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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, June 16, 2021  
10:00 a.m.

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

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. (Las Vegas)  
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

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WEDNESDAY, JUNE 16, 2021, 10:00 A.M.

-oOo-

BOARD CHAIR MEYER: All right. Good morning. This is the Board for the Administration of Subsequent Injury Account for Self-Insured Employers. And today is June 16th, 2021, at 10:00 a.m.

Vanessa, would you like to do the roll call.

MS. SKRINJARIC: Okay. This is Vanessa Skrinjaric on behalf of the DIR in Las Vegas. Also present in Las Vegas is Christopher Eccles, also on behalf of the DIR.

And on the phone, Cecelia Meyer?

BOARD CHAIR MEYER: Here.

MS. SKRINJARIC: Okay. 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.

MS. SKRINJARIC: Also present, I have Marisa Mayfield for Hooks, Meng & Clement?

1 MS. MAYFIELD: Here.

2 MS. SKRINJARIC: And Kasey McCourtney on behalf  
3 of CCMSI?

4 MS. MCCOURTNEY: Here.

5 MS. SKRINJARIC: Do I have anyone else on the  
6 phone? Okay.

7 BOARD CHAIR MEYER: All right. Item number 2  
8 is public comment. The opportunity for public comment  
9 is reserved for any matter listed below on the agenda as  
10 well as any matter within the jurisdiction of the Board.  
11 No action on such an item may be taken by the Board  
12 unless and until the matter has been noticed as an  
13 action item. Comment from the public is limited to  
14 three minutes per person.

15 Do we have anyone from the public present?

16 MS. SKRINJARIC: We do not.

17 BOARD CHAIR MEYER: Okay. We'll move on to  
18 item number 3, which is approval of the agenda.

19 Did everybody receive the agenda today, for  
20 today?

21 BOARD MEMBER WILSON: This is Sharolyn. Yes.

22 BOARD MEMBER SAYEGH: This is Suhair. Yes.

23 BOARD MEMBER LANG: This is Wendy. Yes.

24 BOARD MEMBER WASHINGTON: This is Michele.

25 Yes.

1 BOARD CHAIR MEYER: Okay. Very good. I'll  
2 take a motion to accept the agenda.

3 BOARD MEMBER LANG: This is Wendy. I move to  
4 approve the agenda for June 16th, 2021.

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

7 BOARD CHAIR MEYER: All in favor?

8 (Board members said "aye.")

9 BOARD CHAIR MEYER: Okay. And we received the  
10 minutes this morning. Has everybody received them and  
11 had a chance to take a look at them? These would be the  
12 minutes from the May 19th meeting.

13 BOARD MEMBER WILSON: This is Sharolyn. I  
14 have.

15 BOARD MEMBER SAYEGH: This is Suhair. I have.

16 BOARD MEMBER LANG: This is Wendy. I have.

17 BOARD MEMBER WASHINGTON: This is Michele. I  
18 have as well.

19 BOARD CHAIR MEYER: Okay. Is there any  
20 comments about the minutes, any errors or clarification  
21 needed?

22 All right. If not, then I will take a motion  
23 to accept the minutes for May 19th, 2021.

24 BOARD MEMBER LANG: This is Wendy. I move to  
25 approve the minutes for May 19th, 2021.

1 BOARD MEMBER WILSON: This is Sharolyn. I'll  
2 second.

3 BOARD CHAIR MEYER: All in favor?

4 (Board members said "aye.")

5 BOARD CHAIR MEYER: Thank you.

6 We will move to item 5. And the first claim is  
7 for City of Henderson, claim number 17C52F201548.

8 Before we get started, CCMSI is the third-party  
9 administrator for Carson City, but that will not affect  
10 my decision today.

11 BOARD MEMBER WILSON: This is Sharolyn. I have  
12 the same disclosure. CCMSI is our third-party  
13 administrator for Washoe County, but that will not  
14 affect my decisions today.

15 BOARD MEMBER LANG: This is Wendy. CCMSI is  
16 also our third-party administrator at Douglas County,  
17 but that does not affect my decisions today.

18 BOARD MEMBER WASHINGTON: This is Michele.  
19 CCMSI is also the third-party administrator for the  
20 Nevada System of Higher Education, but that will not  
21 affect my decision today.

