

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

**Case No.: 72737**

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LAURA DEMARANVILLE, surviving spouse of  
DANIEL DEMARANVILLE (DECEASED)

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Jul 25 2018 12:00 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Appellant/Cross-Respondent,

v.

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

Respondents,

and

CITY OF RENO,

Respondent/Cross-Appellant.

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Appeal and Cross-Appeal From Order Granting In Part and Denying In Part  
Consolidated Petitions For Judicial Review

First Judicial District Court, Case No.: 15 0C 00092 1B

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**RESPONDENT/CROSS-APPELLANT CITY OF RENO'S  
SUPPLEMENTAL APPENDIX – VOLUME II**

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## **CERTIFICATE OF SERVICE**

I hereby certify that I am an employee of McDonald Carano LLP, and on the 25th day of July, 2018, a true and correct copy of the foregoing document was e-filed and e-served on all registered parties to the Supreme Court's electronic filing system as listed below:

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/s/ Carole Davis

1 Q. And did you have an observation about Dan,  
2 his health, his condition, before the surgery?  
3 A. He was still experiencing the stomach pain  
4 and back pain, vomiting, and he went in for this  
5 surgery.  
6 Q. And were you in the waiting room?  
7 A. Yes.  
8 Q. How long did the surgery take?  
9 A. A little over an hour.  
10 Q. And how did you know when it was done?  
11 A. Dr. Gomez came out and told me that the  
12 surgery had been completed, and everything was fine.  
13 Q. Dr. Gomez told you at that point everything  
14 was fine?  
15 A. Yes.  
16 Q. Did he say where the patient was going next?  
17 A. That he was going into recovery and that I'd  
18 be able to see him shortly.  
19 Q. All right. From the time that Dr. Gomez told  
20 you everything went fine and Dan was going in to  
21 recovery until the time that you went to see Dan in  
22 recovery, how long of a period of time was that?  
23 A. About five hours, six hours. About six  
24 hours.

1 Q. You sat in the waiting room for six hours  
2 waiting to see your husband?

3 A. Yes.

4 Q. And when you -- did you finally get in to the  
5 recovery room to see Dan?

6 A. Yes.

7 Q. Would you give the appeals officer the  
8 benefit of your observations about him?

9 A. When I got in to the recovery room, Dan was  
10 on oxygen. He asked me if I had talked to Dr. Gomez,  
11 and I said yes, the surgery went fine. There were no  
12 surprises. And then Dan threw up, and they took me  
13 away while they cleaned him up and put on a clean gown  
14 and everything. And the anesthesiologist came over and  
15 told me that they wanted to take him to -- they were  
16 trying to get him into a room in cardiac intensive care  
17 because of his issues with the vomiting and a right  
18 bundled branch block.

19 They then told me I could see him -- go back  
20 and see him. I was standing there talking to him,  
21 holding his hand, and he was trying to sit up, and the  
22 nurse said, "What are you doing?" And I said, "Dan,  
23 what's wrong?" And he said, "I think I have to vomit  
24 again."

1           She told him no, he couldn't sit up. Turned  
2 to another nurse. The other nurse says, "Yes, that's  
3 what I would do." I don't know what they -- and she  
4 says, "He's having a massive myocardial infarction.  
5 Get her out of here."

6           At that point, the nurse took me, tried to  
7 find a place for me in the recovery room. All the  
8 doors were locked on all the rooms, so they put me out  
9 in the hallway and said someone would be coming out and  
10 all I could hear was them yelling for the crash cart  
11 and I was -- they pushed me out in the hallway.

12          Q.    So from the time you left the recovery room  
13 to the time you went back out in the hallway, how long  
14 did you stay before anyone came and told you anything?

15          A.    About a half hour.

16          Q.    And who was it that came to you next?

17          A.    Dr. Gomez and the anesthesiologist. I don't  
18 recall his name.

19          Q.    Did either one of them speak to you and tell  
20 you what the status was?

21          A.    Yes.

22          Q.    Who spoke?

23          A.    Dr. Gomez.

24          Q.    And what did he say?

1           A.    He said Dan had a massive myocardial  
2 infarction. And I said, "Is he going to be okay?" And  
3 he said, "No. We lost him." And he said, "Do you want  
4 an autopsy?" And at that point I said no, don't. I  
5 was in shock and didn't have time to think about it.

6           Q.    Were you by yourself?

7           A.    There was a nurse that saw me crying and  
8 trembling in the hallway. She was from pediatrics.  
9 And she insisted on waiting with me until my sisters  
10 came. I made a phone call to my sister, and she said  
11 they were on their way. And she sat with me until my  
12 sisters came. And then the social worker finally came  
13 out and asked me what we wanted to do with the body, or  
14 where the body should be transported.

15          Q.    Were you asked if you wanted to see your  
16 husband first?

17          A.    Yes. I was asked if I wanted to go in and  
18 see him. At that point his best friend had also  
19 arrived. Sorry. And I said, "Do you want to go in and  
20 see him?" And Don said, "No, I can't."

21                I said -- the nurse told me, or the social  
22 worker said, "Remember, he's still all hooked up. Do  
23 you want to go in?" And I said no.

24          Q.    What arrangements were made for Dan's funeral  
25 services?

1       A.    Dan always said he wanted to be cremated, so  
2   the body was transported to Welton's Funeral Home, and  
3   he was cremated. I did have a service. I did have a  
4   funeral. And then the following summer my sister and  
5   brother-in-law and I rented a -- an SUV and took our  
6   three dogs and we drove to South Dakota to spread his  
7   ashes.

8       Q.    Was Dan from South Dakota?

9       A.    Yes.

10      Q.    The Black Hills of South Dakota?

11      A.    Yes. He wanted his ashes spread near Mount  
12   Rushmore, so that's what we did.

13      Q.    And you paid for the funeral, you paid for  
14   the cremation, and you paid for the ---

15      A.    Yes, I did.

16      Q.    Did you at some point in time file a claim  
17   for survivor benefits as a result of your husband's  
18   death?

19      A.    Yes, I did.

20      Q.    What did you understand to be the benefit?

21      A.    He said there was widow -- widows benefits  
22   under the heart and lung bill.

23      Q.    And how did you -- where did you get that  
24   information?



1           A.     Several of his friends had told me, and Dan  
2     had always said that he was covered under the heart and  
3     lung bill, so I contacted Reno Police Protective  
4     Association.

5           Q.     Your Honor, may I approach the witness? For  
6     the benefit of counsel and you also, Judge, I'm about  
7     to show the witness what I believe to be the death  
8     certificate. And it appears at Exhibit Number 6 at  
9     Page 128.

10           THE COURT: Okay.

11           MR. BEAVERS: May I approach?

12           THE COURT: Yes.

13           MR. BEAVERS: Your Honor, this is highlighted.  
14     Is that ---

15           THE COURT: That's fine.

16           Q.     Ms. Demaranville, I ask that you look at that  
17     document.

18           A.     Okay.

19           Q.     What does that appear to be?

20           A.     The death certificate.

21           Q.     When you say "the" death certificate, how do  
22     you know it's the death certificate?

23           A.     The death certificate that was given to me at  
24     the funeral home, and it says Washoe County District  
25     Certificate of Death.

1 Q. Okay. So you received at least one original?

2 A. Yes.

3 Q. And did you talk to Dr. Gomez -- well, does

4 it appear that Dr. Gomez signed that document down

5 where his signature appears?

6 A. Yes.

7 Q. Authenticated?

8 A. Yes.

9 Q. Did you have any conversation with Dr. Gomez

10 between the time he told you your husband passed away

11 and asked you if you wanted an autopsy and the time you

12 received the death certificate?

13 A. No.

14 Q. So when you got this death certificate did

15 you go about the steps necessary to file a claim for

16 survivor benefits?

17 A. Yes.

18 Q. And you were following the advice of someone

19 at the Protective ---

20 A. Reno Police Protective Association sent out a

21 representative with, I believe it's called a C4 form.

22 Q. And, again, Your Honor, I'd like to approach

23 the witness, and I'll be referring to the C4, which

24 appears in Exhibit 6 at Page 120.

25 THE COURT: Thank you.

1 Q. Again, for the record, I've got highlights on  
2 this. Ms. Demaranville, can you identify that  
3 document?

4 A. Yes. This is a copy of the C4 form that was  
5 brought out to me by the representative from Reno  
6 Police Protective Association.

7 Q. There's a heavy bolded line about halfway  
8 through that document. And above that is handwritten,  
9 handwriting in the blank form, and below there's  
10 handwriting. That handwriting above that heavy line,  
11 the top half, is that your handwriting?

12 A. Only where it says massive heart attack after  
13 surgery.

14 Q. Somebody else filled that out?

15 A. Yes. Reno Police Protective Association.

16 Q. A particular individual, do you know?

17 A. His name is Jerry Bowden. That's the  
18 representative.

19 Q. But right above that heavy line is a  
20 signature and a date, 9/5/2012. Is that your  
21 signature?

22 A. Yes, it is.

23 Q. So was that document, the top part of it,  
24 complete when you signed it?

25 A. Yes.

1 Q. Was the bottom part of it complete when you  
2 signed it?

3 A. No.

4 Q. Did you take that document to Dr. Gomez to  
5 complete?

6 A. Not until almost a year later.

7 Q. And why almost a year later?

8 A. It sat at CCMSI after they requested -- CCMSI  
9 requested a death certificate, marriage certificate,  
10 and the C4 form, which I submitted to them, and then  
11 back and forth with more documents.

12 Q. So you did file a claim -- it's your  
13 understanding a claim was filed on your behalf with  
14 CCMSI, correct?

15 A. Yes.

16 Q. And there was a long period of time while  
17 CCMSI investigated the claim?

18 A. Exactly.

19 Q. But ultimately you didn't go see Dr. Gomez  
20 with the C4 to get his signature until August of the  
21 next year?

22 A. Yes.

23 Q. When you secured the doctor's signature, did  
24 you see him write what appears on the bottom half of  
25 that C4 document?

1           A.    I didn't see him personally.

2           Q.    So what happened to that claim that was filed

3 on your behalf with CCMSI and the City of Reno?

4           A.    After about 10 months I finally got a letter

5 from CCMSI -- CCMSI denying the claim. I contacted

6 RPPA, and they put me in touch with Leslie Bell. I met

7 with Leslie and it was determined that the claim should

8 be filed with Icon.

9           Q.    Who is Leslie Bell?

10          A.    Leslie Bell is the representative for RPPA.

11          Q.    Reno Police Protective ---

12          A.    Reno Police Protective Association.

13          Q.    So she is someone else that helped you with

14 your claim, correct?

15          A.    Yes.

16          Q.    So she is someone else that helped you with

17 your claim, correct?

18          A.    Yes.

19          Q.    Then at some point was there a decision made

20 that you'd file also against the employer's insurance

21 company?

22          A.    Yes.

23          Q.    And why was that? Why did you file your

24 claim again?

1           A.    Because it was determined that they were the  
2 insurer.  
3           Q.    Someone gave you the advice ---  
4           A.    Yes.  
5           Q.    -- you could file against them also?  
6           A.    Yes.  
7           Q.    And once you got that advice, did you  
8 promptly file?  
9           A.    Yes, we did.  
10          Q.    What happened to that claim?  
11          A.    Immediately filed with Icon, the employer's,  
12 and the claim was denied, and we went - we went to the  
13 hearing officer and it was reversed. And then an appeal  
14 was filed.  
15          Q.    And you have appealed your claim denial to  
16 the appeals officer here today?  
17          A.    Yes.  
18          Q.    And what is it that you're asking the appeals  
19 officer for?  
20          A.    Widow's benefits.  
21          Q.    As a result of the death ---  
22          A.    Yes.  
23          Q.    -- of Dan Demaranville?  
24          A.    Yes.

1 MR. BEAVERS: That's all the questions I have  
2 of this witness at this time.

3 THE COURT: Mr. Rowe.

4 MR. ROWE: Thank you.

5 CROSS EXAMINATION BY MR. ROWE:

6 Q. Ms. Demaranville, I have a couple of  
7 questions. As I understand it, the referral to Dr.  
8 Gomez was from Dr. Gray for treatment of the issues  
9 related to the gallbladder. Correct?

10 A. Yes.

11 Q. And it's also my understanding from the  
12 records that Dr. Gomez had some testing done prior to  
13 the surgery. Did he not?

14 A. Yes.

15 Q. And further, it was my understanding that Dr.  
16 Gomez didn't find any concerns or issues with going  
17 forward on the surgery as a result of that testing. Is  
18 that correct?

19 A. Yes.

20 Q. And I would assume then that Dr. Gomez did  
21 not inform you that your husband had any kind of heart  
22 issues or heart problems prior to the point of surgery.  
23 Correct?

24 A. No, he didn't.

1 Q. Okay. It's also true, is it not, that Dr.  
2 Gomez did not provide any treatment or any kind of  
3 recommendations with respect to any potential heart  
4 disease. Correct?  
5 A. No.  
6 Q. To the best of your knowledge, has Dr. Gomez  
7 ever reviewed any of the medical records related to  
8 your husband's medical care prior to the point in time  
9 you did the surgery?  
10 A. I don't know.  
11 Q. Okay. Do you know of your own personal  
12 knowledge whether Dr. Gomez has ever reviewed any  
13 records following the surgery?  
14 A. I don't know.  
15 MR. ROWE: Okay. That's all the questions I  
16 have. Thank you.  
17 THE COURT: Mr. Sertic?  
18 MR. SERTIC: I don't have any questions.  
19 THE COURT: Okay. Anything -- any follow up,  
20 Mr. Beavers?  
21 MR. BEAVERS: No.  
22 THE COURT: Okay. Thank you, Mrs.  
23 Demaranville. And you can go ahead and take your seat.  
24 Thank you.



1           Okay. I don't think there are any other  
2 witnesses. We have a lot of medical evidence that's  
3 been filed. So closing arguments. Mr. Beavers.

4           MR. BEAVERS: I think the testimony and the  
5 documents will show that Dan Demaranville started  
6 employment with the City of Reno Police Department in  
7 August of 1969, and he retired in January of 1990.

8           He died August 5, 2012, and at the date of  
9 death Laura Demaranville was his surviving spouse. And  
10 she's here this afternoon to seek survivor benefits on  
11 the basis that Dan died of heart disease. And Nevada's  
12 heart/lung statutes, as I said in the opening, allow  
13 the conclusive presumption that that disease arose out  
14 of and in the course of employment.

