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**DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION**

February 6, 2024

Senior Appeals Officer Dean Hardy, Esq.  
Department of Administration  
Hearings Division  
2200 South Rancho Drive, Suite 220  
Las Vegas, Nevada 89102

RE: Review of Lung and Heart Disease Denied Claims in the Appeals Process

Dear Mr. Hardy:

A review of denied claims related to an occupational disease pursuant to NRS 617.455 and 617.457 was conducted by the Division of Industrial Relations, Workers' Compensation Section, covering the period of January 1, 2020 through December 31, 2022. A summary of the results is enclosed for your review. Please review the results and let us know if you have any questions by March 7, 2024.

If you have any questions regarding the report findings, please contact Stephen Samiotes, Chief Compliance Audit Investigator, Workers' Compensation Section at 775-684-7278.

Sincerely,

Jodi McCollins  
Chief Administrative Officer  
Workers' Compensation Section

JM/jcp

**STATE OF NEVADA**  
**DEPARTMENT OF BUSINESS AND INDUSTRY**  
**DIVISION OF INDUSTRIAL RELATIONS**  
**WORKERS' COMPENSATION SECTION**

**REPORT**  
**REVIEW OF LUNG AND HEART DISEASE CLAIMS<sup>1</sup>**  
**IN THE APPEAL PROCESS FOR LONGER THAN SIX (6) MONTHS**  
**SUMMARY OF FINDINGS**  
**DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION**

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February 6, 2024

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<sup>1</sup> Claims for lung diseases as occupational diseases of firefighters, police officers, and arson investigators per NRS 617.455 and NRS 617.457.

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# INTRODUCTION

## 1. BACKGROUND

In accordance with NRS 617.455, Section 10 and 617.457, Section 15, the Division of Industrial Relations shall review claim files that have been in the appeals process for longer than six (6) months to determine the circumstance causing the delay in processing the claim. The Department of Administration, Hearing Division oversees the appeal process and provides the Division of Industrial Relations, Workers' Compensation Section a listing of denied claims for the periodic review.

## 2. OBJECTIVE AND SCOPE

### **OBJECTIVE**

To identify denied lung and heart disease claims in the appeals process for longer than six (6) months and determine the circumstances causing the delay in accordance with NRS 617.455, Section 10 and NRS 617.457, Section 15.

### **SCOPE**

The scope of this review covers lung and heart disease claims that were denied and subsequently appealed to the State of Nevada Hearings Division. The claims included in this report had a "Decision Signed" date of January 1, 2020, through December 31, 2022. The scope also includes appeals that remained pending as of November 30, 2023.

## 3. SUMMARY

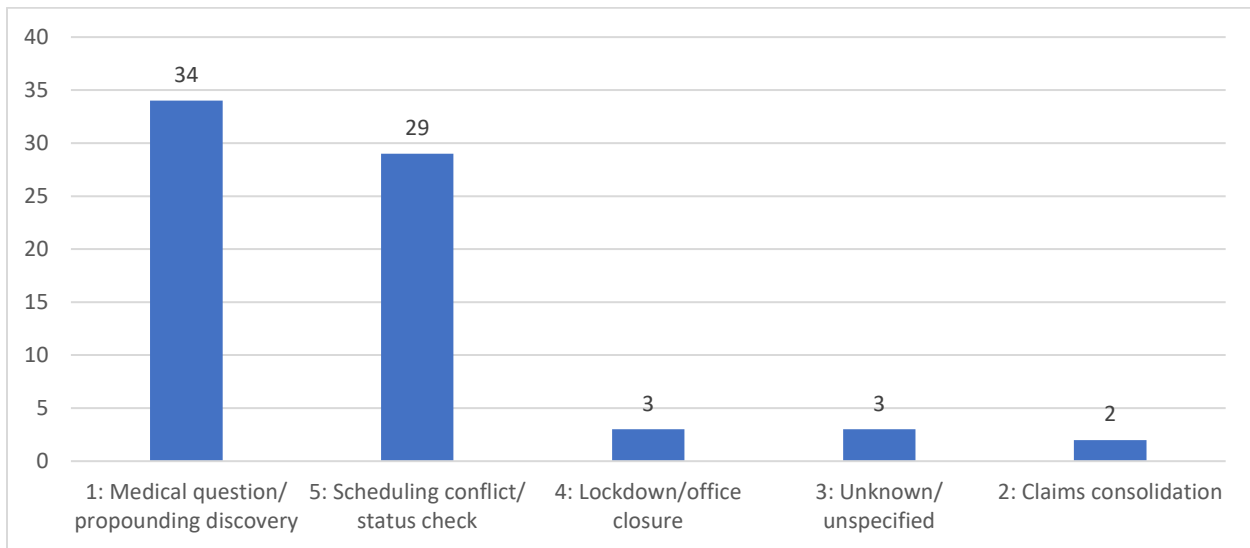
The Hearings Division in the State of Nevada provided 306 claims identified as denied lung and heart disease claims. In the scope of the review, 71 of the total 306 claims, or 23% were in the appeals process for longer than six (6) months as of November 30, 2023. The remaining 235 claims were not within the scope of the review due to either not meeting the requirements or were processed in less than six (6) months.

