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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM SPARTANBURG COUNTY
Appellate Panel of the South Carolina Workers' Compensation Commission

R. Michael Campbell, II; Avery B. Wilkerson, Jr.; Aisha Taylor
South Carolina Workers' Compensation Commissioners

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Case No. 1614297
Appellate Case No. 2021-000669

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Kenneth D. Christian, Employee,

Appellant,

v.

Sew Eurodrive, Inc., Employer and
Great American Alliance Insurance Company, Carrier,

Respondents.

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# FINAL BRIEF OF APPELLANT

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ATTORNEY FOR APPELLANT

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## STATEMENT OF THE CASE

Kenneth D. Christian ("Appellant"), now deceased[1], began working for SEW-EURODRIVE, Inc. ("SEW") in September of 1983. (R. p. 157, lines 5-6). Initially, he worked in the maintenance department approximately eight (8) or nine (9) years before moving to the electronics lab. (R. p. 157, lines 7-24). While working in the lab, Appellant regularly and routinely soldered[2] and desoldered[3]. (R. p. 157, line 25-p. 159, line 9). As for the soldering and desoldering processes, Appellant could smell fumes and hear other workers cough in the lab. (R. p. 159, lines 10-17).

In the beginning, Appellant worked in an enclosed lab with no windows and poor ventilation, along with three (3) other workers soldering and desoldering. (R. p. 159, line 24-p. 160, line 7). After approximately six (6) years in the original lab, he and the lab moved to an old office space which was much smaller than the original lab. (R. p. 160, line 19-p. 161, line 3). Throughout his time in both labs, Appellant was never provided protective or respiratory gear by SEW. (R. p. 161, lines 22-25). At one point during his work in the lab, Appellant was given a carbon filter fan which did not work and left fumes circulating in the room. (R. p. 161, lines 4-21). Appellant worked in these environments until his retirement at the end of 2016, after his doctor advised against working around fumes/antigens. (R. pp. 725, 735).

Although a lifetime non-smoker, Appellant first began experiencing shortness of breath in 2001. (R. p. 544). Following two (2) CT scans, he was diagnosed with interstitial lung disease. He then underwent another CT scan, after which a VATS and biopsy confirmed a hypersensitivity

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[1] Appellant passed away on October 6, 2020.
[2] Soldering is a process in which two or more items are joined together by melting and putting a filler metal into the joint, the filler metal having a lower melting point than the adjoining metal.
[3] Desoldering is the removal of solder and components from a circuit board for troubleshooting, repair, replacement, and salvage.

pneumonitis ("HP") diagnosis. (R. pp. 703-07). Surgical biopsy is required for an HP diagnosis. (R. p. 965). Appellant's treating physician, two (2) pathologists, an expert pulmonologist, and an expert toxicologist all agree that Appellant suffers from HP. (R. pp. 685-88; 703-07; 918-40; 960-86; 1009-1016. In fact, two (2) of Appellants' experts concur in this diagnosis. (R. 1106-1115; 1123-1126).

A hearing was held before the Single Commissioner on January 24, 2020, upon the filing of Forms 50 & 51 (the "hearing"). Appellant maintained that he sustained compensable injuries/occupational disease to his bilateral lungs and psyche under the South Carolina Workers' Compensation Act (the "Act") that resulted in permanent and total disability. Appellant sought (1) a finding of compensability; (2) an award for back-owed temporary total disability ("TTD") benefits; (3) an award for permanent and total disability discounted only after the deduction of back-owed TTD benefits; and (4) an award for past and lifetime medical treatment. (R. p. 150, line 24-p. 151, line 10).

SEW-EURODRIVE, Inc. and Great American Alliance Insurance Company (collectively "Respondents") denied Appellant's claims in their entirety for failure to meet his burden of proof. Respondents further asserted even if Appellant was able to meet his burden of proof, his claim was barred for failure to provide proper notice to Employer. (R. p. 152, line 14-p. 153, line 16.

Following the hearing, the Single Commissioner found that Appellant did prove a compensable injury under the South Carolina Workers' Compensation Act and that he (1) was entitled to TTD benefits from January 1, 2017 until November 19, 2018; (2) was permanently and totally disabled, and entitled to an award for the same discounted only after payment of TTD; and (3) was entitled to past and future causally related medical treatment at the direction of Dr. Leonard James Cochrane, Jr., with the exception of the bilateral lung transplant that would require

an agreement by the parties or an Order of the South Carolina Workers' Compensation Commission. (R. pp. 31-64).

