IN THE SUPREME COURT OF THE STATE OF NEVADA

Case No.: 72737

Electronically Filed
Jul 25 2018 12:03 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

LAURA DEMARANVILLE, surviving spouse of DANIEL DEMARANVILLE (DECEASED),

Appellant/Cross-Respondent,

v.

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

Respondents,

and

CITY OF RENO,

Respondent/Cross-Appellant.

Appeal 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

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

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Docket 72737 Document 2018-28480

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(Alphabetical)

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Certification of Transmittal (filed 2/5/16)	I	SA 010-SA 012
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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:

Evan B. Beavers
Samantha L. Peiffer
Nevada Attorney for Injured Workers
1000 E. William Street, Suite 208
Carson City, Nevada 89701

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

/s/ Carole Davis

CERTIFICATE OF SERVICE

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

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

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

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

Sandra Pelham

McDONALD·CARANO·WILSON
100 WEST LIBERTY STREET, 10TH FLOOR • RENO, NEVADA 89501
P.O. BOX 2670 • RENO, NEVADA 89505-2670
PHONE 775-788-2000 • FAX 775-788-2020

385399

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

2013 NOV 22 PM 2:

RECEIVED
AND
FILED

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 Hearing No.: 45822-KD Appeal No.:

INSURER EVIDENCE PACKET

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ENTERED INTO
EVIDENCE AS EXHIBIT #3

SERTIC LAW LTD.
ATTORNEYS AT LAW
5975 HOME GARDENS DRIVE
Reno, NV 89502
775.327.6300

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

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

Hearing Number: 45822-KD
Claim Number: 1990204572

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

/

BEFORE THE HEARING OFFICER

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

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

ISSUE

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

DECISION AND ORDER

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

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

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

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

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

APPEAL RIGHTS

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

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

Katherine K Diamond

Katherine Diamond, Hearing Officer

CERTIFICATE OF MAILING

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

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

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

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

EMPLOYERS INSURANCE
PO BOX 539004
HENDERSON, NV 89053

MARK SERTIC, ESQ
5975 HOME GARDENS DRIVE
RENO NV 89502

Dated this 28th day of October, 2013.

Susan Smock
Employee of the State of Nevada

363

393

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

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Daniel	E	Demarcanville	10-4-1934	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
563 S. Verdi Rd.,	77	5'11"	218	

City	State	Zip	Telephone
Verdi	NV	89439	(775) 345-6530

Mailing Address	City	State	Zip	Primary Language Spoken
P.O. Box 261	Verdi	NV	89439	English

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
		Retired Police Officer

Employer's Name/Company Name	Telephone
City of Reno	(775) 334-4636

Office Mail Address (Number and Street): 1 E. 1st Street, Reno, NV 89505

Date of Injury (If applicable)	Hours Injury (If applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
8-5-2012	am 1918 pm	8-5-2012	n/a	Retired

Address or Location of Accident (If applicable): Renown Hospital

What were you doing at the time of the accident? (If applicable): Recovery

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)

Massive heart attack after surgery

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

None at this time

Witnesses to the Accident (If applicable): Wife (LAURA)

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
Cardiac Arrest	Atherosclerotic Heart Disease

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date 8-5-2012 Place home Employee's Signature [signature]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place / Name of Facility

Date / Hour	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? ☐ No ☐ Yes (If yes, please explain)

Treatment:

X-Ray Findings:

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☐ No If no, is the injured employee capable of: ☐ full duty ☐ 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 incurred? ☐ Yes ☐ No

Is additional medical care by a physician indicated? ☐ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:

Address

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 C-4 (rev.10/07)

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

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Daniel	E	Remarcanville	10-4-1934	☒ M ☐ F	

Home Address	Age	Height	Weight	Social Security Number
563 S. Verdi Rd.	77	5'11"	218	

City	State	Zip	Telephone
Verdi	NV	89439	(775) 345-6530

Mailing Address	City	State	Zip	Primary Language Spoken
P.O. Box 261	Verdi	NV	89439	English

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
		Retired Police Officer

Employer's Name/Company Name: City of Reno — Telephone: (775) 334-4636

Office Mail Address (Number and Street): 1 E. 1st Street, Reno, NV 89505

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
8-5-2012	am 1918 pm	8-5-2012	N/A	Retired

Address or Location of Accident (if applicable): Renown Hospital

What were you doing at the time of the accident? (If applicable): Recovery

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary): Massive heart attack after surgery

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? None at this time

Witnesses to the Accident (if applicable): Wife (LAURA)

Nature of Injury or Occupational Disease: Cardiac Arrest

Part(s) of Body Injured or Affected: Atherosclerotic Heart Disease

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date 9-5-2012 Place home Employee's Signature [illegible]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: Renown Regional — Name of Facility

Date: 8/5/2012 — Hour: 1918

Diagnosis and Description of Injury or Occupational Disease: Cholecystitis, Myocardial Infarction

