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TRANSCRIPT MINUTES

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

Wednesday, April 21, 2021
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

Wendy Lang (phone)
Board Member

Michele Washington (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:

Kasey McCourtney (phone)
CCMSI

Kim Price, Esq. (phone)
Lewis Brisbois Bisgaard & Smith

I N D E X

ITEM	PAGE
1. Roll Call	5
2. Public Comment	6
3. Approval of Agenda For Possible Action	6
4. Approval of Minutes for February 23, 2021 For Possible Action	8
5. Action on a Recommendation of the Administrator of the Division of Industrial Relations for Approval of the following request(s) for reimbursement from the Subsequent Injury Account for Self-Insured Employers.	9
a. 17D34G981618 Las Vegas Metropolitan Police Department For Possible Action	10
b. 18D34F766450 Las Vegas Metropolitan Police Department For Possible Action	19
c. 18D34F728623 Las Vegas Metropolitan Police Department For Possible Action	29
6. Action on a Recommendation of the Administrator of the Division of Industrial Relations for Denial of the following request(s) for reimbursement from the Subsequent Injury Account for Self-Insured Employers.	
a. 14D34E489337 Las Vegas Metropolitan Police Department For Possible Action	39
b. 18D34F601033 Las Vegas Metropolitan Police Department For Possible Action	48

1	7.	Action on a Recommendation of the Administrator of the Division of Industrial Relations for Approval of the following supplemental request(s) for reimbursement from the Subsequent Injury Account for Self-Insured Employers.	
2			
3			
4	a.	00G28Y029597 Nevada Energy, Inc. For Possible Action	60
5			
6	b.	12G28Y027465 Nevada Energy, Inc. For Possible Action	63
7			
8	c.	02F78G693581 Newmont Mining Corporation For Possible Action	65
9			
10	d.	10C52B373680 City of Henderson For Possible Action	68
11			
12	7.	Additional Items:	
13	a.	General Matters of Concern to Board Members Regarding Matters Not Appearing on the Agenda	69
14			
15	b.	Old and New Business	70
16	c.	Schedule of Next Meeting. The following dates have been scheduled in advance but are subject to change at any time: May 19, 2021, June 16, 2021, July 21, 2021, August 18, 2021, September 15, 2021, October 20, 2021, November 17, 2021, December 15, 2021.	
17			
18			
19		For Possible Action	71
20	8.	Public Comment	72
21	9.	Adjournment For Possible Action	72
22			
23			
24			
25			

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WEDNESDAY, APRIL 21, 2021, 10:00 A.M.

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MS. SKRINJARIC: Okay. Cecilia, if you want to go ahead and call to order, and then I'll call off everyone's name.

BOARD CHAIR MEYER: All right. I want to begin this meeting by welcoming our new Board members, Wendy and Michele.

And I will start with that this is the Board for the Administration of Subsequent Injury Account for Self-Insured Employers. Today is Wednesday, April 21st, 2021.

And, Vanessa, would you do the role.

MS. SKRINJARIC: Okay. So, Cecelia Meyer?

BOARD CHAIR MEYER: Here.

MS. SKRINJARIC: Suhair Sayegh?

BOARD MEMBER SAYEGH: Here.

MS. SKRINJARIC: Sharolyn Wilson?

BOARD MEMBER WILSON: Here.

MS. SKRINJARIC: Wendy Lang?

BOARD MEMBER LANG: Here.

MS. SKRINJARIC: Michele Washington?

BOARD MEMBER WASHINGTON: Here.

MS. SKRINJARIC: Donald Bordelove?

MR. BORDELOVE: Here.

1 MS. SKRINJARIC: Christopher Eccles?

2 MR. ECCLES: Here.

3 MS. SKRINJARIC: This is Vanessa Skrinjaric for
4 the Division of Industrial Relations.

5 And we also have Kim Price?

6 MR. PRICE: Yes. Thank you.

7 MS. SKRINJARIC: Okay. And Kasey McCourtney?

8 MS. MCCOURTNEY: Here.

9 MS. SKRINJARIC: Okay.

10 BOARD CHAIR MEYER: All right. Thank you.

11 Public comment. The opportunity for public
12 comment is reserved for any matter listed below on the
13 agenda as well as any matter within the jurisdiction of
14 the Board. No action on such an item may be taken by
15 the Board unless and until the matter has been noticed
16 as an action item. Comment from the public is limited
17 to three minutes per person.

18 Do we have anyone from the public present?

19 MS. SKRINJARIC: We do not.

20 BOARD CHAIR MEYER: Okay. Then, we'll move on
21 to item 3, the approval of the agenda.

22 Did everybody get a copy of the agenda?

23 BOARD MEMBER WILSON: This is Sharolyn. Yes, I
24 did.

25 BOARD MEMBER SAYEGH: This is Suhair. Yes, I

1 did.

2 BOARD MEMBER LANG: This is Wendy. I received
3 it.

4 BOARD MEMBER WASHINGTON: This is Michele. I
5 have it.

6 BOARD CHAIR MEYER: I have it as well. Does
7 anybody have any questions or concerns about the agenda?

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

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

12 BOARD MEMBER LANG: Wendy. I have none.

13 BOARD MEMBER WASHINGTON: This is Michele. I
14 have none.

15 BOARD CHAIR MEYER: All right. Very good.
16 Then, we will move on to item 4, the approval of the
17 minutes.

18 Did everybody get the minutes from the last
19 meeting, which was Tuesday, February 23rd of 2021?

20 MR. ECCLES: Excuse me. This is Chris. I
21 don't think you guys had a motion on approval of the
22 agenda.

23 BOARD CHAIR MEYER: Oh, I think, you're right,
24 Chris. Thank you so much.

25 MR. ECCLES: Sure.

1 BOARD CHAIR MEYER: I will take a motion to
2 approve the agenda.

3 BOARD MEMBER LANG: Chairwoman, this is Wendy
4 Lang. I move to approve the agenda as presented.

5 BOARD CHAIR MEYER: And a second?

6 BOARD MEMBER SAYEGH: This is Suhair. I'll
7 second. This is Suhair.

8 BOARD CHAIR MEYER: Okay.

9 BOARD MEMBER SAYEGH: I'll second that motion.

10 BOARD CHAIR MEYER: Everyone in agreement?

11 BOARD MEMBER WILSON: This is Sharolyn. Aye.

12 BOARD MEMBER SAYEGH: Aye.

13 BOARD MEMBER WASHINGTON: This is Michele.
14 Aye.

15 BOARD MEMBER LANG: This is Wendy. Aye.

16 BOARD CHAIR MEYER: All right. Very good.

17 Let's move to the minutes, then. Did everybody get a
18 copy of the minutes?

19 BOARD MEMBER WILSON: This is Sharolyn. Yes.

20 BOARD MEMBER SAYEGH: This is Suhair. Yes.

21 BOARD MEMBER LANG: Yes, I have them. This is
22 Wendy.

23 BOARD MEMBER WASHINGTON: This is Michele.

24 Yes.

25 BOARD CHAIR MEYER: I have them as well. It's

1 my understanding that only those that were present are
2 able to vote on the minutes. Is that correct?

3 MR. BORDELOVE: It doesn't really matter. You
4 can have everybody vote on it as long as they reviewed
5 it.

6 BOARD CHAIR MEYER: Okay. All right. Very
7 good. Then, I will take a motion to accept the minutes
8 from February 23rd, 2021.

9 BOARD MEMBER WILSON: This is Sharolyn. I'll
10 make a motion that we accept the minutes from
11 February 23rd, 2021.

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

14 BOARD CHAIR MEYER: All in favor?

15 (Board members said "aye.")

16 BOARD CHAIR MEYER: All right. Very good. Now
17 we'll move on to item 5, the claims that we are going to
18 be hearing today. But I do have a question for
19 Mr. Bordelove. I've noticed that each one of the claims
20 submitted that we're going to be hearing today, the
21 third-party administrator for each one of these claims
22 is CCMSI. Can the Board do a blanket disclaimer for all
23 of them, or must we do them claim by claim?

24 MR. BORDELOVE: As long as there's nothing that
25 distinguishes your disclaimer, then, yes, we can do a

1 bulk or a group disclaimer.

2 BOARD CHAIR MEYER: All right. Well, then, I
3 will start by saying that CCMSI is the third-party
4 administrator for Carson City, but that will not affect
5 my decisions today.

6 BOARD MEMBER WILSON: This is Sharolyn. CCMSI
7 is the third-party administrator for Washoe County, but
8 that will not affect my decisions today.

9 BOARD MEMBER LANG: This is Wendy. CCMSI is
10 the third-party administrator for Douglas County, but
11 that does not impact or influence my decisions today.

12 BOARD MEMBER WASHINGTON: This is Michele.
13 CCMSI is also the third-party administrator for UNLV and
14 the Adult System of Higher Education, but that will not
15 affect my decisions today.

16 BOARD CHAIR MEYER: Very good. Thank you.

17 All right. We will move on to the first claim,
18 which is with Las Vegas Metropolitan Police Department.
19 This is claim number 17D34G981618.

20 Vanessa.

21 MS. SKRINJARIC: Okay. This is the
22 Administrator's recommendation to accept this request
23 pursuant to NRS 616B.557 for the left wrist only. The
24 left hand, left ankle, left foot, cervical spine and
25 lumbar spine were not requested and are specifically

1 excluded.

2 The total amount requested for reimbursement is
3 \$25,682.77. The amount of verified costs is \$25,337.86.
4 An explanation of the disallowance is attached to this
5 letter.

6 This request was received from Kim Price, Esq.,
7 on February 8th, 2021.

8 Prior history.

9 This employee was hired on June 27, 2005. On
10 February 11, 2011, he was operating his police
11 motorcycle when he tried to avoid a collision with a
12 car. His brakes locked up and he was thrown to the
13 ground where he slid for approximately 50 feet on the
14 right side of his body. Prior history is taken from the
15 PPD evaluations penned by Dr. Quaglieri on November 18,
16 2011 and Dr. Perry on February 10th, 2016. Only the
17 history related to the left wrist is discussed.

