

IN THE SUPREME COURT OF THE STATE OF NEVADA
Case No. 72737

LAURA DEMARANVILLE
SURVIVING SPOUSE OF DANIEL DEMARANVILLE (DECEASED)
Appellant/Cross-Respondent,

v.

EMPLOYERS INSURANCE COMPANY OF NEVADA and
CANNON COCHRAN MANAGEMENT SERVICES, INC.
Respondents,

and

CITY OF RENO
Respondent/Cross-Appellant

Appeal from a District Court Order
Granting in Part and Denying in Part
Petition for Judicial Review
First Judicial District Court
Department II
Case No. 15 OC 00092 1B

JOINT APPENDIX

VOLUME 2 OF 8

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ORIGINAL
NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

2013 NOV 22 PM 2:

RECEIVED
AND
FILED

In the matter of the Industrial
Insurance Claim
of
Daniel Demaranville, Deceased,
Claimant.

Claim No.: 1990204572
Hearing No.: 45822-KD
Appeal No.:

INSURER EVIDENCE PACKET

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ENTERED INTO
EVIDENCE AS EXHIBIT # 3

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 45822-KD
Claim Number: 1990204572

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on October 2, 2013 and a Hearing was scheduled for October 22, 2013. The Hearing was held on October 22, 2013, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant's widow, Laura and her representative, Leslie Bell, were present. The Employer and Insurer were represented by Mark Sertic, Esquire.

ISSUE

The Claimant appealed from the Insurer's determination dated September 19, 2013. The issue before the Hearing Officer is claim denial.

DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED**.

The Claimant worked for 5 plus years in continuous employment with the City of Reno Police Department and retired in 1990. On August 5, 2012, the Claimant went into the hospital for gall bladder surgery, but while in the recovery room, he developed complications and died. The death certificate notes cardiac arrest secondary to atherosclerotic heart disease. The Claimant's widow filed a claim for death benefits under the Heart/Lung Bill which the Insurer denied, the instant appeal. However, as the Claimant is afforded the benefits of the presumption under NRS 617.457, the Hearing Officer finds the determination of the Insurer is not proper. The submitted medical reporting supports the Claimant died from heart disease. There is also a question whether the claim was timely filed as provided by NRS 617.344. The Claimant attempted to timely file a claim, but was directed to the wrong Insurer and a second C-4 form was completed. Therefore, the excuse provisions of NRS 617.346 are applicable as the Claimant relied on a mistake of fact when she originally filed the claim.

NRS 617.457(1) explains, notwithstanding any other provision of this Chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a fireman or police officer in this state before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

NRS 617.344(2). In the event of the death of the employee resulting from the occupational disease, a dependent of the employee, or a person acting on his or her behalf, shall file a claim for compensation with the insurer within 1 year after the death of the employee.

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page two


DANIEL DEMARANVILLE, Deceased
45822-KD

NRS 617.346(2) provides an insurer may excuse the failure to file a notice of an occupational disease or claim for compensation pursuant to the provisions of this section if: (a) The employee's disease or another cause beyond his or her control prevented him or her from providing the notice or the claim; (b) The failure was caused by the employee's or dependent's mistake or ignorance of fact or of law; (c) The failure was caused by the physical or mental inability of the employee or the dependent; or (d) The failure was caused by fraud, misrepresentation or deceit.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 28th day of October, 2013.



Katherine Diamond, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was deposited into the State of Nevada Interdepartmental mail system, OR with the State of Nevada mail system for mailing via United States Postal Service, OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439


CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

LESLIE BELL
WASHOE COUNTY SHERIFFS DEPUTIES ASSOC
PO BOX 359
RENO NV 89504

EMPLOYERS INSURANCE
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 28th day of October, 2013.



Susan Smock
Employee of the State of Nevada

**EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4**

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name Daniel	M.I. E	Last Name Demarcoville	Birthdate 10-4-1934	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)		
Home Address 505 S. Verdi Rd.			Age 77	Height 5'11"	Weight 218	Social Security Number	
City Verdi	State NV	Zip 89434	Telephone (775) 345-6530		Primary Language Spoken English		
Mailing Address P.O. Box 241		City Verdi	State NV	Zip 89434	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred Retired Police Officer		
INSURER		THIRD-PARTY ADMINISTRATOR			Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred Retired Police Officer		
Employer's Name/Company Name City of Reno							
Office Mail Address (Number and Street) 1 E. 18 Street, Reno, NV 89505							
Date of Injury (if applicable) 8-5-2012	Hours Injury (if applicable) see 8-5-2012	Date Employer Notified 8-5-2012	Last Day of Work After Injury or Occupational Disease N/A		Supervisor to Whom Injury Reported Retired		
Address or Location of Accident (if applicable) Reno, Hospital							
What were you doing at the time of the accident? (if applicable) Resting							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) massive heart attack after surgery							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? None at this time						Witnesses to the Accident (if applicable) Wife (LAURA)	
Nature of Injury or Occupational Disease Coroner Report				Part(s) of Body Injured or Affected thoracic/heart disease			
<p>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 618A TO 618D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR ADD, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOGRAPH OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</p>							
Date 8-5-2012		Place home		Employee's Signature Daniel Demarcoville			
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT.							
Place Name of Facility							
Date	Diagnosis and Description of Injury or Occupational Disease			Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour							
Treatment				Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
X-Ray Findings				If modified duty, specify any limitations/restrictions: _____			
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)							
Date	Print Doctor's Name			I certify that the employer's copy of this form was mailed to the employer on:			
Address				INSURER'S USE ONLY			
City	State	Zip	Provider's Tax I.D. Number	Telephone			
Doctor's Signature				Degree			

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYEE

Form C-4 (rev. 12/07)

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYERS 08-22-2013 H

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name Daniel	M.I. E.	Last Name Demarcoville	Birth Date 10-4-1934	Sex M	Claim Number (Insurer's Use Only)		
Home Address 565 S. Verdi Rd.			Age 77	Height 5'11"	Weight 215	Social Security Number	
City Verdi	State NV	Zip 89436	Telephone (775) 345-6530				
Mailing Address P.O. Box 261			City Verdi	State NV	Zip 89436	Primary Language Spoken English	
INSURER			THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred Retired Police Officer		
Employer's Name/Company Name City of Reno			Office Mailing Address (Number and Street) 1 E. 1st Street Reno, NV 89505		Telephone (775) 334-4126		
Date of Injury (if applicable) 8-5-2012	Hours Injury (if applicable) am 1118 @	Date Employer Notified 8-5-2012	Last Day of Work After Injury or Occupational Disease N/A		Supervisor to Whom Injury Reported Retired		
Address or Location of Accident (if applicable) Kosman Hospital							
What were you doing at the time of the accident? (if applicable) Recovery							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) massive heart attack after surgery							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? None at this time						Witnesses to the Accident (if applicable) Wife (Laura)	
Nature of Injury or Occupational Disease Acute Aortic			Part(s) of Body Injured or Affected Thoracic Aortic Aneurysm				
<small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INJURY AND OCCUPATIONAL DISEASES ACTS (NRS 614A TO 614D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER ANY MEDICAL OR OTHER INFORMATION, INCLUDING REPORTS FILED OR PAYABLE PERTAINING TO THIS INJURY OR DISEASE, DECEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST OBTAIN SPECIFIC AUTHORIZATION. A PHOTOGRAPH OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small>							
Date 8-5-2012 Place Reno THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Date 8/5/2012 Name of Facility 17th Avenue Regional							
Hour 1910	Diagnosis and Description of Injury or Occupational Disease Cholecystitis, Myocardial Infarction			Is there evidence that the injured employee was under the influence of alcohol or other controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)			
Treatment: Cholecystectomy, CPR				Have you advised the patient to refrain from work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: N/A			
X-Ray Findings: Pulmonary Edema							
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease to job incurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date 8/20/13	Print Doctor's Name Myrina Gomez			I certify that the employer's copy of this form was mailed to the employer on:			
Address 75 Pringle Way #1002				INSURER'S USE ONLY			
City Reno	State NV	Zip 89502	Provider's Tax I.D. Number 88-034-16563237500	Telephone (775) 334-4126			
Doctor's Signature M. Gomez				Degree MD			

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYER

Form C-4 (rev. 10/07)

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 5 WORKING DAYS OF RECEIPT OF THE C-4 FORM		Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
EMPLOYER	Employer's Name CITY OF RENO	Nature of Business (mfg., etc.) MUNICIPALITY	FEDIN 886000201	OSHA Log #	
	Office Mail Address 1 EAST FIRST STREET	Location ... if different from mailing address 455 E. SECOND STREET		Telephone 775-326-6637	
	City RENO	State NV	Zip 89305	THIRD-PARTY ADMINISTRATOR CCMSI, Inc.	
EMPLOYEE	First Name DANIEL	MI. E	Last Name DEMARANVILLE	Birthdate 10/04/1934	Age 77
	Home Address (Number and Street) 563 S. VERDI ROAD			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	City VERDI	State NV	Zip 89439	How long has this person been employed by you in Nevada? 08/06/1969	
ACCIDENT OR DISEASE	In which state was employee hired? NEVADA		Employee's occupation (job title) when hired or disabled POLICE OFFICERS AND DRIVERS		Department in which regularly employed: POLICE 0800
	Telephone 775-345-6530	Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (Q/D)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of injury (if applicable) 08/05/2012	Time of injury (Hour: Minute AM/PM) (if applicable) 19:18	Date employer notified of injury or Q/D 08/05/2012		Supervisor to whom injury or Q/D reported N/A RETIRED EMPLOYEE
	Address or location of accident (Also provide city, county, state) (if applicable) RENO WASHOE NEVADA				Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	What was the employee doing when the accident occurred (loading truck, walking down stairs, etc.) (if applicable) HEART ATTACK AFTER SURGERY				
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) SURGERY				Witness LAURA (WIFE), :
	Part of body injured or affected TRUNK - HEART		If fatal, give date of death 08/05/2012		Witness
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) SPECIFIC INJURY - HEART ATTACK				Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If validity of claim is doubted, state reason				Did employee return to past scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Location of (and treatment) RENOVN MEDICAL CENTER, 1155 MILL STREET, RE				Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Treating physician/supervisor name RENOVN MEDICAL CENTER				Emergency Room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Last day wages were earned
	Important	How many days per week does employee work? RETIRED	From	To	
	Scheduled days off <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Rotating	Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Date employee was hired 08/06/1969	Last day of work after injury or disability N/A		Date of return to work N/A	Number of work days lost N/A
Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If not, for how many hours a week was the employee hired?		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-5). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.					
Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THU <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ 1.00 per hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> No	
For assistance with Workers' Compensation issues you may contact the Office of the Governor, Consumer Health Assistance Toll-Free: 1-888-333-1597 Web Site: http://govcha.state.nv.us Email: chc@govcha.state.nv.us					
★	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.				Employer's Signature and Title 12853C301824
	Date 9.11.12				Case Code
	Claim In: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party				Date
Industrial Use Only	Claims Examiner's Signature				Date

Form C-3 (rev. 11/05)

ORIGINAL - EMPLOYER

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYEE

Loc: 0800
Dept: Retired

emailed to CANSI on 9.11.12

CERTIFICATION OF VITAL RECORDS

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012012516

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
OR HANDS OF
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS OR
ANY WHICH
CAUSE ABLE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (First, Middle, Last, Suffix) Daniel Eugene DEMARANVILLE		2. DATE OF DEATH (Mo/Day/Yr) August 05, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH (If Hospital or Other Institution - Name (if not enter, give street and number) Reno Renown Regional Medical Center		3c. Place of Death (Specify) Inpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? (Specify) No - Non-Hispanic		7. AGE - Last Birthday (Years) 77	
8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1934		9. UNDER 1 YEAR MO		10. UNDER 1 DAY HR	
9a. STATE OF BIRTH (If not U.S.A., give country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If not, give name) Laura K MOSCONI		13. SOCIAL SECURITY NUMBER 18		14. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 563 South Verdi Road		15e. CITY, TOWN OR LOCATION Reno		15f. STATE Nevada	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Earl Brunson DEMARANVILLE		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Wanda REILLY			
18a. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Laura DEMARANVILLE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 281 Verdi, Nevada 89439			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME St. Mary's Crematory		19c. LOCATION, City or Town, State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE 71 822		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St. Reno NV 89503	
21a. To the best of my knowledge and belief, I certify that the facts stated on this certificate are true and correct. MYRON JAMES GOMEZ M.D.		21b. On the basis of investigation and/or autopsy, in my opinion, death occurred at (Specify time, date and place and due to the cause(s) stated. (Signature & Title) August 07, 2012			
22a. DATE SIGNED (Mo/Day/Yr) August 07, 2012		22b. HOUR OF DEATH 19:18		22c. DATE SIGNED (Mo/Day/Yr) August 10, 2012	
22d. HOUR OF DEATH 19:18		22e. PRONOUNCED DEAD (Mo/Day/Yr) August 10, 2012		22f. PRONOUNCED DEAD AT (Hour) 19:18	
23a. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) Myron James Gomez M.D. 75 Plunge Way #1002 Reno, NV 89502		23b. LICENSE NUMBER 5574			
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 10, 2012		24c. DEATH DUE TO COMBAT/ARMED SERVICE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE Cardiac arrest		Interval between onset and death			
26. DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic heart disease		Interval between onset and death			
27. DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
28. DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1		29. AUTOPSY (Specify Yes or No) No		30. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
31a. ACC. - BUREAU, HOME, WORK, OR OTHER (Specify) Home		31b. DATE OF INJURY (Mo/Day/Yr) August 05, 2012		31c. HOUR OF INJURY 19:18	
31d. DESCRIBE HOW INJURY OCCURRED Fall from stairs		31e. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE 563 South Verdi Road Reno Nevada			

STATE REGISTRAR

000091679

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

08/10/2012

DEPUTY REGISTRAR

Laura P. Isen M.D. P.H.M.S.
SIGNATURE AUTHENTICATED

DATE ISSUED

This copy is valid unless prepared on computer by date, time and signature of Registrar.

JA 0230



PO Box 539004, Henderson, NV 89053-9004

September 19, 2013

Laura DeMaranville
PO BOX 261
Verdi, NV 89439-0261

RE: Employee: DANIEL E DEMARANVILLE
Employer: RENO CITY OF
Date of Injury: 01/31/1990
Claim No. 1990204572
Insurer: Employers Insurance Company of Nevada

Dear Ms. DeMaranville:

It is the determination of the Employers Insurance Company of Nevada to deny liability of the above claim, as the doctor who completed the C4 form indicated that he could not directly connect this injury or occupational disease as job incurred.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment.

1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

2. For the purposes of chapters 616A to 616D, inclusive, of NRS, if the employee files a notice of an injury pursuant to NRS 616C.015 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the injury did not arise out of and in the course of his or her employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions.

1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

2. If the employee files a notice of an occupational disease pursuant to NRS 617.342 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the occupational disease did not arise out of and in the course of his or her employment.

3. The provisions of this section do not apply to any claim filed for an occupational disease described in NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

Additionally, there is no objective medical reporting to support the diagnoses listed on the C4 form of atherosclerotic heart disease and myocardial infarction. The medical reporting submitted was referred to our managed care organization and a review was completed by Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P., who is board certified in Internal Medicine and Cardiovascular Disease. Dr. Ali's review report indicates there was no documentation in the records that would support a diagnosis of atherosclerotic heart disease, and there is no evidence of myocardial infarction, particularly since cardiac enzymes were not drawn, a 12-lead ECG showing evidence of myocardial infarction is absent, and an autopsy was not performed. Thus, it appears most likely that the cardiac arrest was a post-operative complication. Dr. Ali's report also noted there was no evidence in the records of coronary artery disease, coronary heart disease or ischemic heart disease.

We have also been unable to obtain the physicals performed during the course of your employment as a police officer for the City of Reno. This is pursuant to Nevada Revised Statute (NRS) 617C.457, which states:

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

2. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

3. Except as otherwise provided in subsection 4, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

10. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 3 or 4 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

If you or your employer disagrees with this decision, you have the right to file an appeal and mail it directly to the Hearing Officer, Department of Administration,
1050 E. Williams St., Ste 400, Carson City, Nevada 89701. If your request does not reach

the Hearings Division within seventy (70) days from the date of this letter, you may lose your right to appeal the decision.

If you have any questions, please contact our customer service center at 1-888-682-6671.

Sincerely,

A handwritten signature in cursive script, appearing to read "Amy Caldera".

Amy Caldera
Sr Claims Adjuster

Enclosure: C4
Request for Hearing

cc: RENO CITY OF
DIR

Notepad Detail

DEMARANVILLE, DANIEL E - 1990204572

Add 9/11/13 9:52 Add User: ACALDERA
Edit 9/11/13 9:52 Edit User: ACALDERA

Notepad Type: ER Contact

Overview: l/c to Patricia Medina (with the Reno Po

Body: l/c to Patricia Medina (with the Reno Police Dept. 775-334-2568) & she is going to fax us the C3 & anything else that they already filed w/ CCMS)

she said she doesn't have any old employment physicals as whomever had her job before did not keep those

she should be able to provide me with the actual retired date and the wage rate as of his last day of employment

diary closed & new diary set to review again next week to make sure these documents have been received

RE: DEMARANVILLE, DANIEL
Page 1



PO Box 190 Eureka, GA 30096

Phone: (888) 583-4364 Fax: (770) 933-5696

09/16/2013

Informal Review

Debbie Benter
Employers

Patient Name:	DEMARANVILLE, DANIEL
Jurisdiction:	NV
Date of Injury:	01/31/1990
Claim/Policy #:	1990204572
Treating Provider:	NO PROVIDER CONTACT - INFORMAL REVIEW, -
PRIUM File #:	EMPLOYERS-294476
PreAuth #:	307427
PC Number:	20130828182470

File Contents:

1. Referral Form.
2. Certificate of Death dated 08/05/12.
3. Employee's Claim for Compensation/Report of Initial Treatment form dated 08/20/13.
4. Anesthesia Note dated 08/05/12.
5. Visit Notes and History and Physical Examinations dated 09/08/06, 01/25/07, 08/14/07, 01/09/08, 04/15/08, 07/16/08, 08/07/08, 11/20/08, 01/27/09, 02/20/09, 05/13/09, 06/10/09, 10/13/09, 01/26/10, 05/26/10, 08/30/10, 01/31/11, 04/25/11, 06/15/11, 06/21/11, 08/02/11, 10/26/11, 11/23/11, 12/20/11, 02/14/12, and 04/19/12 and 05/29/12 by providers at Acadia Medical Group.
6. Letter with Progress Note dated 03/30/11 by Richard Ganchan, MD of Reno Heart Physicians.
7. Stress Echocardiogram dated 03/26/11.
8. Consult dated 01/14/11 by Karen Clark, MD of Reno Heart Physicians.
9. Consultation dated 11/12/08 by David Hald, MD, Neurologist.
10. Consultation by David Mathis, MD of Nevada ENT & Hearing Associates, date unclear.
11. Flexible Cystoscopy Report dated 11/19/06 by David Hald, MD.

RE: DEMARANVILLE, DANIEL

Page 2

12. Progress Note dated 01/31/08 by Fred Fricke, MD of Nevada Gastroenterology.
13. Laboratory reports dated 10/09/09, 10/21/09, 09/30/10, 05/11/12, and 06/06/12.
14. EKG reports.
15. Upper GI series dated 06/01/12.
16. Renal Ultrasound dated 11/11/08.
17. Ultrasound dated 08/14/07.
18. Right hand x-ray dated 01/15/07.

Discussion:

No contact was requested for this review.

The patient was involved in an industrial-related injury on 01/31/90. Case management indicates the patient underwent gallbladder surgery and suffered cardiac arrest in the recovery room and expired on 08/05/12. The documentation indicates that the patient was seen for urological consultation on 11/12/08, at which time it was noted the patient was a retired police officer. He was referred for microscopic hematuria with mention he had been evaluated with a cystoscopy in the past and that he had microscopic blood in his urine. The patient denied pain, dysuria, or incontinence. There was mention that over the years there had reportedly been some decreased force of the stream with urgency and frequency, which had responded to Flomax. There was mention of mild erectile dysfunction with indication that Viagra had been prescribed and had worked very well. Also per the 11/12/08 urological consultation, past medical history was noted for an ECG showing right bundle branch block., prior appendectomy, herniorrhaphy with loss of the left testicle, back surgery, and cataract surgery. Medications had included Zantac, Lexapro, and Flomax. It was noted the patient had been a smoker for many years of one pack per day. There was also mention of a urinalysis which was positive for blood with 5 to 7 red blood cells per high-power field. A nuclear matrix protein-22 test for abnormal cells was also positive, which was noted to suggest potential risk for transitional cell carcinoma of the bladder, with mention an ultrasound had been performed which was essentially normal with the exception of some simple renal cysts. It was recommended that given the presence of hematuria and his smoking a complete work-up including urine cytology was to be completed along with a cystourethroscopy to be scheduled the following week, with potential CT scan based on the findings. According to a flexible cystoscopy report dated 11/19/08, it was noted that after this evaluation, the provider was pleased with the cystoscopy and a CT scan was not going to be obtained. It was mentioned that if his cytology was atypical, or positive by FISH analysis, then he would need a CT scan. It was noted that he was to be seen in six months for repeat urinalysis and in the interim, if he should develop gross hematuria, he would need to be seen sooner. Also according to the documentation, in a colonoscopy report dated 01/31/08, there was mention of excellent quality screening examination for colon cancer, and no neoplastic tissue was identified.

The consultation by Dr. Karen Clark of Reno Heart Physicians dated 01/14/11 indicated the patient was seen at the request of Concentra in consultation for an abnormal EKG. The 01/14/11 note indicated that upon routine physical, the patient

RE: DEMARANVILLE, DANIEL

Page 3

had an ECG that showed a RBBB and RAD. It was noted the patient was told he had this previously in 2004, with mention that he had a stress test and echocardiogram at that time and was told it was all normal except for mild LVH on the echocardiogram. The patient denied any symptoms or limitations. There was mention the patient reportedly quit smoking a few years prior. Also per the 01/14/11 report, there was mention of an absence of the following cardiac risk factors: no diabetes mellitus; no peripheral vascular disease; no family history of coronary artery disease; no hypertension; no sedentary lifestyle; and no sleep apnea. The assessment per the 01/14/11 note was abnormal electrocardiogram. The Letter with Progress Note dated 03/30/11 indicates the patient was cleared for security work without restriction, with impression of right bundle branch block, no evidence of organic heart disease. Also according to the documentation, in a note dated 12/20/11, the patient had hip pain and needed a shot. However, there were no objective physical examination findings. A note dated 02/14/12 indicated the patient was seen for a physical. There were no objective physical examination findings. There was mention the patient had ceased tobacco use in 2009. A note dated 04/19/12 indicated the patient was seen for Kenalog injection for diffuse body aches from his polymyalgia rheumatica. There was mention of physical examination noting the heart had a regular rate and rhythm without murmurs or gallops; lungs were clear to auscultation bilaterally; no rhonchi, wheezing, or crackles; abdomen soft, nontender, and non-distended; positive bowel sounds; no hepatosplenomegaly; no rebound or guarding; no tenderness; no costovertebral angle tenderness; diffuse swollen, mildly tender joints of the shoulders bilaterally, elbows bilaterally, hands bilaterally, low back, hips, and knees; good range of motion of all of his extremities; significant tremor; no skin rashes or lesions. Also per the 04/19/12 note, the diagnoses were: essentially and other specified forms of tremors polymyalgia rheumatica, osteoarthritis unspecified whether generalized or localized, and benign essential hypertension. A note dated 05/29/12 indicated the patient reported abdominal pain, mid and epigastric, that radiated around the back and up in between the shoulder blades, and that this had occurred over the past 4 to 5 weeks. There was mention of a previous peptic ulcer; that the patient reportedly drank one martini per day and up to 4 to 5 martinis on the weekends; with mention he acknowledged an alcohol problem in the past. On physical examination per the 05/29/12 report, there was mention was mention of a normal cardiac exam: no gallop; no murmur; normal heart sounds; normal pulses; regular rate and rhythm; respiratory rate and breath sounds normal; no respiratory distress; abdomen obese, soft, with mild epigastric tenderness to palpation; no positive Murphy sign; and no masses. Also per the 05/29/12 report, the diagnoses included alcohol abuse unspecified, vomiting alone, abdominal tenderness, epigastric, osteoarthritis unspecified whether generalized or localized, and essential hypertension benign. The treatment plan included referral to gastroenterology.

SUMMARY OF TREATMENT PLAN:

1. Was there any evidence of heart disease prior to 08/05/12? Is so, when?

There was evidence of cardiovascular disease in the following forms prior to 08/05/12: Hypertension (noted on document of 05/29/12), right bundle branch block on EC (noted in 2004), and mild left ventricular hypertrophy on echocardiogram (noted in the 01/14/11 report). However, there is no evidence in the records provided of coronary artery disease, coronary heart disease, or

RE: DEMARANVILLE, DANIEL

Page 4

ischemic heart disease. There is documentation of atherosclerotic heart disease prior to 08/05/12.

2. Was there any basis for the diagnosis of atherosclerotic heart disease as noted on the death certificate?

This reviewer was unable to find any documentation in the records provided that would support a diagnosis of atherosclerotic heart disease as noted on the death certificate.

3. Was the myocardial infarction due to atherosclerotic heart disease or was this most likely a post-op complication?

From the records provided, there is no evidence of a myocardial infarction, particularly since cardiac enzymes were not drawn, a 12-lead ECG showing evidence of myocardial infarction is absent, and an autopsy was not performed. Thus, it appears most likely that the cardiac arrest was a post-operative complication.

This evaluation has been conducted on the basis of the medical documentation, as provided, and information provided by the treating provider(s) or authorized representative(s) with the assumption that that information is true and correct. PRIUM believes that it has made a reasonable attempt to obtain all medical records pertinent to this review and has afforded the treating provider(s) an opportunity to provide additional information in a timely manner. The opinions and conclusions are those of the reviewing physician and are derived from a synthesis and analysis of the available information and based on reasonable medical probability and generally accepted references.

If we can assist further, please let us know.

