



# Workers' Compensation Section

● 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 ● Phone: (702) 486-9080 ● Fax: (702) 486-8712 ● Email: wcshep@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: 19D34J160624  
Date of Injury: 12/12/19  
Insurer: Las Vegas Metropolitan Police Department  
Employer: Las Vegas Metropolitan Police Department  
Third-Party Administrator: CCMSI  
Submitted By: 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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Claim No: 19D34J160624

Insurer: Las Vegas Metropolitan Police Department

December 30, 2021 Recommendation Memorandum

**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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Claim No: 19D34J160624

Insurer: Las Vegas Metropolitan Police Department

December 30, 2021 Recommendation Memorandum

## CERTIFICATE OF SERVICE

Kim Price, Esq.

Lewis Brisbois Bisgaard & Smith LLP

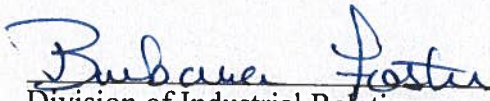
2300 W. Sahara Avenue, Suite 900, Box 28

Las Vegas, Nevada 89102

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on Feb 4, 2022 I 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 4 day of Feb, 2022

  
\_\_\_\_\_  
Division of Industrial Relations  
Workers' Compensation Section



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

*Explanation of Disallowance  
Subsequent Injury Account  
January 18, 2022*

Claim Number: 19D34J160624  
Date of Injury: 12/12/19  
Insurer: Las Vegas Metropolitan Police Department  
Employer: Las Vegas Metropolitan Police Department  
Third-Party Administrator: CCMSI  
Submitted by: Kim Price, Esq.

Total Reimbursement Requested: \$14,193.31

Item #	Amount Requested	Check Number	Date of Service	Type of Payment or Provider	Amount Disallowed	Explanation of Disallowance**
1	\$14,193.31	525731376	02/28/20	COMPDME	\$433.59	Overpaid per fee schedule
Total of Disallowance:					\$433.59	

\*\*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 Amount	Check Number	Date Printed	Payee Name	Trans Comment
12/12/2019	MEDICAL		525616042	5/8/2020	ATI PHYSICAL THERAPY DE GA	146162 DS 04/27/20
12/12/2019	MEDICAL		525616051	5/8/2020	ATI PHYSICAL THERAPY DE GA	146156 DS 04/24/20
12/12/2019	MEDICAL		525631904	5/12/2020	ATI PHYSICAL THERAPY DE GA	146254 DS 04/28/20
12/12/2019	MEDICAL		525644208	5/14/2020	ATI PHYSICAL THERAPY DE GA	146362 DS 04/30/20
12/12/2019	MEDICAL		525644232	5/14/2020	ATI PHYSICAL THERAPY DE GA	146365 DS 05/04/20
12/12/2019	MEDICAL	\$14193.31	525731376	5/21/2020	COMP DME	27404 DS 2.28.20
12/12/2019	MEDICAL		525735256	5/22/2020	ATI PHYSICAL THERAPY DE GA	146469 DS 05/06/20
12/12/2019	MEDICAL		525735276	5/22/2020	ATI PHYSICAL THERAPY DE GA	146550 DS 05/11/20
12/12/2019	MEDICAL		525735302	5/22/2020	ATI PHYSICAL THERAPY DE GA	146510 DS 05/08/20
12/12/2019	MEDICAL		526126014	5/28/2020	ATI PHYSICAL THERAPY DE GA	146687 DS 05/15/20
12/12/2019	MEDICAL		526126021	5/28/2020	ATI PHYSICAL THERAPY DE GA	146684 DS 05/13/20
12/12/2019	MEDICAL		526147053	6/2/2020	QUEST DIAGNOSTICS	146845 DS 02/03/20



# DETAILED WRITTEN ORDER

Territory: AG19

KINEX

**PATIENT INFORMATION:** (Provide all information & Demographic Page including Insurance information)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Order Date: \_\_\_\_\_

Date of Surgery: 02/27/2020 Type of Surgery: Shoulder

Start Date of Equipment: \_\_\_\_\_ Extremity: ☒ Left ☐ Right ☐ Bilateral

**MUST COMPLETE EACH SECTION (1 THRU 4) TO PRESCRIBE**

## 1. DIAGNOSIS CODES

ICD-10 Code(s): M75.102 M25.512

## 2. LENGTH OF NEED

Prescribed Length of Need: ☐ 3 Weeks ☐ Purchase/Lifetime (99) ☒ Other: 10 Weeks

## 3. PRODUCTS PRESCRIBED (check the items for your patient)

☒ Kinex ThermoGomp™ Cold-Contrast-IPC + seg. Grad. Press. pneum.ap. (full leg or half leg, full arm, ankle, elbow, back, hand) + pad (cold-heat) + stabilization orthotic [(full leg immobilizer or knee ROM Post-Op Brace or knee half leg with joint); shoulder restrainer; elbow; hip; back; hand]

