] Sex: C

Telephone: 803 242 9917 Status: Single

Type of Injury/Medical Problem: Back

Referred by: Company Name: Winthrop Univ. Contact Name: Katy Evevette

12/4/14 10:00 C 4/29/15

Thad Briggs 12-4-14 10:00 C

4-2014

when removeing a ladder From back of Truck twisted Back and leg ladder hung up on bucket fell [redacted] body pain Today

Please complete the diagram below

LEAST PAIN MOST PAIN

Complaints: 0 5





Patient Signature: Ray Loya Date: 4/29/15

(40)

1393 Celanese Rd
Rock Hill, SC 29732-1722

Referral Note

Referred To: MRI

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information

Purpose: Right low back pain

Comments: Injury in 12/2014
Negative neuro exam
Failed EDSI x 1

Patient Information

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Telephone: (803) 242-9917

Identity: [redacted] Birth Date: [redacted]
Gender: Male Age: 53
Marital: Married
Insured ID: Work Comp Visit

Visit Date: 4/29/15

Employer: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Telephone: (803) 323-2392 Fax: (803) 323-2426

Insurance: State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Telephone: (803) 896-5800 Fax:

Referring Visit Information

Date of Injury or Illness: 12/04/14 Case Number: 2015-00005 Claim Number:

Problem: when removing a ladder from back of truck twisted back and leg. ladder hung up on bucket pull body pain fully

Diagnosis: 847.2 Sprain Lumbar Region

Procedures: 99204 Office Visit,New-Comprehensive
72100 XR:Spine, Lumbosacral Back (AP

Subjective:

Objective:

Assessment:

Referral Note

Referred To: MRI

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone: Fax:
E-Mail:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

Plan: He states he was injured in December 2014. He has sought treatment at another facility with EDSI and no relief. Today he states he has right lower back pian. The neurological exam and X-rays are negative. Will treat with medications, full duty and request a MRI of the L-S spine. He is to follow up in 2 weeks.

[redacted] [redacted]

(3)

Date 04/29/15

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

pain

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: Thadd Bridges
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 4/29/15 Time In: 1:38PM Out: 3:55PM

Ident:
Department:
Job Title:
Purpose: WC Incident New

DOB: [redacted]
Phone: (803) 242-9917

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 12/04/14 Case Number: 2015-00005 Claim Number:

when removing a ladder from back of truck twisted back and leg. ladder hung up on bucket pull body pain fully

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99204	OV N-Comp	Office Visit,New-Comprehensive
72100	XRBack3V	XR:Spine, Lumbosacral Back (AP & Lat)

Visit Referrals

Referred To: MRI Date: 4/29/15

Work Status

Work Status: Return to Work without Restrictions As Of: 4/29/15

Follow Up

Follow-up Appointments: 5/13/15 at 11:00AM WC Incident Re-Check McNair, Charlton Scott MD

Comments

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: Thadd Bridges
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 4/29/15 Time In: 1:38PM Out: 3:55PM

Ident:
Department:
Job Title:
Purpose: WC Incident New

DOB: [redacted]
Phone:(803) 242-9917

Subjective:

Objective:

Assessment:

Plan:

He states he was injured in December 2014. He has sought treatment at another facility with EDSI and no relief. Today he states he has right lower back pian. The neurological exam and X-rays are negative. Will treat with medications, full duty and request a MRI of the L-S spine. He is to follow up in 2 weeks.

Clinic Times

Total Time in the clinic with Provider:	Time In: 1:43 PM	Out: 3:52 PM	Total Time: 2:09
* Summary of Total Time in the Clinic:	Time In: 1:38 PM	Out: 3:55 PM	Total Time: 2:17

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Metrolina Diagnostic Center
127 Professional Park Dr.
Rock Hill, SC 29732
Phone:(803)329-8635
Fax:

Name:	RAY LOGAN	**Exam Date:**	5/11/2015
Patient ID:	M129063	**Exam:**	MRI L-SPINE W/O CONTRAST
DOB:	[redacted]	**Reason:**	847.2 - SPRAIN LUMBAR REGION | 847.2
Phone:		**Referrer:**	SCOTT MCNAIR
Acc#:	256534	**2nd Referrer:**	Diagnostic Center Metrolina
		3rd Referrer:	

Results

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

INDICATION: Low back pain after injury – extends to groin and right lower back and hips

TECHNIQUE: Sagittal and axial T1 and T2 weighted images were performed through the lumbar spine.

FINDINGS: Vertebral body stature and alignment are normal. There is no focal marrow signal alteration. The distal cord and conus are normal, terminating at the L1 level. There is no significant soft tissue lesion outside the spine.

At L5-S1, there is severe facet hypertrophy, greater on the left, along with some shallow disc protrusion but only mild foraminal narrowing on the left side. There is no central canal stenosis.

At L4-5, there is broad-based disc protrusion, greatest centrally with associated annular fissure. Ligamentous thickening and facet hypertrophy contribute to moderate circumferential canal stenosis. There is lateral recess and foraminal encroachment, fairly severe on the left and moderate on the right.

At L3-4, there is shallow broad disc/osteophyte protrusion, left greater than right, with mild to moderate canal and foraminal narrowing and moderate circumferential canal stenosis, greater on the left.

At L2-3, there is shallow broad protrusion, again with facet disease, producing moderate to severe canal stenosis and moderate foraminal encroachment, left greater than right.

At L1-2, there is a large left paramedian disc and osteophyte protrusion with moderate lateral recess and foraminal effacement and mild overall canal stenosis.

IMPRESSION:

to Ortho

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Multilevel prominent disc protrusions and fairly severe facet spondylosis and ligamentous thickening contribute to canal and foraminal stenosis at multiple levels as detailed above. The most severe central canal stenosis is at L2-3.

Douglas M. McConnell, M.D.
Radiologist
PITTS RADIOLOGY
Transcribed by: smw

Report Electronically Signed by: Douglas McConnell M.D.
Report Signed on: 5/11/2015 1:04 PM

Pt. Name:	RAY LOGAN	Exam:	MRI L-SPINE W/O CONTRAST
Patient ID:	M129063	Acc:	256534
Completed Date:	5/11/2015 10:36:00 AM	Interpreting Rad:	Douglas McConnell M.D.
Transcribed By:	Susan Wyatt	Dictated Date:	
Transcribed Date:	5/11/2015 12:24:13 PM	Finalized Date:	5/11/2015 1:04 PM

Arrowood Medical Center | **Riverview Medical Center** | **Occumed at Riverview**

BACK
Established Patient

Date of Injury: 12/4/14

Name: Ray Logan Incident #: OM1570 DOB [redacted] Date 5/13/15

MA / NURSE NOTES: Since last visit:

Patient is ☐ better/ ☐ worse/ ☑ same. Treatment plan has ☑ been/ ☐ not been followed. Current Work Duty: ☐ Off ☑ Modified ☐ Full

Work restrictions (if any) have ☑ been/ ☐ not been followed. Explain: light duty

Current Medications: Medrol, Meloxicam, Tramadol Any medication/ treatment problems or side effects:

Allergies: NKDA Pulse: 72 BP: 140/90 Resp: 16 Temp: 98.3

Completed by: Rhonda [redacted]clay, CMA 11:05am

f/u back pain

SUBJECTIVE COMPLAINTS: ☑ I reviewed the patient's **health history**, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Pt. feels about the same Location: Needs refills on meloxicam & Tramadol

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☑ No Any new symptoms and **complaints**? Describe: Achy lower back

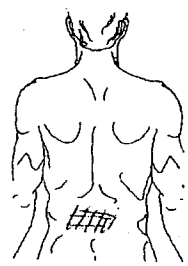
Pain Rt. L5-S1. Radiates down Rt. leg. Pain worse with standing

Associated Signs/Symptoms: ☐ None ☑ Yes ☐ No Pain: throbbing ☐ Yes ☐ No Numbness: ☐ Yes ☐ No Fever?

☐ Yes ☑ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other:

OBJECTIVE FINDINGS: (Check all that apply and **explain any Yes answers** below) (Positive findings for Sx.)

1. ☐ Yes ☑ No **Disoriented** to time, place and person, or **non-alert**?
2. ☐ Yes ☑ No Abnormal **posture or gait**?
3. ☐ Yes ☑ No **Erythema, ecchymosis, scars, swelling, or masses** in the back?
4. ☐ Yes ☐ No **Tenderness or spasm** in the back musculature?
5. ☐ Yes ☑ No Restricted **range of motion** of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ ____inches from floor
   Extension: ____/30° Lat. Flexion R: ____ L: ____/45° Lat. Rotation R: ____ L: ____/30°
6. ☐ Yes ☑ No **Weakness** of lower extremities?
7. ☐ Yes ☑ No Abnormal **deep tendon reflexes** of lower extremities?
8. ☐ Yes ☑ No **Sensory changes to light touch and pinprick?**
9. ☐ Yes ☑ No **Abnormal exam** of the **neck?**
10. ☐ Pos ☑ Neg **Straight Leg RaiseTest** for sciatic nerve involvement? Right: + at ____ degrees. Left: + at ____ degrees.
11. ☐ Pos ☑ Neg **Waddell's Signs** for symptom magnification?



DIAGNOSTIC TESTS: Rev L-S Strain Exam

DIAGNOSES: Current Diagnoses: ____ Diagnosis ☐ added ☐ deleted ICD9: ____

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription: Tablets

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other

Physical Therapy: Evaluate and treat ____ times/week for ____ weeks

☐ Gait training.

Work Status: ☑ Regular ☐ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on: 4 weeks

☐ **Referral** / ☐ **Consult:** **To:** ____ **Reason:** ____

☐ **Discharged from care.** No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: [signature] 365

Name: ____

MA/Nurse completing medical orders: ____

LABELS

10:50

Date 05/13/15 (11:00AM) RH Riverview Medical Center/Occumed Page 1
Time In: 1055
Time Out: _____

Encounter Form

Patient: [redacted]
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges
Telephone: (803)323-2392
Fax: (803)323-2426
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 12/04/2014 Case Age: 160 Days Claim Number:

when removing a ladder from back of truck twisted back and leg. ladder hung up on bucket pull body pain fully

Diagnosis

847.2 Sprain Lumbar Region

Contacts

Thadd Bridges	(803) 323-2392	bridgest@winthrop.edu
Compendium Case Manager	(877) 709-2667	Fax (877) 710-2667
Mitzi Stewart	(803) 323-2328	Fax (803) 323-2426 stewartm@winthrop.edu

Instructions

Use Form:
Other: _____
Report Results To:
Phone:
Fax:

Special Protocol Instructions Follow

Date 05 13 15 (11:00AM) **Riverview Medical Center/Occumed** Page 2

Time In: 12:30 pm

Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident Re-Check

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Special Instructions:

PROVIDER INSTRUCTIONS
- Please call Compendium Case Manager (or Thadd Bridges at Winthrop) with report after treatment.
- Modified Duty is available on a case-by-case basis.

Please write Rx for meds - do not dispense here.

*******MD ONLY*******

CHECKOUT
- Fax status report to Compendium at 877-710-2667 AND TO Thadd at Winthrop at 323-2426.

REFERRALS
- Authorizations for physical therapy or other referrals is required. Contact Compendium.

****

PROVIDER CHECKLIST

1. ✓ I have reviewed the above provider instructions
2. __ Spoke with contact ___ Left message for contact __ Other _____
3. __ Problem with contact info above __ wrong number __ wrong name ____ Other _____
4. ✓ OSHA-recordable ___ Non-recordable

SM
Provider Initials

Discharging Staff Initials

Carrier Information

Check W/C Insurance

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Time In:

Time Out:

Encounter Form

Patient: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Identity: [redacted]
Home Phone: (803)242-9917 Work:
Birth Date: [redacted] Age: 53
Job Title:
Department:
Purpose: WC Incident Re-Check

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Main Contact: Thadd Bridges [redacted]
Telephone: (803)323-2392
Fax: (803)323-2426 [redacted]
bridgesg@winthrop.edu

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Briana Mobley
Telephone: (803) 896-5800
Fax:

(28)

Date 05/13/15

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company: Winthrop University
701 Oakland Ave
Rock Hill, SC 29733

Employee: Ray Logan
705 Ferndale Dr
Rock Hill, SC 29730

Attention: [redacted]hadd Bridges
Telephone: (803) 323-2392
Fax: (803) 323-2426
bridgesg@winthrop.edu
Provider: McNair, Charlton Scott MD
Visit Date: 5/13/15 Time In: 10:49AM Out: 12:18PM

Ident:
Department:
Job Title:
DOB: [redacted]
Phone:(803) 242-9917
Purpose: WC Incident Re-Check

Insurance Information

State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

Contact: Briana Mobley
Telephone: (803) 896-5800 Ext:
Fax:

Presenting Problem

Date of Injury: 12/04/14 Case Number: 2015-00005 Claim Number:

Diagnosis

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Work Status

Work Status: Discharged from Care As Of: 5/13/15

Comments

Subjective:

Objective:

Assessment:

Plan:

He is without significant changes overall. On the X-rays of his spine there is noted changes suggesting avascular necrosis changes at the right hip. This is unrelated to his injury and warrants further investigation with the orthopedist.

His MRI or the spine is significant for multiple level degenerative changes that result in canal and foraminal stenosis. This is not an acute finding. He is to continue medicines, full duty, and follow up with an orthopedist.

1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Work Status Summary

Company:	Winthrop University 701 Oakland Ave Rock Hill, SC 29733	Employee:	Ray Logan 705 Ferndale Dr Rock Hill, SC 29730
Attention:	Thadd Bridges	Ident:	DOB: [redacted]
Telephone:	(803) 323-2392	Department:	
Fax:	(803) 323-2426 bridgesg@winthrop.edu	Job Title:	Phone: (803) 242-9917
Provider:	McNair, Charlton Scott MD		
Visit Date:	5/13/15 Time In: 10:49AM Out: 12:18PM	Purpose:	WC Incident Re-Check

Clinic Times

Total Time in the clinic with Provider:	Time In:11:05 AM	Out: 12:18 PM	Total Time: 1:14
* Summary of Total Time in the Clinic:	Time In:10:49 AM	Out: 12:18 PM	Total Time: 1:30

☐ Visit Charges Compl. by front desk/ MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: Ray Logan CLAIM NUMBER: 2014-000549

DATE(S) OF INJURY: 12-4-14 DIAGNOSIS: Sprain lumbar Region

☐ Consult Only ☐ Take Over Treatment

Testing ☐ CT ☐ EMG/NCV ☒ MRI

Specialist ☐ Ophthalmologist ☐ Orthopedist ☐ PT ☐ Other _____

Referral to: _____

Referred By: [redacted] DATE: _____

[redacted]

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT _____ FX: _____ EMAIL _____

NURSE CASE MANAGER: _____ PH: _____ EXT _____ FX: _____

EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY. _____ DATE: _____ TIME _____

ADJUSTER/EMPLOYER NOTIFIED BY. _____ DATE: _____ TIME _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Celanese Rd Rock Hill, SC 29732 ph: 803-329-3103

(4)

CompEndium Services Inc.

MEDICAL EVENT REPORT FOR: Ray Logan

Case Manager:	Kathrene Averette	Authorization Number:	28041584707248
Claimant Name:	Ray Logan	SSN:	
Date of Injury:	12/1/2014 8:30	Date of Birth:	[redacted]
Provider:	US Health Works River View Urgent Care		
Physician:	US Health Works River View Urgent Care		
Address:	1393 Celanese Road		
City:	Rock Hill SC 29732		
Phone:	803-329-3103		
Date of Visit:	4/30/2015		
Body Part/Diagnosis:			
Assessment:	Auth given for today's visit for evaluation of the lower back. Fax all medical reports, test results and work limitations to 877-710-2667. For additional authorizations call the NCM @ 877-709-2667 between the hours of 8:00 am and 5:00 pm Monday through Friday. *Submit Claims to: SC State Accident Fund, P.O. Box 102100, Columbia, SC 29221*		
Plan of Treatment:			
Work Status:			
Test Ordered:		Referrals:	
RX Written:		Next Appt:	

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Arrowood Medical Center | Riverview Medical Center | Occumed at Riverview

Claim # 2014-000549

Therapy Referral

Patient: _____ Date _____

Diagnosis / Procedure: _____ CD-9 _____

Precautions / Remarks: _____

_____

_____

Date of Patient's Recheck Appointment: _____

Instructions: ☐ Evaluate and Treat Report by: ☐ Phone ☐ Letter

Treatment Plan: ☐ Therapist's Discretion ☐ And /or specify treatment below

Frequency / Duration: 1 2 3 4 5 Times / Week for _____ Weeks

Modalities:
- ☐ Heat / Paraffin
- ☐ Cold
- ☐ Contrast
- ☐ Electrical Stim.
- ☐ Ultrasound / Phonophoresis
- ☐ Iontophoresis
- ☐ TENS Instruction
- ☐ Manual / Mechanical Traction
- ☐ Whirlpool

Procedures:
- ☐ Manual Therapy / Soft Tissue Mobilization
- ☐ Joint Mobilization
- ☐ Gait Training
- ☐ ROM / Flexibility
- ☐ Therapeutic Exercise
- ☐ Functional Activities / Individual Instruction
- ☑ Lumbar rehab program
- ☐ Thoracic/ribcage rehab program
- ☐ Hip rehab program
- ☐ Cervical rehab program
- ☐ Shoulder rehab program
- ☐ Knee rehab program
- ☐ Elbow rehab program
- ☐ Ankle / Foot rehab program
- ☐ Wrist / Hand rehab program

Miscellaneous Services:
- ☐ Ergonomic Evaluation
- ☐ Functional Capacity / Physical Abilities Testing
- ☐ Work Site Assessment
- ☐ Work Simulation / Conditioning
- ☐ Wound Care

Additional Comments: _____

_____

_____

Physician's Signature: _____

Physician's Printed Name: _____ Phone: _____

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Thank you for this referral

FAXED 2014 (16)

☐ *Visit Charges Completed by front desk/ MD notes scanned*

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: _____ **CLAIM NUMBER:** _____

DATE(S) OF INJURY: 2/26/14 **DIAGNOSIS:** L Shoulder Pain

☐ **Consult Only** ☐ **Take Over Treatment**

Testing ☐ **CT** ☐ **EMG/NCV** ☐ **MRI**

Specialist ☐ **Ophthalmologist** ☐ **Orthopedist** ☒ **PT** ☐ **Other** _____

Referral to: _____

Referred By: _____ **DATE:** _____

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT _____ FX: _____ EMAIL _____

NURSE CASE MANAGER: _____ PH: _____ EXT _____ FX: _____

EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ **AM/PM with DR.** _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Celanese Rd Rock Hill, SC 29732 ph: 803-329-3103

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Patient Treatment Authorization | Arrowood Medical Center | Occumed at Riverview | Riverview Medical Center

Patient Name: Ray Logan | Date: | Phone: | ATA: 1.53

Company: Windhop | Location (if multiple sites):

Does employee work for a temp agency? ☐ Yes ☐ No If yes, office:

Treatment authorized by: Name and Title (please print)

Signature: | Phone: ( )

Please treat the above patient for the following services. *(Please check all that apply)*

☐ **Injury/Accident** Date of Injury: | Date Employee Last Worked:

[redacted] Injured Body Part:

Drug and/or Alcohol Testing *(Please check type and reason below)*

Type of Test *Using our lab and MRO*

- ☐ Breath Alcohol Test (*Please check* ☐ DOT *or* ☐ Non-DOT)
- ☐ 5-Panel Urine Drug Screen (Non-DOT)
- ☐ DOT Urine Drug Screen (Expanded 5-Panel)
  Please check one. ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG
- ☐ **Rapid** Urine Drug Screen (Non-DOT)
  (*Please check* ☐ 5-panel *or* ☐ 10-panel)
  (2-hour turn-around for negative results)
- ☐ 9-Panel Urine Drug Screen (Non-DOT)
- ☐ 10-Panel Urine Drug Screen (Non-DOT)
- ☐ **Hair** 5-Panel Drug Screen

Using our lab and collection facility (Non-DOT)

- ☐ **Collection Only**
  Urine Drug Screen
  ☐ DOT
  ☐ Non-DOT
- ☐ **Collection Only**
  Hair Drug Screen
- ☐ **Using Your Rapid Kit**
  Rapid Urine Drug Screen
  ☐ 5-panel
  ☐ 9-panel ☐ 10-panel
  ☐ Other

Reason for Drug/Alcohol Testing

- ☐ Pre-Placement
- ☐ Random
- ☐ Post-Accident
- ☐ Post-Injury
- ☐ Return-to-Duty
- ☐ Follow-Up
- ☐ Reasonable Suspicion
- ☐ Job Specific
- ☐ Other

Photo ID is required!

Physical Examination

- ☐ DOT (*Please check* ☐ New Certification *or* ☐ Re-Cert *or* ☐ Follow-Up)
- ☐ Pre-Placement Basic (Non-DOT)
- ☐ Annual
- ☐ Respirator Clearance ☐ with Fit Test ☐ without Fit Test
- ☐ Return-to-Work Evaluation
  (Notes and release from patient's treating physician are required.)
- ☐ Special Company Protocol
- ☐ Other

Other Services:

- ☐ Physical Abilities Test (PAT)
- ☐ TB Skin Test/PPD
- ☐ Hepatitis A Vaccine
- ☐ Hepatitis B Vaccine
- ☐ Audiogram
- ☐ Flu Vaccine
- ☐ Blood Lead Level
- ☐ Titmus Vision
- ☐ Ishihara 14 plate Color Vision
- ☐ Other

Company Contact for results and/or physician call: Cathy @ Compensidi 877-709-2067

Preferred communication *(please check all that apply)* ☐ phone ☐ fax ☐ e-mail ☐ mail

Address: City:

State: Zip Code: e-mail:

Phone ( ) Ext: Fax ( ) ☐ check if confidential fax

Billing address **(only if different than above)**: Company or WC Insurance Carrier:

Address: City: State: Zip:

Attn: Phone ( ) Fax ( )

If billing to carrier, Policy #: Effective Dates of Policy: / /20 to / /20

CompEndium Services Inc.

MEDICAL EVENT REPORT FOR: Ray Logan 578901670

Case Manager:	Wendy Harbin	Authorization Number:	26021453871310
Claimant Name:	Ray Logan	SSN:	[redacted]
Date of Injury:	2/26/2014 11:15	Date of Birth:	[redacted]
Provider:	Riverview Medical Ct / Occ. Med		
Physician:			
Address:	1393 Celanese Road		
City:	Rock Hill SC 29732		
Phone:	803-327-0033		
Date of Visit:	2/26/2014		
Body Part/Diagnosis:			
Assessment:	___WC Authorization __ Injured body part: low back **** NO DRUG SCREEN REQUIRED******* Submit Claims to: South Carolina State Accident Fund P.O. Box 102100 Columbia, SC 29221 Please Fax all work status & Medical Reports to: Primary Nurse Case Manager: Kathy Averette Fax # 877-710-2667		
Plan of Treatment:			
Work Status:			
Test Ordered:		Referrals:	
RX Written:		Next Appt:	

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Date 5/29/15 **Winthrop University** Page 1

Patient Case Statement

Patient Name: Ray Logan
Incident: 2015 / 5 Date: 12/04/14
Company: Winthrop University
Case Number: 2015-00005 Manager:

Date	Number	Description		Amount	Paid	Balance	Total Due
5/01/15	00323154	Invoice - Due 5/31/15 - State Accident Fund		$272.00		$272.00	$272.00
		Services:	(Qty)				
	4/29/15	99204-Patient New Comprehensive Moderate	(1)	$220.00			
	4/29/15	72100-XR:Spine, Lumbosacral Back (AP & l	(1)	$52.00			
5/15/15	00323962	Invoice - Due 6/14/15 - State Accident Fund		$141.00		$141.00	$413.00
		Services:	(Qty)				
	5/13/15	99214-Patient Estab -Detailed Moderate	(1)	$141.00			

Total Due and Payable: $413.00

Date 5/29/15 | Winthrop University | Page 1

Patient Case Statement

Patient Name: Ray Logan
Incident: 2014 / 4 Date: 2/26/14
Company: Winthrop University
Case Number: 2014-00004 Manager:

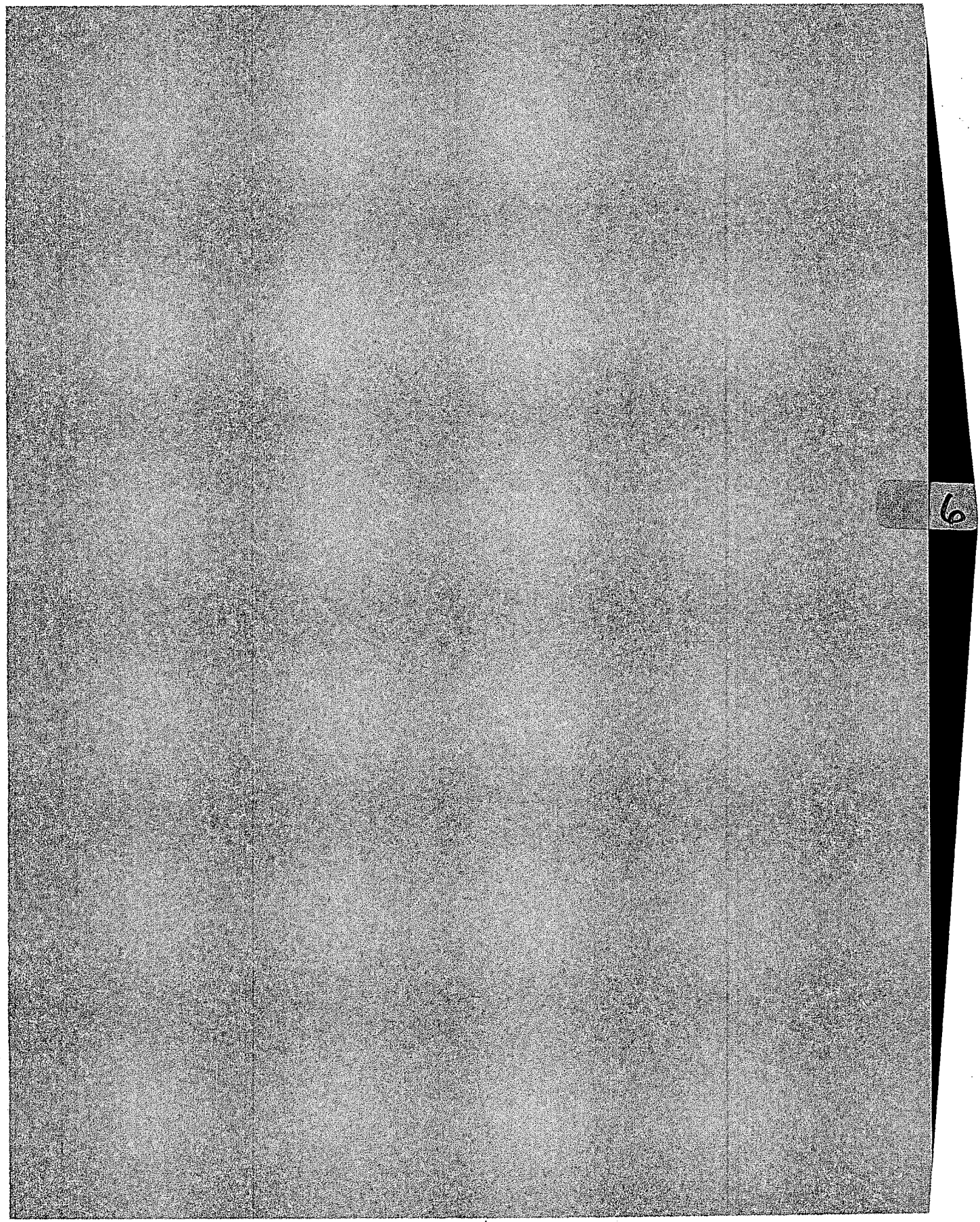
Date	Number	Description		Amount	Paid	Balance	Total Due
2/28/14	00258851	Invoice - Due 3/30/14 - State Accident Fund		$289.00	$289.00CR		
		Services:	(Qty)				
	2/26/14	99204-Patient New Comprehensive Moderate	(1)	$220.00			
	2/26/14	72110-XR:Lumbar-Sacral Spine	(1)	$69.00			
		Payments:					
	3/21/14	Ck# 897703 - State Accident Fund			$211.00CR		
	3/26/14	Ck# 897703 - State Accident Fund - State Accident			$78.00CR		
3/04/14	00259406	Invoice - Due 4/03/14 - State Accident Fund		$141.00	$141.00CR		
		Services:	(Qty)				
	2/27/14	99214-Patient Estab -Detailed Moderate	(1)	$141.00			
		Payments:					
	3/21/14	Ck# 897703 - State Accident Fund			$80.75CR		
	4/21/14	Ck# 901031 - State Accident Fund			$14.25CR		
	4/30/14	Ck# 901031 - State Accident Fund - State Accident			$46.00CR		
3/07/14	00260378	Invoice - Due 4/06/14 - State Accident Fund		$141.00	$141.00CR		
		Services:	(Qty)				
	3/05/14	99214-Patient Estab -Detailed Moderate	(1)	$141.00			
		Payments:					
	4/04/14	Ck# 899350 - State Accident Fund			$141.00CR		
3/14/14	00261516	Invoice - Due 4/13/14 - State Accident Fund		$141.00	$141.00CR		
		Services:	(Qty)				
	3/12/14	99214-Patient Estab -Detailed Moderate	(1)	$141.00			
		Payments:					
	4/04/14	Ck# 899350 - State Accident Fund			$95.00CR		
	4/17/14	Ck# 899350 - State Accident Fund - State Accident			$46.00CR		
3/21/14	00262654	Invoice - Due 4/20/14 - State Accident Fund		$141.00	$141.00CR		
		Services:	(Qty)				
	3/19/14	99214-Patient Estab -Detailed Moderate	(1)	$141.00			
		Payments:					
	4/21/14	Ck# 901031 - State Accident Fund			$95.00CR		
	4/30/14	Ck# 901031 - State Accident Fund - State Accident			$46.00CR		

Patient Case Statement

Patient Name: Ray Logan
Incident: 2014 / 4 Date: 2/26/14
Company: Winthrop University
Case Number: 2014-00004 Manager:

Date	Number	Description		Amount	Paid	Balance	Total Due
3/28/14	00263883	Invoice - Due 4/27/14 - State Accident Fund		$141.00	$141.00CR		
		Services:	(Qty)				
3/25/14		99214-Patient Estab -Detailed Moderate	(1)	$141.00			
		Payments:					
5/02/14		Ck# 902715 - State Accident Fund			$141.00CR		

Total Due and Payable: $0.00



[redacted]

Kimble Chiropractic Center
518 North Ave.

Rock Hill, SC 29732
Phone: (803) 327-6155 Fax: (803) 327-5062

INITIAL EVALUATION

PATIENT NAME: Logan, Ray
DATE OF BIRTH: [redacted]
DATE OF INJURY: 07/17/2014
DATE OF SERVICE: 03/02/2015

The above-captioned patient was seen today for the purpose of initial consultation, examination and evaluation of injuries sustained in a work-related accident that occurred on 07/17/2014.

DETAILS OF ACCIDENT AND PATIENT HISTORY

Mr. Logan provided the following information regarding the particulars of the incident.

Facilities management employee (painter) and while on job July 2014 he lifted a 10-foot ladder off facility truck--normal procedure--; felt an immediate sharp pain at right lowback. He has had PT, given muscles relaxers/pain meds; later to local chiropratic clinic receiving decompression also spinal injection 1 month ago for pain. He has received minimal relief. The pain has gradually gone from right lowback into right groin with tingling in right anterior thigh, worst pain at the right groin. Immediately following the accident, Mr. Logan experienced low back pain. Following the accident he went to the hospital. For treatment of injuries sustained in this accident prior to entering this office, Mr. Logan saw another doctor. The patient reports improvement in his condition so far, but continues to have symptoms. Mr. Logan reports losing time from work as a result of this accident. He reports being able to perform physical work activities at this time. Since the accident the patient has had problems with bathing, dressing, standing, leaning, walking, squatting, kneeling, bending, twisting, lifting, reaching, exercising, loss of sexual drive, insomnia, using the toilet, and nervousness. The patient has difficulty going to sleep as a result of the accident. He wakes up in the middle of the night because of pain. The patient reports having no prior sleep problems. Mr. Logan is an university facilities painter.

SYMPTOMS

The patient reports the following complaints.

RIGHT GROIN PAIN
This symptom came on gradually. It has not changed since it started. The intensity of this complaint is moderate; meaning it inhibits activity. The frequency of this complaint is continuous, or occurs 80% to 100% of the time. On a scale from 0 to 10, with 10 being the highest possible level of pain, patient graded the pain as 8. Patient describes the feeling associated with this complaint as throbbing. Located on the right side. It appears in the morning and in the afternoon. Brought on by bending to the right, straining, standing, lifting, sitting, and resting.

LOW BACK PAIN

This symptom came on immediately. It has not changed since it started. The intensity of this complaint is mild-moderate. The frequency of this complaint is occasional, or occurs 25% to 50% of the time. On a scale from 0 to 10, with 10 being the highest possible level of pain, patient graded the pain as 7. Patient describes the feeling associated with this complaint as dull. Located on the both sides. It is aggravated in the morning and is relieved in the afternoon. Aggravated by bending forward, bending back, bending to the left, bending to the right, twisting left, twisting right, straining, and lifting. Relieved by standing, sitting, resting, lying down, and medications.

RIGHT THIGH PAIN

This symptom came on gradually. It is progressively getting better. The intensity of this complaint is mild. The frequency of this complaint is occasional, or occurs 25% to 50% of the time. On a scale from 0 to 10, with 10 being the highest possible level of pain, patient graded the pain as 4. Patient describes the feeling associated with this complaint as dull. Located on the right side. It appears in the morning. Relieved by medications.

PAST MEDICAL HISTORY

- Low back pain.
- Pain in upper leg and hip.
- High Blood Pressure.

PAST FAMILY HISTORY

- Heart disease (father).
- Heart attack (father).
- Hypertension.
- High Blood Pressure (father).
- High cholesterol (father).

PAST SURGICAL HISTORY

- .None.

ALLERGIES

- .None.

CURRENT MEDICATIONS

- Tylenol.
- Viagra.

[redacted]

• Muscle relaxers.

SOCIAL HISTORY

Mr. Logan is married and has 5 children. He reports the use of alcohol and caffeine.

MUSCULOSKELETAL EXAMINATION

SPINE
There was tenderness to digital palpation and muscle tension on the right side of the spine. Lumbar. Subluxations are noted at the following levels: RPD-LB 1/2" Left medial knee; 3 pts up/down; L5-R; L4-L; T10/12-L.

RANGE OF MOTION

• **Lumbar Spine:** Ranges of motion were reduced in all ranges with pain.
• **Hips:** Ranges of motion were reduced in all ranges with pain for the right hip.

ORTHOPEDIC SIGNS

LUMBAR TESTS

Patrick's FABERE (Lumbar) Test: Patrick's FABERE Test was positive on the right.
HIP TESTS

Patrick's FABERE (Hip) Test: Pain in the right hip, possibly indicating anterior hip joint lesion. The Doctor places the heel of the affected leg over the opposite knee and allows the knee of the affected leg to drop to the table. The Doctor applies pressure on the affected knee downward.

DIAGNOSIS

• (739.5) Nonallopathic lesions - pelvic region.
• (739.3) Subluxation/Nonallopathic lesion (segmental dysfunction), lumbar region.
• (724.3) Sciatica, lumbar.
• (782.0) Parasthesia.
• (739.2) Subluxation/Nonallopathic lesion (segmental dysfunction), thoracic region.

TREATMENT

Treatment today consisted of the following procedures and therapies:

- CONSULTATION - NO CHARGE.

GOALS AND RECOMMENDATIONS

- Patient is scheduled for 3 visits per week for 8 weeks at which time a re-evaluation will be performed to monitor treatment effectiveness and modify treatment plan as necessary.



DC Donald G Kimble

Kimble Chiropractic Center

Patient Bill

01/01/99 thru 05/13/15

Date: 05/13/2015
Time: 7:56:42 am

Clinic: Kimble Chiropractic Center
Address: 518 North Ave.
Rock Hill, SC 29732-3384

Phone: (803)327-6155

Primary Insurance:

Adjuster:
Policy Number:
Group Number:

Provider
Kimble, Donald G

Tax ID
56-2009609

Secondary Insurance:

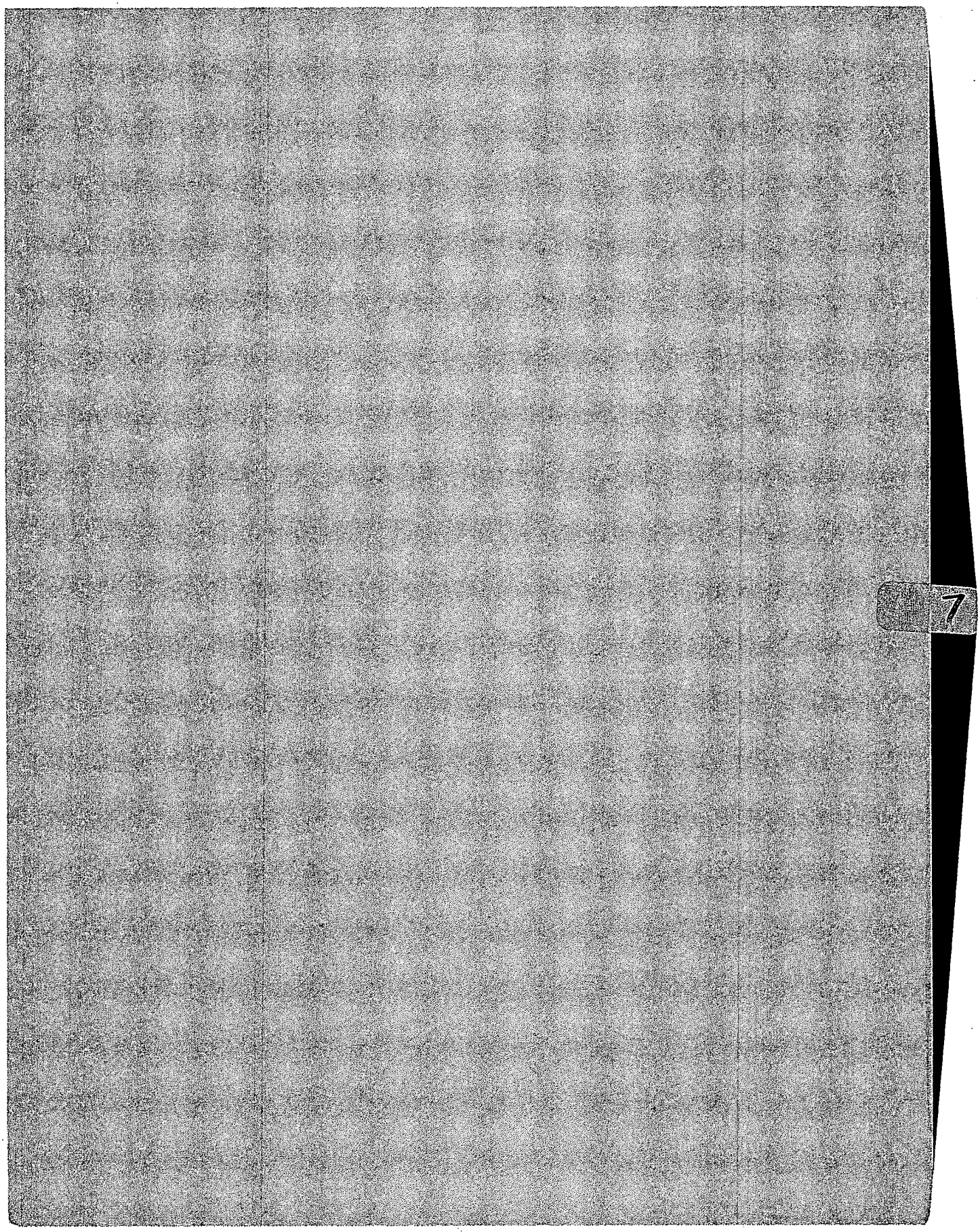
Employer:

Patient: Logan, Ray
Account #: 3349
Chart #:

Adjuster:
Policy Number:
Group Number:

Date of Service	Provider	Procedure code/ Description	Charges	Adjust	Payments	Balance
3/2/2015	Kimble, Donald G	G0911 - CONSULTATION - no charge	-	-	-	-
Totals			**$0.00**	**$0.00**	**$0.00**	

Balance Due: **$0.00**


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FUNCTIONAL ABILITIES EVALUATION

Columbia Rehabilitation Clinic, Inc.

BTE TECHNOLOGIES™

PREPARED FOR:
Dr. William Lehman
Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rockhill, S.C. 29732

Tel: (803) 329-3130 Fax: (803) 329-2611

Client Information

Client Name: Mr. Ray K. Logan
Address: 705 Ferndale Drive
Rockhill, S.C.
29730
Injury Dates: Dec 01, 2014 & Feb 26, 2014
Dominant Hand: Right Hand
SSN: [redacted]

Date of Birth: [redacted]
Gender: Male
Height: 66 inches
Weight: 199 lbs
Marital Status: Married

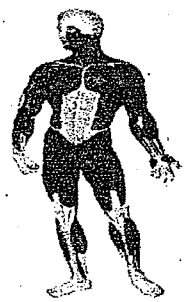
Employment Information

Occupation: Facilities management supervisor
Employer: Winthrop University
Address: Rockhill, S.C.

Work Status: Not currently working

Start & Finish Date: Jul 14, 2016
Evaluator: Tracy Hill. PT

Areas of Complaint





General Location	Specific Location	Plane	Side	Pain Type	Pain Scale
Buttock	Upper		Right		3 - High Nominal
Lower Back (Lumbosacral)			Central/right		3 - High Nominal

Tracy Hill. PT
Physical Therapist

Columbia Rehabilitation Clinic, Inc.
"The First and Still the Best"

Bruce D. Filler, M.Ed., P.T.
Director

www.crcrehab.com

July 14, 2016 [redacted]

Dr. William Lehman [redacted]
Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rock Hill, S.C. 29732

Re: Ray Logan

Mr. Logan was seen on July 14, 2016 for a Functional Capacity Evaluation.

Mr. Logan is a 54 year old male who sustained a work injury to his lumbar spine and right hip on December 1, 2014 and on February 26, 2014. The patient reported an initial pain level of "3" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "7" and this occurred with lifting and pulling.

The results of the Functional Capacity Evaluation performed on this date indicate that he can meet the demands of limited light work. He tolerates occasional walking, stairclimbing, kneeling, bending, twisting, and reaching. He does not tolerate occasional squatting. He can lift from 10 to 14 pounds at various heights on an occasional basis. The lowest level lift he could complete was 9 inches from floor level. He can carry 15 pounds with 2 hands. He can carry 10 pounds in the right hand and 11 pounds in the left hand. He can push 15.6 foot pounds loaded in a sled and can pull 15.6 foot pounds loaded in a sled. He has a self-reported sitting and standing/walking tolerance of 60 and 40 minutes respectively. He was observed to sit for a maximal time of 20 minutes and stand/walk for a maximal time of 35 minutes.

The patient's lumbar and right hip range of motion are limited. Please refer to the enclosed forms for range of motion measurements.

The results of the treadmill test place Mr. Logan in the fair Classification of Aerobic Capacity. Mr. Logan's Functional Aerobic Capacity qualifies him for medium work.

Mr. Logan put forth a consistent effort during the evaluation. He qualifies for limited light work. Please refer to page 2 of the enclosed forms for specific lifting ability. He does not tolerate occasional squatting.

