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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, August 18, 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 (absent)
Board Chair, Board Member

Sharolyn Wilson
Acting Board Chair, Board Member

Wendy Lang
Board Member

Michele Washington
Board Member

Leanne Kares
Board Member

Donald Bordelove, Esq.
Deputy Attorney General
Board Counsel

For the Division of Industrial Relations:

Christopher A. Eccles, Esq.
Counsel for DIR

For the Administrator of the DIR:

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

Ana Aranda (Las Vegas)
Division of Industrial Relations

Also Present:

Kasey McCourtney (phone)
CCMSI

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

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WEDNESDAY, AUGUST 18, 2021, 10:00 A.M.

-oOo-

ACTING BOARD CHAIR WILSON: ...21 at 10:00 a.m.
Vanessa, would you like to do roll.

MS. SKRINJARIC: I will. So present in
Las Vegas, this is Vanessa Skrinjaric on behalf of the
Division of Industrial Relations. Also present here I
have Ana Aranda, also on behalf of the Division of
Industrial Relations.

Sharolyn Wilson?

ACTING BOARD CHAIR WILSON: Here.

MS. SKRINJARIC: Wendy Lang?

BOARD MEMBER LANG: Here.

MS. SKRINJARIC: Michele Washington?

BOARD MEMBER WASHINGTON: Here.

MS. SKRINJARIC: Leanne Kares?

BOARD MEMBER KARES: Here.

MS. SKRINJARIC: Donald Bordelove?

MR. BORDELOVE: Here.

MS. SKRINJARIC: Chris Eccles?

MR. ECCLES: Here.

MS. SKRINJARIC: And present on the phone, Kim
Price?

MR. PRICE: Good morning.

MS. SKRINJARIC: And Kasey McCourtney?

1 MS. MCCOURTNEY: Here.

2 MS. SKRINJARIC: I believe, that's everyone.

3 ACTING BOARD CHAIR WILSON: Okay. Thank you,
4 Vanessa.

5 Just for the record, I'm acting as presiding
6 officer today -- this is Sharolyn -- in the absence of
7 the Board Chair Cecelia Meyer.

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

15 Do we have any public here today?

16 MS. SKRINJARIC: We do not.

17 ACTING BOARD CHAIR WILSON: Okay. We'll move
18 on to item number 3, approval of the agenda. Has
19 everybody received and reviewed the agenda, and are
20 there any questions, concerns or comments?

21 Hearing none, I'll take a motion for approval
22 of the agenda.

23 BOARD MEMBER LANG: This is Wendy. I move to
24 approve today's agenda.

25 BOARD MEMBER WASHINGTON: This is Michele.

1 I'll second the motion.

2 ACTING BOARD CHAIR WILSON: All in favor, say
3 "aye."

4 (Board members said "aye.")

5 ACTING BOARD CHAIR WILSON: The motion passed.
6 Thank you.

7 Moving on to item 4, approval of the minutes
8 for the June 16th, 2021 meeting. Has everybody received
9 and reviewed those minutes, and are there any questions,
10 concerns or comments?

11 Hearing none, I'll take a motion for approval
12 of those June 16, 2021 minutes.

13 BOARD MEMBER LANG: This is Wendy. I move to
14 approve the minutes for June 16th, 2021.

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

17 ACTING BOARD CHAIR WILSON: All in favor, say
18 "aye"?

19 (Board members said "aye.")

20 ACTING BOARD CHAIR WILSON: Thank you. The
21 motion is approved.

22 Moving on, number 5, action on the
23 recommendation from the Administrator of the Division of
24 Industrial Relations for approval of the following
25 requests for reimbursement from the Subsequent Injury

1 fund Account for Self-Insured Employers.

2 The first item is 19D34J160624, Las Vegas
3 Metropolitan Police Department.

4 Vanessa.

5 MS. SKRINJARIC: Okay. Does anyone have any
6 disclosures?

7 ACTING BOARD CHAIR WILSON: Oh, yes. I'm
8 sorry. We do. This is Sharolyn, and I do disclose that
9 CCMSI is our third-party administrator for Washoe
10 County, but that will not affect my decision today.

11 BOARD MEMBER LANG: This is Wendy. I make the
12 exact same disclosure.

13 BOARD MEMBER WASHINGTON: This is Michele. I
14 make the exact same disclosure.

15 BOARD MEMBER KARES: This is Leanne Kares. I
16 make the exact same disclosure.

17 MS. SKRINJARIC: Okay. Thank you.

18 Okay. It is the Administrator's recommendation
19 to accept this request pursuant to NRS 616B.557 for the
20 left shoulder.

21 The total amount requested for reimbursement is
22 \$82,459.75. The amount of verified costs is \$68,266.44.
23 An explanation of the disallowance is attached to this
24 letter.

25 This request was received from Kim Price, Esq.,

1 on June 21st, 2021.

2 Prior history.

3 This employee was hired on January 10th, 2000
4 as a police officer. On December 13, 2004, he was
5 participating in defensive tactics training and was
6 possibly held in an arm bar. He was seen by Dr. --
7 excuse me. Let me take a drink of water. By Dr. Cichon
8 on December 15th, 2004 whereby he was diagnosed with a
9 rotator cuff strain on the left.

10 The prior history will be taken from the
11 permanent partial disability reports penned by
12 Drs. Borselli and Russell.

13 The employee began physical therapy on
14 December 16th, 2004.

15 The employee returned to Dr. Cichon on
16 January 5th, 2005 who stated he suffered from a left
17 shoulder grade II AC separation with impingement.

18 On January 11, 2005, Dr. Cichon performed
19 arthroscopic left shoulder SLAP repair, excision of
20 paralabral cyst, subacromial decompression/
21 acromioplasty, AC joint resectional arthroscopy, AC
22 reconstruction of three sets of ligaments, Mumford
23 distal claviclectomy, 8 to 9 millimeters of distal
24 clavicle and 2 to 3 millimeters of the facet of the
25 acromion, posterior scapular ostectomy and Valpeau

1 application.

2 The employee participated in post-op physical
3 therapy.

4 On May 5th, 2005, Dr. Cichon noted full range
5 of motion with negative impingement tests. He released
6 the employee to full duty, no ratable impairment.

7 On June 7th, 2005, Dr. Borselli determined the
8 employee had an 11 percent whole person impairment.

9 Apparently, Dr. Cichon disagreed with
10 Dr. Borselli's rating and questioned the validity of the
11 range of motion measurement. On September 9, 2005,
12 Dr. Borselli submitted an addendum in which she
13 determined the employee had a 13 percent whole person
14 impairment. There was a miscalculation and the addendum
15 should have been 8 percent whole person impairment.

16 On December 20th, 2005, Dr. Russell performed a
17 PPD evaluation in which he determined the employee had a
18 10 percent whole person impairment.

19 The employee took this in a lump sum.

20 Present claim.

21 On December 12th, 2019, the employee was trying
22 to take a suspect into custody when he felt his left
23 shoulder pop. He went to UMC Quick Care on
24 December 17th, 2019 where he was diagnosed with a left
25 shoulder strain and referred to orthopedics.

1 Subsequent injury history will be taken from
2 Dr. Hogan's October 20th, 2020 PPD report.

3 The employee's care was transferred to
4 Dr. Pinegar.

5 An MRI performed on January 24th, 2020 revealed
6 a posterior glenoid labral tear with adjacent
7 full-thickness glenoid chondral defect.

