TRANSCRIPT MINUTES

MEETING OF THE
STATE OF NEVADA
BOARD FOR THE ADMINISTRATION OF THE
SUBSEQUENT INJURY ACCOUNT FOR
SELF-INSURED EMPLOYERS

Wednesday, August 19, 2020
10:00 a.m.

3360 West Sahara Avenue, Suite 250,
Las Vegas, Nevada, 89102,
in the Executive Video Conference Room

(Due to concerns with COVID-19,
the meeting was conducted via telephone.)

A P P E A R A N C E S

For the Board:

Cecilia Meyer (phone)
Board Chair, Board Member

Suhair Sayegh (phone)
Board Member

Sharolyn Wilson (phone)
Board Member

Donald Bordelove, Esq. (phone)
Deputy Attorney General
Board Counsel

For the Division of Industrial Relations:

Christopher A. Eccles, Esq. (phone)
Counsel for DIR

For the Administrator of the DIR:

Vanessa Skrinjaric (Las Vegas)
Compliance Audit Investigator
Division of Industrial Relations
Workers' Compensation Section

Also Present:

Marisa Mayfield (phone)
Hooks Meng Clement

Kasey McCourtney (phone)
CCMSI

I N D E X

WEDNESDAY, AUGUST 19, 2020, 10:00 A.M.

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BOARD MEMBER MEYER: All right. Today is August 19th of 2020. It's 10:00 a.m. And this is the Board of Administration for the Subsequent Injury Account for Self-Insured Employers.

And we will start with roll call.

MS. SKRINJARIC: If you'd like, I'll just go ahead and read everyone's names, and they can just say "present."

BOARD MEMBER MEYER: Perfect.

MS. SKRINJARIC: And I'll start with you. Cecilia Meyer?

BOARD MEMBER MEYER: I am here.

MS. SKRINJARIC: Okay. Suhair Sayegh?

BOARD MEMBER SAYEGH: Present.

MS. SKRINJARIC: Sharolyn?

BOARD MEMBER WILSON: Here.

MS. SKRINJARIC: Donald Bordelove?

MR. BORDELOVE: Here.

MS. SKRINJARIC: Christopher Eccles?

MR. ECCLES: Here.

MS. SKRINJARIC: And, of course, this is Vanessa Skrinjaric with DIR.

And we also have Kasey McCourtney?

MS. MCCOURTNEY: Here.

MS. SKRINJARIC: And Marisa Mayfield?

MS. MAYFIELD: Here.

MS. SKRINJARIC: Okay.

BOARD MEMBER MEYER: All right. We have public comment. This is the opportunity for public comment. It is reserved for any matter listed below on the agenda as well as any matter within the jurisdiction of the Board. No action on such an item may be taken by the Board unless and until the matter has been noticed as an action item. Comment from the public is limited to three minutes per person.

Do we have any public?

MS. SKRINJARIC: No.

BOARD MEMBER MEYER: Okay. All right. It looks like we're moving on to item 3, the election of the Chair and the Vice Chair position for the Board. I'm not sure how we should proceed on that.

MR. BORDELOVE: We can just take a motion for election of -- we could start with the Chair. If anybody has a motion for election of the Chair, feel free to make it.

BOARD MEMBER SAYEGH: Oh. I can. This is Suhair. I can make the motion to keep Cecilia as the Chair.

MR. BORDELOVE: Okay. We have a motion. Do we have a second?

BOARD MEMBER WILSON: This is Sharolyn. I'll second that motion.

MR. BORDELOVE: All in favor?

(Board members said "aye.")

MR. BORDELOVE: Congratulations.

BOARD MEMBER SAYEGH: Yay, Cecilia.

BOARD MEMBER WILSON: Yay.

BOARD MEMBER SAYEGH: Yay. Cecilia, did you suspect it?

BOARD MEMBER MEYER: So, then, we would then take a motion for the Chair position?

MR. BORDELOVE: Correct, for Vice Chair.

BOARD MEMBER MEYER: Oh, Vice Chair, yes. I'll go ahead and make a motion for Suhair to have that position.

BOARD MEMBER WILSON: And this is Sharolyn. I will second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER SAYEGH: Cecilia, is this payback?

BOARD MEMBER MEYER: Yes. Sometimes it pays to be low man on the totem pole. Your time is coming, Sharolyn.

BOARD MEMBER WILSON: Oh, you watch it.

BOARD MEMBER MEYER: All right. Well, then, moving on to item 4, we have the approval of the agenda.

Did everybody receive the agenda and get a chance to take a look at it?

BOARD MEMBER WILSON: Yes. This is Sharolyn.

BOARD MEMBER SAYEGH: Yes.

BOARD MEMBER MEYER: Okay. I'll take a motion. Do I have to, I have to take a motion to accept the agenda?

MR. BORDELOVE: Right.

BOARD MEMBER MEYER: Okay. Does anybody want to make a motion to accept the agenda?

BOARD MEMBER WILSON: This is Sharolyn. I will make a motion to accept the agenda for today's meeting, August 19th, 2010 at 10:00 a.m.

BOARD MEMBER SAYEGH: This is Suhair. I'll second that motion.

BOARD MEMBER MEYER: Okay. All in favor, say "aye."

(Board members said "aye.")

BOARD MEMBER MEYER: And did everybody get, on item 5, did everybody get a copy of the minutes from our last meeting, which was March 18th of 2020, and did everybody get a chance to review them?

BOARD MEMBER WILSON: This is Sharolyn. Yes.

BOARD MEMBER SAYEGH: Yes. This is Suhair.

BOARD MEMBER MEYER: Okay. Does somebody want to make a motion to -- is there any questions, comments or corrections to those minutes?

BOARD MEMBER WILSON: I have none. Sharolyn.

BOARD MEMBER MEYER: I'll take a motion.

BOARD MEMBER WILSON: This is Sharolyn. I'll make a motion that we approve the -- accept and approve the minutes from the March 18th, 2020 meeting.

BOARD MEMBER MEYER: Suhair, do you want to second that motion?

BOARD MEMBER SAYEGH: Yes, I'll go ahead and second that motion.

BOARD MEMBER MEYER: Okay. All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: Okay. We'll move on to item 6. And the first claim we have up is for City of Henderson, claim number 19C52F913662.

Go ahead, Vanessa.

MS. SKRINJARIC: Okay. So before I get started, does everyone want to do their general disclosure on CCMSI before we -- because I have CCMSI on a lot of these.

BOARD MEMBER MEYER: Yes. Can we do just a general one, or do we have to do it at the beginning of each CCMSI claim?

MS. SKRINJARIC: Well, I think, CCMSI is on you, Cecilia, and on Sharolyn, right?

BOARD MEMBER WILSON: Correct.

BOARD MEMBER MEYER: Correct. And we have them on all but two of these claims today.

BOARD MEMBER WILSON: Correct.

MS. SKRINJARIC: And then, if I get to one that belongs to one of you, you'll have to make a specific disclosure if that's your employer.

BOARD MEMBER MEYER: Sure.

BOARD MEMBER WILSON: All right.

MS. SKRINJARIC: Okay. So this is for City of

Henderson. It is the Administrator's recommendation to accept this request pursuant to NRS 616B.557 for bilateral hearing loss and tinnitus.

The total amount requested for reimbursement is $120,706.21. The amount of verified costs is $120,706.21.

This request was received from CCMSI on March 3rd, 2020.

Prior history. The employee was hired on August 31st, 1998 as a police officer. His audiometric screening in 1998 indicated a baseline average of 3.3 decibels in the left ear and 1.6 decibels in the right year. He had years screenings which showed progressive hearing loss. In 2016, his average was 31.6 decibels in the left ear and 20 decibels in the right ear. The employee had, quote, indications of a persistent shift of his hearing as is defined by the Occupational Safety and Health Administration, OSHA, standard number 1910.95(g)(9)(r). The employee filed a claim for his hearing loss in July 2016. This claim was ultimately denied based on medical reporting.

By February 4th, 2019, his hearing loss had progressed even more rapidly. His testing showed an average 76.6 decibels in the left ear and 53.3 in the

right ear. Based on the shift in his hearing, on February 20th, 2019, the employer encouraged the employee to retest his hearing.

Present claim. On March 8th, 2019, the employee was at the firing range waiting for the next qualification. He was loading his magazines. The range instructor proceeded to start a qualification for another officer on the firing line. No warning was issued that the range was hot. The employee did not have on his ear protection when firing began. This caused ringing and pain in the employee's ears.

Medical reporting will be taken from the August 6th, 2019 permanent partial disability evaluation penned by Dr. Quaglieri, as well as his addendum on August 27, 2019.

The employee saw Dr. Klausner on March 12th, 2019 and had an audiogram. The diagnosis was noise exposure right ear with chronic bilateral ear severe hearing loss with tinnitus preexisting. He was released to full duty.

The employee had Dr. Vyas, otolaryngologist, perform a record review in which he concluded that the employee had occupational noise induced sensorineural hearing loss and tinnitus secondary to sudden loud noise

exposure.

On April 5th, 2019, the employee saw Dr. Lang, audiologist, who recommended an ENT evaluation for otalgia and tinnitus. An audiogram was also performed.

On May 1st, 2019, the employee saw Dr. Kwiatkowski for an ENT evaluation. He felt the employee had bilateral hearing loss and tinnitus.

On August 6th, 2019, Dr. Quaglieri performed a PPD evaluation in which he determined the employee had a 28 percent whole person impairment due to bilateral hearing loss and tinnitus.