22 BOARD CHAIR MEYER: Thank you.

23 Vanessa.

24 MS. SKRINJARIC: Okay. It is the  
25 Administrator's recommendation to accept this request



1 pursuant to NRS 616B.557 for the right shoulder only.  
2 The cervical spine and lumbar spine were not requested  
3 and are specifically excluded.

4 The total amount requested for reimbursement is  
5 \$93,987.16. The applicant has subtracted the  
6 subrogation recovered in this case from their  
7 reimbursement request. The amount of verified costs is  
8 \$7,399.05. An explanation of the disallowance is  
9 attached to this letter.

10 This request was received from CCMSI on  
11 April 26th, 2021.

12 Prior history.

13 The employee was hired on August 23rd, 2004 as  
14 a police officer.

15 Approximately 15 to 17 years prior to the first  
16 industrial injury, the employee was involved in a motor  
17 vehicle accident and sustained a torn rotator cuff on  
18 the right side. He had surgery. He healed without any  
19 pain, loss of range of motion, instability or strength  
20 loss.

21 On April 18th, 2010, the employee injured his  
22 right shoulder fighting with a suspect. The prior  
23 history will be taken from the permanent partial  
24 disability report penned by Dr. Kudrewicz on  
25 November 24th, 2010.

1           An MRI of the right shoulder obtained on  
2 May 12th, 2010 showed osseous deformity of the posterior  
3 glenoid rim consistent with a remote injury and chronic  
4 degenerative changes. There was a small nondisplaced  
5 anterior labral tear involving the anterior/inferior  
6 quadrant. There was no significant effusion. There was  
7 subtle posterior subluxation of the humeral head in  
8 relationship to the glenoid fossa. There was a normal  
9 supraspinatus tendon, a small subcortical cyst humeral  
10 head. There was an osseous deformity in the posterior  
11 glenoid rim extending from the posterior/superior to the  
12 posterior/inferior quadrants consistent with a remote  
13 injury with chronic degenerative change. There is  
14 severe loss of hyaline cartilage with subosseous cystic  
15 changes extending from the posterior/superior to the  
16 posterior/inferior quadrants. There was severe  
17 attrition to the posterior labrum.

18           On May 13th, 2010, Dr. Baldauf noted the  
19 employee had chronic pathology in the right shoulder  
20 with acute pain. There was anterior and posterior  
21 instability. The findings are consistent with remote  
22 injury; no acute abnormality, but there is an anterior  
23 labral tear, anteroinferior quadrant.

24           On June 23rd, 2010, Dr. Baldauf performed a  
25 right shoulder arthroscopy, arthroscopic anterior

1 capsular repair, labral repair with a poster labral  
2 repair and arthroscopic subacromial decompression.  
3 There was a small, annual split within the anterior  
4 labrum which had to be debrided. A subacromial  
5 bursectomy was performed. Minor debridement of the  
6 anterolateral edge of this cartilage was performed.

7 On August 12th, 2010, the employee was released  
8 to full duty.

9 On November 24th, 2010, Dr. Kudrewicz performed  
10 a permanent partial disability evaluation. He found the  
11 employee had an 18 percent upper extremity impairment  
12 from which he subtracted 6 percent upper extremity  
13 impairment, leaving a net 12 percent upper extremity  
14 impairment which converts to 7 percent whole person  
15 impairment.

16 Upon questioning from the employee's attorney,  
17 Dr. Kudrewicz submitted an addendum to his PPD report on  
18 December 28th, 2010. He decide the not to apportion the  
19 employee's preexisting condition, thereby leaving the  
20 employee with 18 percent upper extremity impairment  
21 which converts to 11 percent whole person impairment.

22 The TPA had both the original PPD and the  
23 addendum reviewed by Dr. Caszatt. Dr. Caszatt agreed  
24 that the impairment for the industrial injury of  
25 April 18th, 2010 should be 11 percent whole person

1 impairment with no apportionment.

2 The employee took this in a lump sum.

3 Present claim.

4 On June 27, 2017, the employee was involved in  
5 a motor vehicle accident in which the car he was driving  
6 was T-boned by a driver who ran a stop sign. The  
7 employee went to Dr. Klausner two days later where he  
8 was diagnosed with cervical, lumbar and right shoulder  
9 strains.

10 The subsequent injury history will be taken  
11 from Dr. Quaglieri's PPD report penned on June 12th,  
12 2018.

13 The employee began treatment with Dr. Kim for  
14 all three body parts on July 31st, 2017. Physical  
15 therapy was started.