8 On March 1st, 2020, Dr. Pinegar performed left
9 shoulder labrum repair and biceps tenodesis.

10 The employee had physical therapy from
11 March 12th, 2020 through July 30th, 2020.

12 The employee continued to see Dr. Pinegar for
13 post-op follow-up.

14 On September 8th, 2020, Dr. Pinegar determined
15 the employee had reached maximum medical improvement and
16 was stable and ratable.

17 On October 20th, 2020, Dr. Hogan determined the
18 employee had a 14 percent whole person impairment. He
19 subtracted the prior 10 percent whole person impairment,
20 leaving a net 4 percent whole person impairment. The
21 employee took this in a lump sum.

22 The employee received temporary total
23 disability benefits from February 27th, 2020 to
24 April 14th, 2020.

25 Findings.

1 This claim involves an additional shoulder
2 surgery and an increase in PPD. The documents presented
3 support additional compensation as a result of the
4 combined effects of the preexisting the impairment and
5 the subsequent injury.

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

8 The employee received a prior 10 percent whole
9 person impairment for his December 13th, 2004 claim.

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

12 The employer provided numerous documents to
13 show employer knowledge. The Administrator finds the
14 following two -- should be four -- to be most
15 persuasive:

16 C-4 Form with a received/entered cc: TPA
17 December 162004 stamp. It notes left shoulder
18 rotator cuff strain.

19 C-3 Form dated December 15, 2004 signed by
20 Evelyn Martina, Sr. LEST for the employer. It notes
21 left shoulder strain.

22 LVMPD Medical Evaluation form with a
23 received/entered cc: TPA January 31, 2005 stamp. It
24 notes post-op left shoulder x-ray.

25 LVMPD Medical Evaluation form with a

1 received/entered cc: TPA March 14th, 2005 stamp. It
2 notes left shoulder x-ray post-op.

3 North Lake Tahoe Fire Protection District v.
4 Board of Administration does not require the employer's
5 perfect knowledge of a 6 percent permanent impairment.
6 It requires that an employee's preexisting permanent
7 physical impairment be fairly and reasonably inferred
8 from the written record of the employer and the
9 impairment must amount to at least 6 percent whole
10 person impairment. Here, the employer was aware the
11 employee had a left shoulder rotator cuff strain which
12 required surgery in early 2005 which ultimately amounted
13 to a 10 percent whole person impairment.

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

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

20 That's all.

21 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.

22 Are there any concerns or comments from the
23 Board members?

24 Hearing none, I'll take a motion regarding this
25 claim.

1 BOARD MEMBER WASHINGTON: This is Michele.
2 I'll make a motion to accept the total amount requested
3 for reimbursement in claim number 19D34J160624 and the
4 verified costs of \$68,266.44 for Las Vegas Metropolitan
5 Police Department.

6 BOARD MEMBER LANG: This is Wendy. I'll second
7 that.

8 ACTING BOARD CHAIR WILSON: Thank you. All in
9 favor, say "aye".

10 (Board members said "aye.")

11 ACTING BOARD CHAIR WILSON: The motion is
12 passed.

13 Moving on to the next claim, 19D34F869170,
14 Las Vegas Metro Police Department.

15 Vanessa.

16 MS. SKRINJARIC: Okay. And I'm going to assume
17 the same disclosures regarding CCMSI for all of the
18 Board members stand?

19 ACTING BOARD CHAIR WILSON: Yes, correct.

20 MS. SKRINJARIC: Okay.

21 BOARD MEMBER KARES: Yes.

22 MS. SKRINJARIC: Okay. It is the
23 Administrator's recommendation to accept this request
24 pursuant to NRS 616B.557 for the lumbar spine.

25 The total amount requested for reimbursement is

1 \$83,150.74. The amount of verified costs is \$77,866.02.
2 An explanation of the disallowance is attached to this
3 letter.

4 This request was received from Kim Price, Esq.,
5 on June 24th, 2021.

6 Prior history.

7 This employee was hired on January 10th, 2005
8 as a police officer. On January 31st, 2006, he was
9 breaking up a fight between multiple individuals when he
10 experienced back pain. It is noted in the medical
11 records that the employee had a prior work related back
12 injury one year prior. However, those records were not
13 submitted for review.

14 The prior history will be taken from the
15 permanent partial disability reports penned by
16 Drs. Greenawalt, Oliveri, Barainca and Kudrewicz.

17 On January 2nd, 2007, Dr. Kabins noted mid and
18 low back strain.

19 A January 4th, 2007 MRI of the lumbar spine
20 revealed a central disc herniation at L4-5, annular tear
21 with disc protrusion at L2-3, annular tear with annular
22 bulging at L3-4 and right dorsolateral disc protrusion
23 at L5-S1.

24 On January 15, 2007, Dr. Kabins referred the
25 employee to Dr. Schifini. It appears that the employee

1 was referred to physical therapy, however those records
2 were not provided in the application.

3 On January 19, 2007, Dr. Schifini performed
4 bilateral L5-S1 transforaminal epidural steroid
5 injections. The employee reported 50 percent pain
6 relief.

7 On January 29, 2007, Dr. Kabins released the
8 employee to full duty.

9 On February 26, 2007, Dr. Kabins determined the
10 employee had reached maximum medical improvement and was
11 stable and ratable.

12 On March 20th, 2007, Dr. Greenawalt determined
13 the employee had a 10 percent whole person impairment.

14 On May 4th, 2007, Dr. Oliveri performed a PPD
15 record review and determined the employee had a
16 5 percent whole person impairment.

17 On May 24th, 2007, Dr. Greenawalt submitted an
18 addendum after review of Dr. Oliveri's report. He
19 agreed with Dr. Oliveri that the impairment should be
20 5 percent whole person impairment.

21 On August 24th, 2007, Dr. Barainca performed a
22 second opinion PPD evaluation in which she recommended
23 8 percent whole person impairment.

24 On September 26, 2007, Dr. Greenawalt agreed
25 with Dr. Barainca that the employee should receive an

1 8 percent whole person impairment. This was ultimately
2 paid to the employee in a lump sum.

3 On May 24th, 2010, the employee applied to
4 reopen his case. This was granted on June 9th, 2010.

5 The reopening history will be taken from
6 Dr. Kudrewicz's PPD report dated October 26, 2010.

7 On March 13, 2010, the employee saw
8 Dr. Mashhood stating he experienced a reexacerbation of
9 his symptomatology. He had aching low back pain which
10 radiated to the entire length of the posterolateral
11 aspect of the right lower extremity.

12 On June 1st, 2010, an MRI showed a right
13 paracentral L5-S1 disc protrusion displacing the
14 crossing right S1 nerve root. Electrodiagnostics
15 performed on June 2nd, 2010 showed evidence of chronic
16 moderate right L5 and S1 radiculopathy.

17 On June 24th, 2010, the employee saw
18 Dr. Flangas who recommended surgery.

19 On July 7, 2010, Dr. Flangas performed an L5-S1
20 microlumbar discectomy. During surgery degenerative
21 fragments of disc material were removed.

22 On September 21st, 2010, Dr. Flangas noted the
23 employee was neurologically stable and was given a full
24 duty work release. He had no significant symptoms and
25 had almost complete resolution of his back pain and

1 right lower extremity pain.