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
386
BLYTHEWOOD PHYSICAL THERAPY 428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421

Name RAY LOGAN

Lift	Pounds	Job Demand Category
9 inch ~~Floor to~~ Waist	11	limited light
12 Inch to Waist	14	
Waist to Shoulder	13	
Shoulder to Overhead	10	
Carry (2 Handed)	15	
Right Hand Carry	10	
Left Hand Carry	11	
Push	10 (15.6 lbFT)	
Pull	10 (15.6 lbFT)	

Strength ➨ **Hip Manual Muscle Test** Jul 14, 2016 12:32:22 PM

Manual muscle testing of the hip was performed and the results are as follows:

hip flexion: Bilat 5/5	**hip abduction:** Bilat 5/5	**hip extension:** Bilat 5/5
hip adduction: Bilat 5/5	**int/ext rotation:** Bilat 5/5	

Strength ➨ **Lower Extremity Manual Muscle Test** Jul 14, 2016 12:32:50 PM

Manual Muscle Testing of the lower extremities was performed and the results are as follows:

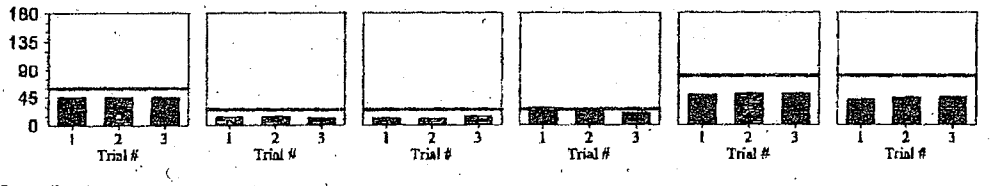
Hip Flexion: Bilat 5/5 **Knee Extension:** Bilat 5/5 **Dorsiflexion:** Bilat 5/5

Extensor Hallicis Long: Bilat 5/5 **Eversion:** Bilat 5/5

Range of Motion ➨ Lumbar Range of Motion

Jul 14, 2016 12:17:41 PM

	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:	46	14	12	28	49	41
Trial 2:	46	15	11	24	51	44
Trial 3:	46	12	15	20	51	45
Average	46.0	13.7	12.7	24.0	50.3	43.3
Maximum	46.0	15.0	15.0	28.0	51.0	45.0
AMA Valid	YES	YES	YES	YES	YES	YES
% of Normal	77%	55%	51%	96%	63%	54%



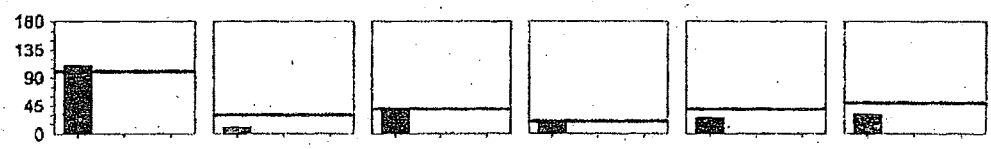
Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion ➧ Hip - Left

Jul 14, 2016 12:25:01 PM

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	110	10	40	22	26	32
% of Normal	110%	33%	100%	110%	65%	64%



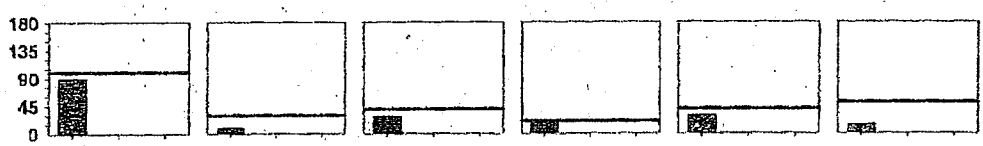
Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion ➨ Hip - Right

Jul 14, 2016 12:26:07 PM

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	90	10	28	20	30	15
% of Normal	90%	33%	70%	100%	75%	30%



Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Work Simulation ➨ Waist to shoulder lift Jul 14, 2016 1:34:09 AM

The patient was asked to lift from waist height to shoulder height. The results are as follows:

Waist to shoulder: 13 pounds **Physical demand level:** limited light

MAX HR 96

Evaluator Comments

Mr. Logan was able to lift 13 pounds with difficulty noted. He did not want to attempt additional weight secondary to complaints of increased lumbar and right buttock pain.

Work Simulation ➨ Dynamic Bending

Jul 14, 2016 12:45:45 PM

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 25 repetitions

PRE HR 70 POST HR 85

Evaluator Comments

Mr. Logan was able to bend forward at the waist 25 repetitions. He reported increased lumbar pain but he was able to complete the test.

Work Simulation ➨ Dynamic Rotation Jul 14, 2016 12:49:14 PM

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 25 repetitions

PRE HR 76 POST HR 78

Evaluator Comments

Mr. Logan was able to rotate at the waist 25 repetitions.

Work Simulation ➤ Squatting Jul 14, 2016 12:52:42 PM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: 20 seconds

PRE HR 74 POST HR 90

Evaluator Comments

Mr. Logan was able to squat (50% range) for 20 seconds with difficulty noted maintaining and getting out of this position. Testing was terminated at the request of the patient secondary to complaints of increased lumbar/right buttock pain.

Work Simulation ➨ Kneeling Jul 14, 2016 12:54:05 PM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: 2 minutes

PRE HR 76 POST HR 83

Evaluator Comments

Mr. Logan was able to kneel for 2 minutes with difficulty noted. He reported increased lumbar/right buttock pain but he was able to complete the test.

Work Simulation ➨ Dynamic Reaching

Jul 14, 2016 1:10:24 PM

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 78 POST HR 86

Evaluator Comments

Mr. Logan was able to reach for 5 minutes. He reported increased lumbar/right buttock pain but he was able to complete the test.

Work Simulation ➨ Stair Climbing

Jul 14, 2016 1:18:03 PM

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
2:42	71	85	40	40

Evaluator Comments

Mr. Logan was able to ascend/descend a series of 4 stairs for a total of 10 cycles. He used a step over step gait pattern and used both handrails. He reported increased right hip pain but he was able to complete the test.

Work Simulation ➨ 12 inch to waist lift Jul 14, 2016 1:24:16 PM

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: 14 pounds **Physical demand level:** limited light

MAX HR 109

Evaluator Comments

Mr. Logan was able to lift 14 pounds. He did not want to attempt additional weight secondary to complaints of increased lumbar pain. He was able to lift 11 pounds 9 inches from floor level with difficulty noted with the same complaints. This was the lowest level lift he could complete.

Work Simulation ➨ Shoulder to overhead lift Jul 14, 2016 1:42:52 PM

The patient was asked to lift from shoulder height to overhead height. The results are as follows:

Shoulder to overhead: 10 pounds **Physical demand level:** limited light

MAX HR 94

Evaluator Comments

Mr. Logan was able to lift 10 pounds with difficulty noted. He did not want to attempt additional weight secondary to complaints of increased lumbar pain.

Work Simulation ➨ Dynamic 2-handed carry

Jul 14, 2016 1:50:39 PM

The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

Dynamic 2-handed carry: 15 pounds **Physical demand level:** limited light

MAX HR 98

Evaluator Comments

Mr. Logan was able to carry 15 pounds with decreased speed of gait noted. He did not want to attempt additional weight secondary to complaints of increased lumbar and right hip pain.

Work Simulation ➨ Dynamic 1-handed carry

Jul 14, 2016 1:58:20 PM

The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

Left-handed carry: 11 pounds **Right-handed carry:** 10 pounds

MAX HR 96

Evaluator Comments

Mr. Logan was able to carry 11 pounds in his left hand and 10 pounds in his right hand with decreased speed of gait noted. He did not want to attempt additional weight secondary to complaints of increased right hip pain.

Work Simulation ➨ Dynamic Push/Pull

Jul 14, 2016 2:07:18 PM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 15.6 lb.ft. **Pull:** 15.6 lb.ft.

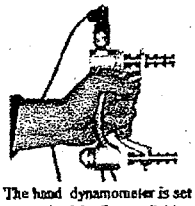
MAX HR 96

Evaluator Comments

Mr. Logan was able to push 15.6 foot pounds and pull 15.6 foot pounds loaded in a sled with difficulty noted for both. He did not want to attempt additional weight secondary to complaints of increased lumbar and right hip pain.

Hand Grip Strength ➨

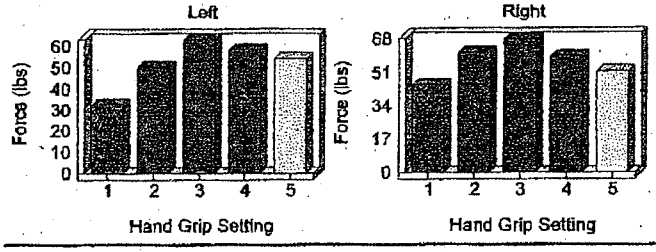
The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Ray K. Logan exerted consistent effort during grip strength testing. Mr. Ray K. Logan was tested using the modified maximum voluntary effort hand grip protocol. Mr. Ray K. Logan is right hand dominant. Normative 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]



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.

Modified Maximum Voluntary Effort (MMVE)

Jul 14, 2016 12:01:26 PM



	Left	COV	Right	COV
Pos #1	32.8 lbs.		45.1 lbs.	
Pos #2	50.1 lbs.	8.5%	61.5 lbs.	6.0%
Pos #3	62.9 lbs.		68.3 lbs.	
Pos #4	58.1 lbs.		59.4 lbs.	
Pos #5	54.0 lbs.		51.9 lbs.	
St. Dev.	10.3 Lbs.		8.0 Lbs.	

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. Ray K. Logan 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 Waddell Signs

Jul 14, 2016

Please read:

The following tests are recommended to test for non-organic physical signs in the case of lower back injuries. The Waddell's NOS should not be used in case situations where the injury involves multiple spinal segments.
Please check whether the patient's response is positive or negative.

1. Tenderness - Should be localized to a skeletal or neuromuscular structure.

Superficial Tenderness-provide light pinch to the skin over the lower back region. If there is widespread tenderness, this is considered non-physiological and is an indication of symptom magnification.

- ☑ Negative
- ☐ Positive

Non-Anatomic Tenderness-Perform deep palpation to the lumbar paraspinals. If there is tenderness which is widespread and not localized to any specific structures, then this is considered magnification of symptoms.

- ☑ Negative
- ☐ Positive

2. Simulation Tests - Give the patient the impression that a particular movement is being perfomed when it actually is not

Axial Loading -To perform this test apply a light downward pressure on the top of the patient's head while they are in the standing position. If increased lower back pain is reported then this is an indication of exaggeration of symptoms.S

- ☑ Negative
- ☐ Positive

Simulated Rotation-With the patient in the stand position and feet together, rotate the pelvis and shoulders simultaneously by applying pressure at the level of the lower forearm. If the patient reports increased pain then this is considered symptom magnification.

- ☑ Negative
- ☐ Positive

3. Distraction Tests - Retesting of a positive finding in a way that the patient does not recognize or expect

Distraction Test -Perfonn a straight leg raise with the patient in the supine position. When the SLR shows marked improvement while performed on distraction (i.e. Patient seated) this is considered positive.

- ☑ Negative
- ☐ Positive

4. Regional Disturbances - Divergence from accepted neuroanatomy

Regional Disturbances -These are present as motor weakness or sensory loss involving widespread regions such as the entire leg or a quarter or half of the body.

- ☑ Negative
- ☐ Positive

5. Overreaction - Disproportionate verbalization, facial expression, muscular tension and/or tremor or sweating

Overreaction-A disproportionate response such as verbalizations, facial expressions, collapsing etc. can be indicative of symptom magnification.

- ☑ Negative
- ☐ Positive

If three or more of the categories are positive then the findings are clinically significant for non-organic low back pain.

Scoring: Clinically insignificant.

Sitting tolerance

Jul 14, 2016

The patient's self-reported sitting tolerance is as follows:

.....

Evaluator Comments

Mr. Logan has a self reported sitting tolerance of 60 minutes in a comfortable chair (limited by complaints of increased right buttock pain and lumbar pain).

Standing tolerance

Jul 14, 2016

The patient's self-reported standing tolerance is as follows:

Evaluator Comments

Mr. Logan has a self reported standing/walking tolerance of 40 minutes (limited by complaints of increased right buttock pain).

Cardiovascular Intake

Jul 14, 2016

Resting Rate (Min)	Systolic (mm Hg)	Diastolic (mm Hg)
66	118	64

Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure

Single Stage Treadmill

Pre-Testing Heart Disease Questions

Test Date: Jul 14, 2016 1:00:11 PM

1. Have you ever had a heart attack?..... ☐ Yes ☑ No
2. Have you ever had heart surgery?..... ☐ Yes ☑ No
3. Have you ever had an abnormal electrocardiogram?..... ☐ Yes ☑ No
4. Do you have heart disease?..... ☐ Yes ☑ No
5. Have you been told by a physician you have had angina?... ☐ Yes ☑ No
6. Have you been told by a physician you have had palpitations?..... ☐ Yes ☑ No
7. Have you had a stroke (CVA)?..... ☐ Yes ☑ No
8. Is your blood pressure (BP) 159/100?..... ☐ Yes ☑ No
9. Are you pregnant?..... ☐ Yes ☑ No

Initial Heart Rate	Initial Blood Pressure
66 BPM	118 / 64

Stage	Speed	Heart Rate	Blood Pressure	Grade
1. Warm-Up	1mph	87 BPM	0/0	0%
2. Exercise	1mph	89 BPM	0/0	5%
3. Recovery	0mph	0 BPM	0/0	0%

Predicted Maximum VO2	24 ml/Kg/min
	10 ml/Kg/min
Predicted Max Met Level	3 METS
Functional Aerobic Capacity	Moderate work
Classification of Aerobic Capacity	Fair

Vargas Vocational Consulting

TO: Tyler Bathrick, Esq.
Stewart Law Offices, LLC
1242 Ebenezer Rd.
Rock Hill, SC 29732

FROM: Ashley Johnson, MS, CRC, CLCP
Vargas Vocational Consulting
6640 Wilkinson Boulevard
Belmont, NC 28012

PLAINTIFF: Ray Logan
DATE OF BIRTH: [redacted] 55 years old
REPORT DATE: 8/31/16

VOCATIONAL ASSESSMENT

INTRODUCTION:

The above captioned file was referred on 8/5/16 for a vocational assessment. Medical records were provided by the referral source and included records from Occumed, Dr. Ashe, Shiland Family Medicine, Kimble Chiropractic, Carolina Orthopedic Surgery Associates, Piedmont Medical Center and Columbia Rehabilitation Clinic. A meeting was held with Mr. Logan at his attorney's office on 8/23/16.

MEDICAL SUMMARY:

According to the medical records reviewed, Mr. Logan was seen at Occumed at Riverview on 2/26/14 with low back pain. He was given medications, sent to physical therapy and placed on work restrictions.

On 12/11/14, Mr. Logan was evaluated by Dr. Malike Ashe. He recommended chiropractic care. On 2/4/15, Dr. Sharon K. Peek administered an injection. On 3/2/15, Dr. D.C. Kimble at Kimble Chiropractic Center noted that Mr. Logan had been seen for 3 visits per week for 8 weeks.

On 4/20/15, Mr. Logan was seen by Dr. Parag Anandpura at Shiland Family Medicine with chronic low back pain. Dr. Anandpura recommended a referral to an orthopedic surgeon. On 4/29/15, Mr. Logan returned to Occumed at Riverview and was referred for an MRI of the lumbar spine.

On 8/26/15, Mr. Logan was seen by Dr. William Lehman at Carolina Orthopedic Surgery Associates. Dr. Lehman noted that Mr. Logan had developed some symptoms in July 2004 that had resolved with conservative care. He was then re-injured on 2/26/14 and had been treated conservatively. On 12/1/14, Mr. Logan had a second injury while performing his supervisory job. Dr. Lehman noted that he was pulling a ladder off the truck and had pain in his low back. He was out of work for a few days and placed on light duty. Mr. Logan was seen by a chiropractor, but continued to have pain.

Dr. Lehman opined that the two accidents in 2014 had aggravated the underlying problem of lumbar spondylosis and stenosis. He diagnosed severe central stenosis at L2-3, consistent with right buttock and groin pain. Dr. Lehman also documented degenerative changes about the right hip that was a chronic condition aggravated by the work incidents. He opined that a combination of his lumbar spine and right hip problems had led to disability. He recommended x-rays and an MRI of the hip.

Mr. Logan began treating with Dr. Lehman, who administered an epidural steroid injection on 9/25/15. Mr. Logan had a second injection on 10/9/15. On 10/15/15, Dr. Lehman recommended a total hip replacement. He opined that the work injury substantially aggravated and accelerated the right hip arthritis. On 12/15/15, Mr. Logan underwent a right total hip arthroplasty.

On 6/21/16, Dr. Lehman completed a questionnaire noting that Mr. Logan would require injections, physical therapy and medications in the future. Dr. Lehman recommended a functional capacity evaluation (FCE) to quantify physical restrictions.

On 7/14/16, Mr. Logan had an FCE completed at Columbia Rehabilitation Clinic. The therapist noted consistent effort. Mr. Logan demonstrated the following:

- Able to lift 11 pounds from 9" to waist
- Able to lift 14 pounds from 12" to waist
- Able to lift 13 pounds from waist to shoulder
- Able to lift 10 pounds from shoulder to overhead
- Able to carry 15 pounds
- Able to carry 10 pounds with the right hand and 11 pounds with the left hand
- Able to push/pull 10 pounds
- Able to occasionally walk, climb stairs, kneel, bend, twist and reach
- Unable to squat

- Observed to sit 20 minutes
- Observed to stand/walk for 35 minutes

Although the FCE determined that he could meet the demands of "limited light work," there is no such level in the Dictionary of Occupational Titles. Light physical demand level occupations require lifting up to 20 pounds occasionally and 10 pounds frequently. Mr. Logan did not meet those demands. He was also only able to walk occasionally, which is not consistent with light work, which requires standing and walking most of the day. Mr. Logan's abilities would place him in the sedentary physical demand category.

INTERVIEW WITH CLIENT:

According to the interview with Mr. Logan, he initially injured his low back on 2/26/14. Mr. Logan was treated at Occumed and returned to work on light duty. In December, Mr. Logan re-injured his back. He stated that he informed the safety director and went home to rest. Mr. Logan indicated that he could not get out of bed the next morning. He stayed out of work for 3 days, but still had increased pain. Mr. Logan tried conservative treatment with Dr. Ashe and had some injections that did not help. He noted that the chiropractic care provided temporary relief. The surgery performed by Dr. Lehman helped to relieve some of his pain. He stated that he still has pain and limitations, but it is much better than prior to surgery.

With regard to limitations, Mr. Logan described the following:

- Able to sit for 15-30 minutes before needing to stand
- Able to stand in one spot for no more than 5 minutes
- Able to walk for 40-60 minutes
- Has to stop frequently when driving
- Able to lift approximately 10 to 15 pounds
- Generally lies down for 1 to 1 ½ hours per day to rest

Mr. Logan stated that his sleep is interrupted frequently. His average is 2 to 3 hours at a time before having to get up and move around. The maximum amount of sleep that he has achieved since the surgery is 6 hours. He noted that he sleeps with pillows under his back and between his legs. He stated that he is often groggy during the day as a result of limited sleep.

Mr. Logan noted that he has flare-ups of his pain, generally once per month, that result in increased pain and limitations for approximately one week. He stated that the last episode happened when he reached down to pick up something that had fallen out of the wastebasket. Mr. Logan uses ice during those periods and spends time laying down. He stated that he tries to be careful about his activities and limits his movements.

Mr. Logan stated that he does not want to use pain medications on an ongoing basis. He typically tries to use ice and endure the pain. Mr. Logan takes Zanaflex. Tizanidine and also uses Aleve and Tylenol alternatively. He has Hydrocodone but only uses it as needed, typically during those flare-up periods.

Mr. Logan performs some home exercises to help with his range of motion. He noted that the last course of physical therapy was helpful. Mr. Logan stated that a typical day involves waking up around 4:30am because of pain. He indicated that he will generally lay in bed until 8am. He is able to take a shower and get dressed, but his wife puts his socks and shoes on. Mr. Logan stated that he purchased slip on shoes for when his wife is not home to assist him. He typically spends his time watching the news or reading the newspaper, going out for coffee, and visiting friends in the hospital. Mr. Logan indicated that he tries to perform some light housekeeping, such as taking out the trash and operating a very lightweight vacuum cleaner. Mr. Logan stated that his brother-in-law mows the lawn and he has friends that help with home maintenance.

WORK HISTORY AND EDUCATION:

At the time of the injury, Mr. Logan was employed as a Painter Supervisor with Winthrop for 13 years. Even after his accident, Mr. Logan continued working. He indicated that he would occasionally come into work hunched over because he was in so much pain. Mr. Logan went out of work after the accident in December 2014.

Mr. Logan stated that he was training, instructing and supervising other workers, but also had to paint and perform repairs. He was responsible for purchasing materials and bringing them to the location of the repairs. Mr. Logan had to lift heavy materials, including five gallon buckets of paint and ladders, to set up the project for the crew. He indicated that he would designate different employees to work on different projects. Once the employees got started, Mr. Logan would assist them with the job, which included climbing ladders and squatting to paint lower areas. He stated that he would then go check on other jobs. Mr. Logan took emergency maintenance calls, such as painting over graffiti and patching holes in walls. He was also responsible for administrating discipline and informing his superior if there was a problem, but he did not fire workers.

The position would fall under the title of Painter Supervisor (D.O.T. Code: 840.131-010), which is classified as medium in physical demand. Mr. Logan also performed the duties of a Painter (D.O.T. Code: 840.381-010), which is also classified as medium. During the early 2000's, Mr. Logan was self-employed as a Painter and Plasterer. He stated that he performed residential projects. The position of Plasterer (D.O.T. Code: 842.361-018), is also classified as medium in physical demand.

During the late 1990's, Mr. Logan was employed with Logan's Stucco as a Painter and Plasterer. He stated that he performed work for the SC School System. Mr. Logan's position was similar to the job at Winthrop, which included training and supervising workers, but also performing the work alongside them. He was employed there for 8 years.

During the 1980's and early 1990's, Mr. Logan was employed with the Local Union 74 in Washington, D.C. He was a construction laborer, painter and plasterer in the position. Mr. Logan stated that he started as an apprentice performing construction labor. He indicated that he did demolition and construction projects early in his career, and then moved on to framing and plastering. The position would fall under the title of Construction Worker I (D.O.T. Code: 869.664-014), which is classified as heavy in physical demand.

Mr. Logan graduated from Bladesboro Senior High School in Maryland in 1979. He completed 2 semesters of HVAC training at Lincoln Technical Institute in the early 1980's. Mr. Logan did not receive a degree, explaining that he had to leave the school to go to work. He stated that he always worked, performing construction and labor for the public works department during his high school years.

Mr. Logan has no computer skills and has never performed clerical work. Even in his supervisory position with Winthrop, he asked to have his work orders printed versus being sent electronically. Mr. Logan stated that he can use voice search on his phone to look up information. He has no experience with Microsoft Office.

CONCLUSIONS:

Mr. Logan is a 55 year old male with a work history in skilled physical labor jobs. He has always worked with his hands performing manual labor tasks at the medium to heavy physical demand level.

Mr. Logan has been restricted to sedentary work based on an FCE that showed consistent effort. Dr. Lehman had recommended the FCE to quantify his abilities. Mr. Logan has no transferable skills to sedentary work, as the work he performed was in the construction industry and is generally medium or heavier in physical demand. Although he did supervise workers, he was a working supervisor who did not hire and fire employees. He has no computer skills and has never performed any clerical work.

Even if there was a sedentary job for which Mr. Logan was qualified, he would likely have difficulty staying on task and maintaining attendance. He described a sitting tolerance of 15 to 30 minutes, which was also observed during the FCE. Sedentary work requires sitting for long periods of time to complete work duties. In addition, Mr. Logan described periods of increased

pain that last approximately one week, resulting in him having to lie down and take pain medications. He noted that even on good days, he generally lays down for an hour to an hour and a half to rest. Mr. Logan described difficulty sleeping due to pain, which results in daytime fatigue. He would likely be absent from work as a result of these flare-ups and fatigue.

The following are basic requirements for maintaining competitive employment:

1. The worker must sustain focus and attention for at least 2 hours at a time throughout the workday.
2. The worker must attend to their work and not require supervision or redirection to remain on task.
3. The worker cannot take unscheduled breaks or leave the work station, except a designated break times. The worker cannot lie down at the work station.
4. The worker must attend work on a regular schedule, free from absences or tardiness. The maximum allowable tolerance by most employers would be 1 day per month.
5. The worker must produce a certain, minimal amount or work while on the job.

Mr. Logan would likely have difficulty with all of these basic requirements. In my professional opinion, Mr. Logan is totally and permanently disabled from a vocational perspective.

I reserve the right to update my opinion should further information become available.

Sincerely,



Ashley H. Johnson, MS, CRC, CLCP

Questionnaire
Ray Logan

1) I have reviewed the functional capacity evaluation and Dr. Lehman's deposition. (See Attachment).

✓ Yes _____ No

Explanation if necessary: _____

2) The vocational opinion I provided on August 31, 2016 remains unchanged. It is still my vocational opinion, most probably and to a reasonable degree of vocational certainty, that Mr. Logan is totally and permanently disabled from a vocational viewpoint.

✓ Yes _____ No

Explanation if necessary: [redacted]

Ashley Johnson
Vargas Vocational Counseling

11/11/16
Date

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October 25, 2016

Ashley H. Johnson, MS, CMC, CLCP
Vargas Vocational Consulting
6640 Wilkinson Blvd
Sutie 100
Belmont, NC 28012

VIA Fax: (704) 660-5087

RE: Client: **Ray Logan**
DOB: [redacted]
SSN: [redacted]
DOI: **2/26/2014**

FAXED

Dear Ms. Johnson:

Please find attached, Mr. Logan's functional capacity evaluation conducted July 14, 2016 and Dr. Lehman's deposition transcript dated September 26, 2016. We would greatly appreciate you reviewing these documents, and completing the enclosed questionnaire for your vocational opinion and to a reasonable degree of vocational certainty.

Sincerely,

Ashley Porch

FAXED

Ashley Porch
Paralegal to Tyler Bathrick

Enclosures (FCE, Lehman Depo., Questionnaire)

/ap

Questionnaire
Ray Logan

1) I have reviewed the functional capacity evaluation and Dr. Lehman's deposition. (See Attachment).

_____ Yes _____ No

Explanation if necessary:_____
_____

2) The vocational opinion I provided on August 31, 2016 remains unchanged. It is still my vocational opinion, most probably and to a reasonable degree of vocational certainty, that Mr. Logan is totally and permanently disabled from a vocational viewpoint.

_____ Yes _____ No

Explanation if necessary:_____
_____

_____ _____
Ashley Johnson Date
Vargas Vocational Counseling

Columbia Rehabilitation Clinic, Inc.
"The First and Still the Best"

Bruce D. Filler, M.Ed., P.T.
Director

www.crcrehab.com

July 14, 2016

Dr. William Lehman
Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rock Hill, S.C. 29732

Re: Ray Logan

Mr. Logan was seen on July 14, 2016 for a Functional Capacity Evaluation.

Mr. Logan is a 54 year old male who sustained a work injury to his lumbar spine and right hip on December 1, 2014 and on February 26, 2014. The patient reported an initial pain level of "3" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "7" and this occurred with lifting and pulling.

The results of the Functional Capacity Evaluation performed on this date indicate that he can meet the demands of limited light work. He tolerates occasional walking, stairclimbing, kneeling, bending, twisting, and reaching. He does not tolerate occasional squatting. He can lift from 10 to 14 pounds at various heights on an occasional basis. The lowest level lift he could complete was 9 inches from floor level. He can carry 15 pounds with 2 hands. He can carry 10 pounds in the right hand and 11 pounds in the left hand. He can push 15.6 foot pounds loaded in a sled and can pull 15.6 foot pounds loaded in a sled. He has a self-reported sitting and standing/walking tolerance of 60 and 40 minutes respectively. He was observed to sit for a maximal time of 20 minutes and stand/walk for a maximal time of 35 minutes.

The patient's lumbar and right hip range of motion are limited. Please refer to the enclosed forms for range of motion measurements.

The results of the treadmill test place Mr. Logan in the fair Classification of Aerobic Capacity. Mr. Logan's Functional Aerobic Capacity qualifies him for medium work.

Mr. Logan put forth a consistent effort during the evaluation. He qualifies for limited light work. Please refer to page 2 of the enclosed forms for specific lifting ability. He does not tolerate occasional squatting.

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 Blamey Drive, Suite 202 Columbia, SC 29223, 736-4845
BLYTHEWOOD PHYSICAL THERAPY 428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421

Columbia Rehabilitation Clinic, Inc.

FUNCTIONAL ABILITIES EVALUATION

BTE TECHNOLOGIES™

PREPARED FOR:
Dr. William Lehman
Carolina Orthopaedic Surgery Associates, P.A.
134 Professional Park Drive
Rockhill, S.C. 29732

Tel: (803) 329-3130 Fax: (803) 329-2611

Client Information

Client Name: Mr. Ray K. Logan
Address: 705 Ferndale Drive
Rockhill, S.C.
29730
Injury Dates: Dec 01, 2014 & Feb 26, 2014
Dominant Hand: Right Hand
SSN: [redacted]

Date of Birth: [redacted]
Gender: Male
Height: 66 inches
Weight: 199 lbs
Marital Status: Married

Employment Information

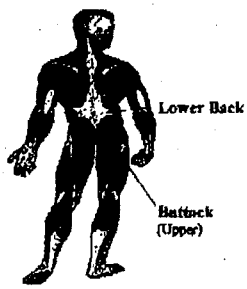
Occupation: Facilities management supervisor
Employer: Winthrop University
Address: Rockhill, S.C.

Work Status: Not currently working

Start & Finish Date: Jul 14, 2016
Evaluator: Tracy Hill, PT

Areas of Complaint





General Location	Specific Location	Plane	Side	Pain Type	Pain Scale
Buttock	Upper		Right		3 - High Nominal
Lower Back (Lumbosacral)			Central/right		3 - High Nominal

Tracy Hill, PT
Physical Therapist

Name RAY LOGAN

Lift	Pounds	Job Demand Category
9 inch ~~Floor to Waist~~	11	limited light
12 Inch to Waist [redacted]	14	
Waist to Shoulder	13	
Shoulder to Overhead	10	
Carry (2 Handed)	15	
Right Hand Carry	10	
Left Hand Carry	11	
Push	10 (15.6 lb.ft)	
Pull	10 (15.6 lb.ft)	

Strength ➨ **Hip Manual Muscle Test** Jul 14, 2016 12:32:22 PM

Manual muscle testing of the hip was performed and the results are as follows:

hip flexion: Bilat 5/5 **hip abduction:** Bilat 5/5 **hip extension:** Bilat 5/5

hip adduction: Bilat 5/5 **int/ext rotation:** Bilat 5/5

Strength ► **Lower Extremity Manual Muscle Test** Jul 14, 2016 12:32:50 PM

Manual Muscle Testing of the lower extremities was performed and the results are as follows:

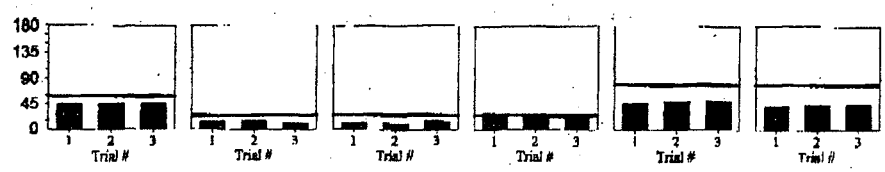
Hip Flexion: Bilat 5/5 **Knee Extension:** Bilat 5/5 **Dorsiflexion:** Bilat 5/5

Extensor Hallicis Long: Bilat 5/5 **Eversion:** Bilat 5/5

Range of Motion ➨ Lumbar Range of Motion

Jul 14, 2016 12:17:41 PM

	True Lumbar Flexion	True Lumbar Extension	Left Lateral Flexion	Right Lateral Flexion	Left Straight Leg Raise	Right Straight Leg Raise
Normals:	60	25	25	25	80	80
Trial 1:	46	14	12	28	49	41
Trial 2:	46	15	11	24	51	44
Trial 3:	46	12	15	20	51	45
Average	46.0	13.7	12.7	24.0	50.3	43.3
Maximum	46.0	15.0	15.0	28.0	51.0	45.0
AMA Valid	YES	YES	YES	YES	YES	YES
% of Normal	77%	55%	51%	96%	63%	54%



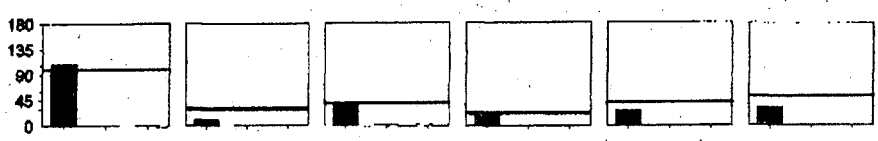
Reference Information

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion Hip - Left

Jul 14, 2016 12:25:01 PM

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	110	10	40	22	26	32
% of Normal	110%	33%	100%	110%	65%	64%



Reference Information
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Range of Motion ► Hip - Right Jul.14, 2016 12:26:07 PM

	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Normals:	100	30	40	20	40	50
	90	10	28	20	30	15
% of Normal	90%	33%	70%	100%	75%	30%



Reference Information
American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

Work Simulation ► Waist to shoulder lift Jul 14, 2016 1:34:09 AM

The patient was asked to lift from waist height to shoulder height. The results are as follows:

Waist to shoulder: 13 pounds **Physical demand level:** limited light

MAX HR 96

Evaluator Comments

Mr. Logan was able to lift 13 pounds with difficulty noted. He did not want to attempt additional weight secondary to complaints of increased lumbar and right buttock pain.

Work Simulation ► Dynamic Bending Jul 14, 2016 12:45:45 PM

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

dynamic bending: 25 repetitions

PRE HR 70 POST HR 85

Evaluator Comments

Mr. Logan was able to bend forward at the waist 25 repetitions. He reported increased lumbar pain but he was able to complete the test.

Work Simulation ► Dynamic Rotation Jul 14, 2016 12:49:14 PM

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

Dynamic rotation: 25 repetitions

PRE HR 76 POST HR 78

Evaluator Comments

Mr. Logan was able to rotate at the waist 25 repetitions.

Work Simulation ► Squatting Jul 14, 2016 12:52:42 PM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

squatting: 20 seconds

PRE HR 74 POST HR 90

Evaluator Comments

Mr. Logan was able to squat (50% range) for 20 seconds with difficulty noted maintaining and getting out of this position. Testing was terminated at the request of the patient secondary to complaints of increased lumbar/right buttock pain.

Work Simulation ► Kneeling Jul 14, 2016 12:54:05 PM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

Kneeling: 2 minutes

PRE HR 76 POST HR 83

Evaluator Comments

Mr. Logan was able to kneel for 2 minutes with difficulty noted. He reported increased lumbar/right buttock pain but he was able to complete the test.

Work Simulation ► Dynamic Reaching

Jul 14, 2016 1:10:24 PM

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 78 POST HR 86

Evaluator Comments

Mr. Logan was able to reach for 5 minutes. He reported increased lumbar/right buttock pain but he was able to complete the test.

Work Simulation ► Stair Climbing

Jul 14, 2016 1:18:03 PM

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
2:42	71	85	40	40

Evaluator Comments

Mr. Logan was able to ascend/descend a series of 4 stairs for a total of 10 cycles. He used a step over step gait pattern and used both handrails. He reported increased right hip pain but he was able to complete the test.

Work Simulation ► 12 inch to waist lift Jul 14, 2016 1:24:16 PM

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: 14 pounds **Physical demand level:** limited light

MAX HR 109

Evaluator Comments

Mr. Logan was able to lift 14 pounds. He did not want to attempt additional weight secondary to complaints of increased lumbar pain. He was able to lift 11 pounds 9 inches from floor level with difficulty noted with the same complaints. This was the lowest level lift he could complete.

Work Simulation ► Shoulder to overhead lift Jul 14, 2016 1:42:52 PM

The patient was asked to lift from shoulder height to overhead height. The results are as follows:

Shoulder to overhead: 10 pounds **Physical demand level:** limited light

MAX HR 94

Evaluator Comments

Mr. Logan was able to lift 10 pounds with difficulty noted. He did not want to attempt additional weight secondary to complaints of increased lumbar pain.

Work Simulation ► Dynamic 2-handed carry Jul 14, 2016 1:50:39 PM

The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

Dynamic 2-handed carry: 15 pounds **Physical demand level:** limited light

MAX HR 98

Evaluator Comments

Mr. Logan was able to carry 15 pounds with decreased speed of gait noted. He did not want to attempt additional weight secondary to complaints of increased lumbar and right hip pain.

Work Simulation ➨ Dynamic 1-handed carry Jul 14, 2016 1:58:20 PM

The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

Left-handed carry: 11 pounds **Right-handed carry:** 10 pounds

MAX HR 96

Evaluator Comments

Mr. Logan was able to carry 11 pounds in his left hand and 10 pounds in his right hand with decreased speed of gait noted. He did not want to attempt additional weight secondary to complaints of increased right hip pain.

Work Simulation ➨ Dynamic Push/Pull

Jul 14, 2016 2:07:18 PM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

Push: 15.6 lb.ft. **Pull:** 15.6 lb.ft.

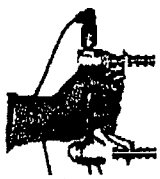
MAX HR 96

Evaluator Comments

Mr. Logan was able to push 15.6 foot pounds and pull 15.6 foot pounds loaded in a sled with difficulty noted for both. He did not want to attempt additional weight secondary to complaints of increased lumbar and right hip pain.

Hand Grip Strength ➨

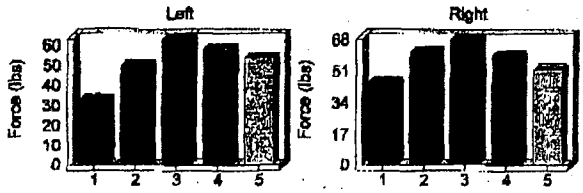
The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Mr. Ray K. Logan exerted consistent effort during grip strength testing. Mr. Ray K. Logan was tested using the modified maximum voluntary effort hand grip protocol. Mr. Ray K. Logan is right hand dominant. Normative 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]



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.

Modified Maximum Voluntary Effort (MMVE)

Jul 14, 2016 12:01:26 PM



	Left	COV	Right	COV
Pos #1	32.8 lbs.		45.1 lbs.	
Pos #2	50.1 lbs.	8.5%	61.5 lbs.	6.8%
Pos #3	62.9 lbs.		68.3 lbs.	
Pos #4	58.1 lbs.		59.4 lbs.	
Pos #5	54.0 lbs.		51.9 lbs.	
St. Dev.	10.3 Lbs.		8.0 Lbs.	

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[9, 11, 12, 13], even in a disabled population or if the client's hand is injured[9, 13], with the coefficients of variation at position 2 within the acceptable 15% or less limit.

The graph obtained for Mr. Ray K. Logan 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

[1] Stokes H. 1983. The seriously uninjured hand - weakness of grip. J Occup Med 25(9):683-684.
[9] 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, Micmeyer 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, Lister G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.

The Waddell Signs

Jul 14, 2016

Please read:
The following tests are recommended to test for non-organic physical signs in the case of lower back injuries. The Waddell's NOS should not be used in case situations where the injury involves multiple spinal segments.
Please check whether the patient's response is positive or negative.

1. Tenderness - Should be localized to a skeletal or neuromuscular structure.

Superficial Tenderness-provide light pinch to the skin over the lower back region. If there is widespread tenderness, this is considered non-physiological and is an indication of symptom magnification.

- ☑ Negative
- ☐ Positive

Non-Anatomic Tenderness-Perform deep palpation to the lumbar paraspinals. If there is tenderness which is widespread and not localized to any specific structures, then this is considered magnification of symptoms.

- ☑ Negative
- ☐ Positive

2. Simulation Tests - Give the patient the impression that a particular movement is being perfomed when it actually is not

Axial Loading -To perform this test apply a light downward pressure on the top of the patient's head while they are in the standing position. If increased lower back pain is reported then this is an indication of exaggeration of symptoms.S

- ☑ Negative
- ☐ Positive

Simulated Rotation-With the patient in the stand position and feet together, rotate the pelvis and shoulders simultaneously by applying pressure at the level of the lower forearm. If the patient reports increased pain then this is considered symptom magnification.

- ☑ Negative
- ☐ Positive

3. Distraction Tests - Retesting of a positive finding in a way that the patient does not recognize or expect

Distraction Test -Perform a straight leg raise with the patient in the supine position. When the SLR shows marked improvement while performed on distraction (i.e. Patient seated) this is considered positive.

- ☑ Negative
- ☐ Positive

4. Regional Disturbances - Divergence from accepted neuroanatomy

Regional Disturbances -These are present as motor weakness or sensory loss involving widespread regions such as the entire leg or a quarter or half of the body.

- ☑ Negative
- ☐ Positive

5. Overreaction - Disproportionate verbalization, facial expression, muscular tension and/or tremor or sweating

Overreaction-A disproportionate response such as verbalizations, facial expressions, collapsing etc. can be indicative of symptom magnification.

- ☑ Negative
- ☐ Positive

If three or more of the categories are positive then the findings are clinically *significant for non-organic low back pain.*

Scoring: Clinically insignificant.

Sitting tolerance Jul 14, 2016

The patient's self-reported sitting tolerance is as follows:

Evaluator Comments

Mr. Logan has a self reported sitting tolerance of 60 minutes in a comfortable chair (limited by complaints of increased right buttock pain and lumbar pain).

Standing tolerance Jul 14, 2016

The patient's self-reported standing tolerance is as follows:

Evaluator Comments

Mr. Logan has a self reported standing/walking tolerance of 40 minutes (limited by complaints of increased right buttock pain).

Cardiovascular Intake

Jul 14, 2016

Resting Rate (Min)	Systolic (mm Hg)	Diastolic (mm Hg)
66	118	64

Result	Normal Heart Rate	Normal Blood Pressure	Normal Blood Pressure

Single Stage Treadmill

Pre-Testing Heart Disease Questions

Test Date: Jul 14, 2016 1:00:11 PM

1. Have you ever had a heart attack?	☐ Yes	☑ No
2. Have you ever had heart surgery?	☐ Yes	☑ No
3. Have you ever had an abnormal electrocardiogram?	☐ Yes	☑ No
4. Do you have heart disease?	☐ Yes	☑ No
5. Have you been told by a physician you have had angina?	☐ Yes	☑ No
6. Have you been told by a physician you have had palpitations?	☐ Yes	☑ No
7. Have you had a stroke (CVA)?	☐ Yes	☑ No
8. Is your blood pressure (BP) 159/100?	☐ Yes	☑ No
9. Are you pregnant?	☐ Yes	☑ No

Initial Heart Rate	Initial Blood Pressure
66 BPM	118 / 64

Stage	Speed	Heart Rate	Blood Pressure	Grade
1. Warm-Up	1mph	87 BPM	0/0	0%
2. Exercise	1mph	89 BPM	0/0	5%
3. Recovery	0mph	0 BPM	0/0	0%

Predicted Maximum VO2	24 ml/Kg/min
	10 ml/Kg/min
Predicted Max Met Level	3 METS
Functional Aerobic Capacity	Moderate work
Classification of Aerobic Capacity	Fair

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1401997 & 1422134

RAY LOGAN,	)
Employee-Claimant,	)
vs.	)
WINTHROP UNIVERSITY,	)
Employer,	)
and	)
STATE ACCIDENT FUND,	)
Carrier-Defendants.	)

Monday, September 26, 2016
Rock Hill, South Carolina

Deposition of WILLIAM L. LEHMAN, JR., M.D., a witness herein, called for examination by counsel for Defendants in the above-entitled matter, pursuant to notice, before Laura K. Tiderman, RPR and Notary Public in the State of North Carolina, taken at Carolina Orthopaedic Surgery Associates, 134 Professional Park Drive, Rock Hill, South Carolina, commencing at the hour of 6:40 p.m.

APPEARANCES:

On behalf of the Claimant:

TYLER A. BATHRICK, ESQUIRE
Stewart Law Offices, LLC
1242 Ebenezer Road
Rock Hill, South Carolina 29732

On behalf of the Defendants:

SARAH S. ALPHIN, ESQUIRE
Willson, Jones, Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209

Also present:

Ray Logan

* * *

C O N T E N T S

Examination by Ms. Alphin: 4

Examination by Mr. Bathrick: 35

E X H I B I T S

(No exhibits were identified.)

PROCEEDINGS

Whereupon,

WILLIAM L. LEHMAN, JR., M.D.,

was called as a witness and, having first been duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. ALPHIN:

Q. Good afternoon, Doctor: For the record, please state your full name for us.

A. William Louis Lehman, Jr. It's L-o-u-i-s, Jr.

Q. And I introduced myself before we got started, but again for the record, my name is Sarah Alphin, and I represent Winthrop University and the workers' compensation carrier in Mr. Ray Logan's workers' compensation claim. And he actually has two claims, so we are here really about both of them but they involve at least one common body part that is admitted. So we're kind of treating them as one, so to speak.

I'm here today to take your deposition. You've had your deposition taken before; correct?

A. Yes.

Q. So you know the general rules, but if you could make sure to give me verbal responses to my

questions so our court reporter can get it down. And if I ask any questions that you do not understand, just let me know that and I will do my best to rephrase them.

A. Yes, ma'am.

Q. And other than that, if you could give me your answers to a reasonable degree of medical certainty; meaning more likely than not.