18 The employee sought treatment the same day and
19 was diagnosed with severe cervical strain, left upper
20 extremity radicular symptoms, low back strain and
21 bilateral hip strains.

22 On March 16, 2011, the employee saw
23 Dr. Stewart. X-rays of both wrists were unremarkable.
24 The employee was tender of the triangular fibrocartilage
25 area. The distal radial ulnar joint was stable.

1 An April 8th, 2011 MR arthrogram of the left
2 wrist revealed subtle contracted filled full-thickness
3 defect perforation of the central membranous segment of
4 the scapholunate ligament. Apparent widening of the
5 pisotriquetral joint space of the distal and radial
6 aspects with adjacent soft irregularities suggestive of
7 a possible pisotriquetral joint capsular and/or
8 ligamentous laxity. Mild second and third extensor
9 compartment tenosynovitis at the dorsoradial aspect of
10 the wrist at and near their point of decussation
11 suggestive of possible second intersection syndrome.
12 Mild arthritic changes of the first carpometacarpal
13 joint and the STT joint.

14 On April 12th, 2011, Dr. Germin noted pain, the
15 left wrist, associated with tingling in the 4th and 5th
16 digits of the left hand. Rule out post-traumatic ulnar
17 neuropathy at the canal of Guyon.

18 On May 30th, 2011, electrodiagnostic studies
19 revealed no evidence of carpal tunnel syndrome or ulnar
20 neuropathy on the left.

21 On November 18, 2011, Dr. Quaglieri recommended
22 a 4 percent whole person impairment for the left wrist.

23 On March 9, 2015, the employee was involved in
24 a motor vehicle accident in which a car pulled out in
25 front of him, causing him to strike the vehicle, flip

1 over and land on the ground.

2 The employee sought treatment the same day.
3 X-rays were taken of his hands and revealed no
4 fractures.

5 On April 16, 2015, Dr. Yu recommended an MRI.
6 The May 22nd, 2015 MRI revealed a short appearing
7 scaphoid, suggesting a prior scaphoid fracture, necrosis
8 of the proximal pole, party absence of the scapholunate
9 ligament.

10 On August 12th, 2015, Dr. Yu performed a left
11 wrist scapholunate ligament reconstruction and
12 synovectomy, carpi radialis, tendon transfer, dorsal
13 capsulodesis and posterior interosseous nerve excision.
14 Thereafter, the employee underwent physical therapy.

15 On January 22nd, 2016, Dr. Zhu released the
16 employee as maximally medically improved, stable and
17 ratable.

18 Dr. Perry recommended 11 percent whole person
19 impairment for the left wrist, less the prior impairment
20 of 4 percent whole person impairment, for a net
21 7 percent whole person impairment.

22 Present claim.

23 On January 2nd, 2017, the employee was hit by a
24 motor vehicle during a traffic stop.

25 The subsequent injury history will be taken

1 from the PPD report penned by Dr. Hogan on August 8th,
2 2017.

3 The employee was taken by ambulance to
4 University Medical Center after the MVA. X-rays of the
5 wrist showed hardware at the dorsal aspect of the lunate
6 and suspicion for widening of the scapholunate joint.
7 The employee was referred to Dr. Yu.

8 On January 5th, 2017, the employee saw Dr. Yu
9 who noted the carpal alignment had changed since the
10 previous x-rays and was not sure if this was because of
11 the accident or if this was just how the carpal had
12 changed over the last year.

13 A January 13, 2017 MRI revealed post-op changes
14 with soft tissue bone anchor within the dorsal lunate
15 lunate. There was chronic scapholunate ligament tear
16 with associated dorsal tilt of the lunate. DISI pattern
17 of instability, ligamentous cause. Osteoarthritis
18 involving multiple wrist articulations including
19 radiocarpal joint, midcarpal row and severely at the
20 scaphoid trapezoid articulation to a lesser degree
21 scaphoid trapezium and first carpal metacarpal joint as
22 well as the fourth CMS. Associated degenerative
23 subchondral cystic changes present particularly
24 involving the trapezoid.

25 On January 20th, 2017, Dr. Yu gave the employee

1 a Celestone injection into the left wrist.

2 On January 23rd, 2017, the employee saw
3 Dr. Erkulvrawatr who recommended follow-up with Dr. Yu.

4 By February 2017, Dr. Yu noted the employee did
5 not receive any significant relief from the wrist
6 injection and elected to proceed with surgery.

7 On February 27, 2017, Dr. Yu performed a left
8 wrist excision of the scaphoid lunate and trapezoid
9 carpal bone and left wrist radial styloid excision.

10 On March 9th, 2017, the employee was seen in
11 follow-up and placed in a short-arm cast. The employee
12 began physical therapy on April 12th, 2017. Therapy was
13 completed on June 5th, 2017.

14 On June 12th, 2017, Dr. Erkulvrawatr released
15 the employee as maximally medically improved for the
16 neck, low back, left ankle and hand.

17 On July 6th, 2017, Dr. Yu released the employee
18 as maximally medically improved for the left wrist.

19 On August 8th, 2017, Dr. Hogan performed a PPD
20 evaluation in which he found the following: left wrist,
21 19 percent minus 7 percent prior equals 12 percent;
22 cervical, 5 percent minus 5 percent prior equals 0;
23 lumbar, 5 percent minus 6 percent prior equals 0; left
24 ankle, 2 percent pending stress radiographs; total
25 14 percent whole person impairment.

1 On August 10th, 2017, Dr. Hogan submitted an
2 addendum in which he was provided stress radiographs for
3 the left ankle. He determined the left ankle did not
4 warrant a 2 percent whole person impairment. Therefore,
5 the total impairment was reduced to 12 percent.

6 On August 16, 2017, Dr. Hogan submitted a
7 second addendum in which he changed the left wrist
8 impairment. As the employee had received 4 percent
9 whole person impairment from Dr. Quaglieri and 7 whole
10 person impairment from Dr. Perry, these total 11 percent
11 whole person impairment. Once the prior impairments are
12 subtracted from the 19 percent whole person impairment
13 Dr. Hogan recommended, the net result is an 8 percent
14 whole person impairment. The employee took this in
15 installments. Monthly installments of \$266.19 through
16 January 31st, 2021 are submitted in this application.

17 Temporary total disability from February 27th,
18 2017 through March 3rd, 2017 was also submitted for
19 reimbursement.

20 Findings.

21 This claim involves a second surgery of the
22 scaphoid lunate which was made more complex as a result
23 of an already complex first surgery. The documents
24 presented support additional compensation as a result of
25 the combined effects of the pre-existing impairment and

1 the subsequent injury.

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

4 On February 10th, 2016, Dr. Perry recommended
5 11 percent whole person impairment for the left wrist,
6 less the prior impairment of 4 percent whole person
7 impairment, for a net 7 percent whole person impairment.

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

10 The employer provided a February 26, 2016 email
11 from Christina Cabrera, claims adjuster at CCMSI, to
12 Jeffrey Roch, employee of LVMPD, which states in
13 pertinent part, quote, "Employee received a PPD
14 impairment for the right and left hand resulting in a
15 12 percent whole person impairment. Summary of
16 impairment, 12 percent left wrist, 7 percent left hand,
17 0 percent right wrist, 5 percent right hand, 0 percent,"
18 end quote.

19 Based on the documents presented, the employer
20 had actual knowledge of the employee's permanent
21 impairment of 7 of the left wrist and continued to
22 employ the employee until his subsequent injury.

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

25 Subsection 5 does not need to be satisfied in

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

4 That's all.

5 BOARD CHAIR MEYER: Thank you.

6 Do we have any additional comments to be made
7 by Mr. Price or Kasey with CCMSI?

8 MR. PRICE: I have nothing to add.

9 MS. MCCOURTNEY: Neither do I.

10 BOARD CHAIR MEYER: Okay. Does the Board have
11 any questions?

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

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

16 BOARD MEMBER WASHINGTON: This is Michele. I
17 have none.

18 BOARD MEMBER LANG: This is Wendy. I have no
19 questions.

20 BOARD CHAIR MEYER: Okay. I have no questions,
21 either. Would somebody like to make a motion on this
22 claim.

23 BOARD MEMBER WILSON: This is Sharolyn. I'll
24 make a motion that we accept the Administrator's
25 recommendation regarding claim number 17D34G981618,

1 Las Vegas Metro Police Department, in the amount of
2 verified costs of \$25,337.86.

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

5 BOARD CHAIR MEYER: All in favor?

6 (Board members said "aye.")

7 BOARD CHAIR MEYER: All right. Very good. We
8 will move on now to Las Vegas Metropolitan Police, claim
9 number 18D34F766450.

10 MS. SKRINJARIC: It is the Administrator's
11 recommendation to accept this request pursuant to NRS
12 616B.557 for the cervical spine.

13 The total amount requested for reimbursement is
14 \$240,180.16. The amount of verified costs is
15 \$188,045.94. An explanation of the disallowance is
16 attached to this letter.

17 This request was received from Kim Price, Esq.,
18 on December 29th, 2020.

19 Prior history.

20 This employee was hired on October 6, 1999 as a
21 police officer.

22 The prior medical records submitted for review
23 begin on October 26, 2015 and had illegible in portions.
24 However, it appears that the employee was seeing
25 Dr. Marjorie Belsky of Desert Sunset Pain Consultants

1 for monthly pain medications of Neurontin, Norco, Soma,
2 Percocet and Dilaudid for back and neck pain related to
3 an ATV accident.

4 A July 11th, 2016 office visit with Dr. Belsky
5 notes a cervical MRI with bulges at C3-4 and C5-6, left
6 2- to 3-millimeter, and C6-7, 3- to 4-millimeter which
7 effaces C7.

8 It appears from the records the employee was in
9 a work-related motor vehicle accident on March 21st,
10 2017, although those records were not provided in the
11 application.