2 On October 26, 2010, Dr. Kudrewicz determined
3 the employee had a 12 percent whole person impairment.
4 He then subtracted the prior 8 percent whole person
5 impairment, leaving a net 4 percent whole person
6 impairment.

7 On December 28, 2010, Dr. Kudrewicz submitted
8 an addendum in which he felt the employee had 13 percent
9 whole person impairment. He then subtracted the prior
10 8 percent whole person impairment, leaving a net
11 5 percent whole person impairment. The employee took
12 this in a lump sum.

13 Present claim.

14 On January 31st, 2019, the employee was pulling
15 removing a 35-pound bicycle rack from a patrol vehicle
16 when he felt a pain in his lower back. He went to UMC
17 Urgent Care on February 4th, 2019 where he was diagnosed
18 with low back pain and right leg radiculopathy. X-rays
19 revealed degenerative disc disease at L4 to S1.

20 Subsequent injury history will be taken from
21 Dr. Razsadin's October 15, 2019 PPD report.

22 The employee's care was transferred to
23 Dr. Perry.

24 An MRI performed on March 12th, 2019 revealed a
25 new right parasagittal disc herniation at L4-5;

1 deformity of the thecal sac and narrowing of the
2 proximal right lateral recess; enlargement of the right
3 S1 nerve root sleeve without obvious impinging lesion;
4 epidural lipomatosis was also present.

5 The employee underwent physical therapy from
6 March 18, 2019 to April 11, 2019.

7 On March 21st, 2019, the employee saw Dr. Perry
8 who recommended surgery.

9 On April 17, 2019, Dr. Perry performed a right
10 L4-5 hemilaminotomy and partial discectomy.

11 The employee saw Dr. Perry monthly for post-op
12 evaluations. He suffered a setback in May 2019 when he
13 coughed. An MRI was obtained on May 31st, 2019 which
14 revealed some granulation or scar tissue. However, when
15 the employee returned to Dr. Perry in June 2019, he felt
16 he was improving.

17 On August 26, 2019, Dr. Perry determined the
18 employee had reached maximum medical improvement and was
19 stable and ratable.

20 On October 15, 2019, Dr. Razzadin determined
21 the employee had a 23 percent whole person impairment.
22 He subtracted a prior 12 percent whole person
23 impairment -- this is incorrect, the employee actually
24 received 13 percent -- leaving a net 11 percent whole
25 person impairment. The employee took this in a lump

1 sum. It appears that Dr. Razsadin was not provided
2 Dr. Kudrewicz's December 28, 2010 addendum in which he
3 recommended the employee receive an additional 5 percent
4 whole person impairment on top of the 8 percent already
5 awarded him. This is addressed in the disallowance
6 sheet.

7 The employee received temporary total ability
8 benefits from April 17th, 2017, day of surgery, to
9 July 2nd, 2019, when he was released full duty.

10 Findings.

11 This claim involves an additional lumbar
12 surgery and a substantial increase in PPD. The
13 documents presented support additional compensation as a
14 result of the combined effects of the preexisting
15 impairment and the subsequent injury.

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

18 The employee received a total of 13 percent
19 whole person impairment, 8 percent and 5 percent, for
20 his December 31st, 2006 claim.

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

23 The employer provided numerous documents to
24 show employer knowledge. The Administrator finds the
25 following two to be most persuasive:

1 LVMPD Medical Evaluation Form dated 1-15-07
2 with a received/entered cc: TPA stamp. It notes
3 lumbar multilevel protrusions/annular tears;
4 multilevel lumbar degenerative disc disease,
5 bilateral lumbar spinal stenosis epidurals.

6 Email dated August 6, 2010 from Dusty Marshall,
7 Tristar employee, to Pflecia Mitchell, Jeffrey Roch
8 and Laura Sherwood, LVMPD employees, which notes the
9 employee has an open claim for his lower back, date
10 of injury 12-31-06, and had surgery on 7-7-10.

11 North Lake Tahoe Fire Protection District v.
12 Board of Administration does not require the employer's
13 perfect knowledge of a 6 percent permanent impairment.
14 It requires that an employee's preexisting permanent
15 physical impairment be fairly and reasonably inferred
16 from the written record of the employer and the
17 impairment must amount to at least 6 percent whole
18 person impairment. Here, the employer was aware the
19 employee had a low back injury for which he had surgery
20 on July 7th, 2010 which ultimately amounted to a
21 13 percent whole person 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 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.

5 Board members, are there any questions,
6 concerns, comments, discussion points?

7 Hearing none, I will take a motion regarding
8 this claim.

9 BOARD MEMBER LANG: This is Wendy. I would
10 move to accept the Administrator's recommendation to
11 reimburse claim number 19D34F869170 in the amount of
12 \$77,866.02

13 BOARD MEMBER WASHINGTON: This is Michele.
14 I'll second the motion.

15 ACTING BOARD CHAIR WILSON: All in favor, say
16 "aye."

17 (Board members said "aye.")

18 ACTING BOARD CHAIR WILSON: Thank you. The
19 motion is approved.

20 The next matter is --

21 MR. PRICE: Thank you all for your time this
22 morning. Good day.

23 ACTING BOARD CHAIR WILSON: Oh, good day,
24 Mr. Price.

25 The next matter is 19C52F968542, City of

1 Henderson. And we do declare the same disclosures.

2 Vanessa.

3 ACTING BOARD CHAIR WILSON: Okay.

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

7 The total amount requested for reimbursement is
8 \$20,701.26. The amount of verified costs is \$20,091.10.
9 An explanation of the disallowance is attached to
10 letter.

11 This request was received from CCMSEI on
12 July 12th, 2021.

13 Prior history.

14 This employee was hired on February 9th, 2004
15 as a police officer.

16 On March 29, 2013, the employee was doing fast
17 rope training when he injured his right shoulder.

18 The prior history for this injury will be taken
19 from the June 12th, 2014 PPD report penned by
20 Dr. Barnett-Wolk.

21 The employee was diagnosed with a right
22 shoulder sprain on April 10th, 2013. He was referred to
23 Dr. Hanson. A May 23rd, 2013 MR arthrogram revealed a
24 chronic posterosuperior labral tear from the 9:00
25 o'clock to the 12:00 o'clock position as well as a mild

1 infraspinatus tendinosis without rotator cuff tear.

2 Dr. Hanson recommended a right shoulder
3 superior labral anterior posterior, SLAP, repair. On
4 November 13, 2013 this was performed. The employee
5 underwent extensive post-op physical therapy from
6 November 14, 2013 to April 29, 2014.

7 On May 13, 2014, Dr. Hanson released the
8 employee as maximally medically improved, stable and
9 ratable.

10 On June 12th, 2014, Dr. Barnett-Wolk determined
11 the employee had a 3 percent whole person impairment.

12 On September 21, 2017, the employee suffered
13 right shoulder pain after participating in defensive
14 tactics training. The prior history for this injury
15 will be taken from the August 9, 2018 PPD report penned
16 by Dr. Razsadin.

17 The employee did not seek treatment until
18 December 6, 2017. At that time an MRI was requested.

19 A December 27, 2017 MRI revealed a SLAP tear,
20 biceps tendinosis, partial-thickness articular surface
21 tear of the infraspinatus at its attachment for a mild
22 undersurface fraying of the distal supraspinatus.