16 MRIs of the thoracic spine, cervical spine and  
17 right shoulder were performed on August 22nd, 2017. The  
18 thoracic spine revealed a right paracentral disc  
19 protrusion at T7-8 measuring 2.3 millimeters without  
20 significant central canal or foraminal narrowing; no  
21 evidence of fracture or compression deformity. The  
22 cervical spine revealed posterior and right paracentral  
23 disc protrusion at C6-7, which is abutting the ventral  
24 cord but does not appear to be causing cord signal  
25 changes; moderate bilateral foraminal narrowing; no

1 acute fracture or compression deformity. The right  
2 shoulder revealed posterior subluxation of the humeral  
3 head and a partial-thickness tear of the supraspinatus  
4 tendon. There was also evidence of a SLAP tear.

5 On August 28th, 2017, Dr. Kim recommended that  
6 physical therapy be stopped for the shoulder due to the  
7 SLAP tear. Chiropractic care was approved for the neck  
8 and the back.

9 The employee began treatment with Dr. Dettling  
10 for his right shoulder on September 5th, 2017.

11 The employee began treatment with Dr. Kaplan  
12 for his neck and back on September 22nd, 2017.

13 Chiropractic care began on September 28th, 2017  
14 through October 25th, 2017.

15 On November 8th, 2017, Dr. Dettling performed a  
16 right shoulder arthroscopic superior labral debridement,  
17 subacromial decompression and glenohumeral joint  
18 chondroplasty. Postoperative physical therapy began on  
19 November 17th, 2017 and ended on January 10th, 2018.

20 On January 2nd, 2018, Dr. Kim performed a right  
21 C6-7 nerve root block.

22 On January 4th, 2018, Dr. Dettling released the  
23 employee to full duty for his right shoulder.

24 On January 11th, 2018, Dr. Kim performed  
25 trigger point injections on the employee's neck.

1           On January 11th, 2018, Dr. Dettling stated the  
2 employee as maximally medically improved, stable and  
3 ratable for the right shoulder.

4           On February 2nd, 2018, Dr. Kim performed  
5 trigger point injections for the low back.

6           On March 16, 2018, Dr. Kim performed right  
7 C5-6, C6-7 facet injections. On March 22nd, 2018,  
8 Dr. Kim stated the employee was maximally medically  
9 improved for the cervical spine.

10           On April 13, 2018, Dr. Kim performed right  
11 L4-5, L5-S1 facet injections. On April 19th, 2018,  
12 Dr. Kim stated the employee was maximally medically  
13 improved for the lumbar spine.

14           On June 12th, 2018, Dr. Quaglieri performed a  
15 PPD evaluation. He found the following: cervical  
16 spine, 6 percent; lumbar spine, 6 percent, right  
17 shoulder, 10 percent less the prior 11 percent equals  
18 0 percent; total 12 percent.

19           The TPA disagreed with Dr. Quaglieri's rating.  
20 This resulted in litigation. Eventually, the parties  
21 settled for 11 percent whole person impairment for the  
22 cervical and lumbar spines. Unfortunately, the  
23 stipulation does not state what percentage is assigned  
24 to each body part.

25           The employee took this in a lump sum.

1 Findings.

2 On March 30th, 2019, Dr. Betz stated, quote:

3 As outlined above, employee underwent two right  
4 shoulder surgeries before the subsequent injury on  
5 June 27th, 2017. While the details of the first  
6 surgery are not well known, the 2nd surgery on  
7 June 23rd, 2010 included an arthroscopic anterior  
8 capsular repair, labral repair, and subacromial  
9 depression.

10 Despite surgery, the patient still had  
11 significant problems with the shoulder at time of  
12 claim closure with very limited range of motion  
13 totaling 11 percent whole person impairment.

14 Following the subsequent injury about seven  
15 years later, shoulder MRI showed several  
16 degenerative pathologies and continuing problems  
17 with previously injured and repaired structures,  
18 including impingement and partial-thickness tear of  
19 the supraspinatus with a large osteophyte on the  
20 inferior humeral head, an apparent loose body  
21 beneath the subscapularis with subluxation of the  
22 humeral head posteriorly. Previous labral surgery  
23 with anchor screws were also noted without distinct  
24 re-tear.

25 At time of subsequent surgery, Dr. Dettling

1 found superior labral tear impingement syndrome and  
2 glenohumeral chondromalacia. No acute changes were  
3 found. He performed a labral debridement, repeat  
4 subacromial decompression and chondroplasty.