Treatment: Cholecystectomy, CPR

X-Ray Findings: Pulmonary Edema

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☒ No

Is additional medical care by a physician indicated? ☐ Yes ☒ No

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☒ No ☐ Yes (If yes, please explain)

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
If modified duty, specify any limitations/restrictions: N/A

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:
8/20/13	Myron Gomez	

Address	City	State	Zip	Provider's Tax I.D. Number	Telephone
75 Pringle Way #1002	Reno	NV	89502	88-034-1656	3237500

Doctor's Signature: M. Gomez — Degree: MD

INSURER'S USE ONLY

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

08/23/2013

365 2

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
CITY OF RENO	MUNICIPALITY	886000201	

Office Mail Address	Location . . . if different from mailing address	Telephone
1 EAST FIRST STREET	455 E. SECOND STREET	775-326-6637

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
RENO	NV	89505	CITY OF RENO	CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
DANIEL	E	DEMARANVILLE		10/04/1934	77	English

Home Address (Number and Street): 563 S. VERDI ROAD

Sex: ☑ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (if applicable)	How long has this person been employed by you in Nevada?
VERDI	NV	89439	☐ Yes ☑ No	08/06/1969

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed:
NEVADA	POLICE OFFICERS AND DRIVERS	POLICE 0800

Telephone	Is the injured employee a corporate officer? . . . sole proprietor? . . . partner?	Was employee in your employ when injured or disabled by occupational disease (O/D)?
775-345-6530	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☐ Yes ☑ No

ACCIDENT OR DISEASE

Date of Injury (if applicable)	Time of Injury (Hours: Minute AM/PM) (if applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
08/05/2012	19:18	08/05/2012	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) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable): HEART ATTACK AFTER SURGERY

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 ATTCK AFTER SURGERY.

INJURY OR DISEASE

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) ☐ Yes ☑ No

Part of body injured or affected	If fatal, give date of death	Witness
TRUNK - HEART	08/05/2012	

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) ☐ Yes ☑ No

Will you have light duty work available if necessary? ☐ Yes ☑ No

If validity of claim is doubted, state reason:

Location of Initial Treatment: RENOWN MEDICAL CENTER,1155 MILL STREET,RE

Treating physician/chiropractor name: RENOWN MEDICAL CENTER

Emergency Room ☑ Yes ☐ No

Hospitalized ☑ Yes ☐ No

IMPORTANT How many days per week does employee work? RETIRED

From To

Last day wages were earned

Scheduled days off: S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ Rotating ☐

Are you paying injured or disabled employee's wages during disability? ☐ Yes ☑ No

IMPORTANT LOST TIME INFO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
08/06/1969	N/A	N/A	N/A

Was the employee hired to work 40 hours per week? ☐ Yes ☐ 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? ☐ Yes ☐ No ☑ 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: ☐ SUN ☑ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☐ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ 1.00 per ☑ Hr ☐ Day ☐ Wk ☐ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1593 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Pne Dia Workcomp rep.

Date: 9.11.12

Insurer Use Only

Claim is: ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party

Deemed Wage

Account No.: 12853C301824

Class Code

Claims Examiner's Signature

Date

Status Clerk

Date

Form C-3 (rev.11/05) ORIGINAL – EMPLOYER PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYEE

Loc: 0800
Dept: retired

emailed to CCMSI on 9.11.12

1090204572 EMPLOYERS 07/11/2013

STATE OF NEVADA

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX): Daniel Eugene DEMARANVILLE
2. DATE OF DEATH (Mo/Day/Year): August 05, 2012
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number): Renown Regional Medical Center
3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm, Inpatient(Specify): Inpatient
4. SEX: Male
5. RACE (Specify): White
6. Hispanic Origin? Specify: No - Non Hispanic
7a. AGE-Last birthday (Years): 77
7b. UNDER 1 YEAR: MOS | DAYS
7c. UNDER 1 DAY: HOURS | MINS
8. DATE OF BIRTH (Mo/Day/Yr): October 04, 1934

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country): Iowa
9b. CITIZEN OF WHAT COUNTRY: United States
10. EDUCATION: 16
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Laura K MOSCONI
13. SOCIAL SECURITY NUMBER:
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Detective
14b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement
Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Washoe
15c. CITY, TOWN OR LOCATION: Reno
15d. STREET AND NUMBER: 563 South Verdi Road
15e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Earl Brunson DEMARANVILLE
17. MOTHER/PARENT - NAME (First Middle Last Suffix): Waunita REILLY

DISPOSITION

18a. INFORMANT- NAME (Type or Print): Laura DEMARANVILLE
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): P.O.Box 261 Verdi, Nevada 89439
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY - NAME: Sierra Crematory
19c. LOCATION, City or Town, State: Reno Nevada 89503
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): BLAKE HOWE SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE: 622
20c. NAME AND ADDRESS OF FACILITY: Walton's Funeral Home, Reno, 875 West Second St Reno NV 89503