## 4. RESULTS

### A. Claims in the Appeals Process for Longer than 6 months

A total of 71 claims were identified as being in the appeals process for longer than six (6) months. Claims identified as being in the appeals process for longer than six (6) months were reviewed for the reasons for continuance as follows:

#	Reasons	# Of Claims	%
1	Medical question/propounding discovery	34	48%
2	Claims consolidation	2	3%
3	Unknown/unspecified	3	4%
4	Lockdown/office closure	3	4%
5	Scheduling conflict/status	29	41%
<b>Total</b>		<b>71</b>	<b>100%</b>



As noted in the table and graph above, it was determined the most frequent reason for delays was due to medical questions and/or medical propounding discoveries, which accounts for 34 claims, or 48%. The second most recurring reason was due to scheduling conflicts with the injured workers' legal representation, which accounts for 29 claims, or 41%.

After reviewing each case file, it was observed there was not consistent file documentation depending on each Hearing or Appeals Officer. To assist in determining the delay in the appeals process, it is recommended adopting uniform documentation in each case file. Additionally, an apparent unavoidable factor is the process of initially scheduling cases on a “stacked calendar” and the immediate re-setting of a hearing by the injured workers’ legal representation to secure a time/date agreeable to all involved parties.

The following table details the average number of days delayed in the appeals process per circumstance of the continuance reason. The claims consolidation (3% of the denied claims) had an average of 1,388 days or 3.80 years. The medical question/propounding discovery claims (48%) had an average of 1,208 days, or 3.31 years.

<b>Table 2: Average Number of Days Delayed per Circumstance</b>				
<b>#</b>	<b>Continuance Reasons</b>	<b>Average Number of Days in Litigation</b>	<b>Days to Months Conversion</b>	<b>Days to Years Conversion</b>
1	Medical question/ propounding discovery	1,208	39.72	3.31
2	Claims consolidation	1,388	45.63	3.80
3	Unknown/unspecified	515	16.93	1.41
4	Lockdown/office closure	1,149	37.78	3.15
5	Scheduling conflict/status	808	26.56	2.21

## METHODOLOGY

To gain an understanding of the claim data a letter was sent to the Department of Administration, Hearings Division. The requested data was obtained from their information technology representative.

NRS 617.455 (10a and 10b) and NRS 617.457 (15a and 15b) indicate that the appeals process begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding that claim; and continues until the date on which the claim is adjudicated to a final decision. Additionally, NRS 617.455 (11) and 617.457 (16) indicate that the review consists of denied claims filed by a claimant.

The scope of this review covers lung and heart disease claims that were denied and subsequently appealed to the State of Nevada Hearings Division. The claims included in this report had a “Decision Signed” date of January 1, 2020, through December 31, 2022. The scope also includes appeals that remained pending as of November 30, 2023. The data provided by the Hearing Division included the following: first names and last names of injured workers, date of injury, employers, TPAs, type of health condition, Claim / Hearing / Appeal number, filing and decision date for each claim while being processed by the Hearings Division, results, reasons for continuance, and comments.

Of the total 306 claims, 235 claims, or 77% were not reviewed due to the following: 149 claims, or 49% were not subject to review because they did not meet the criteria of the scope or were not related to lung or heart disease, and 86 claims, or 28% were processed in less than six (6) months.

After determining the number of claims in litigation for longer than six (6) months, a qualitative approach was applied to exclude those claims that were not labeled as lung or heart disease. Additionally, claims decided before January 1, 2020 were excluded from the review.

The reasons for continuance were grouped by frequency into five (5) categories: medical question/propounding discovery, claims consolidation, unknown/unspecified, lockdown/office closure, and scheduling conflicts with the injured workers’ legal representation. The data for the average number of days was converted to months and years, categorized per circumstance to determine the primary reasons for the denied claims for more than six (6) months.