On August 27, 2019, Dr. Quaglieri looked at the February 4th, 2019 audiogram in order to apportion out the hearing loss and tinnitus that existed prior to the March 8th, 2019 gunshot injury. He determined that the prior impairment was 12 percent whole person impairment. Therefore, the subsequent condition of March 8th, 2019 was 28 percent whole person impairment less 12 percent whole person impairment resulting in 16 percent whole person impairment. The employee took this in a lump sum.

It is noted that the employee is now retired from the employer and received hearing aids on July 31st, 2019.

While the employee had significant preexisting bilateral hearing loss prior to the industrial injury, he was rated at an additional 16 percent under this current claim. He also needs lifelong hearing aids. The Administrator believes the compensation due the injured employee is substantially greater due to the combined effects of the preexisting impairment and the subsequent injury than that which would have resulted in the subsequent injury alone.

Therefore, NRS 616B.557, subsection 1, has been satisfied.

Pursuant to Dr. Quaglieri's August 27, 2019 addendum, the injured employee was rated at 12 percent whole person impairment for bilateral hearing loss and tinnitus.

Therefore, NRS 616B.557, subsection 3, has been satisfied.

The employer provided the following pertinent records to show knowledge of permanent impairment:

2-21-19 email from Tyson Hollis, City of Henderson, to the employee informing him a follow-up hearing test should be performed promptly;

3-5-19 email from employee to Tyson Hollis requesting a copy of the latest results and complete

hearing history;

3-5-19 email from Cheryl Causey, City of Henderson Fire Department, to the employee and Tyson Hollis: Attached are your hearing history records;

3-5-19 email from Tyson Hollis to Cheryl Causey and the employee informing the employee he should have the information he needs if he chooses to, quiet, submit a claim;

Audiology testing results which were referenced in item 3. The dates are 2-11-16; 2-23-15; 2-10-14; 2-12-13; 1-4-12; 2-9-11; 1-5-10; 12-12-08; 10-2-07; 12-20-05; 12-20-04; 2-7-02; 3-1-99; 6-10-98; 2-5-18; 2-4-19.

It appears that on 2-4-19, the employee went for his yearly hearing test. The hearing test came back with a significant shift. The employer advised the employee to get retested. In order to assist in that process, the employee requested a copy of all of his prior hearing tests. The employer provided those records on March 5th, '19. This is prior to the subsequent injury. Unfortunately, prior to any retesting, the employee was involved in the incident on the gun range when he was exposed to gunfire without his protective hearing equipment.

North Lake Tahoe Fire Protection District v. Board of Administration does not require the employer's perfect knowledge of a 6 percent permanent impairment. It requires that an employee's preexisting permanent physical impairment be fairly and reasonably inferred from the written record and the impairment must amount to at least 6 percent whole person impairment. That is the case here.

Based on the totality of the documents present, it is reasonable to conclude that the employer was aware the employee suffered serious bilateral hearing loss prior to his industrial injury of March 8th, 2019. The employer was aware in 2016 that the employee had a persistent shift in his hearing when he tried to file a claim. By February 4th, 2019, the hearing loss had progressed even more rapidly. Dr. Quaglieri determined that the hearing loss on this date amounted to a 12 percent whole person impairment. While the employer may not have known the exact percentage of impairment, it is reasonable to conclude the employer knew it was above 6 percent whole person impairment.

Therefore, NRS 616B.557, subsection 4, has been satisfied.

Subsection 5 does not need to be satisfied in

order for this claim to be considered for reimbursement since the date of injury is after the October 1, 2007 change in the requirements of the statute.

That's all.

BOARD MEMBER MEYER: Anybody have questions or comments?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: I'll take a motion.

BOARD MEMBER SAYEGH: This is Suhair. I'll go ahead and make the motion to accept the Administrator's determination, or recommendation in the amount of one thousand -- 120 thousand -- sorry, I can't see the numbers -- 706 and 21 cents for claim number 19C52F913662.

BOARD MEMBER MEYER: Is there a second?

BOARD MEMBER WILSON: This is Sharolyn. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: Okay. Next, we have Nevada Energy Inc., claim number 14G28Y02217.

Vanessa.

BOARD MEMBER WILSON: Cecilia, do we have to make our declaration that about CCMSI?

MS. SKRINJARIC: Yes.

BOARD MEMBER MEYER: We absolutely should.

BOARD MEMBER WILSON: This is Sharolyn Wilson with Washoe County. CCMSI is our third-party claims administrator, but that will not affect my decision related to this matter.

BOARD MEMBER MEYER: And this is Cecilia Meyer. CCMSI is the third-party administrator for City of Carson, but that will not affect my decision today.

MS. SKRINJARIC: All right. It is the Administrator's recommendation to accept this request pursuant to NRS 616B.557 for the cervical spine, right shoulder and left knee only. The left shoulder, right knee and lumbar spine, reopened under the 2-9-09 claim, are excluded. Additionally, the conditions of mild traumatic brain injury, post-concussion syndrome, PTSD, post-traumatic headaches and hypersomnolence, which were ordered accepted by January 29, 2018 Appeals Officer decision, are specifically excluded.

The total amount requested for reimbursement is $340,724.47. The amount of verified costs is

$284,962.46. An explanation of the disallowance is attached to this letter.

This request was received from CCMSI on May 4th, 2020.

Prior history. On February 20th, 2013, the employer submitted an application for reimbursement from the subsequent injury account for the employee's February 9th, 2009 date of injury. The application was denied for the left knee and cervical spine. On July 25th, 2013, the Board voted to approve the employer's withdrawal of its application. The prior history will be taken from the Administrator's recommendation except as otherwise noted.

This gentleman was hired by this employer on June 8th, 1997. The prior history begins in December 1997 when the employee was involved in a motor vehicle accident. Medical assessment was cephalgia secondary to cervical muscle strain. He also had sciatica secondary to muscle spasm. The patient failed to improve and had cervical MRI. Finding showed C5-6 small central bulge.

In an independent medical evaluation with Dr. Mars, previous injuries were noted. The patient had back injury in 1980, skull, neck and back in 1983, back in 1984 and 1986 and this was closed with a 6 percent

impairment. In March of 1986, there was a rating of 9 percent impairment. EMG studies were done and Dr. Mars noted no evidence of radiculopathy or mononeuropathy.

The patient had physical therapy, several trigger point injections, epidural injection all with minimal relief. On July 29th, 1999, Dr. Witmer discharged the patient. He had PPD evaluation on October 16th, 1999 and Dr. Webb felt the patient qualified for 5 percent whole person impairment under DRE Category II. There was previous impairment of 4 percent noted and the injured employee was allowed an additional 1 percent whole person impairment under this 1997 claim.

Another injury occurred on April 20th, 2004 that involved the cervical spine. The patient treated conservatively and by May 2004 his condition had improved. He maintained light duty restrictions. In August 2004, EMG studies of the cervical spine were normal. The patient had epidural injections without any relief. He was referred to Dr. Rappaport for surgical consultation. On January 3rd, 2005, microscopic anterior cervical dissectomy and fusion at C5-6 was performed. In September 2005, he had reached MMI.

On October 26th, 2005, a PPD evaluation was conducted. The physician found a total of 27 percent whole person impairment. He apportioned the prior 5 percent and awarded the injured employee an additional 22 percent whole person impairment for the cervical spine.

On September 28th, 2006, the employee injured his bilateral knees.

The patient ended up with surgery to the left knee in December 2006 with a second surgery in August 2007. As of December 2007, the patient had right knee pain complaints and had injection. Dr. Kipling performed a PPD evaluation on January 31, 2008 and found 4 percent whole person impairment for flexion contracture of the left knee and no impairment for the right knee.

The injured employee sought additional treatment in March 2008. He suggested the claim closed prematurely and the injured employee needed injection in both knees. On April 18th, 2008, Dr. Cestkowski penned a PPD file review. He agreed with the 4 percent whole person impairment found on the left knee for range of motion loss. He questioned the impairment to the right knee when considering atrophy. If the atrophy was

related to the industrial injury, then the patient would be entitled to 1 percent whole person impairment.

On June 17, 2008, the injured employee entered into a stipulated agreement before the Appeals Officer. In compromise of the disputes between the parties, they agreed that the third-party administrator would pay the injured employee a 5 percent PPD award for the bilateral knees.

While still working for the same employer, this employee suffered another injury on February 9th, 2009 involving multiple body parts including the cervical spine and left knee.

The patient treated the conservatively with medication and physical therapy. MRI of the left knee showed tear of the posterior horn of the medial meniscus and suspected fraying of the posterior horn of the lateral meniscus. The patient was referred to Dr. Huene for treatment of the left knee.

Dr. Huene evaluated the patient on March 11, 2009 and recommended surgery. In the meantime, the patient continued to treat for his right shoulder, lumbar spine and cervical spine. He was referred to a physiatrist. Dr. Twombly evaluated the patient on April 23rd, 2009. MRI of the cervical spine and right

shoulder were recommended. MRI of the lumbar spine showed no significant pathology. Light duty restrictions were given.

In May, Dr. Twombly reported on the cervical and shoulder MRIs. The cervical MRI showed no significant pathology. The impression was myofascial symptoms. The shoulder MRI showed paralabral cyst and partial supraspinatus tearing. The patient was referred to Dr. Huene for the shoulder and to the chiropractor for the cervical spine.

Left knee surgery was done on May 11th, 2009 with Dr. Huene. The patient was sent to physical therapy. On May 22nd, 2009, the patient was released to full duty regarding his left knee.