Sincerely,



Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P.
Board Certified in Internal Medicine and Cardiovascular Disease
Diplomate, American Board of Clinical Lipidology
Board Certified in Nuclear Cardiology
TN 37911
YSI/cn

RE: DEMARANVILLE, DANIEL
Page 1



PO Box 190 Duluth, GA 30096

Phone: (888) 588-4964 Fax: (770) 932-5656

09/03/2013

Informal Review

Debbie Benter
Employers

Patient Name:	DEMARANVILLE, DANIEL
Jurisdiction:	NV
Date of Injury:	01/31/1990
Claim/Policy #:	1990204572
Treating Provider:	NO PROVIDER CONTACT - INFORMAL REVIEW, -
PRIUM File #:	EMPLOYERS-292454
PreAuth #:	307427
PC Number:	29130828182470

File Contents:

1. Referral Form.
2. Certificate of Death dated 08/05/12.
3. Employee's Claim for Compensation/Report of Initial Treatment form dated 08/20/13.
4. Anesthesia Note dated 08/05/12.
5. Visit Notes and History and Physical Examinations dated 09/08/06, 01/25/07, 08/14/07, 01/09/08, 04/15/08, 07/16/08, 08/07/08, 11/20/08, 01/27/09, 02/20/09, 05/13/09, 06/10/09, 10/13/09, 01/26/10, 05/26/10, 08/30/10, 01/31/11, 04/25/11, 06/15/11, 06/21/11, 08/02/11, 10/26/11, 11/23/11, 12/20/11, 02/14/12, and 04/19/12 and 05/29/12 by providers at Acadia Medical Group.
6. Letter with Progress Note dated 03/30/11 by Richard Ganchan, MD of Reno Heart Physicians.
7. Stress Echocardiogram dated 03/26/11.
8. Consult dated 01/14/11 by Karen Clark, MD of Reno Heart Physicians.
9. Consultation dated 11/12/08 by David Hald, MD, Neurologist.
10. Consultation by David Mathis, MD of Nevada ENT & Hearing Associates, date unclear.
11. Flexible Cystoscopy Report dated 11/19/06 by David Hald, MD.

RE: DEMARANVILLE, DANIEL

Page 2

12. Progress Note dated 01/31/08 by Fred Fricke, MD of Nevada Gastroenterology.
13. Laboratory reports dated 10/09/09, 10/21/09, 09/30/10, 05/11/12, and 06/06/12.
14. EKG print outs.
15. Upper GI series dated 06/01/12.
16. Renal Ultrasound dated 11/11/08.
17. Ultrasound dated 08/14/07.
18. Right hand x-ray dated 01/15/07.

Discussion:

No provider contact was requested for this informal review.

The patient is a 78-year-old male with a date of industrial injury 01/31/90. Case management indicates the patient underwent gallbladder surgery and suffered cardiac arrest in the recovery room and expired on 08/05/12.

According to a urological consultation note on 11/12/08, there was mention of the patient being a retired police officer at that point and was being referred for microscopic hematuria and that he had been evaluated with a cystoscopy many years ago and that he has had microscopic blood in his urine but denied any pain, dysuria, or incontinence and that he had noted over the years some decreased force of the stream with urgency and frequency, which had responded nicely to Flomax and that there was mild erectile dysfunction and Viagra that was prescribed had worked very well. Also per 11/12/08 note, there was mention of the patient's past medical history that was noteworthy for an irregular EKG, prior appendectomy, herniorrhaphy with loss of the left testicle, and back surgery, as well as cataract surgery and on medications that included Zantac, Lexapro, and Flomax and that he had been a one-pack-a-day smoker and had been for many years. Also per 11/12/08 note, there was mention of a urinalysis that was positive for blood with 5 to 7 red blood cells per per high-power field. A nuclear matrix protein-22 test looking for abnormal cells was also positive, and this suggested a potential risk for transitional cell carcinoma of the bladder and that he had undergone an ultrasound, which was essentially normal with the exception of some simple renal cysts, and it was recommended at that point that given the presence of hematuria and his smoking that a complete work-up including urine cytology was to be submitted, along with doing a cystourethroscopy to be scheduled next week and potentially a CT scan based on the findings.

According to a flexible cystoscopy report on 11/19/08, there was mention that after completing this evaluation the provider was pleased with the cystoscopy and a CT scan was not going to be obtained at that point but that his cytology was atypical or positive by FISH analysis then he would need a CT scan and consideration for retrograde pyelography and he would be contacted with the results once available and for follow-up he was to be seen in 6 months for a repeat urinalysis and in the interim if he should develop gross hematuria he would need to be seen sooner due to the importance of a work-up.

RE: DEMARANVILLE, DANIEL
Page 3

According to a colonoscopy report on 01/31/08, there was mention of excellent quality screening examination for colon cancer and no neoplastic tissue was identified and a repeat screening examination should be considered in 10 years per report.

The consult dated 01/14/11 by Dr. Karen Clark of Reno Heart Physicians indicates the patient was seen at the request of Concentra in consultation for abnormal EKG. The 01/14/11 note indicates on the patient's routine physical he had an ECG that showed a RBBB and RAD. It was noted the patient was told he had this previously in 2004 and he had a stress test and echocardiogram at that time and was told it was all normal except for mild LVH on the echocardiogram. The patient denied any symptoms or limitations. It was noted the patient quit smoking a few years ago. There was mention of cardiac risk factors: no diabetes mellitus, no peripheral vascular disease, no family history of coronary artery disease, no hypertension, no sedentary lifestyle and no sleep apnea. There was also mention the patient presented with complaints of abnormal cardiovascular test, starting 6 years ago. The assessment per the 01/14/11 note was abnormal electrocardiogram. The Letter with Progress Note dated 03/30/11 indicates the patient was cleared for security work without restriction with impression of right bundle branch block, no evidence of organic heart disease.

According to a clinic note on 12/20/11, there was mention of the patient having hip pain and needed a shot and no clearly detailed objective physical examination findings were listed. According to a clinic note on 02/14/12, there was mention of the patient being seen for a physical, but again no detailed objective physical examination findings were listed with mention that the patient did quit tobacco use in 2009. According to a clinic note on 04/19/12, there was mention of the patient being seen for a Kenalog injection for diffuse body aches from his polymyalgia rheumatica and physical examination included a heart that had a regular rate and rhythm without murmurs, gallops, or rubs. Lungs were clear to auscultation bilaterally. No rhonchi, wheezing, or crackles. Abdomen was soft, nontender, and nondistended and positive bowel sounds. No hepatosplenomegaly. No rebound or guarding. No tenderness. No costovertebral angle tenderness. There was diffuse swollen mildly tender joints of the shoulders bilaterally, elbows bilaterally, hands bilaterally, low back, hips, and knees, along with good range of motion of all of his extremities but that there was significant tremor and no skin rashes or lesions were noted. His diagnoses were listed as essentially and other specified forms of tremors polymyalgia rheumatica, osteoarthritis unspecified, whether generalized or localized, and benign essential hypertension. According to a clinic note on 05/29/12, there was mention of the patient having abdominal pain, mid and epigastric that radiated around the back and up in between the shoulder blades and that this had occurred over the past 4 to 5 weeks and years ago he had peptic ulcer, along with mention that the patient had been drinking one martini per day and up to 4 to 5 martinis on the weekends and that he did acknowledge that he had an alcohol problem in the past and that he no longer smoked and quit 3 years ago. On physical examination, there was mention of the patient having cardiovascular disease, no fraction rub. No gallop. No murmur. Normal heart sounds. Pulses normal. Regular rate and rhythm. Respiratory rate, breath sounds were normal. No respiratory distress. Abdomen was obese, soft, with mild epigastric tenderness to palpation. There was no positive Murphy sign. There were no masses, and the listed diagnosis included alcohol abuse unspecified, vomiting alone, abdominal tenderness, epigastric, osteoarthritis, unspecified whether

RE: DEMARANVILLE, DANIEL

Page 4

generalized or localized, and essential hypertension benign. The treatment plan included referring the patient to gastroenterology, along with obtaining some radiologic films.

Recommendations:

1. I have been asked to determine whether there was any evidence of heart disease prior to 08/05/12 and if so, when.

There was no indication from the available documentation/information of any specific heart disease problem occurring prior to 08/05/12 based on the available documentation/information. There was mention that as far back as 11/12/08 that the patient had a reported irregular EKG but no mention as to how this would have equated into a specific heart problem or cardiac disease issue that was occurring.

2. Was there any basis for the diagnosis of atherosclerotic heart disease as noted on the death certificate?

It appears that the patient had some risk factors prior to the 08/05/12 surgery that could have led to the atherosclerotic heart disease as he had a long history of smoking as well as a history of alcohol abuse. While there was no mention of any specific heart problems that occurred prior to 08/05/12, these risk factors could have predisposed the patient to an atherosclerotic condition and put him at higher risk for any particular type of surgical intervention.

3. Was the myocardial infarction due to atherosclerotic heart disease or was this most likely a post-op complication?

As mentioned in question #2, it appears that the patient had some risk factors that would have led to the atherosclerotic heart disease and would most likely not have been due to a postoperative complication of a gallbladder surgery resulting in the cardiac arrest.

This evaluation has been conducted on the basis of the medical documentation, as provided, and information provided by the treating provider(s) or authorized representative(s) with the assumption that that information is true and correct. PRIUM believes that it has made a reasonable attempt to obtain all medical records pertinent to this review and has afforded the treating provider(s) an opportunity to provide additional information in a timely manner. The opinions and conclusions are those of the reviewing physician and are derived from a synthesis and analysis of the available information and based on reasonable medical probability and generally accepted references.

If we can assist further, please let us know.

Sincerely,

RE: DEMARANVILLE, DANIEL
Page 5



Sankar Pemmaraju, D.O.
American Board of Physical Medicine and Rehabilitation
TX-K8811
CA-20A11667
SP/mm

Certified Mail: 7010 3090 0000 6289 4593

July 8, 2013

Claims Department
Employers Insurance Group
P.O. Box 539004
Henderson, Nevada 89053

Re: Daniel DeMaranville
DOI: 8/5/12

To Whom It May Concern:

Attached you will find a C-4 completed 9/5/12, accompanied by a Certificate of Death with the stated cause of(a) Cardiac arrest (b) Atherosclerotic heart disease.

My husband worked for the City of Reno Police Department retiring in January of 1990. The claim was originally filed with the City of Reno's current TPA CCMSI. I have recently been advised that based on the date of retirement the proper insurer may be the State Industrial Insurance System, and the claim should be filed with your agency.

Please also consider this a request for Death Benefits. At the time of death my husband was employed as a Court Security Officer for the Federal Court thru the contract employer AKAL. AKAL maintained a Nevada workers' compensation policy with coverage verification attached.

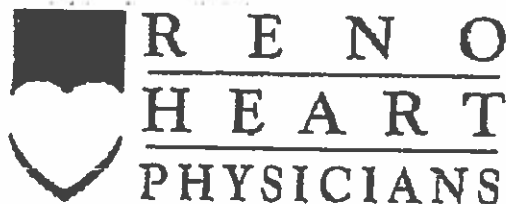
Do not hesitate to contact me if additional information is required.

Sincerely,



Laura DeMaranville
P.O. Box 261
Verdi, Nevada 89439
(775) 345-6530

Cc: City of Reno C/O Tim Rowe, Esq.



Progress Note-Brief

Patient: Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Mar 30 2011

Provider: Richard P. Ganchan MD, FACC, FSCAI

Subjective

This 76-year-old man with right bundle branch block returns for clearance for working in security for the Federal Government.

He remains asymptomatic.

Review of stress echo reveals it to be normal.

Impression: Right bundle branch block. No evidence of organic heart disease. Disposition: Clear for security work without restriction.

Active Problems
Problems

- Abnormal Electrocardiogram 794.31

Current Meds
Medications

- Aspirin Low Dose 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Citalopram Hydrobromide 20 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Doxazosin Mesylate 4 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Ranitidine HCl 300 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Status: ACTIVE
- Tamsulosin HCl 0.4 MG Oral Capsule; TAKE 1 CAPSULE Daily; Status: ACTIVE

Allergies

Medication

- Penicillins : Swelling;

Vitals

Vital Signs [Data Includes: Current Encounter]

	30Mar2011 08:19AM
Systolic	122, RUE, Sitting
Diastolic	68, RUE, Sitting



APR 07 2011

Progress Note-Brief

Patient : Daniel E. Demaranville

Provider: Richard P. Ganchan

MD, FACC, FSCAI

Age 76, Gender M

DOB 10/04/1934

MRN: 795450

Date: Mar 30 2011

Heart Rate	94
O2 Saturation	91, RA
Smoking Status	Non-Smoker
Height	5 ft 1 in
Weight	219 lb
BMI	41.38 kg/m2
BSA	1.96 m2

Signatures

Electronically signed by : Richard Ganchan, MD|FACC|FSCAI; Mar 30 2011 4:20PM

CC:

Donald Van Dyken, M.D.

Reno Heart Physicians Signature Form: Richard Ganchan, MD, FACC, FSCAI

Copy for:



APR 07 2011





Consult

Patient: Daniel E. Demaranville

Age 76, Gender M

DOB 10/04/1934

MRN: 795450

Date: Jan 14 2011

Provider: Karen Clark MD

Chief Complaint

- Abnormal Cardiovascular Test

I am seeing Daniel Demaranville at the request of Concentra in consultation for: Abnormal EKG.

History of Present Illness

Patient has no previous cardiac history. Patient has not been having any symptoms.

[Mr. Demaranville is a 76 year old man w/ PMH of BPH who was sent for evaluation of an abnormal ECG. He works for a company that is contracted with the US Marshall's office. At his routine PE he had an ECG that showed a RBBB and RAD. He was told he had this previously in 2004. He had a stress test and echocardiogram at that time. He was told it was all normal except for mild LVH on the echocardiogram. He denies any symptoms or limitations. He previously smoked but quit a few years ago. He states he cuts his own wood and walks without problems.

Cardiac Risk Factors: no diabetes mellitus, no peripheral vascular disease, no family history of coronary artery disease, no hypertension, no hyperlipidemia, no sedentary lifestyle and no sleep apnea.

Diet: He consumes a diverse and healthy diet.

Weight Issues: He does not have any weight concerns.

Exercise: He exercises regularly.

Smoking: He does not use tobacco.

Alcohol: He consumes alcohol.

Daniel Demaranville presents with complaints of abnormal cardiovascular test, starting 6 years ago.

Previous Evaluation: stress test and echocardiogram

Risk Factors: alcohol use and no smoking.

Family History: no COPD, no coronary disease, no diabetes, no hypertension, no peripheral vascular disease and no hyperlipidemia. (ECG)

Review of Systems

Constitutional: no fever, no chills, not feeling poorly (malaise), not feeling tired (fatigue), no recent weight gain and no recent weight loss.

Eyes: no eyesight problems, no glaucoma and no cataracts.

ENT: no sinus problems.

Respiratory: no shortness of breath, no cough, no shortness of breath during exertion, no



JAN 24 2011

Consult

Patient: Daniel E. Demaranville

Age 76, Gender M

DOB 10/04/1934

MRN: 795450

Date: Jan 14 2011

Provider: Karen Clark MD

orthopnea and no PND.

The patient presents with complaints of wheezing. (in past which resolved with tobacco CESSATION).

Cardiovascular: see History of Present Illness

Gastrointestinal: heartburn, but no abdominal pain, no constipation, no diarrhea and no nausea.

Genitourinary: urinary hesitancy, but no dysuria.

Musculoskeletal: no arthralgias and no joint pain.

Integumentary: no skin lesions.

Neurological: no dizziness and no fainting.

Extremities: no edema.

Psychiatric: no sleep disturbances, no anxiety and no depression.

Hematologic: no tendency for easy bleeding.

Endocrine: no diabetes.

Other Systems: all other systems are negative.

Active Problems

- Abnormal Electrocardiogram 794.31

Past Medical History

- History of Benign Prostatic Hypertrophy 600.00
- History of Esophageal Reflux 530.81

Surgical History

- History of Back Surgery
- History of Hernia Repair

Family History

No Relevance / Noncontributory

- Family history of No Relevance / Noncontributory

Social History

Problems

- Alcohol Use
- Former Smoker V15.82

Current Meds

- Aspirin Low Dose 81 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Citalopram Hydrobromide 20 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Doxazosin Mesylate 4 MG Oral Tablet; TAKE 1 TABLET DAILY; Status: ACTIVE
- Ranitidine HCl 300 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED; Status: ACTIVE
- Tamsulosin HCl 0.4 MG Oral Capsule; TAKE 1 CAPSULE Daily; Status: ACTIVE

Allergies

- Penicillins : Swelling;

Vitals

Vital Signs (Data Includes: Current Encounter)

	14Jan2011	14Jan2011
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JAN 24 2011

Consult

Patient: Daniel E. Demaranville

Age 76, Gender M

DOB 10/04/1934

MRN: 795450

Date: Jan 14 2011

Provider: Karen Clark MD

	10:22AM	10:16AM
Systolic	170	
Diastolic	90	
Heart Rate	94	
Smoking Status	Non-Smoker	Non-Smoker
Height	5 ft 11 in	5 ft 11 in
Weight	214 lb	214 lb
BMI	29.85 kg/m2	29.85 kg/m2
BSA	2.17 m2	2.17 m2

Physical Exam

General Appearance: The patient was alert, fully oriented, in no acute distress, well developed and well nourished. Race/Ethnicity: Caucasian.

HEENT: Eyes: Pupils were equal in size, round, reactive to light, with normal accommodation. The extraocular movements were intact. The sclera and conjunctiva were normal. Head: The head was normal in appearance. Voice: normal voice quality. Oral Pharynx: no abnormalities.

Neck: Examination of the neck was normal, the neck was not tender and no thyroid enlargement. Jugular Veins: JVP normal. Carotid Upstroke Normal.

Chest: The chest was normal in appearance and there was no tenderness on palpation.

Pulmonary: Normal respiratory rhythm and effort, clear bilateral breath sounds and clear to auscultation and percussion.

Cardiovascular: The PMI was palpated at the 5th LICS in the midclavicular line. The apical impulse was normal. Rate: normal rate. Rhythm: regular. Heart sounds: normal S1, normal S2, no S3 heard, no S4 heard. No pericardial rub heard. Murmurs: no murmurs heard.

Abdomen: Normal bowel sounds, soft and not tender. No masses. No hepatosplenomegaly. Shape: non-prominent.

Vascular: Arterial pulses were normal on the right. Arterial pulses were normal on the left.

Carotid: right 2+, left 2+, no bruit heard over the right carotid, no bruit heard over the left carotid.

Dorsalis pedis: right 2+, left 2+.

Radial: right 2+, left 2+.

Abdominal Aorta: The abdominal aorta was nonpalpable. Bruit not heard over the abdominal aorta.

Skin: Warm and dry.

Edema Detail: No pitting edema present.

Musculoskeletal: Normal movements of all extremities. Normal gait. Fingers: No clubbing of the fingernails, no cyanosis of the fingers.

Neuro: Oriented to person, place, and time. The motor exam was normal.

Psych: Affect is normal and mood is normal.

Tests

EKG:

I have ordered and interpreted this 12 lead EKG, and it reveals the following:
Rate: ventricular rate is 85 beats per minute.



[Handwritten signature]

JAN 24 2011

[Handwritten initials]

Consult

Patient: Daniel E. Demaranville
Age 76, Gender M
DOB 10/04/1934
MRN: 795450
Date: Jan 14 2011

Provider: Karen Clark MD

Rhythm: sinus rhythm.
Bundle Branch Blocks: right bundle branch block
QT Interval: normal.
Axis: right
Blocks: none.

Assessment

1. Abnormal Electrocardiogram 794.31

Discussion/Summary

The patient presents with an abnormal EKG. In terms of my plan: We will continue with current treatment. To further evaluate his abnormal EKG, I have recommended the following: a stress echocardiogram. Risks, benefits and alternatives to this treatment plan were discussed with the patient.

The above assessed problems are stable. The following chronic conditions are stable: Patient is to continue with the same medication regimen. Patient is to undergo the following testing: Stress echocardiogram. Patient is to follow-up sooner if clinical condition changes.

Thank you very much for allowing me to participate in the care of this patient. Thank you for requesting our opinion. If you have any questions, please do not hesitate to contact our office.

Signatures

Electronically signed by : Karen Clark, MD; Jan 14 2011 11:06AM (Author)
Reno Physician Signature Form: Karen Clark, MD

Copy for: cc: VanDyken, Donald
VanDyken, Donald




JAN 24 2011



November 12, 2008



Donald D. VanDyken, M.D.
900 Ryland Street B9
Reno, NV 89502

RE: DEMARANVILLE, DANIEL E.

Dear Dr. VanDyken:

I had the pleasure today of meeting Mr. Daniel Demaranville, the pleasant, 74-year-old, retired police officer, whom you referred due to microscopic hematuria.

As you are aware, he had previously been a patient of Dr. Brady's and he had been evaluated with cystoscopy many years ago. He has had microscopic blood in his urine but denies any pain, dysuria or incontinence. He has noted over the years some decreased force of the stream with urgency and frequency, which has responded nicely to Flomax. He also has mild erectile dysfunction and the Viagra you have prescribed has worked very well.

His past medical history is noteworthy for an irregular EKG, prior appendectomy, herniorrhaphy with loss of the left testicle, and back surgery. He has also had cataract surgery and currently takes Zantac, Lexapro and Flomax. He has a penicillin allergy. He is a one-pack-a-day smoker and has been for many years.

In the office today we did a urinalysis. The urinalysis was dipstick positive for blood with 5-7 red cells per high-power field. A Nuclear Matrix Protein-22 test looking for abnormal cells was also positive. This is suggestive of a potential risk for transitional cell carcinoma of the bladder.

He has also undergone an ultrasound which is essentially normal with the exception of some simple, renal cysts.

At this point in time I have explained to the patient that given the presence of hematuria and his smoking, he needs a complete workup including a urine cytology which we will submit, cystourethroscopy which we will schedule next week, and potentially a CAT scan based on the findings. I explained to the patient my preference for CAT scan in this setting, particularly now with the positive NMP-22. However, I will wait to order it to see what the cytology shows, as the cytology, if abnormal, sometimes will be more predictive of potential upper tract lesion.

At the end of the consultation he is well apprised as to the importance of followup and we will have him return in one week for the above-mentioned tests.

NOV 20 2008

RE: DEMARANVILLE, DANIEL E.
November 12, 2008
Page 2

As always I appreciate your kind referral. I will continue to keep you apprised of the patient's course and progress throughout his workup.

Warmest personal regards,


DAVID E. HALD, M.D.
DEH:ems

NOV 20 2008 

UTV

LS

12853C301824

Jay E. Betz, MD, CIME, CHCQM, FABQAURP

Occupational Medicine & Injury Care Consulting

Diplomat American Board of Independent Medical Examiners

Certified Healthcare Quality Manager

Fellow of the American Board of Quality Assurance & Utilization Review Physicians

May 13, 2013

Timothy Rowe
McDonald, Carano, Wilson
P.O. Box 2670
Reno, NV 89505

Re: Daniel DeMaranville
DOI: 08/5/12

CHART REVIEW

Dear Mr. Rowe,

At your request I reviewed the partial medical record of Daniel DeMaranville to help clarify his cause of death.

The opinions expressed in this report are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information.

HISTORY:

As you know, Mr. DeMaranville was a 77 year old retired Reno Police Officer. On August 5, 2012, he was admitted to Renown Regional Medical Center for a laparoscopic cholecystectomy which was performed by Dr. Gomez without apparent intraoperative complications.

In the recovery room Mr. DeMaranville became hypotensive, hypoxemic an experienced progressive bradycardia followed by pulseless electrical activity. CPR was initiated but resuscitation was not successful.

A note from Dr. Frank Carrea, cardiologist, indicates he was called to respond to the patient's progressive decompensation. When he arrived the patient was being intubated and was receiving CPR. He noted the patient had no known history of cardiac disease other than a baseline right bundle branch block. ECG at the time of his arrival showed a rate of 60 with a wide complex escape rhythm. The patient was given epinephrine, atropine and sodium bicarbonate. Several attempts were made to defibrillate. Echocardiogram showed no left ventricular wall motion. Resuscitation was stopped and the patient was declared deceased.

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@ins.net

Received

MAY 20 2013

CCMSI-Reno

An autopsy was declined by the patient's wife.

The death certificate signed by Dr. Gomez states that the patient died of a cardiac arrest due to atherosclerotic heart disease.

An occupational claim was then filed at the request of the patient's wife seeking compensation under the heart/lung statute (NRS 617.457).

No preoperative medical records are presented for review. It is not known if the patient had a preop cardiac clearance.

DISCUSSION:

I will now answer the 6 questions you present in your cover letter.

1. Based on the limited medical records enclosed with this letter, are you able to determine the actual cause of Mr. DeMaranville's death?

Answer: No.

2. What is the probability Mr. DeMaranville's death was caused by heart disease?

Answer: Heart disease is the most common cause of death in the elderly. Without another easily identifiable cause, the probability is high that Mr. DeMaranville died of heart disease.

3. What is the probability his death was caused by something other than heart disease?

Answer: In the immediate postoperative period, the differential diagnosis also includes pulmonary embolism and anesthesia related complications. These, however, are much less likely than heart disease.

4. Because Mr. DeMaranville had no history of atherosclerotic heart disease and no autopsy was performed, is there any medical evidence that supports the conclusion that his death was caused by atherosclerotic heart disease? If so, please state what medical evidence supports this conclusion?

Answer: Nearly everyone develops atherosclerotic heart disease to one degree or another as we age. Often the first sign of significant atherosclerotic heart disease is a myocardial infarction. Sometimes this infarction is massive and fatal. In the case of Mr. DeMaranville, considering his age and the sudden onset of cardiac insufficiency it is most likely he suffered a significant myocardial infarction making a large portion of his myocardium nonfunctional.

5. Would an opinion from a cardiologist be helpful in this case? If so who would you recommend as an expert?

Received

MAY 20 2013

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495

CCMSI-Reno
Email jayebetzmd@jns.net

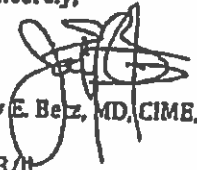
Answer: Perhaps. I would start with Dr. Frank Carrea who was present at the time of Mr. DeMaranville's attempted resuscitation. If an independent review is sought, I would recommend a cardiologist from the medical school.