Does all that sound fair?

A. Yes.

Q: Great. Can you tell us briefly your education history as it relates to the practice of medicine?

A. I graduated from medical school in 1977 from Case Western Reserve University, Cleveland, Ohio. I completed an internship in family practice residency, University of Colorado, in 1983. I'm sorry, 1982 at the University of Colorado. I completed -- and was board certified. I completed an orthopedic surgery residency and chief residency at the University of Colorado in 1985, at the University of Colorado. I was board certified in orthopedic surgery in 1997, and recertified in 2007, and just recently was recertified again.

Q. Okay. And so your current board

certification is in orthopedic surgery?

A. Yes.

Q. And how long have you been in private practice?

A. I have been in private practice in orthopedics since 1985.

Q. Do you have any specialties within orthopedics?

A. I have a focus on joint reconstruction and back surgery.

Q. Okay. As you're aware, we are here today about Mr. Ray Logan. And you've got some medical records of his in front you; is that correct?

A. Yes.

Q. And is it fair to say you don't have an independent recollection of his treatment, and diagnosis, and everything related to that, and that you'll need to refer to your records during the course of this deposition?

A. Yes.

Q. By all means, you are welcome to do that. Let me start by asking you, when is the first time that you ever evaluated Mr. Logan?

A. I believe that was on 9/8/2015.

Q. 9/8?

A. Well, there was an independent --

Q. Okay, yeah.

How about, you did an IME before that date; is that correct?

A. Yes.

Q. And I have that that was August 26, 2015.

Is that consistent with your records?

A. Yes.

Q. What was the purpose of you evaluating Mr. Logan at that time?

A. Mr. Logan had sustained a work-related injury on 2/26/2014, and had been treated at Riverview Medical Center for that problem and had also seen, I believe, a chiropractor. I believe he had seen a chiropractor, and was not improving.

And I believe he was referred for an orthopedic evaluation by his attorney.

Q. Okay. And what were his complaints or symptoms to you when you evaluated him for that IME?

A. Low back pain, after he fell from a ladder.

Q. Did he have any complaints to any other body parts, other than his low back?

A. No.

Q. So you would agree with me he did not complain of any hip pain to you at that time?

A. Yes.

Q. And did you eventually -- well, let me ask you this.

What did you determine in terms of a diagnosis related to the back that he complained about?

A. Well, basically back arthritis, mechanical back pain --

Q. And what was --

A. I'm sorry. With some radicular symptoms.

Well, basically mechanical back pain. It really didn't go into his leg at that point.

Q. Okay.

A. Yeah.

Q. And did you have an opinion at that time, at the time you did the IME, what the cause of his back pain, mechanical back pain was?

A. Arthritis, basically.

Q. And did you feel there was any causal relationship between his work accident and the arthritis?

A. I would -- I believe I stated that there was an aggravation of the underlying degenerative

changes.

Q. Okay. And did you make any other diagnosis, other than the mechanical low back pain?

A. I believe at that time -- I don't have the --

Q. Do you need a copy of the IME report (indicating)?

A. Well, I believe that what transpired was a rather unusual situation, because basically the back pain had been treated extensively by Dr. McNair at Riverview Occupational Health Clinic, Urgent Care Clinic, and he had also seen the chiropractors.

And unexpectedly it was found that he had end-stage degenerative arthritis of the hip. So I believe I made an additional diagnosis of end-stage degenerative arthritis of the right hip.

Q. What is "end-stage degenerative arthritis of the right hip"?

What does that mean?

A. That means it's severe. Very severe. No remaining articular -- no cartilage space, bone spurs, associated generally with stiffness, pain, limp, and functional restrictions.

Q. Would it be fair to say that that is -- I

mean, is that as bad as it gets for a degenerative condition of the hip?

A. Yes.

Q. Okay. And one of the things you said is that Mr. Logan had been treated extensively, and chiropractors, and it was "unexpectedly," I think is what you said, found that he had hip arthritis.

What do you mean by "unexpectedly found"?

A. Well, I guess unexpectedly because he had been treated for the back problem and had simply not responded, and it appears that an x-ray was taken of the back and it showed, of course, the arthritis in the back but unexpectedly there was terrible hip arthritis there.

So it was based on failure to respond to treatment for the back, with an x-ray that showed the hip was perhaps a significant part of his underlying pain.

Q. What makes you think that the hip was a part of the back pain?

Is that what you're saying?

A. Well, the back pain was the diagnosis based on clinical examination, but the pain can be referred or radiate to the hip in this kind of situation leading to -- it can be a very confusing

diagnostic picture, let's put it that way.

Back pain, unless it causes true sciatica, can radiate to the buttock, which is the hip area, and explain a portion of the pain and why he did not respond to those treatments.

Q. Was Mr. Logan's pain radiating into the buttocks, or was it a separate hip issue?

A. It was radiating into the buttocks.

Q. Pain that radiates into the buttocks originates where? In the back, from a nerve?

A. From a -- I would say more likely just a degenerative disc, and the arthritis, and the joints at the very lowest part of the back because they're very adjacent to each other.

Q. Can you separate the back complaints and the hip complaints?

A. Most of the time. Generally the buttocks situation, generally I would say in a buttock pain situation it's coming from the back, whereas if it were intrinsic hip it would be more in the groin, although he did have some burning pain into the groin as well.

So it was a difficult situation, difficult diagnostic issue in this case, and I think it was surprising to the treating physicians that there,

in fact, was end-stage osteoarthritis of the hip, and that was the primary reason for referral to orthopedics.

Q. Let's talk about the diagnostic picture that you said is confusing, and see if we can't sort that out.

What prior records of Mr. Logan's treatment either do you have or have you reviewed at some point?

A. Well, I have the records from Riverview.

Q. Okay. What's the earliest date you have?

A. I think it's 2/26/14.

MS. ALPHIN: And I think we can agree on the record that was the date of the first accident he had.

Would you agree, Tyler?

MR. BATHRICK: Absolutely.

BY MS. ALPHIN:

Q. And what were Mr. Logan's complaints at that time?

A. Low back pain.

Q. Okay.

A. Excuse me.

Q. Sure.

A. He just had stated that he had a sudden

onset of low back without radicular symptoms, and he had to be helped off his ladder. Yeah, but it was strictly back pain.

Q. And so you would agree no issues or complaints related to the hip? The right hip?

A. Yes.

Q. And what's the next date you have from Riverview?

A. 3/5/14.

Q. And what were his complaints at that time?

A. There was -- well, back pain.

Q. Back pain?

A. Back pain. The examination, restricted motion of the back.

Q. And you would agree there are no complaints to the right hip at that time?

A. Correct.

Q. What's the next date you have from Riverview?

A. If I may interject?

Q. Sure.

A. He had at that time an x-ray, which was strictly of the back.

Q. The back only?

A. Yeah, just the back.

Q. Okay.

A. The next is -- there's no date on this (indicating). I can't read the date, anyway, but he was seen in follow-up by the PA. Somewhat better because he could put his pants on, but still tenderness and spasm in the back. No mention of hip. Diagnosis, lumbar sprain.

Q. Still no mentions of the hip.

And just for completeness and accuracy, let me show you a record that is dated 3/12/14 from Riverview (indicating). I know you said you can't make out a date on yours.

A. I think this might be 3/5. But, in any case, therapy records -- go ahead.

Q. What's the next one you have after that then that actually has a date on it? I know you said you couldn't make out that one.

A. Well, physical therapy records. It looks like 3/8, 3/5 (indicating).

Q. Yes, those are hard to read. I agree with you.

A. But he was seen in follow-up and had the same complaints. Sent for therapy.

Q. And then you had made reference to this while we've been here, but at some point an x-ray

was done -- a second x-ray was done, I guess, of Mr. Logan's back.

Is that correct?

A. Yes.

Q. And what was significant about that x-ray?

A. It showed end-stage degenerative arthritis at the hip.

Q. And would you agree that's an incidental finding?

A. "Incidental" is maybe a little strong. It was an unexpected finding, since the indication for the x-ray was continued back pain. But on the AP view, in this case they had enough view that they saw that the hip -- at least a portion of the hip on the x-ray.

Q. So you would agree the hip, at least the part of the hip that could be seen on the x-ray, showed end-stage degenerative arthritis and that was unexpected given that he was only complaining of back pain?

A. Yes.

Q. Okay. Let me show you -- there's a date up there (indicating) of 5/13/15. It says work status summary at the top, but there's some comments at the bottom down on this (indicating)

section.

What does that indicate about the x-ray and what it revealed?

A. It states -- well, this again is a work status summary, which includes an assessment and plan as a part of the medical record from this encounter at Riverview, or OccuMed, whichever, dated -- well, you said it was 5/13/15.

The x-rays of the spine suggest avascular necrosis changes at the right hip unrelated to his injury, and warrants investigation with the orthopedist.

Q. Is there a difference between avascular necrosis and end-stage degenerative arthritis of the hip?

Are those different conditions?

A. Well, in this case that would be x-ray interpretations, and my view was that there was no -- there might have been some preceding avascular necrosis leading to the -- basically that was an erroneous diagnosis. Just end-stage arthritis.

Q. So you have never diagnosed avascular necrosis?

A. No. And the path report from the surgery

did not show any signs.

Q. Because avascular necrosis and end-stage degenerative arthritis are different conditions; correct?

A. Yes.

Q. Okay. Would it be unusual -- well, you've called it an "unexpected finding," and you've indicated "incidental" would be too strong.

So he's not complaining of hip pain; he's only complaining of back pain leading up to this point. Would you agree with that?

A. Well, the only -- yes, in a sense, but if I could just qualify that a little bit. It's that the patients often come in to the office and they say they've got hip pain. And you always have to ask well, is this on the side of the hip, which would be bursitis; is it in the groin, which would be more hip joint; or is this in the buttock.

So the generic term "hip," it's sort of like Clinton, what the meaning of "is" is, you know, he was having buttock pain, which would be consistent either with a referred problem from a degenerative disc or spondylosis in the back, or with the end-stage arthritis.

Q. So let me ask this.

When you saw Mr. Logan for the first time for this IME August 26, 2015 his complaints were low back pain; is that correct?

A. Yes.

Q. Okay. Based on the end-stage degenerative arthritis you diagnosed, is the low back pain he complained to you of, is that consistent with the degenerative arthritis in the right hip or totally separate?

A. I would apportion 50 percent of the pain in the buttock to the hip and 50 percent of the pain in the buttock to the back.

Q. Okay.

A. That's a ballpark, of course. But as we've discussed, that symptom can relate to either one of those diagnoses and it's a difficult diagnostic struggle in some cases.

Q. Yes, I agree. I'm trying to unwind it with you. Let me ask this.

In your IME under the plan and discussion, you indicated Mr. Logan was involved in two work-related accidents dated 2/26/14 and 12/1/14, each of which has aggravated what appears to be an underlying problem of lumbar spondylosis and stenosis. That the aggravation of a chronic back

problem is consistent with the nature of both work injuries and is stated as most probable and to a reasonable degree of medical certainty. The most severe central stenosis appears to be at the L2-L3 level, which would be consistent with the right buttock and groin pain, which continues unabated.

Correct?

A. Correct.

Q. How does the hip play into this?

A. The hip does not play into the stenosis or the spondylosis. The hip would play into the buttock symptoms, which I believe most probably were a contributing factor to the ongoing pain in the buttock, which had not responded to treatment directed to the back and not to the hip problem.

Q. Okay. Let me ask you this.

You've completed -- and I believe there's copies in front of you -- you completed three medical questionnaires in this case. Are you aware of whether you've done more than three, or just those three?

A. Just those three, as far as I'm aware.

MR. BATHRICK: I only printed two. I didn't print the first one.

MS. ALPHIN: No, I have that one.

(Off-the-record discussion.)

BY MS. ALPHIN:

Q. So I have ones dated -- let's make sure we have the same ones, Doctor. The first one I have is 9/7/15. It looks like a three-page one.

MR. BATHRICK: That's the one I did not print, that first one.

THE WITNESS: So I've got 6/21/16.

BY MS. ALPHIN:

Q. So you have 6/21/16 and then a November one; right?

A. And an October 2016. You sent that to me, and I don't think I ever sent that back. You wanted an impairment rating.

MR. BATHRICK: Hold up.

MS. ALPHIN: Let's go off the record a second.

(Off-the-record discussion.)

BY MS. ALPHIN:

Q. Let me just, Doctor, jump kind of to the end game. You've completed a couple different questionnaires, it looks like one that you hadn't sent back yet, so we'll get to that too. But you have completed medical questionnaires indicating that you believe Mr. Logan aggravated a preexisting

condition in his back and his right hip in a work accident.

Is that correct?

A. In two work accidents.

Q. Right. In the two work accidents.

A. Yes.

Q. Okay. And the back is an admitted accident. I don't know if you even were aware of that. But let me ask you about the hip.

What is the basis of your opinion that he aggravated a preexisting condition in his right hip?

A. The basis for my opinion is that prior to the accident, or the two accidents, Mr. Logan was unlimited or unrestricted in a rather demanding work activity including reaching, pulling, climbing on ladders, and that subsequent to these two accidents Mr. Logan had significant symptoms referable to the back and buttock.

And as I mentioned, I believe that 50 percent, ballpark, of the symptoms related to the hip but were unrecognized as being an aggravating condition until the appropriate x-rays were performed. And that the nature of the injuries was consistent with aggravation of an underlying hip

problem.

Q. What do you mean by "the nature of the injuries was consistent"?

Do you mean like the mechanism of it, how he was hurt?

A. Yes. I believe the second injury, pulling on a ladder, and the -- I can't remember. And then I guess then when lifting a bucket I think was also -- anyway, the two injuries, the mechanism of injury of both is consistent with aggravating a very stiff hip by abnormal positioning and a grasping impact on that abnormal hip, thus leading to a flare of the arthritis.

Q. Would you agree with me that neither work accident caused the end-stage arthritis in the right hip?

A. Yes, I would agree.

Q. But it's your opinion he had the underlying end-stage arthritis of the right hip and by the mechanism of one, two, or both of the injuries he aggravated that condition?

A. Yes.

Q. And that opinion is based on what his subjective complaints are?

A. Yes.

Q. Okay. And does it make any difference in your opinion or have any impact on your opinion the Riverview or OccuMed records where he only complains of low back pain for that chunk of time?

A. It's disconcerting in a sense that the Riverview people did not perhaps perform -- I hate to say thorough -- but accepted the patient's complaints without investigating further the potential cause of those complaints, which could be one or both.

Q. Let me give you an analogy, and ask you if this analogy would apply in Mr. Logan's case.

If a person bumps their head at work and ends up needing to get an MRI or a CT of their head and it is discovered during that that there is a tumor in their head, would you agree that would be an incidental finding unrelated to the work accident? They just happened to discover it through diagnostic testing.

Let me just tell you, assume that. You don't like my analogy?

A. Well, no, I like your analogy. It's just a little bit semantics in a sense because when we're physicians and we're trying to make a diagnosis, it's a differential diagnosis so it's

rarely clear-cut. There's always one or more potential reasons for that particular symptom, and that's probably why we get that MRI.

So if somebody bumped their head, you know, you generally would not get an MRI. Because it would have been some other reason, neurologic cognitive deficits and so forth.

But, yes, I guess the short answer, yes, that would be an incidental finding if they unexpectedly found a tumor.

Q. And I guess where I'm going with that is you would agree that there are times when someone might undergo diagnostic testing and find something totally unrelated and they just happen to discover it because of some diagnostic testing you may be doing?

A. Yes.

Q. So is that what happened with Mr. Logan in regards to his right hip?

A. Short answer, yes.

Q. Okay. So you would agree that he injured his back and we discovered he had a hip problem because of that?

A. In a sense, yes. However, I think the reason for the second MRI -- second x-ray was

because he was not responding to treatment, thus suggesting perhaps an alternative diagnosis as the cause of his back -- low back and buttock symptoms.

Q. But does that have any impact on your opinion as to whether or not he aggravated the right hip in his work accident?

A. No. I would mention that a stiff hip is well-known to cause abnormal strain on a back, even a normal back. Thus the back pain may very well have been aggravated by the underlying hip arthritis and strain on the hip.

Q. Before he ever had a work accident?

A. No, no, I mean after the work accident.

Q. Say that again, or explain that?

A. Well, somebody who has a degenerative back and a degenerative hip, the limited motion, especially in the kind of work Mr. Logan was doing, would very likely have caused increased back pain too, even without an injury.

Q. Okay.

A. Sorry. It can be very confusing and frustrating, I know.

Q. No, it's okay. Before we leave you're going to make me understand. How about that?

Let me ask you, let's just get into some

treatment. You completed a total hip replacement on Mr. Logan; correct?

A. Yes.

Q. And how did he do with that, and recover, and all of that?

A. Very well.

Q. Okay. Are you still treating him for the right hip at this time?

A. No.

Q. And do you believe he has reached maximum medical improvement for the right hip?

A. Yes.

Q. And I know there's a new questionnaire floating out there. Have you assigned an impairment rating to the right hip?

A. Yes.

Q. And what is that impairment rating?

A. 25 percent lower extremity, referencing the AMA Guides, I think this was 6th Edition. Good result from -- of course this is diagnosis-based, total hip arthroplasty, good result, equals 25 percent.

Q. That's an actual lower extremity rating; is that correct?

A. Yes.

Q. Does the AMA 6 not provide for hip ratings?

Is that why you rate the lower extremity?

A. Yes. You can translate that somehow, but that's the usual.

Q. Okay. You have completed as part of the questionnaire what future medical treatment you believe he needs related to the right hip.

That's Number 5. You indicated injections as recommended by my office. Is that something he needs on a regular or ongoing basis, or in what situation?

A. As needed.

Q. As needed?

Is it something you expect him to need, or --

A. No.

Q. -- can you say more likely than not he's going to require those in the future?

A. I would say more likely than not he will not require any ongoing serial examination or injections, medication, so forth.

Q. So you checked these boxes off, but is it now your opinion that more likely than not he will not require injections, antiinflammatory, and pain

medication, follow-up appointments, or physical therapy for flared pain?

A. He will -- I would say that in my opinion those are additional treatments, which may be required based on recurrent symptoms.

Q. If he gets worse in the future?

A. Yeah.

Q. And so would it be more accurate to say that Number 5 on this medical questionnaire of 6/21/2016, these check marks for injections, antiinflammatory, and pain medication, follow-up appointments every 12 months, and physical therapy, that those things are only needed if his symptoms or condition gets worse in the future?

Is that a more accurate statement?

A. Yes.

Q. And is that your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. And what about future hip replacements on that right hip?

Do you expect that that will need to be redone at some point?

A. Well, I mentioned the 20-year lifespan for an artificial hip, but I am hopeful, very hopeful,

that this hip replacement will last a lifetime.

Q. Okay. Let's talk about the back.

What treatment have you provided for Mr. Logan's back?

A. Well, once the hip replacement had been completed, I have seen Mr. Logan in further follow up mainly relating to the back. And I believe I just recommended continued functional limitations as per an FCE, which was performed July 2016, which placed Mr. Logan in the medium work capacity in an attempt to limit his physical demand, which might aggravate the back symptoms.

But I don't believe that I have sent him for any steroid injections, which are often used in this situation, and I had not recommended any surgery.

Q. So he has a nonsurgical back and has been treated conservatively; is that correct?

A. Yes.

Q. Where did he have his FCE done?

Do your records indicate that?

A. That was done at Columbia Rehabilitation Clinic.

Q. Did you order that FCE?

A. I believe, yes. Yes, the FCE is addressed

to me.

Q. Okay. Did you ever do an MRI of Mr. Logan's back?

A. I don't see the actual report, but in general it does appear -- they made that diagnosis of stenosis. And that is generally a diagnosis made on MRI. And he did have an epidural steroid injection in October 2015 to deal with some leg radicular symptoms and it worked great.

So I don't think he had another -- I don't think he had another epidural steroid injection.

Q. When is the last time you saw Mr. Logan?

A. I believe that was May 31, 2016

Q. And how was his back at that time?

MR. BATHRICK: He actually saw him in July. The 22nd. Sorry.

BY MS. ALPHIN:

Q. That's okay. I know I'm missing records, so I'm at you all's mercy.

A. July 18th. Sorry. July 18, 2016.

Q. Okay.

A. He reached -- at that point he stated he had reached down to pick up something from the floor and had an increase in low back pain. But just low back pain.

Q. Do you believe he has reached maximum medical improvement for the low back?

A. Yes.

Q. And that's your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. And in terms of any medical treatment for the low back, do you believe he needs any future medical treatment to maintain his condition?

A. He most probably will require ongoing use of antiinflammatory medications, maintain a home exercise program for flexibility and core strengthening, and if his symptoms worsen he may require an additional epidural steroid injection.

Q. Antiiflammatory, would those be over-the-counter medications, or would you recommend prescriptions for Mr. Logan?

A. Either one. I've found good results from Aleve at a higher dose than recommended over-the-counter, but basically equivalent to a prescription.

Q. Okay. And then injections if his condition were to worsen in the future?

A. Yes.

Q. And that is your opinion to a reasonable

degree of medical certainty?

A. Yes.

Q. The most recent questionnaire you did last week, 9/22/16, did you assign an impairment rating to Mr. Logan's back?

A. Yes. 10 percent whole person, which is equivalent to 13 percent lumbar, or lower back, based on the AMA Guides, 6th Edition, which specifically deals with stenosis.

Q. So that's a diagnosis-based impairment rating as well?

A. Yes.

Q. Is 10 percent a high rating for a nonsurgical, conservative only patient?

A. Well, again, I depend on the AMA Guides to help me in this situation --

Q. Fair enough.

A. -- but given the extent of the MRI findings and the definite stenosis, I think that's a reasonable rating.

Q. Fair enough.

So where that leaves us is it is your opinion to a reasonable degree of medical certainty that Mr. Logan aggravated both his right hip and his back, and it is a difficult diagnosis, picture,

situation to put together.

Is that correct?

A. Yes. One contributes to the other, yes.

Q. Are symptoms from one body part to another often confused or poorly described?

A. In some cases, yes. In this case, yes, I think that there was a combination of factors involving the back and the hip, which contributed to the overall clinical picture of back and buttock pain.

Q. And you believe Mr. Logan has reached MMI for both his right hip and his back; is that correct?

A. Yes.

Q. All right. What, if any, permanent work restrictions do you believe Mr. Logan should have placed on him?

A. I would refer to the Functional Capacity Evaluation, which is well outlined. I can go through them if you wish, but basically he was felt suitable for medium work activity, which involves limitations in lifting, carrying, stooping, squatting, walking, and standing tolerance.

Q. So you would defer or adopt, I should say, the medium duty work restrictions from the FCE?

A. Yes.

Q. Do you know whether or not Mr. Logan is working at this time?

A. No.

Q. "No," you don't know, or "No," he's not working?

A. I don't know.

Q. Okay. Would Mr. Logan have ultimately required a right hip replacement if these work accidents had never happened?

A. Yes.

Q. Is there any way to tell how far into the future he would have required that?

A. No.

Q. Is it unusual for someone with end-stage degenerative condition of the right hip that you diagnosed him with to not have any symptoms until there is some sort of accident or aggravation?

A. I would say in my illustrious career of 30 years, it would not be totally unusual. It would be less -- it would be less common in the sense that a patient in Mr. Logan's job capacity would note stiffness with some physical activities making it difficult for him to climb, that he may have trouble putting on his shoes, and he may have

presented with that particular problem.

But there are people who basically walk around and have no pain because the mere presence of a degenerative hip does not necessitate inflammation, which is what causes the pain.

Q. Okay. So it is possible that Mr. Logan was having no symptoms or issues with that right hip, despite the fact that he had the end-stage degenerative condition, until he had the work accidents?

A. Yes.

Q. Is it surprising to you?

A. Yes.

Q. Okay. So it's possible, but it is unusual?

A. Yes.

Q. Have you seen that before in patients?

A. Yes.

MS. ALPHIN: I do not have any other questions for you at this time. I'll leave it up to Tyler.

EXAMINATION

BY MR. BATHRICK:

Q. I'm going to try to be super quick. On November 19, 2015 I sent you this (indicating)

questionnaire, and I'll have you take a look at that.

A. (Witness reviewed document.) Yes, sir.

Q. Basically what it has on the front page is a cover letter, just outlining the history as I know it of Mr. Logan's symptoms.

A. Yes, sir.

Q. Did you read this back in November of 2015?

A. Yes. I read it and I responded to it as per pages 5, 6, and 7.

Q. And I'm going to kind of cut to the chase on everything that I can.

Number 6, it says "It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work-related injury (twisting of back while lifting a bucket) aggravated a preexisting condition in Mr. Logan's right hip (arthritis) resulting in the present condition of the right hip and Mr. Logan's need for continued medical treatment through my office including but not limited to a right hip replacement."

And you checked "Yes;" correct?

A. Correct.
Q. Has that opinion changed at all today?
A. No.
Q. And that's your opinion most probably and to a reasonable degree of medical certainty?
A. Yes.
Q. Number 7, "It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work-related injury (twisting of back while lifting a bucket) either caused and/or aggravated a preexisting condition in his back resulting in the present condition of his back and his need for continued medical treatment through my office."
And you checked "Yes;" correct?
A. Yes.
Q. And that's still your opinion today?
A. Yes.
Q. Most probably and to a reasonable degree of medical certainty?
A. Yes.
Q. Have any of the other opinions in this questionnaire changed today?
A. No.

Q. I might have been listening poorly. I thought you said the work restrictions were medium duty. I had limited light duty.

But you would defer to the FCE? I'll show you a copy of it (indicating).

A. In terms of his functional aerobic capacity medium, but limited light work is the general physical restrictions.

Q. And we're just going off what's on the FCE?

A. Yes.

MR. BATHRICK: Thank you, sir. No more questions from me.

MS. ALPHIN: I don't have any questions.

(Whereupon, at 7:34 p.m., the deposition was concluded. Signature was waived.)

CERTIFICATE OF NOTARY PUBLIC & REPORTER

I, LAURA K. TIDERMAN, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken in shorthand and thereafter reduced to typewriting by me or under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by, any of the parties to the action in which this deposition was taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

Laura K. Tiderman
Notary #200733900222
Notary Public in and for the
State of North Carolina
County of Mecklenburg

My Commission Expires December 4, 2017

Tyler Bathrick

From: Brittany Melvin [bmelvin@saf.sc.gov]
Sent: Friday, May 15, 2015 1:16 PM
To: Tyler Bathrick
Subject: FW: Ray Logan 2014-4428

Since the doctor stated his injury is not related to workers comp, we are not authorizing anymore treatment but you can send me a settlement demand.

Brittany Melvin
Claim Representative
South Carolina State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000
Direct: (803) 896-5858
Fax: (803) 612-2758

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From: Brittany Melvin
Sent: Wednesday, May 13, 2015 1:44 PM
To: 'Tyler Bathrick'
Cc: Viviana Donneys
Subject: RE: Ray Logan 2014-4428

I need a letter of rep from you. I wasn't aware that he was represented. I am waiting on the notes before I will make a decision.

Brittany Melvin
Claim Representative
South Carolina State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000
Direct: (803) 896-5858
Fax: (803) 612-2758

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From: Tyler Bathrick [mailto:tyler@stewartlawoffices.net]
Sent: Wednesday, May 13, 2015 1:19 PM
To: Brittany Melvin
Cc: Viviana Donneys
Subject: Ray Logan

Brittany,

It is my understanding that Dr. McNair has released Mr. Logan to full duty work and indicated that Mr. Logan's problems are not work related. I do not yet have a report but will forward upon receipt. Any chance you will get Mr. Logan set with an orthopaedic for his back and hips. Feel free to give me a call to discuss. I look forward to hearing from you.

Tyler Bathrick
Stewart Law Offices, LLC
PO Box 670
Rock Hill, SC 29731
803-328-5600
803-328-5876 fax

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Tyler Bathrick

From: Tyler Bathrick
Sent: Thursday, November 19, 2015 10:06 AM
To: Sarah S. Alphin
Cc: Viviana Donneys
Subject: FW: Ray Logan

Spoke to Ray Logan about the IME. He is undergoing a hip replacement with Dr. Lehman, on the same day I think. A couple of things:

1) We feel that the hip and the replacement are part of the claim. With a replacement coming up, if you guys want to pick up the hip and select a doctor to perform the surgery, now would be a good time. I don't want to deprive you guys of your right to provide care if you are interested in providing care.

2) We may have to reschedule the IME.

Feel free to shoot me an email or give me a call to discuss.

Tyler Bathrick
Stewart Law Offices, LLC
PO Box 670
Rock Hill, SC 29731
803-328-5600
803-328-5876 fax

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From: Tyler Bathrick
Sent: Wednesday, August 05, 2015 11:10 AM
To: 'Sarah S. Alphin'
Subject: Ray Logan

He is seeing Dr. Lehman on August 26th.

Tyler Bathrick
Stewart Law Offices, LLC
PO Box 670
Rock Hill, SC 29731
803-328-5600
803-328-5876 fax

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Columbia, SC 29221-5000
Direct: (803) 896-5858
Fax: (803) 612-2758

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From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Tuesday, April 28, 2015 12:48 PM
To: Brittany Melvin; Bridges, Gregory Thadd
Subject: RE: Ray Logan DOI 120114 Winthrop University **New Injury/Investigational** 2014-4428

Placed a call to Mr. Logan informed his claim has been accepted auth given to send to the WC doctor US Health Works. IW states he's seeing an orthopedist and is scheduled for an MRI for 5/12. IW at work states he will call NCM back with orthopedist info. Informed unable to auth tx with his treating orthopedist. NCM will notify the adjuster and she will determine if treating doctor is authorized pending he's in network. IW ask about bills referred to the adjuster to address. All parties notified kra.

Have a blessed day

Kathrene Averette RN
Nurse Case Manager
CompEndium Services, Inc
Phone # 877-709-2667
Fax # 678-985-4874
kaverette@compendiumusa.net

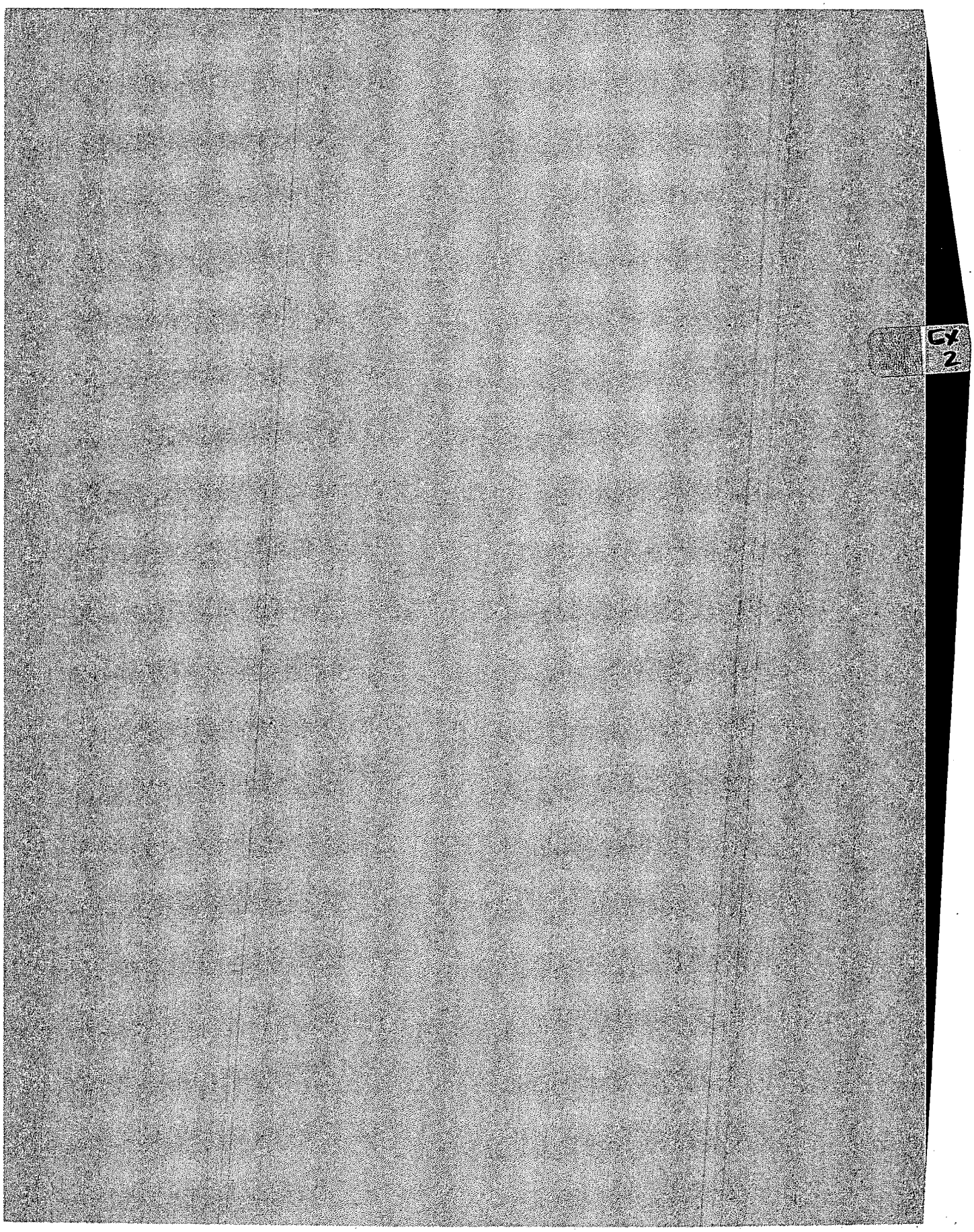
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From: Brittany Melvin [mailto:bmelvin@saf.sc.gov]
Sent: Friday, April 24, 2015 3:07 PM
To: Averette, Kathrene
Subject: RE: Ray Logan DOI 120114 Winthrop University **New Injury/Investigational** 2014-4428

He needs to go to Occ and if they want to refer him out, we will use our WC dr's. If he doesn't treat at Occ, then we will close his file for non-compliance. He has to follow our procedures.

Brittany Melvin
Claim Representative
South Carolina State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000
Direct: (803) 896-5858
Fax: (803) 612-2758

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CX
2

Bridges, Gregory Thadd

From:	Bridges, Gregory Thadd
Sent:	Wednesday, May 13, 2015 1:27 PM
To:	bmelvin@saf.sc.gov; Averette, Kathrene
Cc:	Smith, Shannon R
Subject:	FW: Ray Logan DOI 120114 Winthrop University **New Injury/Investigational** 2014-4428
Attachments:	Logan_Occumed_051315_Discharge.pdf

IW was treated again today at Occumed. The doctor (MD Charlton Scott McNair) called me today and said the MRI showed degenerative changes and his pain is unrelated to the injury. He suggested IW consult an orthopedist for additional treatment. Sounded to me like the IW needs to see an Ortho on his on and not via WC. IW came by my office and delivered the attached Work Status Summary. He said "we/WC" will pay for the Ortho visits.

Occumed notes: "He is without significant changes overall. On the X-rays of his spine there is noted changes suggesting avascular necrosis changes at the right hip. This is unrelated to his injury and warrants further investigation with the orthopedist.

His MRI or the spine is significant for multiple level degenerative changes that result in canal and foraminal stenosis. This is not an acute finding. He is to continue medicines, full duty, and follow up with an orthopedist."

RTC: Discharged from care at Occumed 5/13/15. RTW: Full duty. IW did not go OOW.

Thadd

From: *Brittany Melvin [mailto:bmelvin@saf.sc.gov]*
Sent: Tuesday, May 12, 2015 9:26 AM
To: Bridges, Gregory Thadd; Averette, Kathrene
Cc: Smith, Shannon R
Subject: RE: Ray Logan DOI 120114 Winthrop University **New Injury/Investigational** 2014-4428

He was suppose to have MRI done yesterday. I haven't received the report yet.

Brittany Melvin
Claim Representative
South Carolina State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000
Direct: (803) 896-5858
Fax: (803) 612-2758

CONFIDENTIAL & PRIVILEGED
This message, including any attachments, contains information which may be confidential, privileged, and/or otherwise exempt from disclosure under applicable law. The information is intended for the sole use of the individual(s) or entity named above. If you are not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper, or otherwise of the communication. Any unauthorized review, use, disclosure, or distribution is strictly prohibited.

From: Bridges, Gregory Thadd [mailto:bridgesg@winthrop.edu]
Sent: Monday, May 11, 2015 1:12 PM
To: Averette, Kathrene; Brittany Melvin

SC WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)

Winthrop University
Winthrop University - Main Campus
701 Oakland Ave.Rock HillSC29733

CARRIER/ADMINISTRATOR CLAIM NUMBER | REPORT PURPOSE CODE

JURISDICTION | JURISDICTION CLAIM NUMBER

INSURED REPORT NUMBER

EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) | LOCATION #

SIC CODE | EMPLOYER FEIN | PHONE #

CARRIER/CLAIM ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE NO)

State Accident Fund of South Carolina
P.O. Box 102100
Columbia, SC 29221
800-521-6576

POLICY PERIOD TO

CHECK IF APPROPRIATE: [ ] SELF INSURANCE

CLAIMS ADMINISTRATOR (NAME, ADDRESS, & PHONE NO)

CARRIER FEIN | POLICY/SELF INSURED NUMBER | ADMINISTRATOR FEIN

AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
Logan, Ray K	[redacted]	[redacted]	3-22-2004	SC

ADDRESS (INCL ZIP): 705 Ferndale Drive (york), Rock Hill, SC 29730

SEX: [X] MALE [ ] FEMALE [ ] UNKNOWN

MARITAL STATUS: [ ] UNMARRIED (SINGLE/DIV) [X] MARRIED [ ] SEPARATED [ ] UNKNOWN

OCCUPATION/JOB TITLE: Painter

EMPLOYMENT STATUS: Regular Employment

PHONE: (803) 242-9917

OF DEPENDENTS: 6

NCCI CLASS CODE

RATE	PER:				# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?		DID SALARY CONTINUE?	
$36530.00/yr	[ ] DAY [ ] WEEK	[ ] MONTH [X] OTHER			5	[X] YES	[ ] NO	[X] YES	[ ] NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK		DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE		LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
07:00	[X] AM [ ] PM	12/01/2014	08:30	[X] AM [ ] PM	12-01-2014	03/04/2015	

CONTACT NAME/PHONE NUMBER: Thad Bridges 864-672-8060

TYPE OF INJURY/ILLNESS: Strain

PART OF BODY AFFECTED: Lower Back

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? [X] YES [ ] NO

TYPE OF INJURY/ILLNESS CODE | PART OF BODY AFFECTED CODE

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: pkg lot storage rm/rock hill/york/29733

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: 5 gal bucket of paint & ladder

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Loading work van.

WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Loading work van.

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.

1st loaded 5 gallon bucket of paint, 2nd a ladder. Ladder caught on bucket. With R hand tried to move paint bucket & reached over with L hand to hold ladder up. R lower back pain.

CAUSE OF INJ CODE

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?	WERE THEY USED?
		[X] YES [ ] NO	[ ] YES [X] NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)

HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT
- [ ] NO MEDICAL TREATMENT
- [ ] MINOR BY EMPLOYER
- [ ] MINOR CLINIC/HOSP
- [ ] EMERGENCY CARE
- [ ] HOSPITALIZED > 24 HRS
- [ ] FUTURE MAJOR MEDICAL TREATMENT ANTICIPATED

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER
03-04-2015	03-05-2015	Thadd Bridges	864-672-8060

SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE

WCC FORM 12-A REV. DATE 3/98

484

RECEIVED
MAR 2 6 2015
HUMAN RESOURCES

Employee Performance Management System (EPMS)
Evaluation and Planning Form

Purpose: The purpose of EPMS is to provide summary feedback to staff members on their performance for the year, and to provide clear goals and development plans for the coming year. EPMS evaluations will be used to make pay and other personnel decisions.

Instructions: Please fill in all areas as instructed. Print completed form for signatures, staple, and return to the Office of Human Resources.

Employee Name	Ray Logan	Position	Painter
Employee ID (CWID)	W10438651	Supervisor Name	Chad Russell
Department	Facilities Management	Review Type:	
Review Period From: 3/31/2014 To: 3/31/2015		◉ Annual Review ○ Planning Stage Document ○ Trial Period ○ Probationary Period ○ Short Year Review	

Evaluation Levels and Sample Criteria:

Exceptional (E) (Note: If Rating an Employee Exceptional you MUST ADD Comments.) *Work that is characterized by exemplary accomplishments throughout the rating period; performance that is considerably and consistently above the requirements of the job duties.*	• Individuals who significantly and consistently exceed expectations and role requirements • Exceeds goals set for the year • Demonstrates exceptional depth and breadth of role knowledge, highly recognized by others within the University community • Demonstrates role model behavior for other supervisors/staff members to emulate
Successful (S) *Work that meets the requirements of the job duties.*	• Individuals who regularly meet and sometimes exceed expectations and role requirements • *Meets goals set for the year* • Possesses full depth and breadth of role knowledge • Perceived by peers, managers, students and other customers as collaborative, skilled and harmonious • Consistently interacts effectively with peers and/or management
Unsuccessful (U) (NOTE: Before Rating an Employee Unsuccessful, you MUST contact HR for WRITTEN APPROVAL.) *Work that fails to meet the requirements of the job duties.*	• Work is regularly incomplete and/or does not meet the minimal standards for quantity or quality; often misses deadlines • Takes little to no initiative, even with prompting • Requires more than the expected level of supervision due to lower quality work or level of learning required to complete role successfully • Inconsistent interactions with peers and/or management • Work is regularly incomplete and/or does not meet the minimal standards for quantity or quality; often misses deadlines

Ray Logan 3-31-2014 3-31-2015

Section 1A Evaluation of Job Responsibilities:

	Job Functions and Objectives / Success Criteria	Comments / Actual Performance	Eval Level
Job Function	Applies paint, varnish and other protective coatings to buildings, fixtures and furniture using brushes, rollers, spray guns and other tools as appropriate.		○E ◉S ○U
Success Criteria			
Job Function	Coordinates daily activities of painting crew; receives instructions from supervisor for work to be done and insures that needed supplies and tools are available; provides guidance to other crew members as work progresses; assists supervisor in selection, training and evaluation of other painters.	Stays up to date with work orders, prepares work for employees.	◉E ○S ○U
Success Criteria			
Job Function	Prepares surfaces to be painted by scraping, sanding, wire brushing, chemical spraying and/or applying primer coats; applies spackling, reglazes windows, etc.; protects areas adjacent to those to be painted by placing masking tape, drop cloths, etc. in appropriate areas.		○E ◉S ○U
Success Criteria			
Job Function	Mixes and matches paints to be used.		○E ◉S ○U
Success Criteria			
Job Function			○E ○S ○U
Success Criteria			
Job Function			○E ○S ○U
Success Criteria			

Supervisor Initials Date Employee Initials Date Page | 2

Section 1B: Performance Characteristics Employee Role: *Is the employee a supervisor? Yes ○ No ⊙*	Rating
1. Functional: Technical Competence – Possesses necessary knowledge to effectively perform job and able to apply what he/she has learned about his/her job. Acquires new knowledge/skills/abilities as required by the job.	⊙S ○U
2. Functional: Quality of Work -- The extent to which the employee neatly, thoroughly, and accurately completes job assignments according to established standards of quality. Continuously improves quality of work.	⊙S ○U
3. Functional: Problem Analysis -- Able to identify problems and relevant issues and breaks problem into components. Sees relationships and alternative solutions and arrives at sound conclusions through a logical process.	⊙S ○U
4. Functional: Safety -- Follows established safety practices and corrects unsafe work practices on the job.	⊙S ○U

Section 1C: Overall Evaluation (to be completed by rating supervisor)

Summary Evaluation	Summarize the employee's performance, discussing areas of strength and areas for improvement. Provide Overall Evaluation.
○ E ⊙ S ○ U	Works well with coworkers, prepares areas for paint, plaster and wallpaper. Very safe on the job.

Employee comments on any aspect of the performance evaluation.

Supervisor Initials Date Employee Initials Date Page | 3

Roy Logan 3/31/2014 3/31/2015

Section 2A: Signature Page

Planning Stage Acknowledgment: The rating supervisor should meet with the employee to discuss the job duties, performance characteristics, objectives, and success criteria for the next annual rating period. The original document should be retained by the rating supervisor for use during the next annual rating process. A copy should be given to the employee.

Rating Supervisor: Roy K. Logan Date: 3-24-15

Reviewer: Chris [redacted] Date: 3-24-15

Employee: [signature] Date: 3-24-15

(Signature by the employee indicates Planning Stage was reviewed.)