The injured employee continued to treat with Dr. Twombly for multiple body parts. He also attended physical therapy, had chiropractic treatment and epidural injection for the lumbar spine. The patient was referred to Dr. Uppal for treatment of the right shoulder and back pain. In July 2009, the patient had right shoulder surgery. The patient was referred to Dr. Kip for treatment of the lumbar spine. EMG studies of the lumbar spine were normal.

He continued to follow up with Dr. Twombly. On

October 1, 2009, he indicated the patient had exhausted conservative treatment for the low back and that Dr. Kip did not see obvious surgical indications. The recommendation was for the patient to finish up with therapy and continue with a strengthening and stabilization home program. A functional capacity evaluation should be done to address any permanent restrictions. Follow up with the orthopedic physician for the left knee and right shoulder.

On October 6th, 2009, the patient saw Dr. Uppal with continued complaints regarding the left knee and right shoulder. Dr. Uppal recommended operative intervention for the knee. Surgery was done October 15, 2009. The patient was required to physical therapy. On November 11, 2009, reporting noted substantial improvement in the left knee. The patient continued to have right shoulder symptoms. MR arthrogram was requested. Findings showed healed labral tear and the cyst was gone. Dr. Uppal recommended full duty release as of December 22nd, 2009.

In January 2010, the patient continued to complain of right shoulder pain. Surgery was done February 16, 2010. In March 2010, the patient was evaluated by Dr. Vacca for his low back complaints.

Surgery was performed on May 18th, 2010.

On May 17, 2010, Dr. Frank Quaglieri performed an independent medical evaluation. It appears this was mainly to address right occipital headaches. Dr. Quaglieri indicated the headache pattern was most consistent with right occipital neuralgia. Cervical x-ray, brain MRI and EEG testing were requested. It was believed that the headaches were the result of the 2009 date of injury. On June 8, 2010, Dr. Quaglieri indicated cervical x-ray was negative for any findings except prior fusion at C5-6, brain MRI and EEG were unremarkable. He thought the patient should follow up with Dr. Twombly for consideration of right occipital nerve block.

Occipital nerve blocks were done on July 23rd, 2010 and as of this date, Dr. Uppal felt the patient had reached MMI regarding the left knee and right shoulder. He was released to full duty and was stable and ratable.

The patient continued to follow up with Dr. Kip for the lumbar spine. In August 2010, the patient had continued complaints of right thigh numbness. EMG studies were done and the results were normal. Dr. Kip felt the patient had reached MMI and gave him a full duty release effective September 24th, 2010.

The patient was referred to Dr. Berman for pain management for the neck, head and shoulder. On September 27, 2010, Dr. Berman indicated the patient had 50 percent reduction in his symptoms with trigger point injection. He had reached MMI and was stable and ratable. Dr. Berman recommended the patient be maintained on medication and could follow up as needed.

Dr. Charles Quaglieri performed a PPD evaluation on November 19, 2010. He found 6 percent whole person impairment for the left knee, 0 percent for the cervical spine, 0 percent for the chest, 8 percent for the right shoulder, 11 percent for the lumbar spine and 0 percent for the central nervous system. He noted he did not have all of the prior notes available for apportionment. His conclusion was 23 percent whole person impairment due to the February 9, 2009 date of injury.

On January 4th, 2011, Dr. Quaglieri penned an addendum. He reviewed additional medical information and apportioned the 6 percent whole person impairment for the left knee by the 5 percent previously awarded and allowed 1 percent additional under the current claim. This brought the total impairment to 19 percent whole person impairment for all body parts under the

claim.

In 2011, the patient had some additional treatment to the lumbar spine including epidural injection and EMG studies. The injured employee requested a release from medical care and Dr. Kip obliged as of June 30th, 2011.

On February 20th, 2012, Dr. Kudrewicz penned a subsequent injury fund review where he felt only the cervical spine and left knee could potentially qualify.

On January 23rd, 2013, the employee requested reopening of two claims, 2004 claim for the cervical spine and 2009 claim for the right shoulder and lumbar spine. This was ultimately settled by stipulation on January 22nd, 2014.

On January 28th, 2013, the employee sought pain management treatment with Dr. Berman for his cervical and lumbar spine as well as his shoulders. It was felt that he was suffering from post-laminectomy syndrome of both his lumbar and cervical spines. On April 18th, 2013, Dr. Berman recommended reopening the 2009 claim for pain management.

On June 17, 2013, a cervical MRI showed stable anterior interbody fusion at C5-6 with broad-based right paracentral protrusion at C4-5 causing impingement on

the cord. A lumbar MRI on the same day showed a central disc protrusion at L5-S1 stable in comparison to prior study with a broad-based bulge at L4-5 with left-sided facet arthropathy resulting in mild to moderate left-sided lateral recess stenosis.

On August 19, 2013, Dr. Berman performed cervical epidural steroid injections.

On August 20th, 2013, Dr. Uppal saw the employee for persistent right shoulder and left knee pain.

A September 6th, 2013 MR arthrogram of the right shoulder showed a complex full-thickness tear of the supraspinatus as well as posterior superior labral tear mildly progressive from prior study and persistent anterior inferior labral tear similar to prior appearance.

Dr. Uppal recommended claim reopening.

On October 2nd, 2013, Dr. Rimoldi performed an IME. He felt the lumbar spine did not warrant reopening and the new disc protrusion at C4-5 was probably secondary to adjacent level stress from the 2005 surgery but did not directly relate to the 2009 industrial injury. He also felt the employee had right shoulder subacromial syndrome with rotator cuff pathology.

On October 16th, 2013, the employ saw Dr. Rappaport. He recommended an anesthetic nerve block for the cervical spine at C4-5 followed by anterior cervical discectomy and fusion at C4-5 if that level was confirmed to be the pain generator. For the lumbar spine, he recommended selective nerve root blocks and epidural steroid injections with consideration of redo decompression and fusion.

On December 9, 2013, Dr. Uppal performed a right arthroscopy with rotator cuff repair, limited debridement of the glenohumeral joint and removal of retained hardware. Thereafter, the employee went to physical therapy.

Dr. Berman performed trigger point injections on February 14th and March 19th, 2014.

On April 8th, 2014, a right shoulder MRI showed interval repeat rotator cuff repair with small partial-thickness tear of the infraspinatus but no evidence of recurrent or residual full-thickness tearing. Mild subscapularis tendinopathy and persistent SLAP tear involving the biceps anchor was also noted. Subacromial subdeltoid bursitis was also present.

The employee saw Dr. Lynch, neurosurgeon, on May 23rd, 2014. He felt the employee had bilateral L5

radiculopathies. He ordered further testing.

A June 20th, 2014 CT of the lumbar spine showed a disc bulge and mild facet degenerative changes resulting in mild bilateral neural foraminal stenosis at L5-S1. There was no instability on flexion/extension.

On July 1, 2014, the employee continued to complain of right shoulder pain. Dr. Uppal could find no reason for the complaints and ordered a repeat MRI with contrast.

On July 2nd, 2014, lower extremity electrodiagnostics were normal.

Present claim. On July 31st, 2014, the employee was stopped at a stoplight when he was rear-ended. He was seen at Concentra and diagnosed with cervical sprain, shoulder strain, lumbar strain and contusion of the face and forearm with numbness. He began physical therapy.

The employee underwent a brain CT on August 12th, 2014, which was unremarkable.

on August 21, 2014, Dr. Lynch determined that the cervical spine condition was a new injury sustained in the motor vehicle accident on July 31st, 2014. However, he felt the lumbar spine condition should continue to be treated under the reopened 2009 claim.

On September 4th, 2014, an MR arthrogram of the right shoulder showed prior supraspinatus repair with partial-thickness and presumed full-thickness tear of the central tendon along the footprint. Labral degeneration with small anterior superior and posterior tears was also noted.

On September 3rd, 2014, Dr. Berman performed trigger point injections.

On September 8th, 2014, Dr. Lynch felt the employee suffered from a C6-7 radiculopathy and requested a cervical MRI.

On September 17, 2014, an MRI of the cervical spine showed no evidence of fracture, ligament injury or disc herniation and reduction of the disc bulge at C4-5 with mild improved canal stenosis.

An MRI of the lumbar spine on September 24th, 2014 showed moderate spinal canal stenosis at L2-3 with moderate bilateral neural foraminal stenosis secondary to thickening of the ligamentum flavum and a circumferential disc bulge with small annular tear. Moderate spinal stenosis was also seen at L3-4 with moderate bilateral neural foraminal stenosis secondary to ligamentum flavum thickening and a 3 millimeter circumferential bulge of the disc with small annular

tear. Postsurgical changes appeared intact.

On October 3rd, 2014, an MRI of the left knee showed moderate medial compartment chondromalacia increased from prior exam but no meniscal re-tear. Evidence of prior injury to the ACL was noted unchanged from previous exam.

MRI of the left shoulder on October 3rd, 2014 showed moderate rotator cuff tendinopathy with possible adhesive capsulitis and superior labral tear involving the biceps anchor.

The employee saw Dr. Bigley for a neurology consult on September 25th, 2014 to evaluate his headaches and complaints of abnormal smell. Another brain MRI was performed on October 5th, 2014, which was again normal. In his follow-up with Dr. Bigley on October 9, 2014, it was noted the employee was emotionally labile with intermittent stuttering. Dr. Bigley had no neurologic explanation for the symptoms and recommended treatment with a psychologist.

On November 10th, 2014, Dr. Uppal performed a left shoulder arthroscopy with subacromial decompression with distal clavicle excision and limited debridement of the glenohumeral joint.