5 Absent these preexisting shoulder pathologies,  
6 it is very likely that employee would have suffered  
7 no more than a shoulder sprain/strain as a result of  
8 the subsequent injury requiring a brief course of  
9 care with complete recovery. However, as a direct  
10 result of his prior surgeries and pathologies, he  
11 required more extensive evaluation and additional  
12 surgery to address his shoulder symptoms.

13 With these considerations in mind, it is  
14 reasonable and appropriate to conclude that  
15 95 percent of the cost of the subsequent claim  
16 related to the right shoulder were the result of the  
17 combined effect of preexisting pathologies and the  
18 subsequent injury. 5 percent of the cost of the  
19 subsequent claim related to the patient's right  
20 shoulder were the result of the subsequent  
21 occupational injury alone.

22 The Administrator agrees with this analysis.

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

25 Both Drs. Kudrewicz and Caszatt agreed that the



1 impairment for the industrial injury of April 18th, 2010  
2 should be 11 percent whole person impairment with no  
3 apportionment for the right shoulder.

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

6           The employer provided the following pertinent  
7 records to show knowledge of permanent impairment:  
8 Series of emails between Amy Wong, employee of the City  
9 of Henderson, and Julie Vacca, employee of CCMSI, and  
10 Susan Mann, employee of CCMSI, and Lezlie Wooten,  
11 employee of CCMSI, from October 26, 2010 to  
12 February 9th, 2011 in which the claim of April 18th,  
13 2010 is discussed for possible subsequent injury relief  
14 due to the nonindustrial preexisting injury to the right  
15 shoulder. Most important is the email dated  
16 February 8th, 2011 in which Ms. Vacca states, quote,  
17 "Amy, I faxed you over the PPD paperwork on employee.  
18 Please advise if the 11 percent is okay to offer." End  
19 quote. Ms. Wong replies, quote, "Okay to offer." End  
20 quote.

21           These emails show that Ms. Wong was aware that  
22 there was a right shoulder injury that resulted in an  
23 11 percent whole person impairment prior to the  
24 subsequent injury and that the employee was retained in  
25 employment.

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

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

7           That is all.

8           BOARD CHAIR MEYER: Thank you, Vanessa.

9           Does anyone have any questions or comments  
10 regarding this claim?

11           MS. MCCOURTNEY: Hi. This is Kasey. I just  
12 had one concern. It appears as though the subrogation  
13 recovery has been conducted from the -- only the portion  
14 related to the left shoulder and not the totality of the  
15 shoulder, lumbar and cervical paid on the claim. I'm  
16 just wondering if there's a reason for that, because the  
17 majority of the money is paid out as far as the cervical  
18 and lumbar, which had been put on.

19           BOARD CHAIR MEYER: Vanessa, can you address  
20 this?

21           MS. SKRINJARIC: My recollection is you  
22 subtracted the entire subro recovery from your -- in  
23 your application. Correct?

24           MS. MCCOURTNEY: Right, but the application was  
25 for \$93,000, which included the monies related to

1 cervical and lumbar.

2 MS. SKRINJARIC: Correct. So this same issue  
3 has been before the Board before, and the Board has  
4 ruled that the entire subrogation, the statute says  
5 subrogation in its entirety is to be subtracted before  
6 seeking recoveries from the fund.

7 BOARD CHAIR MEYER: Are there questions or  
8 comments?

9 Kasey, do you have further questions or  
10 comments?

11 MS. MCCOURTNEY: No, I don't.

12 BOARD CHAIR MEYER: Okay. All right. I will  
13 take a motion on this claim.

14 BOARD MEMBER SAYEGH: This is Suhair. I will  
15 make the motion to accept the Administrator's  
16 recommendation on claim number 17C52F201548 in the  
17 verified cost amount of \$7,399.05.

18 BOARD MEMBER LANG: This is Wendy. I'll  
19 second.

20 BOARD CHAIR MEYER: All in favor?

21 (Board members said "aye.")

22 BOARD CHAIR MEYER: Thank you.

23 We will move on to the next claim, which is  
24 for -- it's claim number 0583-WC-18-0000637 for insurer  
25 Clark County, employer University Medical Center.