15           Your Honor, NRS 617.457 creates that  
16 conclusive presumption for police officers if they're  
17 employed continuously for five years and if the police  
18 officer submitted to physical exams annually and  
19 corrected any predisposing conditions when ordered to  
20 do so in writing.

21           I would argue, Your Honor, that there's  
22 nothing in the record that indicates that Dan was ever  
23 ordered to annual exams that he did not take, and I  
24 find nothing that can -- well, it's argument. I don't

1 find anything in the record, nothing's been presented  
2 to indicate that he refused to take any exams.

3 And it was clear that he was employed  
4 continuously, salaried position, for more than five  
5 years.

6 In my mind, Your Honor, he satisfies the  
7 conclusive presumption in 457 but only if he died of  
8 heart disease. You listen to the testimony of the  
9 surviving spouse. She was not aware of any heart  
10 disease issues prior to his gallbladder surgery. She  
11 wasn't aware of any problems with his annual exams.

12 I would direct your attention to what's been  
13 admitted as Exhibit 4, which is a compilation of  
14 documents taken from -- the City of Reno provided the  
15 personnel file, and I think counsel have been through  
16 the personnel records, and I think this is Icon's  
17 compilation of what appears in that record regarding  
18 examinations.

19 And in that exhibit you'll see reference to  
20 the fact that the examining physician who's treating  
21 him annually tells him to quit smoking and notes that  
22 he drinks, but doesn't necessarily give any written  
23 recommendations for cures he should take for any heart  
24 condition.

1           NRS 617358, Your Honor, would entitle Laura  
2 Demaranville, as a surviving spouse, to receive  
3 compensation by establishing with a preponderance of  
4 the evidence that Dan's heart disease arose out of and  
5 in the course of employment.

6           So if you take those two statutes in tandem,  
7 Your Honor, 358 and 457, the surviving spouse can only  
8 achieve the objective of receiving benefits if she  
9 proves that the heart disease was caused -- that his  
10 death was caused by the heart disease with a  
11 preponderance of the evidence. And I'm here to argue  
12 this afternoon that she has met that burden of proof.

13           616c505 sets out her benefits, that she's  
14 entitled to the burial expense, not to exceed \$10,000,  
15 the cost of transporting the remains, and 66 and 2/3 of  
16 Dan's average monthly wage for the rest of her life.

17           So as I stated in opening, Your Honor, we  
18 have three issues. Has Laura Demaranville shown by a  
19 preponderance of the evidence that Dan did indeed die  
20 of heart disease? If so, what is the date of  
21 disability for calculating the benefits due her? And  
22 that remaining issue raised by Icon earlier, whether or  
23 not there was a late filing of the claim.

24           I'll address the late filing issue first,  
25 Judge.

1           The surviving spouse's testimony is that she  
2       filed initially on the advice of others against the  
3       City of Reno, and that claim was handled by its third-  
4       party administrator, CCMSI. It was reviewed at length.  
5       It was investigated at length. It took an extended  
6       period of time. She testified 10 months.

7           But only after that long process had started  
8       and was nearly concluded was she told by the third  
9       party that she needed to maybe file against the insurer  
10      at the time of Dan's retirement. The City of Reno was  
11      insured at the date of Dan's retirement, whereas  
12      they're self-insured now. So that's what prompted her  
13      to file against Icon at that time.

14           If indeed -- well, 616c020 would require the  
15      filing of that claim for benefits within one year of  
16      the date of death. If indeed she was outside of that  
17      one year filing at the time, 616c.025 allows about the  
18      only excuse in the statutes for claimants. It allows  
19      an excuse for late filing of a claim based upon mistake  
20      or ignorance of fact or law.

21           And I would submit to Your Honor that this  
22      widow did not -- should not be held to the standard of  
23      identifying which one of these two insurers might  
24      ultimately be responsible given the fact that the City  
25      of Reno was self-insured for one period of time and

1 worker's comp coverage for another period. Whatever  
2 that -- wherever that liability should ultimately end  
3 up, she should be excused for the late filing against  
4 the second insurer.

5 As to the issue of the date of disability for  
6 calculating benefits, Your Honor, I'd direct your  
7 attention to two cases that support using Dan's average  
8 monthly wage received at the date of his death as  
9 opposed to the date of retirement.

10 The first one is Mirage v. Nevada Department  
11 of Administration at 110 Nevada 257. I cite it for the  
12 proposition that the employee is eligible for benefits  
13 when the employee is no longer able to continue working  
14 due to the occupational disease. Taken in conjunction  
15 with the case of Howard v. City of Las Vegas at 121  
16 Nevada 691, where our Supreme Court found that a  
17 firefighter's date of disability is the date that the  
18 fire -- of that particular firefighter's heart attack.

19 Those two cases, I think, Your Honor, lend  
20 support to the widow's claim here that the date of  
21 disability was the date of Dan's heart attack, which  
22 coincided with the date of Dan's death.

23 I direct your attention to Nevada  
24 Administrative Code 616.441, earnings on the date the

1 employee is no longer able to work is to be used for  
2 calculating the average monthly wage.

3 So I turn next and finally to the key issue  
4 of whether or not the claimant has shown by a  
5 preponderance of the evidence that Dan Demaranville did  
6 indeed die of heart disease.

7 The argument I think that was presented below  
8 by one of the insurers is compelling. That just  
9 because the heart stopped doesn't mean the heart  
10 stopped of heart disease. That may very well be true,  
11 but there is a preponderance of the evidence to show  
12 that this man did indeed die of heart disease.

13 Let's review the opinions of the experts that  
14 we have, Judge, and I will try to cite to your record  
15 the best I can as I go through these.

16 The first one is the death certificate that  
17 the witness reviewed, and I think we have identified  
18 that in Exhibit Number 6 at Page 120.

19 Nobody would have been more intimately  
20 familiar with this patient than Dr. Gomez. Dr. Gomez  
21 evaluated before surgery. Dr. Gomez was with him in  
22 surgery. Dr. Gomez, when he came out of surgery, went  
23 to Laura and said he came out of surgery in fine shape.

1           The reason I point that out, Judge, is there  
2 was a period of time between when the man left surgery  
3 and the time of his death.

4           Dr. Gomez was present through all of those,  
5 and he signs this death certificate with that knowledge  
6 in mind.

7           Judge, referring to that exhibit, he shows  
8 that the date of death, if we can take his signature as  
9 authentic, which I believe we can -- you can probably  
10 take judicial notice that these are indeed the  
11 statements of Dr. Gomez. That if Dan died on August 5,  
12 2012, the date Dr. Gomez signed this was just two days  
13 later, when it would have still been fresh in his mind.  
14 He didn't need to review any medical records. He was  
15 present. He created the medical record.

16           Look, Your Honor, at the cause of death.  
17 Nevada Administrative Code 441.65 says on that first  
18 line whoever completes the death certificate is to show  
19 the primary cause. On the second and third line, any  
20 underlying cause of death.

21           Dr. Gomez testifies in his death certificate  
22 that Dan died of cardiac arrest and the underlying  
23 cause of death was arteriosclerotic heart disease.

24           Your Honor, that's the first testament as to  
25 what this man died of. That's the first evidence that

1 heart disease was what resulted in his -- how Dan  
2 Demaranville came to die.

3 The reason I point it out that Dr. Gomez was  
4 intimately familiar with the decedent when he signed  
5 this statement is because that death certificate then  
6 gets reviewed, analyzed, and opinions given by lots of  
7 medical doctors.

8 I direct your attention next to the opinion  
9 of Dr. Betts. That appears, Your Honor, in Exhibit 1  
10 at page 52. Now, Dr. Betts, as I understand it, was  
11 asked to give a record review in this case when it was  
12 first being investigated by CCMSI. It's entitled a  
13 chart review.

14 But if you go to the second page of Dr.  
15 Betts' report, he states clearly in his report no pre-  
16 operative medical records are presented for review.  
17 You really have nothing more, I'm presuming, than those  
18 records that came out of that surgery and the post-  
19 operative procedures in the recovery room that failed  
20 to save the man's life.

21 When asked the question based on the limited  
22 medical records enclosed in this letter, "Are you able  
23 to determine the actual cause of death?" No, says Dr.  
24 Betts. What's the probability that the death was



1 caused by heart disease? The probability is high, says  
2 Dr. Betts, that Mr. Demaranville died of heart disease.

3 Third question, what's the probability his  
4 death was caused by something other than heart disease?  
5 Dr. Betts says, well, that differential diagnosis may  
6 include pulmonary embolism and anesthesia-related  
7 complications. However, these are much less likely  
8 than heart disease.

9 Fourth question. Because Mr. Demaranville  
10 had no history of arteriosclerotic heart disease,  
11 that's an assumption that the author makes in asking  
12 the question that Dr. Betts answers with. Nearly every  
13 one develops arteriosclerotic heart disease to one  
14 degree or another, and the first sign of significant  
15 arteriosclerotic heart disease is a myocardial  
16 infarction. Sometimes this is massive and fatal.

17 In the case of Mr. Demaranville, considering  
18 his age and the sudden onset of cardiac insufficiency,  
19 it is most likely he suffered a significant myocardial  
20 infarction.

21 Question number five. Would an opinion from  
22 a cardiologist be helpful? Yes, and I would start with  
23 Frank Carrea. He was present at the time of the  
24 attempted resuscitation.

1           Six. With the limited information here, are  
2 you able to determine if cardiac arrest was caused by  
3 some form of heart disease? Not with certainty.  
4 Absent an autopsy, which we don't have, a definitive  
5 conclusion may not be possible.

6           He wasn't asked, Your Honor, medical  
7 probability, reasonable medical probability and  
8 preponderance of the evidence. He says, not with  
9 certainty. A review of the entire medical record, and  
10 he didn't have any pre-operative record, around the  
11 patient's pre-operative evaluation and course during  
12 surgery procedure may be helpful in clarifying the  
13 cause of death.

14           In other words, he doesn't conclusively  
15 presume what the cause of death is, but he certainly  
16 doesn't disagree with the idea that it could have been  
17 heart disease.

18           Next, Your Honor, you have the medical  
19 opinion of Dr. Hemaraj, and that is found in your  
20 record at Exhibit Number 2, page 28. And I believe  
21 this is a record review request by Icon. And I direct  
22 your attention to page 4 of that document, which  
23 appears at page 31 of Exhibit 2.

24           Here are the questions. I've been asked to  
25 determine whether there was any evidence of heart

1 disease prior to August 5, the date of death. And this  
2 reviewing doctor says there's no indication from the  
3 available documentation of any specific heart disease  
4 problem. There is mention as far back as November 2008  
5 that the patient had a reported irregular EKG.

6 Second question. Was there any basis for the  
7 diagnosis of arteriosclerotic heart disease? Again,  
8 that's the finding in the death certificate.

9 And this reviewing doctor, Hemaraj, says,  
10 patient had some risk factors prior to surgery that  
11 could have led to arteriosclerotic heart disease.  
12 These risk factors could have predisposed the patient  
13 to an arteriosclerotic condition.

14 That's important because this idea that if  
15 there's no solid proof that he was being treated for  
16 heart disease prior to that gallbladder surgery, there  
17 was indeed risk factors. That shows up in a later  
18 evaluation, later opinion.

19 Third question asked of Dr. Hemaraj, was the  
20 myocardial infarction due to arteriosclerotic heart  
21 disease, or was this most likely a post-op  
22 complication?

23 Well, that would solve everything, if we  
24 could blame it on something that happened in the  
25 surgery or immediately after the surgery. And this

1 doctor says, "It appears the patient had some risk  
2 factors that would have led to arteriosclerotic heart  
3 disease and would most likely not have been due to some  
4 post-operative complication of gallbladder surgery."

5 The next opinion that has been offered into  
6 evidence is the opinion of Dr. Ali, and that appears in  
7 Exhibit Number 2 at page 33.

8 Beginning on page 35, the doctor is asked  
9 particular questions. Was there any evidence of heart  
10 disease prior to August 5, 2012? The doctor opines,  
11 "There was evidence of cardiovascular disease,  
12 hypertension, right bundle branch block, mild left  
13 ventricular hypertrophy. There is no evidence in the  
14 records provided of coronary artery disease or coronary  
15 heart disease, but there is documentation of  
16 arteriosclerotic heart disease prior to August 5,  
17 2012."

18 Second question, was there any basis for the  
19 diagnosis of arteriosclerotic heart disease as noted in  
20 the death certificate? Dr. Ali responds, "This  
21 reviewer is unable to find any documentation in the  
22 records that would support that diagnosis."

23 Doesn't say whether there is or isn't a  
24 basis, just that this doctor doesn't find it in these  
25 records.

1           Question number 3, was the myocardial  
2 infarction due to arteriosclerotic heart disease, or  
3 was this most likely a post-op complication? Again,  
4 that would certainly resolve the issue. But this  
5 doctor says there's no evidence of myocardial  
6 infarction, particularly since cardiac enzymes were not  
7 drawn. I'll refer you back to this later also, this  
8 notion that because there were no cardiac enzymes drawn  
9 there's no evidence of infarction.

10           Thus it appears most likely that the cardiac  
11 arrest was a post-operative complication. In other  
12 words, by default, he can't come up with another  
13 excuse.

14           Now, Your Honor, we come to the opinion of  
15 Dr. Ruggeroli, and this was the doctor -- Dr.  
16 Ruggeroli's first opinion, because he gave two of them,  
17 appears as Exhibit 7.

18           I should note for the record, Your Honor,  
19 that I posed Dr. Ruggeroli particular questions that  
20 can be found -- my letter to the doctor can be found at  
21 pages 3, 4, and 5 of Exhibit 7.

22           And in response to my question, "Have you  
23 reviewed the records provided with this letter?" He  
24 says, "Yes, all available records were reviewed." Your  
25 Honor, that is claimant's first exhibit. It's a

1 complete compilation, as best as we can tell, of the  
2 records between 1999 and the time of death. That's  
3 exactly what this doctor reviewed, and he says yes, I  
4 reviewed it.