On November 25th, 2014, the employee returned

to Dr. Bigley complaining of sleep disturbances and extreme anxiety.

On December 1, 2014, Dr. Uppal performed a right shoulder arthroscopy with revision rotator cuff repair with extensive debridement, open subpectoral biceps tenodesis with removal of hardware. Thereafter, the employee began physical therapy for both the left and right shoulders.

The employee continued to treat with Dr. Berman for both his lumbar and cervical conditions for pain management. He routinely underwent trigger point injections. He also continued with physical therapy.

On January 22nd, 2015, the employee saw Dr. Stanfield for a psychological consult for pain. He also saw Dr. Bigley on February 9th, 2015 for an EEG which was normal.

Throughout 2015, the employee continued to see Dr. Stanfield for pain management behavioral therapy treatment. He also saw Dr. Berman for pain management and trigger point injections.

In March of 2015, the employee continued to report bilateral shoulder pain and left knee pain to Dr. Uppal. Physical therapy was continued as well as an unloading brace.

On March 19, 2015, the employee saw Dr. Lucia for a sleep consultation. He recommended a sleep study as well as changing most of the employee's medications. The sleep study confirmed severe obstructive sleep apnea.

on April 1, 2015, Dr. Lynch recommended Dr. Berman perform radiofrequency ablations and repeat cervical epidural injections to see if it settled down the left-sided arm complaints of the employee.

On April 7, 2015, flexion/extension films of the patient's cervical spine showed the fusion at C5-6 to be intact with no instability.

Lumbar discograms performed on April 16, 2015 were negative with no pain reproduction and normal appearing disc at all levels.

On May 4, 2015, Dr. Uppal performed another left shoulder arthroscopy with rotator cuff repair and biceps tenodesis. Physical therapy was continued.

On May 18, 2015, Dr. Lynch noted bilateral L5-S1 chronic radiculopathies but did not recommend further surgery. He did recommend further physical therapy.

The employee continued to see Dr. Berman for both his cervical and lumbar complaints, including

trigger point injections.

On June 16, 2015, Dr. Lucia sent a letter which stated, quote, his, employee's, OSA, obstructive sleep apnea, is unrelated to his industrial injury and almost certainly predates the MVA. His OSA is severe and contributes to his complaints of insomnia, headache, chronic pain, sleepiness, restless legs and asthma, end quote.

On June 17, 2015, the employee saw Dr. Mullins for his left knee. It was noted that he was suffering from osteoarthritis with a medial meniscal tear for which he recommended arthroscopic surgery.

On August 18, 2015, the employee saw Dr. Young for a neuropsychological evaluation. He stated, quote, I believe that the observed relatively subtle inefficiencies in attention/concentration and memory seen do not reflect stable physical brain injury, end quote.

On November 30th, 2015, Dr. Uppal performed a left knee arthroscopy with partial medial meniscectomy and chondroplasty. Thereafter, the employee underwent aquatic physical therapy.

On March 4th, 2016, the employee was complaining that the left knee was not getting better.

Dr. Uppal gave him a Monovisc injection which provided some relief.

On May 16, 2016, Dr. Uppal noted the employee was having problems with his left shoulder but the left knee was improving. He had nothing left to offer the employee and felt an FCE was appropriate to determine permanent restrictions.

On June 15, 2016, the employee saw Dr. Bacchus who determined the employee had a grade 1 traumatic brain injury without evidence of objective neurologic findings on exam, MRI or EEG. Dr. Bacchus felt the employee had post-traumatic headaches with a history of preexisting headaches but concluded no objective worsening could be ascertained. He recommended psychotherapy to address post-traumatic stress disorder with consideration of pseudobulbar palsy to explain the employee's spontaneous weeping in a dysphoric individual.

On August 18, 2016, the employee saw Dr. Bittker and was diagnosed with post-traumatic stress disorder, history of closed head injury and history of post-concussion syndrome. He recommended Depakote or topiramate for headache management as well as psychotropic drugs and psychotherapy to assist with this

PTSD and depression.

On October 6th, 2016, Dr. Berman noted that the employee had been evaluated by Dr. Rappaport who recommended Botox injections for the headaches and cervical facet injections for the persistent neck pain.

On January 19, 2017, Dr. Berman performed Botox injections which provided increased pain to the employee. Dr. Berman performed bilateral cervical facet injections on January 20th, 2017 and April 28th, 2017.

The employee continued to have right shoulder pain. On July 20th, 2017, Dr. Cummings performed an IME of the right shoulder. He felt, if there was a tear, he would need another surgery. If there was no tear, he would be MMI.

Throughout 2017, the employee continued to treat with Dr. Berman for pain management and Dr. Stanfield for behavioral therapy related to his pain.

On August 4th, 2017, Dr. Berman recommended spinal cord stimulator implantation.

On August 31, 2017, the employee returned to Dr. Bigley for his headaches. It was recommended that he stop all narcotics and sedating medications and start Depakote or Topamax.

On September 5th, 2017, an MR arthrogram of the right shoulder showed a pinhole full-thickness tear of the anterior supraspinatus with marked degeneration of the tendon similar in appearance to the prior study with partial-thickness tear at the overlap zone of the supraspinatus and infraspinatus which appeared new from the prior study. Extensive degeneration of the labrum with extensive biceps tendinopathy was also noted.

On October 12th, 2017, Dr. Berman noted continued neck complaints. On December 12th, 2017, he performed cervical radiofrequency ablations. The employee received only temporary relief.

Throughout 2018, the employee continued to see Dr. Berman for pain management and Dr. Stanfield for behavioral pain therapy.

On January 23rd, 2018, a decision and order was entered which accepted the conditions of mild traumatic brain injury, post-concussion syndrome, PTSD, post-traumatic headaches and hypersomnolence. These conditions are to be treated by a psychiatrist and not a psychologist.

On March 14, 2018, Dr. Berman responded to a letter in which he felt the employee was stable and ratable for the cervical and lumbar condition. However,

he felt the employee would need ongoing maintenance medical treatment for his pain. Yearly, the employee would need six office visits, three facet joint injections, one cervical and lumbar facet rhizotomy, cervical and lumbar trigger point injections, spinal cord stimulator maintenance, battery replacement for the spinal cord stimulator and ongoing medications. As a result of Dr. Berman's recommendations, a stipulated settlement agreement and order was filed on May 9th, 2018 which addressed the pain management protocol outlined by Dr. Berman.

In a visit with Dr. Bigley on April 3rd, 2018, it was noted the employee was going to the Stanford Sleep Center.

On July 20th, 2018, the employee saw pulmonologist Dr. Young who was managing the employee's narcolepsy, mild apnea and restless leg syndrome. He noted the employee was improving on Ritalin.

On September 10th, 2018, Dr. Berman performed repeat cervical radiofrequency ablations.

On January 15, 2019, Dr. Uppal felt there was nothing further he could do for the employee's persistent complaints about his right shoulder and left knee pain. In regard to his left knee, Dr. Uppal felt a

total knee arthroplasty was the only option left. However, Dr. Uppal was not willing to perform this.

On January 25th, 2019, Dr. Thekkekara performed a psychiatric evaluation and felt the employee had chronic PTSD as well as moderate episodes of recurrent major depressive disorder. He recommended Sertraline, continuation of pain management and psychotherapy. The insurer is instructed to inquire from Dr. Thekkekara if the employee needs to see Dr. Stanfield for continuation of pain behavior therapy as he is now seeing a psychiatrist per Appeals Officer order.

Dr. Berman performed trigger point injections on February 1st, 2019.

On February 25th, 2019, the employee saw Dr. Jones who recommended a left knee total arthroplasty which was scheduled for May 8, 2019. No further records were provided for review.

A PPD has not been performed at this time as all body parts are not stable and ratable.

The employee has been on temporary total disability since the date of the accident, July 31st, 2014, as the employer was not able to provide light duty. This submission includes TTD from August 1st, 2014 to April 12th, 2019.

This submission includes travel from August 1st, 2014 to May 23rd, 2018. The insurer is instructed to inform the employee to separate his travel forms for his lumbar treatment, 2009 claim number 09415A597230, and treatment for his July 31, 2014 claim, 2014 claim number 14G28Y022217.

It appears there may be possible subrogation recovery on this claim. On August 17, 2015, the employee filed a civil action in the Second Judicial District Court, Case number CV15-01664, against the driver of the vehicle who rear-ended him.

Findings. This file was sent to Dr. Betz for subsequent injury review. He penned his report on October 30th, 2019.

Regarding the cervical spine, Dr. Betz stated:

Employee first had recurring problems dating to the early '80s. He underwent surgical decompression and fusion at C6-6 ten years prior to the subsequent injury without lasting benefit.

In 2013, Dr. Berman noted he had intractable pain due to post-laminectomy syndrome affecting both his lumbar and cervical spines. Cervical MRI on June 17, 2013 noted stable anterior interbody fusion at C5-6 with a broad-based right paracentral protrusion at C4-5

causing impingement on the cord.

Cervical MRI after the subsequent injury showed no new acute injury with actual reduction of the disc bulge at C4-5 with improved canal stenosis. However, employee continued to have the intractable neck pain well established prior to the subsequent claim and required extensive additional evaluation and treatments over the next several years including multiple injections, medications and radiofrequency ablations.

Consequently, it is reasonable and appropriate to conclude that 95 percent of the cost of the subsequent claim related to the patient's cervical spine were the result of the combined effects of prior pathologies and the subsequent injury. 5 percent or less of the cost of the subsequent claim related to the cervical spine was the result of the subsequent injury alone.