12 On March 28th, 2017, Dr. Nahm of Desert Sunset
13 Pain Consultants gave the employee a Toradal injection.

14 On March 29th, 2017, Dr. Nahm recommended a
15 transforaminal epidural steroid injection.

16 By May 22nd, 2017, the employee was seeing
17 Dr. Muir.

18 On June 21st, 2017, an MRI revealed a
19 3-millimeter left lateral annular bulge/disc protrusion
20 encroaching the exiting nerve root at the level of the
21 left lateral recess at C3-4; a 2.5-millimeter
22 broad-based posterior annular bulge and mild facet joint
23 hypertrophic changes at C4-5; broad-based posterior
24 annular bulge and approximately 3-millimeter central and
25 left lateral disc protrusion including subligamentous

1 annular tear at C5-6; at C6-7 a 3-millimeter central and
2 left lateral disc protrusion, central and lateral
3 subligamentous annular tear, 7-millimeter right lateral
4 disc extrusion impinging on the exiting nerve root at
5 the level of the right lateral recess. A major portion
6 of the disc is inferiorly displaced, and the displaced
7 fragment measures approximately 4 millimeters. This in
8 addition to uncovertebral and facet joint hypertrophic
9 changes causing moderate to severe right neural foramina
10 narrowing. At C7 to T1, a 3.2-millimeter right lateral
11 disc protrusion encroaching the exiting nerve root at
12 level of the right lateral recess.

13 On June 29, 2017, Dr. Muir noted the employee
14 could no longer cope with the pain, tremor and weakness
15 in the upper extremity and would like to proceed with
16 C6-7 anterior cervical decompression and fusion, ACDF.

17 On August 14, 2017, Dr. Muir saw the employee
18 in follow-up for an August 2nd, 2017 C6-7 ACDF. The
19 surgery records were not provided in the application.

20 On September 13, 2017, Dr. Muir noted the
21 employee's right arm pain and paresthesia have ceased.
22 The employee did have some posterior neck pain,
23 stiffness and spasms.

24 On September 20th, 2017, Dr. Muir released the
25 employee full duty.

1 On October 9, 2017, Dr. Muir noted the employee
2 developed stiffness in his neck.

3 On December 14, 2017, Dr. Muir noted the
4 employee wanted to be medically assessed for discomfort
5 and pain about his neck and numbness in the right upper
6 extremity which was affecting his work.

7 On December 17, 2017, the employee was lifting
8 luggage from the baggage carousel at the airport where
9 he was stationed as a police officer when he experienced
10 pain and tightness on the left side of his neck and in
11 both shoulder blades.

12 On January 2nd, 2018, Dr. Muir signed a
13 C-4 Form and noted cervical radiculopathy and cervical
14 disc displacement thoracic.

15 The TPA denied the claim. This was appealed to
16 the Hearing Officer by the employee. Ultimately, the
17 employee and employer agreed to settle the claim. The
18 employer would accept the claim for cervical strain and
19 award the employee 14 percent whole person impairment
20 for the cervical strain under the December 17, 2017
21 claim.

22 Present claim.

23 While continuing to work for this employer, on
24 October 8th, 2018, the employee was attempting to arrest
25 a suspect when he was kicked in the left side of his

1 face twice causing his neck to snap back.

2 The medical history will be taken from PPD
3 evaluation penned by Dr. Glick on February 7th, 2020.

4 The employee did not seek treatment until
5 December 27th, 2018, when he went to a UMC Quick Care.
6 It was noted that the employee had a previous cervical
7 fusion. The diagnosis was cervical radiculopathy.
8 X-rays were normal. Referral to an orthopedist was
9 requested.

10 On January 24th, 2019, the employee saw
11 Dr. Perry who noted right arm pain and paresthesia. An
12 MRI was performed on January 30th, 2019, which revealed
13 mild to moderate right C6-7 neuroforaminal stenosis and
14 mild C5-6 foraminal stenosis.

15 On March 8th, 2019, Dr. Mashhood performed
16 EMG/NCV studies which revealed evidence of moderate
17 severe right and mild left chronic C5, C6 and C7 nerve
18 root irritation with occasional denervation at right
19 C6-7.

20 On March 25th, 2019, the employee saw
21 Dr. Kucera who recommended C7 selective nerve root
22 blocks, if employee does not significantly improve
23 proceed with C6 nerve root blocks. It was recommended
24 he continue on nonindustrial related pain medication.

25 An MRI on March 29th, 2019 revealed at C3-4

1 approximately 3-millimeter left lateral annular bulge,
2 disc protrusion and posterior osteophytes abutting the
3 exiting nerve roots at the left lateral recess; at C4-5
4 broad-based posterior annular bulge and approximately
5 3-millimeter right central disc protrusion, mild to
6 moderate right and left neuroforaminal narrowing; at
7 C5-6 a stable broad-based posterior disc osteophyte
8 complex including central and left central disc
9 protrusion indenting the thecal sac; at C6-7 stable
10 posterior hypertrophic changes in the right central
11 canal aspect, uncovertebral and facet joint hypertrophic
12 changes, moderate right neuroforaminal narrowing; at
13 C7-T1 approximately a 3.2-millimeter right central disk
14 protrusion.

15 On April 3rd, 2019, Dr. Kucera performed right
16 C6-7 transforaminal epidural steroid injections. On
17 April 24th, 2019, it was performed at right C5-6.

18 On May 2nd, 2019, Dr. Kucera noted the employee
19 received only five days of hand numbness relief from the
20 injections. The employee was referred back to
21 Dr. Perry.

22 On June 11th, 2019, Dr. Perry performed a right
23 hemilaminotomy/neuroforaminotomies, C5-6, C6-7;
24 posterior fusion C5-6 and C6-7, use of morselized local
25 autograft; use of demineralized bone matrix.

1 On September 27, 2019, Dr. Perry noted
2 continued neck pain and left ulnar neuropathy at the
3 elbow. A CT scan and MRI were requested to evaluate
4 position instrumentation as well as bony healing/fusion.

5 An MRI performed on October 29th, 2019 revealed
6 solid bony bridging across C6-7 disc space; hardware
7 maintained; minimal anterior listhesis at C5-6; mild
8 indentation of the thecal sac at C3-4, C4-5, C6-7 and
9 C7-T1 levels; moderate foraminal on the right at C4-5,
10 mild foraminal narrowing bilaterally at C3-4 and C6-7
11 and on the left at C4-5.

12 On December 5th, 2019, Dr. Perry noted the
13 employee continued to have residual neck pain. He noted
14 internal vascular dehiscence with mild invagination of
15 his posterior cervical incision. It is unclear as to
16 whether or not this is the clear cause of the residual
17 neck pain. Dr. Perry noted a cervical spinal cord
18 stimulator was an option. He felt the employee had
19 permanent restrictions.

20 The employee underwent a functional capacity
21 evaluation on January 8th, 2020 which was valid. He was
22 placed in the medium category, for which his
23 capabilities did not meet his job requirements.

24 On January 29th, 2020, Dr. Glick performed the
25 PPD evaluation. He used the range of motion method.

1 Dr. Glick recommended the employee had a 37 percent
2 whole person impairment, less the prior 14 percent whole
3 person impairment, for a net 23 percent whole person
4 impairment.

5 This was accepted by the employee in a lump
6 sum.

7 Temporary total disability was paid on this
8 claim from June 11th, 2019, surgery day, to August 2nd,
9 2019.

10 The employee was referred to a vocational
11 rehabilitation counselor on February 10th, 2020. On
12 February 27th, 2020, the TPA requested closure of the
13 vocational services. One month of services is
14 reimbursed in this submission.

15 Medical reporting supports a substantial
16 increase in the costs of the claim due to diagnostic
17 testing, injections, a multilevel fusion and additional
18 PPD paid under the claim which is above and beyond what
19 would normally be paid for a simple cervical
20 sprain/strain.

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

23 The injured employee was paid for a 14 percent
24 whole person impairment for the cervical spine under his
25 12-17-17 claim.

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

3 The applicant submitted numerous documents for
4 review to show written knowledge of the permanent
5 impairment. The Administrator finds the following to be
6 the most persuasive:

7 C-3 Form for DOI 12-17-17, dated 1-16-18,
8 signed by an employee of the employer, which notes,
9 quote, "Part of body injured or affected, neck, disc,"
10 end quote. Also, quote, "Have had previous surgery in
11 August 2017 on neck disc," end quote.

12 Email from Danielle Potter, employee for CCMSI,
13 to Jeff Roach, employee for LVMPD, dated May 16, 2018,
14 which states, quote, "The attached documentation is
15 regarding employee DOI 12-17-17, claim number
16 17D34F458861, which includes the Hearing Officer's
17 Stipulation and Order dated 4-25-18, Notice of Claim
18 Acceptance, PPD Award Letter. This claim was accepted
19 for cervical strain only. Employee received a
20 14 percent whole person impairment for his cervical
21 spine," end quote.

22 Documents which are referenced in email above.

23 The above documents show the employer had
24 actual knowledge of a 14 percent whole person impairment
25 to the cervical spine prior to the subsequent injury on

1 October 8th, 2018.

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

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

8 That's all.

9 BOARD CHAIR MEYER: Thank you, Vanessa.

10 Is there any further comments from Kasey or --
11 or, I'm sorry, Mr. Price?

12 MR. PRICE: I have nothing to add, no. Thank
13 you.

14 MS. MCCOURTNEY: Me neither.

15 BOARD CHAIR MEYER: All right. Does the Board
16 have any questions?

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

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

21 BOARD MEMBER LANG: This is Wendy. I don't
22 have any.

23 BOARD MEMBER WASHINGTON: This is Michele. I
24 have none.

25 BOARD CHAIR MEYER: Okay. Thank you. Would

1 someone like to make a motion.

2 BOARD MEMBER SAYEGH: This is Suhair. I'll
3 make the motion to accept the DIR recommendation on
4 claim number 18D34 -- I'm sorry. I'm reading the wrong
5 one. Hold on. Here it is. Oh, it is the right one.
6 Let me repeat that. 18D34F766450, in the verified
7 amount of \$188,045.94.