5 What's your diagnosis of the condition of Mr.  
6 Demaranville's heart at the time of his death?

7 Coronary artery disease says this cardiologist.

8 Was the condition of his heart identified in  
9 your response above the result of heart disease? Yes.

10 What was the cause of death? Cardiac arrest  
11 due to pulseless electrical activity due to -- and I'm  
12 gonna use his abbreviation, but we can presume it's  
13 coronary artery disease, due to ASCVD. I would argue  
14 to Your Honor that he's making reference to  
15 arteriosclerotic cardiovascular disease, although the  
16 witness isn't here to testify.

17 But Dr. Ruggeroli gives us more than that.  
18 He gives his own report, not just responses to  
19 questions, and that's found in pages 1 and 2 of that  
20 same exhibit.

21 Page 1 he says, "Patient underwent elective  
22 laparoscopic" -- I practiced this, Judge. "Cholesystem  
23 -- cholecystectomy. Can you do that, Your Honor?

24 THE COURT: Cholecystectomy.

25 MR. BEAVERS: Thank you.

1 THE COURT: I know it's tough. It is.

2 MR. BEAVERS: It is. I mean no offense to the

3 record, but there --

4 THE COURT: They're tongue --

5 MR. BEAVERS: -- but I'll refer to it as a

6 gallbladder surgery.

7 THE COURT: There you go. That's good.

8 MR. BEAVERS: Patient arrived at the PACU, and

9 I presume that means post-anesthesia area. Shortly

10 after arrival, noted to become hypotensive and

11 tachycardic. Examination at that point demonstrated no

12 pulse. Standard resuscitation protocol initiated. He

13 was seen and evaluated by cardiology at that point.

14 He had a bedside echocardiogram involved that

15 demonstrated no spontaneous left ventricular systolic

16 motion. Extended resuscitation efforts. Declared the

17 patient dead.

18 If you go to the next page, at the top of

19 page 2, and this is where he gives his -- the patient

20 had no documented history of antecedent symptomatic

21 coronary artery disease. We concede that, Your Honor.

22 However, multiple cardiovascular risk factors, just as

23 these other doctors have identified, with a baseline

24 abnormal resting electrocardiogram. He's seeing the

25 same thing these other doctors have seen.

1           The patient's baseline electrocardiogram  
2 demonstrated abnormalities. In my opinion, the patient  
3 had a catastrophic cardiovascular event secondary to  
4 occult occlusive arteriosclerosis. In other words, a  
5 hidden arteriosclerosis of the coronary arteries  
6 leading to that pulseless electrical activity, leading  
7 to his death on August 5, 2012.

8           That's Dr. Ruggeroli's opinion, which then  
9 gets delivered to Dr. Lagstein. And Dr. Lagstein's  
10 opinion is probably the most compelling for the  
11 insurers. And it appears in your record. I believe  
12 you've identified this one and marked this one as  
13 Exhibit 5.

14           The question posed to the doctor appear on  
15 Page 4 of the exhibit. Page 2 -- yeah, Page 4 of the  
16 exhibit. I'm sorry.

17           The questions posed -- no, I'm correct -- on  
18 Page 2 of the exhibit, at the top of the page. Was  
19 there any evidence of heart disease prior to August 5?  
20 Is there any evidence to support the diagnosis of  
21 arteriosclerotic heart disease? Is there any evidence  
22 to support the diagnosis of coronary artery disease by  
23 Dr. Ruggeroli? Was the deceased's myocardial  
24 infarction caused by arteriosclerotic heart disease?



1 And the doctor answers those questions at  
2 Page 7 of the exhibit.

3 Question number one. There was no clear  
4 evidence of heart disease prior to August 5, 2012. The  
5 EKG revealed a right bundle branch block and a right  
6 axis deviation, but this by itself is insufficient to  
7 document underlying coronary artery disease. There's a  
8 borderline left ventricular hypertrophy on the  
9 echocardiogram reported on one stress test, but this  
10 also is insufficient to diagnose the patient with  
11 underlying coronary heart disease.

12 In other words, the record's not clear that  
13 he had heart disease prior to the time of the surgery.

14 The answer to number 2, again, the question  
15 is, is there any evidence to support the diagnosis of  
16 arteriosclerotic heart disease? There's not enough  
17 evidence says Dr. Lagstein, to support a diagnosis of  
18 arteriosclerotic heart disease as noted on the death  
19 certificate.

20 This is critical, Judge. He says, "The  
21 patient did not have an autopsy, and cardiac enzymes  
22 were apparently not drawn. Therefore, there's not  
23 enough information in evidence to support the  
24 diagnosis.

1           Question number three, "Is there any evidence  
2 to support the diagnosis of coronary artery disease as  
3 reported by Ruggeroli?"

4           Dr. Lagstein's response, "I do not feel there  
5 is enough evidence to support Ruggeroli's assertion  
6 that the patient had occult occlusive arteriosclerotic  
7 heart disease."

8           He doesn't say there's no evidence. He  
9 disagrees with the quantity of evidence.

10           Question number four, "Was Mr. Demaranville's  
11 myocardial infarction caused by arteriosclerotic heart  
12 disease, coronary artery disease, or was it post-  
13 operative complication?" Dr. Lagstein says there's no  
14 evidence to support the evidence of a myocardial  
15 infarction. In the absence of abnormal post-operative  
16 EKG and post-operative cardiac enzymes, especially  
17 troponin ones.

18           The death therefore is due to some post-  
19 operative complication of unclear etiology. That's not  
20 definitive but he says it must be something else, some  
21 etiology we don't know.

22           Clearly the aforementioned diagnostic test,  
23 the aforementioned diagnostic test of the post-  
24 operative EKG and post-operative cardiac enzymes,  
25 including troponin levels, the aforementioned

1 diagnostic tests with or without an autopsy would have  
2 clarified this issue beyond a doubt.

3 He doesn't see any diagnostic test for  
4 cardiac enzymes, in this case troponin.

5 So that letter then goes back to Ruggeroli,  
6 and Ruggeroli's asked to give an opinion on Lagstein's  
7 analysis. And Ruggeroli gives you his second opinion,  
8 Your Honor, in Exhibit Number 8.

9 I need to go out of order to show that at the  
10 same time I wrote Dr. Ruggeroli providing him  
11 Lagstein's opinion, I also provided him in Exhibit 9  
12 supplemental medical records, and -- that may have been  
13 left out of the records that he reviewed the first  
14 time, and basically those are the records of Dr. Gomez  
15 and Dr. Carrea taken at the time of -- after the  
16 surgery and at the date of death.

17 So with Lagstein's opinion and a complete  
18 medical record, Ruggeroli says as follows:

19 "The patient arrived in the recovery room  
20 with normal vital signs." The widow testified to that.  
21 The widow said that Gomez came out and told her the  
22 patient was in good shape.

23 "However, afterwards he became hypotensive  
24 and tachycardic. The only witness before you explained  
25 that there was a long period of time before she was

1 allowed in to see him, and he was still alive when she  
2 saw him, although he was starting to suffer a heart  
3 attack."

4 Laboratory evaluation was performed. And if  
5 you want to see evidence of that, Your Honor, I direct  
6 your attention to Exhibit Number 6, page 1 through 7.  
7 This is the only handwritten medical record I can find  
8 that I can actually read, because the nurse has good  
9 handwriting skills. I hope they pay her well.

10 But in the middle of that Page 127 of Exhibit  
11 6, the nurse writes in her response, "At that point  
12 laboratory work was sent. Fluid bolus was continued  
13 and a vasopressor was started to support the decreased  
14 blood pressure. Then I called Dr. Gomez." And she  
15 ended up calling code.

16 The reason I point that out to you, Judge, is  
17 I think what the nurse is making reference to when she  
18 says the laboratory work was sent, compare that with  
19 Dr. Ruggeroli's opinion where he says laboratory  
20 evaluation was performed. Again, this is post-op.

21 This was remarkable for an elevated Troponin  
22 of 0.32. I can't tell you the significance of that,  
23 but I can tell you that this doctor read the complete  
24 medical records, and he comes away with the idea that

1 these lab work did result in proof of an elevated  
2 Troponin level. This is his medical opinion.

3 This is consistent with myocardial necrosis,  
4 or heart damage. This laboratory evaluation was  
5 obtained at 3:35 p.m., long after he'd come in to the  
6 post-op. The patient's condition was worsened with  
7 worsening hypotension and increased tachycardic.

8 Ultimately the patient was diagnosed with  
9 pulseless electric activity. Resuscitation was  
10 terminated at 7:30. Four hours before he was -- he  
11 died, they had done these laboratory evaluations of his  
12 Troponin levels.

13 Again, Dr. Ruggeroli writes this after he has  
14 Lagstein's opinion, and he says, "In my opinion, the  
15 patient had underlying occult occlusive coronary artery  
16 disease. Cardiac Troponin drawn approximately four  
17 hours prior to his death were elevated and consistent  
18 with a cardiovascular cause of the patient's death.

19 He bases a lot of his opinion on these  
20 Troponin levels that Dr. Lagstein says were never even  
21 tested. Indeed, Lagstein goes so far to say that if  
22 they were tested it would be conclusive even without an  
23 autopsy.

24 I can't explain to you why Dr. Lagstein  
25 didn't pick up on that. But I can tell you, Your

1 Honor, that Dr. Ruggeroli must have found it in the  
2 record, and it's consistent with the nurse's report.

3 Lastly, I direct your attention to Dr.  
4 Carrea's opinion, Judge, and that is found in Exhibit 9  
5 on page 15.

6 Now, Dr. Carrea was the cardiologist that was  
7 in post-op, and in the early record reviews Dr. Betts  
8 and others say, "I can't say what was going on here.  
9 We didn't have an autopsy. But the person to ask would  
10 be Carrea." Fine. I write Carrea.

11 And my letter to Carrea, Your Honor, is at  
12 page 13 of Exhibit 9. I said, "Do you have any medical  
13 records we could use, and if we sent you all the  
14 medical records would you give us an opinion?" He  
15 responded by giving me an opinion.

16 In the middle of page 15, middle paragraph,  
17 there were no mention -- there were no mentions of  
18 intra operative problems that would have suggested  
19 active cardiac issues. The echo findings at the time  
20 of his attempted resuscitation of an akinetic left  
21 ventricle are consistent with a cardiac etiology for  
22 his death. This could possibly have arisen from  
23 perioperative cardiac event, that is, around the time  
24 of the operation.

1 But, an akinetic left ventricle is the end  
2 result of many complications around the time of the  
3 operation, and the unsuccessful resuscitation that  
4 resulted in death.

5 Although I think it is likely -- although I  
6 think it is likely that he had occult cardiac issues  
7 that became relevant and ultimately lethal, with the  
8 current information at hand I don't think it's possible  
9 to state with conviction or certainty that his death  
10 resulted from a cardiac event.

11 Your Honor, if you take all of this together  
12 what you have is Dr. Gomez, who knew the patient better  
13 than anybody and who has correct information, says the  
14 man died of heart disease. There's no reason for him  
15 to make it up.

16 If this was a botched operation by Dr. Gomez  
17 and he was writing a death certificate to fit his  
18 malpractice carrier's needs, there's no reason why Dr.  
19 Carrea didn't opine on that or the anesthesiologist.  
20 There's no reason to believe that he's not correct in  
21 his diagnosis.

22 And when Ruggeroli gets that diagnosis he  
23 says yes, if you look at the risk factors that's highly  
24 likely. And if you look at all the other experts, they  
25 don't say conclusively that it couldn't have been this.

1 Only Lagstein comes close to saying Ruggeroli got it  
2 wrong, but Lagstein doesn't seem to be looking at the  
3 complete record.

4 Your Honor, our standard here is  
5 preponderance of the evidence. I direct your attention  
6 to the Seaman case at 109 Nevada 8, where the Supreme  
7 Court said the claimant need only establish the  
8 probability of a causal connection.

9 The McClanahan case, at 117 Nevada 928, where  
10 the Supreme Court said in the context of 616c.150,  
11 preponderance of the evidence, means simply the greater  
12 weight of evidence. This is a pretty low threshold  
13 here, Judge. It isn't as conclusive as some of these  
14 other experts are shying away from.

15 127 Nevada (inaudible) 45 is the Williams  
16 case, and it's very instructive. It's not a worker's  
17 comp case. But in that case, Justice Hardesty wrote  
18 the opinion for the Court. It actually was a unanimous  
19 court.

20 And it comes out of those endoscopy cases out  
21 of Las Vegas, and there were issues about medical  
22 opinion.

23 Justice Hardesty in that case says, "Once the  
24 Plaintiff demonstrates a prima facie case and has met  
25 her burden, the defense can traverse the Plaintiff's



1 case in three ways. Either cross-examine the  
2 plaintiff's expert" -- did not happen here --  
3 "contradict the plaintiff's expert with the defense own  
4 expert, and/or propose an independent alternative  
5 causation theory."

6 Your Honor, it's not clear which path the  
7 insurer's experts took, but there's nothing that  
8 conclusively refutes Dr. Gomez and Dr. Ruggeroli's  
9 determination of the cause of death.

10 Laura Demaranville has met the preponderance  
11 of evidence. Nobody has offered convincingly an  
12 independent alternative causation theory. Nobody has  
13 contradicted Dr. Ruggeroli or Dr. Gomez, and I ask that  
14 you grant her the benefits she's entitled to under the  
15 Nevada Industrial Insurance Act. Thank you.

16 THE COURT: Thank you. Mr. Rowe.

17 MR. ROWE: Thank you, Your Honor. I really --  
18 there's, I guess, three points I'd want to make in  
19 terms of the argument from the City of Reno's  
20 perspective as the self-insured employer and the for me  
21 -- I'll call it the former employer of the claimant.

22 But I want to start with the causation issue.  
23 I'm gonna let Mark deal with the details of the  
24 causation issue from the insurer's perspective, but I  
25 want to make a couple of points about this. Just -- I

1 would call it from a 10,000 foot level or a common-  
2 sense perspective. And the comments are this. You've  
3 got a number of opinions, but you have four opinions  
4 from cardiologists.

5 And I would suggest to you that the opinions  
6 of the cardiologists should be the opinions that carry  
7 weight in this case, because they're the ones directly  
8 addressing the issue.

9 The other physicians, I'm not sure, are  
10 particularly qualified to address the issue, and I take  
11 exception to the argument that Dr. Gomez is in a good  
12 position to determine cause of death here. Dr. Gomez  
13 saw the claimant once four days before the surgery, and  
14 then again at the time of surgery.

