



# WORKPLACE PRACTICES HELPFUL HINTS

## South Carolina Workers' Compensation Commission (SCWCC)

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## South Carolina Workers' Compensation Commissioners

**Susan Barden**, Commissioner  
Assistant: Angie Kicklighter **803.737.5660**

**T. Scott Beck**, Commission Chair  
Assistant: Shawnee DeBruhl **803.737.5698**

**Gene McCaskill**, Commissioner  
Assistant: Kellie Lindler **803.737.5663**

**Melody James**, Commissioner  
Assistant: Tamara Morris **803.737.5668**

**Michael Campbell, II**, Commissioner  
Assistant: Barbara Cheeseboro **803.737.5678**

**Avery B. Wilkerson**, Commissioner  
Assistant: Deborah Hutto **803.737.5697**

**Aisha Taylor**, Commissioner  
Assistant: Renee Smith **803.737.5692**

## Potential Red Flags

- Claim occurs early in workday, particularly on a Monday.
- Claim occurs late in workday/week, particularly on a Friday.
- Claim is not witnessed.
- Claim is witnessed only by claimant's friend, spouse, relative or a disgruntled employee.
- Claim is not reported for several days, weeks.
- Claim is not reported until after the claimant is terminated, job ends, or claimant quits.
- Claimant has a very short history with the company.
- Claimant has prior claim(s), particularly if the prior claims involved the same type of injury.
- Claimant has a history of discipline, personnel, attendance, or other problems, particularly if he/she is close to termination or other serious disciplinary action.
- Claimant has a positive post-accident drug test or refuses a drug test.

## Scheduled Members

§ 42-9-30 provides compensation for the following specific members:

|                    |                |
|--------------------|----------------|
| Thumb              | 65 weeks       |
| Index Finger       | 40 weeks       |
| Second Finger      | 35 weeks       |
| Third Finger       | 25 weeks       |
| Little Finger      | 20 weeks       |
| Great Toe          | 35 weeks       |
| Other Toes         | 10 weeks       |
| Hand               | 185 weeks      |
| Arm                | 220 weeks      |
| Foot               | 140 weeks      |
| Leg                | 195 weeks      |
| Eye                | 140 weeks      |
| Hip                | 280 weeks      |
| Shoulder           | 300 weeks      |
| Hearing (1 ear)    | 80 weeks       |
| Hearing (2 ears)   | 165 weeks      |
| Back*              | 300 weeks      |
| Scarring           | up to 50 weeks |
| Total Disability** | 500 weeks      |

## Maximum Average Weekly Wage Compensation Rates by Year (SC)

|        |     |   |            |            |
|--------|-----|---|------------|------------|
| 1/1/12 | AWW | > | \$1,088.21 | CR\$725.47 |
| 1/1/13 | AWW | > | \$1,115.53 | CR\$743.72 |
| 1/1/14 | AWW | > | \$1,128.19 | CR\$752.16 |
| 1/1/15 | AWW | > | \$1,149.02 | CR\$766.05 |
| 1/1/16 | AWW | > | \$1,175.99 | CR\$784.03 |
| 1/1/17 | AWW | > | \$1,210.32 | CR\$806.92 |

**Mileage Rates: \$0.535 per mile  
as of January 1, 2017**

## Determine Compensation Owed for Permanent Disability Formula

$$\begin{aligned} &\text{Number of Weeks for Member} \\ &\times \text{Percentage of Disability} \\ &\times \text{Compensation Rate} \\ &= \text{Compensation} \end{aligned}$$

### EXAMPLE:

If Commissioner finds the claimant has 10% permanent partial disability to his right upper extremity and the claimant has a compensation rate of \$200.00, then the claimant would be owed \$ 4,400.00:

$$\begin{aligned} &220 \text{ weeks (arm)} \times .10 \text{ (disability)} \\ &\times \$200.00 \text{ (C/R)} = \$4,400.00 \end{aligned}$$

## S.C. Workers' Compensation Law at a Glance

When the Carrier can terminate temporary benefits

- A. Within 150 days of Notice of Accident (§ 42-9-260)
  1. Claimant has returned to work at least 15 days and no temporary partial compensation is due; or
  2. Claimant agrees that he/she is able to return to work and has signed a Form 17; or
  3. Based on good faith investigation, the claim is denied; or
  4. Claimant has been released to return to work without restrictions and employment has been offered; or
  5. Claimant has been released to return to work without restrictions at limited duty and employer has provided work consistent with the Employee's release; or
  6. Claimant has refused medical treatment, examination or evaluations.
  
- B. After 150 Days of Notice of Accident (R.67-506)
  1. Carrier shall not suspend or terminate temporary compensation without Order or Agreement.
  2. Disability is presumed to continue until the Claimant returns or agrees he/she is able to return to work for 15 calendar days.

## Most Commonly Used Forms

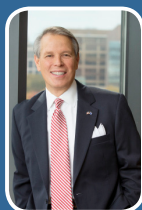
- |           |  |
|-----------|--|
| Form 12-A | Employer's First Report of Injury ~ File 10 days after injury  |
| Form 14-B | Physicians Statement ~ Required for settlement of cases involving a <i>Pro Se</i> claimant                                     |
| Form 15   | Agreement for Compensation ~ File within the first 150 days to suspend benefits  |
| Form 16   | Agreement for Permanent Disability (DOI before 07/01/2007)   |
| Form 16-A | Agreement for Permanent Disability (DOI after 07/01/2007)  |
| Form 17   | Receipt of Compensation  |
| Form 18   | Periodic Report ~ File every 6 months  |
| Form 19   | Status Report and Compensation Receipt ~ File to close claim   |
| Form 20   | Statement of Earnings of Injured Worker ~ File within 30 days of Form 50 or within 30 days of beginning temporary compensation |
| Form 21   | Employer's Request For Hearing ~ File 150 days after accident to suspend benefits  |
| Form 27   | Subpoena   |
| Form 30   | Request for Commission Review  |
| Form 40   | Motion for Expedited Adjudication  |
| Form 50   | Employee's Notice of Claim/Hearing Request   |
| Form 51   | Employer's Answer to Form 50 ~ File within 30 days   |
| Form 58   | Pre-Hearing Brief  |

*\* Commission issues fine of \$200 if forms are not filed on time.*



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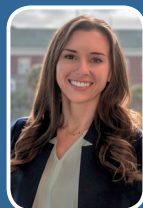
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