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

10 BOARD CHAIR MEYER: All in favor?

11 (Board members said "aye.")

12 BOARD CHAIR MEYER: Okay. Very good. Thank
13 you.

14 Now we will move on to Las Vegas Metropolitan
15 Police Department, claim 18D34F728623.

16 MS. SKRINJARIC: It is the Administrator's
17 recommendation to accept this request pursuant to NRS
18 616B.557 for the left shoulder.

19 The total amount requested for reimbursement is
20 \$10,170.24. The amount of verified costs is \$5,150.20.
21 An explanation of the disallowance is attached to this
22 letter.

23 This request was received from Kim Price, Esq.,
24 on February 25th, 2021.

25 Prior history.

1 This employee was hired on March 29, 2000 as a
2 police officer. On June 2nd, 2003, he was taking down a
3 suspect who was resisting arrest and fell on his left
4 shoulder. Prior history is taken from the PPD
5 evaluations penned by Mr. Vandermeer on January 14,
6 2004, Dr. Ballard on February 15, 2005 and Dr. Pernell
7 on June 28th, 2005.

8 The employee sought treatment at UMC on
9 June 2nd, 2003. An x-ray of the left shoulder revealed
10 no evidence of fracture or dislocation. A rotator cuff
11 strain was suspected. An MRI on June 3rd, 2003 revealed
12 a small paralabral cyst. Findings were highly
13 suspicious for a labral injury without evidence of
14 rotator cuff tear.

15 On June 23rd, 2003, Dr. Rimoldi performed an
16 injection into the left subacromial space.

17 On August 1, 2003, Dr. Koe performed a left
18 shoulder arthroscopy with debridement of the rotator
19 cuff and labrum; excision of the labral cyst;
20 acromioplasty with subacromial decompression. The
21 employee underwent post-op physical therapy.

22 On December 9, 2003, Dr. Koe noted full range
23 of motion and no impingement. He did not believe the
24 employee had any ratable impairment.

25 On January 14, 2004, Dr. Vandermeer recommended

1 the employee receive a 6 percent whole person impairment
2 for the left shoulder. This was paid to the employee in
3 February 2004.

4 On May 30th, 2004, the employee again tried to
5 take down a suspect and fell onto the ground. He was
6 taken to UMC and then referred to Dr. Koe.

7 An MRI on June 7, 2004 questioned whether there
8 was a tear of the anterior superior labrum.

9 Postoperative changes were seen along with mild
10 hypertrophic changes of the AC joint. No rotator cuff
11 tear was noted.

12 On August 11, 2004, Dr. Koe performed a left
13 shoulder arthroscopy with debridement of the partially
14 ruptured biceps tendon with an electrothermal anterior
15 capsulorrhaphy. The employee underwent post-op physical
16 therapy.

17 On September 17, 2004, the employee saw
18 Dr. Kabins for a sharp pain radiating to both shoulders,
19 severe headaches for a month and numbness in his
20 fingers. Dr. Kabins' impression was a work-related
21 injury of the left shoulder with concomitant neck pain
22 and sensory change in his long, ring, and small fingers,
23 and the possibility of cervical radiculopathy versus
24 peripheral nerve impingement needed to be ruled out.

25 An MRI of the cervical spine on September 14,

1 2004 revealed C6-7 disc disease with posterior
2 osteophyte and broad annular budge resulting in mild to
3 moderate spinal canal stenosis. Spurring at C3-4
4 greater on the right and spurring at C5-6. MRI of the
5 brain on October 15, 2004 was normal.

6 EMG/nerve conduction on September 30, 2004
7 showed mild carpal tunnel findings, asymptomatic. He
8 had paresthesias involving the entire left thumb which
9 was not typical for carpal tunnel syndrome.

10 The employee saw Dr. Schifini on October 27,
11 2004. He had right cervical trigger point injections.
12 He received 100 percent immediate reduction in his pain.
13 The employee next saw Dr. Moody for headaches and
14 cervical injury. He also saw Dr. Roach for chiropractic
15 care.

16 On December 12th, 2004, the employee saw
17 Dr. Mashhood. Dr. Mashhood noted status post cervical
18 spine strain/sprain superimposed upon a C6-7 disc
19 osteophyte formation, and status post left shoulder
20 arthroscopic surgery, all work-related.

21 The employee treated with Dr. Roach for 12
22 chiropractic visits of heat therapy, spinal
23 manipulation, and intersegmental traction. In the final
24 report of January 26, 2005, the employee had full range
25 of motion. He was complaining of only occasional mild

1 neck pain in the suboccipital region on the right and
2 mild suboccipital headache.

3 On February 15, 2005, Dr. Ballard recommended
4 7 percent whole person impairment less the prior
5 6 percent whole person impairment for a net 1 percent
6 whole person impairment for the left shoulder. It
7 appears the employee disagreed with the PPD and
8 appealed.

9 On June 28, 2005, Dr. Pernell performed a PPD
10 evaluation in which she recommended a 9 percent whole
11 person impairment for the left shoulder and cervical
12 spine. On August 2nd, 2005, Dr. Pernell submitted an
13 addendum in which she clarified her rating. She awarded
14 the employee 8 percent whole person impairment for the
15 left shoulder, less the prior impairment of 6 percent,
16 leaving a net impairment of 2 percent whole person
17 impairment for the left shoulder. She also awarded the
18 employee 8 percent whole person impairment for the
19 cervical spine for a total of 10 percent whole person
20 impairment for the 2004 claim. It appears the employee
21 settled for 6 percent whole person impairment which was
22 paid in a lump sum in January 2006. The PPD documents
23 do not state for what body parts the 6 percent whole
24 person impairment are to be attributed. No records were
25 furnished which indicate if the cervical spine was ever

1 an accepted body part under the 2004 claim.

2 Present claim.

3 On August 24th, 2018, the employee was in a
4 foot pursuit and took the suspect to the ground. He
5 didn't seek treatment until October 11, 2018. He was
6 diagnosed with a chest wall contusion and left shoulder
7 strain.

8 The subsequent injury history will be taken
9 from the PPD report penned by Dr. Razsadin on April 4th,
10 2019.

11 An October 22nd, 2018 MRI of the left shoulder
12 revealed moderate supraspinatus tendinosis, mild
13 tendinosis of the infraspinatus, subscapularis and
14 long-head of the biceps tendons; moderate subacromial,
15 subdeltoid bursitis; moderate primary osteoarthritis of
16 the acromioclavicular joint; degenerative fraying of the
17 glenoid labrum, type 1 SLAP tear; trace asymmetric edema
18 of the teres minor muscle, possible representing early
19 quadrilateral space syndrome, irritation of the
20 innervating axillary nerve branch or inflexible fascia.

21 The employee saw Dr. Dettling on November 27,
22 2018 who requested an MR arthrogram. This was performed
23 on December 4th, 2018 and revealed mild degenerative
24 changes of the AC joint; mild degenerative changes of
25 the glenohumeral joint; tiny low-grade partial tear of

1 the supraspinatus tendon, no discernable full-thickness
2 subscapularis tendon tear; biceps tendon intact;
3 irregular contrast-filled cleft in the superior labrum
4 extending into the posteroinferior quadrant suggestive
5 of age-indeterminate labral tear and less likely
6 post-surgical change; glenohumeral ligament complex is
7 intact.

8 On December 11, 2018, Dr. Dettling recommended
9 physical therapy. This was begun on December 21st, 2018
10 and completed on February 28th, 2019.

11 On January 14, 2019, Dr. Dettling noted the
12 employee was not getting better; he wanted to proceed
13 with arthroscopy. However, by his follow-up visit two
14 weeks later, the employee declined, or decided to
15 postpone surgery.

16 On March 5th, 2019, Dr. Dettling determined the
17 employee was stable and not ratable.

18 On April 4th, 2019, Dr. Razsadin performed a
19 PPD evaluation on the employee. He recommended the
20 employee receive an 8 percent whole person impairment.
21 He then subtracted the prior 6 percent whole person
22 impairment, 1-14-04 from Dr. Vandermeer, and the prior
23 1 percent whole person impairment, 2-15-05 from
24 Dr. Ballard, which left a net 1 percent whole person
25 impairment for this claim. The employee took this in a

1 lump sum.

2 It is noted that Dr. Razsadin was not provided
3 with Dr. Pernell's June 28th, 2005 PPD and August 2nd,
4 2005 addendum in which the employee was awarded
5 8 percent whole person impairment for the left shoulder.
6 He was also not given the stipulation in which the
7 employee was given an additional 6 percent whole person
8 impairment. Had Dr. Razsadin been given these
9 additional documents, the net impairment should be
10 0 percent. Therefore, no additional PPD would be
11 allowed in this claim. This is addressed in the
12 disallowance sheet.

13 Travel was paid in this claim as the employee
14 lives in Logandale, Nevada and had to travel to
15 Las Vegas for various appointments.

16 Findings.

17 This claim involves a second surgery of the
18 scaphoid lunate which was made more complex as a result
19 of an already complex first surgery. The documents
20 presented support additional compensation as a result of
21 the combined effects of the preexisting impairment and
22 the subsequent injury.

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

25 On January 14, 2004, Dr. Vandermeer recommended

1 the employee receive a 6 percent whole person impairment
2 for the left shoulder. This was paid to the employee in
3 February 2004.

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

6 The employer provided numerous documents to
7 show employer knowledge. The Administrator finds one in
8 particular to be the most persuasive, a November 10,
9 2003 Medical Evaluation Form which states, quote,
10 "greater than three months status post left shoulder
11 adhesions left shoulder, abduction 160, IR greater than
12 12, surgery, blank, manipulation, injection to left
13 shoulder," end quote. There is a stamp on this document
14 which states, quote, "GM received/entered November 10th,
15 2003, cc: TPA," end quote.

16 North Lake Tahoe Fire Protection District v.
17 Board of Administration does not require the employer's
18 perfect knowledge of a 6 percent permanent impairment.
19 It requires that an employee's preexisting permanent
20 physical impairment be fairly and reasonably inferred
21 from the written record of the employer and the
22 impairment must amount to at least 6 percent whole
23 person impairment. Here, the employer was aware the
24 employee had surgery to his left shoulder which
25 ultimately amounted to a 6 percent whole person

1 impairment.