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED MYRON JAMES GOMEZ M.D.
21b. DATE SIGNED (Mo/Day/Yr): August 07, 2012
21c. HOUR OF DEATH: 19:18
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)
22b. DATE SIGNED (Mo/Day/Yr):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo/Day/Yr):
22e. PRONOUNCED DEAD AT (Hour):

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Myron James Gomez M.D. 75 Pringle Way #1002 Reno, NV 89502
23b. LICENSE NUMBER: 5674

REGISTRAR

24a. REGISTRAR (Signature): BRIDGES SANDI SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): August 10, 2012
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a) Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF:
(c)
DUE TO, OR AS A CONSEQUENCE OF:
(d)

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo/Day/Yr)
28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION — STREET OR R.F.D. No. — CITY OR TOWN — STATE

STATE REGISTRAR

3669579

VRS-Rev-20120573a

000091619 CERTIFIED COPY OF VITAL RECORDS

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

08/10/2012 DATE ISSUED

DEPUTY REGISTRAR Joseph P. Iser MD, DrPH, MSc SIGNATURE AUTHENTICATED

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

GREAT SEAL OF THE STATE OF NEVADA

RENO WASHOE COUNTY SPARKS NEVADA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

367

397

4

PO Box 539004, Henderson, NV 89053-9004

September 19, 2013

Laura DeMaranville
PO BOX 261
Verdi, NV 89439-0261

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

Dear Ms. DeMaranville:

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

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

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

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

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

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

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

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

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

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

> NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.
>
> 1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment.
>
> 2. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.
>
> 3. Except as otherwise provided in subsection 4, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.
>
> 10. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 3 or 4 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

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

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

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

Sincerely,

Amy Caldera

Amy Caldera
Sr Claims Adjuster

Enclosure: C4
Request for Hearing

cc: RENO CITY OF
DIR

400 370 7

Notepad Detail

DEMARANVILLE, DANIEL E - 1990204572

Add 9/11/13 9:52 Add User: ACALDERA Notepad Type: ER Contact
Edit 9/11/13 9:52 Edit User: ACALDERA

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

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

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

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

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

401 371

RE: DEMARANVILLE, DANIEL
Page 1

PO Box 150 Duluth, GA 30096 Phone (888) 583-4964 Fax: (770) 932-5636

09/16/2013

Informal Review

Debbie Benter
Employers

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

File Contents:

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

402 372

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

Discussion:
No contact was requested for this review.

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

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

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

SUMMARY OF TREATMENT PLAN:

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

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

PAGE 3/4 * RCVD AT 9/16/2013 4:49:35 PM [Pacific Daylight Time] * SVR:HND-RFAX-PR01/11 * DNIS:3080 * CSID:Fax Server * DURATION (mm-ss):02-07

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

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

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

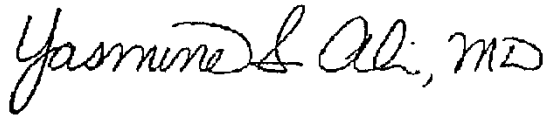
3. **Was the myocardial infarction due to atherosclerotic heart disease or was this most likely a post-op complication?**

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

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

If we can assist further, please let us know.

Sincerely,



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

PAGE 4/4 * RCVD AT 9/16/2013 4:49:35 PM [Pacific Daylight Time] * SVR:HND-RFAX-PR01/11 * DNIS:3080 * CSID:Fax Server * DURATION (mm-ss):02-07

RE: DEMARANVILLE, DANIEL
Page 1

PO Box 190 Duluth, GA 30096 Phone: (888) 588-4964 Fax: (770) 932-5656

09/03/2013

Informal Review

Debbie Benter
Employers

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

File Contents:

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

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

Discussion:
No provider contact was requested for this informal review.

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

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

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

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

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

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

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

Recommendations:

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

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

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

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

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

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

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

If we can assist further, please let us know.

Sincerely,

RE: DEMARANVILLE, DANIEL
Page 5

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

Certified Mail: 7010 3090 0000 6289 4593

July 8, 2013

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

Re: Daniel DeMaranville
DOI: 8/5/12

To Whom It May Concern:

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

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

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

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

Sincerely,

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

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

RENO HEART PHYSICIANS

Progress Note-Brief

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

Provider: Richard P. Ganchan MD,FACC,FSCAI

Subjective

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

He remains asymptomatic.

Review of stress echo reveals it to be normal.

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

Active Problems
Problems
- Abnormal Electrocardiogram 794.31

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

Allergies
Medication
- Penicillins : Swelling;

Vitals
Vital Signs [Data Includes: Current Encounter]

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

DONALD VAN DYKEN M.D.

APR 07 2011

412 382 19

Progress Note-Brief

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

Provider: Richard P. Ganchan

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

Signatures

Electronically signed by : Richard Ganchan, MD|FACC|FSCAI; Mar 30 2011 4:20PM
CC:
Donald Van Dyken, M.D.
Reno Heart Physicians Signature Form: Richard Ganchan, MD, FACC, FSCAI

Copy for:

DONALD VAN DYKEN M.D.

