

STATE OF NEVADA - DEPT OF BUSINESS & INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section

• 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 • Phone: (702) 486-9080 • Fax: (702) 486-8712 • Email: wcshelp@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:19D34J160624Date of Injury:12/12/19Insurer:Las Vegas MetricEmployer:Las Vegas MetricThird-Party Administrator:CCMSISubmitted By:Kim Price, Esq.

12/12/19 Las Vegas Metropolitan Police Department Las Vegas Metropolitan Police Department CCMSI Kim Price, Esq.

DATE: February 3, 2022 AMENDED

ADMINISTRATOR'S RECOMMENDATION:

It is the Administrator's recommendation to accept this first supplemental request pursuant to NRS 616B.557 for the left shoulder.

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$14,193.31. The amount of verified costs is \$13,759.72. An explanation of the disallowance is attached to this letter.

BACKGROUND:

This first supplemental request was received from Kim Price, Esq., on September 14, 2021 and requested reconsideration of a previous disallowed expense On July 27, 2021, a DME bill was disallowed as the prior authorization request, doctor's request and rental agreement was not provided with their submittal. The supplemental information has provided additional documentation required for reimbursement.

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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.

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

Kim Price, Esq. Lewis Brisbois Bisgaard & Smith LLP 2300 W. Sahara Avenue, Suite 900, Box 28 Las Vegas, Nevada 89102

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on <u>Feb +</u>, 20_{22} I served the attached Administrator's Recommendation Memorandum on the person(s) listed above:

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
By personal delivery
By Federal Express or other overnight delivery
By Certified Mail/Return Receipt Requested

Dated this 4 day of Feb , 20 22

Division of Industrial Relations

Workers' Compensation Section

Workers' Compensation Section	Division of Industrial Relations	DEPARTMENT OF BUSINESS AND INDUSTRY	State of Nevada
		TRY	

Explanation of Disallowance Subsequent Injury Account January 18, 2022

Claim Number:19D34J160624Date of Injury:12/12/19Insurer:Las Vegas MetrEmployer:Las Vegas MetrThird-Party Administrator:CCMSISubmitted by:Kim Price, Esq.

12/12/19 Las Vegas Metropolitan Police Department Las Vegas Metropolitan Police Department CCMSI Kim Price, Esq.

Total Reimbursement Requested: \$14,193.31

	\$433 50	Total of Disallowance:				
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Fundamenting after the state	Disallowed	Provider	Date of Service	Check Number	Requested	Item #
	Amount	Type of Payment or			Amount	

**When re-submitting disallowed amounts for consideration of reimbursement, please re-send all documents including bill, report and EOB regardless of what information has been requested.



Paid Transactions for

Claim Number : 19D34J160624

Claimant Name :

Loss Date	Class	Trans Amo l	int Check Numbe	r Date Printed	Payee Name
12/42/2040					Trans Comment
12/12/2019	MEDICAL	÷	525616042	5/8/2020	ATI PHYSICAL THERAPY DE GA
12/12/2040					146162 DS 04/27/20
12/12/2019	MEDICAL		525616051	5/8/2020	ATI PHYSICAL THERAPY DE GA
12/12/2019	MEDICAL				146156 DS 04/24/20
12/12/2013	MEDICAL		525631904	5/12/2020	ATI PHYSICAL THERAPY DE GA
12/12/2019	MEDIOAL				146254 DS 04/28/20
12/12/2019	MEDICAL		525644208	5/14/2020	ATI PHYSICAL THERAPY DE GA
12/12/2010					146362 DS 04/30/20
12/12/2019	MEDICAL		525644232	5/14/2020	ATI PHYSICAL THERAPY DE GA
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12/12/2019	MEDICAL	\$14193.31	525731376	5/21/2020	COMPDME Itm 1 27404 DS 2.28.20
12/12/2019	MEDICAL		525735256	5/22/2020	
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12/12/2019	MEDIAN				146469 DS 05/06/20
1211212019	MEDICAL		525735276	5/22/2020	ATI PHYSICAL THERAPY DE GA
12/12/2010	MEDIAN				146550 DS 05/11/20
12/12/2019	MEDICAL		525735302	5/22/2020	ATI PHYSICAL THERAPY DE GA
12/12/2010	MEDION				146510 DS 05/08/20
12/12/2019	MEDICAL		526126014	5/28/2020	ATI PHYSICAL THERAPY DE GA
12/12/2010					146687 DS 05/15/20
12/12/2019	MEDICAL		526126021	5/28/2020	ATI PHYSICAL THERAPY DE GA
12/12/2040	MEDION				146684 DS 05/13/20
12/12/2019	MEDICAL		526147053	6/2/2020	QUEST DIAGNOSTICS 146845 DS 02/03/20