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

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

8 That's all.

9 And there is one thing that I would like to add
10 on this claim. After I wrote this, I did find out that
11 this claimant had a prior accepted subsequent injury
12 also for the left shoulder. And in that write-up the
13 issue of the 6 percent that I talk about, the stipulated
14 6 percent, it was discussed in the prior SIF claim.
15 And, in fact, the 6 percent was awarded for the left
16 shoulder, and the cervical condition was not included in
17 that claim.

18 So this gentleman was paid two 6 percents
19 strictly for the left shoulder.

20 BOARD CHAIR MEYER: Thank you, Vanessa.

21 Kasey or Mr. Price, do you have any comments?

22 MR. PRICE: I have nothing to add. Thank you.

23 MS. MCCOURTNEY: Me, either.

24 BOARD CHAIR MEYER: All right. Board, do you
25 have any questions?

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

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

5 BOARD MEMBER WASHINGTON: This is Michele. I
6 have none.

7 BOARD MEMBER LANG: This is Wendy. I don't
8 have any.

9 BOARD CHAIR MEYER: Thank you. Would somebody
10 like to make a motion on this claim.

11 BOARD MEMBER WASHINGTON: This is Michele.
12 I'll make a motion that we accept the Administrator's
13 recommendation to accept this request of the left
14 shoulder for claim number 18D34F728623 in the amount
15 \$5,150.20.

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

18 BOARD CHAIR MEYER: All in favor?

19 (Board members said "aye.")

20 BOARD CHAIR MEYER: Good. Thank you.

21 We will now move on to claim 14D34E489337 for
22 Las Vegas Metropolitan Police Department.

23 MS. SKRINJARIC: It is the Administrator's
24 recommendation to deny this request pursuant to NRS
25 616B.557, subsection 4, for the cervical spine.

1 The total amount requested for reimbursement is
2 \$11,724.50. The amount of verified costs is \$11,495.14.
3 An explanation of the disallowance is attached to this
4 letter.

5 This request was received from Kim Price, Esq.,
6 on January 11th, 2021.

7 Prior history.

8 This employee was hired by the Las Vegas
9 Metropolitan Police Department on May 20th, 2007 as a
10 police officer.

11 On August 29th, 2013 the employee was taking a
12 resisting suspect into custody when he was knocked down
13 to the asphalt injuring his left shoulder. He was seen
14 at UMC Trauma and diagnosed with a left shoulder
15 contusion and muscle strain.

16 The prior injury history will be taken from the
17 PPD report penned by Dr. Hogan on June 26, 2014.

18 On September 12th, 2013, the employee saw
19 Dr. Wulff who found neck stiffness and difficulty with
20 motion. He also had weakness and tingling in his left
21 arm. X-rays revealed disc narrowing at C3-4-5 and 6
22 with avulsion fractures at C6 and C7.

23 An MRI on October 11, 2013 revealed severe left
24 neuroforaminal stenosis at C3-4 with impingement of the
25 left C4 nerve root secondary to uncovertebral joint

1 hypertrophy; severe left neuroforaminal stenosis at C5-6
2 with impingement of the left C6 nerve root, secondary to
3 left uncovertebral joint hypertrophy and a left
4 paracentral disc protrusion extending to the foraminal
5 level; mild asymmetric left-sided spinal canal stenosis
6 also present at this level.

7 On November 6, 2013, Dr. Vater recommended
8 surgery.

9 On January 16, 2014, Dr. Vater performed C3-4
10 and C5-6 ACDF surgery with graft from the iliac crest.

11 On March 31, 2014, Dr. Vater reported the
12 employee was doing well with no new complaints. He
13 ordered physical therapy and stress radiographs.

14 On May 7, 2014, Dr. Vater found no acute
15 distress and stable flexion/extension radiographs.

16 On June 6, 2014, Dr. Vater determined the
17 employee was doing well, neurologic deficits had
18 resolved for the upper extremities. The employee was
19 full duty with no neck pain. He was considered
20 maximally medically improved. He had full cervical
21 range of motion and full range of motion of the upper
22 extremities and good strength. He was stable and
23 ratable.

24 On June 26, 2014, Dr. Hogan performed the PPD
25 evaluation for the cervical spine and left shoulder. He

1 found a 28 percent whole person impairment for the
2 cervical spine and 4 percent whole person impairment for
3 the left shoulder. These combined for a 31 percent
4 whole person impairment.

5 Present claim.

6 On October 12th, 2014, the employee was driving
7 a suspect to jail when he was involved in a motor
8 vehicle accident. Another vehicle attempted a left turn
9 while the employee was going straight. This resulted in
10 the employee's vehicle striking the first vehicle and
11 then running into a brick wall. The employees was taken
12 to UMC Trauma. Initial x-rays noted a possible fracture
13 of C7. However, a later CT scan ruled that out.

14 The subsequent injury will be taken from the
15 PPD report once again penned by Dr. Hogan on August 5th,
16 2015.

17 The employee was referred to Dr. Vater on
18 October 20th, 2014. He noted decreased range of motion,
19 especially on the left. He felt if the radiolucencies
20 continued the employee may need a revision at the C5-6
21 level.

22 On November 5th and December 10th, 2014,
23 Dr. Vater noted increasing neck pain and stiffness.

24 An MRI on December 22nd, 2014 revealed a C6-7
25 posterior disc bulge less than 1 millimeter and surgical

1 changes with mild foraminal stenosis at C3-to-7.

2 On January 7, 2015, Dr. Vater recommended
3 injections by Dr. Schifini at C6-7, the most suspicious
4 disc.

5 For some reason, the employee was seen by
6 Dr. Erkulvrawatr on January 8th, 2015, who recommended
7 bilateral C4-5 facet injections. These were performed
8 on January 19, 2015. The employee reported no benefit
9 from the injections; in fact, he felt worse.

10 Dr. Vater continued to request the
11 transforaminal epidural steroid injections at C6-7. On
12 April 6, 2015, Dr. Erkulvrawatr performed them. On
13 April 29, 2015, the employee reported to Dr. Vater that
14 his headaches were completely gone and he was happy.
15 Dr. Vater released him at MMI, full duty, stable and
16 ratable.

17 On August 5th, 2015, Dr. Hogan found the
18 employee had 30 percent whole person impairment less the
19 prior 28 percent whole person impairment left a net
20 2 percent whole person impairment. The employee took
21 this in a lump sum.

22 There was subrogation on this claim which the
23 applicant subtracted from the full reimbursement amount.

24 Medical reporting under this claim shows that
25 the subsequent injury to the cervical spine made the

1 costs substantially greater by reason of the combined
2 effects of the prior pathology in the cervical spine and
3 the subsequent injury than what would have transpired
4 with the subsequent injury alone. This is supported by
5 multiple injections and increased PPD payout. These
6 would not normally have occurred in a normal
7 sprain/strain.

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

10 For the employee's August 29, 2013 claim, he
11 was awarded 28 percent whole person impairment for his
12 cervical spine.

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

15 The employer submitted the following documents
16 to satisfy the requirement of written records:

17 One. C-3 Form dated September 3rd, 2013 signed
18 by the employer which lists "contusion" to the upper
19 extremities, shoulders.

20 Two. Medical Evaluation Form faxed from the
21 employer dated September 12, 2013 which states, quote,
22 "limited cervical spine range of motion C-spine x-ray,
23 slightly straightening of spine, disc space narrow," end
24 quote.

25 Three. Medical Evaluation Form faxed from the

1 employer dated October 3rd, 2013 which states, quote,
2 "cervical sprain," end quote, and, quote, "still with,
3 blank, ROM cervical spine," end quote.

4 Four. Medical Evaluation Form with a
5 "Received" stamp from CCMSI on November 7, 2013 which
6 states "C3-4, C4-5 cervical herniations."

7 Five. Notice of Claim Acceptance with a
8 "Received" stamp dated January 3rd, 2014 for, quote,
9 "left shoulder and cervical spine," end quote.

10 Six. Medical Evaluation Form faxed from the
11 employer dated January 8th, 2014, body part listed is
12 "cervical." There is no diagnosis. The employee is on
13 modified duty from 1-8-14 to 1-15-14 and then off work
14 from 1-18-14 until further notice.

15 Seven. UMC Surgical Services Anesthesia Record
16 dated January 16, 2014, scanned January 16, 2014, with a
17 "Received" stamp from CCMSI dated January 30th, 2014.

18 Eight. Medical Evaluation Form with a
19 "Received" stamp from CCMSI dated March 3rd, 2014, with
20 "cervical spine" and no diagnosis but off work status
21 from 2-28-14 to 3-28-14.

22 Nine, fax from CCMSI to Vaterspine dated
23 April 15, 2014 authorizing postoperative physical
24 therapy. There is a copy to the employer via electronic
25 copy.

1 Ten. Medical Evaluation Form with a "Received"
2 stamp from CCMSI dated June 6, 2014 with "cerv spine"
3 and "MMI."

4 Eleven. Letter to the employee from CCMSI
5 dated July 1, 2014, with a copy to the employer in which
6 he is awarded a 31 percent PPD.

7 Items one, two, three, five and six appear to
8 have been in the employer's possession but do not show a
9 permanent impairment, nor can a permanent impairment be
10 inferred from a cervical strain or sprain.

11 Items four, seven, eight and ten all have
12 "Received" stamps from CCMSI. There is nothing to
13 indicate these documents were in the employer's
14 possession.

15 Items nine and eleven are from CCMSI to a third
16 party, with a copy to the employer. There is nothing to
17 indicate these documents were in the employer's
18 possession.

