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February 25, 1986

Jerome Fatora, Esq.
Industrial Commission of Ohio
100 East Eighth Street
Cincinnati, Ohio 45202

Re: Employer: Sherwin-Williams Company
Claimant:
Claim No. 888596-22

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Dear Mr. Fatora:

This letter will outline the employer's position in connection with the captioned claim which you requested for submission at the last hearing within 30 days. As you know, a hearing was scheduled on February 14, 1986 on the issue of claimant's motion filed November 13, 1985 for the allowance of the additional condition of "bronchial asthma." Since the claim had not been considered on the issue of the allowance of the claim, you inquired whether or not the employer would waive notice of hearing on that issue. On behalf of the employer, I waived notice of hearing on the issue of the allowance of the claim. In addition, you did not have the benefit of a companion claim file, claim number 831618-22, and which contained medical documentation relevant on the issue of the allowance of the claim in the captioned claim file. You stated that you would review that claim file prior to issuing a decision in the instant claim.

By way of background, [redacted] has had several exposures to chemical gases while employed at the Sherwin-Williams Company. As a result of an exposure to chemical gases on October 17, 1983, the claimant filed a workers' compensation claim, claim number 831618-22, which was allowed for inhalation of chlorine resulting in tracheobronchitis and bronchiolitis. He returned to work on October 31, 1983. On April 17, 1984, [redacted] was again exposed to chemical gases. A copy of his report of injury is attached. He described the incident as "dumping garbage into dumpster and wind blew vinyl chloride vapors and employee inhaled fumes (10:30 a.m.). At approximately 1:00 p.m. again at dumpster and chlorine tanks were being changed and wind blew vapors into

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employee's face." At the time of these incidents, was wearing a respirator. After that incident, the claimant has not returned to work. Initially, the claimant requested the reactivation of his 1983 claim for his chemical exposure in 1984. At the reactivation hearing claimant's attorney stated he would file a new claim instead.

Another factor for your consideration is claimant's heart condition which is "coronary artery disease with angina pectoris." Prior to 1974, the claimant had a 10 year smoking history. In 1974 he sustained a myocardial infarction and did not smoke after that. He has received treatment from Dr. Ford from 1974 to the present. Dr. Ford reported on December 28, 1984, in response to a letter written to him on December 21, 1984, that has had angina pectoris as early as 1976.

The first report from Dr. Ford which we have is a report dated September 5, 1978 in which he states that the claimant was hospitalized for a few days at Christ Hospital after exposure to chlorine gas and ammonia. The next report from Dr. Ford is a dismissal summary from Christ Hospital dated November 2, 1983. The discharge summary states that the claimant was discharged without apparent residual damage from the toxic inhalation incident. The next communication is dated September 7, 1984. Dr. Ford notes in that report that he first examined the claimant in 1974. The date of his last examination as of September 9, 1984 was June 25, 1984. He diagnosed the claimant's condition as bronchial asthma, coronary heart disease with angina pectoris, and bronchiolitis due to inhalation of chlorine gas. Dr. Ford does not link and never has linked claimant's industrial exposure to the bronchial asthma or to the coronary heart disease.

By letter dated November 8, 1984 to Dr. Ford, the employer requested an update of claimant's medical condition. In response to that letter, Dr. Ford reported that Mr. Scott still has chest pains. Dr. Ford concluded that the claimant was totally and permanently disabled because of his chest pains. On December 21, 1985 a second letter was sent to Dr. Ford by the employer. In response to that letter, Dr. Ford wrote on December 28, 1984 that Mr. Scott had angina pectoris symptoms dating from 1976 on. He also stated that as a result of the October 17, 1983 industrial accident, the claimant suffered severe tracheobronchitis and bronchiolitis. He admitted treating him for two separate conditions, that is, his heart and his lung conditions. The last report from Dr. Ford is dated May 28, 1985. It seems that Dr. Ford is responding to the claimant's attorney relative to what

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effect, if any, the chemical exposures may have had on the claimant's heart problem. He concludes that there is no clear cut evidence that the chemical exposure is the cause of the long-term damage to the claimant's heart or lungs. He notes that there is a potential for aggravation of his cardiac condition in the future. He specifically does not state that his cardiac condition has been aggravated.

In addition to the various reports from Dr. Ford, the claimant was examined by Dr. Reuland in 1983 and again in 1984. In his report dated December 2, 1983 Dr. Reuland concludes that has a mild reduction in his breathing capacity consistent with his smoking history and exposure to chemical fumes. In his report dated June 14, 1984, Dr. Reuland gives a diagnosis of asthma. He states that at the present time the claimant does not have any permanent loss of lung function. He does not make a causal connection between the asthma and the exposure to fumes other than the exposure precipitates the asthma attacks when they occur.

Mr. was also examined by Dr. Fowler who issued a report on May 29, 1985. He notes that Mr. Scott has a significant past history of coronary artery disease. He notes a history of intermittent chest pain since his heart attack. He notes the strong family history of heart disease. Two brothers died of heart disease. His clinical impression was that of a rather severe limitation owing to coronary artery disease. The second report from Dr. Fowler is attached as well. It is dated August 16, 1985. He concludes that there was no aggravation of his underlying coronary artery disease by the exposure of April 16, 1984.

The next report is a report prepared by Dr. Brooks dated August 21, 1985. Although Dr. Brooks stated that he could not make a specific diagnosis of asthma, the clinical history was suggestive of bronchial asthma. His opinion was that the claimant had airways hyperreactivity due to his sensitivity to phthalic anhydride. Dr. Brooks' opinion is that the claimant's asthma is due to his occupational exposure to phthalic anhydride. It is to be noted that the claimant was not exposed to phthalic anhydride after his chemical exposure in 1983. In fact, his job classification was changed from that of a chemical operator to a general laborer in 1983. Dr. Brooks makes the diagnosis of bronchial asthma as a result of exposure to the chemical, phthalic anhydride, and does not link this occupational disease to any one incident and specifically not to the particular incident which is the subject of this claim, that is, the chemical exposure on April 17, 1984.