In response to the Decision & Order of the Single Commissioner, Respondents timely filed an application for review by the Appellate Panel. The parties were heard on October 12, 2020, after which the Appellate Panel issued Order Instructions on November 20, 2020. Appellant immediately filed a Motion to Reconsider Order Instructions, which was received by the South Carolina Workers' Compensation Commission on December 1, 2020. (R. pp. 117-120). Appellant's Motion was denied as premature on December 15, 2020. (R. p. 29). The Appellate Panel then issued its Decision & Order on June 1, 2021. (R. pp. 5-28). This appeal followed by Appellant's Notice of Appeal filed on June 21, 2021.

## STANDARD OF REVIEW

The Administrative Procedures Act ("APA") establishes the standard for appellate review of Appellate Panel decisions. *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981). Under the APA, this court can reverse or modify the decision of the Appellate Panel when the substantial rights of the appellant have been prejudiced because "the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record." *Transp. Ins. Co. & Flagstar Corp. v. S.C. Second Injury Fund*, 389 S.C. 422, 427, 699 S.E.2d 687, 689–90 (2010); *see also* S.C. Code Ann. § 1–23–380(5)(d)–(e) (Supp. 2016). "Substantial evidence is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action." *Taylor v. S.C. Dep't of Motor Vehicles*, 368 S.C. 33, 36, 627 S.E.2d 751, 752 (Ct. App. 2006) (quoting *S.C. Dep't of Motor Vehicles v. Nelson*, 364 S.C. 514, 519, 613 S.E.2d 544, 547 (2005)).

## ARGUMENTS

**I. The Decision & Order of the Appellate Panel of the South Carolina Workers' Compensation Commission, a reversal of the Decision & Order of the Single Commissioner, is clearly erroneous in view of the reliable, probative, and substantial evidence of the whole record.**

### A. The Appellate Panel's Order Instructions and Decision & Order.

Routinely in workers' compensation cases, hearing commissioners will issue order instructions to the parties and request that prevailing parties prepare a proposed order. These order instructions typically contain the predominant decision of the commissioners, with the drafter of the proposed order to include findings and conclusions in support of the same. In this particular case, the parties received Order Instructions on November 20, 2020. The Order Instructions were as follows:

> "This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and **Reversed** the decision and order of the Single Commissioner. **We give greater weight to the two South Carolina physicians who had an opportunity to evaluate the [Appellant] in person as well as [Appellant's] workplace.** The air quality testing weighed into this decision as well."

R. p. 119 (emphasis added).

Unfortunately, the Appellate Panel's Order Instructions contained a serious error, as its decision was based on evidence that was not in the record. Not only was the evidence not in the record, the evidence simply did not exist. In this case, there were not two doctors that evaluated Appellant and visited his workplace. In fact, there was not even one (1) doctor who both evaluated Appellant and visited his workplace. The only South Carolina physician who personally evaluated Appellant was his treating pulmonologist.

In response to the Order Instructions containing facts that did not exist, Appellant immediately filed a Motion to Reconsider Order Instructions on December 1, 2020, which was

denied as premature on December 15, 2020. R. pp. 29; 117-18. The Appellate Panel then issued its Decision & Order on June 1, 2021. While order instructions are not binding upon the Appellant Panel, they evidence a significant flaw as the basis for the Appellate Panel's opinion, which it never addressed or acknowledged.

Ultimately, a Decision & Order was drafted by counsel for Respondents and issued by the Appellate Panel on June 1, 2021, which concluded:

> "56. The central question as to causation remains: Can [Appellant] meet his burden as to compensability?
>
> 57. The record is voluminous, and the experts are not in agreement as to causation.
>
> 58. Ultimately, **we give the greatest weight to the opinion of Dr. [Gordon] Early**, who evaluated Appellant's specific workplace, and to the fact that [Respondents] submitted evidence from at least two in-State medical providers regarding the causation issues in this claim. We also give **great weight to the Industrial Hygiene Sampling Report**.
>
> ...61. [Respondents] provided a myriad of potential antigens that could have caused or significantly contributed to Appellant's work-related occupational disease."

R. pp. 24-25 (emphasis added).

The Decision & Order of the Appellate Panel did not contain the error set out in the Order Instructions, which was brought to its attention by Appellant's Emergency Motion to Reconsider Order Instructions. Instead, the Decision & Order was crafted to give the "greatest weight" to opinion of Dr. Gordon Early ("Dr. Early"). The Decision & Order did not include the finding of the "greater weight to the two South Carolina physicians who had an opportunity to evaluate the [Appellant] in person as well as [Appellant's] workplace." It also included the Appellate Panel's original reliance on the Industrial Hygiene Sampling Report. It remains unexplained how the Appellate Panel went from an opinion that it gave "greater weight to the two South Carolina

physicians who had an opportunity to evaluate the [Appellant] in person as well as [Appellant's] workplace" to a decision based on the opinion of Dr. Early.