23 The employee saw Dr. Dettling in January 2018.
24 Surgery was recommended.

25 On March 16, 2018, Dr. Dettling performed a

1 right shoulder arthroscopic superior labral repair.
2 Post-op physical therapy began on March 23rd, 2018 and
3 ended on June 4th, 2018.

4 On June 26, 2018, Dr. Dettling released the
5 employee as maximally medically improved, stable and
6 ratable.

7 On August 9th, 2018, Dr. Razsadin determined
8 the employee had a 6 percent whole person impairment.
9 He apportioned the prior 3 percent whole person
10 impairment, leaving a net 3 percent whole person
11 impairment.

12 Present claim.

13 On February 27, 2019, the employee was using a
14 RAM to knock down a fortified door when he felt pain in
15 his right shoulder. He did not seek treatment at
16 Concentra until May 14th, 2019. He was diagnosed with
17 right shoulder strain, cervical strain and headache.

18 The subsequent injury history will be taken
19 from Dr. Razsadin's PPD report penned on June 9th, 2020.

20 The employee had an MR arthrogram on July 11th,
21 2019 which revealed a small tear of the
22 posterior/superior glenoid labrum, spanning from 10:00
23 to 11:00 o'clock position in the posterior with
24 associated paralabral cyst; low-grade partial articular
25 sided tear and bursal surface fraying at the junction of

1 the right supraspinatus and infraspinatus tendons; mild
2 lateral downsloping of the acromion with questionable
3 small subacromial spur.

4 The employee saw Dr. Rimoldi on September 25th,
5 2019. He noted there was no evidence of rotator cuff
6 tear. He requested a cervical spine MRI. This was
7 performed on October 4th, 2019 and revealed
8 straightening of the cervical lordosis; no listhesis, no
9 central canal compromise throughout the cervical spine;
10 mild foraminal narrowing on the left at C3-4; polypoid
11 mucosal thickening in the right maxillary sinus, may
12 reflect a chronic sinusitis.

13 On October 30th, 2019, Dr. Rimoldi felt the
14 employee had reached maximum medical improvement and was
15 stable and ratable.

16 On December 5th, 2019, the employee saw
17 Dr. Dettling for a second opinion. Dr. Dettling felt
18 arthroscopic evaluation and treatment were appropriate
19 to address the employee's right shoulder labral tear.

20 On March 13, 2020, Dr. Dettling performed a
21 right shoulder arthroscopic posterior labral
22 debridement. Post-op physical therapy started on
23 March 17, 2020. The employees received temporary total
24 disability from March 13, 2020 to March 26, 2020.

25 On April 16, 2020, Dr. Dettling determined the

1 employee had reached maximum medical improvement and was
2 stable and ratable.

3 On June 9th, 2020, Dr. Razsadin determined the
4 employees had a 7 percent whole person impairment. He
5 apportioned the prior 6 percent whole person impairment,
6 leaving a net 1 percent whole person impairment. The
7 employee took this in a lump sum.

8 Findings.

9 On March 5th, 2021, Dr. Razsadin stated, quote:

10 Second, did the third injury significantly
11 alter or increase due to prior injuries? In this
12 instance, I believe the right shoulder injury was
13 sufficiently increased by 75 percent, which
14 increased all of the costs due to the preexisting
15 conditions. There are well documented previous
16 injuries to the right shoulder, and due to the fact
17 that the prior injuries complicated the third
18 injury, it increased the combined effects to a
19 worsening of the right shoulder. Therefore, I think
20 that there is a significant contribution to the
21 2-27-19 subsequent injury from his preexisting
22 pathology. This suggests that approximately
23 75 percent of the costs of diagnosis and treatment
24 for the subsequent injury of 2-27-19 relates to the
25 preexisting conditions from the initial injury of

1 3-29-13 and the second injury of eight-9-18. End
2 quote.

3 The Administrator agrees with this analysis.

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

6 The employee received a 3 percent whole person
7 impairment for his March 29, '13 right shoulder claim.
8 He received a 6 percent whole person impairment, less
9 the prior 3 percent whole person impairment, for his
10 September 21st, 2017 right shoulder claim.

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

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

15 One, email from Susan Riccio at CCMSI to Mary
16 Sexton and Sally Ihmels at City of Henderson, dated
17 August 28, 2018, which states, quote, Here is the
18 PPD report from Dr. Razsadin which awards 6 percent
19 whole person impairment due to range of motion of
20 right shoulder. This report was reviewed and is
21 appropriate for this case. Employee previously was
22 awarded 3 percent whole person impairment for right
23 shoulder. This was apportioned which awards him a
24 3 percent whole person impairment. End quote.

25 Two, responsive email from Ms. Sexton to

1 Ms. Riccio dated August 28, 2018, which states,
2 quote, Thanks Sue. I'm good with this. And on the
3 plus side, we now qualify for subsequent injury,
4 should he injury again. End quote.

5 These emails show that Ms. Sexton was aware
6 that there was a right shoulder injury that resulted in
7 a 6 percent whole person impairment prior to the
8 subsequent injury and that the employee was retained in
9 employment.

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

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

16 That's all.

17 Although I just want to comment that, boy, if
18 everyone could keep an email in their records about we
19 now qualify for subsequent injury.

20 ACTING BOARD CHAIR WILSON: That makes it
21 clean-cut.

22 MS. SKRINJARIC: Doesn't it.

23 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.

24 Board members, are there any questions,
25 concerns, comments, discussion points?

1 Hearing none, I will take a motion regarding
2 this claim.

3 BOARD MEMBER WASHINGTON: This is Michele. I
4 make a motion that we accept City of Henderson's claim,
5 the Administrator's recommendation for the City of
6 Henderson claim number 19C52F968542 in the amount of
7 verified costs of \$20,091.10.

8 BOARD MEMBER LANG: This is Wendy. I'll second
9 that.

10 ACTING BOARD CHAIR WILSON: All in favor, say
11 "aye."

12 (Board members said "aye.")

13 ACTING BOARD CHAIR WILSON: The motion passes.
14 We'll move on to the next claim, claim number
15 11494B954709, Washoe County School District.

16 Vanessa.

17 MS. SKRINJARIC: I think, Leanne, do you have a
18 disclosure to make?

19 BOARD MEMBER KARES: No, because I'm with
20 Douglas County school district.

21 MS. SKRINJARIC: Oh. Sorry. Okay. All right.

22 BOARD MEMBER KARES: That's all right.

23 MS. SKRINJARIC: Sorry.

24 Okay. It is the Administrator's recommendation
25 to accept this request pursuant to NRS 616B.557 for the

1 right knee.

2 The total amount requested for reimbursement is
3 \$82,910.67. The amount of verified costs is \$70,141.13.
4 An explanation of the disallowance is attached to this
5 letter.

6 This request was received from CCMSI on
7 July 6th, 2021.

8 Prior history.

9 The employee was hired on July 7, 2008 as a bus
10 driver.

11 The prior history will be taken from
12 Dr. Kudrewicz's subsequent injury review penned on
13 November 28, 2012.

14 The employee's right knee complaints begin on
15 October 9, 2008 when x-rays at Reno Orthopedic Clinic
16 show a well preserved joint space. A diagnosis of
17 meniscus tear right knee is noted.