APR 0 7 2011

413 383 20

Consult

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

Provider: Karen Clark MD

Chief Complaint

- Abnormal Cardiovascular Test

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

History of Present Illness

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

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

Cardiac Risk Factors: no diabetes mellitus, no peripheral vascular disease, no family history of coronary artery disease, no hypertension, no hyperlipidemia, no sedentary lifestyle and no sleep apnea.
Diet:. He consumes a diverse and healthy diet.
Weight Issues:. He does not have any weight concerns.
Exercise:. He exercises regularly.
Smoking:. He does not use tobacco.
Alcohol:. He consumes alcohol.

Daniel Demaranville presents with complaints of abnormal cardiovascular test, starting 6 years ago.
Previous Evaluation: stress test and echocardiogram.
Risk Factors: alcohol use and no smoking.
Family History: no COPD, no coronary disease, no diabetes, no hypertension, no peripheral vascular disease and no hyperlipidemia. (ECG)

Review of Systems

Constitutional: no fever, no chills, not feeling poorly (malaise), not feeling tired (fatigue), no recent weight gain and no recent weight loss.
Eyes: no eyesight problems, no glaucoma and no cataracts.
ENT: no sinus problems.
Respiratory: no shortness of breath, no cough, no shortness of breath during exertion, no

JAN 24 2011

414

384

Consult

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

Provider: Karen Clark MD

orthopnea and no PND.
The patient presents with complaints of wheezing. (in past which resolved with tobaCCO CESSATION).
Cardiovascular: see History of Present Illness
Gastrointestinal: heartburn, but no abdominal pain, no constipation, no diarrhea and no nausea.
Genitourinary: urinary hesitancy, but no dysuria.
Musculoskeletal: no arthralgias and no joint pain.
Integumentary: no skin lesions.
Neurological: no dizziness and no fainting.
Extremities: no edema.
Psychiatric: no sleep disturbances, no anxiety and no depression.
Hematologic: no tendency for easy bleeding.
Endocrine: no diabetes.
Other Systems: all other systems are negative.

Active Problems
- Abnormal Electrocardiogram 794.31

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

Surgical History
- History of Back Surgery
- History of Hernia Repair

Family History
No Relevance / Noncontributory
- Family history of No Relevance / Noncontributory

Social History
Problems
- Alcohol Use
- Former Smoker V15.82

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

Allergies
- Penicillins : Swelling;

Vitals
Vital Signs [Data Includes: Current Encounter]

	14Jan2011	14Jan2011

DONALD M.D. VAN DYKEN

JAN 24 2011

Consult

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

Provider: Karen Clark MD

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

Physical Exam

General Appearance: The patient was alert, fully oriented, in no acute distress, well developed and well nourished. Race/Ethnicity: Caucasian.
HEENT: Eyes:. Pupils were equal in size, round, reactive to light, with normal accommodation. The extraocular movements were intact. The sclera and conjunctiva were normal. Head:. The head was normal in appearance. Voice: normal voice quality. Oral Pharynx: no abnormalities.
Neck: Examination of the neck was normal, the neck was not tender and no thyroid enlargement. Jugular Veins: JVP normal. Carotid Upstroke Normal.
Chest: The chest was normal in appearance and there was no tenderness on palpation.
Pulmonary: Normal respiratory rhythm and effort, clear bilateral breath sounds and clear to auscultation and percussion.
Cardiovascular: The PMI was palpated at the 5th LICS in the midclavicular line The apical impulse was normal. Rate: normal rate. Rhythm: regular. Heart sounds: normal S1, normal S2, no S3 heard, no S4 heard. No pericardial rub heard. Murmurs: no murmurs heard.
Abdomen: Normal bowel sounds, soft and not tender. No masses. No hepatosplenomegaly. Shape: non-prominent.
Vascular: Arterial pulses were normal on the right. Arterial pulses were normal on the left.
Carotid: right 2+, left 2+, no bruit heard over the right carotid, no bruit heard over the left carotid.
Dorsalis pedis: right 2+, left 2+.
Radial: right 2+, left 2+.
Abdominal Aorta The abdominal aorta was nonpalpable. Bruit not heard over the abdominal aorta.
Skin: Warm and dry.
Edema Detail: No pitting edema present.
Musculoskeletal: Normal movements of all extremities. Normal gait. Fingers: No clubbing of the fingernails, no cyanosis of the fingers.
Neuro: Oriented to person, place, and time. The motor exam was normal.
Psych: Affect is normal and mood is normal.

Tests

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

DONALD M.D. VAN DYKEN

JAN 24 2011

Consult

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

Provider: Karen Clark MD

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

Assessment

1. Abnormal Electrocardiogram 794.31

Discussion/Summary

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

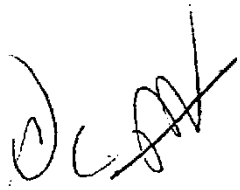
The above assessed problems are stable. The following chronic conditions are stable: Patient is to continue with the same medication regimen. Patient is to undergo the following testing: Stress echocardiogram. Patient is to follow-up sooner if clinical condition changes.