In light of the foregoing and in addition to Section II below, the Decision & Order of the Appellate Panel should be reversed because, whether viewed singly or in conjunction with the Order Instructions, the Decision & Order cannot comply with *Transp. Ins. Co. & Flagstar Corp.*, as the substantial rights of Appellant have been prejudiced because "the decision is...clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record." *Transp. Ins. Co. & Flagstar Corp.*, 389 S.C. at 427, 699 S.E.2d at 689–90.

## II. The Appellate Panel of the South Carolina Workers' Compensation Commission erred in basing its decision by giving the "greatest weight" to a non-board certified, non-treating, family physician over the opinions of the treating pulmonologist, an expert pulmonologist who agreed with the treating doctor, as well as an expert toxicologist.

In this medically-complex workers' compensation claim, the Appellate Panel chose to reject the opinions of the Appellant's treating pulmonologist, expert pulmonologist, and expert toxicologist. Instead, the Appellate Panel chose to give "greatest weight" to the opinion of a family physician who is not board certified in any areas of medicine or toxicology. In addition, the testimony of Dr. Early shows the weakness of his opinion:

First, Dr. Early is not board certified in any areas of medicine or toxicology. (R. p. 504, lines 9-12; p. 632, lines 9-10). Although he practices as a family medicine doctor, he is not even certified in that area. He offered opinions as to lung disease and toxicology with no board certification in those areas and no additional training that would lend itself to be used as the basis for his being able to hold himself out as an expert in those areas of medicine.

Second, Dr. Early did not consider Appellant's deposition testimony in drawing his conclusions. (R. p. 507, lines 1-3). Notwithstanding, Dr. Early agreed Appellant's history of his exposure to solder is a relevant factor. (R. p. 509, lines 21-23).

Third, Dr. Early testified there is more information needed in this case and identified certain issues he would have liked to know more about. Despite needing this additional information, however, Dr. Early is surprisingly sure that solder did not cause Appellant's HP. (R. p. 537, line 14-p. 538, lines 1-25).

Fourth, Dr. Early seems to believe solder did not cause Appellant's HP because he was removed from the work environment and has gotten worse. Therefore, a condition acquired at work could not, in his opinion, continue to worsen once a person is removed from the work. Dr. Early did not provide anything to support this conclusion. (R. p. 538, lines 9-25).

Fifth, as to removal from the work environment, Dr. Early was shown an article that states, "If episodes [of exposure] go on for a long period of time or come back often, a person may suffer permanent lung damage." (R. pp. 541-43). Despite this, Dr. Early surprisingly testified that even if Appellant suffered permanent lung damage, he typically would not continue to have lung problems. Again, this was just an opinion of a family practice doctor, who is not board certified in the relevant areas of medicine for which he is offering opinions. Also he did not offer any supportive evidence or opinions to support his own opinion. (R. p. 516, lines 9-14).

Finally, Dr. Early was not entirely forthcoming regarding the revocation of his license; thus, the veracity of Dr. Early is called into question. In his deposition, Dr. Early testified that his license was revoked in 2017 for out-of-date medications. (R. p. 504, lines 16-21). In fact, Dr. Early's license was suspended in 2017 for (1) engaging in dishonorable, unethical, or unprofessional conduct that is likely to deceive, defraud, or harm the public; (2) violating the code

of medical ethics; (3) failing to prepare or maintain an adequate patient record of care provided; and (4) improperly managing medical records, including failure to maintain timely, legible, accurate, and complete medical records. (R. p. 1367).

In light of the foregoing, the Decision & Order of the Appellant Panel was not based on substantial evidence in the record and should be reversed. *See* S.C. Code Ann. § 1-23-380(5)(d)-(e); *see also Transp. Ins. Co. & Flagstar Corp.*, 389 S.C. at 427, 699 S.E.2d at 689–90 ("This Court can modify the commission's decision in this case only if the [appellant's] substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record"); *Shealy v. Aiken Cty.*, 341 S.C. 448, 454, 535 S.E.2d 438, 442 (2000) ("We can reverse or modify the Full Commission's decision in this case only if [the appellant's] substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record."). Instead, its decision was based on an outlier opinion of a non-treating, non-board certified family doctor. This one opinion is not substantial evidence and, as discussed below, is an outlier to the opinions of the treating pulmonologist and other experts that Appellant provided in this matter.