15 Dr. Gomez did not review any of the records,  
16 didn't know what the claimant's history was, had  
17 absolutely no evidence that the claimant had  
18 arteriosclerotic heart disease, and yet goes so far as  
19 to write on the death certificate that it's a  
20 contributing cause of death.

21 And I would suggest to you, Your Honor, not  
22 only did he not have any records to suggest that;  
23 there's just no evidence to suggest that this claimant  
24 had any kind of heart disease at any point in this

1 process. So I don't think Dr. Gomez's opinion in this  
2 case should carry much weight.

3 THE COURT: Can I just stop you before you get  
4 going?

5 MR. ROWE: Yeah.

6 THE COURT: Who are the four cardiologists?

7 MR. ROWE: Dr. Ali, Dr. Lagstein, Dr. Regerio,  
8 or Ruggeroli, sorry, and Dr. Carrea.

9 THE COURT: Okay. Dr. Ali?

10 MR. ROWE: Dr. Ali was one of the physicians  
11 that Icon used in its initial analysis. Dr. Ali's  
12 opinion is on ---

13 THE COURT: Yeah, I see it. I see it.

14 MR. ROWE: -- On page 36.

15 THE COURT: I knew that Pemeraju was not.

16 MR. ROWE: Yeah. Pemeraju was not, but Dr. Ali  
17 was.

18 THE COURT: Okay. All right.

19 MR. ROWE: Okay?

20 THE COURT: Yes.

21 MR. ROWE: So the four cardiology opinions are  
22 Ali, Lagstein, Ruggeroli and Carrea.

23 And in trying to -- just in summarization,  
24 the way I read these reports, I think Dr. Ali has come  
25 to the conclusion there's insufficient evidence to

1 establish that the claimant died of a myocardial  
2 infarction.

3 Dr. Lagstein says you can't tell. They --  
4 there's this issue of the Troponin levels, and I'll  
5 address that briefly, in just a moment.

6 But Ali, Lagstein and Carrea all say, we  
7 don't have enough evidence to determine what the actual  
8 cause of death is. The only cardiologist that says, "I  
9 know what the cause of death was," is Ruggeroli.

10 And so how do we go about determining which  
11 of these cardiologists is correct in that? And I would  
12 suggest to you, Your Honor, what we do is we look for  
13 actual evidence to support that conclusion in the  
14 record.

15 And what you do when you look in the record  
16 for evidence of arteriosclerotic heart disease, is you  
17 come up with zero. There's no evidence that Mr.  
18 Demaranville had arteriosclerotic heart disease, and  
19 there's no evidence he had any symptoms whatsoever of  
20 heart disease.

21 So I'm gonna suggest to you that that opinion  
22 is speculative, unless you've got something to really  
23 back it up. What Dr. Ruggeroli bases most of his  
24 opinion on is the Troponin results that were done in

1 the labs that were taken about 3:30 in the afternoon of  
2 the day he died.

3 Now, the actual labs, and Mr. Beavers didn't  
4 point these out specifically, but they're on page 10  
5 and 11 of Exhibit Number 1 --

6 THE COURT: Exhibit 9? Oh, okay.

7 MR. ROWE: And they do suggest that the  
8 specimen that was taken at 3:30 shows an elevated  
9 Troponin level, but it's not a highly elevated Troponin  
10 level, and I would suggest to you, Your Honor, that the  
11 records that Mr. Beavers pointed out earlier of the  
12 nurse's note are important in this regard. And those  
13 nurse's notes are in two places. They're Exhibit 6,  
14 Page 127, and they're Exhibit 2, Page 23.

15 And what those nurse's notes say that is  
16 important in that regard -- sorry. Let me get to it.  
17 Let me get Exhibit 6. Sorry.

18 THE COURT: Page 23 is the anesthesia records.

19 MR. ROWE: Yeah, I'm sorry, I got the wrong  
20 reference there. It's Exhibit 6, Page 127 is where the  
21 note is. And the part of the note that I want to refer  
22 to is the beginning. It says, "Shortly after arriving  
23 in the PACU the recovery room nurse reported that the  
24 patient became hypotensive and tachycardic."

1           So, shortly after getting to the recovery  
2 room they note he's hypotensive and tachycardic. And  
3 I'm sure you know from your medical background that  
4 Troponin levels can be caused -- or Troponin levels are  
5 evidence of damage to the heart, not necessarily a  
6 myocardial infarction. Lots of things can cause  
7 elevated Troponin levels, like tachycardic.

8           So, the fact that Dr. Ruggeroli seizes on the  
9 high Troponin level I think is a bit of a red herring  
10 in this case, because there are indications that he had  
11 things going on that could have caused the elevated  
12 Troponin level.

13           And again, if you look at what Dr. Carrea and  
14 the other cardiologists do here is they look at this  
15 and say, "Look. We're just -- we're just not sure. We  
16 don't have enough evidence absent basically an  
17 autopsy."

18           And I think that is the most reasonable  
19 opinion in this case. That's the most reasonable  
20 conclusion, given the available evidence that we do  
21 have.

22           Shifting gears, Your Honor, I want to shift  
23 to the issue of who's the responsible insurer in this  
24 case.

1 As indicated, Mr. Demaranville retired from  
2 the RPD in 1990. At that point in time, Icon was the  
3 insuring entity for the City of Reno.

4 I think that the Daniels case, Employer's  
5 Insurance Company versus Daniels, at 122 Nevada 1009,  
6 at 145 Pacific 3rd 1024, tells us how you resolve the  
7 issue of which insurer is responsible. It applies to  
8 the last injurious exposure rule for the point of  
9 determining which insurer is responsible in a heart  
10 case, where you have multiple insurers that could be  
11 responsible.

12 And what the court says is, since a causal  
13 relationship between firefighting and heart disease --  
14 and of course, in this case we're talking about police  
15 work, not firefighters -- and heart disease is  
16 conclusively presumed if the firefighter's presumption  
17 criteria are met.

18 So the key point here is that the five-year -  
19 - employment for five continuous, uninterrupted years  
20 is the criterion event. The employer closest in  
21 temporal proximity to the disabling event and to whom  
22 presumption applies bears the burden of paying the  
23 disabled compensation.

24 The insurer in this case that has the most  
25 temporal relationship to the date of disability, if we

1 presume that's the date of death in this case, would be  
2 Icon, because Mr. Demaranville was not employed with  
3 the City of Reno at any point in time that it was self-  
4 insured.

5 So if we're looking at the responsible  
6 insurers, the City of Reno as a self-insured employer  
7 was never qualified -- was not a qualified employer  
8 because Mr. Demaranville did not work at any point in  
9 time for that entity, i.e., the self-insured City of  
10 Reno, for any length of time, let alone the five years  
11 continuous uninterrupted work.

12 So, the insurer that has the most temporal  
13 relationship, who does qualify, would have been Icon.  
14 So it's our position that Icon is the responsible  
15 insurer if, in fact, there is enough evidence to prove  
16 the actual causation relationship here, which we do not  
17 believe is the case.

18 And with that, I'll let Mark go forward on  
19 his argument particularly with respect to causation.

20 THE COURT: Mr. Sertic.

21 MR. SERTIC: Thank you, Your Honor.

22 Mr. Rowe is correct, there is no evidence in  
23 this case that the claimant had arteriosclerotic heart  
24 disease, which I might refer to from now on as just  
25 heart disease to make it a bit easier.



1 Cardiac arrest, the heart stopped, does not  
2 equate necessarily with heart disease. It could be  
3 caused by heart disease, but a cardiac arrest can also  
4 be caused by a lot of other reasons that have nothing  
5 to do with heart disease, including complications from  
6 surgery.

7 Now, I don't think it's material to the  
8 outcome of the case, but we really should clear up a --  
9 an assertion that's been made that the claimants, or  
10 Mr. Demaranville's problems didn't occur until some  
11 time after surgery. The evidence is they occurred  
12 immediately after surgery, shortly is the word, as soon  
13 as he got to the recovery room.

14 And that's at -- I have it -- let me find the  
15 exhibit. Exhibit 2, Page 27, are those nurse's notes,  
16 and it starts out shortly after arriving in the PACU  
17 the recovery room nurse reported the patient became  
18 hypotensive and tachycardic.

19 And Dr. Ruggeroli, in Exhibit 7, Page 1,  
20 confirms that. He says, shortly after arrival noted to  
21 become hypotensive and tachycardic. And then standard  
22 cardiopulmonary resuscitation protocol initiated.

23 So he's telling us they started CPR almost  
24 immediately.

1 THE COURT: But CPR started clearly in the  
2 records at 19:08, 7:08 in the evening.  
3 MR. SERTIC: Okay.  
4 THE COURT: I mean, that's clear there's a --  
5 there's a resuscitation document here.  
6 MR. SERTIC: All right.  
7 THE COURT: So, you know, it's tough to --  
8 it's tough to make all of this come together, really,  
9 but.  
10 MR. SERTIC: Well, I'll stand corrected. I  
11 would have missed that.  
12 THE COURT: He died at 19:18, and they -- they  
13 started CPR at 19:08. And I can find the record  
14 probably, but. I just saw it.  
15 MR. SERTIC: Well, you don't need to.  
16 THE COURT: Okay.  
17 MR. SERTIC: Ruggeroli apparently had that  
18 wrong, then.  
19 THE COURT: Yeah.  
20 MR. SERTIC: But we do know surgery ended at  
21 at least 1:32 because in Exhibit 1, Page 6, is the  
22 operative report. And it's stamped on Page 6 at 1:32,  
23 and on the next page, Page 7, it's dictated at 1:32.  
24 THE COURT: I mean, you know, it's just if you  
25 look at the nurse's note at 127 it's clear that she's

1 doing it after the fact, and so it's hard to tell when  
2 certain things happened, but you can tell that there  
3 was a continuing process of trying to bring his blood  
4 pressure up for some period of time.

5 MR. SERTIC: By some methods.

6 THE COURT: Until, it looks like, 19:10, when  
7 she, this particular nurse, was brought to the bedside.  
8 Actually --

9 MR. SERTIC: This nurse, actually.

10 THE COURT: -- I'm not sure this was the  
11 nurse, since she intubated the patient, but possibly.

12 MR. SERTIC: Well, whoever wrote this --

13 THE COURT: They were already doing CPR at  
14 that point.

15 MR. SERTIC: Right.

16 THE COURT: Yeah.

17 MR. SERTIC: And whoever wrote this shows up  
18 at, I think it's 18:10, is what it looks like.

19 THE COURT: Yeah, I think that's --

20 MR. SERTIC: 6:10, and so she's writing from  
21 reports from others.

22 THE COURT: She wrote it at 19:30, yeah.

23 MR. SERTIC: Right. But then, right about  
24 mid-way it says, "I was called to the patient's bedside  
25 at" -- which looks like 18:10.

1 THE COURT: I think it's 19:10. Because the  
2 patient was in full arrest at that time.

3 MR. SERTIC: All right. So 7, so she's even  
4 later, but --

5 THE COURT: I just -- you know, I just --

6 MR. SERTIC: Again --

7 THE COURT: You know, something was going on  
8 pretty much all afternoon.

9 MR. ROWE: Your Honor, for what it's worth,  
10 this is identified as an anesthesiology note.

11 THE COURT: yes.

12 MR. ROWE: It may be the anesthesiologist.

13 THE COURT: I think it's the anesthesiologist,  
14 yeah. Who was there at the time.

15 MR. BEAVERS: We all thought it was the nurse  
16 because you could actually read it.

17 THE COURT: Because the handwriting is  
18 legible. So anyway, go ahead. I didn't mean to  
19 interrupt you.

20 MR. SERTIC: So, we then have the doctor's  
21 reports to look at. And Icon sent off a request to  
22 Prium, which is the company they use sometimes for  
23 those reports, and the first report they got was from  
24 Dr. Pameraju, that's at Exhibit 3, pages 13 to 17. And  
25 when they did it, they note that rather than a

1 cardiologist, which is maybe the kind of person you  
2 want to do this, that doctor is a doctor of physical  
3 medicine and rehabilitation.

4 THE COURT: Uh-huh.

5 MR. SERTIC: And so they then immediately sent  
6 out a request again for an actual cardiologist, and  
7 then they get Dr. Ali to review it, who's board  
8 certified in cardiovascular disease and nuclear  
9 cardiology. And that report is at Exhibit 3, Pages 9  
10 to 12.

11 And he finds, or she finds, that there's no  
12 evidence of coronary artery disease, coronary heart  
13 disease, ischemic heart disease, or arteriosclerotic  
14 heart disease.

15 On Page 12, the doctor specifically says that  
16 there's no evidence to support the diagnosis on the  
17 death certificate of arteriosclerotic heart disease and  
18 there's no evidence of a myocardial infarction as  
19 stated on the C4.

20 Now, the doctor bases that on -- and it's my  
21 understanding, I digress a bit, from doing research in  
22 the last few days, that there is a difference between a  
23 -- in medical literature, between a cardiac arrest and  
24 a myocardial infarction. As I read the reports, they  
25 start a myocardial infarction is basically a cardiac

1 arrest, but one that's caused by ischemia or restricted  
2 blood flow or an occlusive problem.

3 THE COURT: I think you're absolutely correct.  
4 A myocardial infarction is a heart attack, where you've  
5 got ischemia, or dead -- it's an actual -- and I think  
6 that an MI is heart disease. And a cardiac arrest can  
7 happen for any number -- I think that's what you're  
8 getting at.

9 MR. SERTIC: Yes. That was my understanding.

10 THE COURT: Okay.

11 MR. SERTIC: So, this doctor says there's no  
12 evidence of myocardial infarction. Now, bases that on  
13 the understanding that no cardiac enzymes were drawn,  
14 and they got that wrong. They were drawn. But also,  
15 contrary to the argument that you heard earlier, that  
16 wasn't the conclusive one, with both this doctor and  
17 then Dr. Lagstein. There's also no EKG taken and no  
18 autopsy taken.

19 So it's three things they wanted to see, and  
20 the enzymes clearly were drawn, and, as Mr. Rowe  
21 pointed out, again, my understanding by reading the  
22 literature, the high, or the elevated troponin levels  
23 simply show muscle damage, heart damage, which could be  
24 caused by any number of things, including the  
25 tachycardic.