Regarding the right shoulder, Dr. Betz stated:

The joint was first injured in the fall of February 2009 following which he underwent several surgeries but continued to have significant problems with the joint immediately prior to the subsequent injury. Dr. Uppal had ordered MR arthrogram which was not performed until just after the subsequent injury

showing the prior supraspinatus repair with partial thickness and presumed small full-thickness tear of the central tendon along the footprint. Labral degeneration with small anterior superior and posterior tears were also noted.

These findings were not significantly different from the MRI on April 8th, 2014, five months prior to the subsequent injury which also showed interval repeat rotator cuff repair with small partial-thickness tear of the infraspinatus but no evidence of recurrent or residual full-thickness tearing. Mild subscapularis tendinopathy and persistent SLAP tear involving the biceps anchor were also noted. Subacromial subdeltoid bursitis was also present.

In follow-up with Dr. Uppal on October 2nd, 2014, he noted the MRI results and felt they showed overall relatively intact surgical repair, but ultimately additional surgery was performed on December 1st, 2014 to address the patient's persistent pain which was well established prior to the subsequent injury. Dr. Uppal performed a revision rotator cuff repair, expensive debridement, open subpectoral biceps tenodesis and removal of hardware.

Despite that -- oh, my goodness, I'm so sorry.

Please take out the claimant's name -- continued to have right shoulder pain requiring pain management in a very similar pattern to that established prior to the subsequent claim.

With these considerations in mind, it is reasonable and appropriate to conclude that 95 percent of the cost of the subsequent claim related to the patient's right shoulder were the result of the combined effects of prior pathologies and the subsequent injury. 5 percent or less of the cost of the subsequent claim related to the right shoulder was the result of the subsequent injury alone.

Regarding the left knee, Dr. Betz stated:

Employee started having left knee problems following a traumatic incident in September of 2006, more than eight years prior to the subsequent injury in question. He underwent two surgical procedures following which he had persistent pain and flexion deformity of the joint. He continued to have pain and underwent steroid injections in 2012.

Left knee MRI on October 3rd, 2014, several months after the subsequent injury, showed no acute injuries but, rather, moderate medial compartment chondromalacia increased from prior exam but no meniscal

re-tear. Evidence of prior injury to the ACL without acute tear as noted unchanged from previous exam.

Over the next several years, the patient's left knee pain continued to worsen and the most recent note regarding the left knee indicated employee is now contemplating total knee replacement for progressive post-traumatic osteoarthritis with its significant associated cost and permanent impairment.

Consequently, it is reasonable and appropriate to conclude that more than 95 percent of the cost of the subsequent claim related to the patient's left knee were the result of the combined effects of prior pathologies and the subsequent injury. Less than 5 percent of the cost of the subsequent claim related to the left knee was related to the subsequent injury alone.

Therefore, NRS 616B.557, subsection 1, has been satisfied.

The injured employee received the following PPD ratings:

Cervical spine: 27 percent whole person impairment, 10-26-05 PPD by Dr. Fair from the 4-20-04 date of injury.

Right shoulder: 8 percent whole person impairment, 1-4-11 PPD by Dr. Quaglieri from the 2-9-09

date of injury.

Left knee: 6 percent whole person impairment, 1-4-11 PPD by Dr. Quaglieri from the 2-9-09 date of injury.

Therefore, NRS 616B.557, subsection 3, has been satisfied.

Regarding knowledge of the left knee and cervical spine, on February 20th, 2013, the employer submitted an application for reimbursement from the subsequent injury account for the employee's February 9, 2009 date of injury. The application was denied for the left knee and cervical spine. On July 25th, 2013, the Board voted to approve the employer's withdrawal of its application. The employer submitted a July 5th, 2013 email from Tara Eggington at Nevada Energy to Lezlie Wooten at CCMSI which authorized the withdrawal.

In regard to the right shoulder, the employer also submitted the following documents to show knowledge of the impairment:

Email correspondence dated August 3rd, 2009 with attachment. The emails are from CCMSI to the employer inquiring about work status and include a July 10th, 2009 office visit recheck where Dr. Uppal states the employee had a right shoulder arthroscopy,

SAD, DCE.

Email correspondence dated January 5th, 2010 with attachment. The emails are from CCMSI to the employer discussing subrogation against the property owner of the home where the employee fell. The attachment details the right rotator cuff repair the employee underwent in July 2009.

Based on the above documents, the employer has provided written records that it had knowledge of the employee's cervical spine, right shoulder and left knee permanent impairments and retained the employee in employment.

Therefore, NRS 616B.557, subsection 4, has been satisfied.

Subsection 5 does not need to be satisfied in order for this claim to be considered for reimbursement since the date of injury is after the October 1, 2007 change in the requirements of the statute.

That's all.

Are you guys still there?

BOARD MEMBER MEYER: Yeah, we're still here.

BOARD MEMBER SAYEGH: Yes.

BOARD MEMBER MEYER: Good job. Take a breath and have a drink of water.

MS. SKRINJARIC: It's obviously going to be a very, very large claim with all of the body parts. And he's still treating, what I have here is only through 2019. And no PPD.

BOARD MEMBER MEYER: Does anybody have any questions or comments on this?

BOARD MEMBER SAYEGH: No.

BOARD MEMBER WILSON: No.

BOARD MEMBER MEYER: I do have one question. With regard to the possible subrogation in this claim, I'm just curious how that will affect future submissions. Would the employer or the employee have to provide the Board with a document showing the amounts of a subrogation that we would then take in to consider it in the future submissions?

MS. SKRINJARIC: So when I received this, there was no subrogation information. But since it was a rear-ender, when I looked it up and found the court case, and I asked Kasey to please inquire about subrogation, I wasn't as worried that they hadn't submitted it with this because he's still treating.

BOARD MEMBER MEYER: Right.

MS. SKRINJARIC: So I think that there's going to be another submission.

BOARD MEMBER MEYER: Kasey, do you have any information on the subrogation at this point?

MS. MCCOURTNEY: As of right now, I know that this file, that initial report that you put in your recommendation, but nothing has moved forward on it. And I've asked the examiner to follow up on it again, but I haven't received their response on it.

When it comes down to it, I know, when I spoke our claims manager, that there be everyone agreeing, calculation on this. So I don't believe the entire amount will be recovered for subrogation on this claim. But, like Vanessa said, that we do have a supplemental application that's going to be submitted, and down the line, once he has some more treatment and all of that, which could result in that.

But I am still following up on the subrogation on that, but nothing has happened at this point, and there's been no settlement at this point.

BOARD MEMBER MEYER: So, so he hasn't settled his claim, is that what, is that your understanding?

MS. MCCOURTNEY: Right, there's been no subrogation settlement at this time.

BOARD MEMBER MEYER: I have one other question for Kasey as well, just out of curiosity. There was

discussion in the record of referral for functional capacity evaluation. Has this person -- I know there was also discussion that he remained on temporary total ability for a number of years. I'm curious if a functional capacity was done and if he was referred to voc rehab, or do we know what's happening on that end?

MS. MCCOURTNEY: An FCE hasn't been concluded yet because he hasn't been found even close to stable for the rest of the body parts.

BOARD MEMBER MEYER: Okay.

MS. MCCOURTNEY: And I'm still kind of waiting for him to do multiple tests to cover that.

BOARD MEMBER MEYER: Okay.

MS. MCCOURTNEY: We're waiting until we get a little bit closer to him being stable for most of them. And then, you know, pending that, it was we would refer for vocational services. But, you know, his claims management definitely has a -- they should give a view for, is vocational rehab services, even just an initial evaluation, but that hasn't been done at this time.

BOARD MEMBER MEYER: Okay. Thank you, Kasey.

All right. I'll take a motion.

BOARD MEMBER WILSON: This is Sharolyn. I'll make a motion that the Board accept the recommendation

of the Administrator for reimbursement in the verified amount of $284,962.46 regarding claim number 14G28Y02217, NV Energy.

BOARD MEMBER SAYEGH: This is Suhair. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. Moving on to Southwest Airlines, claim 1665253W001.

Does anybody have any disclosures on this one?

BOARD MEMBER WILSON: None.

BOARD MEMBER MEYER: I have none.

BOARD MEMBER SAYEGH: None.

MS. SKRINJARIC: Okay. Can everyone hold on for one minute? I'm going to go get another tape, because we are almost at an hour. So can we stop for one minute?

BOARD MEMBER MEYER: Yes, we can take a recess.

MS. SKRINJARIC: Okay. Hang on.

(A recess was taken.)

MS. SKRINJARIC: Okay. I have it, I have the new tape on. So we're good to go. It just looked like I was kind of running out of room there.

All right. So back to Southwest Airlines.

It is the Administrator's recommendation to accept this request pursuant to NRS 616B.557 for the lumbar spine only. The cervical spine, thoracic spine and headaches are excluded.

The total amount requested for reimbursement is $43,966.88. The amount of verified costs is $38,573.26. An explanation of the disallowance is attached to this letter.

This request was received from Dalton L. Hooks, Jr., Esquire, eon May 14, 2020.

Prior history. This employee was hired on May 26th, 1995 as an operations agent for the employer. The prior history will be taken from the July 11, 2014 permanent partial disability report penned by Dr. Holper as prior records were not submitted for review.