Report Date: 06/10/2021

Page: 3 of 5

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	Kinex	Medical Company ~ 1801 Airport Road • Suite D •	Walikesha WI 52100

Phone: (800) 845-6364 • Fax: (877) 773 - 0450

Hem/ F

DIR2



INVOICE

Date May 14, 2020 Invoice # 27404

CCMSI-2 East Main St. Town Centre Bldg Suite 208 Danville, IL 61832

Claim Number:	19D34J160624
Patient Name:	
Date of Injury:	December 12, 2019
Diagnosis Code(s):	M75.102

)ate of Service	Item	Description	Quantity	11-24-		
/28/2020	E0672NU	Compression Pad for ThermoComp, Arm	1	Units Each	Price 374.99	
/28/2020	E0650RR	ThermoComp	68	Daily	91.41	6,215.88
`8/2020	L3650NU	Stabilization Orthotic	1	Each	142.94	142.94
/28/2020	E0249NU	Pad for Water Circulating Heat Unit	1	Each	175.28	175.28
/28/2020	E0675RR	Limb Compression Device	68	Daily	93.75	6,375.00
/28/2020	E0673NU	Compression Pad for ThermoComp, Knee	2	Each	454.61	909.22
All e	The second s	ted above was delivered directly to the patient	Balar	Inv nce Due upo	voice Total on Receipt	\$14,193.31 \$14,193.31

All items have been Pre-Authorized Tax ID: 27-4001224

Submit Payment to: CompDME PO Box 843346 Kansas City, MO 64184

Thank you for choosing CompDME

Not only do our services make your job easier, we provide you with discounted pricing through our network of providers If there are any questions or concerns, please feel free to call us at (913) 890-4363

Item

DIR3

ICE Dialog - Claim Detaji below Items and pricing are auto- ale: 3/4/2020	MEDICAL 02/27/2026 Operative report	order@compdme.com Docliments: Q.01/31/2020 Dr. Pineger:DME.order	Danielle Tomfinson Customer Service Coordinator 6700 Antioch Road, Ste. 120 Merriam, KS 66204 Phone: 913-890-4363 913-890-4362 (fax)	Thank you,	Compression Pad for ThermoComp, Knee: \$454:61 each x 2 \$909.22	Limb Compression Device: \$6,125.00 (70 day rental)	Pad for Water Circulating Heat Unit: \$175.28	Stabilization Orthotic \$142.94	ThermoComp: \$;\$6,389.70.(70 day rental)	Compression Pad för ThermoComp: \$374:99	We received the attached order for Mr	Good morning:Stephanie;	From: Danielle Tomlinson «danielle.tomlinson@corripdine.com Sent Wednesday, March 4; 2020 6:00 AM To: Stephanie Mary «stephanle.macy@ccmsi.com» Cc: order@compdme.com Subject [EXTERNAL]	Stephanic Macy CCMSI, Claims Representative 702-477-7018 phone 702-477-7019 fax Stephanic Macy@ccmsi.com email	The below items and pricing is authorized.	Cc:.order@compdme.com Subject: RE: Won Cho	KEOCINE
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