6. With the limited information available here, are you able to determine if the cardiac arrest was caused by some form of heart disease?

Answer: Not with certainty. Absent an autopsy, a definitive conclusion regarding Mr. DeMaranville's cause of death may not be possible. However review of the entire medical record revolving around the patient's preoperative evaluation and course during the surgical procedure may be helpful in clarifying his cause of death.

I hope this review has been of assistance. If you have further questions or concerns, do not hesitate to contact me.

Sincerely,


Jay E. Betz, MD, CIME, CHCQM
JEB/H

Received

MAY 20 2013

CCMSI-Reno

10580 N. McCarran Blvd. #115-345, Reno, NV 89503
Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@ios.net

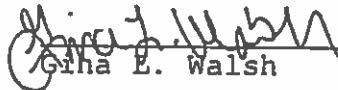
CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 20 day of November, 2013, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

Leslie Bell
RPPA
P.O. Box 359
Reno, NV 89504

Laura Demaranville
P.O. Box 261
Verdi, NV 89439

City of Reno
Attn. Cara Bowling
P.O. Box 1900
Reno, NV 89505


Gina E. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

The undersigned does hereby affirm to the best of his knowledge that the attached document does not contain the social security number of any person.

Dated on this 21st day of November, 2013.


Mark S. Sertic

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ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
ADMINISTRATIVE OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER 2013 NOV 22 PM 2:07

RECEIVED
AND
FILED

In the matter of the Industrial
Insurance Claim

of

Daniel Demaranville, Deceased,
Claimant.

Claim No.: 1990204572

Hearing No.: 45822-KD

Appeal No.:

MOTION FOR STAY ORDER PENDING APPEAL

The Insurer, Employer's Insurance Company of Nevada,
("EICON"), by and through its attorney of record, respectfully
moves the Appeals Officer for a stay of the Hearing Officer's
Decision entered on October 28, 2013. This Motion is made and based
upon the Points and Authorities attached hereto and the pleadings
and papers on file herein.

Dated this 21st day of November, 2013.

SERTIC LAW LTD.

By: Mark S. Sertic
Mark S. Sertic, Esq.
Nevada Bar No. 403
5975 Home Gardens Drive
Reno, Nevada 89502
(775) 327-6300
Attorneys for the Insurer

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POINTS AND AUTHORITIES

The Insurer appeals from the Decision of the Hearing Officer which reversed the Insurer's determination denying the claim. Insurer's Evidence Packet (hereafter Evidence) pp. A-C. The claim was made under the police officer's heart disease statute, NRS 617.457. The Claimant died from a cardiac arrest after gall bladder surgery. The Hearing Officer erred as a result of confusing a cardiac arrest as synonymous with heart disease. The credible medical evidence does not support a finding that the Claimant suffered from heart disease.

The Claimant worked as a police officer for the City of Reno, retiring in 1990. On August 5, 2012 the Claimant died while in the recovery room after gall bladder surgery. The Claimant's wife sent an uncompleted C4 to EICON on July 8, 2013. Evidence, pp. 1, 18. The C4 was not completed by the physician until August 20, 2013. Evidence, p. 2.

The death certificate states the cause of death as cardiac arrest as a consequence of atherosclerotic heart disease. Evidence, p. 4. The C4 form lists the diagnosis as a myocardial infarction. However no autopsy was performed to verify this diagnosis and the medical reporting does not support these findings. EICON had the file reviewed by Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P., who is board certified in Internal Medicine and Cardiovascular Disease. Dr. Ali's review report indicates there was no documentation in the records that would support a diagnosis of atherosclerotic heart disease as noted on the death certificate. Evidence, pp. 9-12

1 Dr. Ali also found that there is no evidence of myocardial
2 infarction, particularly since cardiac enzymes were not drawn, a
3 12-lead ECG showing evidence of myocardial infarction is absent,
4 and an autopsy was not performed. Dr. Ali's report also noted there
5 was no evidence in the records of coronary artery disease, coronary
6 heart disease or ischemic heart disease. Dr. Ali notes that the
7 Claimant was referred to a cardiologist in 2011 after an abnormal
8 EKG. However, after a stress test the Claimant was cleared for
9 security work without restriction "with impression of right bundle
10 branch block, no evidence of organic heart disease." Evidence, pp.
11 9-12, 19 (emphasis added).

13 Dr. Ali states that "it appears most likely that the cardiac
14 arrest was a post-operative complication." Evidence, p. 12.

15 Even the medical report from Dr. Betz which the Claimant
16 relies upon, (this was first supplied to the Insurer at the hearing
17 before the Hearing Officer), does not support the Claimant's
18 position. Dr. Betz states that he cannot determine the actual cause
19 of death. See answer to question 1. Evidence, p. 28. In answer to
20 question 6 he states that he is not able to determine whether the
21 cardiac arrest was caused by some form of heart disease. Evidence,
22 p. 29. He recommends having the file reviewed by an expert which is
23 exactly what the Insurer did when it had the file reviewed by Dr.
24 Ali. Given these specific answers it is rather difficult to give
25 any weight to his answer to question 2 that the probability is high
26 that the Claimant died of heart disease. This statement is directly
27
28

1 contradicted by his answers to questions 1 and 6. Evidence, pp. 28-
2 29.

3 The credible medical evidence does not support the Hearing
4 Officer's conclusion that the Claimant died from heart disease.
5 Cardiac arrest is not synonymous with heart disease. One's heart
6 can stop, (i.e. a cardiac arrest), for a variety of reasons
7 unrelated to heart disease such as trauma, effects of drugs or
8 complications from surgery.
9

10 While NRS 617.457 does create a conclusive presumption that
11 "diseases of the heart" are compensable for police officers, this
12 does actually require that the claimant suffer from heart disease
13 and not simply a stoppage of the heart. Otherwise, every death of a
14 police officer or firefighter would be compensable.
15

16 Additionally, the Insurer has been unable to obtain the
17 mandatory physical examination reports from the City of Reno as
18 required by NRS 617.457(3). Evidence, p. 8. Thus, there is no proof
19 that the Claimant complied with this requirement or that he
20 complied with any requests to correct any predisposing conditions
21 pursuant to NRS 617.457(10). The records indicate that the Claimant
22 did smoke, only quitting in 2009. Evidence, pp. 11, 25.
23

24 It also appears that the claim was filed untimely pursuant to
25 NRS 617.344(2) and NRS 617.346. While the Claimant's wife sent an
26 incomplete C4 to the Insurer within one year of the Claimant's
27 death, a C4 was not completed by a physician until August 20, 2013,
28 which is beyond the one year deadline. Evidence, p. 2.

1 NRS 616C.345(4) provides that the Appeals Officer may stay the
2 Hearing Officer's decision upon application "when appropriate". In
3 DIR v. Circus Circus, 101 Nev. 405, 411-412, 705 P.2d 645, 649
4 (1985), the Nevada Supreme Court stated that the insurer's proper
5 procedure when aggrieved by a decision is to seek a stay (p.7,
6 footnote no. 3). See also, Ransier v. SIIS, 104 Nev. 742, 747, 766
7 P.2d 274 (1988). While there is no precise standard for issuing a
8 preliminary injunction, case law reveals four factors utilized by
9 the courts: (1) The petitioner's likelihood of success on the
10 merits; (2) The threat of irreparable harm without a stay; (3) The
11 relative interests of the parties; and (4) The interest of the
12 public. Nevada Civil Practice Manual, § 28.08[1] (5th Edition). The
13 first and second factors are those most often cited by courts. Id.
14 See also, Sobol v Capital Management Consultants, Inc., 102 Nev.
15 444, 726 P.2d 335 (1986); Clark County Sch. Dist v Buchanan, 112
16 Nev. 1146, 924 P.2d 716 (1996).

19 The Insurer meets the requirements for entry of a stay in this
20 case. It enjoys a reasonable likelihood of success on the merits
21 and will suffer irreparable harm without a stay as it will have to
22 pay for unwarranted benefits. The relative interests of the parties
23 weigh in favor of the Insurer as without a stay it will be forced
24 to make payments to the Claimant to which he is not entitled and
25 which the Insurer will be unable to recover. The interest of the
26 public weighs strongly in favor of the Insurer as a stay will
27 effect the purpose behind the Nevada workers' compensation
28

1 legislative scheme.

2 For the foregoing reasons, the Insurer respectfully requests
3 that the Appeals Officer issue a stay order suspending the effect
4 of the Hearing Officer's Decision until such time as the matter can
5 be heard before the Appeals Officer.
6

7 Dated this 21st day of November, 2013.

8 SERTIC LAW LTD.

9
10 By: 
11 Mark S. Sertic, Esq.
12
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CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 22 day of November, 2013, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

Leslie Bell
RPPA
P.O. Box 359
Reno, NV 89504

Laura Demaranville
P.O. Box 261
Verdi, NV 89439

City of Reno
Attn. Cara Bowling
P.O. Box 1900
Reno, NV 89505


Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

The undersigned does hereby affirm to the best of his knowledge that the attached document does not contain the social security number of any person.

Dated on this 21st day of November, 2013.


Mark S. Sertic

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NEVADA DEPARTMENT OF ADMINISTRATION

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

2013 NOV 25 PM 2:13

* * * * *

RECEIVED
AND
FILED

In the Matter of the Contested
Industrial Insurance Claim

Claim No: 12853C301024

Hearing No: 44686-SA

Appeal No: 44957-LLW

of

DANIEL DEMARANVILLE (deceased)
c/o Laura DeMaranville

Claimant.

EMPLOYER'S PREHEARING STATEMENT

The Employer, CITY OF RENO, submits the following Prehearing Statement:

I

DOCUMENTARY EVIDENCE

The Employer may rely on the documentary evidence submitted by Insurer and any evidence submitted by any of the parties.

II

STATEMENT OF THE ISSUE

The insurer's May 3, 2013 determination to deny widow benefits based on a lack of evidence of heart disease.

III

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones – Ms. Jones and/or another representative of the administrator may testify concerning the administration of the claim;
2. A representative of the Employer may testify concerning the Claimant's industrial claim and/or employment;

////

MCDONALD-CARANO-WILSON

100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 1670 • WFSO • NEVADA 89505-2670
PHONE 775-786-2000 • FAX 775-766-2019

MC DONALD • CARANO • WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
TEL 775 786 2670 • FAX 775 786 2670
PHONE 775 786 2670 • FAX 775 786 2670

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3. Frank Carrea, M.D. – Dr. Carrea may testify concerning the Claimant's medical condition;
4. Myron Gomez, M.D. – Dr. Gomez may testify concerning the Claimant's medical condition;
5. Jay Betz, M.D. – Dr. Betz may testify concerning his review and findings involving the Claimant's medical condition; and
6. Rebuttal or impeachment witnesses as may be necessary.

IV

ESTIMATED HEARING TIME

Approximately one (1) hour.

DATED this 25th day of November 2013.

McDONALD CARANO WILSON LLP

By J.E. Rowe
TIMOTHY E. ROWE, ESQ.
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for the Employer
CITY OF RENO

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO WILSON LLP, and that on the 25th day of November 2013, I served the within **EMPLOYER'S PREHEARING STATEMENT** by placing a true and correct copy thereof in an enclosed and sealed envelope and causing same to be hand delivered to the following parties via Reno Carson Messenger Service to the addresses referenced below:

Appeals Officer
Department of Administration
1050 E. William Street, Suite 450
Carson City, NV 89701

Nevada Attorney for Injured Workers
1000 E. William Street, Suite 208
Carson City, NV 89701

I also caused a copy of the aforementioned document to be served via United States Mail at Reno, Nevada, on the following parties at the addresses referenced below:

Lisa Jones
CCMSI
P. O. Box 20068
Reno, NV 89515-0068

City of Reno
Human Resources
P.O. Box 1900
Reno, NV 89505


Sandra Pelham

#379247.1[cw11/22/13]

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BEFORE THE APPEALS OFFICER

FILED

NOV 26 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 1990204572

Hearing No: 45822-KD

Appeal No: 46479-LLW

DANIEL DEMARANVILLE, DECEASED,
Claimant.

NOTICE OF APPEAL AND ORDER TO APPEAR

1. **ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED** that a hearing will be held by the Appeals Officer, pursuant to NRS 616 and 617 on:

DATE: Tuesday, February 11, 2014

TIME: 1:30PM

PLACE: DEPT OF ADMINISTRATION, APPEALS OFFICE
1050 E. WILLIAMS STREET, SUITE 450
CARSON CITY, NV 89701

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.
3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.
4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.
5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.
6. Any party wishing to reschedule this hearing should consult with opposing counsel or parties, and immediately make such a request to the Appeals Office in writing supported by an affidavit.
7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED.

Lorna L. Ward

LORNA L WARD
APPEALS OFFICER

URIAN SANDOVAL
Governor

STATE OF NEVADA

JEFF MOHLENKAMP
Director

BRYAN A. NIX
Senior Appeals Officer



DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
1050 E. William Street
Suite 450
Carson City, Nevada 89701-3102
(775) 687-8420 • Fax (775) 687-8421

November 26, 2013

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

Re: Appeal Number: 46479-LLW

Dear DANIEL DEMARANVILLE, DECEASED:

You are entitled to the services of the Nevada Attorney for Injured Workers. They are available to represent you in this workers' compensation appeal at no cost to you.

If you desire the services of the Nevada Attorney for Injured Workers, please fill out the form below and return it within 10 days in the enclosed self-addressed envelope.

Dated this _____ day of _____, 2013.

SIGNATURE: _____

Please Print:

NAME: _____

ADDRESS: _____

PHONE: _____

ORIGINAL

44957-LLW

NOTICE OF APPEAL AND REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

ANY AGGRIEVED PARTY MAY APPEAL THIS DECISION BY FILING THIS NOTICE OF APPEAL WITH THE APPEALS OFFICE WITHIN THIRTY (30) DAYS OF THE DATE OF THIS DECISION. IF YOU WISH TO APPEAL, PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL TO:

APPEALS OFFICER
1050 East William Street, Suite 450
Carson City, Nevada 89701

Claim No: 1990204572
Claimant: Daniel Demaranville, Deceased
Address: C/O Laura Demaranville
P.O. Box 261
Verdi, NV 89439

Name & Address of Employer AT TIME OF INJURY: City of Reno
Attn. Cara Bowling
P.O. Box 1900
Reno, NV 89505

Hearing No: 45822-KD

Decision Dated: October 28, 2013

WHO IS APPEALING?

(Claimant ☐
(Employer ☐
(Insurer XX)

REASON FOR APPEALING: Disagree with Hearing Officer Decision.

ATTACH A COPY OF YOUR HEARING OFFICER'S DECISION TO THIS REQUEST

Claimant Note:

You are entitled to have the Nevada Attorney for Injured Workers (NAIW) appointed to represent you at no cost to you. The NAIW is not associated with the Employer's Insurance Company of America. You may represent yourself or may retain a private attorney at your own expense.

Check one:

- ☐ Appoint the State Industrial Claimants' Attorney at no cost to me.
☐ I will represent myself.
☐ I have retained the following attorney: _____

DATED: This 21st day of November, 2013.

Mark S. Sertic
Mark S. Sertic, Esq.
5975 Home Gardens Drive
Reno, NV 89502

44957-LLW
Tues 2-11-14 1:30

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2013 NOV 22 PM 2:07
RECEIVED
AND
FILED

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 45822-KD
Claim Number: 1990204572

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on October 2, 2013 and a Hearing was scheduled for October 22, 2013. The Hearing was held on October 22, 2013, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant's widow, Laura and her representative, Leslie Bell, were present. The Employer and Insurer were represented by Mark Sertic, Esquire.

ISSUE

The Claimant appealed from the Insurer's determination dated September 19, 2013. The issue before the Hearing Officer is claim denial.

DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED**.

The Claimant worked for 5 plus years in continuous employment with the City of Reno Police Department and retired in 1990. On August 5, 2012, the Claimant went into the hospital for gall bladder surgery, but while in the recovery room, he developed complications and died. The death certificate notes cardiac arrest secondary to atherosclerotic heart disease. The Claimant's widow filed a claim for death benefits under the Heart/Lung Bill which the Insurer denied, the instant appeal. However, as the Claimant is afforded the benefits of the presumption under NRS 617.457, the Hearing Officer finds the determination of the Insurer is not proper. The submitted medical reporting supports the Claimant died from heart disease. There is also a question whether the claim was timely filed as provided by NRS 617.344. The Claimant attempted to timely file a claim, but was directed to the wrong Insurer and a second C-4 form was completed. Therefore, the excuse provisions of NRS 617.346 are applicable as the Claimant relied on a mistake of fact when she originally filed the claim.

NRS 617.457(1) explains, notwithstanding any other provision of this Chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a fireman or police officer in this state before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

NRS 617.344(2). In the event of the death of the employee resulting from the occupational disease, a dependent of the employee, or a person acting on his or her behalf, shall file a claim for compensation with the insurer within 1 year after the death of the employee.

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page two

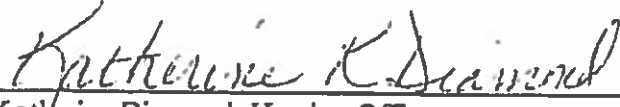
DANIEL DEMARANVILLE, Deceased
45822-KD

NRS 617.346(2) provides an insurer may excuse the failure to file a notice of an occupational disease or claim for compensation pursuant to the provisions of this section if: (a) The employee's disease or another cause beyond his or her control prevented him or her from providing the notice or the claim; (b) The failure was caused by the employee's or dependent's mistake or ignorance of fact or of law; (c) The failure was caused by the physical or mental inability of the employee or the dependent; or (d) The failure was caused by fraud, misrepresentation or deceit.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 28th day of October, 2013.



Katherine Diamond, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, OR with the State of Nevada mail system for mailing via United States Postal Service, OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

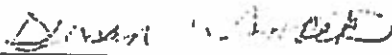
CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

LESLIE BELL
WASHOE COUNTY SHERIFFS DEPUTIES ASSOC
PO BOX 359
RENO NV 89504

EMPLOYERS INSURANCE
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 28th day of October, 2013.



Susan Smock
Employee of the State of Nevada

1 **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Department of Administration,
3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
4 the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage
5 prepaid OR placed in the appropriate addressee runner file at the Department of Administration,
Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

6 DANIEL DEMARANVILLE, DECEASED
7 C/O LAURA DEMARANVILLE
8 PO BOX 261
9 VERDI, NV 89439

10 CITY OF RENO
11 ATTN CARA BOWLING
12 PO BOX 1900
13 RENO, NV 89505

14 LESLIE BELL
15 WASHOE COUNTY SHERIFFS DEPUTIES ASSOC
16 PO BOX 359
17 RENO NV 89504

18 EMPLOYERS INSURANCE COMPANY OF NEVADA
19 PO BOX 539004
20 HENDERSON, NV 89053

21 MARK SERTIC, ESQ
22 5975 HOME GARDENS DRIVE
23 RENO NV 89502

24 Dated this 20th day of November, 2013.

25 

26 _____
27 Kristi Fraser, Legal Secretary II
28 Employee of the State of Nevada

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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

NOV 27 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

Claim No: 1990204572

Hearing No: 45822-KD

Appeal No: 46479-LLW

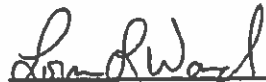
9 DANIEL DEMARANVILLE,
10 DECEASED,

11 Claimant.

12 **ORDER**

13 The Insurer's filed its Motion for Stay Pending Appeal on
14 November 22, 2013. After careful consideration, the Motion for Stay Pending
15 Appeal is GRANTED pending opposition.

16 **IT IS SO ORDERED.**

17 

18 Lorna L Ward
19 APPEALS OFFICER
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DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

LESLIE BELL
WASHOE COUNTY SHERIFFS DEPUTIES ASSOC
PO BOX 359
RENO NV 89504

EMPLOYERS INSURANCE COMPANY OF NEVADA
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

4/10/20

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

5
6 In the Matter of the Contested
7 Industrial Insurance Claim of:

8
9 DANIEL DEMARANVILLE,
10 DECEASED,

11 Claimant.

 } Claim No: 1990204572

 } Hearing No: 45822-KD

 } Appeal No: 46479-LLW

12 ORDER FOR APPOINTMENT OF
13 NEVADA ATTORNEY FOR INJURED WORKERS

14 The Appeals Officer, having received and considered the Claimant's
15 written request for the appointment of the Nevada Attorney for Injured Workers;
16 finds the Claimant would be better served by legal representation and accordingly;

17 IT IS HEREBY ORDERED the Nevada Attorney for Injured Workers
18 is hereby appointed, pursuant to NRS 616A.450 to represent the Claimant in this
19 matter.

20 IT IS SO ORDERED.



21
22 _____
23 LORNA L WARD
24 APPEALS OFFICER

25 **FILED**

26 NOV 27 2013

27 DEPT. OF ADMINISTRATION
28 APPEALS OFFICER

Nov 25 13 06:24p

Laura DeMaranville

345-6530

p.1

11-25-13: 04:22PM:

BETAN SANDOVAL
Governor

STATE OF NEVADA



JEFF MOHLENKAMP
Director

BITYAN A. NIX
Senior Appeals Officer

DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

1050 E. William Street

Suite 450

Carson City, Nevada 89701-3102

(775) 687-8420 • Fax (775) 687-8421

November 26, 2013

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

Re: Appeal Number: 46479-LLW

Dear DANIEL DEMARANVILLE, DECEASED:

You are entitled to the services of the Nevada Attorney for Injured Workers. They are available to represent you in this workers' compensation appeal at no cost to you.

If you desire the services of the Nevada Attorney for Injured Workers, please fill out the form below and return it within 10 days in the enclosed self-addressed envelope.

Dated this 25th day of November, 2013.

SIGNATURE: [Signature]

Please Print:

NAME: Laura H. DeMaranville

ADDRESS: PO Box 261 1563 S Verdi Rd) Verdi, NV 89439

PHONE: 345-6530 843-8815 cell

1 **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Department of
3 Administration, Hearings Division, does hereby certify that on the date shown
4 below, a true and correct copy of the foregoing **ORDER FOR**
5 **APPOINTMENT OF NEVADA ATTORNEY FOR INJURED WORKERS**
6 was duly mailed, postage prepaid OR placed in the appropriate addressee runner
7 file at the Department of Administration, Hearings Division, 1050 E. Williams
8 Street, Carson City, Nevada, to the following:

9 DANIEL DEMARANVILLE, DECEASED
10 C/O LAURA DEMARANVILLE
11 PO BOX 261
12 VERDI, NV 89439

13 NAIW
14 1000 E WILLIAM #208
15 CARSON CITY NV 89701

16 CITY OF RENO
17 ATTN CARA BOWLING
18 PO BOX 1900
19 RENO, NV 89505

20 LESLIE BELL
21 WASHOE COUNTY SHERIFFS DEPUTIES ASSOC
22 PO BOX 359
23 RENO NV 89504

24 EMPLOYERS INSURANCE COMPANY OF NEVADA
25 PO BOX 539004
26 HENDERSON, NV 89053

27 MARK SERTIC, ESQ
28 5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 27 day of November, 2013.


Michelle Senour, Admin Assistant
Employee of the State of Nevada

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1 **NEVADA DEPARTMENT OF ADMINISTRATION**
2 **BEFORE THE APPEALS OFFICER**

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

DEC 12 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

Claim No: 1990204572
12853C301824

Hearing No: 45822-KD
44686-SA

Appeal No: 46479-LLW
44957-LLW

10 DANIEL DEMARANVILLE,
11 DECEASED,

12 Claimant.

13 **ORDER OF CONSOLIDATION**

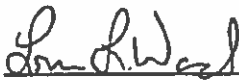
14 **IT IS HEREBY ORDERED** that Appeal No. 46479-LLW and
15 Appeal No. 44957-LLW will be consolidated, as of this date.

16 **IT IS FURTHER ORDERED** that both appeals will now be heard
17 on:

18 DATE: Tuesday, February 11, 2014

19 TIME: 1:30PM

20 **IT IS SO ORDERED.**

21
22 
23 LORNA L WARD
24 APPEALS OFFICER

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5 BEFORE THE APPEALS OFFICER

FILED

DEC 23 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

) Claim No: 12853C301824

) Hearing No: 46538-SA

) Appeal No: 46812-LLW

8 DANIEL DEMARANVILLE, DECEASED,

9 Claimant.
10

11 NOTICE OF APPEAL AND ORDER TO APPEAR

- 12 1. ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED that a hearing will be held
13 by the Appeals Officer, pursuant to NRS 616 and 617 on:

14 DATE: Tuesday, February 11, 2014

15 TIME: 1:30PM

16 PLACE: DEPT OF ADMINISTRATION, APPEALS OFFICE
17 1050 E. WILLIAMS STREET, SUITE 450
18 CARSON CITY, NV 89701

- 19 2. The INSURER shall comply with NAC 616C.300 for the provision of documents in the
20 Claimant's file relating to the matter on appeal.
- 21 3. ALL PARTIES shall comply with NAC 616C.297 for the filing and serving of information to
22 be considered on appeal.
- 23 4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social
24 security numbers redacted or otherwise removed and an affirmation to this effect must be
25 attached. The documents otherwise may be rejected by the Hearings Division.
- 26 5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-336 shall be
27 subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.
- 28 6. Any party wishing to reschedule this hearing should consult with opposing counsel or parties,
and immediately make such a request to the Appeals Office in writing supported by an affidavit.
7. The injured employee may be represented by a private attorney or seek assistance and advice
from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED.

Lorna L. Ward

LORNA L WARD
APPEALS OFFICER

1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

DEC 23 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

Claim No: 12853C301824

Hearing No: 46538-SA

Appeal No: 46812-LLW

9 DANIEL DEMARANVILLE,
10 DECEASED,

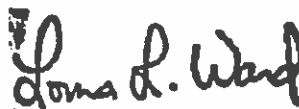
11 Claimant.

12 ORDER FOR APPOINTMENT OF
13 NEVADA ATTORNEY FOR INJURED WORKERS

14 The Appeals Officer, having received and considered the Claimant's
15 written request for the appointment of the Nevada Attorney for Injured Workers;
16 finds the Claimant would be better served by legal representation and accordingly;

17 IT IS HEREBY ORDERED the Nevada Attorney for Injured Workers
18 is hereby appointed, pursuant to NRS 616A.450 to represent the Claimant in this
19 matter.

