

N THE SUPREME COURT OF THE STATE OF NEVADA

SUSAN REEVES,
Appellant,
vs.
DIVISION OF INDUSTRIAL
RELATIONS; AND NEVADA
DEPARTMENT OF
ADMINISTRATION,
Respondents.

Supreme Court No. 62468
District Court No. A644791

FILED

MAR 14 2013

TRACIE K. LINDEMAN
CLERK OF SUPREME COURT
BY *[Signature]*
DEPUTY CLERK

CIVIL PROPER PERSON APPEAL STATEMENT

RECEIVED
MAR 13 2013
TRACIE K. LINDEMAN
CLERK OF SUPREME COURT
DEPUTY CLERK

Judgment or Order You Are Appealing. List the judgment or order that you are appealing from and the date that the judgment or order was filed in the district court.

Filed Date	Name of Judgment or Order
Dec. 24, 2012	Order Denying Petition For Judicial Review

Notice of Appeal. Give the date you filed your notice of appeal in the district court: Jan. 15, 2013

Related Cases. List all other court cases related to this case. Provide the case number, title of the case and name of the court where the case was filed.

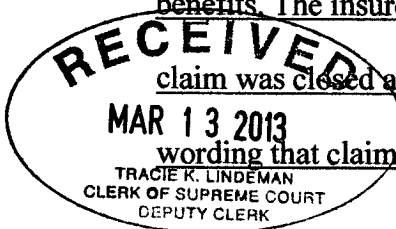
Case No.	Case Title	Name of Court
56776	Order of Affirmance	Nevada Supreme Court
57823	Order of Affirmance	Nevada Sunreme Court
A-12-654174-J	Petition for Judicial Review	Eighth Judicial District

A-651274 Petition for Judicial Review Eighth Judicial District
Issues on Appeal. Does your appeal concern any of the following issues? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> divorce | <input type="checkbox"/> child custody/visitation | <input type="checkbox"/> child support |
| <input type="checkbox"/> relocation | <input type="checkbox"/> termination of parental rights | <input type="checkbox"/> attorney fees |
| <input type="checkbox"/> paternity | <input type="checkbox"/> marital settlement agreement | <input type="checkbox"/> division of property |
| <input type="checkbox"/> adoption | <input type="checkbox"/> prenuptial agreement | <input type="checkbox"/> spousal support |
| <input checked="" type="checkbox"/> other—briefly explain: <u>Issues in a Workers Compensacion Claim</u> | | |

Statement of Facts. Explain the facts of your case. (Your answer must be provided in the space allowed.)

This case stems from a worker's compensation claim dating from 1988. It was initially denied, later accepted after the Decision of this Court in 1997. After acceptance, the insurer had Ms. Reeves undergo an IME. Based upon that IME, the insurer determined that what ever was preventing her from returning to work was not related to her industrial accident, but was from some other cause and closed claim. That closure was remanded as the report it was based upon did not address her symptomatology, without the reinstatement of benefits. The insurer then had Ms. Reeves undergo another IME. Based upon that IME claim was closed again. That closure was reversed and claim was reopened with the wording that claim should not have been closed, but remain open for further benefits



including specific treatment. Once again TTD and most other benefits were not reinstated, only the specific treatment. Although the insurer took that Decision to mean only the specific treatment, not reinstating all benefits that were being provided prior to first closure. Ms. Reeves requested back and ongoing TTD along with other medical treatment that was being provided for her industrial injuries immediately after that Decision in 2003. After requesting various things, over years, the insurer determined, based upon a meeting with Dr. Petroff that there was no certification of disability and denied TTD. Ms. Reeves believes, that as no written was keep of that meeting, as required by NRS 616D.330, that to use the fruits of what amounts to an illegal meeting should not be allowed. Contrary to the finding of this Court, in case # 57823, the matter of back and ongoing TTD was in dispute from the time of the decision reversing claim closure, but only after the insurer officially denied TTD, in 2006, could a request for hearing be filed, which was done. This case has been in litigation from the time it was filed. It has always been the insurer's intention, since acceptance, to revisit causation. Even after their first and second closures were either remanded or outright reversed, the insurer has refused to reinstate TTD and other benefits, which were being provided prior to closure. Ms. Reeves finally took her complaints to the DIR hoping to get a ruling as to whether the insurer violated several statutes and codes and have the DIR impose any benefit penalties that were due. The DIR, and it should be noted that the person at the DIR who found that no violations had occurred, is the same person that was the case manager on this claim for the insurer at the time of said violations. The DIR also stated that they had no jurisdiction to make any finding of violations, that they needed a court finding of a violation to provide any benefit penalties. The Appeals Officer found that, when she summarily dismissed these appeals, she had no jurisdiction to make a finding of violations by the insurer. That it is the DIR's jurisdiction.