## III. The Appellate Panel of the South Carolina Workers' Compensation Commission erred by giving great weight to an Industrial Hygiene Sampling Report that was conducted years after Appellant left the workplace.

In addition to the opinions of Dr. Early, the Appellate Panel gave great weight to the Industrial Hygiene Sampling Report. (*See* R. pp. 1134-1253). This report was conducted on March 17, 2017, after Appellant involuntarily retired and filed his workers' compensation claim. As such, this report cannot be an accurate reflection of the working conditions of Appellant and

cannot possibly have any probative value in this case. Respondent's representatives also testified as to the flaws of this report and working conditions:

**A. Testimony of Wade Blackwell ("Mr. Blackwell"):**[4]

- Mr. Blackwell worked in the same lab as Appellant for only 2 or 3 years (R. p. 242, line 21-p. 243, line 3), compared to Appellant's twenty plus (20+) years.
- Employer does not test for rosin/colophony, the same substance that caused Appellant's injuries. (R. p. 267, line 24-p. 269, line 4).
- On re-direct, defense attorney states, "But the good news is we did test it after there was a suspicion", to which Mr. Blackwell replied, "Correct." (R. p. 269, lines 8-15). However, on re-cross examination by Appellant's attorney, Mr. Blackwell confirms, again, that testing was not done specifically for rosin/colophony. (R. p. 271, lines 20-23).

**B. Testimony of Rickey Jones ("Mr. Jones"):**[5]

- Mr. Jones was designated by SEW as the person most knowledgeable as to SEW's safety policies and procedures. (R. p. 409, lines 18-21).
- Mr. Jones agreed Appellant would be more knowledgeable as to his exposure in the lab. (R. p. 415, line 21-p. 416, line 2).
- No testing of the lab was conducted prior to Appellant's claim. (R. p. 281, line 25-p. 282, line 2).
- SEW does not test the ventilation systems in the lab. (R. p. 282, lines 19-21).
- Mr. Jones has not reviewed any evidence as to the air quality prior to Appellant's claim. (R. p. 289, lines 18-22).

In light of foregoing, the Appellate Panel erred in relying on the Industrial Hygiene Sampling Report and its Decision & Order should be reversed. The Industrial Hygiene Sampling Report was performed after Appellant left the workplace and filed his workers' compensation claim, and the same did not even test for rosin/colophony. As such, the Appellate Panel erred in basing Decision & Order on this evidence when it is not and using it as a basis for their decision

[4] Mr. Blackwell is SEW's Purchasing Manager. (R. p. 243, lines 15-16).
[5] Mr. Jones is SEW's Environmental Health and Safety Coordinator. (R. p. 274, lines 17-18).

when it is not reliable, probative, or substantial. *See Transp. Ins. Co. & Flagstar Corp.*, 389 S.C. at 427, 699 S.E.2d at 689–90; *Shealy*, 341 S.C. at 454, 535 S.E.2d at 442.

## IV. The Appellate Panel of the South Carolina Workers' Compensation Commission erred in not basing its decision on the reliable, probative, and substantial evidence that did exist in the record in the form of Appellant's treating pulmonologist, concurring pathologists, an expert pulmonologist, and an expert toxicologist.

### A. Opinions of Appellant's treating pulmonologist, supported by concurring pathologists, an expert pulmonologist, and an expert toxicologist.

"Substantial evidence is not a mere scintilla of evidence nor evidence viewed from one side, but such evidence, when the whole record is considered, as would allow reasonable minds to reach the conclusion the Full Commission reached." *Transportation Ins. Co. & Flagstar Corp.*, 389 S.C. at 428, 699 S.E.2d at 690; *see also Shealy*, 341 S.C. at 455, 535 S.E.2d at 442.

***Appellant's treating pulmonologist:***

Appellant's treating pulmonologist linked Appellant's occupational lung disease to his work. (R. pp. 703-707). He also confirmed the same in a Medical Questionnaire. (R. pp. 782-83).

***Pathology reports:***

Following a biopsy of Appellant's lungs, the first pathologist, Dr. McCarter, opined Appellant suffered from chronic hypersensitivity pneumonitis thought secondary to soldering fumes. (R. pp. 685-87). Also, Dr. McCarter consulted another pathologist, Dr. Travis, who concurred in the diagnosis. (R. p. 688).