☒ DVT/PE Prophylaxis IPC Device with rapid inflation-deflation cycle for venous and arterial insufficiency + L&R calf pads (seg. grad. press. pneum. ap.) or L&R foot pads (non seg.) Length of Need: 14 Days

☐ Kinex "Knee" CPM-dynamic-static mobilization device + sheepskin pad

☐ Kinex "Shoulder" GPM-dynamic-static mobilization device + sheepskin pad

☐ Post-Op Shoulder Abduction Brace / Sling

☐ Post-Op Brace (knee, hip, or elbow)

☐ Cold Device Purchase (gravity or motorized) + stabilization orthotic

☐ Functional ACL Brace FullForce/ Armor - L1852

☐ Off The Shelf

☐ Custom

☐ Osteoarthritis Knee Brace Nano - L1852

☐ Off The Shelf

☐ Custom

☐ Other: \_\_\_\_\_

I certify that the above prescribed equipment is medically indicated and, in my opinion, is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition and is not prescribed as "convenience" equipment. I ask that there be no equipment substitutions for the Kinex devices prescribed. The physician notes, product lists and other supporting documentation will be provided to the Supplier or its Authorized Distributor upon request. I ask that there be no equipment substitutions for the devices prescribed.

Physician Printed Name: Caleb O. Pinegar, DO NPI #: 1588793533

Street Address: 2779 W. Horizon Ridge Parkway

City: Las Vegas State: NV ZIP: 89052

1. Physician Signature: \_\_\_\_\_

Date: 2/21/2020

Medicare does not accept stamped/photocopied signatures

Please make sure the above information is documented in your patient's chart notes

**PLEASE RETURN COMPLETED FORM TO**

Kinex Medical Company ~ 1801 Airport Road • Suite D • Waukesha, WI 53188

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

*Item 1*

DIR2



# CompDME<sup>TM</sup>

## MEDICAL SOLUTIONS

# 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**

Date of Service	Item	Description	Quantity	Units	Price	Total
5/28/2020	E0672NU	Compression Pad for ThermoComp, Arm	1	Each	374.99	374.99
5/28/2020	E0650RR	ThermoComp	68	Daily	91.41	6,215.88
5/28/2020	L3650NU	Stabilization Orthotic	1	Each	142.94	142.94
5/28/2020	E0249NU	Pad for Water Circulating Heat Unit	1	Each	175.28	175.28
5/28/2020	E0675RR	Limb Compression Device	68	Daily	93.75	6,375.00
5/28/2020	E0673NU	Compression Pad for ThermoComp, Knee	2	Each	454.61	909.22

Invoice Total **\$14,193.31**

All equipment listed above was delivered directly to the patient  
All items have been Pre-Authorized  
Tax ID: 27-4001224

Balance Due upon Receipt **\$14,193.31**

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 1*

DIR3



9/7/2021

Cc: order@compdme.com  
Subject: RE: Won Cho

ICE Dialog - Claim Detail

The below items and pricing is authorized.

Stephanie Macy | CCMSI | Claims Representative II  
702-477-7018 phone  
702-477-7019 fax  
Stephanie.Macy@ccmsi.com email

From: Danielle Tomlinson <danielle.tomlinson@compdme.com>  
Sent: Wednesday, March 4, 2020 6:00 AM  
To: Stephanie Macy <stephanie.macy@ccmsi.com>  
Cc: order@compdme.com  
Subject: [EXTERNAL]

Good morning Stephanie,

We received the attached order for Mr. Please let us know if the below items and pricing are authorized:

Compression Pad for ThermoComp: \$374.99

ThermoComp: \$6,389.70 (70 day rental)

Stabilization Orthotic \$142.94

Pad for Water Circulating Heat Unit: \$175.28

Limb Compression Device: \$6,125.00 (70-day rental)

Compression Pad for ThermoComp, Knee: \$454.61 each x 2 \$909.22

Thank you,

Danielle Tomlinson  
Customer Service Coordinator  
6700 Antioch Road, Ste. 120  
Merrim, KS 66204  
Phone: 913-890-4363  
913-890-4362 (fax)  
order@compdme.com

Documents: Q\_01312020 Dr. Pingger DME order

1 Date: 3/4/2020

MEDICAL

02/27/2020 Operative report

Created: 3/10/2020 4:16 PM - MACY, STEPHANIE

Last Modified: 3/10/2020 4:16 PM - MACY, STEPHANIE