19 Therefore, NRS 616B.557, subsection 4, has not
20 been satisfied.

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

25 That's all.

1 BOARD CHAIR MEYER: Thank you, Vanessa.

2 Do we have any comments from Kasey or
3 Mr. Price?

4 MR. PRICE: Well, I would add that on -- we
5 believe that pursuant to North Lake Tahoe Fire
6 Protection District, that we have established
7 reasonable, or knowledge on the part of the employer in
8 that item number 6, which is mentioned as sent from the
9 employer, shows him on modified duty. And the reason he
10 was on modified duty was because he was just out of
11 surgery. In fact, he was on modified duty from January
12 to June. And certainly his duty sergeant, the staff
13 lieutenant and the health detail new that the reason
14 that he was on modified duty was because he had just had
15 surgery.

16 We believe, under North Lake Tahoe Fire
17 Protection District, we've shown that the employer does,
18 in fact, have knowledge of that condition. Therefore,
19 we encourage the Board to accept our application.

20 Thank you.

21 BOARD CHAIR MEYER: Thank you, Mr. Price.

22 Board, do you have any questions?

23 BOARD MEMBER LANG: I don't have any. This is
24 Wendy.

25 BOARD MEMBER WASHINGTON: This is Michele. I

1 don't have any questions.

2 BOARD MEMBER SAYEGH: This is Suhair. I was
3 just double-checking something. I don't, I don't have
4 any questions right now.

5 BOARD CHAIR MEYER: Sharolyn?

6 BOARD MEMBER WILSON: Sorry. I was on mute.
7 This is Sharolyn. I don't have any questions, either.

8 BOARD CHAIR MEYER: All right. Would somebody
9 like to make a motion on this claim.

10 BOARD MEMBER SAYEGH: This is Suhair. I will
11 make the motion to claim number 14D34E489337 to accept
12 the Administrator's recommendation to deny this request
13 in the amount of \$11,724.50, which is what they
14 requested, and then the verified costs of \$11,495.14.

15 BOARD MEMBER WASHINGTON: This is Michele.
16 I'll second that motion.

17 BOARD CHAIR MEYER: All in favor?

18 (Board members said "aye.")

19 BOARD CHAIR MEYER: All right. Very good.
20 Thank you.

21 We will now move on to Las Vegas Metropolitan
22 Police Department, claim number 18D34F601033.

23 Vanessa.

24 MS. SKRINJARIC: It is the Administrator's
25 recommendation to deny this request pursuant to NRS

1 616B.557, subsection 1, for the left knee.

2 The total amount requested for reimbursement is
3 \$26,696.97. The amount of verified costs is \$26,678.27.
4 An explanation of the disallowance is attached to this
5 letter.

6 This request was received from Kim Price, Esq.,
7 on February 4th, 2021. It is noted that this Board
8 accepted claim number 15D34B845737 for this employee's
9 left knee on November 16, 2016.

10 This employee was hired on August 6, 2008. On
11 May 20th, 2011, he injured his left knee. Prior history
12 is taken from the PPD evaluations penned by Dr. Rod
13 Perry on July 31st, 2012 and January 29th, 2016.

14 The employee sought treatment the same day and
15 was diagnosed with left knee sprain. Dr. Fouse
16 evaluated him and ordered an MRI. Findings were
17 positive for complex tear of the posterior horn of the
18 medial and lateral meniscus. The patient had surgery on
19 June 14, 2011. He followed up with Dr. Fouse and failed
20 to make progress. There is a note in the PPD report
21 that the patient had another surgery on January 27, 2012
22 for a revision after an MRI showed vertical tear of the
23 horizontal medial meniscus.

24 Follow-up with Dr. Fouse on May 2nd, 2012
25 allowed the patient to return to modified duty. In his

1 last report of July 2nd, 2012, Dr. Fouse felt that the
2 patient had reached MMI and was stable and ratable. He
3 released the patient for full duty without restrictions.

4 On July 31st, 2012, Dr. Perry penned a PPD
5 evaluation and found 4 percent whole person impairment
6 according to Table 17-33 for the surgery and 3 percent
7 whole person impairment for ACL repair. This was a
8 7 percent whole person impairment that was offered on
9 November 8th, 2012.

10 On July 8th, 2015, this employee was jumping
11 over a brick wall and twisted his left knee.

12 He sought treatment on August 18, 2015 with
13 Dr. Tingey. MRI showed a complex tear of the horn of
14 the medial meniscus. The patient was taken to surgery
15 on September 28th, 2015 for partial medial and lateral
16 meniscectomy, chondroplasty of the medial femoral
17 condyle, and lateral condyle microfracture of the
18 trochlea times two.

19 The patient attended physical therapy and
20 improved. On December 7, 2012, Dr. Tingey felt he had
21 reached MMI and was stable and ratable. The patient was
22 given a full duty work release.

23 On January 29, 2016, Dr. Perry again rated this
24 injured employee and awarded 4 percent whole person
25 impairment. This was apportioned against the prior

1 7 percent, leaving no additional impairment under this
2 claim.

3 Present claim.

4 On May 15, 2018, the employee slammed his knee
5 on the ground while taking a suspect into custody.

6 The subsequent injury history will be taken
7 from the PPD report penned by Dr. Villanueva on
8 September 5th, 2018.

9 The employee went to Southwest Medical
10 Associates on May 16, 2018. X-rays were taken and he
11 was diagnosed with a nondisplaced left patellar fracture
12 involving the lateral facet. He was given a knee brace,
13 medications and an orthopedic referral.

14 On May 22nd, 2018, the employee saw Dr. Fouse
15 who determined the employee had preexisting arthritis
16 which was not part of this claim. He prescribed a
17 hinged knee brace and physical therapy.

18 The employees went to physical therapy from
19 June 15, 2018 to July 23rd, 2018.

20 On July 23rd, 2018, Dr. Fouse noted the
21 employee had 0 out of 10 pain. He released the employee
22 as stable and ratable, return to full duty work.

23 On September 5th, 2018, Dr. Villanueva
24 recommended a 3 percent whole person impairment fort the
25 nondisplaced patellar fracture. The employee took this

1 in a lump sum.

2 Findings.

3 This claim involves a nondisplaced patellar
4 fracture. The employee was prescribed medications, a
5 knee brace and physical therapy. He was awarded a
6 3 percent whole person impairment strictly for this
7 condition. The employee's prior knee conditions of
8 parcel medial and lateral meniscectomies and ACL repair
9 had no bearing on the patellar fracture's course of care
10 nor ultimate PPD compensation.

11 Therefore, NRS 616B.557, subsection 1, has not
12 been satisfied.

13 on July 31st, 2012, Dr. Perry found 4 percent
14 whole person impairment according to Table 17-33 for the
15 partial medial and lateral meniscectomy and 3 percent
16 whole person impairment for ACL repair. This was
17 7 percent whole person impairment for the May 20th, 2011
18 date of injury.

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

21 As previously noted, this Board already
22 accepted the employer's knowledge of the employee's left
23 knee in claim number 15D34B845737. Additionally, the
24 Administrator adds a C-3 Form signed by the employer on
25 January 17, 2012 which states, quote, "stepping off the

1 escalator officer felt his left knee pop out forward
2 like it was popping out of socket and then pop right
3 back in. This was due to a recent surgery of his knee
4 to repair ACL and meniscus," end quote.

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

13 Based on the document presented, it is
14 reasonable to conclude that the employer was aware the
15 employee had a left knee surgery from which he was
16 ultimately awarded 7 percent whole person impairment.

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

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

23 That's all.

24 BOARD CHAIR MEYER: Thank you, Vanessa.

25 And are there comments from Kasey or Mr. Price?

1 MR. PRICE: Well, I would add that the knee,
2 the claim's accepted for the left knee. And what we're
3 doing now is saying, well, the claim was accepted for
4 the C-4, but it's the left transverse process instead of
5 the right transverse process. The knee is a complicated
6 unit. The claim was accepted for left knee. The left
7 knee was injured again. And, therefore, we believe and
8 we will argue that there's no doubt that we are entitled
9 to SIE reimbursement on this claim.

10 It's one body part. We don't parse it down
11 that way. If it was accepted for left knee, for left
12 knee meniscal tear for the previous claim, that would be
13 a different situation. But the claim is accepted for
14 left knee. This is a left knee injury to the left knee.
15 And, therefore, we believe that we are entitled to SIA
16 reimbursement, and we will argue that.

17 Thank you.

18 BOARD CHAIR MEYER: Thank you, Mr. Price.

19 Board, do you have any questions?

20 BOARD MEMBER WILSON: This is Sharolyn. So the
21 very first report in the medical records that was sent
22 to us, I don't know if anybody else is unable to read,
23 but I'm unable to read it at all.

24 And I do note that there's a diagnosis of
25 Advanced Chiropractic, it look like, chronology of

1 treatment, four twenty. This would be DIR page 5, focal
2 high fissuring in the apex of the patella. Similar
3 fissuring is in a group.

4 I'm not sure what that means, but it appears
5 that there's some activity with the patella. I didn't
6 see a direct question for the doctor about the patella
7 relationship.

8 So I do have some questions about this. And
9 I'm inclined to possibly agree with Mr. Price that the
10 knee is the knee. If I could read that first report,
11 that may be helpful to me. I don't know.

12 Does anybody else have any comments, or?

13 BOARD MEMBER SAYEGH: This is Suhair. I'm also
14 leaning towards Sharolyn's comment as well with regards
15 to the knee is the knee. And we're trying to, I'm
16 trying to understand all this slicing and dicing of what
17 part of the knee was accepted, and the subsequent knee
18 injury, what that diagnosis was. Because it's still, to
19 me, all one component.

20 So if we can get clarification on that, or if
21 there's some medical report that we can be directed to
22 where a doctor is differentiating the differences in
23 that left knee.

24 MS. SKRINJARIC: Mr. Price did not submit a
25 medical report to substantiate the combined effects. If

1 you read what subsection 1 says, there has to be a
2 combined effect to increase the cost of the claim than
3 what would occur without the prior condition.

4 So the patellar fracture, the course of the
5 claim, and the treatment that was provided would have
6 occurred whether there was a subsequent injury or not,
7 or a prior injury or not.

