

Workers' Compensation Section

● 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 ● Phone: (702) 486-9080 ● Fax: (702) 486-8712 ● Email: wcshelp@business.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:

88D13B575167

Date of Injury: 9/23/1988

Insurer:

Boyd Gaming Corp

Employer:

Sam's Town Gold River

Third-Party Administrator: CCMSI

Submitted By: Kasey McCourtney

DATE: January 25, 2022

ADMINISTRATOR'S RECOMMENDATION:

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

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$4,327.68. The amount of verified costs is \$4,116.42. An explanation of the disallowance is attached to this letter.

BACKGROUND:

This request was received from CCMSI on October 27, 2021.

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Claim No:

88D13B575167

Insurer:

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January 25, 2022 Recommendation Memorandum

PRESENT CLAIM:

This case was accepted for Subsequent Injury Relief through an Appeal Officer decision on May 3, 1994. The injured employee was found to have a 26% PPD in 1993 for his lumbar spine. He elected a lump sum award of 25% in 1993 and has been paid the remaining 1% PPD in yearly installments in the amount of \$154.56, until his 70th birthday, which was on October 20, 2021.

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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Claim No:

88D13B575167

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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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Claim No: Insurer:

88D13B575167

Boyd Gaming Corp.

January 25, 2022 Recommendation Memorandum

CERTIFICATE OF SERVICE

CCMSI

Attn: Kasey McCourtney

PO Box 35350

Las Vegas, NV 89133

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on <u>26 Jan</u>, 20 23 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 Henderson, Nevada
	By personal delivery
	By Federal Express or other overnight delivery
	By Certified Mail/Return Receipt Requested

Dated this <u>Ale</u> day of <u>January</u>, 20 22

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 25, 2022

88D13B575167 9/23/1988

CCMSI Sam's Town Gold River Kasey McCourtney/CCMSI

Employer: Submitted by:

Date of Injury: Third Party Administrator:

Claim Number:

Total Reimbursement Requested: \$4,327.68

	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	**When re-submitting disallowed amount for the submitted disallowe	THE THE PARTY AND THE TRACK WAS ASSESSED.	the another appropriate the Anon-	itting disallowed and	*When re-subm
	\$211.26	Total of Disallowance:				
	The state of the s					
October 2021 PPD installment should be \$97.86. CCM:	\$211.26	FFD yearly installments	10/19/2021	65309		
Explanation of Disallowance.		ייייייייייייייייייייייייייייייייייייייי	3/1/1004 through	53827 through	\$4,327.68	
	Amount Disallowed	Type of Payment or Provider	Date of Service	Check Number	Amount Requested	Item#

ursement, please re-send all documents including bill, report and EOB regardless of what information has been requested.

				0	
Check#	Date Printed	Amount	Date of Service	The second	
53827	3/2/1995		3/1/1994 - 02/28/1995	Payee Name	Class
80349	2/29/1996	(\$154.56)	3/1/1995 - 02/29/1996		IND.PP
85973	2/27/1997	(\$154.56)	3/1/1996 - 02/28/1997		IND.PP
90667	All the second of the second o	(\$154.56)	3/1/1997 - 02/28/1998	5	IND.PPI
9004908	2/25/1999	(\$154.56)	3/1/1998 - 02/28/1999	5	IND.PPI
798	2/28/2000	(\$154.56)	3/1/1999 - 02/29/2000		IND.PPI
8860	2/26/2001	(\$154.56)	3/1/2000 - 02/28/2001		IND.PPI
15721	2/28/2002	(\$154.56)	3/1/2001 - 02/28/2002		IND.PPE
21848	2/27/2003	(\$154.56)	3/1/2002 - 02/28/2003		IND.PPC
27063	2/25/2004	(\$154.56)	3/1/2003 - 02/29/2004		IND.PPD
33321	2/22/2005	(\$154.56)	3/1/2004 - 02/28/2005	23/415 23/445	IND.PPD
37996	2/27/2006	(\$154.56)	3/1/2005 - 02/28/2006		IND.PPD
39913	3/2/2007	(\$154.56)	3/1/2006 - 02/28/2007		IND.PPD
41718	2/27/2008	(\$154.56)	3/1/2007 - 02/29/2008		IND.PPD
44017	2/26/2009	(\$154.56) 3	3/1/2008 - 02/28/2009		IND.PPD
46497	2/24/2010	(\$154.56) 3	3/1/2009 - 02/28/2010	<u> </u>	IND.PPD
48356	2/24/2011	(\$154.56) 3	3/1/2010 - 02/28/2011		IND.PPD
12856	2/27/2012	(\$154.56) 3	3/1/2011 - 02/29/2012		IND.PPD
18292	3/1/2013	(\$154.56) 3	3/1/2012 - 02/28/2013	1)	IND.PPD
23768	2/27/2014	(\$154.56) 3	/1/2013 - 02/28/2014)	IND.PPD
29494	2/25/2015	(\$154.56) 3	/1/2014 - 02/28/2015		IND.PPD
35253	2/26/2016	(\$154.56) 3	/1/2015 - 02/29/2016		IND.PPD
40797	2/28/2017	(\$154.56) 3	/1/2016 - 02/28/2017	<u> </u>	IND.PPD
46137	2/28/2018	(\$154.56) 3	/1/2017 - 02/28/2018		IND.PPD
52882	2/26/2019	(\$154.56) 3	/1/2018 - 02/28/2019		IND.PPD
60151	2/27/2020	(\$154.56) 3	/1/2019 - 02/29/2020	Elizabeth Commence	IND.PPD
65309	2/25/2021	(\$154.56) 3	/1/2021 - 10/19/2021		IND.PPD
	PPD TOTAL	(\$4,018.56)	+/ 5051 - 10/ 13/ 2021	All Indiana	IND.PPD