




Workers' Compensation Section

• 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 • Phone: (702) 486-9080 • Fax: (702) 486-8712 • Email: wchelp@dir.nv.gov

MEMORANDUM

TO: The Board for Administration of Subsequent Injury Account for Self-Insured Employers

FROM: Charles J. Verre, Chief Administrative Officer, Workers' Compensation Section 

SUBJECT: Administrator's Recommendation on Request for Reimbursement from the Subsequent Injury Account Pursuant to NRS 616B.557

Claim No: 0583-WC-18-0000200
Date of Injury: 08/24/17
Insurer: Clark County
Employer: University Medical Center
Third-Party Administrator: Corvel Enterprise Comp Inc.
Submitted By: Dalton L. Hooks, Jr., Esq.

DATE: January 25, 2022

ADMINISTRATOR'S RECOMMENDATION:

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

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$1,725.72. The amount of verified costs is \$1,725.72.

BACKGROUND:

This request was received from Dalton L. Hooks, Jr., Esq., of Hooks, Meng & Clement on December 13, 2021

This request contained documentation that supports reimbursement of PPD installments paid to the employee.

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WITNESSES:

List of witnesses who may be called to testify on behalf of the DIR and a brief summary of the proposed testimony of each.

Barbara Foster, Compliance/Audit Investigator, Workers' Compensation Section who may testify as to the basis of the Administrator's recommendation.

The Administrator reserves the right to call rebuttal and impeachment witnesses.

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NOTIFICATION TO APPLICANT:

Applicants are advised that they should not take for granted a recommendation of the Administrator to the Board, whether positive or adverse to the self-insured employer. The Administrator's role is to make recommendations, only. The Board is the body which decides the application on the merits. Its authority is plenary. Consequently, the applicant should be fully advised that the Board is free to accept or reject in whole or in part, the recommendation of the Administrator. In addition, the Board may agree with the Administrator's recommendation to accept or reject the claim, but make its decision based upon grounds totally different than the basis for the Administrator's recommendation, provided the decision is supported by substantial evidence in the record before the Board and the Board is correct in its disposition as a matter of law. Applicants are advised, then, to appear and represent their position to the Board. Applicants are also further advised to review the pertinent statutes and regulations found at NAC 616B.770 *et. seq.*, and NRS 616B.545 *et. seq.*, and any other statutes, regulations and case law that might apply, to make their own assessment of what might be required of them.

SUBROGATION RECOVERY NOTICE:

Please note that pursuant to NRS 616C.215, if an insurer receives reimbursement from the Subsequent Injury Account, the Nevada Division of Industrial Relations (DIR) has a statutory lien upon the total amount paid by the employer or upon the total proceeds of any recovery from a third party. Additionally, NRS 616C.215(8) makes the injured worker, claimant's counsel and third-party insurer jointly and severally liable for any amount to which the Subsequent Injury Account is entitled if the party has knowledge of the lien and does not notify the Administrator, DIR, for the Subsequent Injury Account within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment or settlement.

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CERTIFICATE OF SERVICE

Dalton L. Hooks, Jr., Esq.
Hooks, Meng & Clement
2820 West Charleston Blvd. Ste C-23
Las Vegas, Nevada 89102

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on 25 Jan, 2022 served the attached Administrator's Recommendation Memorandum on the person(s) listed above:

<input checked="" type="checkbox"/>	By placing an original or true copy thereof in a sealed envelope, postage prepaid, placed for collection and mailing in the United States Mail, at Las Vegas, Nevada
<input type="checkbox"/>	By personal delivery
<input type="checkbox"/>	By Federal Express or other overnight delivery
<input type="checkbox"/>	By Certified Mail/Return Receipt Requested

Dated this 25 day of January, 2022


Barbara Foster
Division of Industrial Relations
Workers' Compensation Section

[Redacted]

0583-WC-18-0000200

Permanent
Partial Disability

Payee Name	Date Paid From	Date Paid To	Check Amount	Check Number	Check Date
[Redacted]	2/1/2019	2/28/2019	\$53.96	612362	2/26/2019
[Redacted]	3/1/2019	3/31/2019	\$53.96	614472	3/26/2019
[Redacted]	4/1/2019	4/30/2019	\$53.96	617269	4/30/2019
[Redacted]	5/1/2019	5/31/2020	\$53.96	619570	5/23/2019
[Redacted]	6/1/2019	6/30/2019	\$53.96	622417	6/27/2019
[Redacted]	7/1/2019	7/31/2019	\$53.96	624815	7/30/2019
[Redacted]	8/1/2019	8/31/2019	\$53.96	627075	8/27/2019
[Redacted]	9/1/2019	9/30/2019	\$53.96	628532	9/10/2019
[Redacted]	10/1/2019	9/30/2020	\$646.52	660325	9/15/2020
[Redacted]	10/1/2020	9/30/2021	\$647.52	692878	9/14/2021

Total

\$1,725.72