18 A right knee MRI performed on October 17, 2008
19 revealed mild tricompartmental chondromalacia without
20 full-thickness lesion, horizontal degenerative tear
21 posterior and medial meniscus, fraying at the
22 intermarginal lateral meniscus without discrete tear.

23 On November 10, 2008, the employee had an
24 arthroscopic partial medial meniscectomy and debridement
25 of articular surface flaps of the trochlear groove,

1 articular surface flaps of the patella, articular
2 surface flaps medial femoral condyle, and articular
3 surface flaps lateral tibial plateau.

4 In a December 9th, 2008 post-op follow-up, it
5 was noted the employee showed significant improvement
6 and the employee felt he could get back to work.

7 On December 9, 2009, the employee was parking a
8 bus, getting out of his seat, when his foot got caught,
9 twisting his right knee. He was evaluated at Concentra.
10 X-rays showed mild medial compartment joint space
11 narrowing.

12 An MRI performed on October 14, 2009 showed
13 dramatic increase in chondromalacia changes involving
14 medial and lateral femoral condyles. There was
15 moderately severe retropatellar chondromalacia, stable
16 compared to previous examination. There was shaving and
17 partial resection medial meniscus noted with no evidence
18 of defendant medial meniscal tears.

19 The employee was referred to Dr. Gray on
20 October 26, 2009. The assessment was probably new
21 medial meniscal tear and significant chondromalacia
22 tricompartmental.

23 On November 12th, 2009, Dr. Gray performed a
24 right knee arthroscopy, partial medial meniscectomy,
25 partial lateral meniscectomy, right knee and resection

1 of plica right knee. During surgery, there was noted
2 marked arthrosis of the patellofemoral joint, especially
3 the femoral surface with no loose articular cartilage
4 flaps. There was marked loss of articular cartilage on
5 the medial femoral condyle and evidence of prior
6 chondroplasty but no loose articular fragments.

7 Unfortunately, the employee did not do well
8 after surgery, needing several Hyalgan injections.

9 On May 5th, 2010, Dr. Gray performed a right
10 total knee arthroplasty. Post-op physical therapy
11 followed.

12 On November 10th, 2010, Dr. Pirruccello
13 performed a PPD evaluation in which he determined the
14 employee had a 20 percent whole person impairment. He
15 felt the employee had 1 percent whole person impairment
16 for the prior nonindustrial partial medial meniscectomy
17 which should be apportioned, therefore the net
18 impairment was 19 percent whole person impairment. The
19 employees took this in a lump sum.

20 Present claim.

21 On September 27, 2011, the employee was driving
22 a school bus when a car cut in front of the bus causing
23 him to jerk his foot off the gas onto the brake injuring
24 his right knee. He was seen at Concentra the next day
25 where a diagnosis of acute right knee pain was made.

1 The subsequent injury history will be taken
2 from Drs. Pirruccello, Perotti and Bacchus PPD report.

3 The employee was referred to Dr. Gray who
4 recommended physical therapy. This began on
5 October 20th, 2011.

6 On November 8th, 2011, Dr. Gray gave the
7 employee a Kenalog injection.

8 On December 14, 2011, a bone scan revealed mild
9 nonspecific or reactive activity at the right knee about
10 the right knee prosthesis.

11 On December 19, 2011, Dr. Gray recommended the
12 employee obtain a second opinion from Dr. Boyden due to
13 his arthroplastic surgery experience. It appears that
14 Dr. Boyden agreed with Dr. Gray that a revision to the
15 tibial compartment was in order.

16 On February 1st, 2012, Dr. Gray performed a
17 revision right total knee arthroplasty, tibial
18 component. Postoperative physical therapy began on
19 February 21st, 2012.

20 On March 15, 2012, Dr. Gray noted the employee
21 had no significant pain and was making excellent
22 progress.

23 On April 3rd, 2012, the employee reported
24 severe pain. Dr. Gray performed an aspiration which
25 showed no signs of infection.

1 On May 8th, 2012, the employee reported his
2 pain was significantly reduced and he was able to walk
3 without pain. However, by May 22nd, 2012, the employee
4 returned to Dr. Gray with severe pain after walking up
5 some stairs.

6 On May 29, 2012, the employee saw Dr. Shonnard
7 for a second opinion. Dr. Shonnard indicated the pain
8 could be lumbar spine radiculopathy versus hip pathology
9 versus knee pain.

10 On June 14, 2012, Dr. Gray strongly recommended
11 a second opinion with Dr. Anderson due to the
12 complicated nature of the employee's case.

13 On August 8, 2012, the employee began treating
14 with Dr. Anderson. An August 29, 2012 bone scan
15 revealed increased activity involving the proximal left
16 tibial diaphysis on the vascular phase of the exam,
17 surrounding the entire left knee prosthesis on the blood
18 pool phase of the exam and concentrated within the
19 proximal tibia and patella on delayed imaging.

20 On October 25th, 2012, Dr. Anderson felt the
21 employee had reached maximum medical improvement.

22 On November 1st, 2012, Dr. Gray felt the
23 employee had reached maximum medical improvement and was
24 stable and ratable. He recommended permanent
25 restrictions and an FCE.

1 On November 28, 2012, Dr. Pirruccello
2 determined the employee had a 20 percent whole person
3 impairment from which he apportioned the prior
4 20 percent whole person impairment, leaving a net
5 0 percent whole person impairment.

6 The employee disagreed with this and went out
7 and obtained his own rating evaluation with Dr. Perotti
8 on February 21st, 2013. He did not obtain this
9 evaluator from the rotating list. Dr. Perotti
10 determined the employee had a 30 percent whole person
11 impairment from which she apportioned the prior
12 20 percent whole person impairment, leaving a net
13 10 percent whole person impairment.

14 On April 1st, 2013, Dr. Pirruccello submitted
15 an addendum in which he disagreed with Dr. Perotti and
16 stood by his 0 percent whole person impairment.

17 On September 16, 2013, Dr. Bacchus determined
18 the employee had a 30 percent whole person impairment
19 from which he apportioned the prior 20 percent whole
20 person impairment, leaving a net 10 percent whole person
21 impairment. The employee took 6 percent whole person
22 impairment in a lump sum with the remaining 4 percent
23 whole person impairment paid in installment payments.

24 On March 12th, 2018, the employee died from a
25 heart condition. On April 12th, 2018, his widow

1 requested payment of the remainder of the PPD. This was
2 paid in a lump sum on October 10, 2018.

3 TTD was paid in this claim from January 19,
4 2012 to February 16, 2012; April 3rd, 2012 to May 7,
5 2012; and June 14, 2012 to July 8, 2012.

6 The employer was not able to accommodate the
7 employee's permanent restrictions. Therefore,
8 vocational rehabilitation maintenance was paid from
9 November 7, 2012 to January 27, 2013. A vocational
10 rehabilitation lump sum buyout in the amount of
11 \$15,000.00 was paid on February 1st, 2013. Vocational
12 rehabilitation services were also paid on this claim.