1 Is there any disclosures for Corvel?

2 Okay. Vanessa.

3 MS. SKRINJARIC: Okay. It is the  
4 Administrator's recommendation to accept this request  
5 pursuant to NRS 616B.557 for the right knee only. The  
6 left wrist and lumbar spine were not requested and are  
7 specifically excluded.

8 The total amount requested for reimbursement is  
9 \$156,572.79. It is noted that numerous medical records,  
10 bills and Explanation of Reviews were submitted with  
11 this application that were not on the payment sheets nor  
12 were they submitted in the request for reimbursement.  
13 Therefore, these amounts were not considered in this  
14 request. In the future, please do not submit items in  
15 the application package for which you are not requesting  
16 reimbursement. The amount of verified costs is  
17 \$111,135.06. An explanation of the disallowance is  
18 attached to this letter.

19 This request was received from Dalton L. Hooks,  
20 Jr., Esq., of Hooks, Meng & Clement on April 29th, 2021.

21 Prior history.

22 This employee was hired on February 6, 2006 as  
23 a nurse.

24 The employee apparently had two nonindustrial  
25 right knee arthroscopies including a partial

1 meniscectomy performed by Dr. Wulff, one in 2014 and one  
2 in 2016. These records were not provided in the  
3 application nor were they provided to the rating  
4 physician in the first industrial claim discussed below  
5 or the rating physician in the subsequent injury.

6           The prior history is taken from a June 16, 2017  
7 permanent partial disability report penned by  
8 Dr. Gregory Mills.

9           On August 1st, 2016, the employee slipped on a  
10 wet floor while washing her hands, falling directly onto  
11 her right knee. X-rays performed by Dr. Wulff on  
12 August 2nd, 2016 showed disruption of the subcortical  
13 bone near the inferior third of the patella at the  
14 articular surface. The diagnosis was a nondisplaced  
15 right inferior pole of patella fracture. The employee  
16 was placed in a knee immobilizer.

17           On September 1, 2016, the employee returned to  
18 Dr. Wulff for pain medications. She was to continue  
19 with the knee immobilizer and weight-bear as tolerated.  
20 A month later, Dr. Wulff prescribed physical therapy.

21           By November 3rd, 2016, Dr. Wulff noted the  
22 x-rays showed the fracture line on lateral view appeared  
23 to be completely resolved.

24           Physical therapy started on November 17, 2016  
25 through March 16, 2017. The employee continued to see

1 Dr. Wulff monthly.

2 On March 23rd, 2017, Dr. Wulff determined the  
3 employee had reached maximum medical improvement and was  
4 stable and ratable.

5 On June 16, 2017, Dr. Mills determined that the  
6 employee had an 8 percent whole person impairment  
7 utilizing the range of motion method. There was no  
8 apportionment. As stated above, Dr. Mills was not  
9 provided with the two prior arthroscopies, including the  
10 partial meniscectomy performed by Dr. Wulff on a  
11 nonindustrial basis.

12 The employee returned to work for the employer.

13 On February 2nd, 2018, the employee slipped on  
14 a wet floor in front of an ice maker. She injured her  
15 right knee, lumbar spine and left wrist. She was  
16 diagnosed with multiple contusions and sprain/strains.  
17 She was referred to Dr. Wulff.

18 Medical reporting will be taken from the  
19 March 24th, 2020 PPD evaluation penned by Dr. Montero.

20 An April 1, 2018 MRI of the right knee revealed  
21 diminutive medial meniscus with diffuse free edge  
22 blunting due in part to previous partial meniscectomy.  
23 Residual underlying undersurface tear in the posterior  
24 horn. Degenerative remnant is extruded in the medial  
25 gutter. Tricompartment degenerative osteoarthritis most

1 evident at medial compartment. Chronic grade 2 sprain  
2 with myxoid degeneration and intrameniscal cyst at the  
3 ACL. Joint effusion and synovitis. Small leaking  
4 Baker's cyst.

5           On April 5th, 2018, Dr. Wulff did not feel the  
6 meniscal pathology on the MRI was the source of the  
7 employee's pain. He thinks it is osteoarthritis.  
8 Additional arthroscopy would not relieve the pain. A  
9 total knee arthroplasty was recommended.

10           On May 3rd, 2018, Dr. Wulff referred the  
11 employee to pain management pending the authorization  
12 for the total knee replacement.

13           On May 14th, 2018, Dr. Mendez saw the employee  
14 and believes her symptoms are caused by osteoarthritis  
15 and degenerative joint disease.