Performance Evaluation Acknowledgment: The EPMS form must be signed by the rating supervisor, reviewer, and employee. The original document should be forwarded to the Office of Human Resources. A copy should be given to the employee.

Rating Supervisor: Roy K. Logan Date: 3-24-15

Reviewer: Chris Covington Date: 3-24-15

Employee: [signature] Date: 3-24-15

(Signature by the employee indicates evaluation was received.)

entered in Banner
3/27/15 JP

FEB 2 8 2011

HUMAN RESOURCES

WINTHROP UNIVERSITY

RECORD OF PERFORMANCE APPRAISAL

Instructions: Please fill in all shaded areas. Space will increase to fit your responses. Print completed form for signatures, staple pages and return to Human Resources and Affirmative Action, 303 Tillman.

Name: Ray Logan	*SSN:* [redacted]	*Review Date:* 3-1-11
Position: Paint Trade Specialist	*Department:* Paint	*Completion Date:*

PERFORMANCE APPRAISAL FORMAT

Section I provides several measures or standards of performance which are inherent to most jobs. This section should be completed for each employee.

Section II must be completed for managerial and supervisory personnel.

Section III provides a format for a basic analysis of employee strengths, needs, and current professional development. This section should be completed for each employee.

PERFORMANCE LEVEL DESCRIPTIONS

Substantially Exceeds Expectations - work that is characterized by exemplary accomplishments throughout the rating period; performance that is considerably and consistently above the expectations and requirements of the assigned position. This rating should be reserved for approximately the top 10 percent of your workforce.

Exceeds Expectations - work that is above the expectations and requirements of the assigned position throughout the rating period. This rating should be reserved for approximately the next 30 percent of your workforce.

Meets Expectations - work that meets the expectations and requirements of the assigned position throughout the rating period; performance may fluctuate during the rating period to include exceeding the job expectations in some areas. This rating should be earned by the majority of your workforce.

Below Expectations - substandard work performance below the job expectations and requirements throughout the rating period.

SECTION I - FOR ALL EMPLOYEES *(click box to select the appropriate level of performance)*

1. **Quality of Work** - the extent to which the employee neatly, thoroughly, and accurately completes job assignments according to established standards of quality.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray is an expert is all painting aspects.**

2. **Quantity of Work** - the extent to which the employee produces an amount of acceptable work in order to meet schedules over which he or she has control.

☐Below Expectations ☒Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray delegates work very well. I would like to see him get back to more hands on for himself.**

3. **Knowledge of Job** - overall concept of knowledge of technical, administrative, and routine duties involved in the job. Competence in understanding and performing complex tasks.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Very knowledgable.**

4. Initiative - the extent to which the employee recognizes or anticipates tasks to be performed and begins without waiting for instructions to do so.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray is on top of everything. He starts projects before most see what needs to be done.**

5. **Interpersonal Relations** - degree of cooperation and interaction with co-workers, supervisor, or other personnel, and the public. Demonstration of a positive attitude toward job and university environment.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray gets along with everyone.**

6. **Dependability** - consider behavior under normal conditions as well as conditions of stress. Reliability in job performance and availability when needed are key factors in determining degree of dependability.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

7. **Safety/Security** - awareness of dangerous conditions and/or practices and action to remedy such problems.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray is very aware of his surrounding.**

8. **Organization of Work** - planning and organizing of work assignment in a manner which minimizes time wasted and duplication of effort.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray is normally ahead of the game. He has co-workers completeing jobs and moving right on to the next.**

9. **Communication** - ability to communicate with others in job related functions, and properly instruct in area of specialty.

☐Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

Comments: **Ray communicates very well with others.**

10. **Judgment** - demonstration of sound judgment by action taken during the course of performing duties. Consider ability to make decisions affecting corrective or normal operation procedures that have a positive result.

☐Below Expectations ☒Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

SECTION II - FOR MANAGERIAL/SUPERVISORY PERSONNEL ONLY *(click box to select the appropriate level of performance)*

11. **Goal Accomplishment** - quality and quantity of accomplishment toward set goals; also consider responsiveness to organizational goals.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

12. **Conceptualization and Flexibility in Problem Resolution** - ability to conceive potential problem situations and take positive action. Consider situations not normally part of routine job duties.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

13. **Supervision/Leadership** - quality of leadership in obtaining employee cooperation and influencing leadership behavior.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

14. **Planning and Delegation** - ability to plan and coordinate activities, manage personal and employee time effectively, distribute work loads, and delegate responsibility and authority without loss of supervisory control.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

15. **Employee Development** - provide guidance, counseling, and meaningful training and instruction in development of employee skills and potential.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

16. **Evaluation** - timely completion of valid and consistent evaluations of subordinates. Also consider attitude, preparedness, and approach to employee evaluation.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

17. **Commitment to Affirmative Action/Equal Employment Opportunity** - consider sensitivity to special problems of minority employees or students, willingness to assist career advancement of minority employees, receptiveness to hiring qualified minority applicants, and attention to the outlined hiring procedures.

☐Below Expectations ☐Meets Expectations ☐Exceeds Expectations ☐Substantially Exceeds Expectations

Comments:

SECTION III - FOR ALL EMPLOYEES

EMPLOYEE DEVELOPMENT ANALYSIS

Major Strengths/Accomplishments: Initiative and organization of work
Opportunities for Improvement: quantity of work
Plan of Individual Development:

SUMMARY RATING

☐*Below Expectations ☐Meets Expectations ☒Exceeds Expectations ☐Substantially Exceeds Expectations

**Rating officer must first consult with the Office of Human Resources and Affirmative Action before giving a "below expectations" rating.*

Summary of evaluation which justifies summary rating:

CERTIFICATION OF REVIEW

REMINDER: The Rating Officer is to complete the performance evaluation form and discuss it with the Reviewing Officer *before* the conference is held with the employee.

[signature] 2-25-11
Rating Officer Signature/Title *Date*

[signature] 2-28-11
Reviewing Officer Signature/Title *Date*

Comments of Reviewing Officer:

[signature] 2/25/11
***Employee Signature* *Date*

**My signature indicates that I have been given the opportunity to discuss my performance appraisal with my supervisor. My signature does not imply approval or disapproval on my part.

Comments of Employee (accuracy, comprehensiveness, helpfulness, etc.):

Entered "Exc" in the TS 3/1/11 DV

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1401997 & 1422134

RAY LOGAN, Employee-Claimant, vs. WINTHROP UNIVERSITY, Employer, and STATE ACCIDENT FUND, Carrier-Defendants.	)

Monday, September 26, 2016
Rock Hill, South Carolina

Deposition of WILLIAM L. LEHMAN, JR., M.D., a witness herein, called for examination by counsel for Defendants in the above-entitled matter, pursuant to notice, before Laura K. Tiderman, RPR and Notary Public in the State of North Carolina, taken at Carolina Orthopaedic Surgery Associates, 134 Professional Park Drive, Rock Hill, South Carolina, commencing at the hour of 6:40 p.m.

APPEARANCES:

On behalf of the Claimant:

TYLER A. BATHRICK, ESQUIRE
Stewart Law Offices, LLC
1242 Ebenezer Road
Rock Hill, South Carolina 29732

On behalf of the Defendants:

SARAH S. ALPHIN, ESQUIRE
Willson, Jones, Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209

Also present:

Ray Logan

* * *

C O N T E N T S

Examination by Ms. Alphin: 4

Examination by Mr. Bathrick: 35

E X H I B I T S

(No exhibits were identified.)

P R O C E E D I N G S

Whereupon,

WILLIAM L. LEHMAN, JR., M.D.,

was called as a witness and, having first been duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. ALPHIN:

Q. Good afternoon, Doctor. For the record, please state your full name for us.

A. William Louis Lehman, Jr. It's L-o-u-i-s, Jr.

Q. And I introduced myself before we got started, but again for the record, my name is Sarah Alphin, and I represent Winthrop University and the workers' compensation carrier in Mr. Ray Logan's workers' compensation claim. And he actually has two claims, so we are here really about both of them but they involve at least one common body part that is admitted. So we're kind of treating them as one, so to speak.

I'm here today to take your deposition. You've had your deposition taken before; correct?

A. Yes.

Q. So you know the general rules, but if you could make sure to give me verbal responses to my

questions so our court reporter can get it down. And if I ask any questions that you do not understand, just let me know that and I will do my best to rephrase them.

A. Yes, ma'am.

Q. And other than that, if you could give me your answers to a reasonable degree of medical certainty; meaning more likely than not.

Does all that sound fair?

A. Yes.

Q. Great. Can you tell us briefly your education history as it relates to the practice of medicine?

A. I graduated from medical school in 1977 from Case Western Reserve University, Cleveland, Ohio. I completed an internship in family practice residency, University of Colorado, in 1983. I'm sorry, 1982 at the University of Colorado. I completed -- and was board certified. I completed an orthopedic surgery residency and chief residency at the University of Colorado in 1985, at the University of Colorado. I was board certified in orthopedic surgery in 1997, and recertified in 2007, and just recently was recertified again.

Q. Okay. And so your current board

certification is in orthopedic surgery?

A. Yes.

Q. And how long have you been in private practice?

A. I have been in private practice in orthopedics since 1985.

Q. Do you have any specialties within orthopedics?

A. I have a focus on joint reconstruction and back surgery.

Q. Okay. As you're aware, we are here today about Mr. Ray Logan. And you've got some medical records of his in front you; is that correct?

A. Yes.

Q. And is it fair to say you don't have an independent recollection of his treatment, and diagnosis, and everything related to that, and that you'll need to refer to your records during the course of this deposition?

A. Yes.

Q. By all means, you are welcome to do that. Let me start by asking you, when is the first time that you ever evaluated Mr. Logan?

A. I believe that was on 9/8/2015.

Q. 9/8?

A. Well, there was an independent --

Q. Okay, yeah.

How about, you did an IME before that date; is that correct?

A. Yes.

Q. And I have that that was August 26, 2015.

Is that consistent with your records?

A. Yes.

Q. What was the purpose of you evaluating Mr. Logan at that time?

A. Mr. Logan had sustained a work-related injury on 2/26/2014, and had been treated at Riverview Medical Center for that problem and had also seen, I believe, a chiropractor. I believe he had seen a chiropractor, and was not improving.

And I believe he was referred for an orthopedic evaluation by his attorney.

Q. Okay. And what were his complaints or symptoms to you when you evaluated him for that IME?

A. Low back pain, after he fell from a ladder.

Q. Did he have any complaints to any other body parts, other than his low back?

A. No.

Q. So you would agree with me he did not complain of any hip pain to you at that time?

A. Yes.

Q. And did you eventually -- well, let me ask you this.

What did you determine in terms of a diagnosis related to the back that he complained about?

A. Well, basically back arthritis, mechanical back pain --

Q. And what was --

A. I'm sorry. With some radicular symptoms.

Well, basically mechanical back pain. It really didn't go into his leg at that point.

Q. Okay.

A. Yeah.

Q. And did you have an opinion at that time, at the time you did the IME, what the cause of his back pain, mechanical back pain was?

A. Arthritis, basically.

Q. And did you feel there was any causal relationship between his work accident and the arthritis?

A. I would -- I believe I stated that there was an aggravation of the underlying degenerative

changes.

Q. Okay. And did you make any other diagnosis, other than the mechanical low back pain?

A. I believe at that time -- I don't have the --

Q. Do you need a copy of the IME report (indicating)?

A. Well, I believe that what transpired was a rather unusual situation, because basically the back pain had been treated extensively by Dr. McNair at Riverview Occupational Health Clinic, Urgent Care Clinic, and he had also seen the chiropractors.

And unexpectedly it was found that he had end-stage degenerative arthritis of the hip. So I believe I made an additional diagnosis of end-stage degenerative arthritis of the right hip.

Q. What is "end-stage degenerative arthritis of the right hip"?

What does that mean?

A. That means it's severe. Very severe. No remaining articular -- no cartilage space, bone spurs, associated generally with stiffness, pain, limp, and functional restrictions.

Q. Would it be fair to say that that is -- I

mean, is that as bad as it gets for a degenerative condition of the hip?

A. Yes.

Q. Okay. And one of the things you said is that Mr. Logan had been treated extensively, and chiropractors, and it was "unexpectedly," I think is what you said, found that he had hip arthritis.

What do you mean by "unexpectedly found"?

A. Well, I guess unexpectedly because he had been treated for the back problem and had simply not responded, and it appears that an x-ray was taken of the back and it showed, of course, the arthritis in the back but unexpectedly there was terrible hip arthritis there.

So it was based on failure to respond to treatment for the back, with an x-ray that showed the hip was perhaps a significant part of his underlying pain.

Q. What makes you think that the hip was a part of the back pain?

Is that what you're saying?

A. Well, the back pain was the diagnosis based on clinical examination, but the pain can be referred or radiate to the hip in this kind of situation leading to -- it can be a very confusing

diagnostic picture, let's put it that way.

Back pain, unless it causes true sciatica, can radiate to the buttock, which is the hip area, and explain a portion of the pain and why he did not respond to those treatments.

Q. Was Mr. Logan's pain radiating into the buttocks, or was it a separate hip issue?

A. It was radiating into the buttocks.

Q. Pain that radiates into the buttocks originates where? In the back, from a nerve?

A. From a -- I would say more likely just a degenerative disc, and the arthritis, and the joints at the very lowest part of the back because they're very adjacent to each other.

Q. Can you separate the back complaints and the hip complaints?

A. Most of the time. Generally the buttocks situation, generally I would say in a buttock pain situation it's coming from the back, whereas if it were intrinsic hip it would be more in the groin, although he did have some burning pain into the groin as well.

So it was a difficult situation, difficult diagnostic issue in this case, and I think it was surprising to the treating physicians that there,

in fact, was end-stage osteoarthritis of the hip, and that was the primary reason for referral to orthopedics.

Q. Let's talk about the diagnostic picture that you said is confusing, and see if we can't sort that out.

What prior records of Mr. Logan's treatment either do you have or have you reviewed at some point?

A. Well, I have the records from Riverview.

Q. Okay. What's the earliest date you have?

A. I think it's 2/26/14.

MS. ALPHIN: And I think we can agree on the record that was the date of the first accident he had.

Would you agree, Tyler?

MR. BATHRICK: Absolutely.

BY MS. ALPHIN:

Q. And what were Mr. Logan's complaints at that time?

A. Low back pain.

Q. Okay.

A. Excuse me.

Q. Sure.

A. He just had stated that he had a sudden

onset of low back without radicular symptoms, and he had to be helped off his ladder. Yeah, but it was strictly back pain.

Q. And so you would agree no issues or complaints related to the hip? The right hip?

A. Yes.

Q. And what's the next date you have from Riverview?

A. 3/5/14.

Q. And what were his complaints at that time?

A. There was -- well, back pain.

Q. Back pain?

A. Back pain. The examination, restricted motion of the back.

Q. And you would agree there are no complaints to the right hip at that time?

A. Correct.

Q. What's the next date you have from Riverview?

A. If I may interject?

Q. Sure.

A. He had at that time an x-ray, which was strictly of the back.

Q. The back only?

A. Yeah, just the back.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1401997 & 1422134

RAY LOGAN,
Employee-Claimant,
vs.
WINTHROP UNIVERSITY,
Employer,
and
STATE ACCIDENT FUND,
Carrier-Defendants.

Monday, September 26, 2016
Rock Hill, South Carolina

Deposition of WILLIAM L. LEHMAN, JR., M.D., a witness herein, called for examination by counsel for Defendants in the above-entitled matter, pursuant to notice, before Laura K. Tiderman, RPR and Notary Public in the State of North Carolina, taken at Carolina Orthopaedic Surgery Associates, 134 Professional Park Drive, Rock Hill, South Carolina, commencing at the hour of 6:40 p.m.

APPEARANCES:

On behalf of the Claimant:

TYLER A. BATHRICK, ESQUIRE
Stewart Law Offices, LLC
1242 Ebenezer Road
Rock Hill, South Carolina 29732

On behalf of the Defendants:

SARAH S. ALPHIN, ESQUIRE
Willson, Jones, Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209

Also present:

Ray Logan

* * *

C O N T E N T S

Examination by Ms. Alphin: 4

Examination by Mr. Bathrick: 35

E X H I B I T S

(No exhibits were identified.)

PROCEEDINGS

Whereupon,

WILLIAM L. LEHMAN, JR., M.D.,

was called as a witness and, having first been duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. ALPHIN:

Q. Good afternoon, Doctor. For the record, please state your full name for us.

A. William Louis Lehman, Jr. It's L-o-u-i-s, Jr.

Q. And I introduced myself before we got started, but again for the record, my name is Sarah Alphin, and I represent Winthrop University and the workers' compensation carrier in Mr. Ray Logan's workers' compensation claim. And he actually has two claims, so we are here really about both of them but they involve at least one common body part that is admitted. So we're kind of treating them as one, so to speak.

I'm here today to take your deposition. You've had your deposition taken before; correct?

A. Yes.

Q. So you know the general rules, but if you could make sure to give me verbal responses to my

questions so our court reporter can get it down. And if I ask any questions that you do not understand, just let me know that and I will do my best to rephrase them.

A. Yes, ma'am.

Q. And other than that, if you could give me your answers to a reasonable degree of medical certainty; meaning more likely than not.

Does all that sound fair?

A. Yes.

Q. Great. Can you tell us briefly your education history as it relates to the practice of medicine?

A. I graduated from medical school in 1977 from Case Western Reserve University, Cleveland, Ohio. I completed an internship in family practice residency, University of Colorado, in 1983. I'm sorry, 1982 at the University of Colorado. I completed -- and was board certified. I completed an orthopedic surgery residency and chief residency at the University of Colorado in 1985, at the University of Colorado. I was board certified in orthopedic surgery in 1997, and recertified in 2007, and just recently was recertified again.

Q. Okay. And so your current board

certification is in orthopedic surgery?

A. Yes.

Q. And how long have you been in private practice?

A. I have been in private practice in orthopedics since 1985.

Q. Do you have any specialties within orthopedics?

A. I have a focus on joint reconstruction and back surgery.

Q. Okay. As you're aware, we are here today about Mr. Ray Logan. And you've got some medical records of his in front you; is that correct?

A. Yes.

Q. And is it fair to say you don't have an independent recollection of his treatment, and diagnosis, and everything related to that, and that you'll need to refer to your records during the course of this deposition?

A. Yes.

Q. By all means, you are welcome to do that. Let me start by asking you, when is the first time that you ever evaluated Mr. Logan?

A. I believe that was on 9/8/2015.

Q. 9/8?

A. Well, there was an independent --.

Q. Okay, yeah.

How about, you did an IME before that date; is that correct?

A. Yes.

Q. And I have that that was August 26, 2015.

Is that consistent with your records?

A. Yes.

Q. What was the purpose of you evaluating Mr. Logan at that time?

A. Mr. Logan had sustained a work-related injury on 2/26/2014, and had been treated at Riverview Medical Center for that problem and had also seen, I believe, a chiropractor. I believe he had seen a chiropractor, and was not improving.

And I believe he was referred for an orthopedic evaluation by his attorney.

Q. Okay. And what were his complaints or symptoms to you when you evaluated him for that IME?

A. Low back pain, after he fell from a ladder.

Q. Did he have any complaints to any other body parts, other than his low back?

A. No.

Q. So you would agree with me he did not complain of any hip pain to you at that time?

A. Yes.

Q. And did you eventually -- well, let me ask you this.

What did you determine in terms of a diagnosis related to the back that he complained about?

A. Well, basically back arthritis, mechanical back pain --

Q. And what was --

A. I'm sorry. With some radicular symptoms.

Well, basically mechanical back pain. It really didn't go into his leg at that point.

Q. Okay.

A. Yeah.

Q. And did you have an opinion at that time, at the time you did the IME, what the cause of his back pain, mechanical back pain was?

A. Arthritis, basically.

Q. And did you feel there was any causal relationship between his work accident and the arthritis?

A. I would -- I believe I stated that there was an aggravation of the underlying degenerative

changes.

Q. Okay. And did you make any other diagnosis, other than the mechanical low back pain?

A. I believe at that time -- I don't have the --

Q. Do you need a copy of the IME report (indicating)?

A. Well, I believe that what transpired was a rather unusual situation, because basically the back pain had been treated extensively by Dr. McNair at Riverview Occupational Health Clinic, Urgent Care Clinic, and he had also seen the chiropractors.

And unexpectedly it was found that he had end-stage degenerative arthritis of the hip. So I believe I made an additional diagnosis of end-stage degenerative arthritis of the right hip.

Q. What is "end-stage degenerative arthritis of the right hip"?

What does that mean?

A. That means it's severe. Very severe. No remaining articular -- no cartilage space, bone spurs, associated generally with stiffness, pain, limp, and functional restrictions.

Q. Would it be fair to say that that is -- I

mean, is that as bad as it gets for a degenerative condition of the hip?

A. Yes.

Q. Okay. And one of the things you said is that Mr. Logan had been treated extensively, and chiropractors, and it was "unexpectedly," I think is what you said, found that he had hip arthritis.

What do you mean by "unexpectedly found"?

A. Well, I guess unexpectedly because he had been treated for the back problem and had simply not responded, and it appears that an x-ray was taken of the back and it showed, of course, the arthritis in the back but unexpectedly there was terrible hip arthritis there.

So it was based on failure to respond to treatment for the back, with an x-ray that showed the hip was perhaps a significant part of his underlying pain.

Q. What makes you think that the hip was a part of the back pain?

Is that what you're saying?

A. Well, the back pain was the diagnosis based on clinical examination, but the pain can be referred or radiate to the hip in this kind of situation leading to -- it can be a very confusing

diagnostic picture, let's put it that way.

Back pain, unless it causes true sciatica, can radiate to the buttock, which is the hip area, and explain a portion of the pain and why he did not respond to those treatments.

Q. Was Mr. Logan's pain radiating into the buttocks, or was it a separate hip issue?

A. It was radiating into the buttocks.

Q. Pain that radiates into the buttocks originates where? In the back, from a nerve?

A. From a -- I would say more likely just a degenerative disc, and the arthritis, and the joints at the very lowest part of the back because they're very adjacent to each other.

Q. Can you separate the back complaints and the hip complaints?

A. Most of the time. Generally the buttocks situation, generally I would say in a buttock pain situation it's coming from the back, whereas if it were intrinsic hip it would be more in the groin, although he did have some burning pain into the groin as well.

So it was a difficult situation, difficult diagnostic issue in this case, and I think it was surprising to the treating physicians that there,

in fact, was end-stage osteoarthritis of the hip, and that was the primary reason for referral to orthopedics.

Q. Let's talk about the diagnostic picture that you said is confusing, and see if we can't sort that out.

What prior records of Mr. Logan's treatment either do you have or have you reviewed at some point?

A. Well, I have the records from Riverview.

Q. Okay. What's the earliest date you have?

A. I think it's 2/26/14.

MS. ALPHIN: And I think we can agree on the record that was the date of the first accident he had.

Would you agree, Tyler?

MR. BATHRICK: Absolutely.

BY MS. ALPHIN:

Q. And what were Mr. Logan's complaints at that time?

A. Low back pain.

Q. Okay.

A. Excuse me.

Q. Sure.

A. He just had stated that he had a sudden

onset of low back without radicular symptoms, and he had to be helped off his ladder. Yeah, but it was strictly back pain.

Q. And so you would agree no issues or complaints related to the hip? The right hip?

A. Yes.

Q. And what's the next date you have from Riverview?

A. 3/5/14.

Q. And what were his complaints at that time?

A. There was -- well, back pain.

Q. Back pain?

A. Back pain. The examination, restricted motion of the back.

Q. And you would agree there are no complaints to the right hip at that time?

A. Correct.

Q. What's the next date you have from Riverview?

A. If I may interject?

Q. Sure.

A. He had at that time an x-ray, which was strictly of the back.

Q. The back only?

A. Yeah, just the back.

Q. Okay.

A. The next is -- there's no date on this (indicating). I can't read the date, anyway, but he was seen in follow-up by the PA. Somewhat better because he could put his pants on, but still tenderness and spasm in the back. No mention of hip. Diagnosis, lumbar sprain.

Q. Still no mentions of the hip.

And just for completeness and accuracy, let me show you a record that is dated 3/12/14 from Riverview (indicating). I know you said you can't make out a date on yours.

A. I think this might be 3/5. But, in any case, therapy records -- go ahead.

Q. What's the next one you have after that then that actually has a date on it? I know you said you couldn't make out that one.

A. Well, physical therapy records. It looks like 3/8, 3/5 (indicating).

Q. Yes, those are hard to read. I agree with you.

A. But he was seen in follow-up and had the same complaints. Sent for therapy.

Q. And then you had made reference to this while we've been here, but at some point an x-ray

was done -- a second x-ray was done, I guess, of Mr. Logan's back.

Is that correct?

A. Yes.

Q. And what was significant about that x-ray?

A. It showed end-stage degenerative arthritis at the hip.

Q. And would you agree that's an incidental finding?

A. "Incidental" is maybe a little strong. It was an unexpected finding, since the indication for the x-ray was continued back pain. But on the AP view, in this case they had enough view that they saw that the hip -- at least a portion of the hip on the x-ray.

Q. So you would agree the hip, at least the part of the hip that could be seen on the x-ray, showed end-stage degenerative arthritis and that was unexpected given that he was only complaining of back pain?

A. Yes.

Q. Okay. Let me show you -- there's a date up there (indicating) of 5/13/15. It says work status summary at the top, but there's some comments at the bottom down on this (indicating)

section.

What does that indicate about the x-ray and what it revealed?

A. It states -- well, this again is a work status summary, which includes an assessment and plan as a part of the medical record from this encounter at Riverview, or OccuMed, whichever, dated -- well, you said it was 5/13/15.

The x-rays of the spine suggest avascular necrosis changes at the right hip unrelated to his injury, and warrants investigation with the orthopedist.

Q. Is there a difference between avascular necrosis and end-stage degenerative arthritis of the hip?

Are those different conditions?

A. Well, in this case that would be x-ray interpretations, and my view was that there was no -- there might have been some preceding avascular necrosis leading to the -- basically that was an erroneous diagnosis. Just end-stage arthritis.

Q. So you have never diagnosed avascular necrosis?

A. No. And the path report from the surgery

did not show any signs.

Q. Because avascular necrosis and end-stage degenerative arthritis are different conditions; correct?

A. Yes.

Q. Okay. Would it be unusual -- well, you've called it an "unexpected finding," and you've indicated "incidental" would be too strong.

So he's not complaining of hip pain; he's only complaining of back pain leading up to this point. Would you agree with that?

A. Well, the only -- yes, in a sense, but if I could just qualify that a little bit. It's that the patients often come in to the office and they say they've got hip pain. And you always have to ask well, is this on the side of the hip, which would be bursitis; is it in the groin, which would be more hip joint; or is this in the buttock.

So the generic term "hip," it's sort of like Clinton, what the meaning of "is" is, you know, he was having buttock pain, which would be consistent either with a referred problem from a degenerative disc or spondylosis in the back, or with the end-stage arthritis.

Q. So let me ask this.

When you saw Mr. Logan for the first time for this IME August 26, 2015 his complaints were low back pain; is that correct?

A. Yes.

Q. Okay. Based on the end-stage degenerative arthritis you diagnosed, is the low back pain he complained to you of, is that consistent with the degenerative arthritis in the right hip or totally separate?

A. I would apportion 50 percent of the pain in the buttock to the hip and 50 percent of the pain in the buttock to the back.

Q. Okay.

A. That's a ballpark, of course. But as we've discussed, that symptom can relate to either one of those diagnoses and it's a difficult diagnostic struggle in some cases.

Q. Yes, I agree. I'm trying to unwind it with you. Let me ask this.

In your IME under the plan and discussion, you indicated Mr. Logan was involved in two work-related accidents dated 2/26/14 and 12/1/14, each of which has aggravated what appears to be an underlying problem of lumbar spondylosis and stenosis. That the aggravation of a chronic back

problem is consistent with the nature of both work injuries and is stated as most probable and to a reasonable degree of medical certainty. The most severe central stenosis appears to be at the L2-L3 level, which would be consistent with the right buttock and groin pain, which continues unabated.

Correct?

A. Correct.

Q. How does the hip play into this?

A. The hip does not play into the stenosis or the spondylosis. The hip would play into the buttock symptoms, which I believe most probably were a contributing factor to the ongoing pain in the buttock, which had not responded to treatment directed to the back and not to the hip problem.

Q. Okay. Let me ask you this.

You've completed -- and I believe there's copies in front of you -- you completed three medical questionnaires in this case. Are you aware of whether you've done more than three, or just those three?

A. Just those three, as far as I'm aware.

MR. BATHRICK: I only printed two. I didn't print the first one.

MS. ALPHIN: No, I have that one.

(Off-the-record discussion.)

BY MS. ALPHIN:

Q. So I have ones dated -- let's make sure we have the same ones, Doctor. The first one I have is 9/7/15. It looks like a three-page one.

MR. BATHRICK: That's the one I did not print, that first one.

THE WITNESS: So I've got 6/21/16.

BY MS. ALPHIN:

Q. So you have 6/21/16 and then a November one; right?

A. And an October 2016. You sent that to me, and I don't think I ever sent that back. You wanted an impairment rating.

MR. BATHRICK: Hold up.

MS. ALPHIN: Let's go off the record a second.

(Off-the-record discussion.)

BY MS. ALPHIN:

Q. Let me just, Doctor, jump kind of to the end game. You've completed a couple different questionnaires, it looks like one that you hadn't sent back yet, so we'll get to that too. But you have completed medical questionnaires indicating that you believe Mr. Logan aggravated a preexisting

condition in his back and his right hip in a work accident.

Is that correct?

A. In two work accidents.

Q. Right. In the two work accidents.

A. Yes.

Q. Okay. And the back is an admitted accident. I don't know if you even were aware of that. But let me ask you about the hip.

What is the basis of your opinion that he aggravated a preexisting condition in his right hip?

A. The basis for my opinion is that prior to the accident, or the two accidents, Mr. Logan was unlimited or unrestricted in a rather demanding work activity including reaching, pulling, climbing on ladders, and that subsequent to these two accidents Mr. Logan had significant symptoms referable to the back and buttock.

And as I mentioned, I believe that 50 percent, ballpark, of the symptoms related to the hip but were unrecognized as being an aggravating condition until the appropriate x-rays were performed. And that the nature of the injuries was consistent with aggravation of an underlying hip

problem.

Q. What do you mean by "the nature of the injuries was consistent"?

Do you mean like the mechanism of it, how he was hurt?

A. Yes. I believe the second injury, pulling on a ladder, and the -- I can't remember. And then I guess then when lifting a bucket I think was also -- anyway, the two injuries, the mechanism of injury of both is consistent with aggravating a very stiff hip by abnormal positioning and a grasping impact on that abnormal hip, thus leading to a flare of the arthritis.

Q. Would you agree with me that neither work accident caused the end-stage arthritis in the right hip?

A. Yes, I would agree.

Q. But it's your opinion he had the underlying end-stage arthritis of the right hip and by the mechanism of one, two, or both of the injuries he aggravated that condition?

A. Yes.

Q. And that opinion is based on what his subjective complaints are?

A. Yes.

Q. Okay. And does it make any difference in your opinion or have any impact on your opinion the Riverview or OccuMed records where he only complains of low back pain for that chunk of time?

A. It's disconcerting in a sense that the Riverview people did not perhaps perform -- I hate to say thorough -- but accepted the patient's complaints without investigating further the potential cause of those complaints, which could be one or both.

Q. Let me give you an analogy, and ask you if this analogy would apply in Mr. Logan's case.

If a person bumps their head at work and ends up needing to get an MRI or a CT of their head and it is discovered during that that there is a tumor in their head, would you agree that would be an incidental finding unrelated to the work accident? They just happened to discover it through diagnostic testing.

Let me just tell you, assume that. You don't like my analogy?

A. Well, no, I like your analogy. It's just a little bit semantics in a sense because when we're physicians and we're trying to make a diagnosis, it's a differential diagnosis so it's

rarely clear-cut. There's always one or more potential reasons for that particular symptom, and that's probably why we get that MRI.

So if somebody bumped their head, you know, you generally would not get an MRI. Because it would have been some other reason, neurologic cognitive deficits and so forth.

But, yes, I guess the short answer, yes, that would be an incidental finding if they unexpectedly found a tumor.

Q. And I guess where I'm going with that is you would agree that there are times when someone might undergo diagnostic testing and find something totally unrelated and they just happen to discover it because of some diagnostic testing you may be doing?

A. Yes.

Q. So is that what happened with Mr. Logan in regards to his right hip?

A. Short answer, yes.

Q. Okay. So you would agree that he injured his back and we discovered he had a hip problem because of that?

A. In a sense, yes. However, I think the reason for the second MRI -- second x-ray was

because he was not responding to treatment, thus suggesting perhaps an alternative diagnosis as the cause of his back -- low back and buttock symptoms.

Q. But does that have any impact on your opinion as to whether or not he aggravated the right hip in his work accident?

A. No. I would mention that a stiff hip is well-known to cause abnormal strain on a back, even a normal back. Thus the back pain may very well have been aggravated by the underlying hip arthritis and strain on the hip.

Q. Before he ever had a work accident?

A. No, no, I mean after the work accident.

Q. Say that again, or explain that?

A. Well, somebody who has a degenerative back and a degenerative hip, the limited motion, especially in the kind of work Mr. Logan was doing, would very likely have caused increased back pain too, even without an injury.

Q. Okay.

A. Sorry. It can be very confusing and frustrating, I know.

Q. No, it's okay. Before we leave you're going to make me understand. How about that?

Let me ask you, let's just get into some

treatment. You completed a total hip replacement on Mr. Logan; correct?

A. Yes.

Q. And how did he do with that, and recover, and all of that?

A. Very well.

Q. Okay. Are you still treating him for the right hip at this time?

A. No.

Q. And do you believe he has reached maximum medical improvement for the right hip?

A. Yes.

Q. And I know there's a new questionnaire floating out there. Have you assigned an impairment rating to the right hip?

A. Yes.

Q. And what is that impairment rating?

A. 25 percent lower extremity, referencing the AMA Guides, I think this was 6th Edition. Good result from -- of course this is diagnosis-based, total hip arthroplasty, good result, equals 25 percent.

Q. That's an actual lower extremity rating; is that correct?

A. Yes.

Q. Does the AMA 6 not provide for hip ratings?

Is that why you rate the lower extremity?

A. Yes. You can translate that somehow, but that's the usual.

Q. Okay. You have completed as part of the questionnaire what future medical treatment you believe he needs related to the right hip.

That's Number 5. You indicated injections as recommended by my office. Is that something he needs on a regular or ongoing basis, or in what situation?

A. As needed.

Q. As needed?

Is it something you expect him to need, or --

A. No.

Q. -- can you say more likely than not he's going to require those in the future?

A. I would say more likely than not he will not require any ongoing serial examination or injections, medication, so forth.

Q. So you checked these boxes off, but is it now your opinion that more likely than not he will not require injections, antiinflammatory, and pain

medication, follow-up appointments, or physical therapy for flared pain?

A. He will -- I would say that in my opinion those are additional treatments, which may be required based on recurrent symptoms.

Q. If he gets worse in the future?

A. Yeah.

Q. And so would it be more accurate to say that Number 5 on this medical questionnaire of 6/21/2016, these check marks for injections, antiinflammatory, and pain medication, follow-up appointments every 12 months, and physical therapy, that those things are only needed if his symptoms or condition gets worse in the future?

Is that a more accurate statement?

A. Yes.

Q. And is that your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. And what about future hip replacements on that right hip?

Do you expect that that will need to be redone at some point?

A. Well, I mentioned the 20-year lifespan for an artificial hip, but I am hopeful, very hopeful,

that this hip replacement will last a lifetime.

Q. Okay. Let's talk about the back.

What treatment have you provided for Mr. Logan's back?

A. Well, once the hip replacement had been completed, I have seen Mr. Logan in further follow up mainly relating to the back. And I believe I just recommended continued functional limitations as per an FCE, which was performed July 2016, which placed Mr. Logan in the medium work capacity in an attempt to limit his physical demand, which might aggravate the back symptoms.

But I don't believe that I have sent him for any steroid injections, which are often used in this situation, and I had not recommended any surgery.

Q. So he has a nonsurgical back and has been treated conservatively; is that correct?

A. Yes.

Q. Where did he have his FCE done?

Do your records indicate that?

A. That was done at Columbia Rehabilitation Clinic.

Q. Did you order that FCE?

A. I believe, yes. Yes, the FCE is addressed

to me.

Q. Okay. Did you ever do an MRI of Mr. Logan's back?

A. I don't see the actual report, but in general it does appear -- they made that diagnosis of stenosis. And that is generally a diagnosis made on MRI. And he did have an epidural steroid injection in October 2015 to deal with some leg radicular symptoms and it worked great.

So I don't think he had another -- I don't think he had another epidural steroid injection.

Q. When is the last time you saw Mr. Logan?

A. I believe that was May 31, 2016

Q. And how was his back at that time?

MR. BATHRICK: He actually saw him in July. The 22nd. Sorry.

BY MS. ALPHIN:

Q. That's okay. I know I'm missing records, so I'm at you all's mercy.

A. July 18th. Sorry. July 18, 2016.

Q. Okay.

A. He reached -- at that point he stated he had reached down to pick up something from the floor and had an increase in low back pain. But just low back pain.

Q. Do you believe he has reached maximum medical improvement for the low back?

A. Yes.

Q. And that's your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. And in terms of any medical treatment for the low back, do you believe he needs any future medical treatment to maintain his condition?

A. He most probably will require ongoing use of antiinflammatory medications, maintain a home exercise program for flexibility and core strengthening, and if his symptoms worsen he may require an additional epidural steroid injection.

Q. Antiiflammatory, would those be over-the-counter medications, or would you recommend prescriptions for Mr. Logan?

A. Either one. I've found good results from Aleve at a higher dose than recommended over-the-counter, but basically equivalent to a prescription.

Q. Okay. And then injections if his condition were to worsen in the future?

A. Yes.

Q. And that is your opinion to a reasonable

degree of medical certainty?

A. Yes.

Q. The most recent questionnaire you did last week, 9/22/16, did you assign an impairment rating to Mr. Logan's back?

A. Yes. 10 percent whole person, which is equivalent to 13 percent lumbar, or lower back, based on the AMA Guides, 6th Edition, which specifically deals with stenosis.

Q. So that's a diagnosis-based impairment rating as well?

A. Yes.

Q. Is 10 percent a high rating for a nonsurgical, conservative only patient?

A. Well, again, I depend on the AMA Guides to help me in this situation --

Q. Fair enough.

A. -- but given the extent of the MRI findings and the definite stenosis, I think that's a reasonable rating.

Q. Fair enough.

So where that leaves us is it is your opinion to a reasonable degree of medical certainty that Mr. Logan aggravated both his right hip and his back, and it is a difficult diagnosis, picture,

situation to put together.

Is that correct?

A. Yes. One contributes to the other, yes.

Q. Are symptoms from one body part to another often confused or poorly described?

A. In some cases, yes. In this case, yes, I think that there was a combination of factors involving the back and the hip, which contributed to the overall clinical picture of back and buttock pain.

Q. And you believe Mr. Logan has reached MMI for both his right hip and his back; is that correct?

A. Yes.

Q. All right. What, if any, permanent work restrictions do you believe Mr. Logan should have placed on him?

A. I would refer to the Functional Capacity Evaluation, which is well outlined. I can go through them if you wish, but basically he was felt suitable for medium work activity, which involves limitations in lifting, carrying, stooping, squatting, walking, and standing tolerance.

Q. So you would defer or adopt, I should say, the medium duty work restrictions from the FCE?

A. Yes.
Q. Do you know whether or not Mr. Logan is working at this time?
A. No.
Q. "No," you don't know, or "No," he's not working?
A. I don't know.
Q. Okay. Would Mr. Logan have ultimately required a right hip replacement if these work accidents had never happened?
A. Yes.
Q. Is there any way to tell how far into the future he would have required that?
A. No.
Q. Is it unusual for someone with end-stage degenerative condition of the right hip that you diagnosed him with to not have any symptoms until there is some sort of accident or aggravation?
A. I would say in my illustrious career of 30 years, it would not be totally unusual. It would be less -- it would be less common in the sense that a patient in Mr. Logan's job capacity would note stiffness with some physical activities making it difficult for him to climb, that he may have trouble putting on his shoes, and he may have

presented with that particular problem.

But there are people who basically walk around and have no pain because the mere presence of a degenerative hip does not necessitate inflammation, which is what causes the pain.

Q. Okay. So it is possible that Mr. Logan was having no symptoms or issues with that right hip, despite the fact that he had the end-stage degenerative condition, until he had the work accidents?

A. Yes.

Q. Is it surprising to you?

A. Yes.

Q. Okay. So it's possible, but it is unusual?

A. Yes.

Q. Have you seen that before in patients?

A. Yes.

MS. ALPHIN: I do not have any other questions for you at this time. I'll leave it up to Tyler.

EXAMINATION

BY MR. BATHRICK:

Q. I'm going to try to be super quick. On November 19, 2015 I sent you this (indicating)

questionnaire, and I'll have you take a look at that.

A. (Witness reviewed document.) Yes, sir.

Q. Basically what it has on the front page is a cover letter, just outlining the history as I know it of Mr. Logan's symptoms.

A. Yes, sir.

Q. Did you read this back in November of 2015?

A. Yes. I read it and I responded to it as per pages 5, 6, and 7.

Q. And I'm going to kind of cut to the chase on everything that I can.

Number 6, it says "It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work-related injury (twisting of back while lifting a bucket) aggravated a preexisting condition in Mr. Logan's right hip (arthritis) resulting in the present condition of the right hip and Mr. Logan's need for continued medical treatment through my office including but not limited to a right hip replacement."

And you checked "Yes;" correct?

A. Correct.
Q. Has that opinion changed at all today?
A. No.
Q. And that's your opinion most probably and to a reasonable degree of medical certainty?
A. Yes.
Q. Number 7, "It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work-related injury (twisting of back while lifting a bucket) either caused and/or aggravated a preexisting condition in his back resulting in the present condition of his back and his need for continued medical treatment through my office."
And you checked "Yes;" correct?
A. Yes.
Q. And that's still your opinion today?
A. Yes.
Q. Most probably and to a reasonable degree of medical certainty?
A. Yes.
Q. Have any of the other opinions in this questionnaire changed today?
A. No.

Q. I might have been listening poorly. I thought you said the work restrictions were medium duty. I had limited light duty.

But you would defer to the FCE? I'll show you a copy of it (indicating).

A. In terms of his functional aerobic capacity medium, but limited light work is the general physical restrictions.

Q. And we're just going off what's on the FCE?

A. Yes.

MR. BATHRICK: Thank you, sir. No more questions from me.

MS. ALPHIN: I don't have any questions.

(Whereupon, at 7:34 p.m., the deposition was concluded. Signature was waived.)

CERTIFICATE OF NOTARY PUBLIC & REPORTER

I, LAURA K. TIDERMAN, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken in shorthand and thereafter reduced to typewriting by me or under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by, any of the parties to the action in which this deposition was taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

_____
Laura K. Tiderman
Notary #200733900222
Notary Public in and for the
State of North Carolina
County of Mecklenburg

My Commission Expires December 4, 2017

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA

Sarah S. Alphin
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3600 Forest Drive, Suite 204
Columbia, SC 29204
www.wjcblaw.com

August 7, 2017

VIA ECASE FILE SUBMISSION
The Honorable R. Michael Campbell, II
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Ray Logan vs. Winthrop University (02/26/14)
WCC File No.: 1401997 DOI: 2/26/2014
Carrier: State Accident Fund - Claim No.: 2014-00549
WJC&B File No.: 0385.01214 and

Re: Ray Logan vs. Winthrop University (02/26/14)
WCC File No.: 1506493 DOI: 12/1/2014
Carrier: State Accident Fund - Claim No.: 2015-1379
WJC&B File No.: 0385.01215

Dear Commissioner Campbell:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to Tyler Bathrick, Claimant's counsel.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.