On October 25th, 2012, the employee was lifting a, quote, handicapped customer onboard to an aircraft, end quote. There were multiple employees lifting a 380-pound customer when the other employees lost footing and the employee suffered the full impact of lifting the customer. He developed low back pain which he noted immediately. He presented to Concentra the next day. X-rays showed disc space narrowing and end plate spurring at L3-4 and L4-5 with advanced facet

arthropathy from L4 to S1 with right shoulder listhesis L4 through L5. Diagnosis was lumbar strain, rule out left posterior disc protrusion, degenerative disc disease, osteoarthritis lumbar spine preexisting. He began physical therapy. An MRI was performed which showed disc protrusion with annular tear at L5-S1.

He underwent epidural steroid injections with Dr. Schifini in February 2013.

He was seen by Dr. Elkanich who performed a microdiscectomy at L5-S1 on April 8th, 2013. The employee required an L4-5 microdiscectomy revision due to the scar tissue and additional pain-generating component at L4-5 on August 14, 2013. Following the second surgery, the employee developed a significant CSF leak referrable to the lumbar level. Due to the development of significant headaches, the employee spent three nights in the ER. Dr. Schifini provided a blood patch on the fourth day. No relief was noted.

The employee then saw Dr. Garber, who performed a revision surgery at multiple lower lumbar levels on August 31, 2013. The employee underwent significant rehabilitation.

After the second surgery, the employee developed a foot drop on the left side. He fell several

times during physical therapy and required placement of an AFO, ankle/foot orthosis, on April 8th, 2014. After the second surgery, he developed increased sciatic complaints on the left. He also developed numbness in the genital and gluteal levels. He was seen by a urologist for these complaints. He was prescribed Viagra for his condition which helped on an occasional basis.

Dr. Holper utilized the range of motion method in his PPD evaluation. He determined the employee had 46 percent whole person impairment for the lumbar spine as follows: 13 percent whole person impairment from Table 15-7, 7 percent whole person impairment for lumbar range of motion, 21 percent whole person impairment for neurological deficits, and 15 percent whole person impairment for Class 2 in Table 7-5, Criteria for Rating Permanent Impairment for Penile Disease.

Apparently, Dr. Holper's PPD report was sent to iRatings for review. They disagreed with his rating. Their report was not submitted for review with this application. It appears that Dr. Pirruccello was then asked to review both Dr. Holper's PPD report and iRatings' report. Dr. Pirruccello submitted his review of permanent partial disability ratings on August 25th,

2014. He determined that the employee suffered from 34 percent whole person impairment, broken down as follows: 14 percent from Table 15-7, 7 percent for range of motion, 9 percent for neurological deficits, for a final lumbar rating of 27 percent whole person impairment. Erectile dysfunction: 10 percent whole person impairment from Table 7-5.

The employee took the 34 percent which was -- hold on one second. Okay. Sorry. My -- it was beeping -- 34 percent which was offered to him: 25 percent in a lump sum and 9 percent in installments.

Present claim. On September 13, 2016, the employee was assisting a customer in a wheelchair at the bottom of a jetway. When the employee went to lift the foot pedals up, he felt his back lock up when he stood up. He went to Concentra on September 16, 2016 where he was diagnosed with a strain of the thoracic and lumbar spines. Physical therapy was prescribed. For some reason, a C-4 Form was not completed by Concentra. Records of the visit were forwarded to the TPA. The TPA requested the C-4 Form from the employer, who sent the C-4 for the employee's 2015 claim. It does not appear that a C-4 Form for the claim was ever completed by Concentra. Nevertheless, on September 22nd, 2016, the

TPA accepted the claim for lumbar and thoracic sprain.

The employee began physical therapy on September 20th, 2016. He continued to return to Concentra where he reported increasing pain. He was prescribed Flexeril, Naprosyn, Tramadol, Methylprednisone, and Lidocaine patches. He also received Toradol injections.

An MRI on October 26th, 2016 revealed post-laminotomy changes at L4-5 and L5-S1, degenerative disc disease and disc dehydration at L2 to S1, posterior disc and annular bulge at L3 to S1 and interval increase compared to previous exam.

On November 17, 2016, the employee saw Dr. Bassewitz who recommend a conservative course of treatment to include anti-inflammatories, physical therapy and referral to pain management for bilateral L5-S1 nerve blocks.

On November 26, 2016, the employee went to Desert Springs Hospital complaining of neck pain, headache and nausea. He also had a fever. A C-4 Form was completed which listed the date of injury as September 13, 2016. The body part injured was, quote, spine, back, end quote. The diagnosis was, quote, headache, rule out meningitis, end quote. The employee

was kept at the hospital for three days. A lumbar puncture was performed to rule out meningitis. On 12-1-16, the TPA issued a letter to the employee which denied liability for, quote, headaches and possible spinal meningitis, end quote, and declined to pay the bills for the hospital stay. However, bills for the lumbar puncture, doctor's care, three days, and radiologist reading for the brain CT were paid as submitted for reimbursement in the application. They are addressed in the disallowance.

On December 9, 2016, Dr. Bassewitz stated, quote, There is no way I can link the patient's cervical stenosis that was diagnosed at Desert Springs Hospital two weeks ago to the patient's industrial claim. His current neck pain and headaches and upper extremity symptoms are most likely a nonindustrial exacerbation of underlying cervical stenosis, end quote.

The employee began physical therapy again on December 14, 2016.

On December 22nd, 2016, Dr. Schifini performed a right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. The employee did not receive any relief from this, so another injection was performed on January 12th, 2017. When the employee

received only minimal relief from the second injection, Dr. Bassewitz requested EMG/nerve conduction studies. They were performed on February 13, 2017. They showed chronic multi-level L5-S1 polyradiculopathy on the right and L5 radiculopathy on the left.

On February 20th, 2017, a lumbar myelogram was performed. It showed mild multi-level degenerative disc disease, no spinal canal stenosis, mild bilateral L4-5 and L5-S1 foraminal stenosis.

The employee's care was transferred to Dr. Kim who started him on Lyrica and a work-hardening program.

The work-hardening program started on March 14, 2017 and ended on April 11, 2017.

On April 7, 2017, an MRI of the thoracic spine was performed which showed a 2-millimeter left paracentral T6-7 protrusion and annular fissure.

On May 3rd, 2017, a second opinion was provided by Dr. Kaplan. The employee's friend, a neurosurgeon in Arizona, had recommended a multilevel lumbar fusion. Dr. Kaplan did not feel this was a good idea. Dr. Kaplan felt the employee's problem was more in his legs than his back. He recommended a spinal cord stimulator trial or live with his pain as it is.

On June 5th, 2017, an FCE was performed. The

employee fell into the very heavy category. His preinjury job was in the heavy category. Therefore, the employee was eligible to return to his preinjury employment.

On June 8th, 2017, Dr. Kim determined the employee had reached maximum medical improvement, was stable and ratable and released the employee to full duty as of June 12th, 2017.

On July 11, 2017, Dr. Hampton performed a PPD evaluation in which he found the employee fell into DRE Lumbar Category III and had a 10 percent whole person impairment. As the employee had previously received 34 percent whole person impairment, the net impairment was 0 percent whole person impairment.

The employee was placed on light duty throughout the course of this claim. The employer was unable to accommodate him from November 14, 2016 until May 31, 2017. Therefore, TTD was paid for this time period.

Findings. While the applicant did not submit a doctor's report specifically addressing this question, the Administrator believes the subsequent injury resulted in an exacerbation of the employee's preexisting disc disease at L5-S1. There appears to be

some worsening of the disc pathologies at L5-S1. While diagnostics did not find acute radiculopathy, but rather chronic, it is well documented that the patient had significant prior pathologies at that level requiring three surgical interventions in the past. Absent those preexisting pathologies and the patient's history of several surgical procedures which can accelerate degeneration, it is likely he would have suffered no more than a lumbar strain as a result of the subsequent injury incident requiring only a brief course of conservative care without permanent impairment. Instead, the employee underwent MRI, lumbar myelogram, two epidural steroid injections, EMG/nerve conduction studies, physical therapy and work-hardening. Additionally, he was on light duty from September 16th, 2016 until May 31, 2017, for which the employer was only able to accommodate a portion of that time.

Therefore, NRS 616B.557, subsection 1, has been satisfied.

The injured employee received the following rating for his October 25th, 2012 industrial injury with the current employer: 34 percent whole person impairment, broken down as follows: 14 percent from Table 15-7, 7 percent for range of motion, 9 percent for

neurological deficits, for a final lumbar rating of 27 percent whole person impairment and 10 percent for erectile dysfunction.

Therefore, NRS 616B.557, subsection 3, has been satisfied.

The employer provided a series of emails beginning on August 29, 2014 to September 3rd, 2014 between Jennifer Manolakos, claims examiner at Sedgwick, and Amy Reeg and Terri Ganem, employees of the employer, and Clarrisa Karasick, case manager at Atlas Settlement Group. The emails begin with Ms. Manolakos providing the employer with PPD documents for the employee in his 2014 claim in which he received 25 percent in a lump sum and 9 percent in installments. The initial email is a proposition to look into obtaining an annuity for the 9 percent installments. The remainder of the emails detail the purchase of the annuity.

The Administrator believes the documents provided show the employer's written knowledge of the employee's 34 percent whole person impairment.

Therefore, NRS 616B.557, subsection 4, have been satisfied.

Subsection 5 does not need to be satisfied in order for this claim to be considered for reimbursement

since the date of injury is after the October 1, 2007 change in the requirements of the statute.

That's all.

BOARD MEMBER MEYER: Thanks, Vanessa.

Does anybody have any questions or comments on this claim?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: Okay. Does somebody want to make a motion?