1 But that doesn't get you -- muscle damage  
2 doesn't get you the pre-existing heart disease. It  
3 gets you heart muscle damage.

4 So Dr. Ali says most likely that cardiac  
5 arrest was a post-operative complication. The claimant  
6 relies heavily on Dr. Gomez both on the C4 and the  
7 death certificate where he states that it was heart  
8 disease was the cause of this, and, as MR. Rowe pointed  
9 out, he has no evidence for making that assertion  
10 whatsoever.

11 The cardiologist attending at death, Dr.  
12 Carrea, also doesn't really provide any help to the  
13 claimant. At Exhibit 1, Pages 12 to 13, is his report.  
14 And he concludes that the diagnosis is post-operative  
15 hypotension and shock, possible cardiac etiology.

16 Well, first possibilities aren't sufficient  
17 here, but cardiac etiology doesn't help us. We  
18 understand his heart stopped. The issue is whether the  
19 claimant can show that it stopped because of heart  
20 disease.

21 And then we come to Dr. Betts, who's at Pages  
22 -- it's in more than one spot. I'll refer to it in  
23 Exhibit 3, Pages 27 to 29. Frankly, with all due  
24 respect, Dr. Betts is all over the place in his  
25 opinion. He clearly states on page 28 that he can't

1 determine the actual cause of death. First answer, no,  
2 he can't determine it.

3 Then, in answer to number 6, skip down there,  
4 he says he can't determine with certainty if the  
5 cardiac arrest was caused by some form of heart  
6 disease. He says, "You should ask a cardiologist."

7 Because, despite those answers, it does say  
8 in number 2 that the probability is high that the  
9 claimant died of heart disease. And in number 4 he  
10 says he most likely suffered a myocardial infarction.  
11 But he has no evidence upon which to make those  
12 statements, and frankly, Your Honor, given that he's  
13 said yes and no multiple times in the same letter, I  
14 don't think anybody can rely on that either way, and so  
15 his opinion should not be given much weight.

16 What he does say is, you should ask a  
17 cardiologist, which is what Icon did by asking Dr.  
18 Lagstein. And that's at Exhibit 4 -- 5, excuse me.  
19 Five. I'm gonna refer to Page 7.

20 In answer to question number 1 he says  
21 there's no clear evidence of heart disease, even though  
22 he notes that he had a right bundle branch block in the  
23 past and underlying left ventricular hypertrophy.

24 He says those in and of themselves are  
25 insufficient to document underlying coronary artery



1 disease. In answer to number 2, he says there's  
2 insufficient evidence to support a diagnosis of  
3 arteriosclerotic heart disease as stated in the death  
4 certificate.

5 Again, he doesn't know -- he doesn't see that  
6 enzymes were drawn, but it's, again, not completely  
7 conclusive. He also says there's no EKG, which is  
8 correct, and that's something that would have been  
9 provided.

10 And then number 4 he says there isn't  
11 sufficient evidence to support a diagnosis, and  
12 believes that the death is due to post-operative  
13 complication of unclear etiology, and that goes to  
14 another argument that's been raised.

15 It's been at least implied that it's our  
16 responsibility to establish a cause of death or a cause  
17 for the cardiac arrest. That's not correct. Under the  
18 statutes it's clearly the claimant's burden. And this  
19 is an unfortunate case. The claimant clearly had a --  
20 his heart stop, but it's their burden to show that it  
21 was due to underlying heart disease, and the evidence  
22 just doesn't support that in this case.

23 Again, in the interest of time, because the  
24 hour's late. Dr. Lagstein, in answer to question  
25 three, says there's insufficient evidence to support

1 Dr. Ruggeroli's assertion. And that's frankly  
2 unsurprising, since Ruggeroli provides no evidence to  
3 support his conclusion that there was occult occlusive  
4 arteriosclerotic heart disease.

5 His opinion, Dr. Ruggeroli's, who the  
6 claimant mostly relies on, as I understand it, is at  
7 Exhibit 7, both in answer to questions and in his  
8 report that I cited earlier, and what he comes up with  
9 basically, he acknowledges that there is no document,  
10 documented history of coronary artery disease, but

11 in his opinion Mr. Demaranville had occult heart  
12 disease, hidden, without evidence.

13 Given that there's no evidence of underlying  
14 heart disease, it's frankly no wonder that he has to  
15 rely on calling it occult or hidden. But frankly, and  
16 with all due respect for him, he has no evidence to  
17 make that assertion. It's absolute complete  
18 speculation.

19 And the claimant then has Dr. Ruggeroli  
20 respond to Dr. Lagstein's comments, and that's at  
21 Exhibit 9 -- it's gonna be Exhibit 8, which I have now  
22 completely misplaced.

23 THE COURT: Actually, I think it's in Exhibit  
24 9, the response.

25 MR. SERTIC: Well, Dr. Carrea responds.

1 MR. ROWE: Ruggeroli's second report, Your  
2 Honor, is Exhibit 8. Page 4, Exhibit 8.

3 MR. SERTIC: So he then -- it's Dr. Lagstein's  
4 report, asked to comment on it. In his response he  
5 acknowledges that there is no documented history of  
6 coronary artery disease. The best he can say, the best  
7 he can come up with, is that Mr. Demaranville had risk  
8 factors for it. Well, unfortunately, don't a lot of  
9 us? That does not prove coronary artery disease.

10 He does note that he had an elevated troponin  
11 level, and that's consistent with heart damage. Well,  
12 that, again, isn't really news in this case. We know  
13 he was having heart issues. The issue is what caused  
14 those.

15 And again, he comes down to saying it was  
16 occult coronary artery disease, again, without any  
17 evidence to support that. And interestingly, he never  
18 actually addresses Dr. Lagstein's report. Doesn't  
19 really comment on it at all.

20 And then finally we have the opinion of Dr.  
21 Carrea, which is at Exhibit 9, who was the cardiologist  
22 called in to the recovery room very late, apparently.  
23 He acknowledges at Page 15 that he was briefly in  
24 attendance, doesn't have any other knowledge or  
25 information, and the best he can say at that date is

1 that the echo findings were consistent with a cardiac  
2 etiology, but again, that really isn't helpful for us.  
3 Because we need more than cardiac etiology.

4 He says it's possible that it arose from a  
5 perioperative cardiac event, and as I understand  
6 perioperative it means just during or around or because  
7 of the operation.

8 But he says that's a possibility. Again,  
9 that's -- possibilities aren't sufficient, but who are  
10 we to argue that. That's actually helpful for us, but  
11 that doesn't mean he died of heart disease. Again, he  
12 states he believed he had occult cardiac issues.  
13 Again, no evidence for that. And then finally, and  
14 most importantly, he says, "Can't state with conviction  
15 or certainty that death resulted from a cardiac event."  
16 So he's even backing off the cardiac event thing.

17 Now, we all know we don't need certainty in  
18 this business, but we really do need conviction.  
19 That's really the probability. And he's the attending  
20 cardiologist at the time of death and he can't even get  
21 to that, much less the finding that there's heart  
22 disease.

23 So, this is a serious matter, and I'm being  
24 serious when I say this, that the claimant's evidence  
25 for heart disease really comes down to the fact that

1 there is no evidence. That's basically the argument.  
2 There's no evidence, so it's occult, and therefore it's  
3 there. That's not sufficient.

4 And so because the medical evidence doesn't  
5 support the finding at all, much less by a  
6 preponderance of the evidence of underlying heart  
7 disease which resulted in the death, both insurers'  
8 determination should be affirmed. The hearing officer  
9 in my case should be reversed.

10 And, because the hour is late, I wanted -- I  
11 just have to mention so they're in the record. I don't  
12 think you need to get to any of these issues. But it's  
13 our position that the claim was untimely. The date of  
14 death was August 5, 2012. The C4, which is in the  
15 record, is August 20th of the next year.

16 Additionally, Mr. Demaranville was advised --  
17 he did take his physical tests. There's no argument  
18 there. But he was advised repeatedly in those to stop  
19 smoking, which eventually he did, as I understand it,  
20 in 2009, but exhibit -- those are set forth in Exhibit  
21 4, and there's many references to doctors telling him  
22 to stop smoking.

23 So even if he had heart disease, which there  
24 isn't evidence of, that statute would preclude the  
25 benefits.

1 And then with regard to, again, which  
2 employer or which party might be responsible, again, I  
3 don't think we get to that issue, but the Supreme Court  
4 in the Mirage versus Department of Administration said  
5 the date an employee's entitled to benefits for an  
6 occupational disease occurs when they're disabled and  
7 they can't work, and the evidence is Mr. Demaranville  
8 worked really up until his surgery. And so that would  
9 have been in 2012. That's when the claim arises.  
10 That's when benefits start. And under that it would be  
11 the city, not my client, employer's insurance company,  
12 that would be responsible. But again, I don't think  
13 you get to those. I just wanted to mention them so  
14 they're in the record, and with that, we'll close.

15 THE COURT: Thank you. I don't want to rush  
16 you, because we're certainly going to take the time.

17 MR. SERTIC: That's fine. We're good.

18 THE COURT: Mr. Beavers?

19 MR. BEAVERS: The only point I would make  
20 about this confusion of how quickly after the surgery  
21 did resuscitation efforts begin or when did the nurses  
22 have cause to believe the patient was suffering a heart  
23 attack? You had live testimony of a witness before you  
24 today who swore under oath that Dr. Gomez came out  
25 after the surgery and said the patient's fine, and then

1 the witness testified that she sat there for five hours  
2 before she went in and she talked to Dan Demaranville.  
3 Clearly he was not dead at that time.

4 She also testified that she got pushed out of  
5 the room about that time. He spoke to her. He asked  
6 her questions. When he got sick and started to throw  
7 up the second time, that's when the nurse asked her to  
8 leave. I submit to Your Honor, that's when these  
9 heroic efforts to save the patient started. So there  
10 was at least five hours from the time of surgery to the  
11 time that Mr. Demaranville really started suffering  
12 from this heart attack, and it wasn't shortly after the  
13 operation. Thank you.

14 THE COURT: Thank you. Mr. Rowe, anything?

15 MR. ROWE: You know, just because it may have  
16 been overlooked, I think the importance of evidence of  
17 arteriosclerotic heart disease is particularly  
18 important here because the contention is the death was  
19 caused by a myocardial infarction. We're not talking  
20 about some general cause related to the heart here.  
21 We're talking specifically about myocardial infarction,  
22 and that's why it's so important that there be some  
23 evidence in that record somewhere that he actually had  
24 occlusive heart disease of some kind that would have  
25 led to myocardial infarction.

1 THE COURT: Okay. All right. Mrs.  
2 Demaranville, a written decision will be issued within  
3 about 30 days. Thank you very much for coming today.  
4 I thank everyone for their complete presentations, and  
5 I'm gonna look at all this evidence. Okay? And we can  
6 go off the record unless there's anything further.

7 MR. SERTIC: Nothing further, Your Honor.  
8 Thank you.

9 MR. ROWE: Thank you.

10 (Proceedings conclude at 4:20 p.m.)  
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**TITLE:**     **The Contested Industrial Insurance Claim of:**  
**DANIEL DEMARANVILLE, DECEASED**

**DATE:**       **January 27, 2015**

**LOCATION:** **Carson City, Nevada 89701**

**The below signature certifies that the**  
**proceedings and evidence are contained fully and**  
**accurately in the digital audio as reported at the**  
**proceedings in the above-referenced matter before the**  
**Department of Administration, Appeals Office.**

*Jennifer Knight*

**JENNIFER KNIGHT**

**4/30/2015**

**TRUST POINT REPORTING**

**DATE**

FILED

AUG 23 2013

DEPT. OF ADMINISTRATION  
APPEALS OFFICER

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

In the Matter of the Contested  
Industrial Insurance Claim of:

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

DANIEL DEMARANVILLE  
(DECEASED)  
c/o LAURA DEMARANVILLE

Claimant.

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ENTERED 8/7/13

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**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**HEARINGS DIVISION**

RECEIVED  
JUL 18 2013  
McDonald Carano Wilson LLP

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 44686-SA  
Claim Number: 12853C301824

DANIEL DEMARANVILLE  
PO BOX 261  
VERDO, NV 89439

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

**ORDER TRANSFERRING HEARING TO APPEALS OFFICE**

The Claimant's Request for Hearing was filed on June 28, 2013.

The requesting party appealed the Insurer's determination dated May 23, 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 17th day of July, 2013.