13 Findings.

14 On November 28, 2012, Dr. Kudrewicz submitted
15 an extensive subsequent injury review. He stated in
16 pertinent part, quote:

17 Obviously, this gentleman would not be going
18 through this had he had a normal knee to begin with
19 at the date of subsequent injury. As of 9-27-11, if
20 his right knee was normal, the mechanism of this
21 accident would probably have not caused any injury
22 at all or at most perhaps a mild strain type injury
23 which would be expected to resolve on its own with
24 no need for MRIs, bone scans or multiple orthopedic
25 consultation and certainly no need for surgical

1 intervention with a total knee revision arthroplasty
2 being performed. Clearly, the presence of a
3 preexisting total knee arthroplasty in the right
4 knee is what was aggravated by this relatively minor
5 accident of 9-27-2011 and what has led to his
6 extensive workup with repeat surgical intervention
7 for revision total knee replacement and multiple
8 x-rays, bone scans and consultations. It is the
9 preexisting pathology in the right knee which was
10 aggravated by the relatively minor industrial events
11 of 9-27-2011 which has severely increased the cost
12 of the overall claim of 9-27-2011, far above what it
13 would normally have been if he had normal anatomy in
14 his right knee at the time of the accident,
15 9-27-2011. Clearly, the cost of diagnosis and
16 treatment for the injury of 9-27-2011 was
17 substantially increased by virtue of the combined
18 effects of the preexisting pathology and the
19 subsequent injury over and above what would be
20 expected from the subsequent injury itself. There
21 would be a very minimal claim anticipated from the
22 events of 9-27-2011 if the right knee previously was
23 normal, but the fact that there was a total right
24 knee arthroplasty present at the time of the
25 subsequent injury has clearly complicated the course

1 of the 9-2011 subsequent injury and severely
2 increased the overall cost.

3 I would suggest that the vast majority of blame
4 goes with the preexisting pathology and a relatively
5 mild amount of blame is due to the accident of
6 9-27-11, which apparently aggravated or altered the
7 preexisting pathology in this gentleman's knee. I
8 would suggest that at least 80 percent of the cost
9 of diagnosis and treatment for the subsequent injury
10 9-27-11 is the responsibility of subsequent injury
11 funding and no more than 20 percent related to the
12 accident itself of 9-2011. End quote.

13 The Administrator agrees with this analysis.

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

16 The employee received a 20 percent whole person
17 impairment for his October 9, 2009 claim. 1 percent
18 whole person impairment was apportioned, leaving a net
19 19 percent whole person impairment paid to the employee.

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

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

24 Email from Kay Raiche, Risk Management for the
25 employer, to Kasey McCourtney, CCMSI, dated

1 April 19th, 2021, in which she attaches the items
2 listed below.

3 Email from Jacqueline Logie of Genex Services
4 to Julie Alvarez of CCMSI with a copy to
5 JJJames@washoe.K-12.nv.us, employer, dated October 1,
6 2010, which states, quote, Hi, here's the PPR from
7 the evaluation by Dr. Gray today. MMI and OK to
8 continue working full duty with no restrictions. I
9 have a call in to Dr. Gray's office about page 2 of
10 the PPR which states there are permanent
11 restrictions of no kneeling and no squatting for
12 heavy lifting. So I'll keep you updated on this.
13 End quote.

14 Attachment to item 2. October 1, 2010 medical
15 record from Dr. Gray which notes on page 2,
16 Assessment: Post right total knee arthroplasty.

17 Email from Jackie James, employee of Washoe
18 County School District, to Julie Alvarez of CCMSI,
19 dated November 29, 2010, which states, quote, We can
20 accommodate his permanent restriction. End quote.

21 Email from Jackie James, employee of Washoe
22 County School District to Julie Alvarez of CCMSI,
23 dated December 6, 2010, which states, quote, It's
24 his normal job with his name hours and wage. Do you
25 need the specifics? It's not a new position, he is

1 doing his regular job. End quote.

2 North Lake Tahoe Fire Protection District v.
3 Board of Administration does not require the employer's
4 perfect knowledge of a 6 percent permanent impairment.
5 It requires that an employee's preexisting permanent
6 physical impairment be fairly and reasonably inferred
7 from the written record of the employer and the
8 impairment must amount to at least 6 percent whole
9 person impairment. Here, the employer was aware the
10 employee had right total knee arthroplasty, total knee
11 replacement, sometime in 2010 which ultimately amounted
12 to a 20 percent whole person impairment and retained him
13 in employment.

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

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

20 That's all.

21 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.

22 Board members, are there any questions,
23 concerns, comments, discussion points?

24 Hearing none, I will take a motion regarding
25 this claim.

1 BOARD MEMBER LANG: This is Wendy. I move that
2 we accept the Administrator's recommendation to allow
3 reimbursement to Washoe County School District for claim
4 number 11494B954709 in the amount, for the total
5 verified costs in the amount of \$70,141.13.

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

8 ACTING BOARD CHAIR WILSON: All in favor, say
9 "aye."

10 (Board members said "aye.")

11 ACTING BOARD CHAIR WILSON: The motion is
12 passed.

13 We will move on to the next claim,
14 19494F902864, Washoe County School District. And the
15 same disclosures regarding CCMSI apply.

16 Vanessa.

17 MS. SKRINJARIC: It is the Administrator's
18 recommendation to accept this request pursuant to NRS
19 616B.557 for the right shoulder.

20 The total amount requested for reimbursement is
21 \$67,629.27. The amount of verified costs is \$67,618.90.
22 An explanation of the disallowance is attached to this
23 letter.

24 This request was received from CCMSI on
25 July 20th, 2021.

1 Prior history.

2 The employee was hired on October 5th, 1998 as
3 an administrative secretary.

4 The prior history will be taken from Drs. Ward
5 and Barlow's PPD reports.

6 On February 12th, 2013, the employee was
7 walking to her car when she slipped on a curb and fell
8 landing on her right side, mainly her right shoulder.
9 She went to Concentra the next day and was diagnosed
10 with a right shoulder strain and right elbow contusion.

11 The employee began physical therapy and
12 continued to be seen with no improvement in her
13 symptoms.

14 On March 23rd, 2013, an MRI of her right
15 shoulder revealed severe supraspinatus and infraspinatus
16 tendinopathy without tear, a possible anterior labral
17 tear and mild acromioclavicular osteoarthritis. MRI of
18 the right elbow revealed no evidence of fracture,
19 ligamentous injury or musculotendinous injury, mild
20 subcutaneous edema, primarily at the posteromedial
21 aspect of the elbow and minimal apparent ulnar nerve
22 edema, just proximal to the cubital tunnel.

23 On April 13, 2013, the employee saw Dr. Twombly
24 for physiatric consultation. He recommended
25 continuation of physical therapy and a subacromial

1 injection. This was performed on April 26, 2013. The
2 employee did not get any relief from the injection.

3 On May 8, 2013, the employee saw Dr. Sobiek for
4 surgical consultation. He recommended another
5 subacromial injection.

6 On May 22nd, 2013, Dr. Sobiek recommended a
7 right shoulder arthroscopic subacromial decompression
8 and distal clavicle excision. This was performed on
9 June 14, 2013. Post-op physical therapy followed.

10 On August 22nd, 2013, Dr. Sobiek performed a
11 subacromial injection.

12 On August 26, 2013, Dr. Sobiek noted the
13 employee continued to complain of right elbow pain. Her
14 elbow was added to the physical therapy routine.

15 On September 26, 2013, Dr. Sobiek performed an
16 injection in the right elbow.

17 On October 31st, 2013, Dr. Sobiek determined
18 the employee had reached maximum medical improvement and
19 was stable and ratable.

