

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 2306254

PAMELA WILLIAMS,

Employee,

Claimant,

vs.

RATP DEV USA LLC,

Employer,

AND

AIU INSURANCE COMPANY C/O
HELMSMAN MANAGEMENT SERVICES,

Carrier,

Defendants.

**SETTLEMENT AGREEMENT
AND RELEASE**

Pamela Williams "Claimant" alleges to have injured her left arm, left shoulder, left leg, neck, back, head, and psychological overlay, by accident arising out of and in the course of her employment with RATP DEV USA LLC "Employer" on or about May 18, 2023, when she was in a motor vehicle accident.

Claimant's average weekly wage is \$978.81; and the compensation rate is \$652.57.

Claimant contends that she is in need of additional medical examination and treatment; that she has lost compensable time from work and wages; that she has sustained permanent disability in excess of any ratings by treating physicians; and Defendants dispute the Claimant's allegations and deny that any benefits are due.

Claimant has been treated and/or evaluated by Concentra, who did not rate the Claimant's

permanent impairment; by Lexington Family Practice Northeast, who did not rate the Claimant's permanent impairment; by CORA Physical Therapy, who has rated the Claimant's permanent impairment at 1% of the lumbar spine on November 21, 2023; by Larry Shannon, M.D., who has rated the Claimant's permanent impairment at 1% of the cervical spine on December 1, 2023; and, by Gisele Girault, M.D., who has rated the Claimant's permanent impairment at 5% of the cervical spine and 8% lumbar spine on February 20, 2024.

In consideration of the sum of Thirty Thousand Dollars and No Cents (\$30,000.00), Claimant does hereby release and forever discharge Defendants from any and all claims, demands, actions or causes of action under the South Carolina Workers' Compensation Act, on account of any and all injuries, disability, disfigurement, specific loss, death, operations, medical, hospital or like expense, continuances, recurrences, aggravations, changes of condition, ailments, illnesses, and diseases or other damages, consequences or results, past, present or future in any way connected with, or arising from the alleged injury sustained by Claimant on or about May 18, 2023, and does hereby acknowledge that Defendants have fully, finally and completely paid and discharged all of their obligations, liabilities and responsibilities under the South Carolina Workers' Compensation Act, and that the sum set forth above is being paid to, and received by, Claimant in full and final satisfaction of all claims whatsoever as a result of the alleged accident described above and that Defendants shall not be liable for any additional payments whatsoever.

Additionally, per the claimant's request and with the Defendants consent, the disability compensation she shall receive, which amounts to \$30,000.00 (thirty thousand and 00/00 Dollars) as of November 20, 2024, shall be allocated in the following fashion:

a) the sum of \$8,828.59 (eight thousand eight hundred twenty-eight and 59/100 Dollars) to Williams and Roche, LLC, as attorney fees pursuant to Commission Regulation 67-1205 (C);

b) the sum of \$1,171.41 (one thousand one hundred seventy-one and 41/100 Dollars) to Williams and Roche, LLC, as reimbursement for litigation expenses pursuant to Commission Regulation 67-1206; and

c) the sum of \$20,000.00 (twenty thousand and 00/100 Dollars) to the claimant, Pamela Williams, as payment for permanent disability for a period of 1,425.32 weeks at the rate of \$14.0319 (fourteen and 0319/100 Dollars) per week, commencing on December 4, 2024, pursuant to the provisions of South Carolina Code Ann. Sections 19-1-150 (1976) and 42-9-240 (1976), as well as the decisions of the South Carolina Supreme Court in James v. Anne's Inc., 390 S.C.188, 701 S.E.2d 730 (2010), Utica-Mohawk Mills v. Orr, 277 S. C. 226, 87 S.E.2d 589 (1955) and the Third Circuit Court of Appeals in Sciarotta v. Bowen, 837 F.2d 135 (3rd Cir. 1988).

Defendants have paid or have agreed to pay authorized medical expenses through November 22, 2024, incurred as a result of the alleged accident described above, in such amounts as may be approved by the South Carolina Workers' Compensation Commission.