  
\_\_\_\_\_  
Sondra L Amodei, Hearing Officer

156 126

## EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM 0-4

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED							
First Name <b>Daniel</b>	M.I. <b>E</b>	Last Name <b>Demarcoville</b>	Birthdate <b>10-4-1954</b>	Sex <b>M</b>	Claim Number (Insurer Use Only)		
Home Address <b>302 S. Verdi Rd.</b>	City <b>Verdi</b>	State <b>NV</b>	Zip <b>89436</b>	Height <b>5'11"</b>	Weight <b>215</b>	Social Security Number	
Telephone <b>(775) 945-1530</b>	Primary Language Spoken <b>English</b>						
INSURER	THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) when Injury or Occupational Disease Occurred <b>Retired Police Officer</b>				
Employer's Name/Company Name <b>City of Reno</b>				Telephone <b>775 334-4126</b>			
Office Mail Address (Number and Street) <b>1 E. 2nd Street Reno, NV 89505</b>							
Date of Injury (if applicable) <b>8-5-2012</b>	Hours Injury (if applicable) <b>8:15 AM</b>	Date Employer Notified <b>8-5-2012</b>	Last Day of Work After Injury or Occupational Disease <b>N/A</b>		Supervisor to Whom Injury Reported <b>Retired</b>		
Address or Location of Accident (if applicable) <b>Reno Hospital</b>							
What were you doing at the time of the accident? (if applicable) <b>Recovery</b>							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>Massive heart attack after surgery</b>							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <b>None at this time</b>						Witnesses to the Accident (if applicable) <b>Wife (Laura)</b>	
Nature of Injury or Occupational Disease <b>Arteriosclerotic Heart Disease</b>				Part(s) of Body Injured or Affected <b>Arteriosclerotic Heart Disease</b>			
<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 ACCIDENT AND OCCUPATIONAL DISEASE ACT'S (NRS 639.010-639.015) AND/OR COMPENSATION FROM THE NEVADA DEPARTMENT OF INDUSTRIAL SAFETY, THE NEVADA DEPARTMENT OF REVENUE, OR OTHER PERSON, ANY MEDICAL, INCLUDING VETERANS ADMINISTRATION, OR GOVERNMENTAL, FEDERAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELIEVE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, CONTINUED TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COURSE, PROGNOSIS, PHYSIOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCE, FOR WHICH I MUST HAVE SPECIFIC AUTHORIZATION. A VIOLATION OF THIS AUTHORIZATION SHALL BE AN VIOLATION OF THE OATH.</small>							
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT</b> Date <b>9-5-2012</b> Place <b>Reno</b> Employee's Signature <b>[Signature]</b> 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) Have you advised the patient to refrain all 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 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 related? <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 employee's copy of this form was mailed to the employer on: Address City State Zip Provider's Tax I.D. Number Telephone Doctor's Signature Degree INSURER'S USE ONLY							

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE Form 0-4 (Rev. 10/07)

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TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-3 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		FEIN 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 89505	INSURER CITY OF RENO		THIRD-PARTY ADMINISTRATOR CCMSI, Inc.		
EMPLOYEE	First Name M.I. Last Name DANIEL E DEMARANVILLE		Social Security		Birthdate 10/04/1934	Age 77	Primary Language Spoken English	
	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	Was the employee paid for the day of injury? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 (O/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 O/D 08/05/2012		Supervisor to whom injury or O/D reported N/A RETIRED EMPLOYEE			
	Address or location of accident (Also provide city, county, state) (if applicable) 1155 MILL STREET RENO WASHOE NEVADA					Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	What was this employee doing when the accident occurred (loading truck, working down stairs, etc.)? (if applicable) HEART ATTACK AFTER SURGERY							
INJURY OR DISEASE	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. RETIRED OFFICER EXPERIENCED MASSIVE HEART ATTACK AFTER SURGERY.							
	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) SURGERY				Witness LAURA (WIFE), ;		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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				Witness		Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If validity of claim is doubted, state reason				Location of initial treatment RENOWN MEDICAL CENTER, 1155 MILL STREET, RENO			
	Treating physician/therapist name RENOWN MEDICAL CENTER				Emergency Room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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		Rotating <input type="checkbox"/>		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		<input checked="" type="checkbox"/> Do not know	
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-8). 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 ends on: <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <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 <input checked="" type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo				
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: <a href="http://govcha.state.nv.us">http://govcha.state.nv.us</a> E-mail: <a href="mailto:cha@govcha.state.nv.us">cha@govcha.state.nv.us</a>								
Insurer Use Only	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 <i>[Signature]</i> Work Comp Rep.		Date 9.11.12			
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 <sup>rd</sup> Party		Desired Wage		Account No. 12853C301824			
	Claim Examiner's Signature		Date		Status Clerk			

Form C-3 (rev. 11/05)

ORIGINAL - EMPLOYER

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYEE

Loc: 0800  
Dept: retired

emailed to comai on 9.11.12

Received

SEP 12 2012

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C C M S I

May 23, 2013

Daniel DeMaranville  
PO Box 261  
Verdi, NV 89439

RE: Employer: City of Reno  
DOI: 8/5/2012  
Claim #: 12853C301824

Dear Ms. DeMaranville:

We are the Workers' Compensation Administrator for City of Reno. We are in receipt of your request for widow benefits dated April 25, 2013. Please be advised your request for widow benefits are denied. There is lack of information establishing the cause of death, as there was no autopsy performed. Additionally, we don't have medical records saying Mr. DeMaranville did in fact have heart disease.

**NRS 617.457 Heart diseases as occupational diseases of firefighters 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 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 and who has not reached the age of 55 years before the onset of the disease.

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 employment.

4. A physical examination is not required for a volunteer firefighter more than once every 3 years after an initial examination.

5. All physical examinations required pursuant to subsection 3 must be paid for by the employer.

6. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to the annual examination excludes the employee from the benefits of this section if the correction is within the ability of the employee.

7. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter or police officer, may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

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JUL 02 2013

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CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068

(775) 324-3301

Fax: (775) 324-9893

www.ccmssi.com

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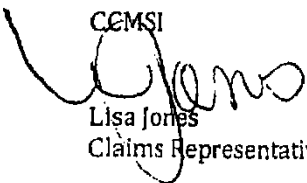
SA 172

8. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation

If you do not agree with this determination, you have the right to request a hearing regarding the matter. If this is your intention, please complete the enclosed "Request for Hearing" form and return it, along **with a copy of this letter**, to the Department of Administration, Hearing Division, Carson City, NV within seventy (70) days from the date of this letter.

Sincerely,

CCMSI



Lisa Jones

Claims Representative

cc: File  
City of Reno  
DIIR/IIRS  
Tim Rowe, Esq.

Enc: D-12a Appeal Rights

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JUL 02 2013  
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Sep. 27. 2012 2:44PM  
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Western Surg Group 775-789-4196  
8/22/2012 11:15:43 PM PAGE

No. 3887.  
1/002 Fax Server

RENOWN REGIONAL MEDICAL CENTER  
1155 MILL STREET  
RENO, NV 89502-1578

DEMARNVILLE, DANIEL EUGENE  
MRN: 0339882  
DOB: 10/4/1984, Sex: M  
Adm: 8/5/2012, DIC: 8/5/2012

**Encounter Information**

**Encounter Information**

CASE	Facility	Admit Date	Discharge Date
8501392300	RENOWN REGIONAL MEDICAL CENTER	Aug 5, 2012	Aug 5, 2012

**Transcription**

Type	ID	Date and Time	Author
OP Report	MDC62484	8/5/2012 1:32 PM 4276	Myron J Gomez, M.D.

Authenticated by Myron J Gomez, MD on 08/22/12 at 2313

Document Text

DATE OF OPERATION: 08/05/2012

PREOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

POSTOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

OPERATION PERFORMED: Laparoscopic cholecystectomy.

SURGEON: Myron J. Gomez, MD.

ASSISTANT:

ANESTHESIOLOGIST: Terry A. Ellis, M.D.

ANESTHESIA: General.

INDICATIONS: Chronic abdominal pain consistent with biliary colic. Abnormally low ejection fraction. Procedure, alternatives, risks, and disability were discussed with the patient in the office. Questions were answered and he wished to proceed.

OPERATION: The abdomen was prepped and draped in sterile fashion. A Veress needle was introduced in the abdomen inflated to 15 mmHg. Midline five port was inserted without incident. Triangulating ports were then inserted under video assist. Gallbladder was retracted displaying triangle of Calot. Triangle was cleared of soft tissue exposing the cystic duct and cystic artery. Cystic artery was divided using multiple hemoclips. Cystic duct was then divided using multiple hemoclips. The gallbladder was then retracted from the gallbladder fossa using argon beam. There was no active hemorrhage at the conclusion of the procedure. The gallbladder was removed using an



PLName Demarnville, Daniel Eugene (MRN:0339882) Page 1

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Sep. 27. 2012 2:44PM  
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Western Surg Group 775-789-4196  
8/22/2012 11:15:43 PM PAGE 2/002

No. 3887  
Fax Server

RENOWN REGIONAL MEDICAL CENTER  
1155 MILL STREET  
RENO, NV 89502-1578

DEMARANVILLE, DANIEL EUGENE  
MRN: 0339682  
DOB: 10/4/1934, Sex: M  
Adm: 8/5/2012, D/C: 8/5/2012

Encounter Information (continued)

EndoCatch bag and then the abdomen reinflated. The area of dissection was irrigated. There was no active hemorrhage or bile leak. Ports were removed with video assist. All wounds were irrigated. No active hemorrhage. Skin was closed with staples. Patient tolerated the procedure well and was taken to recovery room in stable condition.

ESTIMATED BLOOD LOSS: Minimal.

SPECIMENS TO PATHOLOGY: Gallbladder.

Myron J. Gomez, M.D.

MJG/MEDO  
DD: 08/05/2012 1:32 PM  
DT: 08/05/2012 5:35 PM  
D#: 1874869 Job#: 524944276  
cc: MYRON J. GOMEZ, M.D.

Display only: Transcription (MDQ524944276) on 8/5/2012 1:32 PM by Myron J Gomez, M.D.



Pt. Name Demaranville, Daniel Eugene (MRN:0339682) Page  
Received

SEP 27 2012

CCMSI-Rego  
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(775) 345-8530

[GerPDF.aspx?RENOWN REGIONAL MEDICAL CENTER<BR>11987WELLSPIREDRIVEPACERENUE,NY&val=6096gq/CjetPDF.aspx?reqid...](#)

Nonative:	Component	Value	Ref Range	Flag	Comment	Lab
	Sodium	136	136 - 143 mmol/L	-		M
	Potassium	3.7	3.6 - 5.5 mmol/L	-		M
	Chloride	100	98 - 117 mmol/L	-		M
	Ca <sup>2+</sup>	2.4	2.0 - 3.3 mmol/L	-		M
	Anion Gap	12.0	0.0 - 11.6	H		M
	Glucose	120	65 - 99 mg/dL	-		M
	Bun	15	8 - 22 mg/dL	-		M
	Creatinine	1.64	0.50 - 1.40 mg/dL	H		M
	Cabulum	9.4	5.4 - 10.2 mg/dL	-		M
	AST (SGOT)	32	12 - 45 U/L	-		M
	ALT (SGPT)	21	2 - 50 U/L	-		M
	Alkaline	38	30 - 89 U/L	-		M
	Phosphatase					M
	Total albumin	0.8	3.1 - 4.5 mg/dL	-		M
	Albumin	3.8	3.2 - 4.8 g/dL	-		M
	Total Protein	6.6	5.0 - 8.2 g/dL	-		M
	Globulin	2.7	1.9 - 3.3 g/dL	-		M
	A-G Ratio	1.4	g/dL	-		M

Revised: 08/02/12 1847, Revised Status: Final Result

Ordering	Nylon J Gomez, M 2, 08/02/12 1609	Order Status:	Completed
<p>  </p>			

Specimen:	06/26/12 1525				
Name:	Include which substances the patient is on: -> NONE				
Component	Value	Ref Range	Flag	Comment	Lab
GFR if African American	53	ml/min/1.73 m <sup>2</sup>	A		M
GFR if Non African American	44	ml/min/1.73 m <sup>2</sup>	A	The estimated glomerular filtration rate is derived from the IDMS-traceable MDRD Study. The equation has been validated on Caucasian and African American 18 years and older. - eGFR <60 ml/min/1.73 m <sup>2</sup> for >= 90 minutes creatinine CKD - Stages of Chronic Kidney Disease: Stage Description GFR (ml/min/1.73 m <sup>2</sup> ) 1 Kidney damage with normal GFR >=90 2 Kidney damage with mild decrease GFR 60-89 3 Moderate decreased GFR 30-59 4 Severe decrease GFR 15-29 5 Kidney failure <15 For additional info go to <a href="http://www.kidney.org">www.kidney.org</a> or <a href="http://www.kidney.org">www.kidney.org</a>	M

APR 11 08:23:06AM  
Result: 08/02/12 1712 Results Download

Ordering	Order Status	Completed
Nylon J Gomez M.D. 08/02/12 15:08		

Field	Value	Ref Range	Comment
Blood 06/02/12 1525			
Specimen:			
Native:			
APTT	32.5	24.7 - 36.0 sec	Please note new reference range 01/04/2012 Therapeutic Heparin Range: 63-96 seconds

USCIS RECEIVED FROM THE INSURANCE

Result: 08/12/12 17:12. Result Status: Final result

FRYNSCHENH I TIME	DATE	ORDERING	ORDER STATUS	COMPLETED
	08/02/12	1508		

Ordering  
Provider:  
Specimen:  
Blood OAG212 1529  
mylon, Susan, m.d., 04/24/2008  
William Crossman  
www.progeny.com

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FEB 05 2013 9:53 PM

CCMSHRENO

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**Laura DeMaranville**

(775) 345-8530

Go to PDF.aspx RENEW REGIONAL MEDICAL CENTER <BR> | <https://www.hennepin.org/press-releases/2023/09/20/2023-09-20-01> PDF.aspx?reqId.

**Alternative:** Indicate which anticoagulant the patient is on: → NICE

Commitment	Value
PT	15.0
NR	1.17

Rel Range	Fac
12.0 - 14.5 sec	H
0.87 - 1.13	H

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## CBE WITHOUT DIFFERENTIAL 19854907

Resurveyed: 08/30/12 1948, Result Status: Final/ready  
 Date: Completed

Ordering  
Provider:  
unsubscribes:

Myron J. Gomer, M.D. 0825342-1848

**Page 1 of 2**

**Subjects:**

08/05/12 1535

Component	WBC	RBC	Hemoglobin	Hematocrit	MCV	MCH	MCHC	RDW	Platelet Count	MPV
-----------	-----	-----	------------	------------	-----	-----	------	-----	----------------	-----

**Ref Range**  
4.6 - 10.6 KkL  
4.7U - 8.1U MmL  
14.0 - 18.0 g/dL  
42.0 - 52.0 %  
77.0 - 98.0 fL  
27.0 - 33.0 pg  
30.0 - 36.0 pg/cu  
12.0 - 16.2 %  
184 - 446 KkL  
87 - 104 fL

Flag	Contaminant
H	.
L	.
	.
	.
H	.
H	.
	.
	.
	.