8 BOARD CHAIR MEYER: Thank you, Vanessa.

9 MR. PRICE: I mean the claim was accepted for
10 left knee. He had it fixed. He fell on it again. He
11 reinjured his knee. We fixed it for him again. I mean
12 that, that's what we will argue.

13 Thank you.

14 BOARD MEMBER WILSON: Well, and I would point
15 out, looking at DIR page 8, the diagnosis on the C-4
16 includes number 4 left patellar fracture. I could be
17 looking at the wrong C-4, though. Let me see.

18 BOARD CHAIR MEYER: What page was that,
19 Sharolyn?

20 BOARD MEMBER WILSON: I was looking at DIR 5, I
21 believe. Actually, DIR 8.

22 MS. SKRINJARIC: DIR 8 is for this, the
23 subsequent claim that he is requesting reimbursement.

24 BOARD MEMBER WILSON: Yeah, and it has a
25 number four diagnosis, with "patella fracture" written

1 in the diagnosis and description of injury, occupational
2 disease is contusion of left knee, left knee sprain,
3 instability of left knee joint, number four, left
4 patella fracture, on that before.

5 BOARD CHAIR MEYER: I see that.

6 BOARD MEMBER WILSON: Again, DIR page 8.

7 MS. SKRINJARIC: So subsection 1 states that
8 there has to be combined effects between the prior
9 injury and the subsequent injury other than what would
10 have occurred by the subsequent injury alone.

11 So what I'm stating is that the patella
12 fracture, which is the subsequent injury, the course of
13 care and the PPD that were awarded would have occurred
14 whether there had been a prior injury or not.

15 BOARD MEMBER WILSON: And, I guess -- this is
16 Sharolyn. Without a medical opinion, it is very hard to
17 state one way or another.

18 So, I guess, without a medical opinion being
19 submitted, I guess, now I would be inclined to agree
20 with the DIR's position. It really, there is a medical
21 question hanging out there. I agree with Suhair, the
22 knee is the knee. But we're not medical professionals
23 able to break out the components of that, so.

24 MR. PRICE: But the applicant's not the one
25 that created the medical question. It's the DIR that

1 has created the medical question. The onus is not on me
2 to submit documents in when I can't even anticipate what
3 the DIR is going to, going to fine-tooth comb they're
4 going to go through. The left knee is the left knee is
5 the left knee.

6 Thank you.

7 BOARD MEMBER SAYEGH: This is Suhair. That's
8 why my earlier question was, is there some sort of
9 document that the DIR was relying on, some medical
10 opinion that we can reference here to indicate exactly
11 what with regards to the combined effect and that an
12 injury is going to happen regardless? I mean where are
13 we getting this information?

14 MS. SKRINJARIC: Actually, I consulted with the
15 DIR's nurse when I asked that question about the patella
16 fracture. So if Mr. Price appeals it, I will have the
17 nurse ready to testify.

18 MR. PRICE: Well, depending on the action of
19 the Board, the left knee is the left knee is the left
20 knee. If we don't have to appeal it, then there won't
21 be necessity for that.

22 Thank you.

23 BOARD MEMBER SAYEGH: And I don't know if
24 you're ready for a motion or not, Madam President. I
25 just at this point do not agree with the denial of this

1 request.

2 BOARD CHAIR MEYER: I am ready to take a motion
3 if everybody is ready.

4 BOARD MEMBER SAYEGH: Does any other Board
5 member have any other questions? Okay.

6 BOARD CHAIR MEYER: Sharolyn, do you have
7 anything?

8 BOARD MEMBER WILSON: I have nothing further.

9 BOARD MEMBER SAYEGH: This is Suhair. And I
10 make the motion to reverse the Administrator's
11 recommendation to deny this request for claim number
12 18D34F601033 in the verified costs of \$26,678.27.

13 BOARD CHAIR MEYER: Thank you, Suhair.
14 Is there a second?

15 BOARD MEMBER WILSON: This is Sharolyn. I'm
16 going to go ahead and second that motion.

17 BOARD CHAIR MEYER: All right. Everyone in
18 favor?

19 (Board members said "aye.")

20 BOARD CHAIR MEYER: All right. Thank you.

21 MS. SKRINJARIC: Who was second, can you tell
22 me who seconded the motion, please?

23 BOARD MEMBER WILSON: Sharolyn.

24 MS. SKRINJARIC: Okay.

25 MR. PRICE: Thank you all for your time this

1 morning. I very much appreciate it. I'll let you go
2 now.

3 BOARD CHAIR MEYER: Thank you, Mr. Price.

4 MR. PRICE: Have a good day.

5 BOARD CHAIR MEYER: You as well.

6 All right. We will move on now to the
7 supplemental requests, beginning with Nevada Energy,
8 Inc., claim 00G28Y029597.

9 MS. SKRINJARIC: It is the Administrator's
10 recommendation to accept this thirteenth supplemental
11 request pursuant to NRS 616B.557.

12 The total amount requested for reimbursement is
13 \$37,337.88. The amount of verified costs is \$36,640.74.
14 An explanation of the disallowance is attached to the
15 determination.

16 This request was received from CCMSEI on
17 February 8th, 2021. This request was originally
18 approved by the Board on May 27, 2004.

19 This request contains reporting and payment for
20 the following expenses:

21 Monthly office visits with Nevada Pain & Spine
22 Specialists for pain management from October 16, 2019
23 through December 15, 2020;

24 Office visits with Dr. Cassinelli from
25 June 23rd, 2020 to September 22nd, 2020, including

1 x-rays and casts;

2 Lumbar spine MRI on April 21, 2020;

3 Prescription payments from April 7, 2020
4 through October 28, 2020;

5 Orthotics on September 28, 2020; and

6 Permanent total disability payments from
7 April 1, 2020 through December 31, 2020 in the monthly
8 amount of \$2,525.38. Pursuant to SB 377, the employee
9 was given a 2.3 percent COLA on January 1, 2020, making
10 his monthly 2020 PTD amount \$2,583.46. However, the
11 COLA has been disallowed as the insurer is eligible for
12 reimbursement of the COLA from the DIR under SB 377.

13 On June 23rd, 2020, the employee saw
14 Dr. Cassinelli for left foot swelling and erythema. It
15 was determined that he had a Charcot foot. He
16 thereafter underwent casting every two weeks until
17 September 22nd, 2020 when Dr. Cassinelli released him
18 from care. He received new orthotics on September 8th,
19 2020.

20 The last report from the Nevada Pain & Spine
21 Specialists is dated December 15, 2020. Dr. Berman
22 indicated the employee complained of pain 2 out of 10
23 for his low back and right lower extremity neuropathy.
24 The employee does well with occasional trigger point
25 injections and his medications. Medications were

1 refilled. The employee takes Oxycontin, Valium,
2 Amytriplin, Lidoderm cream and Lidoderm patches.

3 The injured employee provided a Permanent Total
4 Disability Report of Employment, Form D-14, for 2020.

5 That's all.

6 BOARD CHAIR MEYER: Thank you, Vanessa.

7 Are there any comments from Kasey?

8 MS. MCCOURTNEY: No, nothing from me. Thank
9 you.

10 BOARD CHAIR MEYER: All right. Questions from
11 the Board?

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

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

16 BOARD MEMBER WASHINGTON: This is Michele. I
17 have none.

18 BOARD MEMBER LANG: Wendy. I don't have any.

19 BOARD CHAIR MEYER: Okay. Thank you.

20 BOARD MEMBER WILSON: This is Sharolyn.

21 BOARD CHAIR MEYER: I don't have any, either.

22 Pardon me?

23 BOARD MEMBER WILSON: Sorry. I was getting
24 ahead of myself, Cecilia.

25 BOARD CHAIR MEYER: Please, go ahead.

1 BOARD MEMBER WILSON: This is Sharolyn. I will
2 make a motion to accept the Administrator's
3 recommendation regarding claim number 00G28Y029597 in
4 the amount of verified costs of \$36,640.70 regarding
5 this NV Energy claim.

6 BOARD CHAIR MEYER: Is there a second?

7 BOARD MEMBER WASHINGTON: This is Michele.
8 This is Michele. I'll second that motion.

9 BOARD CHAIR MEYER: Thank you.

10 All in favor, say "aye."

11 (Board members said "aye.")

12 BOARD CHAIR MEYER: Okay. Thank you.

13 Now, we will move on to claim number
14 12G28Y027465 for Nevada Energy, Inc.

15 MS. SKRINJARIC: It is the Administrator's
16 recommendation to accept this fourth supplemental
17 request pursuant to NRS 616B.557 for the lumbar spine
18 only.

19 The total amount requested for reimbursement is
20 \$45,903.70. The amount of verified costs is \$42,747.11.
21 An explanation of the disallowance is attached to this
22 letter.

23 This request was received from CCMSEI on
24 February 8th, 2021. This claim was originally approved
25 by the Board on March 18, 2015 for the lumbar spine.

1 This request contains the following:

2 Office visits with Dr. Berman's office from
3 January 1, 2020, November 5th, 2020. Woops. Sorry
4 about that. Must be an "and."

5 Drug screening on July 16, 2020.

6 Prescriptions from February 7th, 2020 through
7 January 8th, 2021.

8 Permanent total disability payments from
9 February 2020 through January 31, 2021. This employee
10 is eligible for a cost-of-living increase pursuant to
11 NRS 616C.473 after a 10 percent reduction for prior paid
12 PPD lump sums pursuant to NRS 616C.440. The 2021
13 monthly payment amount is \$3,463.14, after offset.

14 In his November 5th, 2020 report, Dr. Berman's
15 office noted the patient's current pain level as a 7 out
16 of 10 with medication. Her symptoms were currently --
17 supposed to be "his" -- currently unchanged. The
18 patient was considering an SCS trial. However, her A1C
19 was greater than 9, so she was unsure if this was an
20 option for her.

21 Signed Permanent Total Disability Report of
22 Employment Form, D-14, for the year 2020 was provided
23 with this submission.