Sarah S. Alphin

Sarah S. Alphin

SSA/mjl
Enclosures
cc (w/enclosures): Tyler Bathrick, Esquire
Ms. Christie Foster (via e-mail)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF

WCC File Nos: 1506493 and 1422134

Claimant's Name:	Ray Logan	Employer's Name:	Winthrop University
Address:	705 Ferndale Drive	Address:	701 Oakland Avenue
City:	Rock Hill State: SC Zip: 29730	City:	Rock Hill State: SC Zip: 29733
Home Phone:	(803) 242-9917 Work Phone:	Carrier:	State Accident Fund
Preparer's Name:	Sarah S. Alphin	Preparer's Phone #:	(803) 227-2885

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $473.84 2. AWW: $710.73 **Date of Injury:** 2/26/2014 and 12/1/2014
3. Type of injury and body part(s): Admitted low back
4. Facts in controversy: Whether Claimant is entitled to further benefits.
5. Legal issues involved: § 42-1-120; § 42-15-60; § 42-1-160; § 42-9-10; § 42-9-30; § 42-9-60; Curiel vs. Environmental Management Services; 655 S.E.2d 482 (S.C. 2007); Shealy vs. Algernon Blair, Inc. 156 S.E.2d 646 (S.C. 1967); and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the Claimant. Claimant has refused to comply with Defendants' request to submit a vocational evaluation.
7. Witnesses (designate if expert):* Employer Representative(s)/Supervisor
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Deposition of Dr. Lehman
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Riverview Medical Center, 1393 Celanese Road, Rock Hill, SC 29732
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant released to full duty on March 25, 2014
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify that I have served this document pursuant to R.67-212 by delivering a copy to: SCWCC via eCase upload and Tyler Bathrick, P. O. Box 670, 1242 Ebenezer Road (29732), Rock Hill, SC 29731-6670 on the 7th day of August, 2017 by ☐ first class mail ☐ personal service ☐ certified mail ☒ electronic mail.

Certifier, MaryJo Lawracy

Signature: Sarah S. Alphin
Sarah S. Alphin, Willson Jones Carter & Baxley, P.A.

Email: scsutusky@wjlaw.net

Date of hearing: 8/17/2017 Time needed for hearing: 30 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: **1506493 and 1422134**
Carrier File #: **2015-1379 and 2014-004428**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ray Logan SSN: [redacted] Employer's Name: Winthrop University

Address: 705 Ferndale Drive Address: 701 Oakland Avenue

City: Rock Hill State: SC Zip: 29730 City: Rock Hill State: SC Zip: 29733

Home Phone: (803) 242-9917 Work Phone: Insurance Carrier: State Accident Fund

Sarah S. Alphin (Preparer's Name) 3600 Forest Drive, Suite 204, Columbia, SC 29204 (Address) (803) 227-2885 (Phone #)

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND TYLER BATHRICK, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
9. Ryan Wetzel, M.D.	12/03/2015	479 – 481
10. James F. Bethea, M.D.	04/21/2017	482 – 483

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.

Sarah S. Alphin

Sarah S. Alphin
Willson Jones Carter & Baxley, P.A.
3600 Forest Drive, Suite 204
Columbia, SC 29204

August 7, 2017

August 17, 2017
(hearing date)

APA

c: salphin 1/5/16ej

Corvel Scan Date: 12/14/2015

LOGAN, RAY K (id #2158187, dob: 11/25/1961)

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 12/03/2015
Patient

Name	LOGAN, RAY (54, M) ID# 2158187	**Appt. Date/Time**	12/03/2015 10:00AM
DOB	[redacted]	**Service Dept.**	MOPA_Gregg
Provider	RYAN WETZEL, MD		
Insurance	Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND Employer Name : WINTHROP UNIVERSITY Case # : 578901570 Case Injury Date : 12/01/2014		

Prescription: check now

Chief Complaint

Lower Back/L-spine problem

HPI

Hip(s)7388
Reported by patient.

Location: right
Quality: aching; burning; throbbing; sharp; frequent; worsening
Severity: severe; pain level 9/10; worst pain 10/10
Duration: 1 years
Timing: chronic
Context: lifting; twisting; work injury
Alleviating Factors: lying down; rest
Aggravating Factors: sitting; standing; walking; changing clothes; getting out of bed; going from sit to stand; upstairs; downstairs; cold weather
Associated Symptoms: **buckling; grinding; radiation down leg; weight loss; change in bowel/bladder habits**
Previous Surgery: none
Prior Imaging: x ray; MRI
Previous Injections: did not help
Previous PT: did not help
Work Related: yes
Working: regular duty
Notes: Approximately one year ago in December 2014 he had a work accident. He was pulling a ladder out of the back of a truck and it was caught on a bucket full of paint, but he apparently did not realize it was caught on the bucket, and he gave a hard pull and he felt pain in his back/buttock with extension into the thigh.

Vitals

Ht:	5 ft 6 in 12/03/2015 10:09 am	**Wt:**	190 lbs 12/03/2015 10:09 am	**BMI:**	30.7 12/03/2015 10:09 am
BP:	182/99 12/03/2015 10:13 am	**Pulse:**	63 bpm 12/03/2015 10:13 am		

Medications

Reviewed Medications

Aleve	12/03/15	entered
Benadryl	12/03/15	entered
hydrocodone 10 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 4 hours by oral route.	12/03/15	entered
meloxicam	12/03/15	entered
tramadol 50 mg tablet Take 1 tablet(s) every 6 hours by oral route.	12/03/15	entered
Tylenol 650 mg tablet,extended release Take 2 tablet(s) every 8 hours by oral route.	12/03/15	entered

Allergies

Reviewed Allergies

Attachment for claim 363507V7388

NKDA

Problems

- Spinal stenosis of lumbar region

Past Medical History

Reviewed Past Medical History

Family History

Reviewed Family History

Mother	- Hypertensive disorder
Father	- Diabetes mellitus
	- Heart disease
	- Hypertensive disorder

Surgical History

Reviewed Surgical History

Social History

Reviewed Social History
Smoking Status: Former smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: Occasional
Number of children: 5
Marital status: Married
Diet: Regular
Are you currently employed?: Y
Hand Dominance: Right
Occupation: Facilities supervisor
Employer: Winthrop University
Type of Work: Painter

Patient's Care Team

Insurance Adjuster (Worker's Comp): BRITTANY MELVIN: Ph (803) 896-5858, Fax (803) 612-2758

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 54-year-old male.

Constitutional: Patient well developed. Patient appears stated age.
Psychiatric: AAOx3. Mood and affect are appropriate.
Eyes: Pupils are equal, round, reactive to light. No scleral icterus.
CV: No significant swelling or edema on inspection and palpation of lower extremities.
Respiratory: Equal chest expansion. Respirations are unlabored.
Skin: Inspection and palpation reveal no significant lesions on the back
Neurologic:
Bilateral patellar MSRs 2/4
Bilateral Achilles MSRs 2/4
Sensation of BLE is normal to light touch.
manual muscle strength testing reveals weakness of the right hip flexion 4/5, but distally his strength is 5/5 at the knee and ankle.
Manual muscle strength testing reveals 5/5 in all major muscle groups of left lower extremity.
Musculoskeletal:
ROM of lumbar spine is full in extension, minimally restricted in flexion.he is only lacking 5° of flexion.
No significant tenderness to palpation in lumbar paraspinals.
No bony tenderness over spinous processes.
Straight leg raise negative bilaterally.
hip and thigh pain is reproduced with flexion and internal rotation as well as flexion with external rotation

Assessment / Plan

54-year-old gentleman here for an independent evaluation. He had a work accident in December of 2014. he does

Attachment for claim 363507V7388

maintenance work at Winthrop. He was removing a ladder from the back of a truck, and was pulling on the ladder when he had the onset of low back/right buttock radiating into the right thigh. The pain generally does not radiate beyond the knee. The radiation in the thigh is generally in the anterior and lateral thigh

Records reviewed: April 29, 2015 Occumed note that was partly handwritten and partly typed. This detailed the injury and ordered an MRI.
May 13, 2015 note following up MRI results which recommended he see orthopedics.

Lumbar MRI from May 11 was reviewed. At L5-S1 there is severe facet degeneration and mild disc bulge. At L4-5 there is again facet hypertrophy and a broad-based disc bulge with severe left foraminal stenosis and moderate right foraminal stenosis. At L3-4 shallow disc bulge/osteophyte left greater than right. At L2-3 there is a shallow broad base protrusion again with facet disease producing moderate to severe canal stenosis. At L1-2 there is a large leftward disc and osteophyte protrusion causing moderate left-sided stenosis.

I do not have any of the notes following May 13 for review unfortunately. The patient reports that he underwent physical therapy. The patient reports that he underwent some injections, and it sounds as if 2 of these may have been epidural steroid injections. He reports that the injections did help him.
It is a bit difficult to interpret his pain patterns, as he also has right hip pain related to arthritis apparently. He is telling me that he saw his primary care physician independently on his own, and was referred to orthopedics separate from his workman's comp claim, and he is scheduled for a right total hip replacement this month. I do not have any records or images regarding his hip. So I cannot really comment any further on this situation.
On exam today, most of his pain seems to be related to the right hip intra-articular pain. The lumbar spine seems to be a lesser issue, but still present.
So this is a gentleman with multilevel degenerative spine condition, and he exacerbated his pre-existing lumbar spine condition during a work accident in December 2014. He has received conservative treatment in the form of medications and physical therapy. And the patient tells me that he has undergone spine injections, although I did not have the records to review today, and he improved.

His lumbar spine does seem to be at maximum medical improvement. He has been able to continue working his job, and does not seem to need permanent restrictions. He is a supervisor, and so much of his work now is done at a desk. According to the AMA 6th guidelines, he has lumbar spinal stenosis, with non-verifiable radicular complaints. This places him in a class I lumbar spinal stenosis. That correlates with a 7% impairment rating

with regards to future treatment, he is still taking an NSAID, tramadol, hydrocodone. Some of the pain medication is being used to treat his hip though. Hopefully he will not need as much of that following the hip replacement. He might still need ongoing NSAID and tramadol. After the hip replacement, he may need one additional lumbar epidural.

1. Spinal stenosis of lumbar region
M48.06: Spinal stenosis, lumbar region

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Ryan Wetzel, MD, 12/03/2015.

Encounter performed and documented by Ryan Wetzel, MD
Encounter reviewed & signed by Ryan Wetzel, MD on 12/03/2015 at 1:41pm

Attachment for claim 363507V7388

11 Waterway Island Drive
Isle of Palms, SC 29451
April 21, 2017

Sarah S. Alphin, Esquire
Wilson Jones Carter & Baxley, PA
3600 Forest Drive, Suite 204
Columbia, SC 29204

Re: Ray Logan v. Winthrop University
WWC File #: 1422134 DOI: 12/1/14
Carrier: SAF Claim #: 2014-004428
WJC&B File #: 0385.01215

Dear Ms. Alphin:

I have reviewed the following records from the following sources concerning the above matter: Palmetto Physical Medicine, Kimble Chiropractic, Dr. Sharon Peek, Occumed, Shiland Family Medicine, Metrolina Diagnostic Center, Piedmont Medical Center, Progressive Physical Therapy, Dr. Ryan Wetzel and Carolina Orthopaedic Surgery Associates.

Mr. Logan was involved in two injuries at work. The first occurred February 26, 2014 when he was painting a ceiling using a roller on a 10 foot extension pole. The accident I was asked to address happened December 1, 2014 when Mr. Logan was pulling on a ladder which was hung up.

After this second accident, he was treated for a lumbar spine problem with no mention of a hip problem until he was seen at the Kimble Choropractic March 2, 2015. This was after multiple visits at Palmetto Physical Medicine, Occumed and the office of Dr. Peek.

Dr. Lehman saw him for the first time August 26, 2015 and noted a chronic condition of his right hip aggravated by the work incidents. When Dr. Wetzel saw him December 3, 2015, it was stated that he had a right hip problem related to arthritis and only a lumbar impairment was given. December 15, 2015 Dr. Lehman performed a total hip replacement for arthritis and avascular necrosis.

It is my opinion to a reasonable degree of medical certainty that Mr. Logan's right hip problem was not related in any significant way to his accident at work December 1, 2014. His right hip problem was a chronic degenerative process and the magnitude of the trauma from the accident at work December 1, 2014 falls way short of a permanent aggravation. In addition, there apparently was no significant complaint of hip pain until three months after this accident.

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Sincerely,

James F. Bethea, MD
Fellow, American Academy of Orthopaedic Surgeons

483

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1401997

RAY K. LOGAN, CLAIMANT, v. WINTHROP UNIVERSITY, EMPLOYER, AND STATE ACCIDENT FUND, CARRIER, DEFENDANTS.	HEARING BEFORE COMMISSIONER R. MICHAEL CAMPBELL, II **TRANSCRIPT OF HEARING**

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 10:37 A.M., THURSDAY, AUGUST 24, 2017, COUNTY COURTHOUSE, 1121 BROAD STREET, CAMDEN, SOUTH CAROLINA 29020.

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

APPEARANCES

FOR THE CLAIMANT
TYLER BATHRICK, ESQUIRE
STEWART LAW OFFICES, LLC
POST OFFICE BOX 670
ROCK HILL, SOUTH CAROLINA 29732
803-3328-5600

FOR THE DEFENDANT
SARAH C. SUTUSKY, ESQUIRE
WILLSON, JONES, CARTER & BAXLEY, PA
3600 FOREST DRIVE, SUITE 204
COLUMBIA, SOUTH CAROLINA 29204
803-227-2885

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

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EXHIBITS

CLAIMANT'S EXHIBIT NO. 1 - CHIROPRACTOR'S NOTE. .27

THE COURT: Today's hearing date is August 24th, 2017. This is South Carolina Workers' Compensation Case File No. 1401997. This is the case of the Claimant Ray K. Logan represented by Attorney Tyler Bathrick. The Employer is Winthrop University. The Carrier is State Accident Fund; both Defendants represented by Attorney Sarah C. Sutusky.

The date of accident is February 26th, 2014. There is an average weekly wage of $710.73 with a corresponding compensation rate of $473.84.

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

MR. BATHRICK: I forgot to raise this earlier, but there is. When the record was closed there was only APA submission Number 9 from Defendants. The new APA has a number 10. So I just don't believe I could not object. I just forgot to bring that up earlier.

THE COURT: I'll let you respond.

MS. SUSTUSKY: Yeah. That actually was submitted on April 1st. It was submitted three days prior to the original hearing so it was submitted and filed and provided to the Claimant's attorney prior to the record being closed. And at this point that's been -- I'm not good with math; four or so months and so any

prejudice that would result from that report having been late for the first hearing I would say that time has resolved that issue and Claimant could have responded in any way he desired in those last four months.

THE COURT: Mr. Bathrick, anything more?

MR. BATHRICK: No, sir.

THE COURT: I'll let it in and then give it the weight I think it deserves. Any further objections?

MS. SUSTUSKY: No, sir.

THE COURT: Without further objection the Commission file becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports.

THE COURT: Mr. Bathrick, we're here today, sir, on your Form 50, so if you would please put your position on the record for us and let us know exactly what you're seeking here today, sir.

MR. BATHRICK: I'll try to be brief. We're looking for a finding of an aggravation of a preexisting condition with regard to the right hip and low back. We're also looking for a finding of causation with regard to the lower extremities that would be extended from the back injury. We are looking for payment of all causally related medical

treatment received to date minus the chiropractic treatment Mr. Logan went out and received on his own. We're looking for payment of temporary compensation as he was out of work from the date of hip replacement surgery through June 21st, 2016 when he was released at MMI by Dr. Lehman. After that we're looking for a finding of permanency with regard to the hip and back. We believe that Mr. Logan is permanently and totally disabled. He's got two permanently affected body parts; actually three if you include the legs. We've got an older gentleman who is on disability. We have a vocational report he has severe work restrictions and he's undergone a severe surgery.

THE COURT: And you were saying -- I'm sorry, you mentioned as far as past medicals you said with the exception of the chiropractor?

MR. BATHRICK: The chiropractor. He saw, I guess it's Maxwell, Ashe and Peak. He went to those on his own and I think they would have authorized treatment at that point. So since they would have authorized it we get that we're on the hook for that. And there's also another chiropractor, a Dr. Kimble in there, Kimble Chiropractic; so minus those.

THE COURT: All right. Ms. Sutusky.

MS. SUTUSKY: Thank you. Commissioner, the

Defendants again raise the issues in their Motion to Compel an FCE evaluation which was filed and addressed some months ago. That Motion was denied and then appealed to the Full Commission. The Full Commission found the appeal interlocutory and dismissed it for this hearing to then go forward. Defendants continue to assert they have the right to have the Claimant submit to an FCE evaluation. Dr. Lehman's opinions are being offered up today in terms of both compensability and permanency and his opinion is, at least somewhat based on the FCE that the Claimant had done on his own. Defendants believe they have the right to also have their own FCE completed and to have been able to cross examine Dr. Lehman or produce whatever other evidence we felt necessary depending on the outcome of the FCE. So again, we would raise or request that the Claimant be compelled to attend an FCE evaluation. Another issue that has come up with that is our prior -- or your prior interim Order indicated that the hearing record was closed other than any reports or evidence generated as a result of the Defendants pending Motion. We would argue that as a result of that pending Motion that a vocational evaluation was sought once the FCE was denied, which was an -- which was an important -- or what we would

have used that as part of obtaining a vocational evaluation as evidence of what Claimant's physical capabilities were. We wanted that FCE in order to then obtain a vocational evaluation, so we would argue that submitting a vocational evaluation at this time is consistent with your Order closing the record other than reports or evidence as a result of my pending Motion. So we would argue that it would be proper for the Defendants to be able to submit a vocational evaluation and would request that this Commission allow us to do so and submit that either prior to a determination of this claim or leaving the record open as a potential. As to the merit -- I'm sorry. As to the merits of the claim, this is an admitted claim for the back only. Defendants argue it was a minor low back injury for which very little treatment was needed. Claimant was released at full duty work on March 25th, 2014 and no further treatment recommendations were made, no additional -- I'm sorry, no permanency was assigned and no work restriction for the low back, so we would request that the Commission find this is a low back claim only for which no permanency and no future medical treatment is due. Of course Defendants also allege that Defendants deny the hip. We would argue this was a preexisting condition

and it was merely an incidental finding related to the back treatment. You will see in the Riverview Records when an MRI was completed of Claimant's back that they specifically find there's also an issue with the hip unrelated to this injury. And that is outlined in the Riverview OccuMed records. Therefore the hip has been denied. Dr. Lehman does give some testimony agreeing that it's an incidental finding and I would refer you to page 24 of Dr. Lehman's deposition that has been passed up. Therefore we would request that the hip be denied leaving this as a single member minor back injury. If you do find that the hip is compensable the Defendants would request again that we be allowed to obtain a vocational evaluation prior to the determination of permanency. As it stands right now this is a one body part claim from the position of Defendants and what the injury -- or what the admitted injuries are. If you do find that it's compensable I would refer you to page 28 of Dr. Lehman's deposition testimony with regard to future medical treatment. In that deposition Dr. Lehman indicates that the future medical he previously recommended on a medical questionnaire was only needed if the Claimant's symptoms or condition were getting worse in the future. So we would argue that's not medical

treatment he's entitled to in terms of Dodge treatment and that he does not need any medical care to maintain his condition. And I think that covers my argument. Thank you.

THE COURT: All right. And as we had discussed as part of our prehearing conference as it relates to the points you raised regarding the FCE and the vocational assessment I will obviously take all those into consideration and address all those in my Order. Okay. Mr. Bathrick, anything more?

MR. BATHRICK: Yeah, I forgot to add future medical treatment is something also we're requesting, I think that's been addressed. And I would just like to add causation from Dr. Lehman is the only doctor who has provided -- or evaluated Mr. Logan providing causation statements on page 300, 297, 291 to 296, 168 and towards the back of his deposition he also provides that this is an aggravation of a preexisting condition. The incidental finding is kind of a incidental term, and that yeah, it was back complaints he was making. No one really knew what the cause of the back complaints were until he had the testing. Once they had the testing it wasn't an incidental finding anymore, it was just something that showed up, you know, something that they found. And that's

calculated as open and that's more back than hips.

THE COURT: Okay.

MS. SUTUSKY: The only other thing I'll add is the APA in question that was excepted to but then allowed in is my Tab Number 10 and that's an opinion of Dr. Bethea that goes to causation on -- of the hip and that it is not related to the work injury.

THE COURT: Okay. Anything more?

MR. BATHRICK: I hate to do it. I'll try to be good. Dr. Bethea did not evaluate Mr. Logan. He doesn't know how the injury even occurred, he doesn't know the history, he wasn't provided Dr. Lehman's opinions. Dr. Bethea is a, I think, a foot and ankle specialist who I don't even know if he practices anymore, so I hope that gets the appropriate weight that it will actually deserve.

THE COURT: Everything will be given the weight I feel it deserves. All right.

There being nothing further, Mr. Logan, I have a couple of quick instructions for you. If you would please speak up and speak clearly for us. It's important that we all hear your responses to the questions, but most importantly the court reporter get them for the record. If you're asked a yes or no question please give us a verbal yes or no answer.

Try and stay away from things like uh-huh and huh-uh, that's just too easily misunderstood for the record. So if you could help us out with those things we would appreciate it.

THE WITNESS: Yes.

THE COURT: Okay. Thank you, sir. Please raise your right hand. Do you swear or affirm that the testimony you're about to give is the truth, the whole truth and nothing but the truth?

THE WITNESS: Yes, sir.

THE COURT: Please state and spell your name for the record, sir.

THE WITNESS: Ray Kelvin Logan, R-A-Y K-E-L-V-I-N L-O-G-A-N.

THE COURT: All right. Thank you, Mr. Logan. Mr. Bathrick, your witness.

MR. BATHRICK: If it's all right with everybody I'd just like to lead him through background to try to speed this thing up as much as I can, if you object, if I go too far.

MS. SUTUSKY: No objection. Not for background.

MR. BATHRICK: Just let me know.

Ray Kelvin Logan,

Having first been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. BATHRICK:

Q Mr. Logan, it's my understanding you've been with Winthrop for about ten years?

A No, about close to 13 years.

Q Okay. And at the time of the accident you were working as a paint crew supervisor?

A Yes.

Q Your date of birth is 11/25/61?

A Yes.

Q Making you 55 years old today?

A Yes.

Q You reside at 705 Ferndale Drive in Rock Hill, South Carolina?

A Yes.

Q Been there for about 15 years?

A Yes.

Q You live with your wife Karen Suzanne Logan?

A Yes.

Q She's currently assistant manager at Walmart in Rock Hill?

A Yes.

Q Before that she was working for?

A Wells Fargo.

Q I got you. And together the two of you have six adopted children?

A Yes.

Q I have Dontario age 25, Adeidra age 23, Michelle age 22 and Quantavis age 21, Lamont age 18, --

A Yes.

Q Does Lamont still live with you?

A Yes.

Q Okay. And the other ones are out of the house?

A Yes.

Q And you've recently adopted Terquan Williams who is eight?

A Yes.

Q And Terquan lives with you, correct?

A Yes.

Q I don't have any adopted children. I don't think I know anybody that really has adopted children, let alone six. Why do you have six adopted children?

A At the time me and my wife was trying to conceive it wasn't in God's plan for us to have kids. So we come -- we both come from big families so we just given of ourself, I mean we have so much love to give and so much opportunity so that's the route that we took because we love family and love kids.

Q Did all those children graduate high school?

A Yes.

Q Any of those children go to college?

A All of them except the 18 year old. He just graduated. He said he's going to go. He's working -- he's working right now.

Q As far as schooling goes, you finished the 12th grade at Bladensburg Senior High School in Maryland?

A Yes.

Q Moved down here in about 1990?

A Yes.

Q You've also attended the Lincoln Technical Institute for about a year and a half?

A Yes.

Q You were doing -- you were learning how to do maintenance on air conditioning, refrigeration, heating, climate control?

A Yes.

Q Did you complete that program?

A No.

Q Why didn't you complete that program?

A Financial problems. I had to get out and work to take care of some responsibilities.

Q As far -- you also are union certified in plaster work and painting?

A Yes.

Q Any other degrees, certifications, anything else that I'm missing; education?

A Well, I got a certification in drywall, framing, finishing, hanging.

Q Okay. Anything else?

A Carpentry. Masonry.

Q Anything else I'm missing?

A That -- that's about it. Yeah.

Q All right. I appreciate it. As far as computer work, do you own a computer?

A Yes.

Q Do you know how to use a computer?

A I can do some searching here and there.

Q Okay. So you use it to get on the internet?

A I can get on the internet.

Q Do you know how to type?

A No.

Q Okay. Have you ever used a program called Microsoft Word or Microsoft Excel?

A I know what it is, but I've never used it.

Q What's Microsoft Word?

A A program.

Q All right. Do you know anything else besides it being a program?

A Microsoft -- no.

Q All right. What about Excel, do you know that's a program?

A Yes, that's a program.

Q Do you know anything else besides -- besides it being a program?

A Something that -- to get information I guess.

Q Fair enough. All right. As far as work history goes, it looks like you started at Winthrop in about 2003 as a painter, plasterer, wall coverer?

A Yes.

Q And you were promoted to supervisor in 2008?

A Yes.

Q Tell me about your supervisory work over at Winthrop. What were your job duties; what did you have to do?

A First to receive work orders for daily projects, manage the personnel to perform different tasks, purchase materials, make sure all the equipment needed for that project be assigned and make sure it stay on the jobsite. Negotiate the prices of materials costs from the vendors. Even assist the guys, my crew, with various showing them how to do different things like finishing painting different

areas. Just pretty much lead -- lead them into the project.

Q Was this a physical job?

A Yes, very physical. And I kept the timesheets, logs. I --

Q Tell me about the physical activities.

A That physical is bringing -- getting the material to the job, setting up scaffolding, ladders. Bringing in compound mud, wallpaper, paint, whatever is needed for that project.

Q You talked about a lot of supervisory stuff and a lot of physical stuff.

A Yes.

Q If you could, I want to say it's 100 percent of the workday, it's a full workday. What percent of the workday is physical, what percent is sitting down?

A I want to say 85 percent is physical, 15 percent sitting down. Sometime it varies, it could go up to like 100 percent of workday.

Q Hundred percent of workday being physical or sitting down?

A Physical.

Q Do you ever have a hundred percent of workday sitting down?

A No. No.

Q Are you still with Winthrop?

A No, no longer with Winthrop.

Q Why not.

A Because after my hip surgery, my time being out they -- my time expired for being out that six months, so they let -- let me go.

Q Do you feel in your current condition you could go back to work at Winthrop?

A No.

Q Why not?

A Because it's so demanding in that position and I asked them for several other positions if I could return and all of them is pretty much physical that -- that the work that I can do there.

Q And you're prevented from doing physical work because of your back and hip?

A Yes.

Q You also worked for UPS for a time?

A Yes.

Q You were a sorter?

A Yes, preload.

Q As a sorter you are responsible for sorting boxes and loading trucks?

A Yes.

Q Is that a physical job?

A Very physical.

Q How much of that a day involves lifting?

A All day long.

Q How much would you have to lift?

A Anywhere from two pounds to envelope to 60, 70, 80 pounds.

Q Do you feel you could do that job in your current condition?

A No, it requires a lot of bending, stooping, lifting.

Q Okay. You also worked for Gary Logan Stucco?

A Yes.

Q Is that a family company?

A No, it's not a family company, but my brother do own it.

Q Okay. So your brother owns that company?

A Yes.

Q And what were you doing for Gary Logan?

A I was lead man. I pretty much was project manager and worked.

Q Okay. What percent of that job was a sit down job and what percent of that job was an on your feet job?

A It was pretty much 95 percent on your feet.

I was just out there on the job working, working along with the guys and making -- managing it as we go along because it was like a destination type of job. It -- it could be in Charlotte, it could be in Myrtle Beach, it could be all over the place.

Q What physical demands are associated with that job?

A Very physical. We used a lot of scaffolding to -- and ladders to do exterior coating on various buildings.

Q You also worked for Local Union 74 for about nine years?

A Yes. That was in Washington, DC. I was --

Q Doing drywall work, framing, pouring concrete, construction work?

A Yes.

Q Do you believe that's a physical job as well?

A Very. Yes.

Q How long were you with Gary Logan? Were you on and off for about six years?

A Yeah, about six, seven years, yeah. On and off.

Q In your current condition do you feel like you can go back to any of the jobs you've worked in

the past?

A No, not in my current condition. No.

Q What body parts prevent you from going back to those jobs?

A My lower back and the reaching ability, the squatting ability. No.

Q Do you feel like your hip also prevents you from going back to those jobs?

A Yes. Sometime it gets a numbness when it's over exerted or over exercised, over used.

Q You had had workers' comp injuries before, correct?

A Yes.

Q You fell off a scaffold about 30 years ago?

A Yes.

Q Did you break any bones when you fell from that scaffold?

A No.

Q Did you have any surgery?

A No, you know, just an incision -- staples in the right hand.

Q Okay. Did you miss time from work because of that?

A Yes.

Q About how long?

A About two, three months.

Q And did you eventually go back to full duty after that?

A Yes.

Q Doing that construction work, painting work?

A Yes.

Q Lifting them boxes?

A Yeah.

Q Do you go to a chiropractor about once a year?

A Yes.

Q Why do you go to a chiropractor about once a year?

A Because of the physical demand on your body. I recommend to just about anybody in that -- that industry. I mean because just to get popped and stretched.

Q And you've had workers' comp injuries with Winthrop as well?

A Yes.

Q I've got 2006 you were carrying a ladder, you hurt your back then?

A Yes.

Q 2008, you were carrying a roll of wallpaper, you hurt your back then?

A My upper back and neck, yes.

Q 2010, you lifted a bucket, you hurt your back then?

A Yes.

Q In May of 2013 you, I think hurt your back working with a ladder?

A Yes.

Q And I've got February 26, 2014 you also hurt your back, correct?

A Yes, working on top of a ten foot ladder with extension pole.

Q Did you ever receive any money as a result of those accidents with Winthrop?

A No. No.

Q Were you always able to return to full duty?

A Yes.

Q Doing a lot of painting work?

A Yes.

Q Doing all that climbing?

A Yes.

Q Lifting those buckets?

A Yes.

Q I also have on July 21st, 2012 that you went to your family doctor after you lifted shingles at home?

A Yes.

Q Did you hurt your back doing that?

A Shoulder and neck area.

Q Okay. Were you able to go back to full duty work after that?

A Yes.

Q How many times did you see the doctor after lifting those shingles at home?

A Just that once.

Q Okay. Did the pain go away on its own?

A Yes.

Q Go away after that?

A Well, after medication, a lot of medication.

Q I'm going to show you an APA, if I don't fall out of my chair. I'm going to show you APA page 3. And that's dated December 11th, 2012, so this is about three months after lifting those shingles at home. Do you see anything about your back, neck, shoulder, anything in there?

A No.

Q Why didn't you complain of back, shoulder or neck pain?

A Because I didn't have any.

Q We filed earlier for two different dates of accident. I've got a February 26th, 2014 injury?

A Yes.

Q What happened there?

A We was working at a facility where they have events at on campus. It's like banquets and -- it's like a banquet hall and it had really high ceilings and we was using a ten foot ladder. And I was showing the workers how to use a ten foot ladder and using an extension pole on top of that, which was a little -- I shouldn't have been, but -- in my condition. When I was bringing the extension pole down trying to reach it back up I pulled something in my back.

Q Okay. You ended up going to Riverview?

A Yes.

Q You received physical therapy?

A Yes.

Q How was your pain doing after treating at Riverview and physical therapy?

A It was -- I was back to normal, went back to full duty.

Q Okay. Did you have any back pain, hip pain, anything after you finished treating for that February 26th, 2014 work related injury?

A No.

Q Did you recover any money as a result of that accident?

A No.

Q Did you ask for any money as a result of that accident?

A No.

Q Ever hurt your hip before?

A No.

Q I have a motor vehicle accident in 2002 where a trash truck ran you off the road?

A Yes.

Q Did you get hurt in that accident?

A No.

Q Did you ask for money because of that accident?

A No.

Q I've got another motor vehicle accident in 2010 or 2011 where you were rear ended in a parking lot?

A Yes.

Q Did you ask for any money as a result of that accident?

A No.

Q Did you get any medical treatment as a result of that accident?

A No.

Q Ever been convicted of any crimes in the

last ten years?

A No.

Q All right. Before December 1st, 2014 were you having any problems when you showed up for work that morning with your hip and back?

A No. No.

Q What happened on December 1st, 2014?

A That morning I had assigned everybody to their job duties and I was going to assist some -- some of the workers over in one of the dorms. At that time we can work in dorms because all the kids are gone home for Christmas break. And I was reaching in my van for a ladder and when I was pulling it out, I was pulling it out and it got hung up on a five gallon bucket.

Q So you were pulling it with the right arm?

A Yeah, I'm right handed. And when I reached in to move the bucket -- it got hung up on the bucket and when I reached in to pull -- move the bucket out the way and that's when it was the most excruciating pain I ever felt in my life. It was like a grinding, pulling, sort of like jolted my body. I was really anticipating nothing being in that bucket.

Q What was in that bucket?

A Compound mud.

Q Give me a range of weight on that bucket.

A Anywhere from 15 pounds, ten pounds maybe, five pounds maybe to 70 pounds.

Q How much of that -- how much do you think that bucket weighed?

A About 60 or 70 pounds.

Q Okay. And where were you experiencing pain after that accident?

A All over my lower back, mid back, buttocks and pain down my -- all my whole lower region.

Q Did you stop working at that point? What did you do next?

A Yes, I went and closed the door, tried to push the ladder in. I waited 'til one of the guys came and had them push the ladder back up in the truck and I just sit in my van for around about two or three hours, just trying to get myself together just hoping it wasn't nothing, you know, going on, you know.

Q Did you report the accident to anyone that day?

A Yes. Later that day I seen the safety director and I told him about it and he asked me did I want to go to OccuMed and I said no, I'm going to go home, ice it down and take some meds and hopefully be right back -- but I'll be right back ready to go

again.

Q Why -- why didn't -- did you want to file a workers' comp claim as a result of that accident?

A No. I thought it wasn't -- I thought it was just what I've been going through.

Q What do you mean by that?

A Sometime, you know, I can pull a bucket or ladder and it twists my body or something like that and they send me to OccuMed, they give me a bunch of medications and a week or so I'm right back at work full duty. So I was just hoping that I can avoid the medication by going to OccuMed because -- and I could get -- be back to work myself. I mean I was going to ice it down and get my medicine and be right back to work.

Q How were you doing the next morning?

A I couldn't get out of bed the next morning.

Q What was hurting?

A All my -- everything below my mid back down, all the way to my feet.

Q Okay. Did you go into work that day?

A No I didn't.

Q Did you call in?

A Yes I did.

Q When did you go get medical treatment

first?

A After -- okay, that was a Monday. After that -- that Thursday I finally went and got medical treatment because nothing wasn't changing. So I decided to not go to OccuMed because they push a lot of pills, and I'll tell you -- that's all I talk to people about, liver killer, all the medications. So I went to a chiropractor hoping that he can adjust something or pop something and get me back in line.

Q And I'm going to show you -- I pulled you out of a personnel file and I'll be handing it over in a second. Is this the first day you saw the chiropractor? Will you read the top left form?

A Yeah, 12/5.

Q I see 12/4.

A Four, 12/4, yeah.

Q Is that the first time you went?

A Yes, 12/4.

Q And right here it says -- what does it say?

A The lumbar pain.

Q Okay. Is that what you were complaining of when you saw him?

A I was just complaining of that whole region down from the mid back all the way down the butt, everything. I mean it was just --

MR. BATHRICK: Do you have any objection?

MS. SUTUSKY: I have no objection.

(Claimant's Exhibit Number 1, chiropractor's notes, marked for identification and entered into the record.)

BY MR. BATHRICK:

Q Were you specifically complaining of hip pain at that time?

A No. I wasn't aware.

Q Specifically on -- on that back when you first saw the chiropractor, was it the middle, both sides, where was the pain in the back when you first went into the chiropractor?

A It was all over. I mean the lower back, butt, I mean it -- right leg, left leg, it was just that whole region.

Q Okay. Was it the left side of the back?

A It was pretty much the whole back area.

Q When you say whole back, you mean middle, left side, right side, full back?

A Yeah. Yes.

Q I'm going to show you page 303 of our APAs. I want you to take a look at it. What does it say you were complaining of?

A Lower back pain, radiating -- okay.

Q Down the left leg?

A It radiating down the left leg and the buttock; the buttock and the left leg.

Q Okay.

A Down the left, yeah.

Q When you say low back, once again do you mean the full low back?

A Yes.

Q You didn't complain of hip pain on that day did you?

A No.

Q Specifically?

A No.

Q Did you complain of groin pain on that day?

A No.

Q Why didn't you?

A Because I didn't know. It was just pain and I was just full of meds at that time, I was really thinking it was just the lower -- just the lower back, buttocks area all the time I mean.

Q Now, the first time you went to the chiropractor you ended up on meds?

A Yes, I was.

Q Why is that?

A Because I used the meds from previous

visits. That's why I was trying to get myself back to --

Q Oh, I've got you. Previous visits from --

A Yeah.

Q -- Riverview when you were hurt?

A Exactly.

Q All right. I'm going to show you page 304. This is Dr. Ashe. Would you read the first paragraph and tell me what your rate of pain was when you saw Dr. Ashe?

A 53 year old man --

Q You don't have to read the whole thing.

A Okay. -- presented with acute lower back, localized to lumbar area which occurred -- I'm trying --

Q I'm seeing ten out of ten pain?

A Ten out of ten pain.

Q Pain has been constant?

A Yeah, been constant, yeah.

Q And we've looked at this before and you agree that there's no hip in here is there?

A No.

Q There's no right groin in there is there?

A No.

Q And that would be because at that time

you're just experiencing that full on back pain?

A Yeah.

Q Do you know what your formal diagnosis was when you were seeing Dr. Ashe? Do you know what -- did you have a formal diagnosis?

A Yes. He was saying something about --

Q Not what he was saying. What did -- did you know what your formal diagnosis was?

A No, I didn't know.

Q Now, I'm looking at page 302 and it looks like you started following up with Dr. Maxwell. Do you agree you saw Dr. Maxwell on those days?

A Yes.

Q Okay. Do you remember what you were complaining of on December 13th, 2014 when you saw Dr. Maxwell?

A Yes. Pain in the right groin area, right side.

Q Okay.

A Excruciating pain. I mean --

Q You mean you told Dr. Maxwell about all that?

A Yes. Because I thought it was my groin.

Q I'm going to show you page 308 which is Dr. Peake. And that record says that you had onset of low

back pain in October to November.

A Uh-huh. He does not have much of a (inaudible).

Q It says October, November, says when that onset started?

A Yeah.

Q Is that correct, that the pain start --

A No, I don't know where that came from.

Q Had you might have told him that?

A If I did I was talking off my head, but it didn't come from then. I don't know where that came from. That's probably one of their mistakes or one of their mishaps.

Q And it looks like you eventually started treating over at Riverview?

A Yes.

Q How did you -- how did you get switched over from chiropractic to Riverview?

A Okay. Because I was exhausting all my funds and my insurance. I had to pay Dr. Maxwell out of my pocket. And then I went to the safety director for Winthrop and told him that this occurred from what happened on the job, so y'all need to take this up because I could no longer afford to pay for it and things wasn't changing.

Q And they got you set up at Riverview?

A Yes.

Q I'm going to show you Kimble Chiropractic, page 380.

A Yes.

Q And I want you to look at the top left, it says date of injury, July 17th, 2014.

A Yes.

Q Is that the day you got hurt?

A No.

Q Okay.

A I don't know where that date came from. I mean either --

Q Okay. And about when did you start noticing that you were having right groin pain?

A I -- about two weeks after that original pulling of the back out of that truck -- pulling that ladder out the back of the van, that bucket out the back of the van.

Q Okay. Why do you believe you noticed it two weeks later?

A Because of the fact that it was -- I was going to Maxwell and I was -- my medicine had wore off and I was -- felt more pain. My back was gradually be getting better, but my pain was just consistent down

in that area, so I assumed it was the groin.

Q After you got hurt and -- the period where you got hurt and then saw Dr. Maxwell, were you doing anything physical during that period?

A I was still going to work.

Q Okay. What were you doing at work?

A I was basically just putting in time and assigning assignments, assigning tasks.

Q Were you doing anything physical work?

A I couldn't do nothing physical I was in so much pain.

Q Were you doing anything physical at home?

A No, definitely not at home.

Q What were you doing at home during that two week period?

A Well, I would go home. When I get home I'll go home and soak and just maybe watch TV.

Q And I've gone through a ton of medical records. I hate to do more. As far as treatment goes you ended up having a hip replacement?

A Yes.

Q You ended up having injections --

A Yes.

Q -- to the back? Did those injections help?

A No.

Q Did the hip replacement help?

A Yes.

Q Are you still having trouble, problems?

A Yes.

Q Where are you still having problems?

A My lower back --

Q Anywhere else?

A -- and numbness in the right -- right hip area.

Q Okay. How often do you experience pain in the -- we're talking about the right hip. How often do you experience pain in the right hip?

A When I'm walking on uneven pavement or terrain like a field or grass or something I can experience that -- that easy.

Q Do you always have hip pain?

A It's always there. I know it's going to be there. Even sleeping at night I average around about two or three hours a night.

Q Let's talk about the hip pain specifically first and we'll swing back around to everything else. If you had to rate your average level of hip pain as you're sitting in a seat, what would you put that average level of pain at on a one to ten scale? One being very little pain -- or zero being very little

pain and ten being severe?

A Two. Two.

Q Okay. So if you're sitting it's a low amount of pain?

A Yeah. Yeah.

Q It's tolerable? Does anything make the pain get worse?

A When I'm sitting too long.

Q How long is too long for sitting?

A About a hour.

Q All right. Anything make it worse? You said uneven ground?

A Uneven ground or sleeping. Sometime the condition of sleeping and I have -- I have a prop at home that I sleep with. It's like a -- it's like a pillow and I have to put that between my legs. And --

Q What -- what happens to your rate of pain when you bend?

A It -- it sometime it can get very uncomfortable.

Q Okay. And go up?

A It'll go up, yes.

Q What happens when you stoop?

A Definitely. I -- I avoid stooping and bending at all cost.

Q Okay. Does walking for long periods of time cause you increased pain?

A No, I don't try to walk for long periods of time. I maybe walk to -- the longest walk I done pretty much had was graduation; my son's graduation and that was -- I couldn't stay for the whole ceremony.

Q Okay. How long was that ceremony?

A About -- they cut it really down about a hour and about 30 minutes.

Q You were standing?

A No.

Q Okay.

A I was sitting in them uncomfortable seats.

Q Okay. What about a seat makes it uncomfortable?

A The firmness of it. The flat -- just like this got a little cushion in it, it's not too bad.

Q So the firmness gives you trouble?

A Yeah, the firm seats.

Q What kind of trouble do the firm seats, where does it cause you trouble?

A Right in that hip area and the lower back, it's just like it's -- it's -- it's not giving.

Q And you said the pain is about a two? How

high can the pain get if you're doing the bending, stooping, walking, standing?

A Round about six -- five or six.

Q If you had to -- if you had to estimate how long do you think you could walk for before the pain starting going up and you had to sit down?

A I could walk for about a -- maybe a quarter of a mile, but maybe something a little better than that; about a half a mile or better. Yeah.

Q What about standing, how long do you think you could stand for before the pain starts increasing?

A I can stand about a hour or two.

Q About an hour or two?

A Yeah. It depends on my shoes too and if I can lean and sit, you know.

Q Tell me about the shoes, why is that?

A Because I -- it's just like I had -- I have shoes where I got additional soles in because it seem like sometime my one hip is a little longer than the other.

Q You said back pain?

A Yeah.

Q How often are you experiencing back pain? Is it there all the time, does it come and go?

A It -- it's there all the time.

Q If you were to rate back pain how much would it be?

A It's about a one -- about a two. It's there all the time.

Q Does it ever get worse?

A Yes.

Q Does it get worse with the walking, the laying, the standing similar conditions?

A Yeah, pretty much. Pretty much. Yes.

Q How bad can that back pain get?

A Different tasks -- I had it gotten up to a seven or eight.

Q Is the back -- what's your biggest problem in your mind, the back or the hip?

A The lower back.

Q Are you still having any pain in your lower extremities, your legs?

A Sometime when I'm walking on uneven ground.

Q Okay. Do you ever have any numbness in your legs?

A Yes.

Q How often? Is that there constantly, does it come and go?

A No, that's not constantly, that's occasionally. They -- if I'm standing too long or if

I'm -- just like when we was at the arena for the graduation it was a hill to get there and it was really uncomfortable going up and down. Yeah.

Q (Inaudible). Describe that leg pain, the numbness, how does that feel?

A It's not excruciating as it was, but it's there. You know, I know it's there, I know it's a part of life now, which I could live with it, I mean after a taniza -- tinizazan (Tizanadine), which that is a muscle relaxer and then a Percocet, you know, about once every two days or once -- once a week it balances me out.

Q How often do you experience that leg pain?

A It depends on what I'm going that -- I mean it -- it could be as much as every day or could be much as once a week.