**SECRET**

TELEPHONE (86749549)

**Resulted: 08/05/12 16:11, Result Status: Final result**

<b>Ordering Provider:</b>

Milton J Gomez, M.D. 080812 1648

**Completed**

**Spencer:**

0805/12 1535

Ref	Component	Value	Range
	Troponin I	0.32	0.00 - 0.04
			ng/mL

Ref Range	Flag	Comment	ab
0.00 - 0.04 ng/mL	H	The Ultra Troponin I is a highly sensitive assay. Effective 4-1-2011, the reference ranges for positive Troponin I has been changed. This change follows the recommendation of the American College of Cardiology (ACC) committee in conjunction with the 99th percentile reference population.  ultra TnI: 0.00-0.04 ng/mL Clinical Correlation indicated: 0.05 - 0.73 ng/mL Suggestive of MI: >0.73 ng/mL	Normal

**PATHOLOGY SPECIMEN 1553580743**

Revised: 08/01/12 17:03, Report Status: Final Issue

Ordering  
Provider:  
Specimen:  
Narrative:

**Myron J Gornz, M.D. 08.06.12 09.21**

**Completed**

**FINAL DIAGNOSIS:**

**A. Gaudin:**  
Barium gallium is showing no significant histologic abnormality.

**JOHN MCCONNELL, MD**  
 Director, Center for Health Care Policy Studies

CODES  
2002x1

**PREOPERATIVE DIAGNOSIS:**  
Cholecystitis.

## POSTOPERATIVE DIAGNOSIS:

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FEB 26 2013

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2/23/2013 9:53 PM

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137

Feb 25 13 10:46a

Laura DeMaranville

(775) 345-6530

GetPDF.aspx RENOWN REGIONAL MEDICAL CENTER<BR>1155 MILL STREET, RENO, NV 89502...  
<https://www.healthcarepoint.com/Portals/0/GetPDF.aspx?reqId..>

Cholecystitis.

SPECIMEN(S)

A. Gallbladder:

**GROSS DESCRIPTION:**

A. Received in formalin labeled with the patient's name and medical record number and designated "DD, gallbladder" is a gallbladder sac measuring approximately 8.6 x 3 cm. The wall of the gallbladder is about 0.1 cm in thickness. The serosal surface is relatively smooth. Sectioning reveals the presence of thick green mucoid fluid. The mucosal surface is finely granular and mostly greenish-tan. There is no gross suggestion of tumor. No stones are identified in the lumen or specimen container. Representative sections are submitted in a single cassette labeled 6471  
SEN/aw

**MICROSCOPIC DESCRIPTION:**

Microscopic examination was performed. Please see diagnosis.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
40 - M1	RENOWN REGIONAL MEDICAL CENTER	Dr. Palosaari	1155 Mill Street Reno NV 89502	11/30/07 - Present

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FEB 25 2013

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2/23/2013 9:53 PM

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declined by the patient's wife. The order was written in the medical record.

Myron J. Gomez, M.D.

MJG/MEDQ  
DD: 08/05/2012 8:04 PM  
DT: 08/05/2012 9:03 PM  
D#: 1874953 Job#: 524963899  
cc: MYRON J. GOMEZ, M.D.

# Consult Notes

Consults authenticated by Frank P Carrea, M.D. at 08/06/12 2121

Author: Frank P Carrea, M.D.	Service: (none)	Autho Type: Physician
Filed: 08/06/12 2121	Note: 08/05/12 1935	Trans ID: MDC524962676
	Time:	

Trans Available  
Status:

REFERRING PHYSICIAN: MYRON J. GOMEZ, M.D.

REASON FOR CONSULTATION: Postoperative hypotension.

HISTORY OF THE PRESENT ILLNESS: History is very fleeting since I came upon the patient when he was being intubated. In short, the patient is a 77-year-old gentleman without a known previous history of heart disease who underwent cholecystectomy earlier today. He was known to have a baseline right bundle branch block and at least secondhand was not reported to have had any symptoms prior to presenting to the hospital.

MEDICATIONS: Prior to admission were Zantac, Celexa, Cardura, Toprol XL 25 mg a day, Viagra 100 mg as needed, Levsin, Prilosec 20 mg a day, aspirin 81 mg a day.

ALLERGIES: Penicillin and codeine.

SOCIAL HISTORY: Unobtainable.

FAMILY HISTORY: Unobtainable.

PAST SURGICAL HISTORY: Unobtainable.

REVIEW OF SYSTEMS: Unobtainable.

PHYSICAL EXAMINATION:

VITAL SIGNS: At the time of my arrival the patient was being intubated with CPR being performed. Blood pressure was zero, heart rate was 50 with a wide complex escape rhythm.

GENERAL: Patient is cyanotic. He is in the process of being intubated.

LUNGS: Diffuse rhonchi

CARDIAC: Exam is unobtainable.

ABDOMEN: Exam demonstrates a distended abdomen.

EXTREMITIES: Trace edema.

Received

MAR 04 2013

CCMSI-Reno 139

12

IMPRESSION: Again, upon my arrival patient had CPR being performed and had just been defibrillated. I recommended aggressive doses of epinephrine, atropine, and after the code was performed for a period of time, sodium bicarbonate. The echo machine had been called during the resuscitation event after several rounds of vasoactive medications. A brief echo was done which demonstrated no left ventricular wall motion and only minimal movement of the tricuspid valve. At that point I felt that continued resuscitation efforts were probably not in the patient's best interest and would be accompanied by poor outcome so myself along with the anesthesiologist decided that we should terminate the code.

DIAGNOSES:

1. Postoperative hypotension and shock, possible cardiac etiology.
2. History of cholecystectomy.

Frank P. Carrea, M.D.

FPC/MEDQ  
DD: 08/05/2012 7:33 PM  
DT: 08/05/2012 8:11 PM  
D#: 1874949 Job#: 524962676  
cc: FRANK P. CARREA, M.D.  
GOMEZ  
SIERRA NEVADA CARDIOLOGY ASSOCIATES

Operative Report

OR Surgeon authenticated by Myron J Gomez, M.D. at 08/22/12 2313

Author: Myron J Gomez, M.D.	Service: (none)	Author Type: Physician
Filed: 08/22/12 2313	Note: 08/05/12 1332	Trans ID: MDQ524944276
	Time:	

Trans Available  
Status:

DATE OF OPERATION: 08/05/2012

PREOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

POSTOPERATIVE DIAGNOSIS: Biliary dyskinesia/colic.

OPERATION PERFORMED: Laparoscopic cholecystectomy.

SURGEON: Myron J. Gomez, MD.

ASSISTANT:

ANESTHESIOLOGIST: Terry A. Ellis, M.D.

ANESTHESIA: General.

INDICATIONS: Chronic abdominal pain consistent with biliary colic. Abnormally low ejection fraction. Procedure, alternatives, risks, and disability were discussed with the patient in the office. Questions were answered and he wished to proceed.

OPERATION: The abdomen was prepped and draped in sterile fashion. A Veress needle was introduced in the abdomen inflated to 15 mmHg. Midline five port was inserted without incident. Triangulating ports were then inserted under video assist. Gallbladder was retracted displaying triangle of Calot. Triangle was cleared of soft tissue exposing the cystic duct and cystic artery. Cystic artery was divided

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MAR 04 2013

CCMSI-Ren 140

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Printed by: EN21 DU LIE 1120017611 at 2/26/2013 2:24:52 PM

Sep 27, 2012 2:44PM  
HIM

Western Surg Group 775-789-4196  
8/17/2012 1:28:13 AM PAGE

No. 3887  
Fax Server

RENOWN REGIONAL MEDICAL CENTER  
1155 MILL STREET  
RENO, NV 89502-1576

DEMARANVILLE, DANIEL EUGENE  
MRN: 0339882  
DOB: 10/4/1934, Sex: M  
Adm: 8/5/2012, Dis: 8/5/2012

Encounter Information

Encounter Information

Case#	Facility	Admit Date	Discharge Date
8501392300	RENOWN REGIONAL MEDICAL CENTER	Aug 5, 2012	Aug 5, 2012

Transcription

Type	ID	Date and Time	Author
Discharge Summary	MDC62498	8/5/2012 8:04 PM	Myron J Gomez, M.D.
	3889-1		

Authenticated by Myron J Gomez, MD on 08/17/12 at 0127  
This document replaces document MDC624983899

Documented

DATE OF ADMISSION: 08/05/2012

DATE OF DISCHARGE: 08/05/2012

ADMITTING DIAGNOSIS: Biliary colic with biliary dyskinesia.

DISCHARGE DIAGNOSES:

1. Biliary colic and biliary dyskinesia.
2. Cardiac arrest with unsuccessful resuscitation.

OPERATIONS AND PROCEDURES: Laparoscopic cholecystectomy.

CONSULTATIONS: Frank Carrea, M.D. - Cardiology.

HISTORY: The patient presented to the office with a long history of abdominal pain. GI workup was consistent with biliary dyskinesia. He was evaluated by Dr. Gray, who referred the patient for cholecystectomy. Following evaluation in the office, the patient was admitted to Renown Regional for laparoscopic cholecystectomy. He underwent the procedure without incident. There was no active hemorrhage at the conclusion of the procedure. In the recovery room, the patient was hypotensive. Several liters of crystalloid were administered. Repeat hematocrit was in the normal range. He remained hypoxemic requiring oxygen. Dr. Frank Carrea, Cardiology, was consulted, and an ICU bed was arranged. Cardiac echo was ordered. Just prior to the cardiac echo, the patient experienced progressive bradycardia episode and then pulseless electrical activity. CPR was initiated. In attendance for the resuscitation was Dr. Frank Carrea and Dr. Terry Ellis, Anesthesia. Resuscitation was not successful.

Renown

PLName: Demaranville, Daniel Eugene (MRN: 0339882) Page

Received

SEP 27 2012

CCMSI-Reno

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Sep. 27. 2012 2:44PM  
HIP

Western Surg Group 775-789-4196  
9/17/2012 1:28:13 AM PAGE

No. 3887  
2/002 FAX SERVER

RENOWN REGIONAL MEDICAL CENTER  
1155 MILL STREET  
RENO, NV 89502-1578

DEMARANVILLE, DANIEL EUGENE  
MRN: 0339882  
DOB: 10/4/1934, Sex: M  
Adm: 8/5/2012, DIC: 8/5/2012

Encounter Information (continued)

The patient's wife was counseled postoperatively. An autopsy was declined by the patient's wife. The order was written in the medical record.

Myron J. Gomez, M.D.

MIG/MEDQ  
DD: 08/08/2012 8:04 PM  
DT: 08/05/2012 9:03 PM  
D#: 1874953 Job#: 524983889  
cc: MYRON J. GOMEZ, M.D.

Display only: Transcription (MDQ524983889-1) on 8/5/2012 8:04 PM by Myron J Gomez, M.D.

Document history: Transcription (MDQ524983889-1) on 8/5/2012 8:04 PM by Myron J Gomez, M.D.



Pt. Name: Demaranville, Daniel Eugene (MRN: 0339882) Page 2

Received

SEP 27 2012

CCMSI-Reno

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## CERTIFICATION OF VITAL RECORD

## WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

## CERTIFICATE OF DEATH

2012012516

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
HOSPITAL  
OR OTHER  
INSTITUTION  
RECORDING  
COMPLETION  
OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATHCONDITIONS IN  
ANY WHICH  
HAVE BORN TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1. DECEASED NAME (First, Middle Last, Suffix) <b>Daniel Eugene DEMARANVILLE</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>August 06, 2012</b>		3. COUNTY OF DEATH <b>Washoe</b>	
4. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		5. HOSPITAL OR OTHER INSTITUTION (Name, if not other, give street and number) <b>Reno Regional Medical Center</b>		6. SEX <b>Male</b>	
7. RACE (Specify) <b>White</b>		8. HISPANIC ORIGIN? (Specify) <b>No - Non-Hispanic</b>		9. AGE (Years) <b>77</b>	
10. STATE OF BIRTH (If not U.S.A., name country) <b>Iowa</b>		11. CITIZEN OF WHAT COUNTRY (If Education) <b>United States</b>		12. SURVIVING SPOUSE (If wife, give name) <b>LAURA KINGSBORN</b>	
13. SOCIAL SECURITY NUMBER <b>EO4-28-1477</b>		14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Yrs. Even if Retired) <b>Defective</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>	
16. RESIDENCE - STATE <b>Nevada</b>		17. COUNTY <b>Washoe</b>		18. CITY, TOWN OR LOCATION <b>Reno</b>	
19. STREET AND NUMBER <b>564 South York Road</b>		20. IN RENT CITY UNIT? (Specify Yes or No) <b>No</b>			
21. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Earl Brunson DEMARANVILLE</b>			22. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Wanda REILLY</b>		
23. INFORMANT - NAME (Type or Print) <b>LAURA DEMARANVILLE</b>			24. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 261 Verdi, Nevada 89439</b>		
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			26. CEMETERY OR CREMATORIUM - NAME <b>Sterna Crematorium</b>		
27. LOCATION - City or Town State <b>Reno Nevada 89503</b>					
28. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b>			29. FUNERAL DIRECTOR LICENSE <b>822</b>		
30. NAME AND ADDRESS OF FACILITY <b>Washoe Funeral Home, Reno</b>			31. ADDRESS <b>675 West Second St. Reno NV 89501</b>		
32. TRADE CALL - NAME AND ADDRESS					
33. To the best of my knowledge and belief, I certify that the facts stated on this certificate are true and correct, and that the cause of death is as stated.					
34. SIGNATURE OF CERTIFIER <b>MYRON JAMES GOMEZ M.D.</b>					
35. DATE SIGNED (Mo/Day/Yr) <b>August 07, 2012</b>		36. HOUR OF DEATH <b>19:18</b>		37. DATE SIGNED (Mo/Day/Yr) <b>August 10, 2012</b>	
38. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) <b>Myron James Gomez, M.D., 18 Pringle Way #1002 Reno, NV 89502</b>		39. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 10, 2012</b>		40. PRONOUNCED DEAD AT (Hour) <b>19:18</b>	
41. NAME AND ADDRESS OF REGISTRAR (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) <b>BRIDGES SANDI</b>					
42. SIGNATURE OF REGISTRAR <b>BRIDGES SANDI</b>					
43. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 10, 2012</b>					
44. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>					
45. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) <b>Cardiac arrest</b>					
46. DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerotic heart disease</b>					
47. DUE TO, OR AS A CONSEQUENCE OF: <b></b>					
48. DUE TO, OR AS A CONSEQUENCE OF: <b></b>					
49. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause listed in Part I) <b></b>					
50. ALLIPOSE (Specify Yes or No) <b>No</b>					
51. WAS CASE REPORTED TO CORONER (Specify Yes or No) <b>No</b>					
52. AGE, SEX, RACE, HON. UNST. OR FOREIGN BIRTH (Specify) <b></b>		53. DATE OF BIRTH (Mo/Day/Yr) <b></b>		54. HOUR OF INJURY <b></b>	
55. INJURY AT WORK (Specify Yes or No) <b>No</b>		56. PLACE OF INJURY (Home, farm, shop, factory, office, building, etc. (Specify) <b></b>		57. LOCATION <b></b>	
58. STREET OR R.F.D. No. <b></b>		59. CITY OR TOWN <b></b>		60. STATE <b></b>	

STATE REGISTRAR

Received

SEP 06 2012

CCMSI-Reno

000091619

CERTIFIED COPY OF VITAL RECORDS

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

08/10/2012

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED

This copy is valid unless prepared on original forms displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY

Division of Industrial Relations  
400 West King Street, Suite 400  
Carson City, Nevada 89703  
1301 N. Green Valley Parkway, Suite 200  
Henderson, Nevada 89074

**FATALITY REPORT**  
(Pursuant to NAC 616B.018)

(Note: The insurer must notify the Administrator within 48 hours after receiving notice of fatality)

To: ADMINISTRATOR, D.I.R.