16           The employee began physical therapy on  
17 May 14th, 2018. Dr. Wulff began prescribing Percocet  
18 and Ultram on June 14th, 2018.

19           The employee saw Dr. Gephardt on August 28th,  
20 2018. He performed a Durolane injection of the right  
21 knee on August 31, 2018.

22           An MRI of the lumbar spine on September 11th,  
23 2018 revealed moderate spinal canal stenosis at L4-5,  
24 mild spinal canal stenosis at L3-4 and multilevel facet  
25 joint hypertrophy with mild facet joint effusions.

1 Dr. Gephardt began prescribing Ambien, Percocet and  
2 Tramadol for the employee's pain.

3 On October 12th, 2018, Dr. Gephardt performed  
4 bilateral L3-5 medial branch blocks.

5 The employee continued with physical therapy.

6 On November 14th, 2018, Dr. Wulff performed a  
7 right total knee arthroplasty. The employee was in the  
8 hospital for two days.

9 At home physical therapy began on November 18th,  
10 2018 through November 29th, 2018. The employee began  
11 regular physical therapy on December 7th, 2018.

12 On December 18th, 2018, Dr. Gephardt added  
13 Paxil to the employee's medications of Ambien, Percocet  
14 and Tramadol.

15 On January 25th, 2019, Dr. Gephardt performed  
16 bilateral L3-5 medial branch radiofrequency ablations.

17 On February 7th, 2019, Dr. Wulff released the  
18 flow full duty on February 11th, 2019.

19 On February 27th, 2019, Dr. Gephardt released  
20 the employee to full duty.

21 On March 28th, 2019, Dr. Wulff determined the  
22 employee had reached maximum medical improvement for the  
23 right knee. He felt that she could finish out the  
24 physical therapy that she had been engaged in since  
25 December of 2018. Physical therapy ended on May 8th,



1 2019.

2           On May 24th, 2019, Dr. Gephardt performed a  
3 bilateral SI joint injection under fluoroscopic  
4 guidance.

5           The employee continued to see Dr. Gephardt  
6 monthly for medications and medication compliance urine  
7 tests.

8           On September 6th, 2019, Dr. Gephardt performed  
9 a bilateral SI joint injection under fluoroscopic  
10 guidance.

11           On October 8th, 2019, Dr. Gephardt discussed  
12 OrthoCor Therapy Wrap and pulsed electromagnetic field  
13 treatment. He felt the employee had reached maximum  
14 medical improvement.

15           On December 19th, 2019, Dr. Gephardt performed  
16 bilateral L3-5 medial branch radiofrequency ablations.

17           The employee continued to see Dr. Gephardt  
18 monthly for pain medications from January of 2020  
19 through April 13th of 2020.

20           On March 24th of 2020, Dr. Montero performed a  
21 PPD evaluation in which she found the following: Right  
22 knee, 20 percent less the prior 8 percent equals  
23 12 percent; left wrist, 1 percent; lumbar spine;  
24 0 percent; total, 13 percent whole person impairment.

25           The employee took the 13 percent whole person

1 impairment in a lump sum.

2 It is noted that the employee was paid  
3 temporary total disability from May 11, 2018 until  
4 February 10th, 2019.

5 This submission also contains prescription  
6 payments through April 23rd, 2020.

7 The employee had a prior industrial --  
8 findings. The employee had a prior industrial injury in  
9 2016 for which she was rated at 8 percent. This was not  
10 apportioned for two prior arthroscopies, including a  
11 partial meniscectomy. The subsequent injury in 2018  
12 required a total knee arthroplasty, extensive physical  
13 therapy and a substantial increase in additional PPD  
14 compensation. While the applicant did not submit a  
15 doctor's analysis regarding the combined effects, the  
16 Administrator believes that absent the prior industrial  
17 and nonindustrial conditions the subsequent injury would  
18 have resulted in no more than a conservative course of  
19 care.

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

22 The injured employee was rated at 8 percent  
23 whole person impairment under her August 1, 2016 claim  
24 for the right knee.

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

1 satisfied.

2           The employer provided multiple written records  
3 to show knowledge of permanent impairment. The  
4 Administrator finds the following to be most persuasive:  
5 C-4 Form for the 8-1-16 injury with a "received workers'  
6 compensation" stamp of August 3rd, 2016. It  
7 specifically states, quote, "right nondisplaced patella  
8 fracture," end quote, and, quote, "preexisting arthritis  
9 same knee," end quote, on the document.