Q It comes and goes?

A Yeah.

Q Is it usually there once a week?

A Yeah.

Q All right. Let's talk about a normal day. First thing I do is wake up. How are you doing when you wake up?

A It's an adjustment period. Every day is an adjustment period getting up, sitting on a -- rolling,

you know I roll over, roll on the side of the bed and sits up. And then, you know, it takes me a little while longer to get going and then I put my slippers on.

Q Just follow us in from there? Is that because of the back and hip?

A Yes. Yes.

Q Did you have to get up that way before the accident?

A No.

Q Okay. Get your slippers on, the next thing I do is get in the shower.

A Yes, I sort of head to the -- well, I use the bathroom first and then the shower.

Q How about any problems or anything you do differently in the shower?

A Yes, I have long handle scrubbers now because I cannot reach down to my right foot.

Q Is that because of your hip and back?

A Yes.

Q Did you have to do that before the accident?

A No, I didn't have that before the accident.

Q Next thing I do is get dressed. Has that changed at all since the accident?

A Yes, that changed dramatically. I used to

could stand up and put on my pants just like that, just like anybody else. Now I have to sit on the bed, put one leg in and then sit back and pull the other one on up.

Q What about socks and shoes?

A I got a sock scooper. You put the sock on the cup and shoot the foot down in it and the sock come right on up it. And then my daughter or granddaughter come tie -- I can tie my left shoe, but my daughter or my granddaughter or my wife come in and tie up my right shoe.

Q Is that because of your hip and back?

A Yes, it is.

Q Did you have those problems before this accident?

A No. No.

Q We're all good, we're all ready, how do you spend most of your day now?

A Excuse me for laughing. Watch a lot of CNN and Fox News.

Q Okay.

A My wife tells -- my wife gets on me all the time about that, so I hated to even say. I hate to even say it.

Q All right. Towards the end of -- I go to

sleep after I'm done with my day. How -- how are you sleeping since the accident?

A Like I said, I average two to three hours, you know, I've done grown accustomed to that at night because if I roll or miss-position or -- or even my wife bumps me, you know, I'm -- I'm tossing and turning and it takes me a while to get comfortable and --

Q You can still drive, correct?

A Yes.

Q Did you drive here today?

A Yes.

Q And has your driving changed at all since --

A Yes.

Q -- the accident? How so?

A Me and my daughter, we stopped two times and it was like a hour and a -- it's about a hour and 30 minute drive, something like that.

Q And why did you have to stop two times?

A Because some time like early in the morning like this it gets -- it gets numb, my lower back and hip area gets a little numb. So I stop, just drink a cup of coffee and get back going.

Q Have you done any yard work since the accident?

A No. Yeah, I did get the extension cord a couple of times for my wife.

Q Okay. Who's doing the yard work now?

A My wife and my brother-in-law and my son.

Q Were you doing yard work before the accident?

A I'm a outdoors person. I -- I take pride in my yard.

Q And it's your back and hip that prevents that yard work from getting done?

A Yes.

Q Let's talk about chores? Do you do the laundry?

A No.

Q That's a wife thing?

A Well, I'm not being (inaudible) --

Q I won't say that to your wife (inaudible) --

A I just -- I have three sisters and now I've got a wife and two daughters, so I don't -- never have.

Q Don't mess with it, don't (inaudible)? I got you. What about taking out the trash; are you able to take out the trash now?

A Yeah, I could take out a light load. If it's something that I pick up and it's just -- it got

that weight on it I leave it because I know one of my sons will be there to get it.

Q Are you able to go to the grocery store?

A Yes. I like going to the grocery store.

Q Has that changed at all?

A Yes, because I don't pick -- get large items like cases of water, like milk -- I get milk but not like I used to shop. And then I have to -- I don't do those long trips of grocery shopping either.

Q What kind of timeframe do you look for when you're going shopping; if that makes any sense?

A About a 20 -- 20 minutes, 30 minutes, something like that.

Q Why is that?

A Because I -- just that constant pounding on that type of pavement and sometime standing in line is long, I don't feel -- feel a little bit uncomfortable sometime.

Q And that's because of your back and hip?

A Because of my lower back.

Q Okay. Are you able to sweep the floor?

A Beg pardon?

Q Can you sweep the floor with a broom?

A Oh, yeah, I can sweep.

Q Can you pick up the dust pile?

A No. No.

Q Is that because of your back and hip?

A Yes. I don't even try that.

Q Are you still cooking?

A Yes.

Q Has that changed at all since the accident?

A Yes. I have to have an assistant. I mean my daughter and granddaughter gets the pots and pans out the cupboard.

Q What --

A And I have me a little bar stool in the kitchen now.

Q You said a bar stool in the kitchen?

A Yeah.

Q Why do you have a bar stool in the kitchen?

A Because I sits down sometime when I'm cooking, you know.

Q Where are the pots and pans? Why can't you get to them?

A They -- they on the lower -- in a lower cupboard, lower cabinets next to the -- just the lowest they can be. I don't have them hanging up top, they down low.

Q Do you do any ladder work since the accident?

A No.

Q Were ladders a problem for you before the accident?

A No.

Q How do you go up and down stairs now?

A Just the handle where I used to have to step down with my strong or step up with my strong. Now I could pretty much use the handle and walk up.

Q Okay. So you're holding the handrail going upstairs?

A Yes.

Q Do you want to work right now?

A Yes. I've worked all my life.

Q When you were working for UPS --

A Yes.

Q -- did you have a second job you'd go to?

A Yes.

Q Tell me about those hours you were working?

A Okay. I would get into UPS round about 3:30 in the morning and work there until about 9:00 or 10:00 or whatever the workload -- whenever the workload be completed loading trucks for local deliveries. And then once I leave there I go and work with Gary Logan Stucco or doing some type of construction job. I mean plastering, hang -- drywall

finishing, whatever, you know, I had on schedule, had planned for that day.

Q Can you think of any jobs you can go back to right now?

A I was thinking about security but if I have to chase anybody they just then got away pretty much. Not -- not -- nothing in my current condition.

Q Have you applied for any jobs?

A Yeah, I talked to Mike Thomas of Thomas Paint and asked did he need a project manager and he said it was too -- a little bit too physical because I am going to have to climb and lift.

Q What about Gary Logan Stucco?

A Yeah, I talked to Gary.

Q And that's your brother?

A Yes. And he said he would, but I think he's worried about insurance on that -- insurance reason.

Q Did he have any work for you? Did he hire you?

A No, he didn't hire me. He said it was a little physical and demanding too because it's a lot of climbing when you're doing exterior surfaces on buildings and schools and --

Q And what kind of jobs are you trying to get with those companies; just a supervisor's job?

A Yeah. I was trying to get like a project manager job. Go pick up material, something like --

Q What are your plans for the future?

A I don't know. I worry about it each and every day, Tyler.

Q Are you on Social Security Disability?

A Yes.

Q What body parts when you filled out your application did you list?

A My lower back, my butt and my right hip area.

Q Did you have to get an attorney?

A No, they just went from my medical records and my -- my continuous --

Q And do you have a handicap permit?

A Yes.

Q Would you like ongoing medical treatment from Dr. Lehman?

A Yes, Dr. Lehman or Dr. Annapurna.

Q For your hip and back?

A Yes.

Q Are you still taking medication?

A Yes.

Q Who's prescribing the medication?

A Dr. Anandpura.

Q Do you have any new injuries since December 1st, 2014?

A No.

Q Have you done things that have caused you pain since December 1st, 2014?

A Yes.

Q Would one of those things be lifting a window open?

A The kitchen window, yeah, it got smoky in the kitchen.

Q You lifted the window and after that had pain?

A Yeah. Had to reach over and that was a no, no.

MR. BATHRICK: I'm looking at page 131 of our Brief where that's noted.

BY MR. BATHRICK:

Q And you've also -- have you tried to bend down to get items before, or since December 1st?

A Yes.

Q Pick up items from the ground?

A Yes.

Q Okay. And it caused you increased pain?

A Yes, it did. Yes, it did.

MR. BATHRICK: That's page 128 of our Brief.

A Yeah, that was round about Easter up at Sam's or somewhere or Walmart, somewhere I was gettir -- tried to get some juice for the kids.

Q I'm looking at page 139. Have you lifted grandkids since the accident?

A I have tried and that's something that I really miss.

Q How old was your grandchild when you tried to lift?

A She was one and a half.

Q Were you able to complete that -- that maneuver?

A No. No. Now she's four years old. She's trying to lift me now, but no I really missed out on that -- a whole lot of that.

Q Still taking pain medication? How often do you take that pain medication?

A Just like I said, maybe sometime every other day, sometime once a week.

Q Just kind of as you need it?

A Yes, I need it.

Q And do you do anything else for your hip or back besides that pain medication?

A I ice all the time and rest.

Q How often are you icing?

A Ice probably -- probably once a week.

Q Have you worked for anyone since you had that hip replacement?

A No.

Q All right. No further question from me Mr. Logan. Please answer anything Sarah has in follow-up.

MR. BATHRICK: I'm sorry I take so long.

THE COURT: That's all right. Ms. Sutusky.

MS. SUTUSKY: Thank you.

CROSS EXAMINATION

BY MS. SUTUSKY:

Q Mr. Logan, I'm -- nobody disputes the back injury from February. I'm going to jump right to December and talk about that injury.

A Okay.

Q And you clearly testified you believe you injured your low back that day on December 1st, 2014, correct?

A Correct.

Q And treatment was provided to you by your Employer once you requested that, correct?

A Yes.

Q And there was a period of time you were treating on your own and had not requested treatment from them?

A Correct.

Q All right. Now once you underwent treatment through your Employer, they put you in physical therapy for your back?

A Yes.

Q All right. And physical therapy is about all the treatment you had on your back, correct?

A No.

Q You had an injection?

A Yes.

Q Okay. And did you go do that on your own?

A I went to Dr. Maxwell, yes.

Q Okay. And so that was treatment you sought on your own? You weren't referred there by your workers' comp doctor?

A No.

Q All right. In terms of the treatment provided to you and recommended by the doctors that were authorized by your Employer, it was just physical therapy, correct?

A Yes, early on.

Q Okay. And you testified at the time of the accident you did not have hip pain, correct?

A I didn't know.

Q Okay. And you didn't have hip pain for at

least a couple of weeks?

A I -- I wasn't -- I couldn't pinpoint it so I could yeah, you're right.

Q Okay. You started treating with Dr. Lehman on your own?

A No, it was recommended to me.

Q By who?

A Dr. Anandpura and Tyler, them too.

Q Okay. Tyler, your attorney?

A Yes.

Q All right. Dr. Raymond was not authorized by the workers' comp company, correct?

A Correct. Be --

Q All right. And so --

A -- because they had released me.

Q Okay. They released you for your back, right?

A Yes, and they told me to seek additional medical treatment.

Q All right. So let's talk about that. You're going right where I wanted to go. You underwent a scan for your back when you were still treating at Riverview; is that right?

A Yes.

Q And that scan showed there were some

potential issues with your right hip and that's why they said to go seek some other treatment?

A At first my doctor, family physician, Dr. Anandpura, I went in to see him and he said who are you seeing? He said -- first he said, what's going on with you? I said I'm having excruciating pain. He said, who you seeing? I said Dr. McNair at OccuMed. And he said what are they doing for you? And I said, giving me a bunch of meds. He said go get a MRI or one of them scans. And so I went and told Dr. McNair and he recommended that.

Q Okay. And then you had that done through your treatment at Riverview, right?

A Yes.

Q All right. And through that scan the doctor said there were some potential issues with your hip and you needed to get that looked at, correct?

A Yes.

Q And that doctor actually specifically indicated that the issues with your right hip were unrelated to your work injury; are you aware of that?

A That's what he -- that's what he said.

Q Okay.

MS. SUTUSKY: And I'm referring to page 369.

Q And so you started treating on your own, not

through workers' comp, with Dr. Lehman, for those (inaudible)?

A Because they wouldn't no longer provide me treatment.

Q Okay. All right. You testified today that you have trouble sitting for long periods of time, correct?

A Yes.

Q Yet despite that within the last year or two you've traveled to Gatlinburg by car?

A Yes.

Q And you've traveled to Maryland by car twice?

A Yes.

Q And you've also been on a cruise; is that correct?

A Yes.

Q So you're able to travel and vacation?

A Yes. It takes me a longer period of time to get to my destination.

Q Okay. You testified regarding being able to work, that you cannot think of any jobs that you could do, correct?

A Yes.

Q Okay. Have you actually tried any jobs?

A No.

MS. SUTUSKY: Thank you. I don't have any other questions.

THE COURT: Mr. Bathrick.

REDIRECT EXAMINATION

BY MR. BATHRICK:

Q If you could do us a favor. Stay standing. Turn around. Can you show the Commissioner where you were having back pain on December 1st, 2014 following the accident? And you're pointing basically to your whole back, down your butt, into your legs? You testified you -- what did you do on the cruise?

A Sit back, enjoyed the sunshine and watched a lot of activities going on.

Q Okay. Are you normally just sitting at home too?

A Huh?

Q When you're at home are you normally just sitting?

A Pretty much watching the boob tube.

Q All right. So instead of watching the boob tube you were watching the pretty scenery? Sunsets, not the --

A Yeah, sunsets, yeah.

Q And when you drove to Maryland and

Gatlinburg -- Maryland and Gatlinburg, about how often were you having to stop in order to make those trips?

A Shoot, that Maryland trip I used to brag about how I used to make that Maryland trip and that used to be like anywhere -- I'd get on 77 and could be in Washington, DC -- I'd get on 77 at 12:00 at night and I could be in Washington, DC by 6:30 that next morning. And now I get on -- I don't travel at night now, because my condition I got to stop a lot. So it takes me round about nine hours now.

Q How long did Gatlinburg take you?

A Gatlinburg took about four and a half, five hours.

Q About how many times did you have to stop then?

A Around about -- that's actually a three hour ride and that -- and we stopped -- I stopped about every hour, because one thing about that Gatlinburg trips it's a lot of hills and curves.

Q And what did you go to Gatlinburg for?

A Friends and family invite me up a lot, me and my wife.

Q What do you do in Gatlinburg when you go?

A I do a -- I do the cooking, a whole lot of the cooking. We -- we mostly be at like a cabin or

something.

Q Do you do any hiking?

A No, I -- that's out of the question now.

Q What do you go up to Maryland for?

A Like I said, that's where my family is originally from. That's where I went to a funeral.

Q Who's funeral?

A My grandmother's sister's funeral and then my neighbor's funeral.

Q Did Dr. Lehman recommend any injections for you?

A Yes, he did.

Q Okay. Did he ever look at your back when you were seeing him?

A Yes, he did.

Q Okay.

A Before the hip surgery he recommend the injections.

MR. BATHRICK: No more questions. Thank you.

THE COURT: Thank you. Ms. Sutusky?

MS. SUSTUSKY: I don't have anything further.

THE COURT: All right. Well, there being nothing further then that concludes today's proceeding.

(The hearing concluded at 11:55 a.m.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF **62** 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 21ST DAY OF OCTOBER, 2017.

_____
CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES DECEMBER 31, 2024

Cora Bruton
Court Reporter
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Lexington, SC 29073
803-520-8802
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SSN - 246-72-6027

October 21, 2017

Erin Farthing, Esquire
State Accident Fund
P. O. Box 102100
Columbia, SC 29221

INVOICE FOR SERVICES

Re: Ray K. Logan v. Winthrop University
WCC 11401997
August 24, 2017
Camden, SC

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Transcript of hearing 63 pages @ $2.75 per page	$173.25
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Thank you very much.

Turner | Padget

REPLY TO:

David H. Keller

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January 18, 2018

Ms. Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Re:	Claimant:	Ray K. Logan
	Employer:	Winthrop University
	Carrier:	South Carolina Uninsured Employers Fund
	Claim No(s).:	2014-00549, 2014-04428
	WCC File No(s).:	1401997, 1422134
	Our File No.:	04206.00150
	D/A(s):	2/26/2014, 12/1/2014

Dear Ms. Bracy:

Please find enclosed the original and four (4) copies of our Form 30 in this matter, along with our check in the amount of $150.00, which represents the filing fee. Please return a clocked copy to our office in the self-addressed stamped envelope enclosed for your convenience. We have also enclosed three (3) copies of the Decision and Order dated January 4, 2018, and served on January 4, 2018.

By copy of this letter to Tyler Bathrick, Esquire, the Claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

Sincerely,

Mike Clare for

David H. Keller, Esquire

DHK/mmh
Enclosures
cc: Tyler Bathrick, Esquire

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

WCC File #: 14011997, 1422134
Carrier File #: 2014-0549, 2014-04428
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ray K. Logan SSN: [redacted]
Address: 705 Ferndale Drive
City: Rock Hill State: SC Zip: 29730
Home Phone: (803) 242-9917 Work Phone:

Employer's Name: Winthrop University
Address: 701 Oakland Avenue
City: Rock Hill State: SC Zip: 29730
Insurance Carrier: SC Uninsured Employers Fund

Preparer's Name: David H. Keller, Esquire Law Firm: Turner, Padget, Graham & Laney, P.A. Preparer's Phone #: 8645524622

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: 02/26/2014, 12/01/2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See attached.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ **Mediation**
☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Tyler A. Bathrick Esquire, Stewart Law Firm, LLC , Post Office Box 670 , Rock Hill SC 29731, on the 18th day of January, 2018 by ☒ first class mail ☐ personal service ☐ certified mail.

Mike Close for David Keller
Preparer's Signature

Esquire
Title

dkeller@turnerpadget.com
Email

01/18/2018
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

SOUTH CAROLINA WORKERS' COMPENSATION

W.C.C. FILE NO.S: 1401997, 1422134

Ray K. Logan, Employee, Claimant, vs. Winthrop University, Employer, AND SC State Accident Fund, Carrier, Defendants.	**DEFENDANTS/APPELLANTS' APPEAL TO THE FULL SOUTH CAROLINA WORKERS' COMPENATION COMMISSION**

IT IS RESPECTFULLY SUBMITTED that the single commissioner erred as follows:

1. In finding as a fact that Claimant never had injuries to his right hip prior to December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

2. In finding as a fact that Claimant was not suffering any physical problems with his back and/or right hip prior to December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

3. In finding as a fact that the Claimant injured his low back, right hip, and buttocks on December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

4. In finding as a fact that the Claimant suffered immediate pain in his buttocks and hip on December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

5. In finding as fact that the Claimant injured his "buttocks" on December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

6. In finding as fact that the Claimant suffered right groin pain as a result of his injury of December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

7. In stating in the Order that the Defendants refused to authorize medical treatment to the Claimant after May 13, 2015, the error being that the authorized treating physician reported in his narrative note that the conditions for which the Claimant was seeking medical treatment were unrelated to his injury of December 1, 2014.

8. In finding as a fact that the Defendants refused to refer Claimant to an orthopedist, the error being that the authorized treating physician advised Defendants of the condition for which Claimant was seeking orthopedic care was unrelated to his injury of December 1, 2014.

9. In finding as a fact that after the Claimant's injury of December 1, 2014, he did not do his regular supervisory job to include the physical aspects thereof, the error being the preponderance of the evidence fails to support such a finding.

10. In quoting a statement from the Claimant regarding provision of medical care and treatment, in Finding of Fact number 36, the error being the statement is irrelevant, prejudicial, and insinuates that the Claimant is an expert in the area of workers' compensation law.

11. In finding as a fact that the Claimant was "let go" by Winthrop University following his hip surgery, the error being the statement is irrelevant and shows that the single commissioner was using surmise, conjecture, and speculation in reaching his determination.

12. In finding as a fact that the Claimant aggravated a pre-existing condition in his back as a result of his injury of December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

13. In finding as a fact that the Claimant aggravated a pre-existing condition in his right hip at the time of his December 1, 2014 accident, the error being the preponderance of the evidence fails to support such a finding.

14. In giving greater weight to the opinion of Dr. Lehman rather than Dr. Bethea, the error being the opinion of Dr. Bethea comports with the evidence presented, while the opinion of Dr. Lehman has no logical basis based on the Claimant's medical records.

15. In finding as a fact that the condition of Claimant's back and hip prevent him from returning to work at Winthrop University, the error being that such a finding is irrelevant to the terms and provisions of Title 42.

16. In finding as a fact that the Claimant's back and hip prevent him from returning to his job at Winthrop University, the error being the preponderance of the evidence fails to support such a finding.

17. In finding as a fact that the condition of the Claimant's back and hip prevent him from returning to his job at Winthrop University, the error being that the Claimant did not injure or aggravated any pre-existing condition in his hip at the time of his injury on December 1, 2014.

18. In discussing in the Findings of Fact the Claimant's statements regarding his hip, the error being that the preponderance of the evidence fails to support any hip injury as a result of his December 1, 2014 work-related injury.

19. In finding as a fact that the Claimant currently experiences constant back pain, the error being the preponderance of the medical evidence fails to support any back pain related to Claimant's injury by accident.

20. In finding as a fact that the Claimant currently experiences occasional numbness in his lower extremities, the error being the preponderance of the medical evidence fails to support such a finding.

21. In finding as a fact that the Claimant's back and hip problems have caused him to alter his activities, the error being such a finding is not supported by the preponderance of the evidence and is irrelevant to the Claimant's minor injury suffered on December 1, 2014.

22. In making findings of fact regarding Claimant's daily activities, the error being that such findings are irrelevant to Claimant's minor back injury suffered on December 1, 2014.

23. In finding as a fact that the Claimant cannot engage in work activity, the error being the preponderance of the evidence fails to support such a finding.

24. In finding as a fact that the Claimant cannot engage in work activity, the error being the same is irrelevant under the facts and circumstances of this case.

25. In finding as a fact that the Claimant's minor back injury of December 1, 2014 resulted in an injury to Claimant's right hip, the error being the preponderance of the evidence fails to support such a finding.

26. In finding as a fact that the Claimant's hip replacement surgery is related to his injury of December 1, 2014, the error being the preponderance of the evidence fails to support such a finding.

27. In finding as a fact that the Claimant achieved Maximum Medical Improvement on June 21, 2016, the error being that the medical evidence showed the Claimant achieved Maximum Medical Improvement no later than May 13, 2015.

28. In finding as a fact that the Claimant is entitled to Temporary Total Disability compensation after his hip surgery, the error being the preponderance of the evidence fails to support such a finding.

29. In finding as a fact that the Claimant's December 1, 2014 injury resulted in permanent impairment and/or disability to his right hip and back, the error being the preponderance of the evidence fails to support such a finding.

30. In finding as a fact that the Claimant is permanently and totally disabled, the error being the preponderance of the evidence fails to support such a finding.

31. In finding as a fact that Claimant is totally and permanently disabled, the error being at most this is a case under Section 42-9-30, but which does not rise to the level of total and permanent disability.

32. In finding as a fact that the Claimant is totally and permanently disabled, the error being that the Claimant failed to produce credible evidence regarding his degree of wage loss, if any.

33. In finding as a fact that the Defendants are responsible for medical care and treatment rendered to the Claimant after May 13, 2015, the error being the preponderance of the evidence fails to support such a finding.

34. In finding as a fact that the Claimant is entitled to future causally-related medical care and treatment, the error being the preponderance of the evidence fails to support such a finding.

35. In finding as a fact that the Claimant is entitled to lifetime maintenance for retained hardware to his right hip, the error being the preponderance of the evidence fails to support such a finding.

36. In failing to order the Claimant to undergo a vocational assessment and a functional capacity evaluation requested by Defendants, the error being the same constitutes an abuse of discretion.

37. In failing to order the Claimant to appear for a functional capacity evaluation and vocational assessment, the error being the Defendants were prejudiced in their ability to defend this claim based on the commissioner's determination.

38. In finding as a fact that no physician ordered a functional capacity evaluation, the error being that the Defendants maintain the right under Section 42-15-60 of requiring Claimant to appear for medical examinations.

39. In finding as a fact that because the hip injury was denied, the Defendants did not have the right to a functional capacity evaluation, the error being the same constitutes an abuse of discretion on the part of the single commissioner.

40. In failing to order Claimant to undergo a functional capacity evaluation and vocational assessment, the error being that the Defendants were prejudiced and unable to properly defend the claim based on the single commissioner's determination.

41. In concluding as a matter of law that the Claimant suffered injuries to his back and hip, the error being the preponderance of the evidence fails to support such a conclusion.

42. In concluding as a matter of law that the Claimant gave proper notice of an injury, the error being the preponderance of the evidence fails to support such a finding.

43. In concluding as a matter of law that a claim was timely filed, the error being the preponderance of the evidence fails to support such a conclusion.

44. In concluding as a matter of law that the Claimant sustained aggravation of a pre-existing hip and back condition, the error being the preponderance of the evidence fails to support such a conclusion, the Claimant having totally failed to meet his burden of proof.

45. In concluding as a matter of law that Claimant is entitled to Temporary Total Disability compensation from December 15, 2015 to June 21, 2016, the error being the preponderance of the evidence fails to support such a conclusion.

46. In concluding as a matter of law that Claimant achieved Maximum Medical Improvement on June 21, 2016, the error being the preponderance of the evidence fails to support such a conclusion.

47. In awarding the Claimant Permanent and Total Disability compensation under Section 42-9-10, the error being at most this case is a claim under Section 42-9-30 for loss of use of the back only.

48. In finding the Claimant to be totally and permanently disabled under Section 42-9-10, the error being the preponderance of the evidence fails to support such a conclusion.

49. In concluding as a matter of law that the Claimant is totally and permanently disabled under Section 42-9-10, the error being the Defendants were prejudiced by virtue of the commissioner's ruling that the Defendants were not entitled to a vocational assessment and functional capacity evaluation.

50. In concluding as a matter of law that the Claimant is entitled to future medical care and treatment to his back and right hip, the error being the preponderance of the evidence fails to support such a conclusion.

51. In concluding that the Claimant is entitled to a lump sum payment of his award, the error being the same constitutes an abuse of discretion.

52. In concluding as a matter of law that the Defendants are responsible for past, present, and future causally-related medical care and treatment, the error being the preponderance of the evidence fails to support such a conclusion.

53. In ordering the Defendants to be responsible for the aggravation of pre-existing conditions of the Claimant's back and right hip, the error being the preponderance of the evidence fails to support such an Order.

54. In ordering the Defendants to provide ongoing medical care and treatment for the Claimant's back and right hip, the error being the preponderance of the evidence fails to support such an Order.

55. In ordering the Defendants to pay causally-related medical care and treatment with regard to Claimant's right hip and back, the error being the preponderance of the evidence fails to support such an Order.

56. In ordering that the Claimant is entitled to Temporary Total Disability compensation, the error being the preponderance of the evidence fails to support such an Order.

57. In ordering that Claimant is totally and permanently disabled, the error being the preponderance of the evidence fails to support such an Order.

58. In ordering that the Claimant is permanently and totally disabled, the error being the commissioner made his determination without the benefit of an independent vocational assessment and functional capacity evaluation, which should have been ordered.

59. In determining the commuted value of the claim based on tables in effect in 2016, the error being that by the time the Order was issued, the commuted value tables had changed.

60. In ordering that the Claimant receive an award for Total and Permanent Disability in a lump sum, the error being the same constitutes an abuse of discretion.

61. In ordering that the Claimant receive payment of his award in a lump sum, the error being the preponderance of the evidence fails to support that he is totally and permanently disabled.

62. In ordering that the Defendants are responsible future casually-related medical care and treatment to Claimant's back and right hip, the error being the preponderance of the evidence fails to support such an Order.

63. The Defendants further assert and reassert all issues raised in the Appeal to the Full Commission on the issue of a functional capacity evaluation and vocational assessment, such Appeal being a part of the Record in this matter by virtue of the file having been made a part of the Record by the single commissioner.

Respectfully submitted,

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CERTIFICATE OF MAILING

The undersigned certifies that she is an employee at Turner, Padget, Graham and Laney, P.A., and that the attached Form 30/Defendants'-Appellants' Appeal to the Full South Carolina Workers' Compensation Commission was served upon Tyler Bathrick, Esquire, the attorney for claimant, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Tyler Bathrick, Esquire
Stewart Law Offices, LLC
P.O. Box 670
Rock Hill, SC 29732

Debra Selander

Debra P. Selander, legal assistant to
David H. Keller, Esquire

January 18, 2018.

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South Carolina Workers' Compensation Commission

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

WCC File #: 1422134
Carrier File #: 2014004428
February 26, 2018

NOTICE OF APPELLATE HEARING

RESET

Ray K Logan v WINTHROP UNIVERSITY

Subject: **Set on Review.**

Date: **03/19/18 at 02:00 PM**

Location: **South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
Columbia, SC 29201

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or appeals@wcc.sc.gov.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

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

By: Eugenia Hollmon, SC Workers' Compensation, February 26, 2018

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BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

W.C.C. FILE NO.S: 1401997, 1422134

Ray K. Logan, Employee/ Claimant, vs. Winthrop University, Employer, AND SC State Accident Fund, Carrier, Defendants.	**BRIEF OF THE DEFENDANTS/APPELLANTS**

STATEMENT OF THE CASE

This matter is before the Commission's Appellate Panel pursuant to the Defendants/Appellants' Form 30, requesting review of Hearing Commissioner R. Michael Campbell's January 4, 2018 Decision and Order. A hearing was held on August 24, 2017, in Kershaw, South Carolina, to determine compensability, permanency, and entitlement to future medical treatment, if any. The issue of whether the Appellants are entitled to a vocational assessment and functional capacity evaluation—which the Respondent refused to attend after obtaining his own favorable vocational assessment and FCE—was also before the Commissioner.

The Respondent first sustained an admitted lumbar spine strain on February 26, 2014. The Appellants subsequently provided the medical care required, albeit minimal, to treat his minor injury. (Clt's APA #5, 310-17). The next month, after completing physical therapy, the Respondent was released to work in a full duty capacity. (Clt's APA #5, 346-50).

Later that year, the Respondent sustained a second, minor low back injury on December 1, 2014, while attempting to move a ladder. Following this incident, the Respondent declined treatment through the workers' compensation system and chose to treat on his own for months, primarily seeing only a chiropractor. (Clt's APA #4, 302-09). The Respondent admitted that he complained only of back problems during this time. (Hr'g Tr. 31:7-9, 32:9-11; 33:7-24). Eventually, however, he requested treatment for his back, and the Appellants once again initiated proper and adequate medical care.

Dr. Charlton Scott McNair with Riverview Medical Center/Occumed served as the Respondent's authorized treating provider for both incidents. (Clt's APA #5). As even the intake forms make plain, the Respondent presented to Dr. McNair complaining only of low back pain following the initial accident. (Clt's APA #5, 310-17). When the Respondent presented to Dr. McNair following the second incident, the Respondent again complained of low back pain without mention of any hip issues. (Clt's APA #5, 352-60). Accordingly, Dr. McNair limited his diagnosis to a lumbar sprain and treatment to medications and physical therapy. (Clt's APA #5, 359-60). He allowed the Respondent to continue working in a full duty capacity and ordered lumbar spine x-rays, which revealed minor multilevel degenerative disc disease. (Clt's APA #5, 351, 360). Completely by coincidence, the x-rays also revealed incidental findings of joint space narrowing and subchondral cyst formation of the right hip. (Clt's APA #5, 351).

During a return appointment on May 13, 2015, Dr. McNair indicated that, while the right hip x-ray findings suggested avascular necrosis of the hip, this was unrelated to the Respondent's work injury. (Clt's APA #5, 369). Dr. McNair indicated that there were no acute findings regarding the low back and instructed the Respondent to continue his medications and full duty work. (Clt's APA #5, 369). Dr. McNair released the Respondent but suggested a follow-up with an orthopedist to address the unrelated, incidental right hip findings. (Clt's APA #5, 369).

Likewise, Dr. James F. Bethea of Columbia Orthopaedic Specialists also opined that the Respondent's coincidentally discovered right hip problem was unrelated to his work incident. (Def's APA # 10). Instead, "[h]is right hip problem was a chronic degenerative process and the magnitude of the trauma from the accident at work December 1, 2014 falls way short." (Def's APA # 10, 482). Dr. Bethea further pointed out that the Respondent relayed no complaint of hip pain until at least three months after the accident. (Def's APA # 10, 482).

Because neither doctor assigned an impairment rating, Appellants arranged an appointment with a third physician, Dr. Ryan Wetzel, on December 3, 2015. (Def's APA # 9). Dr. Wetzel placed the Respondent at maximum medical improvement, assigned a 7 percent impairment rating to the back, and indicated that the Respondent could continue working in a full duty capacity. (Def's APA # 9, 480-81). Dr. Wetzel did not definitively recommend any further medical care. (Def's APA # 9, 481).

Meanwhile, the Respondent independently obtained a referral from his family provider—not a workers' compensation provider—to begin treatment with Dr. William L. Lehman for his unrelated right hip issue. (Clt's APA #3, 274). In stark contrast with the three other physicians' opinions, Dr. Lehman related the hip problem to the Respondent's work accident and ultimately performed a total right hip replacement on December 15, 2015. (Clt's APA #3, 111).

Interestingly, Dr. Lehman later admitted on multiple occasions that the Respondent would have required a hip replacement at some point irrespective of the work accident. (Clt's APA #3, 300-01). The Respondent was removed from work following the procedure (for the very first time since his December 2014 accident), but by May 2016, Dr. Lehman remarked that the Respondent "was doing remarkably well." (Clt's APA #3, 131-34). Dr. Lehman assigned just a 7 percent impairment rating to the lumbar spine, assigned a 37 percent impairment rating to the right hip, and recommended a FCE to determine work restrictions. (Clt's APA #3, 131-34, 299).

In accordance with the orders of his independently chosen physician, the Respondent thereafter obtained his own FCE on July 14, 2016, which indicated that he is capable of at least light work. (Clt's APA #7, 386). The Respondent then obtained his own vocational assessment on August 31, 2016, which concluded that he was permanently and totally disabled. (Clt's APA #8, 408). In response, the Appellants scheduled an FCE for February 15, 2017, which would be used to obtain a vocational assessment. Respondent refused to attend.

The Appellants then filed a Motion to Compel Attendance on March 17, 2017, which was denied on April 10, 2017. Appellants appealed and a hearing before the Full Commission was set for June 20, 2017, but was dismissed as interlocutory and a hearing on the merits went forward on August 24, 2017. At the hearing, the Respondent testified that he had experience working in multiple jobs, working in a supervisory capacity, negotiating pricing, managing personnel, receiving orders, and purchasing materials. (Hr'g Tr. 16:13-25). He further testified that he drove far distances out-of-state, went on a cruise vacation, yet had not tried a single job since his accident. (Hr'g Tr. 59:25-60:1).

Despite this testimony, by Decision and Order dated January 4, 2018, the Hearing Commissioner concluded that the Respondent was totally and permanently disabled as a result of

injuries to the low back and right hip. As such, the Respondent was entitled to 27 weeks of temporary compensation for the weeks following his right hip procedure and a lump sum award of the 473 weeks remaining. The Hearing Commissioner further concluded that the Appellants are responsible for not only the causally-related medical treatment received to date for both the back and right hip, but also any future causally-related medical treatment for both body parts that Dr. Lehman may recommend even though Dr. Lehman is not an authorized treating physician.

In light of the foregoing, the Appellants respectfully request that the Appellate Panel reverse and remand the Hearing Commissioner's Decision and Order for a hearing *de novo* because the entire order is erroneously premised upon a piecemealed, claimant-driven evidentiary record. Indeed, the Appellants were denied an FCE and a vocational assessment.

But, even if the utterly underdeveloped evidentiary record was adequate—which manifestly was not the case here—the Hearing Commissioner's Decision and Order should still be reversed and remanded in its entirety because the Commissioner erred in concluding that the Respondent established permanent and total disability, entitlement to future medical treatment, or sustained any compensable injury to the right hip of any severity whatsoever. In short, the Respondent—at absolute most—is entitled only to an award for the back pursuant to § 42-9-30.

QUESTIONS PRESENTED

I. Under the South Carolina Workers' Compensation Act, should the Appellate Panel reverse and remand a Hearing Commissioner's Decision and Order for a hearing *de novo*, when the entire Order is based on an utterly underdeveloped and incomplete evidentiary record?

II. Under the Act, even assuming *arguendo* that the claimant-driven evidentiary record was satisfactory, should the Appellate Panel reverse and remand a Hearing Commissioner's

Decision and Order awarding both permanent and total disability benefits and future medical benefits for the back and right hip, when the record supports that—at most—the Respondent is only entitled only to an award for his minor back injury under § 42-9-30?

ARGUMENT

I. The Hearing Commissioner's Decision and Order should be reversed and remanded for a hearing *de novo* because the entire Order erroneously rests upon a piecemealed, claimant-driven evidentiary record.

At the outset, the Appellate Panel should remand the Hearing Commissioner's Decision and Order for a hearing *de novo* because the demonstrably underdeveloped evidentiary record falls patently short of that which is required of each and every order of the Commission. It is well-settled that, although the Commission serves as the ultimate fact finder evaluating the credibility of the witnesses and assigning weight to the evidence, an "award must not be based on surmise, conjecture or speculation." Shealy v. Aiken Co., 341 S.C. 448, 455 (2000); Clade v. Champion Labs., 330 S.C. 8, 11 (1998). Otherwise, our courts will overturn an award by the Commission as unsupported by substantial evidence. Gadson v. Mikasa Corp., 368 S.C. 214, 221 (S.C. Ct. App. 2006) (citing cases). See also Lark v. Bi-Lo, Inc., 276 S.C. 130, 135-136 (1981) ("'Substantial evidence' is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached."). Because the record here is devoid of the required evidence and the Commission is not bound by the Hearing Commissioner's decision, this Panel can and should remand for a hearing *de novo*.

Indeed, in this case, the Hearing Commissioner's entire Decision and Order is in no way supported by the requisite "substantial evidence." From start to finish, the Decision and Order is brimming with citations to the claimant-driven medical record without adequate reference to the fact that the Appellants were denied the opportunity to fully develop the record or put on an

adequate defense. The Appellants repeatedly attempted to obtain an FCE, and even made an appointment for February 15, 2017. Conveniently, the Respondent refused. Ostensibly, if the Respondent was permanently and totally disabled as he alleges, he would not fear appearing for an evaluation on that very issue.

The Appellants then appropriately moved for an order compelling attendance pursuant to their right to direct treatment under § 42-15-60 and ability to request additional examination to which the employee must submit under § 42-15-80. S.C. Code Ann. § 42-15-60; § 42-15-80; see also Clark v. Aiken Co. Gov., 366 S.C. 102, 104 (S.C. Ct. App. 2005) (citing § 42-15-60). Indeed, the Act is clear that "so long as he claims compensation, the employee, if so requested by his employer . . . shall submit himself to examination." S.C. Code Ann. § 42-15-80. Moreover, "[t]he full commission is afforded much discretion under Section 42-15-60" and "is empowered to order further medical care when controversies arise between a claimant and the employer." Gattis v. Murrells Inlet VFW No. 10420, 353 S.C. 100, 114 (Ct. App. 2003); Clark, 366 S.C. at 104 (citing S.C. Code Ann. § 42-15-60 and Risinger v. Knight Textiles, 353 S.C. 69, 73 (2002)). Thus, the Commission explicitly has both the discretion and power to order the examinations first requested almost a year ago in order to resolve this claim for disability benefits appropriately.

As this Panel well-knows, the Commission has consistently cited FCEs and vocational assessments in its analysis of claims for permanent and total disability. See Watson v. Xtra Mile Driver Training Inc., 399 S.C. 455, 464 (S.C. Ct App. 2012) (relying on an FCE that showed claimant capable of light duty work in PTD case); Fishburne v. ATI Sys. Int'l., 384 S.C. 76, 87 (S.C. Ct App. 2009) (citing an FCE and vocational assessment in determining claimant was not totally disabled in PTD case). Thus, Appellants' request is not only in accordance with the Act, but

also comports with the longstanding trend to consider both FCEs and vocational assessments in cases where the claimant alleges permanent and total disability.

Nevertheless, the Hearing Commissioner denied the Appellants' Motion without justification. Given the above-articulated framework, this decision visibly constituted an abuse of the discretion granted by the Act and wholly deprived the Appellants of the opportunity to put on an adequate defense. Unfortunately, this decision also resulted in an underdeveloped, stilted evidentiary basis for the Commissioner's entire analysis—undermining his whole Decision and Order. Without a doubt, this Appellate Panel's hands are now tied by the incomplete, one-sided record that was erroneously relied upon by the Hearing Commissioner. Accordingly, the Hearing Commissioner's Decision and Order should be reversed and remanded for a hearing *de novo*.

II. Even accepting the incomplete claimant-driven evidentiary record as satisfactory, the Hearing Commissioner's Decision and Order should be reversed and remanded in full because the Respondent entirely failed to establish that he is entitled to any award beyond that for loss of use of the back pursuant to § 42-9-30.

A. The Respondent failed to establish entitlement to permanent and total disability benefits.

The burden is on the Respondent to establish that he is totally disabled, whether under § 42-9-10 or § 42-9-30. See, e.g., Watson, 399 S.C. at 462-63 (concluding the Claimant failed to meet his burden under both § 42-9-10 and § 42-9-30); Fishburne, 384 S.C. at 84 (same). More specifically, unless Respondent pursues a claim of 50 percent or more to the back under § 42-9-30, he must show a loss of earning capacity as a result of injuries to multiple body parts under the long-accepted test for total disability: an "inability to perform services other than those that are so limited in quality, dependability, and quantity that no reasonable stable market exists." Watson,

399 S.C. at 463; see also Coleman v. Quality Concrete Prods., Inc., 245 S.C. 625, 630 (1965). The Respondent may proffer evidence on a number of factors, including, *inter alia*, age, experience, medical testimony, the claimant's reasonable efforts to secure employment, and the claimant's own testimony. See, e.g., Coleman, 245 S.C. at 629. Ultimately, however, "the extent of an injured workman's disability is a question of fact for determination by the Appellate Panel." Fishburne, 384 S.C. at 87 (determining evidence did not support PTD claim).

Here the evidence overwhelmingly supports that the Respondent is not permanently and totally disabled under § 42-9-10 or § 42-9-30 because he only sustained a minor back injury. This plainly falls far below the threshold 50 percent impairment required for total disability under the § 42-9-30 schedule. Indeed, both Dr. Wetzel and Dr. Lehman—the Respondent's self-selected physician—assigned a negligible 7 percent impairment rating to the back, (Def's APA # 9, 480-81; Clt's APA #3, 131-34, 299). Surely, if even the Respondent's own physician cannot justify a double-digit rating, a finding of 50 percent or more loss of use to the back constitutes an untenable leap.

But even under § 42-9-10, assuming that the Respondent's hip condition was actually work-related to release him from the § 42-9-30 schedule, the Respondent in no way established an "inability to perform services other than those that are so limited in quality, dependability, and quantity that no reasonable stable market exists." Coleman, 245 S.C. at 625. He admitted just the opposite during the hearing: he had experience working in multiple jobs, working in a supervisory capacity, negotiating pricing, managing personnel, receiving orders, and purchasing materials. (Hr'g Tr. 16:13-25). Moreover, he has recently driven far distances out-of-state and been on a cruise. (Hr'g Tr. 59: 9-20). Despite such apparent capabilities, the Respondent conceded that he

had not actually tried a single job since his accident. (Hr'g Tr. 59:25-60:1). Thus, he made no "reasonable efforts to secure employment." Coleman, 245 S.C. at 630 (quoting Larson's).

In reality, all the Respondent did to bolster his position was shop for a favorable FCE and vocational assessment, but even his own FCE indicated capability to work. (Clt's APA #7, 386). He then, quite conveniently, refused to attend any other appointments. Presumably, if the Respondent was actually permanently and totally disabled as he alleges, then he would have no reason to fear an evaluation on the very point that he was trying to prove. Because it simply defies all logical to allow the Respondent to satisfy his burden by such reverse-engineered means, the Appellate Panel should make an award to Respondent for partial disability to the back under § 42-9-30.

B. The Respondent utterly failed to establish that he sustained a compensable injury to the right hip of any severity whatsoever.

Not only did the Respondent wholly fail to satisfy his burden of proof to establish permanent and total disability under either § 42-9-10 or § 42-9-30, he also failed to satisfy his burden of proof to establish compensability of the hip. See Glover v. Columbia Hosp. of Richland Co., 236 S.C. 410, 414 (1960) ("[T]he burden is upon the claimant to prove such facts as well render the injury compensable within the provisions of the Workmen's Compensation Act.").