From: CCMST

Address: PO Box 20068 Reno, NV 89515

Date: 8-6-12

Deceased: Daniel Demarville D.O.B. 10-4-34 SSN: \_\_\_\_\_

Address: 563 S. Verdi Road City: Verdi

County: Washoe County State: NV

Date of Accident or onset of Occupational Disease: 8-5-12 Time: 19:18 A.M. P.M.

Date of Death: 8-5-12

Marital Status: M Name of Spouse: Laura Demarville No. of Dependents: 0

Name of Dependent: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: City of Reno Type of Business: Retired Police Officer

Address: PO Box 1900 Reno, NV 89505

Deceased Employee's Occupation: Retired Police Officer

Exact Location of Accident (if applicable): Renaissance Medical Center

Describe Accident or Occupational Disease: massive Heart attack  
after surgery.

Lisa Jones 8-6-12  
Reported By  
Claims Representative  
Title

D-21 (rev. 1/00)

174

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(17)



Laura Demaraville  
PO Box 261  
Verdi, NV 89439

Claim No:  
Injury Date: 8/5/2012  
Employer: City of Reno  
Insurer: City of Reno  
TPA: CCMSI  
Date of Notice: 9/6/2012

Dear Mrs. Demaraville:

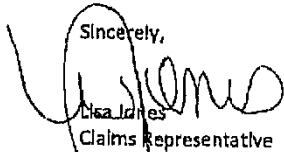
We have recently received the accident report from your husbands employer. CCMSI is the third party administrator that handles the claims for the City of Reno.

To ensure the best possible outcome, please be sure to keep in close contact with your claims adjuster.

If you have not spoken to the undersigned by the time you have received this letter, please call as soon as possible so that your claim can be reviewed for any additional benefits due.

Your attention and cooperation is appreciated and we look forward to working with you.

Sincerely,

  
Lisa Jones  
Claims Representative

Phone: 775-324-3301 x1029  
Fax: 775-324-9893

CC: File

(18)



September 6, 2012

Renown  
Attn: Medical Records

Send via fax to: 775-982-5669

Re: Claimant: Daniel Demaranville  
Claim No.:  
S.S.N.:  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for *any* condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,

*Lisa Jones*

Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno

(19)

09/06/2012 16:29

(FAX)

P.001/003



Renown/Release of Information  
1155 Mill Street  
Reno, NV 89502

Date:

9.6.12

To Whom It May Concern:

Lisa Jones

At this time we cannot fill your request for copies of medical records due to one of the following reasons:

☒ No authorization was received with your request, or your authorization is not HIPAA compliant. Please resubmit your request with our authorization form filled out completely by the patient or patient's representative.

☐ Renown Regional Medical Center does not accept any subpoena issued outside the state of Nevada. Your request will be honored upon the receipt of a valid authorization signed and dated by the patient or patient's representative.

☐ Patient was not treated at Renown Regional Medical Center on the date(s) specified on your request.

☐ Based on information provided, we have no record of the patient being treated at Renown Regional Medical Center. Please provide us with a date of birth, SSN, exact spelling of the patient's name, all AKA's and type of service or treatment and available account numbers.

☐ Patient's records are protected by Federal confidentiality rules (42 CFR part 2) and a general authorization and or subpoena duces tecum for the release of medical records is not sufficient. Please provide a valid HIPAA compliant authorization or a court order so Renown Regional Medical Center may comply with your request.

☒ To honor your request for medical records, Renown Regional Medical Center will need a valid authorization, a copy of a Death Certificate as well as a copy of executor or special administrator paperwork as per Nevada Revised Statutes (629.061, 132.040, 132.130, 132.265, 132.315, 132.325)

Other:

Re: Daniel Demareville

Return this form, the original request and all other documentation to: Renown Regional Medical Center, 1155 Mill St., Reno, NV 89502 ATTN: Release of Information

If you have any questions regarding this letter please contact the Release of Information department at Renown Regional Medical Center, Health Information Management Department, 775/982-5661

SEP 07 2012

CCMS-Reno

147

177

SA 189



~~September 6, 2012~~ 9/10/12

Renown  
Attn: Medical Records

Send via fax to: 775-962-5669

Re: Claimant: Daniel Demaraville  
Claim No.:  
S.S.N.:  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,

*Lisa Jones*

Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno

Received

SEP 07 2012

CCMSI-Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20089 - Reno, NV 89415-0089  
(775) 329-3301 Fax (775) 324-9893 www.ccmsi.com

148

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September 13, 2012

Laura Demaranville  
PO Box 281  
Verdi, NV 89439

Claim Number : 12853C301824  
Date of Injury : 8/5/2012  
Insurer : City of Reno

Dear Mrs. Demaranville:

Enclosed you will find the form D-36, relative treatment history forms, and a Declaration of Medical Providers form. Please sign, date, and return the forms to this office within ten (10) days of the date of this letter. Your signature on these forms acts as a release to acquire information related to your husbands claim.

NAC 816C.079 states in part, "an injured employee must sign all medical releases necessary for the Insurer to obtain appropriate information and documentation to determine the nature and amount of benefits to which he is entitled. If the injured employee fails to do so, the insurer may withhold compensation from him."

If you have any questions, please feel free to contact me.

Sincerely,

  
Lisa Jones  
Claims Representative

cc: City of Reno  
File

Sep 17 12 11:22a

Laura DeMaranville

(775) 345-6530

## Request for Additional Medical Information And Release Form

(Pursuant to NRS 516C.490(3))

Injured Employee's Name: David J. DeMaranville  
Claim Number: 1985303018241 Social Security Number: 89439  
Injured Employee's Address: 2000 State Street, NV  
Injury/Occupational Disease Date: 8-5-18 Date this Notice Printed: \_\_\_\_\_  
Injured Employee's Name: City of Reno Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This release is the release you signed on your C-1 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

### Prior History Information

Please check the appropriate box below and provide the information requested.

☒ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point.)

☐ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This box includes birth defects, prior surgeries, injuries, etc., whether work related or not. If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition(s).

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 Injuries and Occupational Diseases Act (NRS 516A to 516D), inclusive or Chapter 517 of NRS). I hereby authorize my physician, chiropractor, surgeon, podiatrist, or other person, any hospital, including various 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 compensating for such, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A provision of this authorization shall be as valid as the original.

Laura DeMaranville 9-17-18  
Date

Received

SEP 17 2012

CCMSH-Reno

180

150

SA 192

September 13, 2012  
12853C301824

DECLARATION OF MEDICAL PROVIDERS

Daniel E  
DeMaranville have received treatment, had medication prescribed, or  
Print Your Name  
been evaluated by the following doctors, chiropractors, dentists or other practitioners during the last five (5)  
years.

List names and addresses and phone

Dates of Treatment

Dr. Myron Gurney 8-2-12 to 8-5-12  
75 Franklin Way #c 1002  
Reno NV 89502  
775 323-7500  
(billing)

Berenson Medical Center 8-5-12  
P.O. Box 20023  
Reno NV 89520  
775 785-9219  
(billing)

Acadia Medical Group various  
900 Byland St  
Reno NV 89502  
775 786-3555

Received

SEP 17 2012

CCMSI-Reno

(24)

181

151





September 26, 2012

Acadia Medical Group  
Attn: Medical Records

Send via fax to: 775-786-3088

Re: Claimant: Daniel DeMaranville  
Claim No.: 12853C301824  
S.S.N.:  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a medical authorization signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for *any* condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,  
*Lisa Jones*  
for

Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno

25



September 26, 2012

Dr. Myron Gomez  
Attn: Medical Records

Send via fax to: 775-789-9208

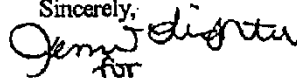
Re: Claimant: Daniel DeMaranville  
Claim No.: 12853C301824  
S.S.N.:  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

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If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,  
  
for

Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno





September 26, 2012

Renown Medical Center  
Attn: Medical Records

Send via fax to: 775-982-5669

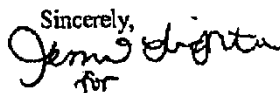
Re: Claimant: Daniel DeMaranville  
Claim No.: 12853C301824  
S.S.N.: .....  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a medical authorization signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for *any* condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,  


for  
Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno



October 15, 2012

Daniel Demaranville  
PO Box 261  
Verdi, NV 89436

RE: Claim No: 12853C301824  
Injury Date: 8/5/2012  
Employer: City of Reno  
Insurer: CCMSI

Dear Ms. Demaranville:

Thank you for submitting the death certificate for your husband Daniel Demaranville. Please accept our sympathy on the loss of your husband.

Unfortunately the medical reporting that we have on file is not complete. Based on this information it is the determination to deny your request for widow benefits at this time. Please fill out the enclosed forms and return the completed forms to CCMSI so we can obtain the medical records from Renown Regional Medical Center.

Should you disagree with this determination you have the right to appeal by completing the enclosed "Request for Hearing" form and returning it to the Nevada Department of Administration Hearing Division Office within seventy (70) days of the date of this determination.

If you have any questions or wish to discuss this matter, please contact me at the number noted below at x1029.

Sincerely,

  
Lisa Jones

Claims Representative

cc: File  
City of Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068

(775) 324-3301

Fax: (775) 324-0453

www.ccmsi.com

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SA 197

Nov 08 12 12:29p

Laura DeMaranville

(775) 345-6530

p.1

12853C301824

November 6, 2012

CCMSI

Attn: Lisa Jones

Fax # 324-9893

Thank you for your help on this Renown Authorization for Release form.

I've filled it out with your help, thank you, and understand you will fill in the rest of it.

Please let me know if you need anything else.

Sincerely,



Laura DeMaranville

P O Box 261

Verdi NV 89439

345-6530

Received

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CCMSI-Reno

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### Authorization for Release / Disclosure of Protected Health Information:

This form may be used for continuity of care; treatment, payment and health care operations (TPO), and the release of protected health information (PHI) which is not required by law. Provide a copy to the patient / patient representative when Renown Health initiates the authorization for non-TPO reasons.

**Renown Regional Medical Center**  
1155 Mill Street  
Reno, Nevada 89502

Attn: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

#### Notice to the individual making this authorization:

1. After your protected health information (PHI)/medical records are released by your authorization, the possibility exists that your PHI will no longer be subject to the protection of federal privacy regulations and may be redisclosed by the recipient. You may revoke this authorization at any time in writing. Your written revocation will become effective upon receipt, but will not apply to any PHI released prior to that date or to the extent that the referenced Renown Health entity has taken action in reliance upon this authorization.
2. Renown Health will not condition treatment on whether you sign this form.

THIS AUTHORIZATION WILL EXPIRE 90 DAYS AFTER THE DATE OF SIGNATURE.		
Patient Name <u>Abriel L DeMaranville</u>	Date of Birth <u>10-04-1934</u>	Special Care Unit / Member _____
Address <u>PO Box 2161 5103 S Verdi Rd</u>		Phone <u>775 345 6530</u>
City, State, Zip <u>Verdi NY 89439</u>		Fax <u>n/a</u>
I authorize (you must check the blank that applies): <input checked="" type="checkbox"/> The provider listed below to release / disclose the PHI described below to the above-referenced Renown entity <input type="checkbox"/> The above-referenced Renown entity to release / disclose the PHI described below to:		
Provider Name <u>Renown Regional Medical Center</u>		
Address <u>1155 Mill St</u>		Phone _____
City, State, Zip <u>Reno NY 89502</u>		Fax _____
Description of information to be released for the following dates of treatment / service: _____ Physician generated data _____ Discharge instructions _____ Diagnostic data _____ Therapy evaluation / records _____ H&P _____ ER documents _____ Labs _____ Medication records _____ Operative reports _____ Diagnostic imaging _____ _____ Consultation report/s _____ Other (describe): <u>records of 8-5-12</u> _____ Discharge summary		
NOTE: The use or disclosure of psychotherapy notes requires a separate authorization.		
Reason for this request: _____ Continuity of Care _____ Legal _____ Patient request Other (describe): <u>release to cemas</u>		
I understand that my PHI / medical records may contain information about: • Drug and/or alcohol abuse history, diagnosis, treatment; • Psychiatric history, diagnosis, treatment; • AIDS / HIV, sexually transmitted diseases, hepatitis and/or other infectious disease history, diagnosis, treatment. By signing below, I authorize the release / disclosure of my PHI even even it contains information regarding the above-listed types of information within the PHI / medical records requested.		
Signature of patient or personal representative <u>[Signature]</u>		Date: <u>11-16-12</u>
Print name of personal representative: <u>Laura K. DeMaranville</u>		Representative's authority: <u>wife</u>

For Renown Health Personnel Use Only

Renown Health Patient Medical Record No. \_\_\_\_\_

2005 Rev. 2/05

Received

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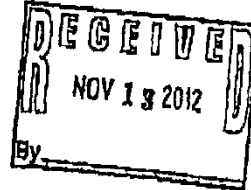
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CCMSI

FAO

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PAGE 61/83



*Refund*

November 13, 2012

Renown Medical Center  
Attn: Medical Records

Send via fax to: 775-982-5669

Re: Claimant: Daniel DeMaranville  
Claim No.: 12853C301824  
S.S.N.:  
D.O.B.: 10/4/1934  
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a medical authorization signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at the number noted below extension 1029.

Sincerely,  
*Lisa Jones*  
for

Lisa Jones  
Claims Representative  
CCMSI - Reno, Nevada

cc: File, City of Reno

Received  
NOV 13 2012  
CCMSI-Reno