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

Signatures

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

Copy for: cc: VanDyken, Donald
VanDyken, Donald



JAN 2 4 2011

November 12, 2008

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

RE: DEMARANVILLE, DANIEL E.

Dear Dr. VanDyken:

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

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

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

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

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

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

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

NOV 2 0 2008

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

Warmest personal regards,

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

NOV 20 2008

LS

12853C301824

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

Occupational Medicine & Injury Care Consulting
Diplomat American Board of Independent Medical Examiners
Certified Healthcare Quality Manager
Fellow of the American Board of Quality Assurance & Utilization Review Physicians

May 13, 2013

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

Re: Daniel DeMaranville
DOI: 08/5/12

CHART REVIEW

Dear Mr. Rowe,

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

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

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

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

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

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

Received
MAY 20 2013
CCMSI-Reno

An autopsy was declined by the patient's wife.

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

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

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

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

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

   Answer: No.

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

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

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

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

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

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

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

Received

MAY 20 2013

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Phone (530) 277-7485 Fax (530) 268-8495 Email jayebetzmd@jps.net

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

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

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

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

Sincerely,

Jay E. Betz, MD, CIME, CHCQM

JEB/lt

Received

MAY 20 2013

CCMSI-Reno

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

CERTIFICATE OF SERVICE

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

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

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

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

Gina E. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

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

Dated on this 22nd day of November, 2013.

Mark S. Sertic

SERTIC LAW LTD.
ATTORNEYS AT LAW
5975 HOME GARDENS DRIVE
Reno, NV 89502
775 327.6300

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

RECEIVED AND FILED

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 12853C301824 Hearing No.: 45822-KD 45538-SA 44686-SA Appeal No.: 44957-LLW 46479-LLW 46812-LLW

INSURER SUPPLEMENTAL EVIDENCE PACKET

Documents	Page
Heart/Lung Physical Examinations	1-12

ENTERED INTO EVIDENCE AS EXHIBIT # 4

SERTIC LAW LTD.
ATTORNEYS AT LAW
5975 HOME GARDENS DRIVE
Reno, NV 89502
775.327.6300

EXTENSIVE HEART/LUNG EXAMINATION

PANEL THREE

Name: De Maranville, Dan Sex: M X F

Date: 10/9/86 Age: 52 yrs

Occupation: Police X Fire NHP

DOI DOW

PHYSICAL

Height: 72 Weight: 189

Percent Body Fat: 22.8% Recommended weight loss: 5 lbs @ 19%

Blood Pressure: 132/78

SHS HEART EXAM RESULTS

Date 1-28-87 Time 1600

Employee (679)

Supervisor

PULMONARY FUNCTION

1) Normal: ✓ V.C. 4.34 (88%) FEV1 2.94

2) Abnormal: (specify)

CHEST X-RAY

1) Normal: ✓

2) Abnormal: (specify)

TREADMILL STRESS E.K.G.

1) Normal: ✓

2) Abnormal: (specify)

STETHOSCOPIC EXAMINATION OF HEART AND LUNGS

1) Normal: ✓

2) Abnormal: (specify)

LABORATORY

1) Cholesterol- Normal: 189 Elevated:

2) Triglycerides- Normal: 71 Elevated:

3) Glucose- Normal: 92 Elevated:

IT IS RECOMMENDED THAT YOU CONTACT YOUR PHYSICIAN FOR ADVICE CONCERNING CORRECTION OF

Received

Date: 10/9/89 Examiner: A. Malm

Date: Employee:

JUL 16 2014

CCMSI-Reno

FIREMAN AND POLICE OFFICERS MEDICAL HISTORY FORM

FULL NAME Daniel Eugene DeMarinville AGE 52 DATE OF BIRTH 10/4/34

ADDRESS 755 Harris Rd. Reno 89506 ORGANIZATION Reno Police

OCCUPATION Detective PRIVATE PHYSICIAN Don Olson

IF THE ANSWER TO ANY QUESTION IN THIS FORM IS "YES" PLEASE EXPLAIN IN THE SPACE PROVIDED OR ON THE REVERSE SIDE.

1. Have you ever had heart trouble or been told you had trouble with your heart?
   ✓ no ___ yes -
2. Have you ever been treated for high blood pressure or been told your blood pressure was not normal? ___ no ✓ yes -
3. In the past five years, have you been hospitalized overnight for any reason?
   ✓ no ___ yes -
4. In the last twelve months, have you been a doctor for anything other than routine checkups? ___ no ✓ yes -
5. Have you or any of your immediate family, (father, mother, sister or brother) ever had any of the following? Please write the correct answer.