BOARD MEMBER SAYEGH: This is Suhair. I will make the motion to accept the Administrator's recommendation for the verified costs of $38,573.26 for claim number 1665253W001 for Southwest Airlines.

BOARD MEMBER MEYER: Sharolyn.

BOARD MEMBER WILSON: Sorry. Yes, this is Sharolyn. I second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. Moving on to item 7.a., City of Reno, claim 96853A375047.

BOARD MEMBER WILSON: I have a disclosure.

This is Sharolyn. CCMSI is Washoe County's third-party claims administrator regarding their workers' comp, but that will not affect my decision regarding this matter.

BOARD MEMBER MEYER: Thank you, Sharolyn. This is Cecilia for Carson City. CCMSI is our third-party administrator, but that will not affect my decision today.

MS. SKRINJARIC: Okay. It is the Administrator's recommendation to accept this tenth supplemental request pursuant to NRS 616B.557 for the heart.

The total amount requested for reimbursement is $24,861.54. The amount of verified costs is $24,719.40. An explanation of the disallowance is attached to this letter.

This request was received from CCMSI on April 9th, 2020. This request contains payment for widow's benefits from April 1, 2019 through March 31, 2020 in the monthly amount of $2,059.95 for calendar year 2019 and $2,107.33 for calendar year 2020. A certificate of survival signed by the widow was provided with this request. At this time, the cost-of-living allowance for calendar year 2020 is being disallowed as the self-insured employer is eligible to seek

reimbursement for the COLA through DIR pursuant to AB 370.

That's all.

BOARD MEMBER MEYER: Does anybody have any questions?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: Does somebody want to make a motion?

BOARD MEMBER WILSON: This is Sharolyn. I'll make a motion that the Board accept the recommendation of the Administrator regarding this tenth supplemental request for reimbursement in the verified costs of $24,719.40 regarding the City of Reno, claim number 96853A375047.

BOARD MEMBER SAYEGH: This is Suhair. I will second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. Next is 7.b., Caesar's Entertainment, claim 4D656356313329.

MS. SKRINJARIC: Okay. It is the

Administrator's recommendation to accept this third supplemental request pursuant to NRS 616B.557 for the cervical spine.

The total amount requested for reimbursement is $62,391.05. The amount of verified costs is $51,580.85. An explanation of the disallowance is attached to this letter.

This request was received from Dalton L. Hooks, Jr., Esquire on May 14, 2020. The original claim was approved by the Board on January 19, 2012.

This request contains payment and reporting for the following expenses:

Office visits with Dr. Kabins' office from February 26, 2018 through July 29th, 2019, including trigger point injections and x-rays;

Pre-op chest x-ray on May 8th, 2018;

Pre-op surgery clearance with Dr. Rohani on May 8th, 2018;

Anterior-cervical decompression fusion and reconstruction at C4-5 with retained hardware performed by Dr. Kabins on May 24th, 2018;

Hospital fee from May 24th to 26th, 2018, including supplies/implants for surgery;

Assistant surgeon fee from May 24th, 2018

surgery;

Anesthesiologist fee for May 24th, 2018 surgery;

EMG performed during surgery by Dan Purple, CNIM, on May 24th, 2018;

EMG reading by Dr. Farrow on May 24th, 2018;

Cervical collar from May 24th, 2018;

Post-op physical therapy from July 17, 2018 through July 30th, 2018;

September 19, 2018 cervical MRI;

Dr. Wachs PPD on January 9, 2019;

Dr. Razsadin PPD on April 11, 2019;

Prescriptions from February 28, 2018 through November 11, 2018;

Temporary total disability from May 24th, 2018 through August 1, 2018;

PPD lump sum of 4 percent whole person impairment paid on May 24th, 2019.

The injured employee applied for reopening of her claim. The TPA denied her request on April 10th, 2018. This was appealed. On June 29, 2017 -- oh, that's got to be an error. Sorry -- a hearing officer remanded the matter for medical investigation. On October 24, 2017, Dr. Garber determined that the

employee had adjacent segment breakdown at C4-5 above the prior workers' compensation related fusion. It was Dr. Garber's opinion that the need for surgery at C4-5 was due to adjacent segment disease, or transitional level syndrome above the workers' compensation prior fusion. Dr. Garber felt this was causally related to the original industrial injury.

On May 24th, 2018, Dr. Kabins performed an anterior cervical discectomy and fusion at C4-5. A cage and four-hole titanium plate were used as the biomechanical devices. He also did an anterior exploration of the fusion at C5-6. The employee was in the hospital for two days. Thereafter, she underwent physical therapy.

The employee continued to complain of neck pain and bilateral upper extremity pain and numbness. An MRI was completed on September 19, 2018 which showed post-surgical changes.

On November 28th, 2018, Dr. Kabins released her full duty, maximum medical improvement. However, he felt she needed ongoing medications in the form of Lyrica, physician follow-up every three months and trigger point injections, if needed.

On January 9, 2019, Dr. Wachs performed a PPD

evaluation. She used the range of motion method. She found the employee had a 15 percent whole person impairment. As the employee had received a 27 percent whole person impairment previously, this left a net minus 12 percent whole person impairment.

A second PPD evaluation was performed by Dr. Razsadin. He felt the employee had a 32 percent whole person impairment. After subtracting the prior 27 percent whole person impairment, this left a net 5 percent whole person impairment.

The employee and TPA elected to settle the case for 4 percent whole person impairment which was to be paid in a lump sum. The employee's prior 27 percent whole person impairment and the additional 4 percent equal 31 percent which has been paid in a lump sum on this claim for the cervical spine.

An employee is only eligible to receive 30 percent in a lump sum per NRS 616C.495 and NAC 616C.498. this overpayment of the lump sum has been addressed in the disallowance sheet.

I just wanted to correct page two. The injured employee requested reopening in 2017, not '18.

That's all.

BOARD MEMBER MEYER: Thank you, Vanessa.

Does anybody have any questions?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: Do you want to make the motion?

BOARD MEMBER SAYEGH: Sure. This is Suhair. I'll make the motion to accept the Administrator's recommendation for this third supplemental request in the verified costs of $51,580.85 for claim number 4D656356313329, for Caesar's Entertainment.

BOARD MEMBER WILSON: This is Sharolyn. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. Next on our list is Nevada Energy, claim number 00G28Y029597.

MS. SKRINJARIC: Same disclosures?

BOARD MEMBER MEYER: Yes.

BOARD MEMBER WILSON: Yes. Thank you.

MS. SKRINJARIC: Okay. It is the Administrator's recommendation to accept that twelfth supplemental request pursuant to NRS 616B.557.

The total amount requested for reimbursement is $48,523.36. The amount of verified costs is $48,022.62. An explanation of the disallowance is attached to the determination.

This request was received from CCMSI on May 18, 2020. This request was originally approved by the Board on May 27, 2004.

This request contains the following expenses:

Reporting and payment for monthly office visits with Nevada Pain & Spine Specialists for pain management from April 11, 2019 through February 5th, 2020;

Prescription payments from April 6th, 2019 through March 14, 2020;

Orthotics on March 9, 2020; and

Permanent total disability payments from April 1, 2019 through March 31, 2020 in the monthly amount of $2,525.38. Pursuant to SB 377, the employee was given a 2.3 percent COLA on January 1, 2020, making his monthly 2020 PPD amount $2,583.46. However, the COLA has been disallowed as the insurer is eligible for reimbursement of the COLA from the DIR under SB 377.

On September 30th, 2019, the TPA submitted several questions to Dr. Berman about the employee's long-term opioid use and goals for pain management. On

November 14, 2019, Dr. Berman responded. Dr. Berman stated that the employee was on Oxycontin 20 milligrams three times a day. He has been on this dosage for approximately 15 years. He was also on Valium. He stated the employee was stabilized on his medications. Dr. Berman saw no reason to make any changes to the current treatment plan.

The last report from the Nevada Pain & Spine Specialists is dated March 4th, 2020, although reimbursement was not sought for this visit. Ronald Burnett, FNP-BC, indicated the employee complained of pain 2 of 10 for his low back and right lower extremity neuropathy. The employee also brought copies of diagnostic lab work which reflects kidney disease and prediabetes. Medications were refilled. In addition to the Oxycontin and Valium, the employee also takes Amtriplylin, Lidoderm cream and patches and Voltaren gel.

The injured employee provided a permanent total disability report of employment, Form D-14, for 2019.

That's all.

BOARD MEMBER MEYER: Any questions?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: And is there a motion?

BOARD MEMBER WILSON: Yes. This is Sharolyn. I'll make a motion that the Board accept the Administrator's recommendation for this twelfth supplemental request in the amount of verified costs of $48,022.62 regarding Nevada Energy, claim number 00G28Y029597.

BOARD MEMBER SAYEGH: This is Suhair. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: Okay. Next is City of Sparks, claim 07475T, as in Tom, 976184.

Do we have disclosures? Are they the same for CCMSI?

BOARD MEMBER WILSON: Yes. This is Sharolyn. I have the same disclosure regarding CCMSI.

BOARD MEMBER MEYER: And this is Cecilia. I also have the same disclosure.

MS. SKRINJARIC: Okay. I just want to make sure that you guys got the -- I amended this upon submission of additional documents from the applicant.

BOARD MEMBER MEYER: Yes, we have those. I don't know if I put mine in twice, or what, but I have an amendment that I put in at both 3:28 p.m. and 3:29 p.m. on July 28th.

MS. SKRINJARIC: Okay. Okay. I just wanted to make sure.

So it is the Administrator's recommendation to accept this third supplemental request pursuant to NRS 616B.557 for the heart.