***Appellant's expert pulmonologist (See Reports of Dr. James Pearle ("Dr. Pearle"), R. pp. 918-40):***

Appellant also retained an expert pulmonologist, Dr. Pearle, who has opined, *inter alia*:

- Appellant had prolonged exposure to soldering fumes and possible other substances.

- Appellant developed HP to a reasonable degree of medical probability due to his exposure.

- In the absence of any other reasonable etiology for the HP, to a reasonable degree of medical probability, occupational exposure to soldering fumes in conjunction with other occupational exposures caused this HP.

- [The Defense Expert][6] has tried unsuccessfully to deny the diagnosis of chronic HP.

- [The Defense Expert] has raised other possible diagnoses in an attempt to muddle the picture, which have been pathologically proven NOT to be said diagnoses.

- Rather stunningly, [The Defense Expert] concludes that this is not hypersensitivity lung disease despite reports of two pathologists, and with no supportive evidence.

- It would be difficult to refute association of soldering exposure with the diagnosis of HP, since soldering is a known cause of the same.

- Unfortunately for [The Defense Expert], the facts are in the way.

- I find [The Defense Expert's] report to be ambiguous, inexplicable, and rather self-serving.

- [The Defense Expert's] conclusion flies in the face of well-documented medical records and two excellent pathology reports.

- This is a case of HP almost certainly secondary to soldering exposure.

***Appellant's expert toxicologist (See Reports of Dr. Ted Simon ("Dr. Simon"), R. pp. 960-86; 1009-1016):***

Appellant also retained an expert toxicologist, Dr. Simon, who has opined, *inter alia:*

- Exposure to rosin/colophony in the solder used at Appellant's place of work over a multi-decade duration is more likely than not the cause of Appellant's respiratory symptoms and disease.

- Surgical biopsy is required for a hypersensitivity pneumonitis diagnosis.

- Respondents' Hygiene Reports support my opinions.

- My opinions are to a reasonable degree of scientific certainty.

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[6] Dr. Gregory Feldman, a pulmonologist.

**B. Other evidence submitted by Respondents:**

First, as discussed in Section II above, the Appellate Panel gave the greatest weight to a non-board certified, non-treating, family physician over the opinions of the treating pulmonologist, an expert pulmonologist who agreed with the treating doctor, as well as an expert toxicologist.

Second, Respondents' expert pulmonologist, Dr. Gregory Feldman, muddles the facts of this case by making a diagnosis that conveniently does not require a biopsy, despite Appellant already having HP proven by biopsy. (R. pp. 1044-1051).

Third, Respondents' expert toxicologist, Dr. Albert Mitsos tries unsuccessfully to link Claimant's HP to Aspergillus and mold. (R. pp. 1123-1126). However, Dr. Early has testified that Appellant could have testified positive for Aspergillus but the same not be active, or that Appellant could have been given a false positive. (R. p. 524, lines 5-6, 8-9).

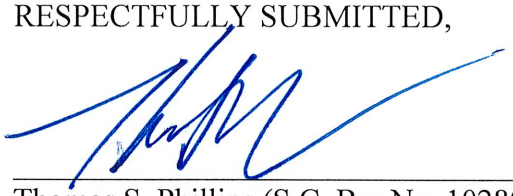
Finally, Respondents also provide a myriad of potential antigens with no basis or evidence of the same. These potential antigens are complete speculation and cannot be relied upon. See *Burnette v. City of Greenville*, 401 S.C. 417, 428, 737 S.E.2d 200, 206 (Ct. App. 2012) ("...a finding may not be based upon surmise, conjecture, or speculation, but must be founded on evidence of sufficient substance to afford a reasonable basis for it.").

In light of the foregoing, when the whole record is considered, reasonable minds would not have reached the conclusion the Appellate Panel reached, and the Decision & Order of the Appellate Panel should be reversed.

## CONCLUSION

For the foregoing reasons, Appellant respectfully requests that the Decision & Order of the Appellate Panel of the South Carolina Workers' Compensation Commission be reversed.

RESPECTFULLY SUBMITTED,



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**CERTIFICATE OF COUNSEL**

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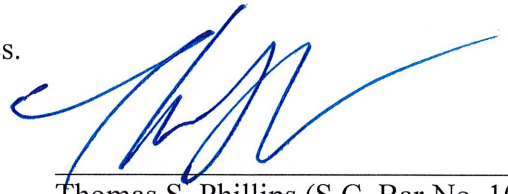
The undersigned certifies that the Final Brief of Appellant complies with Rule 211(b) of the South Carolina Appellate Court Rules.



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