The dearth of the medical evidence militates against any award for a right hip injury of any amount. First and foremost, by his own testimony, the Respondent relayed no hip complaints following either one of his two incidents. (Hr'g Tr. 31:7-9, 32:9-11; 33:7-24; Clt's APA #5, 310-17). Even the intake forms document that the Respondent presented to Dr. McNair complaining only of low back pain following the initial accident. (Clt's APA #5, 310-17).

Later, the Respondent presented to Dr. McNair after the second incident again complaining of only low back pain without relaying a single hip complaint. (Clt's APA #5, 352-60). For these reasons, Dr. McNair's diagnosis was strictly limited to a lumbar sprain. (Clt's APA #5, 359-60).

In fact, the Respondent's discovery that he even had a hip condition was by complete coincidence: x-rays ordered for his admitted minor back injury revealed *incidental* findings of joint space narrowing and subchondral cyst formation of the hip. (Clt's APA #5, 351). Only after this fortuitous finding did Dr. McNair suggest a follow-up appointment with an orthopedist to address the unrelated hip issue. (Clt's APA #5, 369). Notably, no referral through workers' compensation was made. Moreover, Dr. Bethea also opined that the Respondent's right hip problem was unrelated to his work incident, was the result of "a chronic degenerative process, and the magnitude of the trauma from the accident at work December 1, 2014 falls way short." (Def's APA # 10, 482).

By comparison, the only evidentiary support to bolster the Respondent's tenuous argument is Dr. Lehman's opinion. But, Dr. Lehman did not examine the Respondent until the end of August 2015—more than a year and a half after the initial incident and months after the Respondent was released by his authorized treating physician in May 2015. (Clt's APA #3, 284). Accordingly, Dr. Lehman never examined the Respondent to evaluate the status of his hip condition before either of the work-related accidents. (Clt's APA #3). Nor did he examine the Respondent in the more than a year and a half that followed. (Clt's APA #3).

By all accounts, the Respondent only came to Dr. Lehman upon receipt of a referral from the Respondent's family provider, not any workers' compensation provider, and without any reason to believe that his incidental hip findings were related to his workplace injury. (Clt's APA #3, 274). Moreover, the treatment that Dr. Lehman provided appears to be the exact same

treatment that the Respondent would have undergone regardless of either work-related accident; Dr. Lehman admitted on multiple occasions that the Respondent would have required a hip replacement irrespective of the work accident. (Clt's APA #3, 300-01). For these reasons, it is hardly surprising that the Respondent's treatment with Dr. Lehman was conducted separate and apart from the workers' compensation system.

Any one of the above facts, alone, undercuts the Respondent's sole reliance on the opinion of Dr. Lehman; but taken together, the circumstances completely unravel the Respondent's claim for compensation for loss of use of the hip. And, even if the means by which Dr. Lehman's opinion and care were procured were not questionable, the fact remains that his opinion stands alone as the one and only voice in support of the Respondent's position. Certainly, a single opinion falls remarkably short of the burden of proof that the Respondent must, but simply cannot, satisfy in this case. Therefore, the Hearing Commissioner's Decision and Order should be reversed and remanded for findings that the Respondent is not entitled to any compensation or any medical benefits—whether past, present, or future—for the hip in any amount.

C. The Respondent—at absolute best— is entitled to an award for his minor back injury pursuant to § 42-9-30.

Realistically, the very most the Respondent is entitled to is an award for loss of use of the back under the schedule. As the Respondent's authorized treating physician for both work-related injuries, Dr. McNair's opinion constitutes the most authoritative and thorough medical evidence in this case. First and foremost, Dr. McNair explicitly indicated that there no acute low back findings. (Clt's APA #5, 369). Moreover, Dr. McNair opined that the incidental hip findings were entirely unrelated to the workplace injury. (Clt's APA #5, 369). As his medical

notes demonstrate, Dr. McNair believed that the Respondent sustained an injury to the back only, which was in fact quite minor: by May 2015, he released the Respondent and allowed him to continue working in a full duty capacity. (Clt's APA #5, 369).

Although Dr. McNair did not assign an impairment rating at the time of Respondent's release from care, Dr. Wetzel later performed an examination wherein he placed the Respondent at maximum medical improvement, assigned a 7 percent impairment rating to the back, and indicated that the Respondent did not definitively require any further medical care. (Def's APA # 9, 480-81). Dr. Wetzel, just like Dr. McNair, also indicated that the Respondent could work in a full duty capacity. (Def's APA # 9, 480-81). Thus, Dr. Wetzel's assessment further supports that the Respondent's incident resulted in merely a minor back injury.

But, even though Dr. McNair possesses the deepest level of knowledge regarding the Respondent's injury and recovery because he began treating the Respondent as early as February 26, 2014; even Dr. Lehman's opinion regarding the back reinforces the position of Dr. McNair and Dr. Wetzel. (Clt's APA #5, 320). Despite serving as the Respondent's independently-chosen physician, Dr. Lehman's claimant-friendly pen still assigned just a 7 percent impairment rating to the lumbar spine. (Clt's APA #3, 299). This single-digit rating further indicates that Respondent's back injury was relatively minor. Thus, the Hearing Commissioner's Decision and Order should be reversed and remanded for an award commensurate with the appropriately small impairment ratings assigned by not one, but several physicians including the Respondent's independently-chosen physician.

D. The Respondent failed to establish entitlement to the expansive future medical benefits awarded.

At the same time, the record is devoid of any credible medical evidence to support the far-reaching award of future medical treatment as may be recommended by the Respondent's self-selected physician, Dr. Lehman. First, § 42-15-60 allows the Commission to award future medical "only where the Commission determines such medical treatment would tend to lessen the period of disability." Dodge v. Broccoli, 334 S.C. 574, 580 (1999) (citing cases). But here, the right hip is not even causally-related so no future medical care should be awarded for the hip whatsoever. Moreover, the only physician that has opined to a reasonable degree of medical certainty that any particular treatment for the low back would "tend to lessen" the Respondent's period of disability is the very physician chosen by the Respondent months after he was released from his authorized treating physician.

Indeed, neither Dr. McNair nor Dr. Wetzel stated that the Respondent would require medical treatment to maintain his back after maximum medical improvement. When Dr. McNair released the Respondent on May 13, 2015, he suggested only that the Respondent follow-up with an orthopedist to address the unrelated right hip findings and continue the medications he was already taking. (Clt's APA #5, 369). Dr. Wetzel examined the Respondent later the same year and noted that; although the Respondent was still taking an NSAID, tramadol, and hydrocodone; the Respondent was taking at least some of the medication to treat his unrelated hip condition. (Def's APA # 9, 481). As this evaluation occurred prior to the Respondent's unrelated hip procedure, Dr. Wetzel was left only to speculate as to whether the Respondent might need any NSAIDs after the surgery. (Def's APA # 9, 481). Thus, Dr. Wetzel did not definitively recommend any further medical care for the back. (Def's APA # 9, 481).

Dr. Lehman stands alone as the sole physician indicating that the Respondent would benefit from future medical treatment for his back. (Clt's APA #3, 298). In a questionnaire drafted by the Respondent's attorney, Dr. Lehman marked that the Respondent would require injections, physical therapy, and anti-inflammatory and pain medication as recommended specifically by his office. (Clt's APA #3, 298). Notably, the Respondent presented no other physician's opinion to bolster that provided by Dr. Lehman.

Apparently, it was on this narrow basis that the Hearing Commissioner ordered that the Appellants provide "future causally [sic] medical treatment to the Claimant's low back and right hip. . . as recommended by Dr. Lehman." (Dec. & Order 59). This is highly unusual because: (1) aside from Dr. Lehman's aberrant opinion, the remainder of the record supports that no "medical treatment would tend to lessen the period of disability;" and (2) the Decision and Order openly shifts all treatment for the admitted back injury to the claimant-selected physician post-maximum medical improvement in direct contravention of the Appellants' right to direct treatment.

Finally, even if some form of future treatment was warranted, the Hearing Commissioner provided no limitations or constraints to the award for future medical benefits. Instead, the Commissioner gave Dr. Lehman unrestrained discretion to provide any and all causally-related future medical treatment for both the low back and right hip. But, the Act requires that the awarded medical care and treatment "must be set forth with *as much specificity as possible* in the single commissioner's order." § 42-15-60(A)-(B)(2) (emphasis added). A specific, definitive award gives a defendant adequate notice, enables a court to review the award, and limits the services to those tending to limit the period of disability. See Rice v. Froehling & Robertson, Inc., 267 S.C. 155, 162 (1976) (concluding the Commission's award of future medical treatment would deprive defendants

of the opportunity to argue particular treatment was unnecessary or will not lessen period of disability). By comparison, a vague award prejudices a defendant. Id. at 63 (remanding open-ended award and distinguishing case from Dykes v. Daniel Const. Co., 262 S.C. 98 (1974), where scope of treatment was sufficiently narrow because treatment related solely to small eye injury).

In direct contravention of the Act, the Hearing Commissioner's Decision and Order is in no way definitive. To the contrary, the award empowers Dr. Lehman with unbridled discretion to provide any treatment to the low back and right hip that he sees fit—all at the Appellants' expense. Thus, even if the award of future medical benefits itself was not manifestly contrary to the greater weight of the medical evidence, the Hearing Commissioner's Decision and Order should still be reversed and remanded because the open-ended award of medical treatment under Dr. Lehman is patently violative of the Act's specific requirements.

CONCLUSION

For the foregoing reasons, the Appellants respectfully request that the Appellate Panel reverse and remand the Hearing Commissioner's Decision and Order for a hearing *de novo* with instructions that Respondent present himself for an FCE, vocational evaluation, and a medical opinion required by the Appellants because the entire order is erroneously premised upon a piecemealed, claimant-driven evidentiary record. Indeed, the Appellants were permitted neither a FCE nor a vocational assessment, resulting in a stilted evidentiary basis for the Commissioner's entire analysis—undermining his whole Decision and Order.

But, even if the utterly underdeveloped evidentiary record was sufficient—which it manifestly is not—the Hearing Commissioner's Decision and Order should still be reversed and remanded in its entirety because the Commissioner erred in concluding that the Respondent established permanent and total disability or entitlement to future medical benefits. The

Commissioner further erred in concluding that the Respondent sustained any injury to the right hip of any severity whatsoever. In short, the Respondent—at very best—is entitled to an award for his minor back injury pursuant to § 42-9-30.

Respectfully submitted,

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Febraury 16, 2018.

Greenville, South Carolina

CERTIFICATE OF SERVICE

I hereby certify that on this 16th day of February 2018, I have caused a true and correct copy of the Defendants/Appellants' Brief to be mailed postage prepaid to the Claimant's attorney addressed as follows:

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Evelyn A. Norton, Esquire

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NOS: 1401997 & 1422134

RAY LOGAN, Employee, Claimant, vs. WINTHROP UNIVERSITY, Employer, AND SOUTH CAROLINA STATE ACCIDENT FUND, Carrier, Defendants.	**BRIEF OF THE CLAIMANT/RESPONDENT**

STATEMENT OF THE CASE/FACTS

On December 1, 2014 Claimant, Ray Logan, sustained an injury by accident to his low back, right hip, and legs during the course and scope of his employment at Winthrop University when he twisted his back while lifting a seventy pound bucket and pulling a ladder. Mr. Logan reported the accident to his supervisor and sought his own medical treatment.

On December 11, 2014 Mr. Logan presented to Dr. Malik Ashe, of Palmetto Physical Medicine, and complained of 10/10 pain in his low back and sacral region that worsened with getting in and out of his car, standing and walking. Dr. Ashe noted tenderness to palpitation along the lumbar and paralumbar region, limited flexion and

extension, and decreased side bending and bilateral rotation. He diagnosed low back pain with radiculopathy and recommended chiropractic manipulation with Dr. Maxwell. (Claimant's APA p. 304).

Mr. Logan received chiropractic care from December 11, 2014 through February 9, 2015. (Claimant's APA pp. 302 and 306).

On February 4, 2015 Mr. Logan advised Dr. Karen Peek, a physiatrist, for ongoing medical treatment. Dr. Peek provided him with a lumbar injection and noted low back and right groin pain. (Claimant's APA p. 308).

On March 2, 2015 Mr. Logan presented to Kimble Chiropractic with pain in his right low back, right groin and right thigh. (Claimant's APA p. 380).

When Mr. Logan's pain failed to subside with chiropractic treatment, he requested medical care through the employer. The Defendants began providing workers' compensation benefits and initiated medical treatment through Riverview Medical Center. On April 29, 2015 Mr. Logan presented to Riverview Medical Center with right-sided low back pain, abnormal gait, tenderness or spasm in the right leg, and restricted range of motion in the back. (Claimant's APA p. 352). Mr. Logan's patient intake sheet documents right sided low back pain down the right leg. (Claimant's APA p. 358).

On May 11, 2015, Mr. Logan presented to Metrolina Diagnostic Center for an MRI of his lumbar spine without contrast. The "Indication" for the MRI states, "Low back pain after injury – extends to groin and right lower back and hips." The MRI revealed the following: a) severe facet hypertrophy and shallow disc protrusions at L5-S1; b) broad based disc protrusion with annular fissure, ligamentous thickening and facet hypertrophy with lateral recess and foraminal encroachment fairly severe on the left and moderate on

the right; c) Shallow broad disc/osteophyte protrusion with mild to moderate canal and foraminal narrowing and moderate circumferential canal stenosis at L3-4; d) Shallow broad protrusion with facet disease producing moderate to severe canal stenosis and moderate foraminal encroachment at L2-3; and e) Large left paramedical disc and osteophyte protrusion with moderate lateral recess and foraminal encroachment and mild overall canal stenosis at L1-2. Dr. Douglas McConnell reviewed the MRI and indicated, "Multilevel prominent disc protrusions and fairly severe facet spondylosis and ligamentous thickening contributing to canal and foraminal stenosis at multiple levels...." (Claimant's APA pp. 363-364).

On May 13, 2015, Mr. Logan returned to Riverview Medical Center and reported that he was feeling about the same. The treating physician, Dr. Scott McNair, opined, "On the x-rays of his spine there is noted changes suggesting avascular necrosis changes at the right hip. This is unrelated to his injury and warrants further investigation with the orthopedist. The MRI of the spine is significant for multiple level degenerative changes....This is not an acute finding." Despite the severe nature of these injuries and Mr. Logan's difficulty walking, Dr. McNair released him to full duty work and advised him to follow up with an orthopedist. (Claimant's APA pp. 365-369).

That same day (May 13, 2015) Claimant sent an email to the Defendants requesting ongoing medical treatment through an orthopaedic. (Claimant's APA pp. 479-480). On May 15, 2015 the Defendants responded, "Since the doctor stated his injury is not work related to workers comp, we are not authorizing anymore treatment but you can send me a settlement demand." (Claimant's APA p. 479).

Since the Defendants refused to provide treatment, Mr. Logan had no choice but to seek his own medical treatment. As a result, on August 26, 2015 Mr. Logan presented to Dr. William Lehman with low back pain, burning and tingling in his buttocks (right greater than left) and right groin pain extending to the anterior hip. Dr. Lehman opined, "Mr. Logan has been involved in two work related incidents dated February 26, 2014 and December 1, 2014, each of which has aggravated what appears to be an underlying problem of lumbar spondylosis and stenosis." Dr. Lehman went on to indicate, "One plantar x-ray documents significant degenerative changes about the right hip. This represents a chronic condition, but most probably, and to a reasonable degree of medical certainty, has been aggravated by the work incidents leading to persistent symptoms which combine with the lumbar radicular symptoms." (Claimant's APA p. 288).

Mr. Logan continued to follow up with Dr. Lehman. On October 15, 2015 Dr. Lehman opined, "I recommend a right total hip replacement as being the only reliable approach to lessen his current level of severe disability." (Claimant's APA p. 267).

On November 19, 2015 Claimant emailed the Defendants and advised that a hip replacement was pending. Claimant indicated, "We feel that the hip and the replacement are part of the claim. With a replacement coming up, if you guys want to pick up the hip and select a doctor to perform surgery, now would be a good time. I don't want to deprive you guys of your right to provide care if you are interested in providing care." (Claimant's APA p. 481).

The Defendants did not provide treatment to the hip. They did not even schedule an independent medical evaluation with regard to the hip. Instead, they pursued an independent medical evaluation to the low back through Dr. Ryan Wetzel. On December

8, 2015 Mr. Logan presented to Dr. Wetzel with low back and right buttock pain radiating to the right thigh. Dr. Wetzel reviewed the MRI of the lumbar spine and performed a physical evaluation. He diagnosed the following: a) L5-S1 severe facet degeneration and mild disc bulge; b) L4-5 facet hypertrophy and a broad-based disc bulge with severe left foraminal stenosis and moderate right foraminal stenosis; c) L3-4 shallow disc bulge/osteophyte left greater than right; d) L2-3 shallow broad based protrusion with facet disease producing moderate to severe canal stenosis; and e) L1-2 large leftward disc and osteophyte protrusion causing moderate left sided stenosis. Dr. Wetzel indicated that he did not have any notes following May 13th. Dr. Wetzel opined, "I do not have any records or images regarding his hip. So I cannot really comment any further on this situation." Dr. Wetzel went on to indicate, "So this gentleman with multilevel degenerative spine condition and he exacerbated his pre-existing lumbar condition during a work accident in December 2014." Dr. Wetzel released Mr. Logan at maximum medical improvement with regard to his lumbar spine and returned him to full duty work with a 7% impairment rating. With regard to ongoing future treatment Dr. Wetzel opined, "...he is still taking an NSAID, tramadol, hydrocodone. Some of the pain medication is being used to treat his hip though. Hopefully he will not need as much of that following the hip replacement. He might still need ongoing NSAID and tramadol. After the hip replacement, he may need on additional lumbar epidural." (Defendants APA pp. 479-481). Dr. Wetzel did not recommend a functional capacity evaluation.

On December 15, 2015, Dr. Lehman performed a right total hip replacement. (Claimant's APA pp. 159-161).

Following surgery, Mr. Logan continued to follow up with Dr. Lehman while undergoing physical therapy. On June 21, 2016, Dr. Lehman released Mr. Logan at maximum medical improvement. He provided a 37% rating to the lower extremity for the hip injury and a 7% rating to the lumbar spine. He provided permanent work restrictions in the form of no lifting over 20 pounds; no repetitive lifting; and no repetitive bending, stooping, twisting. He recommended future medical treatment in the form of injections, medication, therapy, and another hip replacement. Dr. Lehman also indicated that a functional capacity evaluation might be considered due to the combined effects of the hip and back.

On July 14, 2016, Mr. Logan presented to Columbia Rehabilitation Clinic for a functional capacity evaluation prepared for Dr. William Lehman. At the conclusion of the evaluation, Tracy Hill, found that Mr. Logan met the demands of limited light work. (Claimant's APA pp. 80-81).

On August 5, 2016, Ashley H. Johnson, MS, CRC, CLCP, performed vocational testing on Mr. Logan. At the conclusion of testing, Ms. Johnson opined, "In my professional opinion, Mr. Logan is totally and permanently disabled...." (Claimant's APA pp. 408-414).

On September 26, 2016, both parties deposed Dr. Lehman. During the deposition, Dr. Lehman opined that it was still his medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting of back while lifting a bucket) aggravated a pre-existing condition in Mr. Logan's right hip (arthritis) resulting in the present condition of the right hip and Mr. Logan's need for continued medical treatment through his office including but

not limited to a right hip replacement. (Deposition of Dr. Lehman p. 36, lines 14-24). Additionally, Dr. Lehman opined that it was still his medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting of back while lifting a bucket) either caused and/or aggravated a pre-existing condition in his back resulting in the present condition of his back and his need for continued medical treatment through his office. (Deposition of Dr. Lehman p. 37, lines 7-15). Dr. Lehman indicated that he deferred to Tracy Hill's functional capacity evaluation for work restrictions. (Deposition of Dr. Lehman p. 38, lines 1-11). The Defendants did not request Dr. Lehman order another functional capacity evaluation.

On February 15, 2017, the Defendants scheduled a functional capacity evaluation with a CORA facility in Spartanburg, South Carolina. Claimant refused to attend the evaluation as a second functional capacity evaluation had not been recommended by any physician. The Defendants filed a Motion to Compel attendance at a Functional Capacity Evaluation. The Defendants' motion was denied by the Single Commissioner. The Defendants appealed to the Full Commission.

A hearing on Claimant's Form 50 was originally scheduled for April 25, 2017. Prior to the call of the hearing, the Single Commissioner removed the hearing form the docket until the Full Commission was given the opportunity to rule on Defendants' Motion to Compel Attendance at the Functional Capacity Evaluation. The Single Commissioner issued an interim order dated June 16, 2017 finding, "The Hearing record is closed other than any reports or evidence generated as a result of the pending Motion." The Defendants did not appeal the June 16, 2017 interim order. On May 15, 2017 the Defendants Appeal

was dismissed as interlocutory. The hearing on Claimant's Form 50 and Defendants Form 51 occurred on August 24, 2017.

The Defendants Pre-Hearing Brief included an April 21, 2017 record review (not physical evaluation) completed by Dr. Bethea. Dr. Bethea did not recommend a functional capacity evaluation.

At the call of the hearing, Claimant requested the following benefits: a) a formal finding of compensability with regard to the back, hips, and legs; b) payment of all causally medical treatment; c) payment of all temporary compensation owed to date; d) future lifetime medical treatment as recommended by Dr. Lehman; e) a finding of permanency pursuant to Sections 42-9-10, 42-9-20, and/or 42-9-30 of the South Carolina Code; and f) all other benefits pursuant to the Act.

In response, the Defendants requested the following: a) that Claimant submit to a Functional Capacity Evaluation; b) that the Defendants be permitted to cross exam Dr. Lehman on their Functional Capacity Evaluation; and c) to obtain a vocational evaluation after their Functional Capacity Evaluation. With regard to the merits of the claim, Defendants admitted a minor low back injury only that resulted in no permanency and no need for future medical treatment. Defendants continued to deny that the hip was causally related to either injury and alleged that it was a pre-existing condition that was merely an incidental finding during treatment. The Defendants requested a vocational evaluation prior to the determination of permanency. They denied that Claimant is permanently and totally disabled as a result of his injury. They denied that Claimant is entitled to future medical treatment.

The Single Commissioner denied Defendants request for an FCE, vocational examination and second deposition of Dr. Lehman. On January 4, 2018, the Single Commissioner concluded that Mr. Logan sustained a compensable injury to the right hip and back and is permanently and totally disabled. The Hearing Commissioner further concluded that the Defendants are responsible for the causally related medical treatment received to date and future causally related medical treatment.

The Defendants now appeal alleging as follows: 1) Claimant did not sustained a compensable injury to his hip; 2) Claimant is not permanently and totally disabled; 3) Claimant is not entitled to ongoing medical benefits to his back and right hip; and 4) Defendants are entitled to a de novo hearing regarding every issue because they were denied the opportunity to procure a functional capacity evaluation.

QUESTIONS PRESENTED

I. Does a preponderance of the evidence indicate that Mr. Logan sustained a compensable injury to his right hip and back?

II. Does a preponderance of the evidence indicate that Mr. Logan is permanently and totally disabled?

III. Does a preponderance of the evidence indicate that Mr. Logan is entitled to future causally related medical treatment to his back and/or hip?

IV. Did the Single Commissioner correctly deny Defendants' motion to compel an FCE?

ARGUMENT

I. The Hearing Commissioner correctly found that Mr. Logan's December 1, 2014 work related injury aggravated a pre-existing condition in his right hip.

A preponderance of the evidence including Mr. Logan's pre-injury medical history, testimony, and medical records following his injury indicate that his December 1, 2014 work related injury aggravated a pre-existing condition in his right hip resulting in his need for a hip replacement.

a. A preponderance of the medical evidence indicates that Mr. Logan's December 1, 2014 work related injury aggravated a pre-existing condition in his right hip.

Whether or not Mr. Logan's December 1, 2014 injury aggravated a pre-existing condition in his right hip is a medical question. All of the medical evidence indicates that Mr. Logan's injury of December 1, 2014 aggravated a pre-existing condition in his hip resulting in his need for surgery.

All of the medical evidence indicates that Mr. Logan began experiencing pain following his work related injury of December 1, 2014.

After Mr. Logan was released by Dr. McNair, the Defendants refused to provide medical treatment through an orthopaedic surgeon. (Claimant's APA pp. 479-480). As a result, Mr. Logan sought his own medical treatment through Dr. William Lehman.

On September 16, 2015 Dr. Lehman opined, "The work injuries obviously have resulted in an aggravation to the pre-existing lumbar spondylosis and stenosis, as well as the hip arthritis." (Claimant's APA p.189).

On October 15, 2015 Dr. Lehman opined, "...it appears most probable and to a reasonable degree of medical and orthopaedic certainty, that the work injury substantially aggravated and accelerated the right hip arthritis, leading to the current level of work

disability, the requirement for evaluation and treatment, and well as the need for the THA [total hip replacement]...." (Claimant's APA pp. 165-168).

On November 20, 2015 Dr. Lehman opined as follows: (Claimant's APA pp. 292-296)

a) I have diagnosed Mr. Logan with arthritis of the right hip (possible avascular necrosis) and arthropathy of the lumbar facet joint, lumbar spondylosis, and spinal stenosis. I am currently recommended a hip replacement.

b) I have reviewed the cover letter. As a result, I am aware that Mr. Logan has a history of injuries to his low back. Additionally, I am aware that: a) The medical records indicate that Mr. Logan was initially experiencing pain in his back and left leg; b) Initially the left leg was more symptomatic than the right so Mr. Logan primarily complained of left leg pain; c) The left leg improved with treatment with Dr. Maxwell; d) the right leg/groin continued to worsen; and e) approximately two weeks following the accident Mr. Logan was experiencing severe pain in the right groin.

c) It is my medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that it is not unusual for pain associated with avascular necrosis and/or hip arthritis to come on gradually following an accident and worsen over time.

d) The back and hip are located in close proximity to one another. Additionally, the symptoms of back pain and hip osteoarthritis/avascular necrosis are extremely similar and difficult to differentiate without imaging. As a result, it is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that it is not unusual for physicians to misdiagnose pain associated with hip arthritis/avascular necrosis as originating in the back.

e) It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting of back while lifting a bucket) aggravated a pre-existing condition in Mr. Logan's right hip (arthritis) resulting in the present condition of the right hip and Mr. Logan's need for continued medical treatment through my office including but not limited to a right hip replacement.

f) It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting of back while lifting a bucket) either caused and/or aggravated a pre-existing condition in his back resulting in the present

condition of his back and his need for continued medical treatment through my office.

g) It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's diagnosis is consistent with the mechanism of injury that occurred on December 1, 2014 (twisting of back while lifting a bucket) and Mr. Logan's onset of pain following the accident.

On June 21, 2016, Dr. Lehman released Mr. Logan at maximum medical improvement and opined as follows:

> It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting back while lifting a bucket) either caused and/or aggravated a pre-existing condition in Mr. Logan's back and right hip resulting in the present condition of said body parts and Mr. Logan's need for continued medical treatment through my office (including but not limited to the right hip replacement). (Claimant's APA pp. 297-299).

On September 26, 2016, both parties deposed Dr. Lehman. During the deposition, Dr. Lehman opined that the opinions he provided in the November 19, 2015 questionnaire remain unchanged. Dr. Lehman opined that it was still his medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting of back while lifting a bucket) aggravated a pre-existing condition in Mr. Logan's right hip (arthritis), resulting in the present condition of the right hip and Mr. Logan's need for continued medical treatment through his office including, but not limited to a right hip replacement. (Deposition of Dr. Lehman p. 36, lines 14-24).

On March 1, 2017, Dr. Lehman confirmed, "It is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that Mr. Logan's December 1, 2014 work related injury (twisting back while lifting a

bucket) aggravated a pre-existing condition in his right hip resulting in and accelerating Mr. Logan's need for the hip replacement performed by my office."

All of the competent medical evidence indicates that Mr. Logan's work related injury of December 1, 2014 aggravated a pre-existing condition in his hip resulting in and accelerating Mr. Logan's need for the hip replacement.

The Defendants rely on the opinions of Dr. McNair and Dr. Bethea to deny this claim. On May 13, 2015, Dr. McNair, a family/general physician practicing at Riverview opined, "On the x-rays of his spine there is noted changes suggesting avascular necrosis changes at the right hip. This is unrelated to his injury and warrants further investigation with an orthopedist. The MRI of the spine is significant for multiple level degenerative changes...This is not an acute finding." (Claimant's APA pp. 365-369).

Claimant is not alleging that Mr. Logan's injury of December 1, 2014 caused his hip arthritis and/or avascular necrosis and/or the degenerative changes in his back. However, Claimant is alleging that his December 1, 2014 work related injury aggravated a pre-existing condition and his back and hip resulting in his need for medical treatment. Dr. McNair did not address whether the December 1, 2014 injury aggravated a pre-existing condition.

The Defendants also rely on a letter submitted by Dr. Bethea to allege that Mr. Logan did not sustain an aggravation of a pre-existing condition. Dr. Bethea is a foot specialist who performed a medical records review on Defendants behalf. He did not physically examine Mr. Logan. He was under the impression that Mr. Logan's December 1, 2014 injury occurred when he was pulling on a ladder (in actually, it occurred when he was lifting a seventy pound bucket of compound mud and pulling a ladder). He indicated

that there was no complaint of right hip pain until three months after the accident. (Mr. Logan began complaining of hip/groin pain two weeks after the accident). Finally, Dr. Bethea never opined, to a reasonable degree of medical certainty, whether Mr. Logan sustained an aggravated of a pre-existing condition. Appropriately, the Commission gave less weight to Dr. Bethea's opinion.

All of the competent medical evidence indicates that Mr. Logan's December 1, 2014 injury aggravated a pre-existing condition in his right hip.

b. A preponderance of the hearing testimony indicates that Mr. Logan's December 1, 2014 work related injury aggravated a pre-existing condition in his right hip.

All of the hearing testimony indicates that Mr. Logan's injury of December 1, 2014 aggravated a pre-existing condition in his hip resulting in his need for surgery.

Mr. Logan is a good and honest person. He has no criminal convictions in the past ten years. (HT p. 26, line 25; p. 27, lines 1-2) He has six adopted children. (HT p. 12, lines 1-25). All of his adopted children graduated high school. All of them, except the eighteen year, old attended college. (HT p. 14, lines 1-5). Mr. Logan began working for Winthrop in 2003 as a painter, plasterer, wall-coverer. In 2008 he was promoted to supervisor. (HT p. 16, lines 9-25). Mr. Logan has been injured at Winthrop before. He never recovered money from those Winthrop injuries and he was always able to return to full duty work. (HT p. 22, lines 1-25; p. 23, lines 1-22). Mr. Logan has been involved in two prior motor vehicle accidents. He neither sought treatment nor requested money because of those accidents. (HT p. 26, lines 7-24).

Mr. Logan's work history consists of heavy physical work. In 2003 he began working at Winthrop as a painter. Prior to that, he worked at UPS where he was responsible for sorting boxes and loading them on to trucks. Before that, he performed stucco work, and basic construction. (HT p. 17, lines 14-25; HT p. 18, lines 18-25; HT p. 19, lines 1-10; HT p. 20, lines 1-13). Despite these heavy jobs, Mr. Logan had no prior right hip injuries. (HT p. 26, lines 5-6). His pre-injury medical records are negative for right hip pain.

Mr. Logan was not experiencing any problem with his back and/or hip when he showed up to work on December 1, 2014. Mr. Logan was on his way to assist co-workers in one of the dorm rooms when he reached into his work van to remove a ladder. The ladder caught on five-gallon bucket of compound mud that weighed approximately sixty to seventy pounds. Mr. Logan reached in and attempted to pull the bucket with his right arm when he began to experience excruciating pain in his low back, mid back and buttocks (HT p. 27, lines 3-25; p. 28, lines 1-10). Mr. Logan reported the accident and declined medical treatment in hopes that his pain would resolve over time. He testified, ""Sometime, you know, I can pull a bucket or ladder and it twists my body or something like that and they send me to Occumed, they give me a bunch of medications and a week or so I'm right back at work full duty. So, I was just hoping that I can avoid the medication by going to Occumed because – and I could get – be back to work myself. I mean I was going to ice it and down and get my medicine and be right back to work." (HT p. 29, lines 1-15).

The next morning Mr. Logan could hardly get out of bed due to pain from his mid back to feet. He called in to work. (HT p. 29, lines 16-25).

Mr. Logan elected to seek his own medical treatment through a chiropractor in hopes that they could just adjust or pop something and get him back in line. He did not want to treat at Riverview because of all the medication they prescribed when he treated with them for prior injuries. (HT p. 30, lines 1-25). Mr. Logan reviewed the initial chiropractic report and admitted that he did not specifically complain of groin or hip pain. When asked why, he stated that he thought it was just the lower back and buttock area. He stated that the pain was radiating down the left leg and into the buttock. (HT p. 32, lines 1-20).

Mr. Logan reviewed Dr. Ashe's medical record and agreed that there was no mention of right hip pain and/or right groin pain in the report. Mr. Logan testified that he was experiencing full back pain. (HT p. 33, lines 7-25).

Mr. Logan testified that on December 13, 2014, he began advising Dr. Maxwell of pain in the right groin area. (HT p. 34, lines 14-23).

Mr. Logan spoke to his safety advisor and advised him that all his problems and treatment were related to his on the job injury and that he could no longer afford treatment. Following that conversation, the employer began providing medical treatment through Riverview. (HT p. 35, lines 14-25).

Mr. Logan began noticing right groin pain approximately two weeks after the December 1, 2014 injury. Mr. Logan indicated, "...my medicine had wore off and I was – felt more pain. My back was gradually be getting better, but my pain was just consistent down in that area so I assumed it was the groin." HT p. 36, lines 14-25; p. 37, line 1).

During the hearing before the Single Commissioner, Mr. Logan stood and showed the Commissioner where he was experiencing pain following the December 1, 2014 injury. He pointed to his whole back and buttock into both legs. (HT p. 60, lines 7-25).

Mr. Logan continued to work following the December 1, 2014 injury. However, he did not perform the physical aspects of his job. He just put in time and assigned tasks. Following the December 1, 2014 injury, Mr. Logan did not do anything physical at home. After work he would go home, soak, and watch television. (HT p. 37, lines 1-17).

Mr. Logan's complaints and his initial belief that his hip pain was coming from his back, is common in individuals who sustain an injury to their back and hip. On November 20, 2015 Dr. Lehman indicated as follows: (Claimant's APA pp. 292-296).

a) It is my medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that it is not unusual for pain associated with avascular necrosis and/or hip arthritis to come on gradually following an accident and worsen over time.

b) The back and hip are located in close proximity to one another. Additionally, the symptoms of back pain and hip osteoarthritis/avascular necrosis are extremely similar and difficult to differentiate without imaging. As a result, it is my expert medical opinion, most probably and to a reasonable degree of medical certainty (greater than 50% probability) that it is not unusual for physicians to misdiagnose pain associated with hip arthritis/avascular necrosis as originating in the back.

All of the hearing testimony indicates that Mr. Logan was pain free prior to the accident. Following the accident, he experienced back pain and buttock pain. When that back pain resolved to a more manageable level, approximately two weeks after the accident, Mr. Logan began to notice pain in right groin. Around December 13, 2014 he reported that pain to his chiropractor. Pursuant to Dr. Lehman, Mr. Logan's complaints and the course of his pain are consistent with the injury he sustained.

c. The Defendants' brief contains a couple of allegations that need to be clarified.

The Defendants allege that Mr. Logan did not complain of hip pain following either accident. (Defendants brief p. 10). As previously indicated, following the second accident, Mr. Logan initially complained of whole back pain and buttock pain into the legs. He began to notice groin pain approximately two weeks following the accident when his back pain began to resolve. Dr. Lehman indicated that it is not unusual for pain associated with avascular necrosis and/or hip arthritis to come on gradually following an accident and worsen over time. Additionally, Dr. Lehman indicated that the symptoms of back pain and hip osteoarthritis/avascular necrosis are extremely similar and difficult to differentiate without imaging. Two weeks following the injury, when Mr. Logan's back pain subsided, be began to notice and complain of pain in his right hip and groin.

The Defendants allege that the intake sheets from Dr. McNair's office do not document hip pain (Defendants brief p. 10). In actuality, Dr. McNair's first note following the second accident documents right lower back and hip pain. (Claimant's APA p. 34 – see diagram).

The Defendants allege that Mr. Logan's hip condition was discovered by accident or coincidence. (Defendants brief p. 11). Mr. Logan was complaining of hip pain within two weeks of the accident. It is not his fault that his physicians misdiagnosed the hip condition as originating in the back until they reviewed imaging. Additionally, it is not a coincidence, given Mr. Logan's complaints of right sided back pain, groin pain and right leg pain, that his hip condition would eventually have been discovered.

The Defendants allege that Dr. Lehman's opinion should be given little weight as he did not evaluate Mr. Logan until more than a year and a half after the original accident

(Defendants Brief p. 11). Surprisingly, one paragraph before making this argument, the Defendants relied on Dr. Bethea's opinion, even though Dr. Bethea never physically evaluated Mr. Logan. (Defendants brief p. 11). Dr. Lehman first evaluated Mr. Logan on July 18, 2016, seven months after the second accident and again about two months after Mr. Logan was discharged from Riverview. (Claimant's APA p. 125 and p. 369). The Defendants do not cite any evidence indicating how or why this is problematic.

The Defendants allege that Dr. Lehman did not examine Mr. Logan's hip prior the work related accident (Defendants Brief p. 11). No physician evaluated Mr. Logan's hip prior to the second accident because Mr. Logan's hip was asymptomatic prior to the second accident. Claimant is informed and believes that Defendants request for the Commission to deny this claim because Mr. Logan did not have his hip evaluated before it was symptomatic will result in the denial of every workers' compensation claim.

The Defendants allege Mr. Logan presented to Dr. Lehman upon a referral from his family physician, not a workers' compensation physician. Mr. Logan only presented to and sought treatment through Dr. Lehman after the Defendants' refused to provide medical treatment through an orthopaedic. (Claimant's APA p. 479 and p. 480). Mr. Logan underwent the hip replacement with Dr. Lehman when the Defendants refused to authorize treatment. (Claimant's APA p. 481).

The Defendants allege that Mr. Logan's claim should be denied because he would have ultimately required a hip replacement irrespective of the work accident. (Defendants Brief p. 11). Section 42-9-35 of the South Carolina Code applies to the aggravation of a pre-existing condition and provides in relevant part:

(A) The employee shall establish by a preponderance of the evidence, including medical evidence, that:

(1) the *subsequent injury* aggravated the preexisting condition or permanent physical impairment; or

(2) the preexisting condition or the permanent physical impairment aggravates the subsequent injury.

[393 S.C. 86] (B) The commission may award compensation benefits to an employee who has a permanent physical impairment or preexisting condition and who incurs a *subsequent disability* from an injury arising out of and in the course of his employment for the resulting disability of the permanent physical impairment or preexisting condition and the subsequent injury. S.C.Code Ann. § 42-9-35 (Supp.2010) (emphasis added).

The claimant's right to compensation for aggravation of a pre-existing condition arises when the claimant has a dormant condition that becomes disabling because of the aggravating injury. Anderson v. Baptist Med. Ctr., 343 S.C. 487, 493, 541 S.E.2d 526, 528 (2001).

A preponderance of the evidence indicates that Mr. Logan's December 1, 2014 work related injury aggravated a dormant pre-existing condition in his right hip, causing it to become disabling.

d. Conclusion

A preponderance of the evidence including Mr. Logan's medical history, testimony, and medical records following his injury indicate that his December 1, 2014 work-related injury aggravated a dormant pre-existing condition in his right hip, resulting in and accelerating his need for a hip replacement. As a result, Claimant respectfully requests that the Single Commissioner's Order regarding compensability/aggravation of pre-existing condition be upheld.

II. The Hearing Commissioner correctly found that Mr. Logan is permanently and totally disabled.

A preponderance of the evidence including the medical record, Mr. Logan's testimony and the vocational evidence indicates that Mr. Logan is permanently and totally disabled as a result of injuries to his back and right hip.

a. The medical evidence indicates that Mr. Logan sustained severe and debilitating injuries to his back and right hip.

All of the medical evidence indicates that Mr. Logan sustained severe injuries to his low back and right hip.

As a result of the injury, Mr. Logan underwent a right total hip replacement. This surgery and subsequent impairment speak to the severe nature of the right hip injury. As a result, Claimant will focus on the severe nature of the back injury and then address permanent work restrictions, impairment, and future medical with regard to the back and hip.

Imaging of the low back revealed: a) severe facet hypertrophy and shallow disc protrusions at L5-S1; b) broad based disc protrusion with annular fissure, ligamentous thickening and facet hypertrophy with lateral recess and foraminal encroachment fairly severe on the left and moderate on the right; c) shallow broad disc/osteophyte protrusion with mild to moderate canal and foraminal narrowing and moderate circumferential canal stenosis at L3-4; d) shallow broad protrusion with facet disease producing moderate to severe canal stenosis and moderate foraminal encroachment at L2-3; and e) large left paramedical disc and osteophyte protrusion with moderate lateral recess and foraminal encroachment and mild overall canal stenosis at L1-2. Dr. Douglas McConnell reviewed the MRI and indicated, "Multilevel prominent disc protrusions and fairly severe facet

spondylosis and ligamentous thickening contributing to canal and foraminal stenosis at multiple levels...." (Claimant's APA pp. 363-364). Dr. Lehman treated the low back conservatively, with injections.

Both Dr(s) Lehman and Dr. Wetzel opined that Mr. Logan's work related injury aggravated the pre-existing condition in his low back. (Claimant's APA pp. 292-296; Defendant's APA pp. 470-481). Dr. Wetzel was hired by the Defendants to perform an independent medical examination.

On June 21, 2016 Dr. Lehman released Mr. Logan at maximum medical improvement with regard to his back and right hip. He went on to indicate:

a) It is my expert medical opinion that Mr. Logan requires the following work restrictions as a result of his work related back and right hip injury: i) no lifting over 20 pounds; ii) no repetitive lifting; iii) no repetitive bending, stooping, twisting. Due to combination of continuous residuals of work injury affecting hip and back one might consider a FCE.

b) It is my expert medical opinion that Mr. Logan will, more likely than not, require the following types of future medical treatment as a result of his December 1, 2014 work related right hip injury/aggravation: i) injections as recommended by my office; ii) anti-inflammatory and pain medication as recommended by my office; iii) follow up appointments with my office every 12 months; and iv) physical therapy for flared pain.

c) In addition to the treatment recommendations provided in #4 above, it is my expert medical opinion that Mr. Logan will, more likely than not, require another hip replacement in his lifetime as the lifetime of an artificial hip is 20 years (in many cases).

d) It is my expert medical opinion that Mr. Logan will, more likely than not, require the following types of future medical treatment as a result of his December 1, 2014 work related low back injury/aggravation: i) injections as recommended by my office for flared pain; ii) physical therapy as recommended by my office for flared pain; and iii) anti-inflammatory and pain medication as recommended by my office.

e) It is my expert medical opinion that Mr. Logan's work related injury of December 1, 2014 permanently affects, and will continue to permanently affect the function of his right hip, right leg, and low back.

f) It is my expert medical opinion that Mr. Logan's work related injury of December 1, 2014 has resulted in permanent impairment to his right hip and low back. A separate rating for the right leg it not required as it is included in the rating to the low back and right hip. Permanent impairment to right hip, pursuant to AMA Guide: 37% lower extremity. Permanent impairment to low back pursuant to AMA Guide: 7% lumbar. (Claimant's APA pp. 297-299).

During his deposition, Dr. Lehman provided a 25% rating to the lower extremity for the hip arthroplasty. (Deposition of Dr. Lehman p. 26, lines 1-22).

Dr. Lehman testified that Mr. Logan has a nonsurgical low back that was treated conservatively. (Deposition of Dr. Lehman p. 29, lines 17-19). Dr. Lehman assigned a 10% whole person impairment to Mr. Logan's low back and indicated that the 10% whole person impairment was equivalent to a 13% rating to the lumbar spine. (Deposition of Dr. Lehman p. 32, lines 2-21).

Dr. Lehman indicated that he was in agreement with the work restrictions outlined in Mr. Logan's functional capacity evaluation – (limited light sedentary work - occasional walking, stairclimbing, kneeling, bending, twisting and reaching; no occasional squatting; occasional lifting between ten and fourteen pound; and no carrying, pushing or pulling over fifteen pounds.) (Deposition of Dr. Lehman p. 33, lines 15-23; FCE on pp. 385-407 of Claimant's APA).

A preponderance of the medical evidence indicates that Mr. Logan sustained severe and debilitating injuries to his right hip and low back.

b. The hearing testimony indicates that Mr. Logan is permanently and totally disabled.