The total amount requested for reimbursement is $58,516.67. The amount of verified costs is $54,425.72. An explanation of the amended disallowance is attached to this letter.

This request was received from CCMSI on May 18th, 2020. This claim was originally approved by the Board on July 19th, 2017. The injured employee completed a permanent total disability report of employment, Form D-14, for 2018 -- I believe -- indicating he had not worked. I believe, that should say 2019.

This request contains payment and/or reporting for the following expenses:

Telephonic therapeutic exercises -- you know what, that should say 2018. That was correct. My

fault.

Telephonic therapeutic exercise counseling on November 1, 2018 with visits at the clinic on September 4th, 2018 and January 23rd, 2019;

Telephonic nutrition counseling on October 4th, 2018 and November 1, 2018 with visits at the clinic on November 30th, 2017, September 4th, 2018, and January 23rd, 2019;

Office visits with Specialty Health on January 7, 2019 and January 23rd, 2019;

Lab work on September 4th, 2018;

Office visits with Dr. Truong on January 28th, 2019, October 3rd, 2018 and May 16, 2019;

Holter monitor on March 19 to 20, 2018;

Permanent total disability payments from November 1, 2018 through February 29, 2020 in the monthly amount of $3,598.00 effective January 1, 2020.

This gentleman sees Dr. Truong for his heart and goes to Specialty Health Clinic for nutrition counseling and therapeutic exercise counseling. At the last office visit Dr. Truong on May 16, 2019, it was noted that the employee had been diagnosed with a rare lymphoma. He had been hospitalized for a pulmonary embolism. During his hospital stay, he had a bone

marrow biopsy. This resulted in a hematoma which resulted in a second hospitalization. At the time of the visit, the employee had received four rounds of chemotherapy, with an anticipated six completed by July 2019. At that time, he would be receiving a bone marrow transplant at Stanford.

On January 21, 2020, the employee passed away. The cause of death listed is: hypoxic respiratory failure, alveolar hemorrhage, pancytopenia, angioimmunoblastic T-cell lymphoma. The death certificate also lists septic shock as a result of a January 3rd, 2020 stem cell transplant. The employee has another claim for treatment of cancer. The applicant is waiting on the autopsy report to assign liability for the employee's death.

That's all.

BOARD MEMBER MEYER: I have a question.

MS. SKRINJARIC: Go right ahead.

BOARD MEMBER MEYER: All of the costs listed for this supplemental --

MS. SKRINJARIC: Yes.

BOARD MEMBER MEYER: -- are all specific to treatments for the heart issue, correct?

MS. SKRINJARIC: That's correct.

BOARD MEMBER MEYER: They don't include anything for the cancer because cancer is under a separate claim. Is that my understanding?

MS. SKRINJARIC: That's correct. The claim that is accepted under the subsequent injury is for the heart.

BOARD MEMBER MEYER: Is for the heart. Okay.

MS. SKRINJARIC: And so what you are seeing is for treatment of the heart. He is, my understanding is he is PT'd under his heart under subsequent injury. The applicant has stated he does have an accepted claim for cancer, but not under subsequent injury at this time, for the cancer.

BOARD MEMBER MEYER: Okay. All right. Thank you, Vanessa.

Does anybody else have questions?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: Does somebody want to make a motion?

BOARD MEMBER WILSON: This is Sharolyn. I'll make a motion that the Board accept the recommendation

of the Administrator regarding this third supplemental request in the verified, in the amount of verified costs of $54,425.72 regarding City of Sparks, claim number 07475T976184.

BOARD MEMBER SAYEGH: This is Suhair. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. And our last one is for Nevada System of Higher Education, claim number 09515A588697. And I will use my same disclosure for CCMSI.

BOARD MEMBER WILSON: And this is Sharolyn. I have the same disclosure for CCMSI.

MS. SKRINJARIC: It is the Administrator's recommendation to accept this seventh supplemental request pursuant to NRS 616B.557 for the right shoulder.

The total amount requested for reimbursement is $722.50. The amount of verified costs is $650.25. An explanation of the disallowance is attached to this letter.

This request was received from CCMSI on June 12th, 2020. The request contained reporting and payment for the following expenses:

Monthly office visits with Dr. Kong for pain management from April 30th, 2019 through March 4th, 2020.

Dr. Kong continues with medication refills on a monthly basis and there are no changes in her medical condition concerning her right shoulder.

The third-party administrator noted that there continued to be malpractice subrogation litigation on the claim. There is a firm jury trial date on August 24th, 2020.

There is a September 17, 2019 letter to the employee's medical malpractice lawyer indicating a lien against the claim for the radial nerve injury incurred during the 2009 surgery.

That's all.

BOARD MEMBER MEYER: Does anybody have questions?

BOARD MEMBER WILSON: This is Sharolyn. I have none.

BOARD MEMBER SAYEGH: This is Suhair. I have none.

BOARD MEMBER MEYER: Does somebody want to make a motion?

BOARD MEMBER WILSON: This is Sharolyn. I will

make a motion that the Board accept the recommendation of the Administrator regarding the seventh supplemental request in the verified amount of $650.25 regarding Nevada System for Higher Education, claim number 09515A588697.

BOARD MEMBER SAYEGH: This is Suhair. I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right. We're ready to move to item 8, approve and/or modification of the Draft Decision of Findings of Fact, Conclusions of Law and Determination of the Board concerning Las Vegas Metropolitan Police Department, claim number 12D34C229979.

Mr. Bordelove, do you want to address that?

MR. BORDELOVE: Sure. So this case was heard previously, in September of 2018. Pretty much on Board preference here. I can go ahead and read the decision again for you, or we can just have a motion for approval. It doesn't matter to me. It's the Board's preference.

BOARD MEMBER SAYEGH: This is Suhair. I read the language. I'm okay with just making a motion.

Cecilia?

BOARD MEMBER MEYER: I fine with that as well.

BOARD MEMBER WILSON: And this is Sharolyn. I am fine as well.

BOARD MEMBER MEYER: Okay. Do you want to make a motion to accept?

BOARD MEMBER SAYEGH: I just have one question with regards to page 7 where it's Cecilia's signature. We need to --

MR. BORDELOVE: I'll update that. I'll update that to make it Chair.

BOARD MEMBER MEYER: Okay.

BOARD MEMBER SAYEGH: Okay. Thank you. Other than that.

MR. BORDELOVE: I can have you do a wet signature, or I can use your electronic signature, whatever you prefer on this.

BOARD MEMBER MEYER: Oh, whatever is easiest works fine for me.

MR. BORDELOVE: I'll do the electronic signature, then. Thank you.

BOARD MEMBER MEYER: Okay. Thank you.

BOARD MEMBER SAYEGH: Okay. With that change, then, I will make a motion to accept the Board for the

subsequent injury self-insured employers of Findings of fact, conclusions of law, determination for the --

BOARD MEMBER WILSON: This is Sharolyn.

BOARD MEMBER SAYEGH: -- Las Vegas Metropolitan Police Department -- oh, I'm sorry.

BOARD MEMBER WILSON: Oh, I'm sorry, Suhair.

BOARD MEMBER SAYEGH: It's okay. I was just going to read into the record, for the Las Vegas Metropolitan Police Department, claim number 12D34C229979.

BOARD MEMBER WILSON: All right. This is Sharolyn, and I'll second that motion.

BOARD MEMBER MEYER: All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: Okay. Item 9, additional items, general matters of concern to Board members regarding matters not appearing on the agenda. Do we have any general matters of concern today?

MS. SKRINJARIC: Cecilia.

BOARD MEMBER MEYER: Yes.

MS. SKRINJARIC: You said some of your colleagues had applied. Is that correct?

BOARD MEMBER MEYER: Yes. I have two that have applied. I'm not sure what the status is, but both of

them several weeks ago reached out to me and told me that their applications had been submitted.

MS. SKRINJARIC: Okay. Great.

BOARD MEMBER MEYER: Yeah. So, hopefully, both of those will be approved.

MS. SKRINJARIC: Perfect.

BOARD MEMBER MEYER: Okay. If there's nothing else, we'll go to item 9.b., old and new business. Do we have any old and new business?

BOARD MEMBER SAYEGH: This is Suhair. I have none at this time.

BOARD MEMBER WILSON: And this is Sharolyn. I have none.

BOARD MEMBER MEYER: I have none, either.

And item c. is the schedule of the next meeting. Do we have any -- I'm sure we already all have those on our calendars. Does anybody think they have any issues with any of those dates as of today?

BOARD MEMBER WILSON: This is Sharolyn. I have no issues as of today.

BOARD MEMBER SAYEGH: Suhair. Same.

BOARD MEMBER MEYER: And I, too, am the same.

All right. Item 10, public comment. The opportunity for public comment is reserved any matter

within the jurisdiction of the Board. No action on such an item can be taken by the Board unless and until the matter has been agendized as an action item. Comment from the public is limited to three minutes per person.

Do we have any public present?

MS. SKRINJARIC: No.

BOARD MEMBER MEYER: All right. Well, if there is nothing else, if someone wants to make a motion for adjournment.

BOARD MEMBER WILSON: This is Sharolyn.

BOARD MEMBER SAYEGH: Suhair. I'll -- oh.

BOARD MEMBER WILSON: I'll motion for adjournment.

BOARD MEMBER SAYEGH: Suhair. I will second that motion.

BOARD MEMBER MEYER: All right. All in favor?

(Board members said "aye.")

BOARD MEMBER MEYER: All right.

MS. SKRINJARIC: Thank you very much. I know it was a long meeting.

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