24 This is a her. Sorry about that.

25 That's all.

1 BOARD CHAIR MEYER: Thanks, Vanessa.

2 If there's no questions, I'll take a motion.

3 BOARD MEMBER WASHINGTON: This is Michele. I
4 make a motion to accept the Administrator's
5 recommendation for the fourth supplemental request for
6 claim number 12G28Y027465 in the amount of the verified
7 costs of \$42,747.11 for NV Energy.

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

10 BOARD CHAIR MEYER: All in favor?

11 (Board members said "aye.")

12 BOARD CHAIR MEYER: Okay. Now we are moving on
13 to Newmont Mining Company, claim number 02F78G693581.

14 MS. SKRINJARIC: It is the Administrator's
15 recommendation to accept this ninth supplemental request
16 pursuant to NRS 616B.557 for COPD due to exposure.

17 The total amount requested for reimbursement is
18 \$32,042.36. The amount of verified costs is \$28,273.06.
19 An explanation of the disallowance is attached to this
20 letter.

21 This request was received from CCMSI on
22 February 4th, 2021. This claim was accepted under the
23 Account in 2008. This gentleman expired on May 6th,
24 2008 due to his illness. An annuity was purchased
25 effective December 21st, 2008 for payment of death

1 benefits. The annuity purchase amount was \$398,925.00.
2 Reimbursement of death benefits is being paid through
3 the annuity. The Account will only reimburse the claim
4 up to the annuity purchase price. In the last
5 recommendation memorandum on January 17, 2020, the
6 amount of \$28,273.06 remained under the annuity to be
7 reimbursed under this claim in future requests. This
8 submission is for more than what remained to be
9 reimbursed under the annuity. This is addressed on the
10 disallowance sheet.

11 This request contains documentation for monthly
12 death benefits from January 1, 2020 to December 31, 2020
13 in the monthly amount of \$2,670.19. See disallowance
14 sheet.

15 That's all.

16 BOARD CHAIR MEYER: Thank you, Vanessa.

17 So it would, therefore, be my understanding
18 that the amount of verified costs of \$28,273.06 would be
19 the final amount payable under this claim and that we
20 would expect no further supplemental requests. Is that
21 correct?

22 MS. SKRINJARIC: That would be correct, I'm
23 guessing, unless they purchase another annuity.

24 BOARD CHAIR MEYER: Okay. That makes sense.
25 Thank you.

1 MS. SKRINJARIC: Is that correct, Kasey?

2 I'm going to ask Kasey if they've purchased
3 another annuity.

4 MS. MCCOURTNEY: And they have not. I followed
5 up with the examiner and the manager to see if they have
6 done that or if they're looking at doing that, but I
7 haven't had a response, so.

8 MS. SKRINJARIC: Okay.

9 BOARD CHAIR MEYER: Thank you, Kasey.
10 Does anybody have any other questions?
11 All right. I'll take a motion.

12 BOARD MEMBER WILSON: This is Sharolyn. I'll
13 go ahead and make the motion to accept the
14 Administrator's recommendation regarding claim number
15 02F78G693581 and Newmont Mining Corporation to accept
16 this ninth supplemental request in the verified amount
17 of \$28,273.06.

18 BOARD MEMBER SAYEGH: This is Suhair. I'll
19 second the motion.

20 BOARD MEMBER WASHINGTON: This is Michele.

21 BOARD MEMBER SAYEGH: Sorry.

22 BOARD MEMBER WASHINGTON: Sorry.

23 BOARD CHAIR MEYER: Thank you. Everybody in
24 favor?

25 (Board members said "aye.")

1 BOARD CHAIR MEYER: Okay. Now we will move on
2 to our last claim, and this is claim number 10C52B373680
3 for City of Henderson.

4 MS. SKRINJARIC: It is the Administrator's
5 recommendation to accept this eighth supplemental
6 request pursuant to NRS 616B.557 for the heart.

7 The total amount requested for reimbursement is
8 \$48,184.80. The amount of verified costs is \$48,184.80.

9 This request was received from CCMSEI on
10 February 4th, 2021. The claim was originally approved
11 by the Board on December 19th, 2013. This request
12 contains payment and reporting for the following
13 expenses:

14 Office visits with Dr. Sirulnick on
15 September 25th, 2019 and July 16, 2020;

16 ECG with Dr. Sirulnick on September 25th, 2019;
17 2D Echo on October 28th, 2019; and

18 Permanent total disability payments from
19 February 1, 2020 through December 31, 2020 in the 2020
20 monthly amount of \$4,334.27. This employee is eligible
21 for a yearly COLA pursuant to NRS 616C.473.

22 In his July 16, 2020 report, Dr. Sirulnick
23 noted the patient is on Cardizem for suppression of
24 PACs, premature atrial contractions. However, he is
25 exercising and feeling well.

1 Signed Permanent Total Disability Report of
2 Employment Form, D-14, for the year 2020 was provided
3 with this submission.

4 That's all.

5 BOARD CHAIR MEYER: Thank you, Vanessa.

6 Any questions or comments?

7 All right. I'll take a motion.

8 BOARD MEMBER LANG: This is Wendy. I'm going
9 to try this. I move to accept the recommendation, the
10 Administrator's recommendation on claim number
11 10C52B373680 to accept this eighth supplemental request
12 pursuant to NRS 616B.557 for the heart in the total
13 amount of \$48,184.80.

14 BOARD MEMBER WASHINGTON: This is Michele.
15 I'll second that motion.

16 BOARD CHAIR MEYER: All in favor?

17 (Board members said "aye.")

18 BOARD CHAIR MEYER: Thank you, Board members,
19 staff, and Vanessa for all of your reading today.

20 We will move now to item 8, additional items.
21 General matters of concern to the Board members
22 regarding matters not appearing on the agenda. Do we
23 have any of those?

24 BOARD MEMBER SAYEGH: This is Suhair.

25 BOARD MEMBER WILSON: I -- oh, go ahead.

1 BOARD MEMBER SAYEGH: Sorry.

2 I don't know if this is the time to ask Vanessa
3 regarding the new submission of the applications to
4 continue to be on the Board to the Governor's Office.

5 MS. SKRINJARIC: Uh-huh (affirmative).

6 BOARD MEMBER SAYEGH: Has any, any confirmation
7 that they received mine?

8 MS. SKRINJARIC: I have no idea. I assume you
9 sent it --

10 BOARD MEMBER SAYEGH: Okay.

11 MS. SKRINJARIC: -- to where you were supposed
12 to send it.

13 BOARD MEMBER SAYEGH: I did.

14 MS. SKRINJARIC: But they have not contacted me
15 about your, you know, your reappointment.

16 BOARD MEMBER SAYEGH: Okay. I'll call their
17 office and see if I can get ahold of somebody. Thank
18 you.

19 MS. SKRINJARIC: Okay.

20 BOARD CHAIR MEYER: Thank you.

21 Any old and new business?

22 MS. SKRINJARIC: Donald?

23 MR. BORDELOVE: Yes.

24 MS. SKRINJARIC: Do you want to give them an
25 update on the one pending litigation that we have?

1 MR. BORDELOVE: I guess, I could do that. It's
2 not, it's not on the agenda, though, so it's probably
3 better to put it for the next agenda.

4 MS. SKRINJARIC: Okay.

5 BOARD CHAIR MEYER: All right. No other old or
6 new business?

7 All right. item 8.c. is the schedule of the
8 next meeting. So they are listed here as we have
9 already calendared them. Does anybody have any
10 conflicts that may have come up for any of these dates?

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

13 BOARD MEMBER LANG: This is Wendy.

14 BOARD MEMBER SAYEGH: Suhair. I have none.

15 BOARD MEMBER LANG: I won't be available for
16 the July date.

17 BOARD CHAIR MEYER: The July date. Okay.
18 Thank you, Wendy.

19 Anybody else?

20 BOARD MEMBER WASHINGTON: This is Michele. I'm
21 available, but my term ends June 30th, 2021. So I am
22 available for the May and June meetings.

23 MS. SKRINJARIC: Michele, your term expires
24 already?

25 BOARD MEMBER WASHINGTON: That was the

1 information that I received in the original letter. I
2 wasn't sure if it was -- if I was replacing someone that
3 originally expired in June. I just haven't researched
4 it anymore. But I can follow up on that.

5 MS. SKRINJARIC: Oh. Okay. I didn't notice
6 that.

7 BOARD MEMBER WASHINGTON: Okay.

8 BOARD CHAIR MEYER: Okay. Thanks for bringing
9 that up, Michele. So we'll look forward to hearing from
10 you to see what you hear from the commissions board on
11 that.

12 BOARD MEMBER WASHINGTON: Okay.

13 BOARD CHAIR MEYER: All right. Item 9, public
14 comment. The opportunity for public comment is reserved
15 for any matter within the jurisdiction of the Board. No
16 action on such an item can be taken by the Board unless
17 and until the matter has been agendaized as an action
18 item. Comment from the public is limited to three
19 minutes per person.

20 I'm assuming no public has entered the meeting?

21 MS. SKRINJARIC: That is correct.

22 BOARD CHAIR MEYER: All right. Then, I will
23 take a motion for adjournment.

24 BOARD MEMBER LANG: This is Wendy. I move we
25 adjourn the meeting.

1 BOARD MEMBER SAYEGH: This is Suhair. I'll
2 second.

3 BOARD MEMBER WILSON: I'll second that.

4 BOARD CHAIR MEYER: It was a long meeting.
5 Thank you to everybody for your time today. And thank
6 you, again, Vanessa, for all your reading.

7 MS. SKRINJARIC: Sure.

8 BOARD MEMBER WILSON: Thanks, everyone.

9 MS. SKRINJARIC: I will send you the memos,
10 Cecilia.

11 BOARD CHAIR MEYER: Okay. I will get those
12 back to you after lunch.

13 MS. SKRINJARIC: Okay. Thanks.

14 BOARD CHAIR MEYER: All right. Thanks,
15 everybody.

16 BOARD MEMBER SAYEGH: All right. Bye-bye.

17 BOARD MEMBER WILSON: Bye-bye. Thank you.

18 BOARD MEMBER WASHINGTON: Bye-bye.

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