20 On December 11, 2013, Dr. Ward determined the
21 employee had a 5 percent whole person impairment for the
22 right shoulder.

23 On March 11, 2016, the employee was trying to
24 prevent a student from bolting when she felt a pop in
25 her right shoulder. The initial diagnosis was complete

1 rotator cuff tear, right shoulder.

2 An MRI performed on April 9th, 2016 revealed
3 severe insertional tendinopathy of the supraspinatus
4 tendon with possible small interstitial tear located
5 approximately 1 centimeter proximal to the insertion,
6 moderate insertional tendinopathy of the infraspinatus
7 tendon and moderate AC joint hypertrophy.

8 On April 14, 2016, the employee saw Dr. Uppal
9 who recommended surgery. On May 2nd, 2016, Dr. Uppal
10 performed a right shoulder arthroscopy with subacromial
11 decompression and extensive debridement of the
12 glenohumeral joint. Post-op physical therapy followed.

13 The employee continued to see Dr. Uppal monthly
14 until August 11, 2016.

15 On August 30, 2016, Dr. Barlow determined the
16 employee had an 8 percent whole person impairment. He
17 apportioned the prior 5 percent whole person impairment,
18 leaving a net 3 percent whole person impairment.

19 Present claim.

20 On February 14, 2019, the employee was moving
21 some boxes when she felt her right shoulder pop out of
22 place. She was seen at Concentra on February 18, 2019
23 where a diagnosis of recurrent right shoulder strain was
24 made.

25 The subsequent injury history will be taken

1 from Dr. Borselli's PPD report penned on April 21st,
2 2020.

3 The employee continued to be seen at Concentra
4 for the next few months and participated in physical
5 therapy. An MR arthrogram performed on April 24th, 2019
6 revealed a large tear of the inferior labrum extending
7 anterior to the posterior as well as a small
8 partial-thickness articular sided tear of the
9 infraspinatus tendon. No full-thickness rotator cuff
10 tear was noted.

11 An MRI of the right shoulder on April 29, 2019
12 revealed a partial-thickness bursal surface tear of the
13 infraspinatus near its anterior insertion. The inferior
14 labral tear which was well visualized on the recent MR
15 arthrogram was not clearly seen.

16 The employee began treatment with Dr. Sobiek on
17 May 1st, 2019. On May 13, 2019, he performed a
18 subacromial injection. By June 11, 2019, he recommended
19 surgery.

20 On June 28, 2019, Dr. Sobiek performed a right
21 shoulder arthroscopy with debridement at the base of the
22 biceps tendon, revision distal clavicle excision mostly
23 removing reoccurring osteophytes, revision subacromial
24 decompression and rotator cuff revision supraspinatus.

25 The employee underwent extensive post-op

1 physical therapy from July 22nd, 2019 to November 25th,
2 2019.

3 She continued to see Dr. Sobiek monthly. In
4 January 2020, Dr. Sobiek performed another subacromial
5 injection due to the employee's persistent pain
6 complaints.

7 An MR arthrogram performed on February 24th,
8 2020 revealed tendinopathy and scarring involving the
9 distal supraspinatus but no evidence of a recurrent
10 rotator cuff tear.

11 On March 4th, 2020, Dr. Sobiek determined the
12 employee had reached maximum medical improvement and was
13 stable and ratable.

14 On April 21st, 2020, Dr. Borselli determined
15 the employee had 22 percent whole person impairment.
16 She apportioned a prior 5 percent whole person
17 impairment, leaving a net 17 percent whole person
18 impairment.

19 On June 1st, 2020, after review of additional
20 prior PPD ratings, Dr. Borselli determined the employees
21 had a 15 percent whole person impairment. She
22 apportioned the prior 8 percent whole person impairment,
23 leaving a net 7 percent whole person impairment. The
24 employee took this in a lump sum.

25 Findings.

1 On October 4th, 2020, Dr. Betz submitted a
2 subsequent injury review. He stated in pertinent part,
3 quote:

4 It is apparent that employee's right shoulder
5 problems following the subsequent injury were
6 largely a continuation of preexisting pathologies.
7 Absent the previous surgeries and long history of
8 documented pathologies and problems involving the
9 right shoulder, it is very likely she would have
10 suffered no more than a right shoulder strain as a
11 result of the subsequent injury mechanism requiring
12 little or no treatment followed by full recovery.
13 However, as a direct consequence of her prior
14 pathologies and surgeries she required extensive
15 evaluation and treatment following the subsequent
16 injury including additional surgery and was
17 ultimately found to have increased permanent partial
18 impairment.

19 Consequently, it is reasonable and appropriate
20 to conclude that 95 percent of the cost of the
21 subsequent claim were the result of the combined
22 effects of preexisting pathologies and the
23 subsequent injury. 5 percent or less of the cost of
24 the subsequent claim were the result of the
25 subsequent injury alone. End quote.

1 The Administrator agrees with this analysis.

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

4 The employee received a 5 percent whole person
5 impairment for her February 12th, 2013 right shoulder
6 claim. Additionally, she received an additional
7 3 percent whole person impairment, for a total of
8 8 percent whole person impairment, for her March 11,
9 2016 right shoulder claim.

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

12 The employer provided numerous documents to
13 show knowledge of permanent impairment. The
14 Administrator finds the following to be most persuasive:

15 Email from Kasey McCourtney at CCMSI to Kay
16 Raiche at Washoe County School District dated
17 August 5th, 2019, and response thereto dated
18 August 14, 2019, in which Ms. Raiche attaches the
19 items listed below.

20 August 9, 2016 work status report from
21 Dr. Uppal in which the diagnosis of, quote, complete
22 rotator cuff tear or rupture of right shoulder not
23 specified as traumatic, end quote, is noted.

24 September 9, 2016 letter to the employee with a
25 copy to the employer in which a 3 percent whole

1 person impairment is offered to the employee.

2 First page of the December 11, 2013 PPD rating.

3 December 20, 2013 PPD award calculation
4 worksheet which lists 5 percent for the right
5 elbow/right shoulder.

6 First page of the December 30, 2013 letter to
7 the employee in which a 5 percent whole person
8 impairment is offered to the employee.

9 In this case, the employer provided written
10 records which show they had perfect knowledge of the
11 employee's 8 percent whole person impairment for her
12 right shoulder. The employer was aware of two claims
13 involving the employee's right shoulder in which the
14 employee received PPD awards. In the first claim, the
15 employee received a 5 percent whole person impairment.
16 In the second claim, the employee received an additional
17 3 percent whole person impairment, for a total of
18 8 percent whole person impairment for the right
19 shoulder. The employer continued to employ the employee
20 until the subsequent injury.

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

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

1 change in the requirements of the statute.

2 That's all.

3 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.

4 Board members, any questions, comments,
5 concerns, discussion points?

6 Hearing none, I'll take a motion to address
7 this claim.

8 BOARD MEMBER LANG: This is Wendy. I move that
9 we accept the Administrator's recommendation for Washoe
10 County School District's claim number 19494F902864 for
11 reimbursement in the amount of verified costs totaling
12 \$67,618.90.

13 BOARD MEMBER WASHINGTON: This is Michele. I
14 second that motion.

15 ACTING BOARD CHAIR WILSON: Thank you. All in
16 favor, say "aye."

17 (Board members said "aye.")