20 IT IS SO ORDERED.

21 

22 LORNA L WARD
23 APPEALS OFFICER
24
25
26
27
28

4-257

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 46538-SA
Claim Number: 12853C301824

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Employer's Request for Hearing was filed on November 17, 2013.

The requesting party appealed the Insurer's determination dated September 19, 2013.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

NRS 616C.315(7) provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

THEREFORE, good cause appearing, the Hearing Officer proceeding is **DISMISSED** and this matter shall be and hereby transferred to the Appeals Officer for further proceedings.

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 1050 E. Williams Street #450, Carson City, Nevada 89701, within 15 days of this order.

IT IS SO ORDERED this 18th day of December, 2013.


Sondra L Amodei, Hearing Officer

CONSID
46812-LLW
Tues 2-11-14 1:30

FILED
AND
RECEIVED
2013 DEC 18 AM 10:25
STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION

HEARINGS DIVISION

* * * * *

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 12853C301824

DANIEL DEMARANVILLE (Deceased),

Hearing No: 46538-SA

Claimant.

STIPULATION TO BYPASS HEARING OFFICER

Pursuant to NRS 616C.315(6), the undersigned parties stipulate and agree as follows:

1. This is the Employer's appeal of the September 19, 2013 determination issued by Employer's Insurance Company of Nevada (EICN) that denied the occupational heart disease claim under NRS 617.457. (See attached Hearing Notice.)
2. The Claimant is represented by legal counsel.
3. The parties agree to forego a hearing before a Hearing Officer and hereby submit this contested issue directly to an Appeals Officer for final determination.

NEVADA ATTORNEY FOR INJURED WORKERS

By: Evan Beavers
Evan Beavers, Esq.
1000 E. William Street, Suite 208
Carson City, Nevada 89701
Attorneys for Claimant

12/10, 2013
Date

MCDONALD CARANO WILSON LLP

By: T. E. Rowe
Timothy E. Rowe, Esq.
P.O. Box 2670
Reno, Nevada 89501
Attorneys for the Employer
CITY OF RENO

12-13, 2013
Date

MCDONALD CARANO WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
P.O. BOX 2670 • RENO, NEVADA 89501-2670
PHONE 775-788-2000 • FAX 775-788-2020

W
McDONALD-CARANO-WILSON:
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PU 800 2670 • RENO, NEVADA 89501-2670
PHONE 775-798-3000 • FAX 775-798-3030

1 SERTIC LAW LTD.
2

3 By: Mark S. Sertic
4 Mark S. Sertic, Esq.
5 5975 Home Gardens Drive
6 Reno, Nevada 89502
7 Attorney for
8 Employer's Insurance Company of Nevada
9

12-12-2013
Date

10 #382046v1(cw12/10/13)
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PO Box 539004, Henderson, NV 89053-9004

September 19, 2013

Laura DeMaranville
PO BOX 261
Verdi, NV 89439-0261

RECEIVED
SEP 23 2013
McDonald Carano Wilson LLP

RE: Employee: DANIEL E DEMARANVILLE
Employer: RENO CITY OF
Date of Injury: 01/31/1990
Claim No. 1990204572
Insurer: Employers Insurance Company of Nevada

Dear Ms. DeMaranville:

It is the determination of the Employers Insurance Company of Nevada to deny liability of the above claim, as the doctor who completed the C4 form indicated that he could not directly connect this injury or occupational disease as job incurred.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment.

1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

2. For the purposes of chapters 616A to 616D, inclusive, of NRS, if the employee files a notice of an injury pursuant to NRS 616C.015 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the injury did not arise out of and in the course of his or her employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions.

1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

2. If the employee files a notice of an occupational disease pursuant to NRS 617.342 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the occupational disease did not arise out of and in the course of his or her employment.

3. The provisions of this section do not apply to any claim filed for an occupational disease described in NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

Additionally, there is no objective medical reporting to support the diagnoses listed on the C4 form of atherosclerotic heart disease and myocardial infarction. The medical reporting submitted was referred to our managed care organization and a review was completed by Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P., who is board certified in Internal Medicine and Cardiovascular Disease. Dr. Ali's review report indicates there was no documentation in

JA 0293

the records that would support a diagnosis of atherosclerotic heart disease, and there is no evidence of myocardial infarction, particularly since cardiac enzymes were not drawn, a 12-lead ECG showing evidence of myocardial infarction is absent, and an autopsy was not performed. Thus, it appears most likely that the cardiac arrest was a post-operative complication. Dr. Ali's report also noted there was no evidence in the records of coronary artery disease, coronary heart disease or ischemic heart disease.

We have also been unable to obtain the physicals performed during the course of your employment as a police officer for the City of Reno. This is pursuant to Nevada Revised Statute (NRS) 617C.457, which states:

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

2. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

3. Except as otherwise provided in subsection 4, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

10. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 3 or 4 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

If you or your employer disagrees with this decision, you have the right to file an appeal and mail it directly to the Hearing Officer, Department of Administration, 1050 E. Williams St., Ste 400, Carson City, Nevada 89701. If your request does not reach the Hearings Division within seventy (70) days from the date of this letter, you may lose your right to appeal the decision.

If you have any questions, please contact our customer service center at 1-888-682-6671.

Sincerely,

Amy Caldera
Sr Claims Adjuster

Enclosure: C4

Request for Hearing

**cc: RENO CITY OF
DIR**

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was deposited into the State of Nevada Interdepartmental mail system, OR with the State of Nevada mail system for mailing via United States Postal Service, OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 18th day of December, 2013.



Karen Dyer
Employee of the State of Nevada

1 CERTIFICATE OF MAILING

2 The undersigned, an employee of the State of Nevada, Department of Administration,
3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
4 the foregoing NOTICE OF APPEAL AND ORDER TO APPEAR was duly mailed, postage
5 prepaid OR placed in the appropriate addressee runner file at the Department of Administration,
6 Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

7 DANIEL DEMARANVILLE, DECEASED
8 C/O LAURA DEMARANVILLE
9 PO BOX 261
10 VERDI, NV 89439

11 EVAN BEAVERS, ESQ
12 1000 E WILLIAM #208
13 CARSON CITY NV 89701

14 CITY OF RENO
15 ATTN CARA BOWLING
16 PO BOX 1900
17 RENO, NV 89505

18 TIMOTHY ROWE, ESQ
19 PO BOX 2670
20 RENO NV 89505

21 EMPLOYERS INSURANCE COMP OF NV
22 PO BOX 539004
23 HENDERSON, NV 89053

24 MARK SERTIC, ESQ
25 5975 HOME GARDENS DRIVE
26 RENO NV 89502

27 Dated this 23rd day of December, 2013.

28 K. Fraser

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

DEC 23 2013

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

Claim No: 12853C301824
1990204572

Hearing No: 46538-SA
45822-KD
44686-SA

Appeal No: 46812-LLW
46479-LLW
44957-LLW

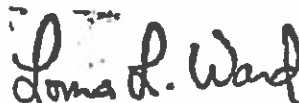
11 DANIEL DEMARANVILLE,
12 DECEASED,

13 Claimant.

14 **ORDER**

15 For good cause, these matters are hereby consolidated.

16 **IT IS SO ORDERED.**

18 

20 LORNA L WARD
21 APPEALS OFFICER

1 CERTIFICATE OF MAILING

2 The undersigned, an employee of the State of Nevada, Department of
3 Administration, Hearings Division, does hereby certify that on the date shown
4 below, a true and correct copy of the foregoing ORDER was duly mailed,
5 postage prepaid OR placed in the appropriate addressee runner file at the
6 Department of Administration, Hearings Division, 1050 E. Williams Street,
7 Carson City, Nevada, to the following:

8 DANIEL DEMARANVILLE, DECEASED
9 C/O LAURA DEMARANVILLE
10 PO BOX 261
11 VERDI, NV 89439

12 EVAN BEAVERS, ESQ
13 1000 E WILLIAM #208
14 CARSON CITY NV 89701

15 CITY OF RENO
16 ATTN CARA BOWLING
17 PO BOX 1900
18 RENO, NV 89505

19 TIMOTHY ROWE, ESQ
20 PO BOX 2670
21 RENO NV 89505

22 EMPLOYERS INSURANCE COMP OF NV
23 PO BOX 539004
24 HENDERSON, NV 89053

25 MARK SERTIC, ESQ
26 5975 HOME GARDENS DRIVE
27 RENO NV 89502
28

Dated this 23rd day of December, 2013.



Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

2014 JAN 31 PM 2:13

In the Matter of the
Industrial Insurance Claim of:

DANIEL DEMARANVILLE
(Deceased)

Claimant.

Claim No: 12853C301824
Hearing No: 44686-SA
Appeal No: 44957-LLW

RECEIVED
AND
FILED

AFFIDAVIT OF SERVICE

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

I, Sandra Pelham, certify that I am an employee of McDONALD CARANO WILSON LLP. I am, and was when the herein described service took place, a citizen of the United States, over 21 years of age, and not a party to, nor interested in, the within action. On January 31, 2014, I served a copy of the INSURER'S DOCUMENTARY EVIDENCE (in Claim No. 12853C301824) in a sealed envelope via courier to the party at the address indicated below:

Mark Sertic, Esq.
Sertic Law. Ltd.
5975 Home Gardens Dr.
Reno, NV 89502

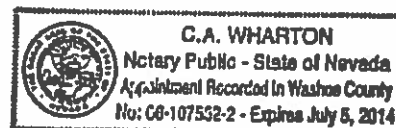
I do hereby certify under penalty of perjury that the assertions of this Affidavit are true, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

Executed this 30th day of January 2014.


Sandra Pelham

SUBSCRIBED and SWORN to before
me this 30th day of January 2014.


NOTARY PUBLIC



McDONALD-CARANO-WILSON:
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 2670 • RENO, NEVADA 89505-2670
PHONE 775-789-1000 • FAX 775-789-2020

McDONALD-CARANO-WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 2670 • RENO, NEVADA 89505-2670
PHONE 775 784-3440 • FAX 775 784-3450


CERTIFICATE OF SERVICE

Pursuant to NRCF 5(b), I hereby certify that I am an employee of McDonald Carano Wilson, LLP and that on the 31st day of January, 2014, I served the within **AFFIDAVIT OF SERVICE** by placing a copy thereof in a sealed envelope and requesting Reno-Carson Messenger Service hand deliver the document to the following parties at the addresses listed below:

Appeals Officer
Department of Administration
1050 E. William Street, Suite 450
Carson City, NV 89701

Mark Sertic, Esq.
Sertic Law, Ltd.
5975 Home Gardens Dr.
Reno, NV 89502

Evan Beavers, Esq., Deputy
Nevada Attorney for Injured Workers
1000 E. William St., #208
Carson City, NV 89701


Sandra Pelham

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NEVADA DEPARTMENT OF ADMINISTRATION

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

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RECEIVED
AND
FILED

In the Matter of the Contested
Industrial Insurance Claim

Claim No: 12853C301824
1990204572

of

Hearing No: 46538-SA
45822-KD
44686-SA

DANIEL DEMARANVILLE (Deceased)
c/o Laura DeMaranville

Appeal No: 46812-LLW
46479-LLW
44957-LLW

Claimant.

EMPLOYER'S [REPLACEMENT] PREHEARING STATEMENT

The Employer, CITY OF RENO, through its third-party administrator, Canon Cochran Management Services, Inc. (CCMSI), hereby submits a replacement Prehearing Statement that amends the Employer's Prehearing Statement filed on November 25, 2013. Changes to the November 25, 2013 Prehearing Statement are reflected by highlighted text and/or additional paragraphs as follows:

I

DOCUMENTARY EVIDENCE

The Employer may rely on the documentary evidence submitted by Insurer and any evidence submitted by any of the parties.

II

STATEMENT OF THE ISSUES

1. Appeal No. 46479 [Bypassed] – The Claimant representative's appeal of CCMSI'S May 23, 2013 determination to deny widow benefits based on a lack of evidence of heart disease;

2. Appeal No. 46479-LLW – the appeal by Employer's Insurance Company of Nevada (EICN) of the Hearing Officer's October 28, 2013 decision that reversed EICN'S September 19, 2013 determination denying the claim; and

MCDONALD-CARANO-WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 2670 • BLISS, NEVADA 89302-2670
PHONE 775-785-1100 • FAX 775-233-2020

3. Appeal No. 46812-LLW [Bypassed] - The Employer's appeal of EICN's September 19, 2013 determination to deny the Claimant's occupational heart disease claim.

III

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones – Ms. Jones and/or another representative of CCMSI may testify concerning the administration of the claim;
2. Amy Caldera – Ms. Caldera and/or another representative of EICN may testify concerning the administration of the claim;
3. A representative of the Employer may testify concerning the Claimant's industrial claim and/or employment;
4. Frank Carrea, M.D. – Dr. Carrea may testify concerning the Claimant's medical condition;
5. Myron Gomez, M.D. – Dr. Gomez may testify concerning the Claimant's medical condition;
6. Jay Betz, M.D. – Dr. Betz may testify concerning his review and findings involving the Claimant's medical condition;
7. Sankar Pemmaraju, D.O. – Dr. Pemmaraju may testify concerning his informal review of the claim documents in this case;
8. Yasmine S. Ali, M.D. – Dr. Ali may testify concerning her informal review of the claim documents in this case; and
9. Rebuttal or impeachment witnesses as may be necessary.

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 MCDONALD-CARANO-WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 2670 • RENO, NEVADA 89505-2670
PHONE: 775-784-2000 • FAX: 775-784-2020

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IV

ESTIMATED HEARING TIME

Approximately one (1) hour.

DATED this 31st day of February 2014.

MCDONALD CARANO WILSON LLP

By 
TIMOTHY E. ROWE, ESQ.
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for the Employer
CITY OF RENO

McDONALD-CARANO-WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
P.O. BOX 3670 • RENO, NEVADA 89503-3670
PHONE 775 784-3300 • FAX 775-784-1020

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO WILSON LLP, and that on the 30 day of February 2014, I served the within **EMPLOYER'S [REPLACEMENT] PREHEARING STATEMENT** by placing a true and correct copy thereof in an enclosed and sealed envelope and causing same to be hand delivered to the following parties via Reno Carson Messenger Service to the addresses referenced below:

Appeals Officer
Department of Administration
1050 E. William Street, Suite 450
Carson City, NV 89701


Evan Beavers, Esq.
Nevada Attorney for Injured Workers
1000 E. William Street, Suite 208
Carson City, NV 89701

I also caused a copy of the aforementioned document to be served via United States Mail at Reno, Nevada, on the following parties at the addresses referenced below:

Mark Sertic, Esq.
Sertic Law, Ltd.
5975 Home Gardens Drive
Reno, NV 89502

Lisa Jones
CCMSI
P. O. Box 20068
Reno, NV 89515-0068

City of Reno
Human Resources
P.O. Box 1900
Reno, NV 89505


Sandra Pelham

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No.: 12853C301824
1990204572
Hearing No.: 46538-SA
45822-KD
44686-SA
Appeal No.: 46812-LLW
46479-LLW
44957-LLW

DANIEL DEMARANVILLE
(DECEASED)

Claimant.

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2014 FEB -3 PM 1:55
RECEIVED
AND
FILED

INSURER'S FIRST SUPPLEMENTAL DOCUMENTARY EVIDENCE

<u>Index</u>	<u>Document Description</u>	<u>Page</u>
9/19/13	EICN Correspondence (Appealed).....	1
12/18/13	Order Transferring Hearing to Appeals Office.....	4

Records Received from EICN (not previously filed)

10/15/09-???	EKG	5
3/18/11	Reno Heart Physicians (w EKG reports).....	11
8/5/12	Operative Notes	23
9/3/13	Sankar Pemmaraju, D.O. (Informal Review)	28
9/16/13	Yasmine S. Ali, M.D. (Informal Review)	33

ENTERED INTO
EVIDENCE AS EXHIBIT # 2

MCDONALD-CARANO-WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
PO BOX 2670 • RENO, NEVADA 89505-2670
PHONE 775-786-1000 • FAX 775-786-1010



PO Box 539004, Henderson, NV 89053-9004

September 19, 2013

Laura DeMaranville
PO BOX 261
Verdi, NV 89439-0261

RECEIVED
SEP 23 2013
McDonald Carano Wilson LLP

RE: Employee: DANIEL E DEMARANVILLE
Employer: RENO CITY OF
Date of Injury: 01/31/1990
Claim No. 1990204572
Insurer: Employers Insurance Company of Nevada

Dear Ms. DeMaranville:

It is the determination of the Employers Insurance Company of Nevada to deny liability of the above claim, as the doctor who completed the C4 form indicated that he could not directly connect this injury or occupational disease as job incurred.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment.

1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

2. For the purposes of chapters 616A to 616D, inclusive, of NRS, if the employee files a notice of an injury pursuant to NRS 616C.015 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the injury did not arise out of and in the course of his or her employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions.

1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

2. If the employee files a notice of an occupational disease pursuant to NRS 617.342 after his or her employment has been terminated for any reason, there is a rebuttable presumption that the occupational disease did not arise out of and in the course of his or her employment.

3. The provisions of this section do not apply to any claim filed for an occupational disease described in NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

Additionally, there is no objective medical reporting to support the diagnoses listed on the C4 form of atherosclerotic heart disease and myocardial infarction. The medical reporting submitted was referred to our managed care organization and a review was completed by Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P., who is board certified in Internal Medicine and Cardiovascular Disease. Dr. Ali's review report indicates there was no documentation in

JA 0311

the records that would support a diagnosis of atherosclerotic heart disease, and there is no evidence of myocardial infarction, particularly since cardiac enzymes were not drawn, a 12-lead ECG showing evidence of myocardial infarction is absent, and an autopsy was not performed. Thus, it appears most likely that the cardiac arrest was a post-operative complication. Dr. Ali's report also noted there was no evidence in the records of coronary artery disease, coronary heart disease or ischemic heart disease.

We have also been unable to obtain the physicals performed during the course of your employment as a police officer for the City of Reno. This is pursuant to Nevada Revised Statute (NRS) 617C.457, which states:

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.

2. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

3. Except as otherwise provided in subsection 4, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

10. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 3 or 4 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

If you or your employer disagrees with this decision, you have the right to file an appeal and mail it directly to the Hearing Officer, Department of Administration, 1050 E. Williams St., Ste 400, Carson City, Nevada 89701. If your request does not reach the Hearings Division within seventy (70) days from the date of this letter, you may lose your right to appeal the decision.

If you have any questions, please contact our customer service center at 1-888-682-6671.

Sincerely,

Amy Caldera
Sr Claims Adjuster

Enclosure: C4

Request for Hearing

**cc: RENO CITY OF
DIR**

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 46538-SA
Claim Number: 12853C301824

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Employer's Request for Hearing was filed on November 17, 2013.

The requesting party appealed the Insurer's determination dated September 19, 2013.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

NRS 616C.315(7) provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

THEREFORE, good cause appearing, the Hearing Officer proceeding is **DISMISSED** and this matter shall be and hereby transferred to the Appeals Officer for further proceedings.

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 1050 E. Williams Street #450, Carson City, Nevada 89701, within 15 days of this order.

IT IS SO ORDERED this 18th day of December, 2013.


Sondra L Amodei, Hearing Officer

Cont'd
46812-LLU
Tues 2-11-14 1:30

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2013 DEC 18 AM 10:25
RECEIVED
AND
FILED

26

ID:

D.O.B.: 10/04/1934 75 YEARS

MALE

Race:

Class:

Loc: 12

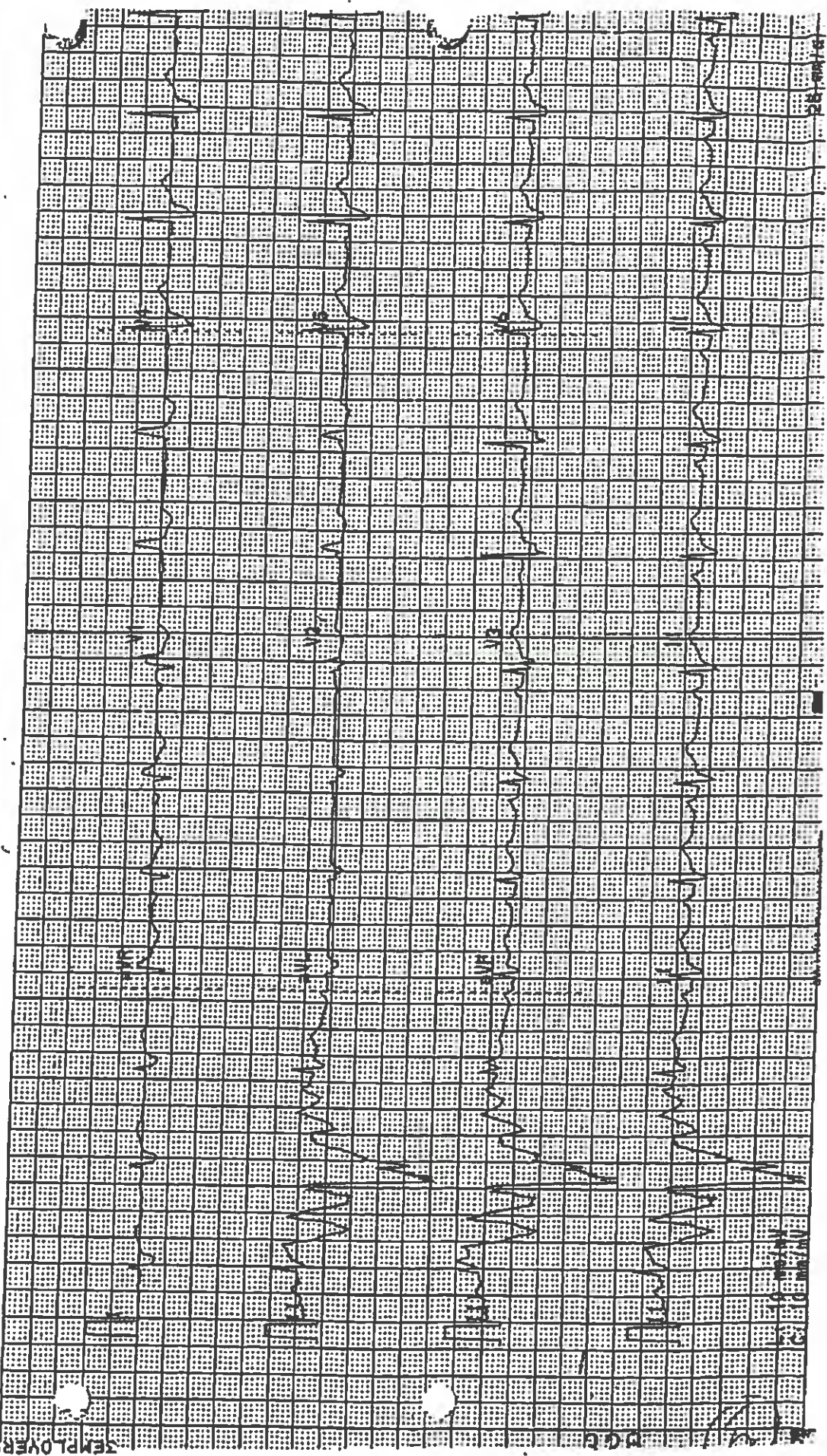
Vent. Rate: 75 bpm
P Duration: 102 ms
QRS Duration: 152 ms
PR Interval: 166 ms
QT Interval: 408 ms
QTc Interval: 434 ms
P-R-T AXIS: 75° 104° 63°

SINUS RHYTHM

Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

* Unconfirmed Analysis



ID:

D.O.B.: 10/04/1934 75 YEARS

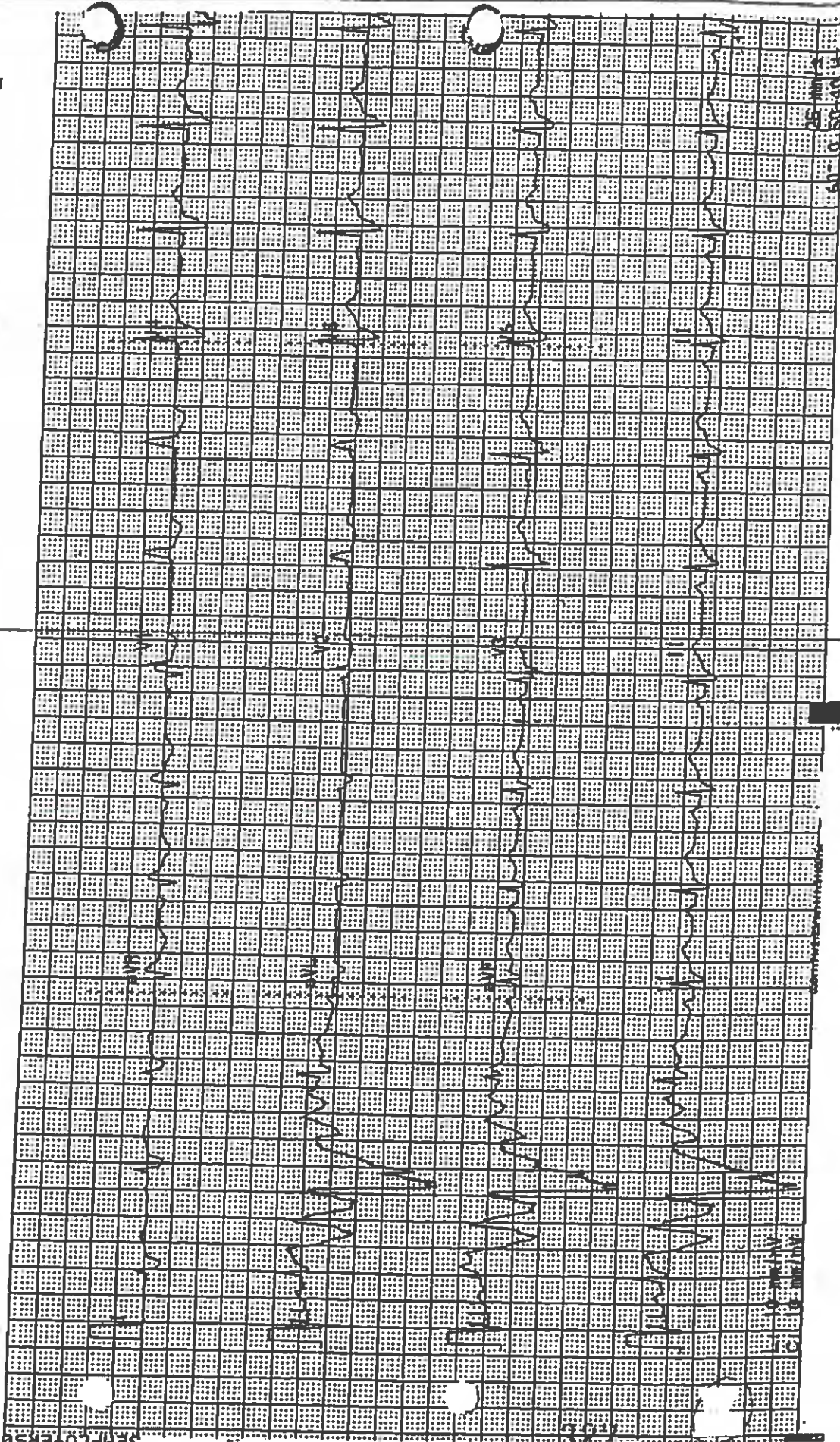
MALE

Meds:

Claas: 12

Loc: 12

Vent. Rate: 75 bpm
P Duration: 102 ms
QRS Duration: 152 ms
PR Interval: 166 ms
QT Interval: 408 ms
QTc Interval: 434 ms
P-R-T AXIS: 75° 104° 63°



D.O.B.: 10/04/1934 75 YEARS

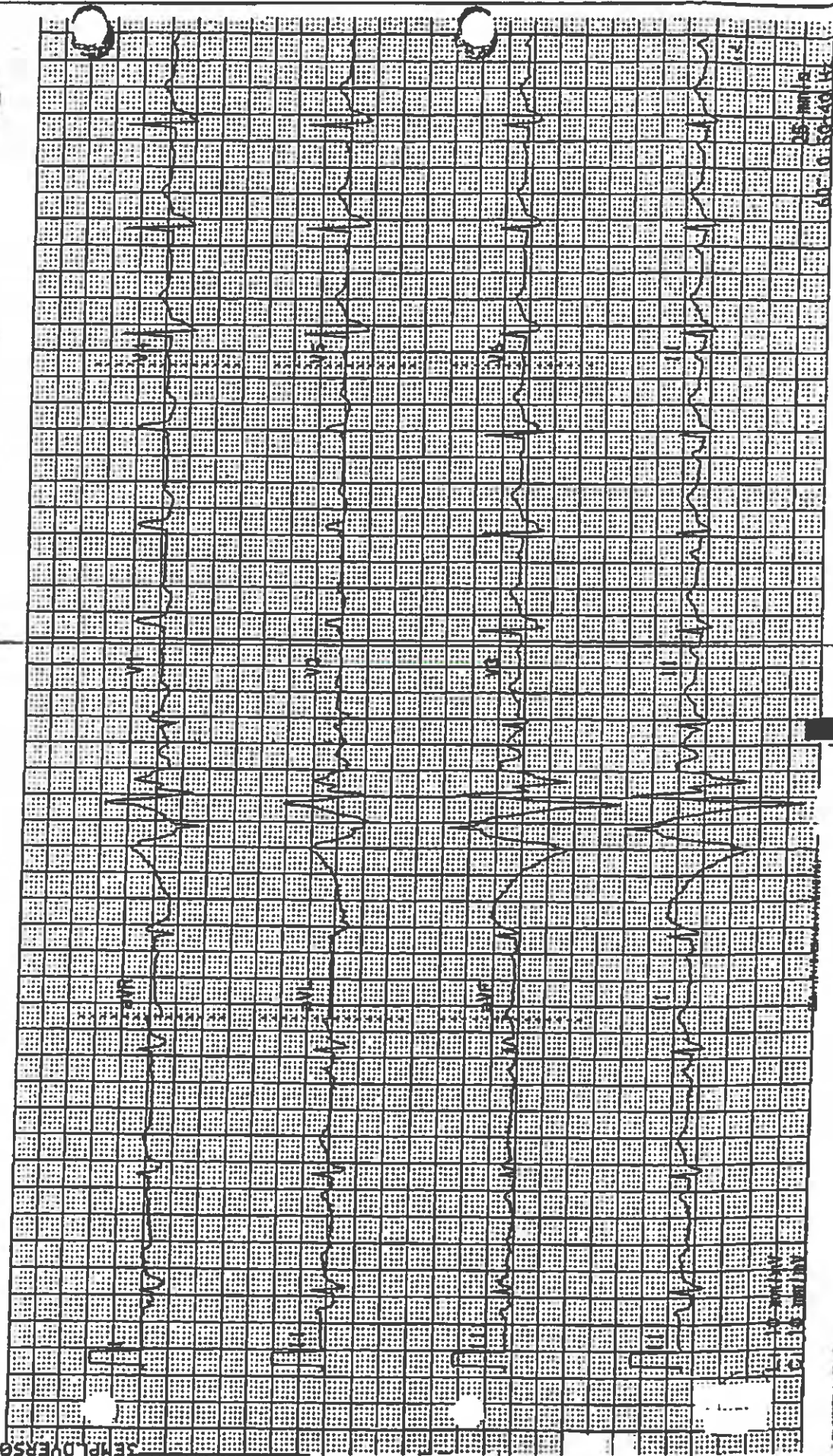
MALE

Heds:

Class:

Loc: 12

Vent. Rate: 75 bpm
 P Duration: 100 ms
 QRS Duration: 144 ms
 PR Interval: 170 ms
 QT Interval: 410 ms
 QTc Interval: 434 ms
 P-R-T AXIS: 77° 102° 66°



12

0.50-40.14

D.O.B.: 10/04/1934 75 YEARS

WPLE

Meds:

Class:

Loci: 12

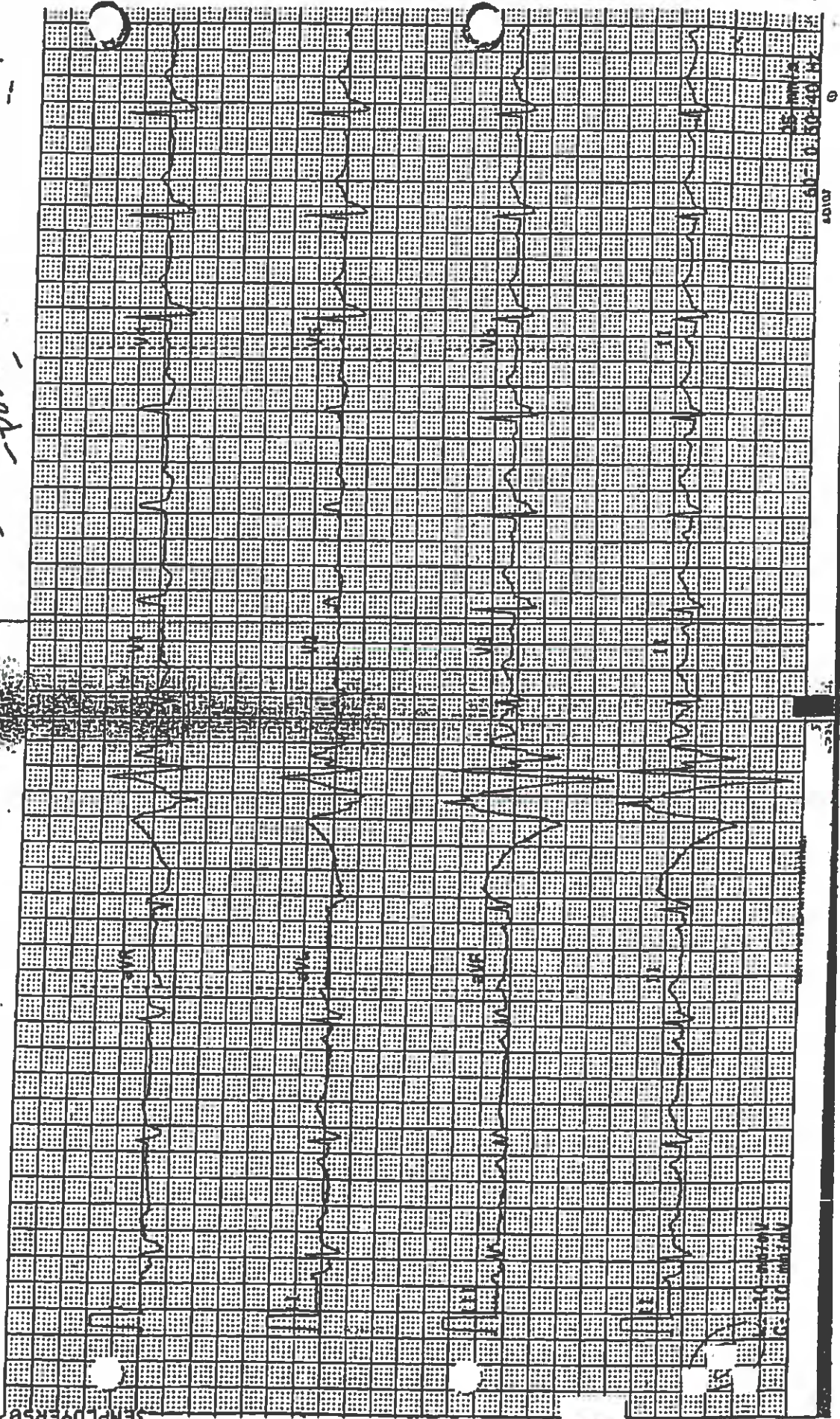
Vent. Rate:
P Duration:
QRS Duration:
PR Interval:
QT Interval:
QTc Interval:
P-R-T AXIS: 77° 102°

75 bpm

Normal RHYTHM
Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

ST due to RBBB -
RBBB to interper - * Uncomplicated Analysis *
cable - sinus br tachycardia
- poss -



ID: #STAT#1081015161056

D.O.B.:

Med:

Class:

Loc: 1

Daniel Davisville

ID: #STAT#1081015161056

Heart Rate: 75 bpm
P Duration: 104 ms
QRS Duration: 154 ms
PR Interval: 168 ms
QT Interval: 422 ms
QTc Interval: 446 ms
P-R-T AXIS: 77°

ID: #STAT#1081015161056

SINUS RHYTHM

INTERPRETATION MADE WITHOUT KNOWLEDGE OF PATIENT'S SEX AND AGE.

INDETERMINATE FRONTAL QRS AXIS

Low lateral QRS spatial velocity

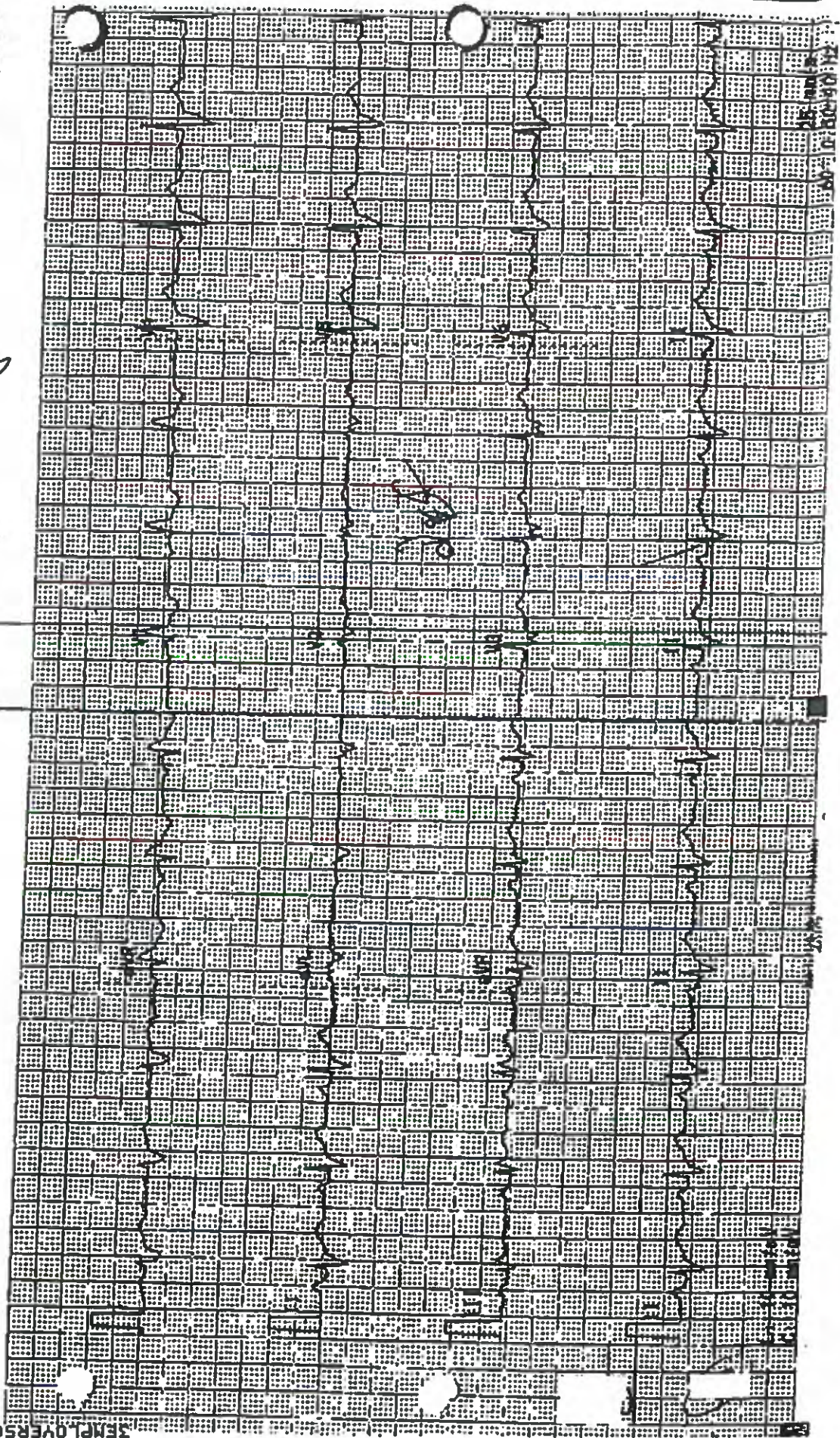
Broad R or R' in V1 or V2

RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL

* Unconfirmed Analysis *

63



ID: #STAT#1081015161056

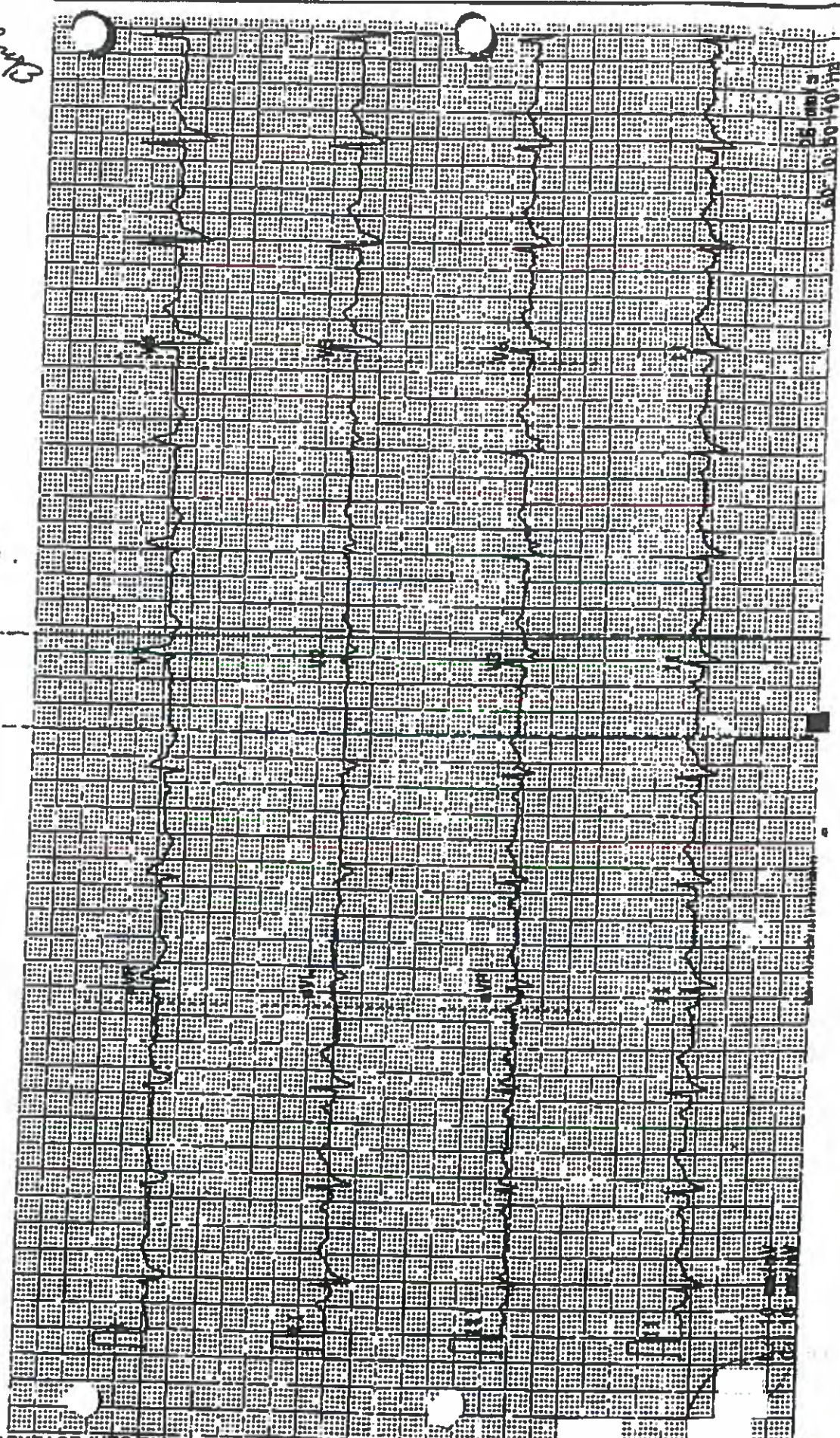
D.O.B.:

Meds:
Class:
Loc:

ID:

#STAT#1081015161056

Varf. Rate: 75 bpm
P Duration: 104 ms
QRS Duration: 154 ms
PR Interval: 168 ms
QT Interval: 422 ms
QTc Interval: 446 ms
P-R-T AXIS: 77° 0° 62°





RENO HEART PHYSICIANS CARSON HEART PHYSICIANS

1500 E 2nd St. Reno, NV 89502 | P. (775) 323-6700 | F. (775) 325-3489
343 Elm St., Ste. 400, Reno, NV 89520 | P. (775) 323-6700 | F. (775) 327-8191
2874 N. Carson St., Ste. 120, Carson City, NV 89706 | P. (775) 841-6700 | F. (775) 383-3260
www.RenoHeart.com

Cardiac Nuclear Medicine, Cardiac and Vascular Ultrasound Imaging



Stress Echocardiogram

Name: Damarville, Daniel Patient ID: 795450 Gender: M
Exam Date: 03/28/2011 HR: 83 Rhythm: RBBB
DOB: 10/4/1934 Age: 76 Yrs Left BP: 140/84 mmHg
Height: 71 inches Weight: 214 lb BSA: 2.1 m²
Reading Physician: Jerry Zebrack, MD Sonographer: B. Reagan
Referring Physician: Richard P. Ganchan, MD CC: Donald Van Dyken, MD
Indications: Abnormal EKG

TREADMILL, EKG, AND ECHO DATA SUMMARY

Echo exam quality: Adequate

Exercise Protocol	EKG Data
Protocol: Bruce	Pre-exercise EKG: Right bundle branch block. Normal sinus rhythm.
Total minutes: 4:30	Exercise EKG: Right bundle branch block.
Reason for stopping: Shortness of breath Back Pain	
FAT +20 METS: 7.0	
Heart Rate and Blood Pressure	EKG SUMMARY
Resting blood pressure: 140/84	1. Sensitivity is decreased because of RBBB.
Baseline heart rate: 88	2. No angina or anginal equivalent.
Percent of Age-Predicted MHR: 99%	3. Exercise capacity was moderately decreased.
Blood pressure at peak exercise: 160/80	4. Normal heart rate response to exercise.
Maximum heart rate achieved: 143	5. Normal blood pressure response to exercise.
	6. No arrhythmias were observed.

ECHOCARDIOGRAM FINDINGS

- **Rest Echo Study:** Ejection fraction at rest = 57%. Cardiac chamber sizes and LV systolic function are normal at rest. No resting wall motion abnormalities noted.
- **Immediate Post-Exercise Echo Study:** Appropriate augmentation of left ventricular function after maximal exercise with decrease in end-systolic dimensions. No immediate post exercise abnormalities noted but technically suboptimal study.

IMPRESSION

Borderline EF

REST Score: 1.0	IMPOST Score: 1.0	
		<input type="checkbox"/> Normal <input type="checkbox"/> Hypokinetic <input type="checkbox"/> Hypokinetic (Mild) <input type="checkbox"/> Hypokinetic (Moderate) <input type="checkbox"/> Hypokinetic (Severe) <input type="checkbox"/> Hypokinetic (Borderline)
		<input type="checkbox"/> Hyperkinetic <input type="checkbox"/> Aknetic/ <input type="checkbox"/> Dyskinetic <input type="checkbox"/> Dilated and Thinned <input type="checkbox"/> Not Visualized

Signature:

J. Zebrack

Jerry N. Zebrack, M.D.
Electronically Signed 3/28/2011 2:04 PM

OCT 15 2012

CCMS2-Reno



FAXED

MAR 29 2011

By _____



MAR 29 2011

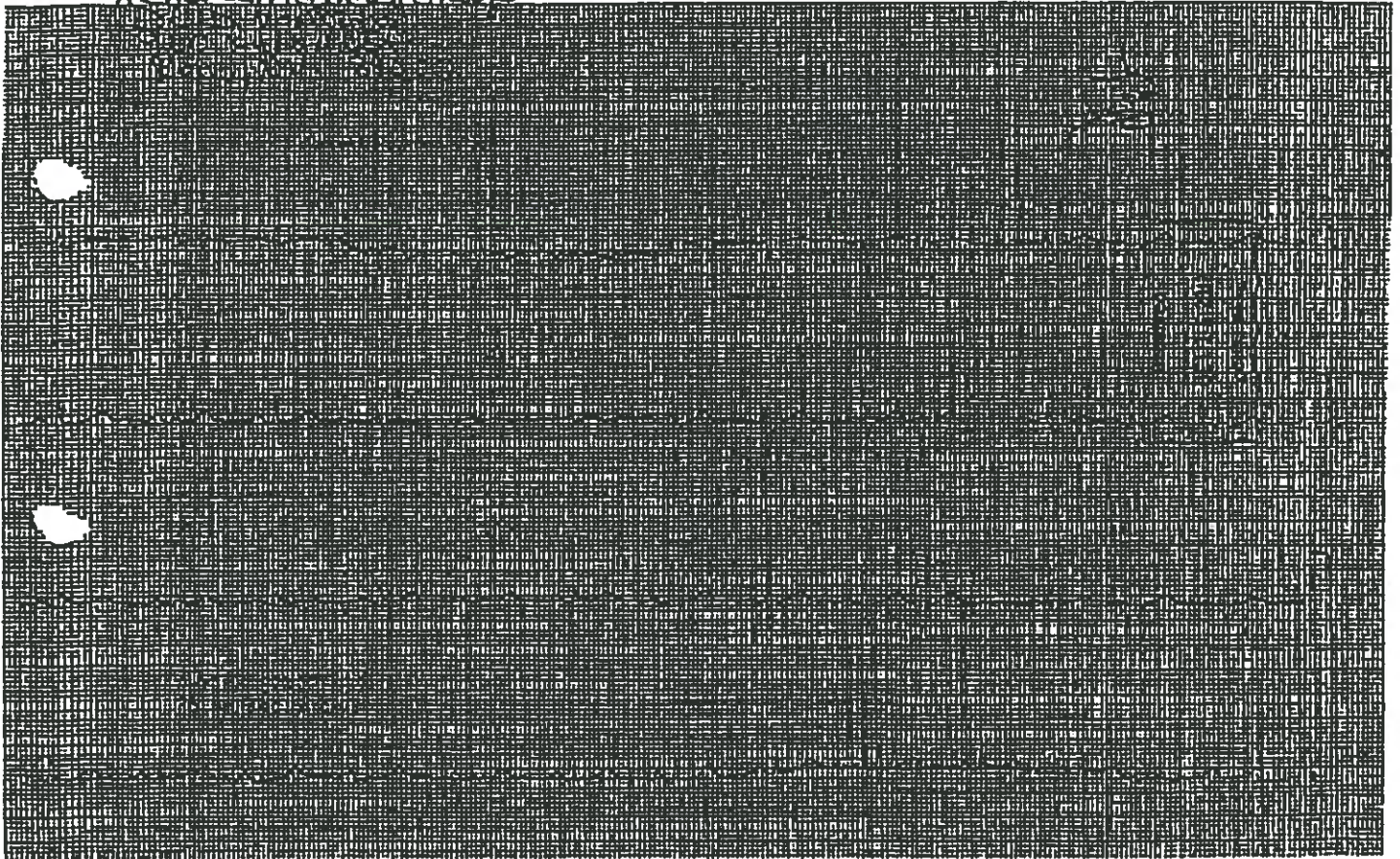
Daniel Demarville

64 years
206 lb 71 in

29 MAR 99 16:32:06
74 swing .16/.06/.26
wil.

PAK 134430
one

Acadia Medical Group



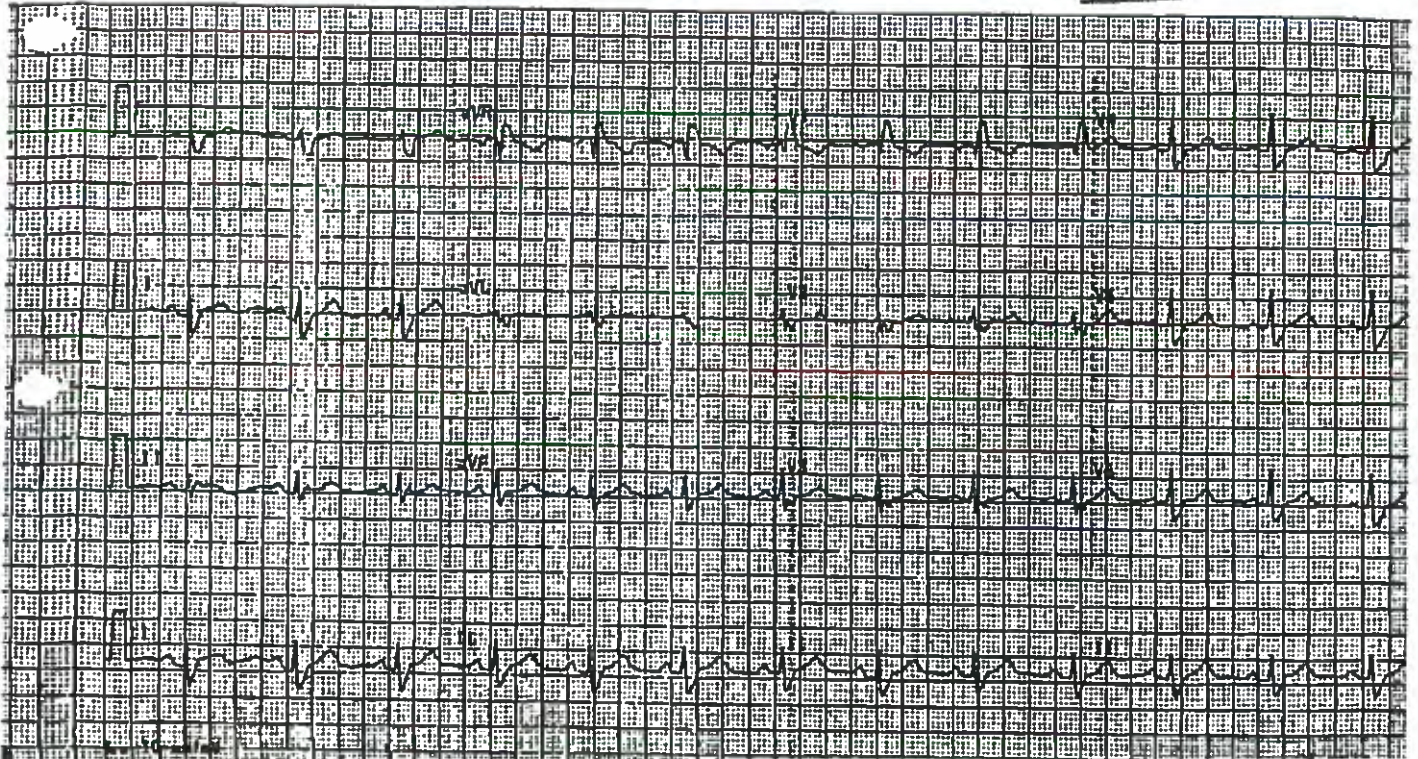
DEMYANWILLE, DANIEL
ID:

10/13/05 10:45:41

D.O.B.: 10/04/1934 71 YEARS
MALE
Med: NO MEDICATION
Class:
Loc: 11

Heart Rate:	79 bpm
P Duration:	106 ms
QRS Duration:	146 ms
PR Interval:	156 ms
QT Interval:	408 ms
QTc Interval:	439 ms
P-R-T AXIS:	71° 108° 69°

Revised
DATE 1 5 2012
CCHT-PHYS



DEMARAYVILLE DANIEL
ID:

10/13/06 14:31:58

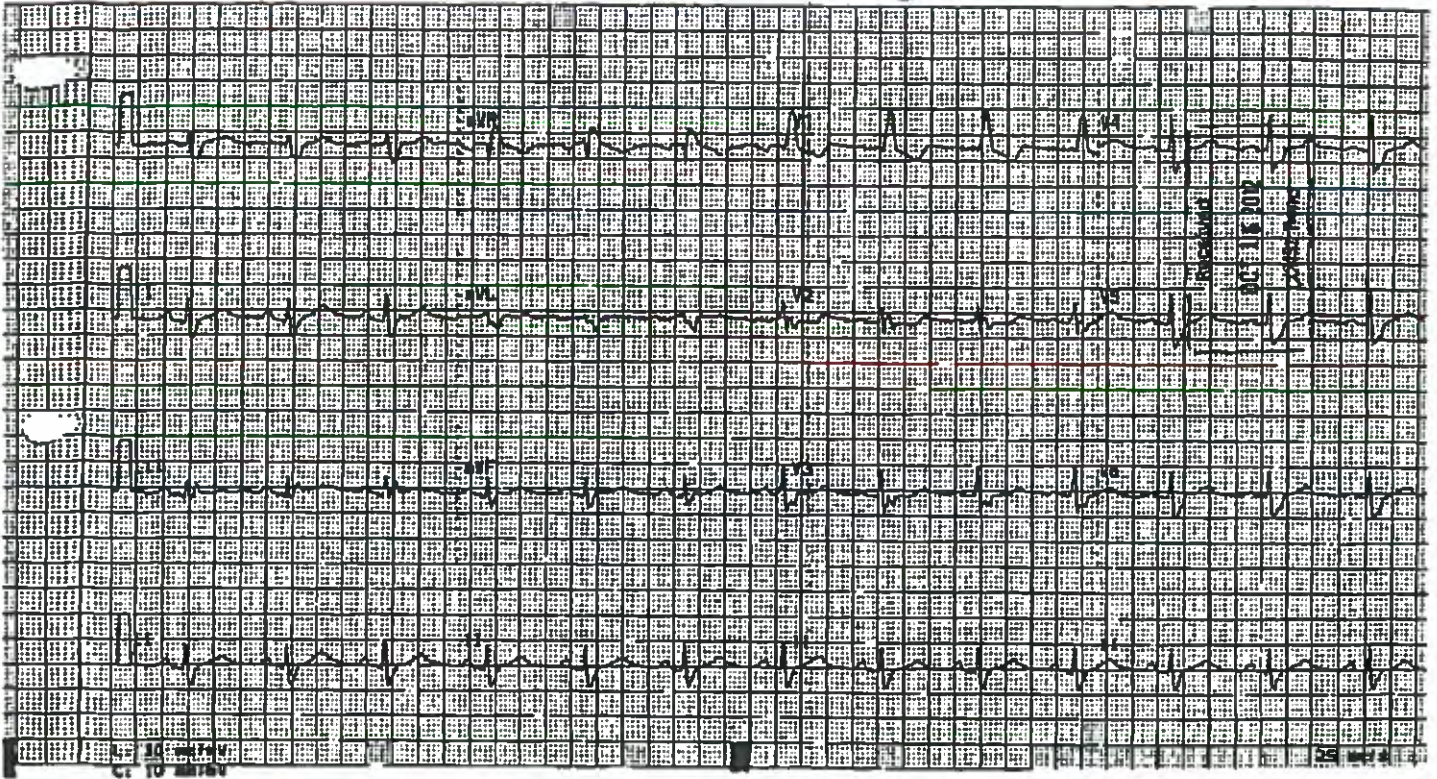
DEMARAYVILLE DANIEL
ID:

10/13/06 14:31:58

D.O.B.: 10/04/1934 72 YEARS
WILE
Medic: NO MEDICATION
Class:
Loc: 1

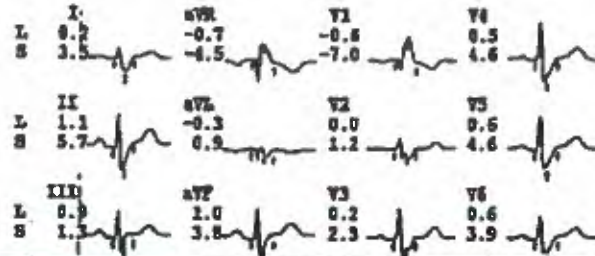
Vent. Rate: 79 bpm
P Duration: 106 ms
QRS Duration: 152 ms
PR Interval: 168 ms
QT Interval: 424 ms
QTc Interval: 455 ms
P-R-T Axis: 70° 115° 58°

Handwritten signature

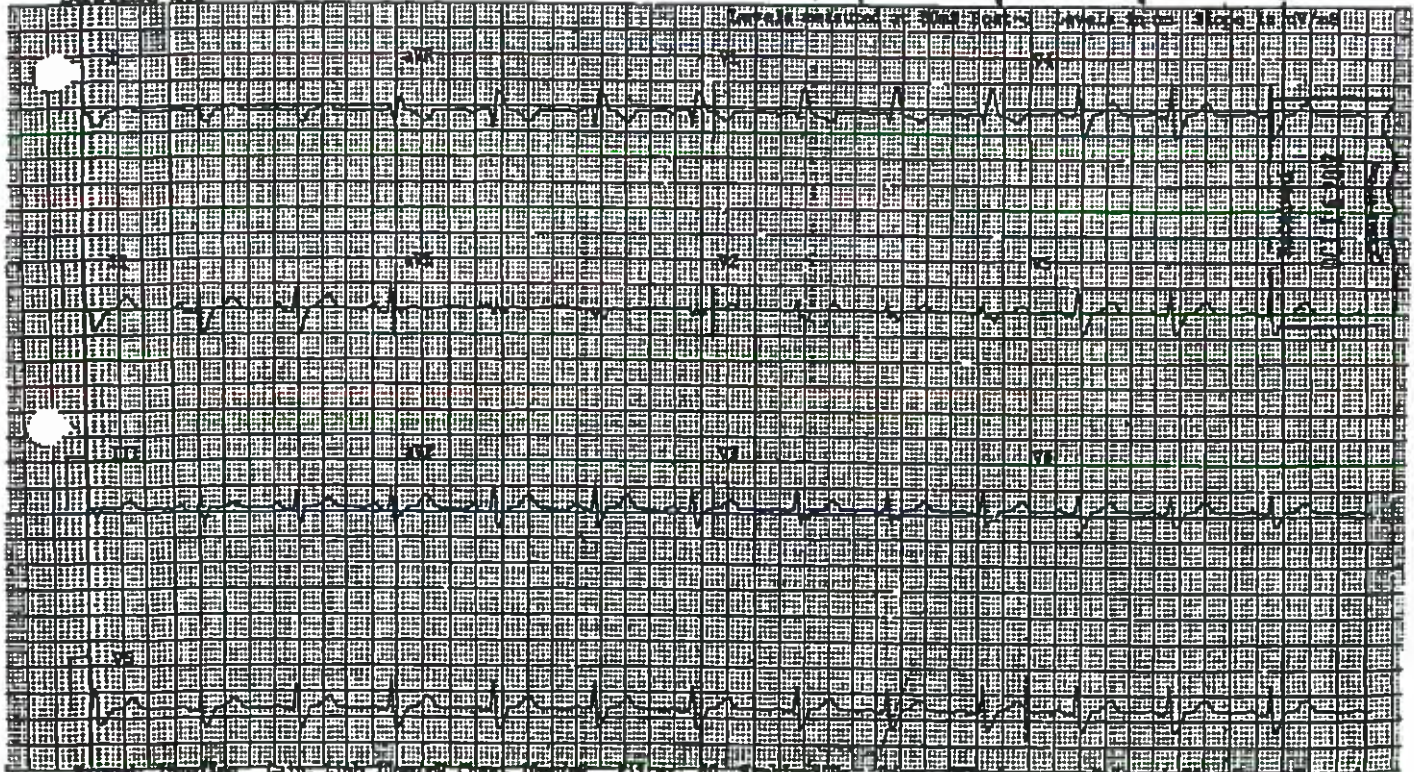


Name: Daniel Demarcoville
 ID: 504261477 10/15/2007 8:41:16 AM

HR: 78 Medication(s): xanax
 BP: 128/69 Department:
 Age: 73 Years Technician: Sofia
 Gender: Male Physician: DR. FINECART
 Race: Caucasian
 Height: 70 in
 Weight: 206 lbs



Baseline ECG



10/15/09 9:52:08
ID:

10/15/09 9:52:08 DENHAMVILLE, CALIF.
ID:

10/15/09 9:52:08

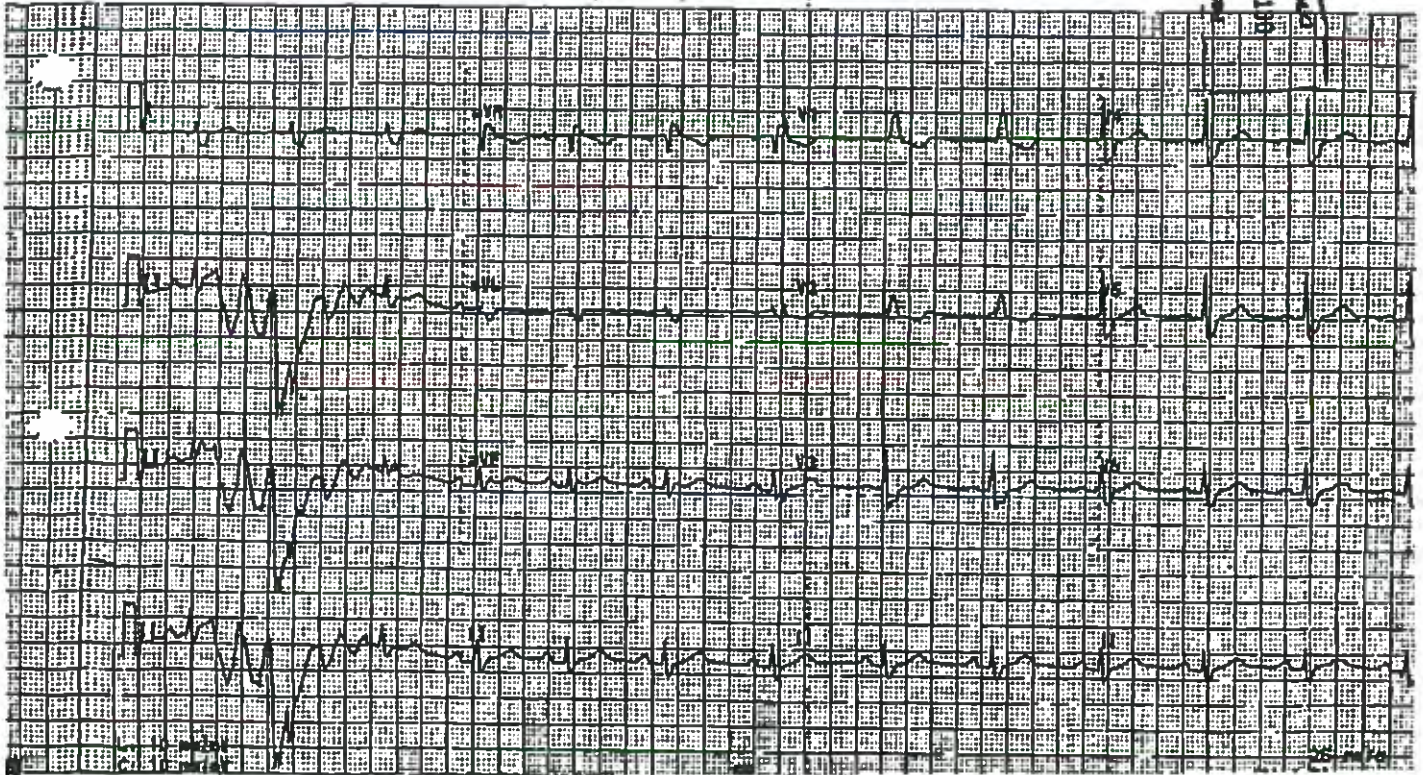
D.O.B.: 10/04/1934 75 YEARS
SEX: MALE
Notes:
Class: 12
Loc: 12

Heart Rate: 75 bpm
P Duration: 102 ms
QRS Duration: 152 ms
PR Interval: 166 ms
QT Interval: 408 ms
QTc Interval: 434 ms
P-R-T Axis: 73° 104° 63°

STARS RHYTHM
Low terminal QRS spatial velocity
Broad R or R' in V1 or V2
RIGHT BUNDLE BRANCH BLOCK
Summary: ASYMPTOMATIC

Unconfirmed Analysis

10/15/2012
10/15/2012

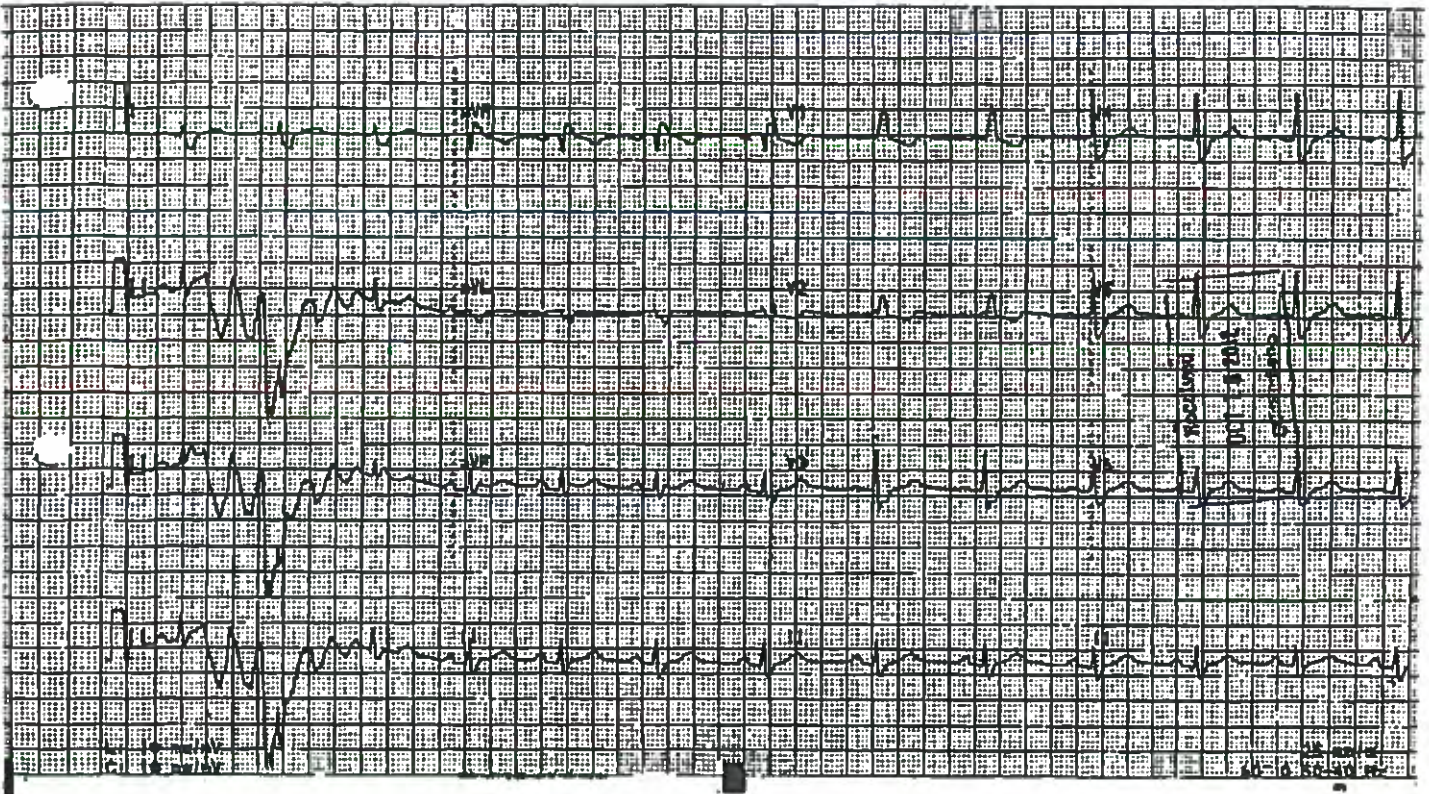


101

10:

D.O.B.: 10/04/1934 75 YEARS
 MLE
 Notes:
 Clamps: 12
 Leds:

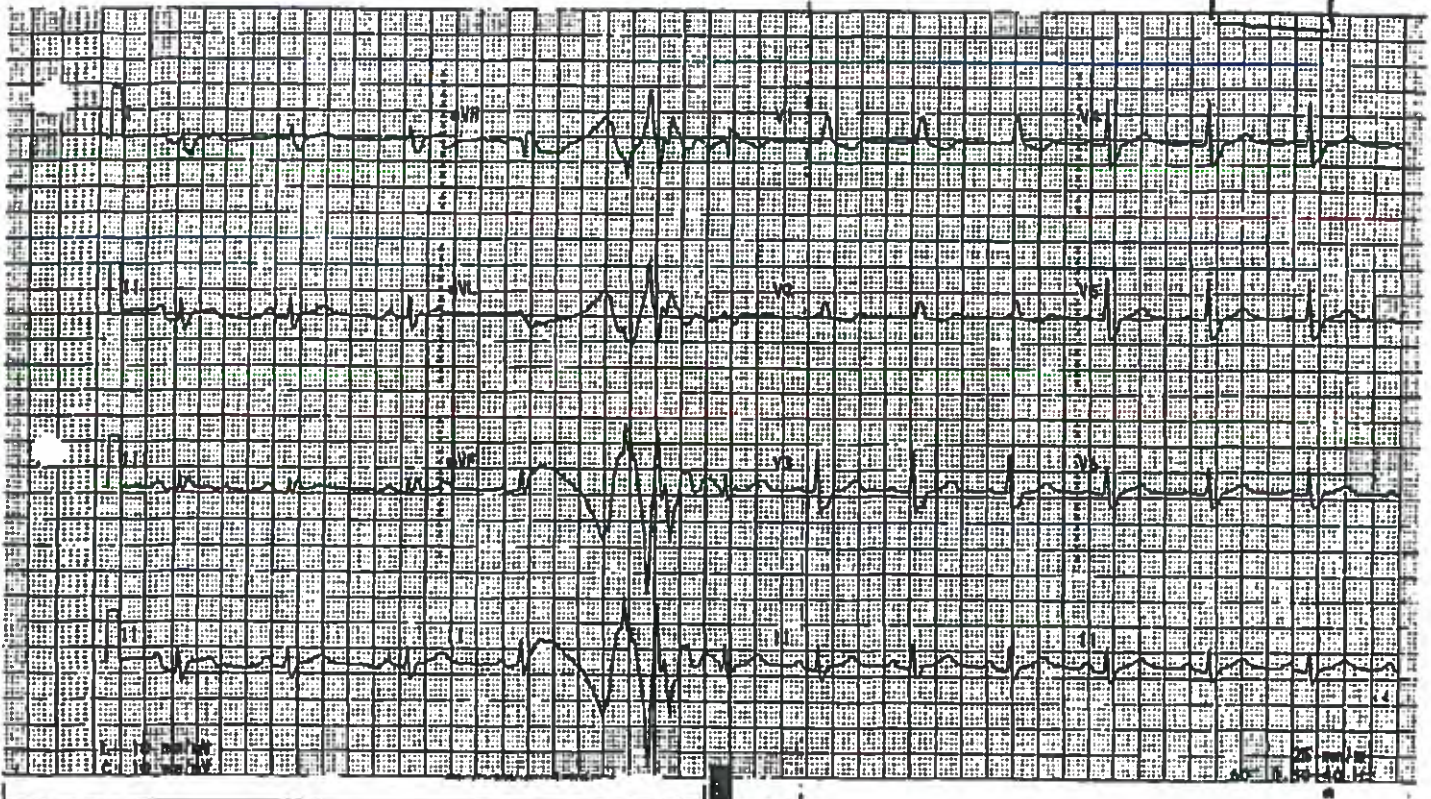
Heart Rate: 73 bpm
 P Duration: 102 ms
 QRS Duration: 152 ms
 PR Interval: 166 ms
 QT Interval: 408 ms
 QTc Interval: 434 ms
 P-R-T Axis: 75° 104° 63°



S.O.B.: 10/04/1934 75 YEARS
 NLE
 Meds:
 Class:
 Loc: 12

Vent. Rate: 75 bpm
 P Duration: 100 ms
 QRS Duration: 144 ms
 PR Interval: 170 ms
 QT Interval: 410 ms
 QTc Interval: 434 ms
 P-R-T AXES: 77° 102° 66°