Statement of District Court Error. Explain why you believe the district court was wrong. Also state what action you want the Nevada Supreme Court to take.

Ms. Reeves believes that the District Court, and by extension the Appeals Officer, was incorrect as everything about this appeal is a lawful issue. What this appeal was about is what condition should this claim have been reopened in as of the date of the Decision reopening it and what must a written record contain, under the statutes. Should this claim have been opened in the condition it was in prior to closure, without any certification of disability forms, but utilizing the medical records as evidence of disability, or is it to be treated as a new claim? Did the insurer, by not reinstating it in the status it was in prior to closure, knowingly violate NRS 616C.475? Whereas, no physician has ever released Ms. Reeves back to work as required to stop payment of TTD. Is she not entitled to the benefit penalty proscribed in NRS 616D.120? When this claim was reopened in 2003, back and ongoing TTD was requested. The insurer asked for many things, but never supplied any forms, which if NCA 616A.480 (6) is to be followed states that it is their responsibility to print and distribute the very form, certificate of disability, that they have used the lack of to deny TTD. In all of their correspondence with Dr. Petroff, he opined that Ms. Reeves was not able to work, until the insurer had a meeting with him. After that meeting he somehow was able to separate which symptoms were from which accident, although previously he had stated that he could do no such thing. The insurer could have supplied Dr. Petroff with the very form they wanted in any of their correspondence, or even took one with them to their meeting ,but did not. Which brings us to the other appeal, what constitutes a written record pursuant to NRS 616D.330 ? The only record that is available is a log of oral communication, which was clearly added well after the fact, and only states that a meeting was held. It even incorrectly states who was in attendance. The statute states that a written must be kept and that record must include the time, date and subject. One can only take that to mean that the time,

date and subject be included into the actual record of what transpired, in this case, at their meeting.

The log supplied clearly does not contain any actual information of what transpired. In the Decision reopening this claim the wording is that specific treatments be included. The dictionary defines include as to bring something into a group or in addition to something else. In this case, if one were to add the specific treatments can only mean to add them into the benefits that were being provided prior to closure, as it also stated that claim should not have been closed. Ms. Reeves is at a loss as how the insurer, DIR, Appeals Officer and the District Court could interpret that include actuality means only. By the DIR claiming that it has no jurisdiction and the Appeals Officer summarily dismissing, also claiming a lack of jurisdiction, and then the District Court by not ruling on the legal questions of whose jurisdiction is it and did the insurer violate any of these statutes leaves Ms. Reeves hoping that this Court will answer these questions. She therefore submits that this Court find that the District Court, by not ruling upon whether the insurer violated the above statutes has made an error of law. She would then submit that this Court make a ruling that in fact that the statutes have been violated and Ms. Reeves claim should have been reopened with the status that it was in prior to closure. That she is entitled to back TTD, interest and whatever benefit penalties apply. Also that the insurer not be allowed to use Dr. Petroff's last report in any manner in this claim, as it is a report based upon illegal correspondence.

CERTIFICATE OF SERVICE

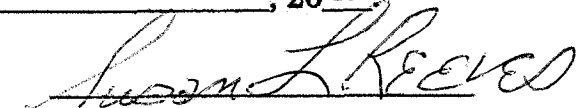
I certify that on the date indicated below, I served a copy of this completed transcript request form upon all parties to the appeal:

- By personally serving it upon him/her; or
- By mailing it by first class mail with sufficient postage prepaid to the following address(es):

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DATED this 11 day of March, 2013


Signature

Susan Reeves

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