10           North Lake Tahoe Fire Protection District vs.  
11 Board of Administration does not require the employer's  
12 perfect knowledge of a 6 percent permanent impairment.  
13 It requires that an employee's preexisting permanent  
14 physical impairment be fairly and reasonably inferred  
15 from the written record of the employer and the  
16 impairment must amount to at least 6 percent whole  
17 person impairment. Here, on August 3rd, 2016, the  
18 employer was aware that the employee had a right  
19 nondisplaced patella fracture with preexisting arthritis  
20 which ultimately resulted in an 8 percent whole person  
21 impairment.

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

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

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

3 That's all.

4 BOARD CHAIR MEYER: Thank you, Vanessa.

5 Does the Board have any questions or comments  
6 regarding this claim?

7 And does the representative have anything to  
8 add?

9 MS. MAYFIELD: No, we do not.

10 BOARD CHAIR MEYER: Okay. Thank you.

11 I will take a motion for this.

12 BOARD MEMBER WILSON: This is Sharolyn. I will  
13 make a motion that the Board accept the Administrator's  
14 recommendation regarding claim number  
15 0583-WC-18-0000837, insurer Clark County, employer  
16 University Medical Center, in the amount of verified  
17 costs of \$111,135.06.

18 BOARD MEMBER WASHINGTON: This is Michele.  
19 I'll second the motion.

20 BOARD CHAIR MEYER: All in favor, "aye"?

21 (Board members said "aye.")

22 Okay. We will move on to item 6.a., and this  
23 is claim number 18D34F766450 for Las Vegas Metropolitan  
24 Police Department. My previous disclaimer regarding  
25 CCMSI as Carson City's third-party administrator, it

1 still stands.

2 BOARD MEMBER WILSON: This is Sharolyn. I make  
3 the same declaration. Thank you.

4 BOARD MEMBER LANG: This is Wendy. I also need  
5 to make the same disclosure, and it will not impact my  
6 decision.

7 BOARD MEMBER WASHINGTON: This is Michele. I  
8 have the same disclosure regarding CCMSI as on the  
9 previous claim.

10 BOARD CHAIR MEYER: Thank you, Board members.  
11 Vanessa.

12 MS. SKRINJARIC: It is the Administrator's  
13 recommendation to accept this first supplemental request  
14 for previously disallowed amounts pursuant to NRS  
15 616B.557 for the cervical spine.

16 The total amount requested for reimbursement is  
17 \$50,600.55. The amount of verified costs is \$50,600.55.

18 This request was received from Kim Price, Esq.  
19 on April 14th, 2021.

20 This request contained documentation that  
21 supports reimbursement of the previously disallowed  
22 amounts from the March 17th, 2021 explanation of  
23 disallowance at lines 2 to 11, 14 and 18.

24 And that's all.

25 BOARD CHAIR MEYER: Thank you.

1 Does anybody have questions regarding this  
2 submission?

3 All right. If not, I will take a motion.

4 BOARD MEMBER SAYEGH: This is Suhair. I will  
5 make the motion to accept the Administrator's  
6 recommendation on claim number 18D34F766450 in the  
7 verified costs of \$50,600.55.

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

10 BOARD CHAIR MEYER: Thank you. All in favor?  
11 (Board members said "aye.")

12 BOARD CHAIR MEYER: All right. We'll move on  
13 to additional items on number 7, general matters of  
14 concern to the Board members regarding matters not  
15 appearing on the agenda.

16 Does anybody have anything for that?

17 Anything for item b., old and new business?

18 MS. SKRINJARIC: Donald, at what point do you  
19 want to discuss the physical location issue?

20 MR. BORDELOVE: I can discuss it now if you'd  
21 like.

22 MS. SKRINJARIC: Okay.

23 MR. BORDELOVE: But what were you specifically  
24 wanting me to go into again, whether they need to,  
25 whether the Board wants to have one or not, or?

1 MS. SKRINJARIC: Right, pursuant to that bill  
2 that was passed, you said it's now up to the Board to  
3 decide if they want to have one or not.

4 MR. BORDELOVE: Right. You don't have to have  
5 a physical location anymore. You can if you want. You  
6 can also do it sort of a part thing. If some members  
7 want to appear by phone and others want to appear in  
8 person, that's fine, too. It's really up to your  
9 discretion now how you want to handle it.