Revised
 OCT 15 2012
 Long-Term
 Storage

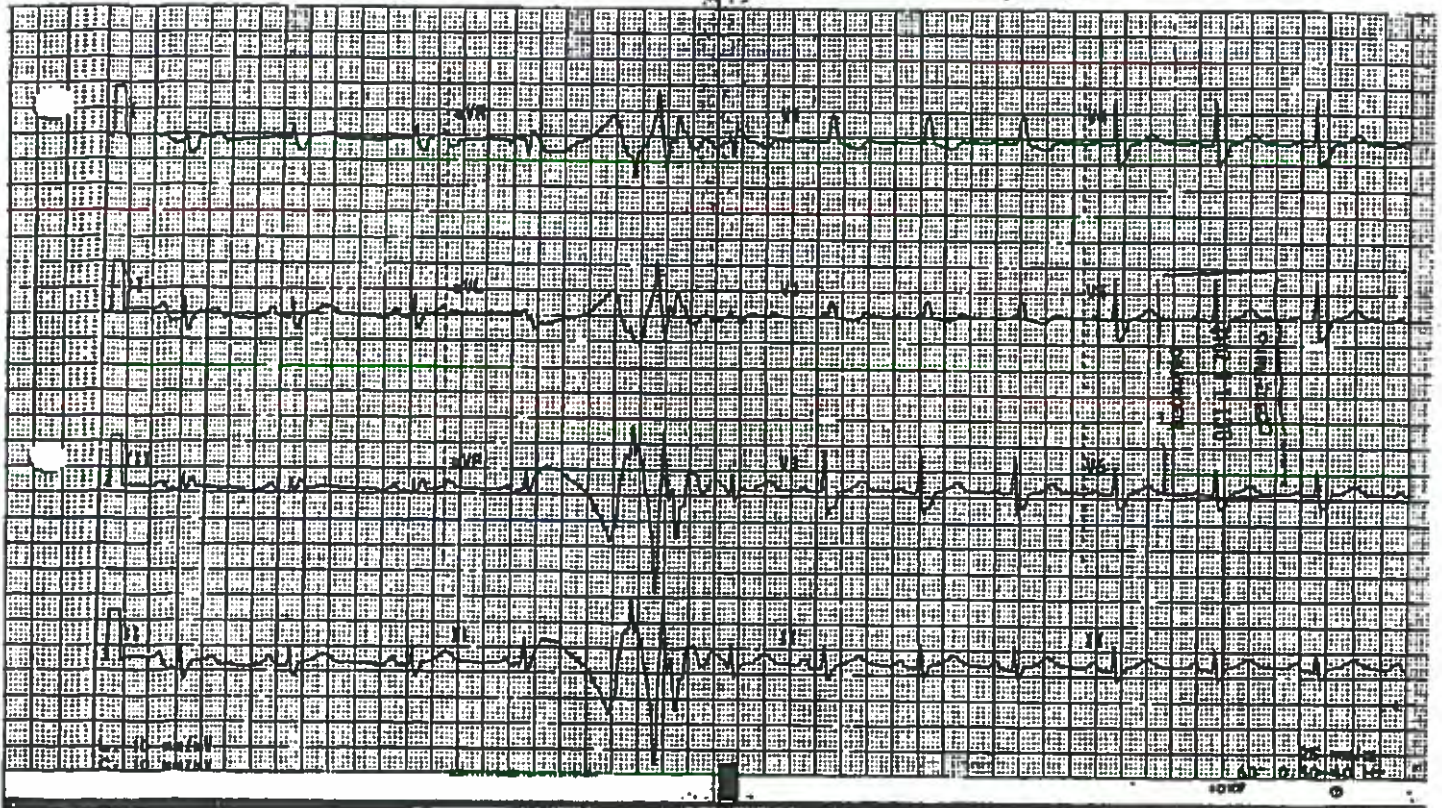


B.O.B.: 10/24/1934 75 YEARS
 RYLE
 Mode:
 Class:
 Lead: 12

Printed: 11/17/2013 11:11:12 AM
 Vent. Rate: 75 bpm
 P Duration: 100 ms
 QRS Duration: 144 ms
 PR Interval: 170 ms
 QT Interval: 410 ms
 QTc Interval: 434 ms
 P-R-T Axis: 77° 182°

SINUS RHYTHM
 Low terminal QRS spatial velocity
 Broad R or R' in V1 or V2
 RIGHT BUNDLE BRANCH BLOCK
 Summary: ABNORMAL

- RBBB
 - unable to interpret ST due to RBBB -
 - sinus rhythm - - Unconjugated Analysis -
 - poss old Infarct



ID: 657AT01081015161056

Q.O.B.:
 Name:
 Class:
 Loc:

Daniel Davisville

Vent. Rate: 75 bpm
 P Duration: 104 ms
 QRS Duration: 134 ms
 PR Interval: 168 ms
 QT Interval: 422 ms
 QTc Interval: 446 ms
 P-R-T AXIS: 77° 0° 63

ID: 657AT01081015161056

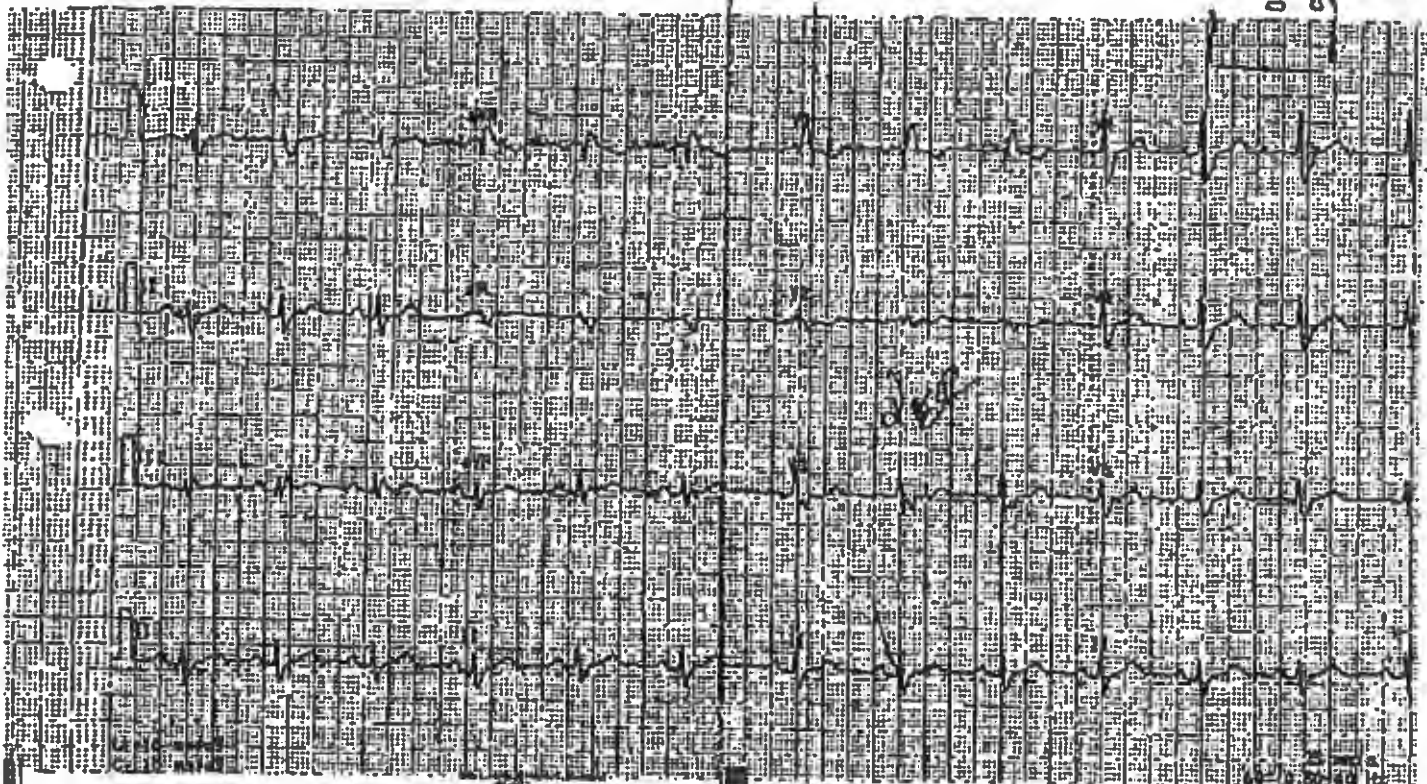
SINUS RHYTHM
 INTERPRETATION MADE WITHOUT KNOWLEDGE OF PATIENT'S SEX AND AGE
 INDETERMINATE FRONTAL QRS AXIS
 Low terminal QRS spatial velocity
 Broad R or R' in V1 or V2
 RIGHT BUNDLE BRANCH BLOCK

Summary: ABNORMAL



* Unclassified Analysis *

Rec'd
 OCT 16 2012
 10:11:12 AM

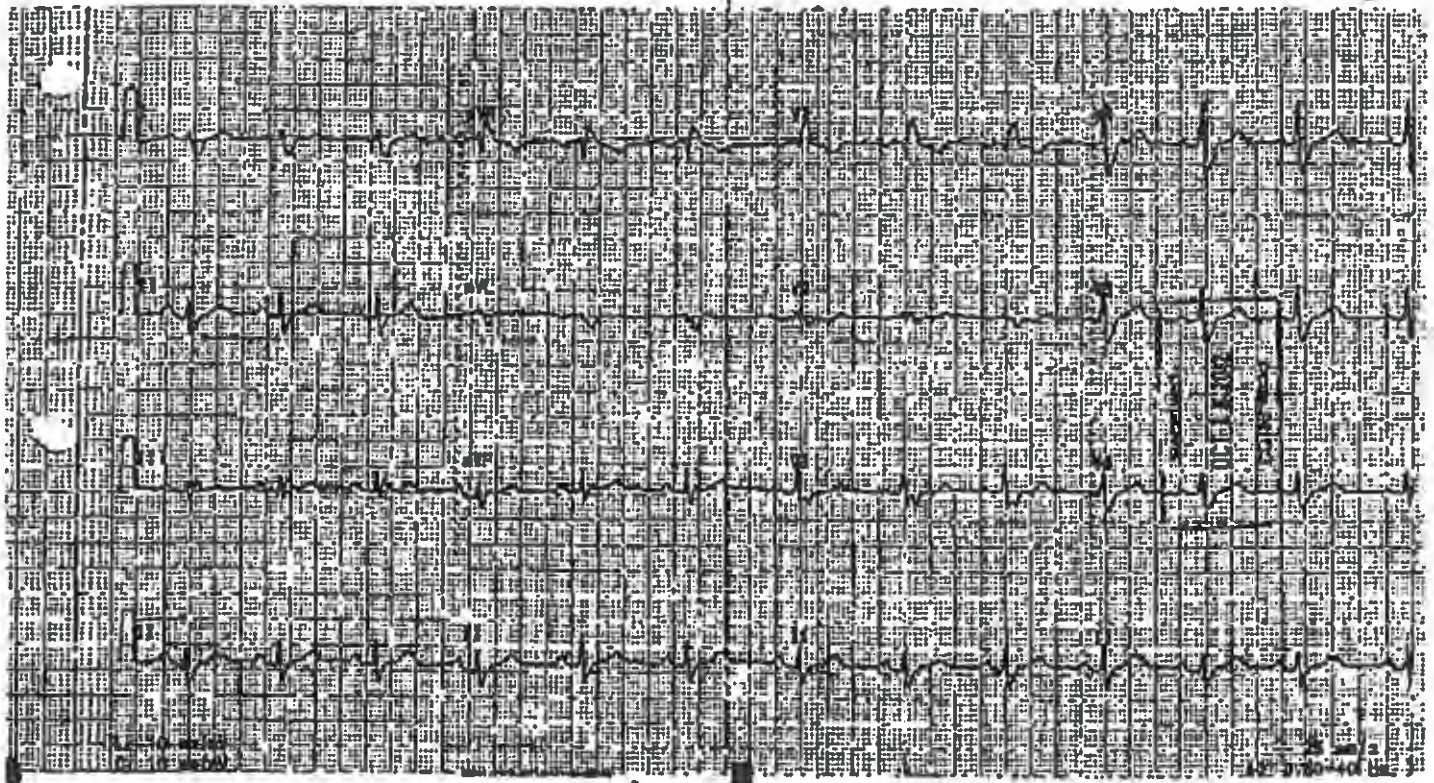


ID: 03TAT01001015161056

ID: 03TAT01001015161056

D.O.B.:
Meda:
Class:
Lead: 1

Verif. Rate: 75 bpm
P Duration: 104 ms
QRS Duration: 154 ms
PR Interval: 168 ms
QT Interval: 422 ms
QTc Interval: 446 ms
P-R-T Axis: 77° 0° 62°



Revised 3/26/2010

File Original Under Progress Notes

Yellow Copy to Nursing Office
Mail Supp L-12

Code Blue Record

Modified from American Heart Association's NRCPR

Date 08/08/13 Localities IT PACU Whicched: ☒ Yes ☐ No Code Blue Team Activated: ☐ Yes ☒ No Time 1908

Illness Category: ☐ Medical Cardiac ☐ Trauma ☐ Medical Non-cardiac ☐ Obstructive ☐ Surgical Cardiac ☒ Surgical Non-cardiac

Condition when need for compressions/defibrillation was identified: ☒ Pulseless ☐ Pulse (poor perfusion) ☐ Did patient with pulse requiring compressions become pulseless: ☐ Yes ☐ No ☐ Conscious at onset: ☐ Yes ☒ No Monitoring at onset: ☒ ECG ☐ Pulse Oximeter ☐ Apnea

Alarms/Ventilating: ☐ Breathing: ☐ Spontaneous ☒ Apneic ☐ Assisted ☐ Time of First Assisted Ventilations: 1909

Ventilator: ☒ Bag-Valve-Mask ☐ Endotracheal Tube ☐ Tracheostomy ☐ Other

Intubation: Time 1910 Size 8.5 By whom Dr. Ellis

Confirmation: ☐ Auscultation ☒ Exhaled CO₂ ☐ Other

Time	Breathing	Pulse	BP		RHYTHM	Defibrillator	O ₂ Saturation	Atropine IV	Epinephrine IV	Lidocaine IV	Vasopressin IV	Amiodarone IV	Dopamine	Nitroglycerin	Nitroprusside	Morphine	Comments
			Systolic	Diastolic													
1908	Spontaneous	30	44	30	Bradycardia		64										
1909	Assisted	100			PEA												
1911																	
1912																	
1913																	
1914																	
1915					PEA												
1916					PEA												

1st Rhythm requiring compressions: PEA
Compressions: ☐ None ☐ Manual ☐ Device
Time chest compressions started: 1908

Monitor/Defibrillator Type: ☐ Monophasic ☒ Biphasic ☐ AED
Time Applied: 1909

Time Resuscitation Ended: 1912
Reason: ☐ Survived-Return of Circulation (ROC) > 70 min ☐ Died- Medical Futility ☐ Died- Advance Directive ☐ Died- Restriction by Family

Comments: 1 Comp Abt HCO₂ IV
ECHO done

Patient Address:

Records: P. Altkirke ID# 19543
RN Team Leader: ID#
Respiratory: ID#
Pharmacist: ID#
Physician: Dr. Ellis ID#

M. DEMARVILLE, DANIEL EUGE
MAR: 2626917 AIR: 3303354
DOB: 10/01/1934 ADM: 8/5/2012
GOMEZ, MYRON J
PHYSICIAN
8501392330

History: HTN, GERD, ARTERIOSCLEROSIS
Re: ZANTAC, CELEXA, CARDURA, Metoprolol, Lasix, Prilosec
Review of Labs: ☒ Yes
Allergy: PENICILLIN Describe: _____
Upper Respir: ☐ nl Describe: _____
Heart: ☒ Regular rate and rhythm Describe: _____
Lungs: ☒ Clear Describe: _____
ASA Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ E
Plan: ☒ General Anesthesia ☐ Regional Anesthesia ☐ Local anesthesia infiltration with IV sedation & monitored anesthesia care
Physician Signature: [Signature] **Time of Preop Assessment:** 1700
Initials: TAC

AGENTS	M-1 A16 (G/ml)	0	1	1	1	1	0	TOTAL
Dra	100	7.0	7.0	7.0	7.0	7.0	0	
Propofol	200	125	125					
Pancuronium	50							
Zofran				4				
Norphen			10					
Etomidate			10					
Vec	50	50	50	50	50	50	50	
Vec	100	100	95	95	95	95	95	
Vec	40	34	36	37	37	42		
Vec	100	44	43	43	43	90		

REMARKS: Anesthesia not before induction.
☐ Transmitted Hypertension per monitor - 7 at 08:00
☒ P1 identified, interviewed, chart reviewed. Plan was confirmed 2 pt 120g
☒ IV in place.
☒ P1 to OR, monitors placed P1 preoxygenated.
☒ IV induction. ETT easily placed @ P2 @ ETCO2 ETT secured Eys taped. P1 positioned padded.
☒ Spont. Vent. awake. Good head lift. Extubated P1 to recovery VSS Report given.
 HR-106 7-975 BP-105
 SAT-957 RR-16 71

Final Totals UO 10 EBL 1100 IV 1800 PROTECTION Eyes <input checked="" type="checkbox"/> Nose <input type="checkbox"/> Oral <input type="checkbox"/> Upper Teeth <input checked="" type="checkbox"/> Lower Teeth <input checked="" type="checkbox"/> Airway Pad <input type="checkbox"/> Jaw <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> POSITION Supine <input checked="" type="checkbox"/> Prone <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Jaws <input type="checkbox"/> Jaws <input type="checkbox"/> Jaws <input type="checkbox"/>	SEE EMR FOR VITAL SIGNS Patient participated in post-anesthesia evaluation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain (e.g., sedation / unconscious) <input checked="" type="checkbox"/> No adverse reactions Pain score _____ <input checked="" type="checkbox"/> No nausea/vomiting <input checked="" type="checkbox"/> Adequate hydration <input checked="" type="checkbox"/> No critical follow-up needed Physician Signature: <u>[Signature]</u> Procedure: Lap Chole Surgeon: Gomez MD Anesthesiologist: FINE MD Date: 8-5-12	PACU/ICU ARRIVAL / TRANSFER STATUS <input type="checkbox"/> Not <input checked="" type="checkbox"/> Arrived <input type="checkbox"/> Sedated <input checked="" type="checkbox"/> Airway good SEE EMR FOR VITAL SIGNS Admission time 1714 Discharge time 1347 PREOP MEDS Benz Blocker <input checked="" type="checkbox"/> Check <input type="checkbox"/> Not indicated <input type="checkbox"/> Anesthetics not indicated <input type="checkbox"/> Already on cocktail Vecuronium 2 @ MYPS @ 1342 (Time) Colace 1 @ MYPS @ (Time) Midazolam 5mg @ MYPS @ (Time)
---	--	--



ANESTHESIA RECORD

M-DEMARVILLE, DANIEL EUGEN
 HAR: 2448917 MR: 3305354
 DOB: 10/4/1934 ADM: 8/5/2012
 PHONE: (800) 111-1111
 850-392300

ANESTHESIA POST-OP ORDERS

*IV LR ☒ D₂LR ☐ NS ☐ D₂/0.45NS ☐ 50ml/hr ☐ 100 ml/hr ☐

*Routine monitoring per PACU protocol. Additional to include:

*O₂ via nasal cannula at 2-5 liters per minute or O₂ via face mask at 8-10 liters per minute until awake to maintain SA O₂ >90%

*Warming therapy if temperature <96.8°F (36°C)

*Titrate narcotics to level of pain relief and vital signs.

ADULT MEDICATIONS

*Fentanyl 12.5 mcg ☐ 25 mcg ☒ 50 mcg ☐ for immediate analgesia as needed for mild to moderate pain IV q 5 min PRN up to 250 mcg or _____ mcg and hold if respiratory rate < 8 breaths per min.

MAY SELECT ONLY ONE IV PAIN RELIEF:

Meperidine 12.5 mg ☐ 25 mg ☒ for severe pain IV q 5 minutes PRN pain up to 200 mg or _____ mg and hold if respiratory rate < 8 breaths per min.

OR

Morphine 1 mg ☐ 2 mg ☐ for severe pain IV q 5 min PRN pain up to 20 mg or _____ mg and hold for respiratory rate < _____ breaths per min.

OR

Hydromorphone 0.25 mg ☐ 0.5 mg ☐ for severe pain IV q 5 min. PRN pain up to 4 mg or _____ mg and hold for respiratory rate < _____ breaths per min.

Ketorolac 15 mg ☐ 30 mg ☐ 60 mg ☐ IM ☐ IV ☐ PRN mild to moderate pain x1

Hydrocodone w/APAP 7.5/500, 15ml po q 4 hr PRN mild pain, or 30ml po q 4 hr PRN moderate pain ☐
Oxycodone w/APAP 5/325, 5ml po q 4 hr PRN moderate pain, or 10ml po q 4 hr PRN severe pain ☐

Meperidine 12.5 mg ☐ 25 mg ☐ IV PRN SHIVERING. Hold if respiratory rate < _____ breaths per min. (Max 50mg)

Metoclopramide 10 mg IV x1 PRN nausea ☒

OR

Ondansetron 4 mg IV PRN nausea x1 ☒

Ondansetron 2 mg IV PRN vomiting rescue x1 ☐

Promethazine 6.25mg IV q 10min x 4 PRN nausea ☐

Ephedrine 25 mg ☐ Vistaril 25 mg ☐ IM PRN x1 prior to discharge for persistent lightheadedness and/or nausea ☐

*vs ph.D. Ellis (Rochester) - see
New City to New York 100
- Foley cath. New
- all B. Neb. PRN.*

Metoprolol 1mg IV prn Heart Rate > 90 Q 5min Max 5mg ☐ (hold if SBP < 100)

PEDIATRIC MEDICATIONS

Acetaminophen per age or weight protocol ☐

Fentanyl 0.5 mcg/kg IV q 5 min PRN for immediate analgesia as needed for moderate pain. ☐

MAY CHOOSE ONLY ONE FOR IV PAIN RELIEF:

Demerol 0.2 mg/kg IV q 5 min PRN moderate pain, or 0.4 mg/kg IV q 5 min PRN severe pain. ☐

OR

Morphine 0.02 mg/kg IV q 5 min PRN moderate pain or 0.04 mg/kg IV q 5 min PRN severe pain. ☐

Hydrocodone w/ APAP 7.5/500 0.2 mg/kg po q 4 hours PRN pain. ☐

Ondansetron 0.15 mg/kg IV PRN nausea x1 ☐

EMERGENCY ORDERS

Follow ACLS protocol for respiratory and/or cardiac emergencies.

Give Naloxone 0.1 mg IV for respiratory rate <6/minute. May repeat q 3 min up to 0.4 mg. Notify Anesthesiologist.

Glycopyrrolate 0.2 mg IV PRN for heart rate < 40 bpm. May repeat q 5 min up to 0.6 mg. Notify Anesthesiologist.

Notify Anesthesiologist at 733-2080 for any questions or problems with patient care.

Back up call 348-1900

5 of 20 Physician Signature: [Signature] MD Date: 8-5-12 Time: 12:14 PM



201308021515442306067700179

3205354 DEKORANVILLE, DANIEL EUGENE
DOB: 08-Oct-1934 77 Years Male Race: 9999

02-Aug-2013 15:28:31

Regis: DAN Services
Regen: FAS
Opac: DG

De: FTE OP

NR 53 . 8206 BANYONIA
RIGHT BUNDLE BRANCH BLOCK

PM 192
QWED 160
QZ 476
QZC 447

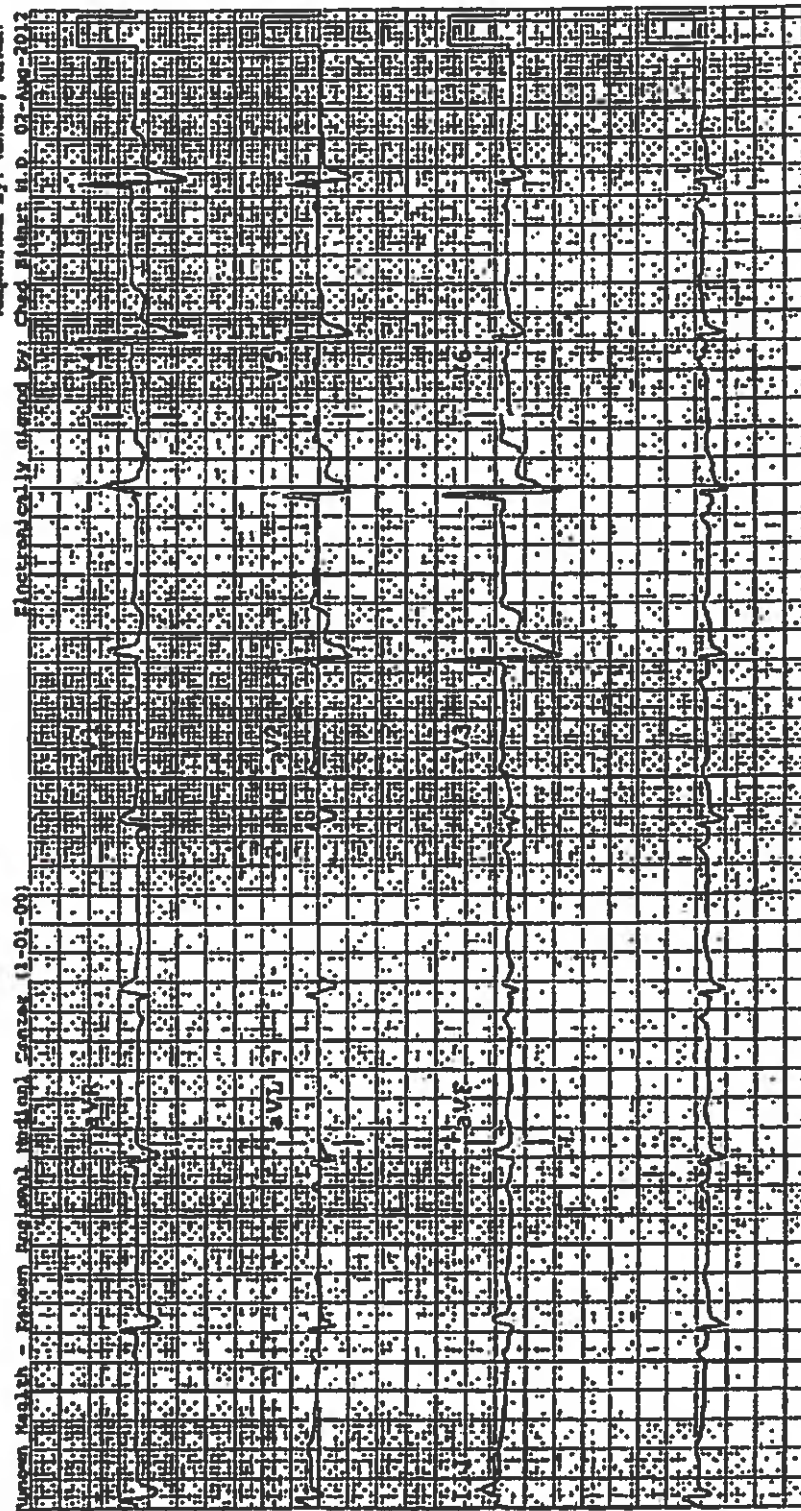
-- AXIN --
P 06
QW -155
Z 01

ORDIN: HANCOCK

Order #: 56337062
Doc ID: 850192300
Location: precep
Standard 12

Requested By: HANCOCK, HANCOCK
Order Entered: 02-Aug-2013 17:32:27

Unknown Length - Precep Reg (and) National Center (1-01-00)



Dev/len: 4043

Speed: 25 mm/sec

Lab: 10 mm/sec

Chart: 10 mm/sec

7 00- 0.3-10 mm/sec

PRODA CL 27

IMMEDIATE POST-OPERATIVE NOTE

PLEASE COMPLETE ALL ELEMENTS OF THIS **REQUIRED** FORM IMMEDIATELY FOLLOWING THE COMPLETION OF ANY INVASIVE PROCEDURE.