	NO	YES	WHO HAS THE PROBLEM
Allergies(asthma, hayfever, bronchitis, skin rash, eczema)	✓		
Heart trouble	✓		
High blood pressure	✓		
Stroke	✓		
Heart attack	✓		
Diabetes	✓		
Gout	✓		
Eye trouble	✓		
Blood pressure trouble	✓		

6. Do you smoke? ___ no ✓ yes How many per day? 1 pk
7. Have you experienced prolonged shortness of breath? ✓ no ___ yes
8. Do you have regular episodes of coughing? ✓ no ___ yes
9. Do you drink alcoholic beverages? ___ no ✓ yes
10. How many cups of coffee do you usually drink per day? 2-3
11. Do you consider yourself overweight? ✓ no ___ yes

Received
JUL 16 2014
CCMSI-Reno

The answers to the above questions are true to the best of my knowledge and belief.

DATE: 10/9/86 SIGNATURE: Daniel E. DeMarinville

426 396 CITY 00215

2

FIREMAN AND POLICE OFFICERS MEDICAL HISTORY FORM

FULL NAME Daniel Eugene DeMaranville AGE 52 DATE OF BIRTH 10/4/34

ADDRESS 755 Harris Rd Reno 89506 ORGANIZATION Reno Police

OCCUPATION Detective PRIVATE PHYSICIAN Don Olson

IF THE ANSWER TO ANY QUESTION IN THIS FORM IS "YES" PLEASE EXPLAIN IN THE SPACE PROVIDED OR ON THE REVERSE SIDE.

1. Have you ever had heart trouble or been told you had trouble with your heart?
✓ no ___ yes -

2. Have you ever been treated for high blood pressure or been told your blood pressure was not normal? ___ no ✓ yes -

3. In the past five years, have you been hospitalized overnight for any reason?
✓ no ___ yes -

4. In the last twelve months, have you been a doctor for anything other than routine checkups? ___ no ✓ yes -

5. Have you or any of your immediate family, (father, mother, sister or brother) ever had any of the following? Please write the correct answer.

	NO	YES	WHO HAS THE PROBLEM
Allergies(asthma, hayfever, bronchitis, skin rash, eczema)	✓		
Heart trouble	✓		
High blood pressure	✓		
Stroke	✓		
Heart attack	✓		
Diabetes	✓		
Gout	✓		
Eye trouble	✓		
Blood pressure trouble	✓		

Received JUL 16 2014 CCMSI-Reno

6. Do you smoke? ___ no ✓ yes How many per day? 1 pk

7. Have you experienced prolonged shortness of breath? ✓ no ___ yes

8. Do you have regular episodes of coughing? ✓ no ___ yes

9. Do you drink alcoholic beverages? ___ no ✓ yes

10. How many cups of coffee do you usually drink per day? 2-3

11. Do you consider yourself overweight? ✓ no ___ yes

The answers to the above questions are true to the best of my knowledge and belief.

DATE: 10/9/86 SIGNATURE: Daniel E. DeMaranville

CITY 00214

427 397 3

RENO POLICE AND FIRE LIMITED HEART/LUNG EXAMINATION

PANEL FIVE

Name: DEMARANVILLE, DANIEL E Sex- M ✓ F

Date: 11/14/85 Age: 51

Occupation - POLICE: ✓ FIRE:

PHYSICAL

Height: 73 Weight: 195

Percent body fat: 20.6 Recommended weight loss 6-10 lb.

Blood Pressure: 140/80

PULMONARY FUNCTION

1) Normal: ✓

2) Abnormal: (specify)

CHEST X-RAY

1) Normal: ✓

2) Abnormal: (specify)

TREADMILL STRESS E.K.G.

1) Normal:

2) Abnormal: (specify)

STETHOSCOPIC EXAMINATION OF HEART AND LUNGS

1) Normal: ✓

2) Abnormal: (specify)

IT IS RECOMMENDED THAT YOU CONTACT YOUR PHYSICIAN FOR ADVICE CONCERNING CORRECTION OF

Received JUL 16 2014 CCMSI-Reno

Date: 11/14/85 Examiner:

Date: 11/14/85 Employee: DEMARANVILLE, DANIEL

428 398 CITY 00203

4

SA 440

PANEL 1 of 3

NEVADA INDUSTRIAL COMMISSION P-10 (APPENDIX C)

FIREMEN AND POLICE OFFICERS EXTENSIVE HEART EXAMINATION

Name: Daniel De Maranville Sex: M X F ___

Date: 10/11/84

Age: 50

Occupation: Detective

PHYSICAL

Height: 71

Weight: 200 [illegible]

Overweight: Yes ___ No ✓

Blood Pressure: 132/88

EKG

1. Normal: ✓

2. Abnormal (specify): ___

STRESS EKG (If 40 years or older or if abnormalities with resting EKG and no contraindications to performing test exist.) (OPTIONAL FOR VOLUNTEER FIREMEN AND VOLUNTEER POLICE OFFICERS)

1. Normal: ✓

2. Abnormal (specify): ___

STETHOSCOPIC EXAMINATION OF THE HEART

1. Normal: ✓

2. Abnormal (specify): ___

TRIGLYCERIDES: 85

CHOLESTEROL: 208

Received
JUL 16 2014
CCMSI-Reno

URINE GLUCOSE: FBS 95

/ / It is recommended that you contact your physician for advice concerning correction of _____.