The hearing testimony indicates that Mr. Logan sustained a severe and debilitating injury and is permanently and totally disabled.

Mr. Logan is fifty-five years old. (HT p. 12). He has a high school education. (HT p. 14). He does not know how to type. He owns a computer and can get on the internet. He has heard of Microsoft Excel and Microsoft Word and knows that they are computer programs. However, he does not know anything else about Microsoft Word and he believes Microsoft Excel is a computer program used to get information. (HT p. 15, lines 1-25; p. 16, lines 1-8).

Mr. Logan has not worked for anyone since he underwent the hip replacement. (HT p. 55, lines 2-4). He was fired by Winthrop following the injury when he was unable to return to work after six months. (HT p. 18, lines 1-17). He has a history of manual labor work – painting, plaster, stucco, sorter at UPS, construction. (HT pp. 19- 20). Mr. Logan's lower back and hip prevents him from returning to any of the jobs he worked in the past. (HT p. 20, lines 24-25).

Mr. Logan cannot think of any jobs that he can go back to in his current condition. Mr. Logan applied for a project manner position with Thomas Painting. However, he was advised that the job was too physical as he would have to climb and lift. Mr. Logan also attempted to get a job with his brother's company, Gary Logan Stucco. Mr. Logan's brother was unable to hire him because the job was too physical. (HT p. 51, lines 3-25). Mr. Logan does not have any plans for the future and he worries about the future every day. (HT p. 52, lines 1-5).

Mr. Logan is on Social Security Disability for his back, buttock and right hip. He did not have to hire an attorney. (HT p. 52, lines 8-14). Mr. Logan has a handicap permit. (HT p. 52, lines 15-16).

Mr. Logan continues to experience pain in his lower back and right hip. He always has hip pain and that the pain prevents him from sleeping and makes it difficult for him to walk on uneven pavement or terrain. (HT p. 38, lines 10-25). Mr. Logan rates his hip pain as a two on a one to ten scale when he is seated. Sitting for over an hour, walking on even terrain, or sleeping can cause his pain to go up. He sleeps with a pillow between his legs. He avoids stooping and bending at all costs. (HT p. 39, lines 1-25). Mr. Logan does not stand or walk for long periods of time and sitting in firm, uncomfortable seats makes his pain worse. (HT p. 40, lines 1-25). Mr. Logan's hip pain can get to a five or six, on a one to ten scale, if he engages in too much bending, stooping, walking and/or standing. (HT p. 41, lines 1-20). Mr. Logan can walk approximately a quarter of a mile before he starts experiencing increased pain. He can stand for an hour or two before the pain starts to increase. (HT p. 41, lines 4-20).

Mr. Logan experiences constant back pain that he rates as a two on a one to ten scale. (HT p. 41, lines 23-25; p. 42, lines 1-4). His back pain increases with walking, laying and standing. His back pain can get up to a seven or eight on a one to ten scale and he feels the lower back is a bigger problem than the hip. (HT p. 42, lines 1-15).

Mr. Logan experiences occasional numbness in his lower extremities that generally occurs once a week. (HT p. 42, lines 16-25; p. 43, lines 1-20).

Mr. Logan's injury affects his normal every day routine. Waking up is an adjustment period in that his back pain and hip pain make it difficult for him to get going in the morning. (HT p. 43, lines 21-25). After getting out of bed, Mr. Logan generally takes a shower. Mr. Logan uses a long handle scrubber to clean in the shower because his hip and back prevent him from reaching his right foot. (HT p. 44, lines 13-22). After

showering, Mr. Logan dresses. Since the accident, he has had to sit on the bed, put one leg in his pants and then sit back and pull the other leg in. He uses a sock scooper to put on his socks (A sock scooper is a cup that you place a sock on and shoot the foot through in order to put the sock on). Mr. Logan can tie his left shoe, but his daughter, granddaughter or wife ties his right shoe. Mr. Logan was not having these problems prior to the injury. (HT p. 44, lines 23-25; p. 45, lines 1-16). After getting dressed, Mr. Logan spends a majority of his day watching Fox News or CNN. (HT p. 45, lines 17-25). Mr. Logan averages two to three hours of sleep per night because he wakes up if he rolls or positions incorrectly. After waking up it takes him a while to get comfortable. (HT p. 46, lines 1-8).

Mr. Logan still drives. However, he has to stop when driving long distances because his lower back and hip feel more numb after sitting in the car for too long. (HT p. 46, lines 9-25). Mr. Logan has not done yard work due to back and hip pain since the accident. His brother in law, wife and son handle the yard work. (HT p. 47, lines 1-8). Mr. Logan can take out light trash. However, he leaves heavier trash for one of his sons. (HT p. 47, lines 21-25; p. 48, lines 1-2). He still goes to the grocery store, but he does not pick up heavier items like water. Additionally, he tries to limit his trips to twenty to thirty minutes as any shopping for longer than that results in increased discomfort in his low back. (HT p. 48, lines 6-20). Mr. Logan is able to sweep the floor. However, his back and hip prevent him from bending to pick up the dust pile. (HT p. 48, lines 23-25; p. 49, lines 1-3). Mr. Logan still cooks, but he does so with an assistant (either his daughter or granddaughter) who gets pots and pans out of lower cupboard for him. Additionally, he has a bar stool in the kitchen, so he can sit while cooking. (HT p. 49, lines 1-23). Mr.

Logan has not engaged in ladder work since the accident. Ladders were not a problem for him prior to the accident. (HT p. 49, lines 24-25; p. 50, lines 1-4). Since the accident, Mr. Logan uses a hand rail while going up and down stairs. (HT p. 50, lines 5-11).

Mr. Logan has worked all his life and would like to work right now. While working for UPS, he worked from 3:30 in the morning until 9:00 or 10:00. After that he would leave that job and go to work for Gary Logan Stucco or some other construction job plastering or handling drywall. (HT p. 50, lines 1-25).

A preponderance of the hearing testimony indicates that Mr. Logan's December 1, 2014 work related injury has resulted in severe disability and he is, more likely than not, permanently and totally disabled as a result of his work related injuries.

c. The vocational evidence indicates that Mr. Logan is permanently and totally disabled.

All of the vocational evidence indicates that Mr. Logan is permanently and totally disabled. On August 5, 2016, Ashley H. Johnson, MS, CRC, CLCP, performed vocational testing on Mr. Logan. At the conclusion of testing, Ms. Johnson opined, "In my professional opinion, Mr. Logan is totally and permanently disabled...." (Claimant's APA pp. 408-414).

On November 11, 2016, Ashley H. Johnson reviewed Dr. Lehman's deposition and Tracy Hill's functional capacity evaluation and opined, "The vocational opinions I provided on August 31, 2016 remain unchanged. It is still my vocational opinion, most probably and to a reasonable degree of vocational certainty, that Mr. Logan is totally and permanently disabled from a vocational viewpoint." (Claimant's APA p. 414).

The Defendants did not request a vocational evaluation until the date of hearing. All of the vocational evidence indicates that Mr. Logan is permanently and totally disabled.

d. The Defendants' brief contains a couple of allegations that need to be clarified.

The Defendants allege that Mr. Logan is not permanently and totally disabled because he has experience working in multiple jobs, working in a supervisory capacity, negotiating prices, managing personnel, receiving orders, and purchasing materials. (Defendants brief p. 9). Mr. Logan worked in a supervisory capacity at Winthrop. 15% of the job consisted of desk/managerial duties and 85% of the job consisted of physical labor. (HT p. 17, lines 14-25; job description from his personnel file). Mr. Logan was a lead man while working for his brother's company, Gary Logan Stucco. 95% of that job was on his feet and very physical. (HT p. 20, lines 1-10).

The Defendants allege that Mr. Logan can return to work because he drove out of state and has been on a cruise. (Defendants Brief p. 9). Mr. Logan drove to Maryland to attend two funerals. Mr. Logan testified that those trips took two and a half hours longer than normal due to stops. (HT p. 61, lines 3-10). Mr. Logan has also driven to Gatlinburg. That drive required stops every hour. While in Gatlinburg he spent a majority of the trip in his friend's cabin. (HT p. 61, lines 20-25; p. 62, lines 1-3). While on the cruise, Mr. Logan sat on the deck and enjoyed the scenery. (HT p. 60, lines 7-25). If anything, these trips reflect Mr. Logan's severe level of disability, not that he can return to any gainful employment.

Defendants allege that Tracy Hill's FCE indicates that Mr. Logan is capable of work. (Defendants Brief p. 10). The FCE does not list any jobs that Mr. Logan can return to. It lists work restrictions, not what type of work Mr. Logan is able to return to.

e. Conclusion

A preponderance of the evidence including the medical record, Mr. Logan's testimony and the vocational evidence indicates that Mr. Logan is permanently and totally disabled as a result of injuries to his back and right hip. As a result, Claimant respectfully requests that the Single Commissioner's Order regarding permanent and total disability be upheld.

III. A preponderance of the evidence indicate that Mr. Logan is entitled to future causally related medical treatment to his back and/or hip.

A preponderance of the evidence indicates that Mr. Logan is entitled to future causally related medical treatment to his back and/or hip.

Dr. Lehman recommended future medical treatment to the back and/or hip in the form of injections, anti-inflammatory medication, pain medication, follow ups with his office, and physical therapy. (Claimant's APA p. 298).

The Single Commissioner found that Mr. Logan is entitled to future causally related medical treatment for his low back and right hip as recommended by Dr. William. (Finding of Fact #71).

The Defendants now appeal alleging the Single Commissioner's award of medical treatment was to open ended, vague and prejudicial. They cite Rice v. Froehling & Robertson, Inc., 267 S.C. 155, 162 (1976). In Rice the Defendants were ordered to pay for

medical costs incurred by a quadraplegic at a rehabilitation center. Clearly, the Rice order was too general and far-reaching. It did not list body parts and treatment could consist of literally anything.

In Dykes v. Daniel Const. Co., 262 S.C. 98 (1974), the scope of the treatment was sufficiently narrow (to an eye injury) that the employer had not been prejudiced by failure to make a more specific award.

The present case is similar to Dykes in that future medical treatment was recommended to the back and hip, not to any body part Dr. Lehman feels like treating. Additionally, the award states future medical treatment recommended by Dr. Lehman. The evidentiary record indicates that Dr. Lehman recommended injections, anti-inflammatory medication, pain medication, follow ups with his office, and physical therapy.

Claimant respectfully requests that the Single Commissioner's Order regarding future medical treatment be upheld as it is specific enough so that the employer is not prejudiced.

III. The Single Commissioner correctly denied Defendants request for an FCE.

This is a denied claim in which the Defendants refused to provide any medical treatment – outside of treatment at Riverview. (Claimant's APA pp. 479-481). As a result, Mr. Logan sought his own medical treatment through Dr. Lehman. On June 21, 2016 Dr. Lehman released Mr. Logan at maximum medical improvement, provided permanent work restrictions and suggested a functional capacity evaluation to determine additional work restrictions.

On July 14, 2016 Mr. Logan presented to a functional capacity evaluation with Tracy Hill. The FCE states, "Prepared for: Dr. William Lehman." (Claimant's APA p. 385). Ms. Hill found that Mr. Logan put forth consistent effort and qualified for limited light work. (Claimant's APA p. 386).

On September 26, 2016, during his deposition, Dr. Lehman agreed with the work restrictions outlined in the FCE. (Deposition p. 38, lines 1-11).

On February 15, 2017 the Defendants scheduled a second functional capacity evaluation with a CORA facility in Spartanburg, South Carolina. Claimant refused to attend the evaluation as a second functional capacity evaluation had not been recommended by any physician. The Defendants filed a Motion to Compel attendance at a Functional Capacity Evaluation, which was denied by the Single Commissioner. The Defendants appealed to the Full Commission.

A hearing on Claimant's Form 50 was originally scheduled for April 25, 2017. Prior to the call of the hearing, the Single Commissioner removed the hearing form the docket until the Full Commission was given the opportunity to rule on Defendants' Motion to Compel Attendance at the Functional Capacity Evaluation. On June 16, 2017 The Single Commissioner issued an interim order finding, "The Hearing record is closed other than any reports or evidence generated as a result of the pending Motion [Defendants motion to compel an FCE]." This order was never appealed. On May 15, 2017 the Defendants Appeal on their motion to compel an FCE was dismissed as interlocutory. A hearing on Claimant's Form 50 and Defendants Form 51 occurred on August 24, 2017.

At the call of the August 24, 2017 hearing the Defendants requested an FCE, the right to cross examine Dr. Lehman with their FCE, and the right to schedule a vocational

evaluation. (HT pp. 6-7). The Single Commissioner refused to compel a second FCE as the hip is a denied body part, no physician recommended a second FCE, and Dr. Lehman already reviewed the FCE during his deposition. The Defendants request for a vocational evaluated was closed as the Single Commissioner issued an Order closing the record for anything other than reports or evidence generated as a result of the pending FCE motion. (Finding of Fact #76).

The Defendants now appeal alleging they are entitled to a new trial on every issue because the Single Commissioner denied their motion regarding an FCE. In response, Claimant maintains that: a) the hip is a denied body part and the Defendants have refused to provide any treatment; b) Mr. Logan underwent the first FCE because it was recommend by Dr. Lehman; c) Dr. Lehman already reviewed the FCE during his deposition; d) no physician recommended a second FCE; e) Sections 42-15-60 and 42-15-80 do not permit Defendants to compel an FCE; and f) the Single Commissioner closed the record for any additional discovery besides the FCE.

This is a denied claim in which the Defendants refused to provide medical treatment and continue to refuse to acknowledge that Mr. Logan sustained an aggravation of a pre-existing condition to either his back or right hip. On May 13, 2015 and November 19, 2015 the Claimant provided the Defendants with the opportunity to dictate medical care. (Claimant's APA p. 479 and 481). The Defendants elected not to. (Claimant's APA p. 479). They now appeal alleging they were unable to create a record when they were given every opportunity to create a record by dictating medical care.

Since the Defendants refused to provide medical care, Mr. Logan was forced to seek his own medical treatment through Dr. Lehman. The Defendants were advised that

Mr. Logan was following up with Dr. Lehman. (Claimant's APA p. 481). On June 21, 2016 Dr. Lehman requested an FCE. Tracy Hill then completed the FCE at Dr. Lehman's request. The FCE was not recommended by Claimant's attorney.

On September 26, 2016 both parties deposed Dr. Lehman. During the deposition Dr. Lehman was asked about work restrictions. Dr. Lehman reviewed Tracy Hill's FCE and indicated that he would defer to it regarding Mr. Logan's work restrictions. The Defendants', unhappy with the opinions provided by Dr. Lehman in his deposition attempted to schedule a second functional capacity evaluation, so that they could reconvene Dr. Lehman's deposition and cross examine him with it. Defendants reasoning violates Rule 30(a)(2) of the South Carolina Rules of Civil Procedure, which states, "The deposition of any party or witness may only be taken one time in any case except by agreement of the parties through their counsel or by order of the court for good cause shown." Failure to procure an FCE is not good cause to reset a deposition.

Neither Dr. McNair, Dr. Lehman, Dr. Wetzel, nor Dr. Bethea recommended a second FCE. If a second FCE was medically necessary, it would have been recommended by at least one of the physicians.

The Defendants original motion to compel cited and relied on Sections 42-15-60 and 42-15-80 of the South Carolina Code. No additional arguments were raised before the Single Commissioner.

Section 42-15-60 of the South Carolina Code states as follows:

> The employer shall provide medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury, to effect a cure or give relief and for an additional time as in the judgment of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty. In addition to it, the original artificial

> members as reasonably may be necessary must be provided by the employer. During any period of disability resulting from the injury, the employer, at his own option, may continue to furnish or cause to be furnished, free of charge to the employee, and the employee shall accept, an attending physician and any medical care or treatment that is considered necessary by the attending physician, unless otherwise ordered by the commission for good cause shown.

The Defendants cannot rely on Section 42-15-60 of the South Carolina code to compel attendance at an FCE, as an FCE is not medical, surgical, hospital or other treatment as required by Section 42-15-60 of the South Carolina Code. Additionally, a functional capacity evaluation will not affect a cure, give relief, and/or tend to lessen the period of disability as required by Section 42-15-60 of the South Carolina Code. Finally, there is not medical evidence indicating that a second functional capacity evaluation is necessary. In short, Section 42-15-60 does not give the Defendants the right to compel Plaintiff to submit to a functional capacity evaluation.

Section 42-15-80 of the South Carolina Code states:

> After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission shall submit himself to examination, at reasonable times and placed, by a qualified physician or surgeon designated and paid by the employer or the Commission.

A functional capacity evaluation is not a qualified physician or surgeon as required by Section 42-15-80 of the South Carolina Code. As a result, Section 42-15-80 does not give the Defendants the right to compel Plaintiff to submit to a functional capacity evaluation.

Finally, following an April 25, 2017 hearing which was continued, the Single Commissioner found, "The Hearing record is closed other than any reports or evidence generated as a result of the pending Motion." This Order was never appealed. As a result,

even if the Defendants are entitled to an FCE, the result of this pending claim will remain unchanged. An FCE without endorsement by a physician is not a medical opinion.

For the reasons stated above, it was appropriate for the Single Commissioner to deny Defendants motion to compel an FCE.

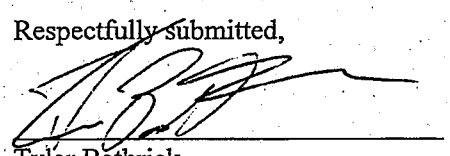
If the Single Commissioner is overturned on this issue, Claimant is informed and believes that it would be improper for the Full Commission to order a de novo hearing with regard to all issues as an FCE is, at best, a tool used by physicians to determine permanent work restrictions. An FCE has absolutely nothing to do with whether Claimant sustained an aggravation of pre-existing conditions in his back and right hip.

CONCLUSION

For the foregoing reasons, the Respondent respectfully requests that the Appellate Panel fully affirm the Single Commissioner's Decision and Order. If the Single Commissioner is overturned with regard to the FCE, Claimant is informed and believes that a de novo hearing on all issues would be improper as an FCE has nothing to do with compensability of the back and/or right hip.

The Defendants conclusion alleges that the Defendants were not entitled to a vocational exam. I did not see this issue raised in Defendants brief. For the record, the Defendants did not request a vocational examination until August 24, 2017 (the date of the hearing before the Single Commissioner). Claimant would have happily attended a vocational examination at Defendants request prior to the close of the record on April 25, 2017, however the Defendants never scheduled one.

Respectfully submitted,



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March 5, 2018

Rock Hill, South Carolina

Transcript of the Testimony of
LOGAN V. WINTHROP UNIVERSITY

Date: March 19, 2018



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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC Nos. 1401997 & 1422134

Ray Logan,

Employee,

v.

Winthrop University,

Employer,

and

State Accident Fund,

Carrier/Defendants.

FULL COMMISSION HEARING

****

Monday, March 19, 2018
2:21 p.m. - 2:47 p.m.

The Full Commission Hearing was heard before Commissioners Aisha Taylor, Melody L. James and Avery B. Wilkerson; Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 19th day of March, 2018, before Roderick S. Fitzgerald, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this hearing is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

CALL TO ORDER:

COURT REPORTER: Today is Monday, March 19th, 2018. This is South Carolina Workers' Compensation Case Numbers 1401997 and 1422134. This is the case of Ray Logan, Claimant, versus Winthrop University, Employer, and State Accident Fund, Carrier. The Appellants are the Defendants represented by David H. Keller and Evelyn A. Norton. The Respondent is represented by Tyler **A. Bathrick. Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.**

MR. CHAIR: Ms. Norton. Thank you.

APPELLANT'S ARGUMENT:

MS. NORTON: May it please the Court, my name is Evelyn Norton and I represent Winthrop University and the South Carolina State Accident Fund on appeal from an Order concluding that the Claimant was permanently and totally disable while simultaneously denying the Defendants either an FCE or a vocational evaluation on that very issue. The Claimant sustained an admitted minor low back

injury on December 1st, 2014, and initially chose to treat on his own outside of the workers' compensation system with his chiropractor. When he sought treatment within the system, he was provided care with Dr. McNair in May of 2015. At that time he was allowed to return to work full duty and it was only recommended that he seek a follow-up with an orthopaedist for an incidentally discovered an unrelated right hip problem. The Claimant then obtained a referral from his family provider, not any provider within the workers' compensation system and began treatment with Dr. Lehman who eventually performed a total right hip replacement on December 15th, of 2015. In the fall of 2016 the Claimant then obtained his own FCE and vocational evaluation and Defendants then scheduled their own FCE; however, the Claimant refused to attend that FCE and Defendants moved for an Order to compel his attendance. However, that was denied and ultimately the hearing went forward on the merits in August of 2017, but because the Order resulting from that hearing is then premised upon a piecemeal Claimant-driven evidentiary

record the Defendant respectfully request that this Appellant panel reverse their remand for a hearing de novo and finally allow the Defendants to obtain an FCE and vocational evaluation before determining the issue of permanent and total disability. As this commission knows, you're the ultimate fact finders assigning weight to evidence, but here the Defendants have no FCE or vocational evaluation for the commission to weigh against the Claimant's FCE and vocational evaluation. While an award must not be based on surmise conjecture or speculation, we're left really just to speculate what the Defendant's FCE or vocational evaluation could have or would have revealed. As you also know, an award must be supported by substantial evidence, but substantial evidence is not evidence viewed blindly from one side as was the case here. This Order from the single hearing commissioner is brimming with citations to the Claimant's self-selected physician, Dr. Lehman, who did not evaluate the Claimant until not only months after the date of the admitted minor low back injury but months after he was released from

his authorized treating physician, Dr. McNair. Ostensibly, he was actually permanently and totally disabled as he alleges he would have no reason to fear for an evaluation on that very issue he was trying to prove. Under 42-15-60 Defendants have the right to direct treatment and under 42-15-80 have the right to request additional exam. In addition to this request for an FCE and vocational evaluation being in accordance with the Act, as you know, the commission has consistently relied on FCEs and vocational evaluations before making a determination, a case in which the Claimant is alleging permanent and total disability, such as in Watson versus Xtra Mile Driver Training, Inc., where the commission consider FCEs and vocational evaluations from both sides before determining that the Claimant was not permanently and totally disabled as he alleged. The Court of Appeals concluded that substantial evidence did support the commission's finding because evidence the evidence was not viewed blindly from one side as is the case here. The commission is also afforded brought discretion under 42-15-60 and is empowered to order

further evaluation; thus, Defendant's request for an FCE or vocational evaluation before going forward with the hearing on the merits is not only, first, in accordance with the Act, it secondly, comports with the trend of this commission to consider FCEs and vocational evaluations before making a determination on permanent and total disability allegations, and third, it's well within the commission's power and discretion. However, the denial of our request for an FCE or vocational evaluation constituted an abuse of discretion and ultimately deprived the Defendants of the opportunity to put on an adequate defense and amounted to little more than trial by ambush. This resulted in underdeveloped and stilted evidentiary basis for the commissioner's analysis, and then in turn undermines his Order. For these reasons, Defendants respectfully request that this appellant panel reverse in remand for a hearing de novo. However, even this appellant panel concludes that the denial of our request for an FCE or vocational evaluation was not an abuse of discretion, which it was, this Appellant Panel

should still reverse and remand because under the record as it stands today the Claimant still failed to prove he's permanently and totally disabled. He also failed to meet his burden of proof in establishing compensability of the right hip for that matter and absolute best is entitled only to an award for a minor back injury under 42-9-30. In fact, as APA 3, Page 131 shows, Even the claimant's self-chosen physician, Dr. Lehman, assigned a mere 7 percent rating to the low back. To conclude that this 7 percent rating somehow supports a loss of use to the back of 50 percent or more constitutes an obtainable leap, thus the Claimant failed to meet his burden of proof in establishing permanent and total disability under 42-9-30. He also failed to meet his burden of proof in establishing permanent and total disability under 42-9-10, which requires an ability to perform services other than those that are so limited in quality, dependability and quantity but no reasonable stable market exist. Indeed he admitted at the hearing, I'm referring to Pages 16 and 15, Item 60, that he's had experiences doing other jobs including

negotiating contracts, making purchases and managing personnel, and he's driven out of state and gone on a cruise since the date of his accident, and he even drove himself to the hearing in August of 2017. And at the same time he also conceded that he had not tried a single job since the accident; therefore, he's made no reasonable efforts to secure employment and failed to meet his burden of proof in establishing permanent and total disability. In reality, all he did to bolster his claim is go obtain a favorable FCE and favorable vocational evaluation and then refuse out right to attend any other evaluations; therefore, robbing the defendants their chance to -- to build their case and their defense. Presumably, if he was actually and permanently -- permanently and totally disabled, he would have had no reason to fear attending that appointment. The Claimant further failed to meet his burden of proof in establishing compensability of the right hip. By his own testimony at the hearing at Pages 31 through 33 he admitted he made no specific complaints during the months that immediately followed the

December 1st, 2014, admitted minor low back injury. And when he came to see Dr. McNair within the workers' compensation system he complained of low back pain as expected but no hip specific complaints, and therefor Dr. McNair's diagnosis was limited to simply a lumbar strain. It was only incidentally discovered after Dr. McNair ordered a lumbar x-ray and MRI that the Claimant had any right hip condition, therefore, he was released from Dr. McNair's care and referred onto an orthopaedist for this unrelated condition. Dr. Bethea has also opined that the Claimant's right hip problems are unrelated to his work-related incident and opined, quote, this was a result of a chronic degenerative process and the magnitude of the trauma from the accident at work on December 1st, 2014 falls way short. The only evidence the Claimant has to support that the right hip is related to this accident is again Dr. Lehman's opinion who he did not go see until months after the accident and months after being released from his authorized treating physician's care, and who he only ended up under the care of because

he obtained a referral from his family provider and not a workers' compensation provider. This single stand-alone opinion falls markably short of the burden of proof placed on the Claimant. For these reasons the Defendant appellants respectfully request that this appellant panel reverse and remand because the record only supports that at best the Claimant is entitled to an award for a minor back injury under 42-9-30 and never sustained an injury to the right hip and therefore should have never been awarded any medical treatment for the right hip. Thank you.

COMMISSIONER TAYLOR: I think -- I have a question, sorry.

MS. NORTON: Yes.

COMMISSIONER TAYLOR: I can't -- I don't see the Motion. I see the Motion Order where the vote was denied, but when did the other side -- when did the Claimant get their vote, were -- when were you first aware that they had a voc assessment or an FCE.

MS. NORTON: The -- admittedly, Commissioner, I wasn't the associate counsel ---

COMMISSIONER TAYLOR: I got it.

MS. NORTON: --- at that time.
COMMISSIONER TAYLOR: Okay.
MS. NORTON: But their voc eval was on -- was obtained on August 31st of 2016, that's Page 408 of APAs.
COMMISSIONER TAYLOR: Okay.
MS. NORTON: And so the Defendants had scheduled an FCE for February 15th of 2017, which would have still been months before the hearing on the merits was set, so it's Defendant's position that that would have still been a timely scheduled FCE.
COMMISSIONER TAYLOR: Okay. And what was the date of the hearing.
MS. NORTON: The hearing was originally set on Claimant's 50 for April 25th, 2017, but then was postponed due to our Motion to compel his attendance to an FCE, and that's why it didn't actually go forward until August 24th, 2017.
COMMISSIONER TAYLOR: All right. Thank you, ma'am.
MR. CHAIR: Thank you.
MS. NORTON: Thank you.
MR. CHAIR: You'll have three minutes in reply. Mr. Bathrick.
RESPONDENT'S ARGUMENT:

MR. BATHRICK: May it please the Court.
MR. CHAIR: Please.
MR. BATHRICK: Tyler Bathrick here on behalf of Ray Logan. Defendants actually appealed every issue, so I'll try to hit them in turn. The first issue they brought up was compensability. Every piece of evidence in this file indicates that Mr. Logan sustained a compensable injury to his hip as an aggravation of a preexisting condition. On December 1st, 2014, he showed up to work, he wouldn't have any problems. This is a long-time employee, a supervisor, honest, credible person. He goes into his work van to pull out a ladder, reaches, grabs up a bucket of plaster or some sort of heavy bucket of compound paste, weighs about 70 pounds, pulls and twists and immediately has pain in his whole low back, talking buttock, low back, pain shooting down his legs. He's been injured on this job before, he works a heavy job. He's gone to Riverview before through the workers' comp system, never sought permanency, always got better, always was back at work in a couple weeks, full duty in a month. He got sick of doing that, he didn't want to go to Riverview,

he thought maybe I go see a chiropractor and I can get this thing fixed on my own. On December 11th, 2014, he shows up to a doctor and a chiropractor, they're kind of in the same building, Dr. Ash and Dr. Maxwell, where's he's diagnosed with low back pain, pain in his sacral region, which is way down low, kind of in the groin/hip area, he's complaining of pain. Does he ever specifically say it's my right hip? No, he doesn't. He's just got pain in the whole buttock down the leg area, receives his chiropractic treatment. Around December 14th, 2014, he's starts to tell his chiropractor he's having groin pains, does the chiropractic treatments, not getting better, undergoes an injection with another doctor in their facility, Dr. Peek. That note references to groin pain as well, injection doesn't help. At that point he realizes, hey, I've got a problem. At that point he realizes, hey, I got a problem, this thing is not getting better. He goes and asks for treatment through the workers' comp system, they start providing treatment through a Riverview Medical Center. If you look at the initial intake at Riverview,

there was a giant circle where his whole buttock area is circled and his right leg is circled showing pain shooting down it, so he is reporting this thing. Dr. McNair provided treatment there, he's a family doctor, not an orthopaedic, not a surgeon, he does an x-ray, does an MRI. The MRI reveals multilevel disk protrusions throughout the back, severe spondylolisthesis in the back, he looks at an x-ray that shoes avascular necrosis in the right hip. He writes, this is not an acute finding. Shoot, I agree with him on that, but I still think it's an aggravation of a preexisting condition because he wasn't having this problem beforehand. I sent an e-mail to the defense, to the carrier, I said, hey, please provide him with orthopaedic treatment. They said, this is now a denied case. We are not gonna provide treatment. So Mr. Logan went to his family doctor, got referred over to Dr. Lehman. Dr. Lehman treated the back and the hip, ultimately did a hip replacement. Before he did the hip replacement, I shot the defense an e-mail saying the hip replacement has been recommended, if you want an IME or anything at

this point, please get one. All those are in our brief. I was giving them more than enough time to get this thing together. Instead of sending him to a hip doctor they sent him to a Dr. Whetsell who is a pain management doctor. He didn't really evaluate the hip. He looked at the back and gave a rating to the back and recommended some more pain management for it. He went forward with the hip replacement, was eventually placed at MMI by Dr. Lehman. Causation is in there a ton as far as Dr. Lehman is concerned. I could give you the page numbers but it's in there 6 times, 189, 165, 292, 297. Again, on March 1st, 2017, they deposed him, Page 36, Line 14 through 27, so it's ---

COMMISSIONER TAYLOR: He talks about ---

MR. BATHRICK: Sorry.

COMMISSIONER TAYLOR: --- the aggravation and the ---

MR. BATHRICK: Yes. As an aggravation of a preexisting condition with regard to the back and that right hip resulting in Mr. Logan's need for that surgery. Thank you. So what we did -- or what they did as Dr. Lehman said, MMI

-- all the evidence medically indicates that he had an aggravation of a preexisting condition. His hearing testimony backs up an aggravation of preexisting condition, heavy manual labor work, construction, stucco, painting, been there for years, no problem when he walked in, severe pain immediately after the accident that didn't get better over time. So we believe with preponderance of the evidence medical indicates aggravation of a preexisting condition. The defense relies on Dr. McNair, well, shoot, he wasn't asked if it was an aggravation. He just said nonacute, so. They also rely on Dr. Bethea who is the foot specialist down here. Dr. Bethea did not officially evaluate Mr. Logan, he just drew up a little letter for them. In that letter, my big problem with him is he got the ---

COMMISSIONER JAMES: Records review?

MR. BATHRICK: Records review, yes, ma'am.

COMMISSIONER JAMES: Okay.

MR. BATHRICK: Not a physical eval. The problem with his letter is, he says he got hurt with pulling a ladder out. He doesn't mention anything about that bucket of stucco that he

was lifting at the same time, so when he says not a permanent aggravation because the mechanism of his injuries not severe enough. He didn't have the right mechanism of injury, he didn't have that lifting the bucket of stucco. As far as permanent and total disability, he's 55 years old with a history of manual labor work. They touch down able to do orders, do that kind of thing. He ordered paint, he had ordered supplies, he might negotiate prices. 85 percent of his work day was on his feet painting, 15 percent was sitting behind a desk.

COMMISSIONER JAMES: What about the issue of the FCE and ---

MR. BATHRICK: Yes, ma'am. Let me take you through that one.

COMMISSIONER JAMES: Okay. And I don't mean to rush you.

MR. BATHRICK: No. You're good. I want to hit it.

COMMISSIONER JAMES: Okay.

MR. BATHRICK: As far as the FCE goes, Dr. Lehman recommended an FCE to help determine work restrictions, so he went to Tracy Hill who did an FCE. The other side scheduled Dr. Lehman's

deposition. We deposed Dr. Lehman where he was asked about work restrictions. I handed him the FCE, he indicated that he agreed with it, agreed with the work restrictions provided in the FCE. Four months passed after that and then they scheduled a CORA FCE out in Spartanburg. Their final ---

COMMISSIONER TAYLOR: So it was four -- four months after the deposition?

MR. BATHRICK: Yes, ma'am.

COMMISSIONER TAYLOR: That's kind of -- okay.

MR. BATHRICK: At that point, four months after a CORA FCE, I objected to it under 42 -- or they -- I objected to it. I -- it wasn't recommended by a doctor. I didn't think it was medical treatment to lessen appear a disability. I didn't think it was recommended by a physician. They filed a Motion to Compel. Their Motion to Compel was denied by the single commissioner. At the same time we had a hearing rolling on a Form 50/51 that was set for April of 2017. We got to that -- they appealed to the full commission on the FCE Order. And the full commission -- we -- when we went to the 50/51 hearing we decided to hold

everything kind of off to the side. The commissioner put an Interim Order out saying, The record's closed, I'm going to reschedule this hearing after the full commission makes a determination as to the FCE, but the record is closed for any and all new discovery besides the FCE.

COMMISSIONER JAMES: So when did the question for the voc assessment come up?

MR. BATHRICK: That happened the day of the hearing. They came in and asked for the voc at the day of the hearing. Now, they knew about it April 25th because it was in my brief on April 25th, we mediated it, they knew about the voc, they didn't ask for it until we got to that hearing.

COMMISSIONER TAYLOR: In August?

MR. BATHRICK: Yes, ma'am.

COMMISSIONER TAYLOR: Okay. I got you.

MR. BATHRICK: And the problem compounded because the record was already closed based on the April 25th hearing when we went to that first hearing that bumped back, the record was closed for anything but the FCE.

COMMISSIONER JAMES: So there's an actual Order stating that, correct?

MR. BATHRICK: Yes, ma'am. There's an Interlocutory Order stating -- I could read it to you.
COMMISSIONER JAMES: No. That's fine. I've seen it.
MR. BATHRICK: Record closed but for anything pertaining to the FCE, or something to that effect. So what they wanted to do, and they say this in front of the single commissioner, they wanted an FCE, they wanted to reconvene Dr. Lehman's deposition, which I think is against our rules of civil procedure unless there's good cause shown, and not having an FCE is not good cause shown. So that was their kind of ultimate plan, it's in the hearing transcript, and we just believe it was improper. Another issue that I have, I don't know if it -- how much it holds weight, I didn't do a heck of lot of research on it. The Interlocutory Order is the Order regarding the FCE that got dismissed as interlocutory. That Order was never re-appealed as far as I can tell. They just appealed the 50/51 on the PNT compensability issue. So I'm not sure they filed correct procedure. I don't know if they did or didn't. It's just an issue that I'd

like to raise. So I don't -- and with regard to the FCE, even -- I think I'm right, I don't think they get one after the deposition. If they wanted one before the deposition and go depose Dr. Lehman about it, shoot, that makes sense. But not liking the doctor's answer and then coming back and trying to get him to change his answer just doesn't feel right to me. As far as -- as far as a whole De novo hearing on that issue, the FCE has nothing to do with compensability. I mean, it has nothing to do with compensability. And I'd also argue with regard to the FCE that on its own the FCE is kind of worthless. It's a -- it's a physical therapist note. They need a doctor to look at it, say it holds some weight. If it's a closed record in April, they don't get a doctor to look at it, so the issue is basically moot.

COMMISSIONER JAMES: Well, if the record wasn't closed with -- I guess this is speculative, would your client have attended the vocational assessment?

MR. BATHRICK: They never scheduled one, so if they had scheduled one and the record was not

closed, absolutely, shoot, yeah. Any additional questions of FCE? I can jump back to the perm total. We got -- it's a severe injury to the hip and I think the surgery speaks for itself, 26 percent rating. I think it's a severe injury to the back. The MRI speaks for itself, multilevel -- multilevel disk protrusions and severe spondylolisthesis, I can't pronounce it. We got severe work restrictions ---

(Timer goes off.)

MR. CHAIR: Go ahead and finish your thought. You're more than welcome to finish your thought.

MR. BATHRICK: Severe work restrictions, only vocational exam, and the record indicates permanent and total disability. My client -- you can read his hearing transcript. He's got a ton of complaints in there with regard to the back and hip.

MR. CHAIR: Any questions?

(No verbal response heard.)

MR. CHAIR: Thank you.

MR. BATHRICK: Thank, y'all.

MR. CHAIR: Ms. Norton in reply, please.

APPELLANT'S REPLY:

MS. NORTON: May it please the Court. All of the evidence does not support that there is an aggravation of a preexisting condition of the right hip here. From the beginning Dr. McNair opined that the right hip was unrelated and only incidentally discovered upon his ordering of an x-ray and an MRI to address the low back complaints on Page 274 of the APAs. Dr. Bethea later performed a records review agreeing with this opinion; however, it was limited to a records review notably because this was after the claimant had already refused to attend the Defendant's scheduled FCE. Also, the Interim Order in Paragraph 4 says the hearing record is closed other than any reports or evidence generated as a result of the pending Motion. That Motion specifically asks for an FCE to be scheduled by the Defendants to -- for the appellant panel so that the appellant panel would be able to weigh that against the Claimant's FCE. An FCE is typically something that's considered in a vocational evaluation that is then scheduled subsequently to an FCE, you know, but we never had the opportunity to

even schedule that vocational evaluation. An FCE respectfully really does have a lot to do with your determination and whether or not the Claimant is as he alleges permanently and totally disabled. And the case law shows that this commission has considered FCEs and vocational evaluations in the past before such a determination. As a result, the hearing commissioner's decision to deny our request for an FCE and vocational evaluation before going forward with a hearing on the merits still constitutes an abuse of discretion and resulted in an Order premised entirely upon a Claimant-driven record. In the end this -- the evidence in this case was viewed blindly from one side; therefore, there is not substantial evidence to support the Order. For these reasons the Defendant respectfully requests that this appellant panel reverse and remand for a hearing De novo and finally allow the Defendants to obtain an FCE and a vocational evaluation; however, the -- this appellant panel should still further remand -- reverse and remand so that -- or because the Claimant, still under the record as it stands, even

without our FCE and without our vocational evaluation, failed to meet his burden of proof in establishing permanent and total disability and compensability of the right hip and should be limited to an award, if anything, for a minor low back injury under 42-9-30. Thank you.

MR. CHAIR: Any questions?

(No verbal response heard.)

MR. CHAIR: Thank, y'all. This concludes the hearing.

(There being nothing further, the full commission hearing concluded at 2:47 p.m.)

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Turner | Padget

July 5, 2018

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The Honorable Jenny Abbott Kitchings
Clerk of Court, Court of Appeals
P.O. Box 11629
Columbia, SC 29211

RE:	Claimant:	Ray K. Logan
	Employer:	Winthrop University
	Carrier:	South Carolina State Accident Fund
	Claim No(s).:	2014-00549, 2014-04428
	WCC File No(s).:	1401997, 1422134
	Our File No.:	04206.00150
	D/A(s):	2/26/2014, 12/1/2014

Dear Ms. Kitchings:

Enclosed please find Defendants' Notice of Appeal for the above-referenced claim. We are also enclosing copies of the Order which is to be challenged on appeal. Please note that, pursuant to Rule 203(d)(2)(B)(iii), no filing fee is required for "appeals by the State of South Carolina or its departments or agencies."

By copy of this letter, we are also serving Tyler Bathrick, Esquire, attorney for claimant, and the S.C. Workers' Compensation Commission.

Very truly yours,

TURNER, PADGET, GRAHAM & LANEY, P.A.

DJ

David H. Keller, Esquire

DHK/sbd
Enclosures: (1) Notice of Appeal
(2) Copy of the Full Commission Decision
(3) Proof of Service
cc: Page S. Hilton, Esq.
Tyler Bathrick, Esq.
Amy Bracy, Judicial Director, S.C. Workers' Compensation Commission

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Full Commission Decision

WCC File No. 1401997 & 1422134

Ray K. Logan, Employee.....Respondent,

v.

Winthrop University, Employer and S.C. State Accident Fund, Carrier.....Appellants.

NOTICE OF APPEAL

Winthrop University and S.C. State Accident Fund appeal the Decision and Order of the Workers' Compensation Commission Appellate Panel dated June 5, 2018, pursuant to S.C. Code Ann. § 42-17-60. Appellants received written notice of entry of this order on June 7, 2018.

July 5, 2018

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The grounds for appeal are as follows:

The Defendants/Appellants reiterate the Form 30 questions presented as if specifically restated herein; and that the Full South Carolina Workers' Compensation Commission erred further as follows:

(1) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the Commission's denial resulted in a piecemealed, claimant-driven evidentiary record prejudicing Defendants' ability to defend this claim and denying Defendants their right under § 42-15-60 to require claimant to appear for medical examinations. This constitutes an abuse of agency discretion warranting a hearing de novo. See The Administrative Procedures Act, S.C. Code Ann. § 1–23–380(5)(f).

(2) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the entire decision is impermissibly based upon surmise, conjecture, and speculation as to what the Defendants' functional capacity evaluation and vocational assessment would have revealed if only the evidentiary record had been fully developed. This constitutes an abuse of agency discretion warranting a hearing de novo. See The Administrative Procedures Act, S.C. Code Ann. § 1–23–380(5)(f). See also Kennedy v. Williamsburg Co., 242 S.C. 477, 480 (1963) (citing cases).

(3) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already

obtained the same; the error being that the Commission's decision was arbitrary and capricious. See The Administrative Procedures Act, S.C. Code Ann. § 1–23–380(5)(f).

(4) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the Commission's decision was made upon unlawful procedure. See The Administrative Procedures Act, S.C. Code Ann. § 1–23–380(5)(c).

(5) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the Commission's decision constitutes a structural defect that violated the Defendants' constitutional guarantee to due process, thus requiring that the hearing be deemed a nullity, the resulting order be vacated, and a de novo hearing on the merits be ordered following the claimant's submission to a functional capacity evaluation and vocational assessment arranged by Defendants. See S.C. CONST., art. I, §§ 3, 22; see also The Administrative Procedures Act, S.C. Code Ann. § 1–23–320.

(6) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the Commission's decision constitutes a violation of Defendants' right to equal protection of laws. See S.C. CONST., art. I, § 3.

(7) The Commission erred in finding and concluding that the Defendants were not entitled to a functional capacity evaluation and vocational assessment after claimant had already obtained the same; the error being that the claimant was, at absolute best, only entitled to

an award for his minor back injury pursuant to § 42-9-30 and was not entitled to an award for permanent and total disability—all of which would have been shown had Defendants been allowed to fully develop the evidentiary record instead of having their rights to due process and equal protection of laws denied.

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July 5, 2018

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Full Commission Decision

WCC File No. 1401997 & 1422134

Ray K. Logan, Employee.....Respondent,

v.

Winthrop University, Employer and S.C. State Accident Fund, Carrier.....Appellants.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Ray K. Logan by depositing a copy of it in the United States Mail, postage prepaid, on July 5, 2018, addressed to his attorney of record, Tyler Bathrick, Esq., Stewart Law Offices, LLC, P.O. Box 670, Rock Hill, SC 29731 and on the South Carolina Workers' Compensation Commission, addressed to Amy Bracy, Judicial Director, P.O. Box 1715, Columbia, South Carolina 29202.

July 5, 2018

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THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

Appellate Case No. 2018-001274

Ray K. Logan, Employee, Respondent,

v.

Winthrop University, Employer, and
South Carolina State Accident Fund, Carrier, Appellants.

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CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other materials.

January 10, 2019

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