Postop Diagnosis: Biliary D -

Procedure: Lap O Ancho

Surgeon: Gomez Assistant(s): _____

Anesthesiologist: Ellis Type of Anesthesia: Gen

Specimen: GB

Estimated Blood Loss: min

Findings: GB Scurry @ duct

TIME: 9/5 DATE: 1/2 SIGNATURE: [Signature]



Regional Medical Center
775-982-4100

South Meadows Medical Center
775-982-7000

IMMEDIATE POST PROCEDURE NOTE

PATIENT IDENTIFICATION

M- DEMARANVILLE, DANIEL EUGE*
HAR: 2446917 MR: 3305354
DOB: 10/4/1934 ADM: 8/3/2012
GOMEZ, MYRON J
LICENSURE: 1111
850:352330

DATE	TIME	ANESTHESIA NOTE
8/5/12	1830	<p>Shortly after arriving in the PACU, the recovery room nurse reported that the pt became hypotensive and tachycardic with SBES in the 80's and a pulse @ 115. Initially the pt was treated w/ fluid bolus and supportive care. His response to fluid bolus was unsatisfactory. At that point, laboratory work was sent. Fluid bolus was continued, and a vasopressor was started to support his decreased blood pressure. I called Dr. Gomez and after discussing the situation with him, we elected to obtain a cardiology consult and admit the pt to ICU for continued work up. The pt remained tachycardic, but responded to vasopressor. I was called to the pt's bedside @ 1910 for marked hypotension and bradycardia. When I arrived at bedside, the pt was in full arrest with no detectable pulse and a heart rate on the monitors of @ 30. I immediately started CPR and called a "code". I intubated the pt after passing off the compressions to nursing staff. Adequacy of compressions was verified by feeling a femoral pulse. The pt was treated with epinephrine and atropine without restoration of rhythm or pulse. Cardiology arrived at bedside with trans-thoracic echocardiogram which demonstrated asystole. The code was called and the pt declared dead.</p>
		<p><i>Justin A. Fogarty</i></p>



Regional Medical Center
775-982-4100

South Meadows Medical Center
775-982-7000

Rehabilitation Hospital
775-982-3900

Patient Information

M. DEMARVILLE, DANIEL EUGENE
MAR: 2446817 MR: 3305354
DOB: 10/4/1934 ADM: 8/5/2012
GOMEZ, MYRON J
081001020117
8501392300

RE: DEMARANVILLE, DANIEL
Page 1

PRIUM 



PO Box 190 Duluth, GA 30096

Phone: (888) 588-4964 Fax: (770) 932-5696

09/03/2013

Informal Review

Debbie Benter
Employers

Patient Name:	DEMARANVILLE, DANIEL
Jurisdiction:	NV
Date of Injury:	01/31/1990
Claim/Policy #:	1990204572
Treating Provider:	NO PROVIDER CONTACT - INFORMAL REVIEW, -
PRIUM File #:	EMPLOYERS-292454
PreAuth #:	307427
PC Number:	29130828182470

File Contents:

1. Referral Form.
2. Certificate of Death dated 08/05/12.
3. Employee's Claim for Compensation/Report of Initial Treatment form dated 08/20/13.
4. Anesthesia Note dated 08/05/12.
5. Visit Notes and History and Physical Examinations dated 09/08/06, 01/25/07, 08/14/07, 01/09/08, 04/15/08, 07/16/08, 08/07/08, 11/20/08, 01/27/09, 02/20/09, 05/13/09, 06/10/09, 10/13/09, 01/26/10, 05/26/10, 08/30/10, 01/31/11, 04/25/11, 06/15/11, 06/21/11, 08/02/11, 10/26/11, 11/23/11, 12/20/11, 02/14/12, and 04/19/12 and 05/29/12 by providers at Acadia Medical Group.
6. Letter with Progress Note dated 03/30/11 by Richard Ganchan, MD of Reno Heart Physicians.
7. Stress Echocardiogram dated 03/26/11.
8. Consult dated 01/14/11 by Karen Clark, MD of Reno Heart Physicians.
9. Consultation dated 11/12/08 by David Hald, MD, Neurologist.
10. Consultation by David Mathis, MD of Nevada ENT & Hearing Associates, date unclear.
11. Flexible Cystoscopy Report dated 11/19/06 by David Hald, MD.

RE: DEMARANVILLE, DANIEL

Page 2

12. Progress Note dated 01/31/08 by Fred Fricke, MD of Nevada Gastroenterology.
13. Laboratory reports dated 10/09/09, 10/21/09, 09/30/10, 05/11/12, and 06/06/12.
14. EKG print outs.
15. Upper GI series dated 06/01/12.
16. Renal Ultrasound dated 11/11/08.
17. Ultrasound dated 08/14/07.
18. Right hand x-ray dated 01/15/07.

Discussion:

No provider contact was requested for this informal review.

The patient is a 78-year-old male with a date of industrial injury 01/31/90. Case management indicates the patient underwent gallbladder surgery and suffered cardiac arrest in the recovery room and expired on 08/05/12.

According to a urological consultation note on 11/12/08, there was mention of the patient being a retired police officer at that point and was being referred for microscopic hematuria and that he had been evaluated with a cystoscopy many years ago and that he has had microscopic blood in his urine but denied any pain, dysuria, or incontinence and that he had noted over the years some decreased force of the stream with urgency and frequency, which had responded nicely to Flomax and that there was mild erectile dysfunction and Viagra that was prescribed had worked very well. Also per 11/12/08 note, there was mention of the patient's past medical history that was noteworthy for an irregular EKG, prior appendectomy, herniorrhaphy with loss of the left testicle, and back surgery, as well as cataract surgery and on medications that included Zantac, Lexapro, and Flomax and that he had been a one-pack-a-day smoker and had been for many years. Also per 11/12/08 note, there was mention of a urinalysis that was positive for blood with 5 to 7 red blood cells per per high-power field. A nuclear matrix protein-22 test looking for abnormal cells was also positive, and this suggested a potential risk for transitional cell carcinoma of the bladder and that he had undergone an ultrasound, which was essentially normal with the exception of some simple renal cysts, and it was recommended at that point that given the presence of hematuria and his smoking that a complete work-up including urine cytology was to be submitted, along with doing a cystourethroscopy to be scheduled next week and potentially a CT scan based on the findings.

According to a flexible cystoscopy report on 11/19/08, there was mention that after completing this evaluation the provider was pleased with the cystoscopy and a CT scan was not going to be obtained at that point but that his cytology was atypical or positive by FISH analysis then he would need a CT scan and consideration for retrograde pyelography and he would be contacted with the results once available and for follow-up he was to be seen in 6 months for a repeat urinalysis and in the interim if he should develop gross hematuria he would need to be seen sooner due to the importance of a work-up.

RE: DEMARANVILLE, DANIEL

Page 3

According to a colonoscopy report on 01/31/08, there was mention of excellent quality screening examination for colon cancer and no neoplastic tissue was identified and a repeat screening examination should be considered in 10 years per report.

The consult dated 01/14/11 by Dr. Karen Clark of Reno Heart Physicians indicates the patient was seen at the request of Concentra in consultation for abnormal EKG. The 01/14/11 note indicates on the patient's routine physical he had an ECG that showed a RBBB and RAD. It was noted the patient was told he had this previously in 2004 and he had a stress test and echocardiogram at that time and was told it was all normal except for mild LVH on the echocardiogram. The patient denied any symptoms or limitations. It was noted the patient quit smoking a few years ago. There was mention of cardiac risk factors: no diabetes mellitus, no peripheral vascular disease, no family history of coronary artery disease, no hypertension, no sedentary lifestyle and no sleep apnea. There was also mention the patient presented with complaints of abnormal cardiovascular test, starting 6 years ago. The assessment per the 01/14/11 note was abnormal electrocardiogram. The Letter with Progress Note dated 03/30/11 indicates the patient was cleared for security work without restriction with impression of right bundle branch block, no evidence of organic heart disease.

According to a clinic note on 12/20/11, there was mention of the patient having hip pain and needed a shot and no clearly detailed objective physical examination findings were listed. According to a clinic note on 02/14/12, there was mention of the patient being seen for a physical, but again no detailed objective physical examination findings were listed with mention that the patient did quit tobacco use in 2009. According to a clinic note on 04/19/12, there was mention of the patient being seen for a Kenalog injection for diffuse body aches from his polymyalgia rheumatica and physical examination included a heart that had a regular rate and rhythm without murmurs, gallops, or rubs. Lungs were clear to auscultation bilaterally. No rhonchi, wheezing, or crackles. Abdomen was soft, nontender, and nondistended and positive bowel sounds. No hepatosplenomegaly. No rebound or guarding. No tenderness. No costovertebral angle tenderness. There was diffuse swollen mildly tender joints of the shoulders bilaterally, elbows bilaterally, hands bilaterally, low back, hips, and knees, along with good range of motion of all of his extremities but that there was significant tremor and no skin rashes or lesions were noted. His diagnoses were listed as essentially and other specified forms of tremors polymyalgia rheumatica, osteoarthritis unspecified, whether generalized or localized, and benign essential hypertension. According to a clinic note on 05/29/12, there was mention of the patient having abdominal pain, mid and epigastric that radiated around the back and up in between the shoulder blades and that this had occurred over the past 4 to 5 weeks and years ago he had peptic ulcer, along with mention that the patient had been drinking one martini per day and up to 4 to 5 martinis on the weekends and that he did acknowledge that he had an alcohol problem in the past and that he no longer smoked and quit 3 years ago. On physical examination, there was mention of the patient having cardiovascular disease, no fraction rub. No gallop. No murmur. Normal heart sounds. Pulses normal. Regular rate and rhythm. Respiratory rate, breath sounds were normal. No respiratory distress. Abdomen was obese, soft, with mild epigastric tenderness to palpation. There was no positive Murphy sign. There were no masses, and the listed diagnosis included alcohol abuse unspecified, vomiting alone, abdominal tenderness, epigastric, osteoarthritis, unspecified whether

RE: DEMARANVILLE, DANIEL

Page 4

generalized or localized, and essential hypertension benign. The treatment plan included referring the patient to gastroenterology, along with obtaining some radiologic films.

Recommendations:

1. I have been asked to determine whether there was any evidence of heart disease prior to 08/05/12 and if so, when.

There was no indication from the available documentation/information of any specific heart disease problem occurring prior to 08/05/12 based on the available documentation/information. There was mention that as far back as 11/12/08 that the patient had a reported irregular EKG but no mention as to how this would have equated into a specific heart problem or cardiac disease issue that was occurring.

2. Was there any basis for the diagnosis of atherosclerotic heart disease as noted on the death certificate?

It appears that the patient had some risk factors prior to the 08/05/12 surgery that could have led to the atherosclerotic heart disease as he had a long history of smoking as well as a history of alcohol abuse. While there was no mention of any specific heart problems that occurred prior to 08/05/12, these risk factors could have predisposed the patient to an atherosclerotic condition and put him at higher risk for any particular type of surgical intervention.

3. Was the myocardial infarction due to atherosclerotic heart disease or was this most likely a post-op complication?

As mentioned in question #2, it appears that the patient had some risk factors that would have led to the atherosclerotic heart disease and would most likely not have been due to a postoperative complication of a gallbladder surgery resulting in the cardiac arrest.

This evaluation has been conducted on the basis of the medical documentation, as provided, and information provided by the treating provider(s) or authorized representative(s) with the assumption that that information is true and correct. PRIUM believes that it has made a reasonable attempt to obtain all medical records pertinent to this review and has afforded the treating provider(s) an opportunity to provide additional information in a timely manner. The opinions and conclusions are those of the reviewing physician and are derived from a synthesis and analysis of the available information and based on reasonable medical probability and generally accepted references.

If we can assist further, please let us know.

Sincerely,

RE: DEMARANVILLE, DANIEL
Page 5



Sankar Pemmaraju, D.O.
American Board of Physical Medicine and Rehabilitation
TX-K8811
CA-20A11667
SP/mm

RE: DEMARANVILLE, DANIEL
Page 1

PRIUM 



PO Box 150 Duluth, GA 30096

Phone: (528) 588-4264 Fax: (770) 912-5696

09/16/2013

Informal Review

Debbie Benter
Employers

Patient Name:	DEMARANVILLE, DANIEL
Jurisdiction:	NV
Date of Injury:	01/31/1990
Claim/Policy #:	1990204572
Treating Provider:	NO PROVIDER CONTACT - INFORMAL REVIEW, -
PRIUM File #:	EMPLOYERS-294476
PreAuth #:	307427
PC Number:	20130828182470

File Contents:

1. Referral Form.
2. Certificate of Death dated 08/05/12.
3. Employee's Claim for Compensation/Report of Initial Treatment form dated 08/20/13.
4. Anesthesia Note dated 08/05/12.
5. Visit Notes and History and Physical Examinations dated 09/08/06, 01/25/07, 08/14/07, 01/09/08, 04/15/08, 07/16/08, 08/07/08, 11/20/08, 01/27/09, 02/20/09, 05/13/09, 06/10/09, 10/13/09, 01/26/10, 05/26/10, 08/30/10, 01/31/11, 04/25/11, 06/15/11, 06/21/11, 08/02/11, 10/26/11, 11/23/11, 12/20/11, 02/14/12, and 04/19/12 and 05/29/12 by providers at Acadia Medical Group.
6. Letter with Progress Note dated 03/30/11 by Richard Ganchan, MD of Reno Heart Physicians.
7. Stress Echocardiogram dated 03/26/11.
8. Consult dated 01/14/11 by Karen Clark, MD of Reno Heart Physicians.
9. Consultation dated 11/12/08 by David Hald, MD, Neurologist.
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RE: DEMARANVILLE, DANIEL

Page 2

12. Progress Note dated 01/31/08 by Fred Fricke, MD of Nevada Gastroenterology.
13. Laboratory reports dated 10/09/09, 10/21/09, 09/30/10, 05/11/12, and 06/06/12.
14. EKG reports.
15. Upper GI series dated 06/01/12.
16. Renal Ultrasound dated 11/11/08.
17. Ultrasound dated 08/14/07.
18. Right hand x-ray dated 01/15/07.

Discussion:

No contact was requested for this review.

The patient was involved in an industrial-related injury on 01/31/90. Case management indicates the patient underwent gallbladder surgery and suffered cardiac arrest in the recovery room and expired on 08/05/12. The documentation indicates that the patient was seen for urological consultation on 11/12/08, at which time it was noted the patient was a retired police officer. He was referred for microscopic hematuria with mention he had been evaluated with a cystoscopy in the past and that he had microscopic blood in his urine. The patient denied pain, dysuria, or incontinence. There was mention that over the years there had reportedly been some decreased force of the stream with urgency and frequency, which had responded to Flomax. There was mention of mild erectile dysfunction with indication that Viagra had been prescribed and had worked very well. Also per the 11/12/08 urological consultation, past medical history was noted for an ECG showing right bundle branch block., prior appendectomy, herniorrhaphy with loss of the left testicle, back surgery, and cataract surgery. Medications had included Zantac, Lexapro, and Flomax. It was noted the patient had been a smoker for many years of one pack per day. There was also mention of a urinalysis which was positive for blood with 5 to 7 red blood cells per high-power field. A nuclear matrix protein-22 test for abnormal cells was also positive, which was noted to suggest potential risk for transitional cell carcinoma of the bladder, with mention an ultrasound had been performed which was essentially normal with the exception of some simple renal cysts. It was recommended that given the presence of hematuria and his smoking a complete work-up including urine cytology was to be completed along with a cystourethroscopy to be scheduled the following week, with potential CT scan based on the findings. According to a flexible cystoscopy report dated 11/19/08, it was noted that after this evaluation, the provider was pleased with the cystoscopy and a CT scan was not going to be obtained. It was mentioned that if his cytology was atypical, or positive by FISH analysis, then he would need a CT scan. It was noted that he was to be seen in six months for repeat urinalysis and in the interim, if he should develop gross hematuria, he would need to be seen sooner. Also according to the documentation, in a colonoscopy report dated 01/31/08, there was mention of excellent quality screening examination for colon cancer, and no neoplastic tissue was identified.

The consultation by Dr. Karen Clark of Reno Heart Physicians dated 01/14/11 indicated the patient was seen at the request of Concentra in consultation for an abnormal EKG. The 01/14/11 note indicated that upon routine physical, the patient

RE: DEMARANVILLE, DANIEL

Page 3

had an ECG that showed a RBBB and RAD. It was noted the patient was told he had this previously in 2004, with mention that he had a stress test and echocardiogram at that time and was told it was all normal except for mild LVH on the echocardiogram. The patient denied any symptoms or limitations. There was mention the patient reportedly quit smoking a few years prior. Also per the 01/14/11 report, there was mention of an absence of the following cardiac risk factors: no diabetes mellitus; no peripheral vascular disease; no family history of coronary artery disease; no hypertension; no sedentary lifestyle; and no sleep apnea. The assessment per the 01/14/11 note was abnormal electrocardiogram. The Letter with Progress Note dated 03/30/11 indicates the patient was cleared for security work without restriction, with impression of right bundle branch block, no evidence of organic heart disease. Also according to the documentation, in a note dated 12/20/11, the patient had hip pain and needed a shot. However, there were no objective physical examination findings. A note dated 02/14/12 indicated the patient was seen for a physical. There were no objective physical examination findings. There was mention the patient had ceased tobacco use in 2009. A note dated 04/19/12 indicated the patient was seen for Kenalog injection for diffuse body aches from his polymyalgia rheumatica. There was mention of physical examination noting the heart had a regular rate and rhythm without murmurs or gallops; lungs were clear to auscultation bilaterally; no rhonchi, wheezing, or crackles; abdomen soft, nontender, and non-distended; positive bowel sounds; no hepatosplenomegaly; no rebound or guarding; no tenderness; no costovertebral angle tenderness; diffuse swollen, mildly tender joints of the shoulders bilaterally, elbows bilaterally, hands bilaterally, low back, hips, and knees; good range of motion of all of his extremities; significant tremor; no skin rashes or lesions. Also per the 04/19/12 note, the diagnoses were: essentially and other specified forms of tremors polymyalgia rheumatica, osteoarthritis unspecified whether generalized or localized, and benign essential hypertension. A note dated 05/29/12 indicated the patient reported abdominal pain, mid and epigastric, that radiated around the back and up in between the shoulder blades, and that this had occurred over the past 4 to 5 weeks. There was mention of a previous peptic ulcer; that the patient reportedly drank one martini per day and up to 4 to 5 martinis on the weekends; with mention he acknowledged an alcohol problem in the past. On physical examination per the 05/29/12 report, there was mention was mention of a normal cardiac exam: no gallop; no murmur; normal heart sounds; normal pulses; regular rate and rhythm; respiratory rate and breath sounds normal; no respiratory distress; abdomen obese, soft, with mild epigastric tenderness to palpation; no positive Murphy sign; and no masses. Also per the 05/29/12 report, the diagnoses included alcohol abuse unspecified, vomiting alone, abdominal tenderness, epigastric, osteoarthritis unspecified whether generalized or localized, and essential hypertension benign. The treatment plan included referral to gastroenterology.

SUMMARY OF TREATMENT PLAN:

1. Was there any evidence of heart disease prior to 08/05/12? Is so, when?

There was evidence of cardiovascular disease in the following forms prior to 08/05/12: Hypertension (noted on document of 05/29/12), right bundle branch block on EC (noted in 2004), and mild left ventricular hypertrophy on echocardiogram (noted in the 01/14/11 report). However, there is no evidence in the records provided of coronary artery disease, coronary heart disease, or

RE: DEMARANVILLE, DANIEL

Page 4

ischemic heart disease. There is documentation of atherosclerotic heart disease prior to 08/05/12.

2. Was there any basis for the diagnosis of atherosclerotic heart disease as noted on the death certificate?

This reviewer was unable to find any documentation in the records provided that would support a diagnosis of atherosclerotic heart disease as noted on the death certificate.

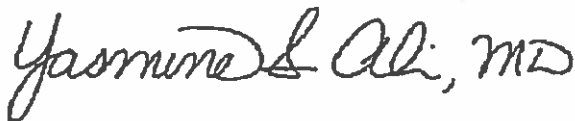
3. Was the myocardial infarction due to atherosclerotic heart disease or was this most likely a post-op complication?

From the records provided, there is no evidence of a myocardial infarction, particularly since cardiac enzymes were not drawn, a 12-lead ECG showing evidence of myocardial infarction is absent, and an autopsy was not performed. Thus, it appears most likely that the cardiac arrest was a post-operative complication.

This evaluation has been conducted on the basis of the medical documentation, as provided, and information provided by the treating provider(s) or authorized representative(s) with the assumption that that information is true and correct. PRIUM believes that it has made a reasonable attempt to obtain all medical records pertinent to this review and has afforded the treating provider(s) an opportunity to provide additional information in a timely manner. The opinions and conclusions are those of the reviewing physician and are derived from a synthesis and analysis of the available information and based on reasonable medical probability and generally accepted references.

If we can assist further, please let us know.

Sincerely,



Yasmine S. Ali, M.D., M.S.C.I., F.A.C.C., F.A.C.P.
Board Certified in Internal Medicine and Cardiovascular Disease
Diplomate, American Board of Clinical Lipidology
Board Certified in Nuclear Cardiology
TN 37911
YSI/cn

MC
MCDONALD-CARANO-WILSON:
100 WEST LIBERTY STREET, 10TH FLOOR - RENO, NEVADA 89501
P.O. BOX 3670 - RENO, NEVADA 89505-2670
PHONE 775-786-2000 - FAX 775-786-2010

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding INSURER'S FIRST SUPPLEMENTAL DOCUMENTARY EVIDENCE, filed in Nevada Department of Administration Appeal No's. 46812-LLW; 46479-LLW and 44957-LLW does not contain the social security number of any person.

T.E. Rowe
TIMOTHY E. ROWE, ESQ.
Attorneys for
CITY OF RENO

1-31-14
Date


CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO WILSON LLP, and that on the 3rd day of February, 2014, I served the within INSURER'S FIRST SUPPLEMENTAL DOCUMENTARY EVIDENCE via Reno Carson Messenger Service in sealed envelopes addressed to the following:

Nevada Department of Administration
Appeals Office
1050 E. William St., Suite 450
Carson City, NV 89701

Evan Beavers, Esq. Deputy
Nevada Attorney for Injured Workers
1000 E. William St., #208
Carson City, NV 89701

Mark Sertic, Esq.
Sertic Law Ltd.
5975 Home Gardens Dr.
Reno, NV 89502


Sandra Pelham

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ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

2014 FEB -5 PM 2: 12

RECEIVED
AND
FILED

In the matter of the Industrial
Insurance Claim

Claim No.: 1990204572
12853C301824

of

Hearing No.: 45822-KD
45538-SA
44686-SA

Daniel Demaranville, Deceased,

Claimant.

Appeal No.: 44957-LLW
46479-LLW
46812-LLW

MOTION FOR CONTINUANCE AND NOTICE OF RESETTING

The Insurer, Employers Insurance Company of Nevada, hereby moves for an order continuing the hearing before the Appeals Officer currently set for February 11, 2014. The continuance is necessary because counsel for the Insurer has a calendar conflict. This motion is made and based on the pleadings and papers on file herein and the Affidavit of Mark S. Sertic.

The parties have reset the hearing for April 28, 2014 from 10:00 a.m. to 12:00 p.m.

DATED this 4/7 day of February, 2014.

SERTIC LAW LTD.

By: Mark S. Sertic

MARK S. SERTIC, ESQ.
5975 Home Gardens Drive
Reno, Nevada 89501
(775) 327-6300
Attorneys for
Employers Insurance Company
of Nevada

AFFIDAVIT OF MARK S. SERTIC

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, Mark S. Sertic, being first duly sworn, depose and say under penalty of perjury that the following is true of my own personal knowledge:

1. I am the attorney for Employers Insurance Company of Nevada with regard to this matter.

2. The continuance is necessary because I have a calendar conflict.

3. The parties have reset the hearing for April 28, 2014 from 10:00 a.m. to 12:00 p.m.

4. If called upon to testify to the foregoing, I could competently do so of my own personal knowledge.

DATED this 4th day of February, 2014.

Mark S. Sertic
MARK S. SERTIC

SUBSCRIBED and SWORN to before me this 4th day of February, 2014.




1 CERTIFICATE OF SERVICE

2 Pursuant to NRCF 5(b), I certify that I am an employee of the
3 law firm of Sertic Law Ltd., Attorneys at Law, over the age of
4 eighteen years, not a party to the within matter, and that on the
5 4th day of February, 2014, I deposited for mailing at Reno,
6 Nevada, with postage fully prepaid, a true copy of the foregoing or
7 attached document, addressed to:

8 NAIW
9 1000 E William Street #208
10 Carson City, Nevada 89701

11 Timothy Rowe, Esq.
12 P.O. Box 2670
13 Reno, NV 89505

14 
15 Gina L. Walsh

16 AFFIRMATION (Pursuant to NRS 239B.030)

17 The undersigned does hereby affirm to the best of his
18 knowledge that the attached document does not contain the social
19 security number of any person.

20 Dated on this 4th day of February, 2014.

21
22 
23 Mark S. Sertic

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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

FEB 07 2014

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Industrial Insurance Claim of:

Claim No: 12853C301824
1990204572

8 Hearing No: 46538-SA
9 45822-KD
44686-SA

10 Appeal No: 46812-LLW
11 46479-LLW
12 44957-LLW

11 DANIEL DEMARANVILLE,
12 DECEASED,

13 Claimant.


14 **ORDER**

15 For good cause, the Insurer's Motion for Continuance is granted. This
16 matter is reset for hearing on:

17 DATE: Monday, April 28, 2014

18 TIME: 10:00 a.m. – 12:00 p.m. (2 hours)

19 **IT IS SO ORDERED.**
20

21 
22 LORNA L WARD
23 APPEALS OFFICER
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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

DANIEL DEMARANVILLE, DECEASED
C/O LAURA DEMARANVILLE
PO BOX 261
VERDI, NV 89439

EVAN BEAVERS, ESQ
1000 E WILLIAM #208
CARSON CITY NV 89701

CITY OF RENO
ATTN CARA BOWLING
PO BOX 1900
RENO, NV 89505

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

EMPLOYERS INSURANCE COMP OF NV
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 7th day of February, 2014.



Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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