10 So if any Board member wants to, you know,  
11 state their opinion on how they would like to do it  
12 going forward, feel free.

13 BOARD CHAIR MEYER: Well, would that change --  
14 currently, we have people who appear in person and then  
15 most of us appear by phone. So we're still free to  
16 continue with that?

17 MR. BORDELOVE: Correct.

18 BOARD CHAIR MEYER: Okay. I like it that way.  
19 How does everybody else feel about it?

20 BOARD MEMBER WILSON: This is Sharolyn. I  
21 agree with you, Cecil.

22 BOARD CHAIR MEYER: Okay. Anybody else?

23 BOARD MEMBER SAYEGH: Yeah, this is Suhair. I  
24 also agree.

25 BOARD CHAIR MEYER: Okay.

1 BOARD MEMBER LANG: This is Wendy. I think, it  
2 works fine as is.

3 BOARD CHAIR MEYER: Great. Okay.

4 BOARD MEMBER WASHINGTON: This is Michele. I'm  
5 still waiting to make sure I'm still on the Board. But  
6 if I continue, either way works for me.

7 BOARD CHAIR MEYER: Okay. Great. Thanks,  
8 everybody. Well, we'll just leave it as is, then.

9 MS. SKRINJARIC: Okay. So just so that I'm  
10 clear, so you do want to keep it as an in-person and an  
11 over-the-phone; is that what I'm hearing?

12 BOARD CHAIR MEYER: I think, that works for all  
13 of us.

14 MS. SKRINJARIC: Okay. I just want to make  
15 sure that when I do the agendas, I'm writing them  
16 properly.

17 BOARD CHAIR MEYER: Okay. Thank you.

18 We'll move on to 7.c., the schedule of next  
19 meetings. Does anybody have any new conflicts that  
20 popped up? I think, Sharolyn, your only conflict was  
21 the July meeting; is that correct?

22 BOARD MEMBER WILSON: You know what, I don't  
23 remember. I don't think I did have a conflict, but let  
24 me take a look at my calendar.

25 BOARD MEMBER LANG: Cecil, this is Wendy. I



1 have a conflict in July.

2 BOARD CHAIR MEYER: Oh, it's -- okay. Okay.

3 MS. SKRINJARIC: Wendy, you have a conflict in  
4 July?

5 BOARD MEMBER LANG: Yes.

6 MS. SKRINJARIC: Okay. Because we actually  
7 have a de novo hearing for July. So that means that you  
8 won't be present?

9 BOARD MEMBER LANG: No, I won't be.

10 MS. SKRINJARIC: Okay.

11 BOARD MEMBER WILSON: Yeah, and my schedule's  
12 clear for July.

13 BOARD CHAIR MEYER: Okay.

14 BOARD MEMBER WILSON: So I'm good to go.

15 BOARD CHAIR MEYER: I think, I just mixed you  
16 and Wendy up, I think.

17 BOARD MEMBER WILSON: Well, I have to  
18 double-check nowadays, so.

19 BOARD CHAIR MEYER: I get that.

20 BOARD MEMBER WILSON: That's right.

21 BOARD CHAIR MEYER: Okay. So we'll still have  
22 a quorum and we'll still be set to go even with Wendy  
23 unable to attend?

24 MS. SKRINJARIC: So far, yes.

25 BOARD CHAIR MEYER: Okay. All right. And all

1 the rest of the dates are good for everybody so far?

2 BOARD MEMBER LANG: Yes.

3 BOARD MEMBER SAYEGH: Yes. This is Suhair.

4 BOARD CHAIR MEYER: Okay.

5 BOARD MEMBER WASHINGTON: Yes.

6 BOARD CHAIR MEYER: Next, to item number 8,  
7 public comment. The opportunity for public comment is  
8 reserved for any matter within the jurisdiction of the  
9 Board. No action on such an item can be taken by the  
10 Board unless and until the matter has been agendized as  
11 an action item. Comment from the public is limited to  
12 three minutes per person.

13 I'm assuming no public has stepped in?

14 MS. SKRINJARIC: They have not.

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

17 BOARD MEMBER LANG: This is Wendy. I move we  
18 adjourn.

19 BOARD MEMBER WILSON: And this is Sharolyn.  
20 I'll second that motion.

21 BOARD CHAIR MEYER: All in favor?

22 (Board members said "aye.")

23 BOARD CHAIR MEYER: All right. Well, thank you  
24 so much, everybody.

25 -oOo-