Date: 10/11/14 Examiner: A Malek

Please sign one copy of this form and return to your employer.

Date: _____ Employee: _____

Received
JUL 16 2014
CCMSI-Reno

Robert J. Barnet, M.D., F.A.C.C.
850 Mill Street, Suite 101
Reno, Nevada 89502
(702) 786-2022

ROBERT J. BARNET, M.D.
DIPLOMATE OF
AMERICAN BOARD OF
INTERNAL MEDICINE
AND
SUBSPECIALTY BOARD OF
CARDIOVASCULAR DISEASES

October 21, 1983

Dear Mr. Don Demaranville:

At the time of your recent Peace Officers or Fire Fighters annual Heart-Lung examination on 10-12-83 (Final (II)

The following pertinent findings were present:

1. Weight: 191
2. Blood Pressure.

   R Arm 130 / 88 L Arm 120 / 80

3. Chest x-ray ☐ Normal ☐ Other _____
4. EKG ☐ Normal ☐ Other _____
5. Treadmill ☐ Normal ☐ Other _____
6. Pulmonary Function ☐ Normal ☐ Other _____
7. Cholesterol 214 (Normal 150 to 250 mgs.).
8. Triglycerides 87 (Normal 60 to 150 mgs.).
9. Blood Sugar 97 (Normal 60 to 120 mgs.).
10. T.B. Skin Test ☒ Negative ☐ Positive ☐ Not done
    ☐ Did not return for reading

The following item or items were abnormal:

Smoking 1½ packs of cigarettes daily. It is recommended that you discontinue smoking for this places you at a higher risk for developing heart and lung disease.

Sincerely,

ROBERT J. BARNET, M.D.

Received
JUL 16 2014
CCMSI-Reno

☐ It is recommended that you contact your private physician for advice.

☐ Report sent to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35. Chemistry panel every two years.

ROBERT J. BARNETT, M.D.
THEODORE B. BERNDT, M.D.
RICHARD P. GANCHAN, M.D.
JOHN C. WILLIAMSON, M.D.
IZRAEL ZEBRACK, M.D.
DIPLOMATES OF AMERICAN BOARD OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD OF CARDIOVASCULAR DISEASES

Cardiology Consultants

RENO MEDICAL PLAZA
65 KIRMAN STREET, SUITE 202
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

November 2, 1982

RECEIVED
NOV 12 1982
City of Reno
Personnel Department

Dear Mr. Daniel E. Delaranville:

At the time of your recent Peace Officers or Fire Fighters annual Heart-Lung examination on 10-22-82. (Panel II)

The following pertinent findings were present:

1. Weight: 197
2. Blood Pressure.

R Arm 130 /80 L Arm 120/80

3. Chest x-ray ☒ Normal ☐ Other _____
4. EKG ☒ Normal ☐ Other _____
5. Treadmill ☐ Normal ☐ Other _____
6. Pulmonary Function ☒ Normal ☐ Other _____
7. Cholesterol _____ (Normal 150 to 250 mgs.).
8. Triglycerides _____ (Normal 60 to 150 mgs.).
9. Blood Sugar _____ (Normal 60 to 120 mgs.).
10. T.B. Skin Test ☒ Negative ☐ Positive ☐ Not done
☐ Did not return for reading

The following item or items were abnormal:

Smoking - you are advised to discontinue smoking as it places you at an increased risk of developing heart and lung disease.

Sincerely,

ROBERT J. BARNETT, M.D.
CARDIOLOGY CONSULTANTS

Received
JUL 16 2014
CCMSI-Reno

☐ It is recommended that you contact your private physician for advice.

☒ Report sent to Doctor T. Beasley as requested. RPD
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35. Chemistry panel every two years.

RD 604 (2/82)

ROBERT J. BARNET, M.D., F.A.C.C.
THEODORE B. BERNDT, M.D., F.A.C.C.
RICHARD P. CANCHAN, M.D., F.A.C.C.
JOHN S. WILLIAMSON, M.D., F.A.C.C.
JERRY N. ZEBRACK, M.D., F.A.C.C.
DIPLOMATES OF AMERICAN BOARD OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD OF CARDIOVASCULAR DISEASES

Cardiology Consultants

850 MILL STREET, SUITE 201
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

December 8, 1981

Dear Daniel DeMaranville

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on December 2, 1981

The following pertinent findings were present:

1. Weight: 193
2. Blood Pressure
   R Arm 118 / 84
   L Arm 140 / 92
3. Chest x-ray ☒ Normal ☐ Other
4. EKG ☒ Normal ☐ Other
5. Treadmill ☒ Normal ☐ Other
6. Cholesterol 205 (Normal 150 to 250 mgs.).
7. Triglycerides 81 (Normal 60 to 150 mgs.).
8. Blood Sugar 97 (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1. Normal pulmonary function
2. Smoking- It is recommended you discontinue smoking as puts you at greater risk for heart & lung disease.