18 ACTING BOARD CHAIR WILSON: Motion passes.

19 We will move on to item 6, action on a
20 recommendation of the Administrator of the Division of
21 Industrial Relations for approval of the following
22 supplemental request for reimbursement from the
23 Subsequent Injury Account for Self-Insured Employers.

24 Claim number 06515T845953, Nevada System for
25 Higher Education. And the same --

1 BOARD MEMBER WASHINGTON: This is Michele.

2 ACTING BOARD CHAIR WILSON: Yes, Michele.

3 BOARD MEMBER WASHINGTON: This is Michele. I
4 cannot comment on this claim, because this is my
5 employer. So I will refrain from any comments on this
6 particular matter.

7 ACTING BOARD CHAIR WILSON: Thank you.

8 Vanessa.

9 MS. SKRINJARIC: And everyone's disclosure's on
10 CCMSI will be the same?

11 ACTING BOARD CHAIR WILSON: Yes. Thank you.

12 MS. SKRINJARIC: Okay. It is the
13 Administrator's recommendation to accept this sixth
14 supplemental pursuant to NRS 616B.557 for the lumbar
15 spine.

16 The total amount requested for reimbursement is
17 \$4,201.30. The amount of verified costs is \$4,201.30.

18 This request was received from CCMSI on
19 July 20th, 2021. This claim was originally accepted by
20 the Board on July 15th, 2008.

21 This request contained reporting and payment
22 for the following expenses:

23 Office visits with Dr. Gephardt for pain
24 management from May 26, 2020 through November 2nd,
25 2020. The patient is being seen once a month.

1 CT scan on August 14, 2020.

2 Monthly prescriptions from July 27, 2020
3 through November 2nd, 2020.

4 And drug screening on June 29th, 2020 and
5 November 2nd, 2020.

6 At the last office visit with Dr. Gephardt on
7 November 2nd, 2020, the employee received a Toradol
8 injection with B-12, as he has been allowed at every
9 visit under this request. He also receives
10 prescriptions for Diazepam, Lidoderm patches and
11 Tramadol.

12 That's all.

13 ACTING BOARD CHAIR WILSON: Thank you, Vanessa.
14 I will take a motion regarding this claim.

15 BOARD MEMBER LANG: This is Wendy. I move that
16 we accept the Administrator's recommendation to accept
17 the request from the Nevada System for Higher Education
18 for claim number 06515T845953 for the sixth supplemental
19 request in a verified cost of \$4,201.30.

20 BOARD MEMBER KARES: This is Leanne. I'll
21 second the motion.

22 ACTING BOARD CHAIR WILSON: Thank you. All in
23 favor, say "aye."

24 (Board members said "aye.")

25 ACTING BOARD CHAIR WILSON: Thank you. The

1 motion carries.

2 We will move on to item 7, additional items.
3 General items of concern to Board members regarding
4 matters not appearing on the agenda.

5 Board members, are there any matters that are
6 of concern to any of you?

7 Hearing none, we'll move on. Thank you.
8 Number b., old and new business.

9 Board members, any old and new business we need
10 to discuss?

11 Hearing none, we'll move on to item c.,
12 schedule of next meeting. The following dates have been
13 scheduled in advance but are subject to change at any
14 time: September 15th, 2021; October 20th, 2021;
15 November 17th, 2021; and December 15th, 2021.

16 Does anybody have any conflicts with those
17 dates, Board members?

18 MS. SKRINJARIC: This is Vanessa. I'm just
19 going to say I do not know that the September meeting is
20 going to go forward only because, as you all know, I'm
21 retiring. My last day in the office is September 3rd.
22 I do not know that they will have a replacement in time
23 for that next meeting.

24 ACTING BOARD CHAIR WILSON: Okay. Thank you,
25 Vanessa. I was going to, at the end, congratulate you

1 on your retirement. But I'll take an opportunity to do
2 that right now. Best of luck to you as you move
3 forward. That's exciting.

4 MS. SKRINJARIC: Thank you. So I'm just going
5 to leave the date out there. But I really don't think
6 it's going to go. Just putting that out there.

7 ACTING BOARD CHAIR WILSON: Okay. Thank you.

8 MS. SKRINJARIC: Okay.

9 ACTING BOARD CHAIR WILSON: Board members, any
10 other comments?

11 MR. BORDELOVE: This is Donald, Board counsel.
12 I mentioned to Vanessa before that I do have a conflict
13 on the 15th. I have a hearing on that date. It doesn't
14 sound like it's going to go forward. I talked to Sassal
15 this morning, and she said she could do the 14th. I
16 don't know if you're all available for that date or if
17 we should even move it if it's not likely this is going
18 to go forward anyway. But I wouldn't be available on
19 the 15th.

20 ACTING BOARD CHAIR WILSON: Okay. So, Vanessa,
21 what do you recommend? I mean it's not likely it's
22 going to go forward. So it seems like that this is
23 probably a nonissue.

24 MS. SKRINJARIC: Yeah, I would recommend that
25 you just cancel the September date, because I don't

1 think that the DIR will be able to have a replacement in
2 time to, and have them up to speed in time to have that
3 September day go forward.

4 ACTING BOARD CHAIR WILSON: Okay. So do I have
5 a motion to cancel the September 15th, 2021 date,
6 meeting date?

7 BOARD MEMBER LANG: This is Wendy. I move --

8 BOARD MEMBER WASHINGTON: This is Michele.
9 I'll make a -- go ahead. Okay. I'll make a motion to
10 cancel the September 15th, 2021 meeting.

11 BOARD MEMBER LANG: This is Wendy. I'll second
12 that.

13 ACTING BOARD CHAIR WILSON: All in favor, say
14 "aye."

15 (Board members said "aye.")

16 ACTING BOARD CHAIR WILSON: Thank you.

17 Okay. Moving on to number 8, public comment.
18 The opportunity for public comment is reserved for any
19 matter within the jurisdiction of the Board. No action
20 on such an item can be taken by the Board unless and
21 until the matter has been agendized as an action item.
22 Comment from the public is limited to three minutes per
23 person.

24 Vanessa, have we had any public join us?

25 MS. SKRINJARIC: We have not.

1 ACTING BOARD CHAIR WILSON: Okay. Thank you.
2 Moving on to number 9, adjournment. I'll take
3 a motion for adjournment.

4 BOARD MEMBER LANG: This is Wendy. I move we
5 adjourn.

6 BOARD MEMBER WASHINGTON: This is Michele. I
7 second that motion.

8 ACTING BOARD CHAIR WILSON: All in favor, say
9 "aye."

10 (Board members said "aye.")

11 ACTING BOARD CHAIR WILSON: Thank you. Thank
12 you, everyone. And, again, Vanessa, best of luck to
13 you.

14 MS. SKRINJARIC: Thank you. Thank you, Board
15 members.

16 BOARD MEMBER KARES: Good luck to you, Vanessa.

17 MS. SKRINJARIC: Thanks.

18 BOARD MEMBER LANG: Good luck, Vanessa.

19 MS. SKRINJARIC: Thanks, everybody.

20 BOARD MEMBER WASHINGTON: Good luck, Vanessa.

21 Bye-bye.

22 MS. SKRINJARIC: Good luck.

23 ACTING BOARD CHAIR WILSON: Bye-bye.

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