The purpose of this settlement agreement is to provide the Claimant with funds that will compensate her for future workers compensation benefits, including medical benefits, and that will foreclose the Defendants' responsibility for such benefits. It is not the purpose of this settlement agreement to shift to Medicare the responsibility for payment of medical expenses for the treatment of work-related conditions. The parties to this settlement have considered Medicare's interests in arriving at the terms of this settlement. No amount is included in this settlement for future medical treatment, based on the opinion of Dr. Shannon that the Claimant will not need any future medical care for the work injury that is the subject of this settlement (*see* Form 14B dated January 22, 2024, and supplemental questionnaire of August 23, 2024, which are attached as Exhibit A.).

Claimant and her attorney represent that Claimant has been fully advised of her rights under

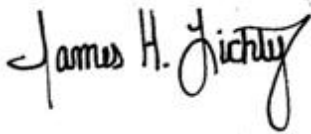
the South Carolina Workers' Compensation Act and that they are of the opinion that the proposed settlement is reasonable and fair. Claimant's attorney represents that he has reviewed the settlement and has explained the terms fully to Claimant and Claimant voluntarily and without coercion agreed to the terms.

Claimant hereby relinquishes and releases each and every claim which she or anyone on her behalf now has, or may hereafter have, so that she shall not have any other or future claim or demand of any kind or nature as a result of the alleged accident described above.

The parties are hereby filing this SETTLEMENT AGREEMENT AND RELEASE with the South Carolina Workers' Compensation Commission as required by S.C. Code Ann. § 42-9-390.

WE CONSENT:

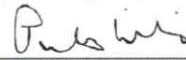
McAngus Goudelock & Courie, L.L.C.



James H. Lichty
Attorney for Defendants

Columbia, South Carolina
Date: November 26, 2024

DocuSigned by:



44EFF5B3442249D
Pamela Williams
Claimant

DocuSigned by:



74DF34DBCF1A45C
Andrea C. Roche
Attorney for Claimant



Physician's Statement

Claimant's Name: Pamela Williams Employer's Name: RATP DEV USA, LLC
Physician's Name: Larry Shannon II, MD Insurance Carrier: Helmsman Management Services
Practice/Clinic: Midlands Orthopaedics SCWCC File No: _____
Preparer's Name: Lindsay Jackson Phone: 803-933-6330

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.*

Date of injury: 05/18/2023 Date of first office visit: 08/02/2023 Date of last office visit: 12/13/2023

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: M54.50
Body part(s) injured: Lumbar Body part(s) affected: _____
Date of **maximum medical improvement**: 12/13/2023

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? ☒ Yes ☐ No
If so, the permanent physical impairment is: 1 % medical impairment to the lumbar (injured body part).
If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured affected).

The impairment rating(s) above are based upon the following:

☒ The AMA's *Guides to the Evaluation of Permanent Impairment* 6th Edition; or
Other medical treatise: _____ or
Other: _____

Does the Claimant have **permanent physical limitations** as a result of the injury? ☒ Yes ☐ No
If so, the permanent physical limitations are: Per the FCE

Does the Claimant **possess retained hardware** as a result of the injury? ☐ Yes ☒ No
If so, the retained hardware is: _____

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ☐ Yes ☒ No
If so, the medical care and treatment that is needed is/are: _____

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

01/22/2024

Treating or Evaluating Physician

Date

WILLIAMS, Pamela L (id #3231344, dob: 05/17/1969)

From: Peyton Stevenson Fax: 18033339030 To: Fax: (803) 933-0100 Page: 4 of 4 06/19/2024 2:18 PM

3231344

Patient: Pamela Williams
Date of Accident: May 15, 2023

1. I am a neurosurgeon practicing with Midlands Orthopaedics and Neurosurgery. Pamela Williams is my patient.

☒ Yes

☐ No

Explain, if necessary:

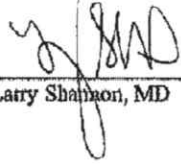
2. According to the AMA Guides, 5th Edition, my patient has sustained 5 % whole person impairment for her cervical injury, and 5 % impairment to the whole person for her lumbar injury due to her work accident.

3. The opinions rendered herein are "most probably (greater than 50% probability) and to a reasonable degree of medical certainty."

☒ Yes

☐ No

Explain, if necessary:


Larry Shannon, MD

8/23/24
Date