Sincerely,

CARDIOLOGY CONSULTANTS
ROBERT J. BARNET, M.D.

☐ It is recommended that you contact your private physician for advice.

☐ Report to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Received
JUL 16 2014
RPD
CCMS Reno

ROBERT J. BARNETT, M.D.
THEODORE E. BERNDT, M.D.
RICHARD P. GANCHAN, M.D.
JERRY N. SKERACK, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD OF CARDIOVASCULAR DISEASE

Cardiology Consultants

850 MILL STREET, SUITE 201
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

October 9, 1980

Dear Mr. Daniel E. DeGaranville:

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on 10-7-80.

The following pertinent findings were present:

1. Weight: 198

2. Blood Pressure
   R Arm 110/70
   L Arm 110/70

*3. Chest x-ray [XX] Normal [ ] Other

4. EKG [XX] Normal [ ] Other

*5. Treadmill [ ] Normal [ ] Other

*6. Cholesterol _____ (Normal 150 to 250 mgs.).

*7. Triglycerides _____ (Normal 60 to 150 mgs.).

*8. Blood Sugar _____ (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1). Smoking 1 pack per day.

It is recommended that you discontinue smoking as it places you at an increased risk for developing heart and lung disease.

Sincerely,

John S. Williamson, M. D.
CARDIOLOGY CONSULTANTS

[ ] It is recommended that you contact your private physician for advice.

[ ] Report to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Received
JUL 16 2014
CCMSI-Reno

ROBERT J. BARNETT, M.D.
THEODORE P. BERNDT, M.D.
RICHARD P. GANCHAN, M.D.
JERRY N. ZEBRACK, M.D.
DIPLOMATES OF AMERICAN BOARD OF INTERNAL MEDICINE AND SUBSPECIALTY BOARD OF CARDIOVASCULAR DISEASE

Cardiology Consultants

850 MILL STREET, SUITE 201
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

October 18, 1979

Dear Mr. Daniel C. Gehrmann III:

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on 10-11-79.

The following pertinent findings were present:

1. Weight: 184 1/2

2. Blood Pressure
   R Arm 110 / 80
   L Arm 110 / 80

*3. Chest x-ray [ ] Normal [ ] Other

4. EKG [X] Normal [ ] Other

*5. Treadmill [X] Normal [ ] Other

*6. Cholesterol 197 (Normal 150 to 250 mgs.).

*7. Triglycerides 79 (Normal 60 to 150 mgs.).

*8. Blood Sugar 85 (Normal 60 to 120 mgs.).

The following item or items were abnormal:

1) Smoking 1 pack of cigarettes a day.

It is recommended that you discontinue smoking as it places you at an increased risk for heart and lung disease.

Sincerely,

Robert J. Barnett, M.D.
CARDIOLOGY CONSULTANTS

[ ] It is recommended that you contact your private physician for advice.

[ ] Report to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Received
JUL 16 2014
CCMSI-Reno

CARDIOLOGY CONSULTANTS

ROBERT J. BARNET, M.D. F.A.C.C.
THEODORE B. BERNDT, M.D. F.A.C.C.
RICHARD P. GANCHAN, M.D.
JERRY N. ZEBRACK, M.D. F.A.C.C.

850 MILL STREET, SUITE 201
RENO, NEVADA 89502
TELEPHONE (702) 323-2741

October 14, 1978

Dear Mr. Daniel J. [illegible]

At the time of your recent Peace Officers or Fire Fighters annual cardiac exam on October 17, 1978,

The following pertinent findings were present:

1. Weight: 194

2. Blood Pressure
   R. Arm 110/70
   L Arm 130/70

*3. Chest x-ray ☒ Normal ☐ Other

4. EKG ☒ Normal ☐ Other

*5. Treadmill ☐ Normal ☐ Other

*6. Cholesterol _____ (Normal 150 to 250 mgs.).

*7. Triglycerides _____ (Normal 60 to 150 mgs.).

*8. Urine sugar ☐ Negative ☐ Trace ☐ Positive

The following item or items were abnormal:

1) Occasional shortness of breath on exertion.
2) Smoking 1 to 2 packs of cigarettes a day.

You are advised to discontinue smoking as it places you at an increased risk of developing heart and lung disease.

Sincerely,

Robert J. Barnet, M.D.
CARDIOLOGY CONSULTANTS

☐ It is recommended that you contact your private physician for advice.

☐ Re[illegible] to Doctor _____ as requested.
Copy will be forwarded to Personnel Department.

*Note: Treadmill every two years from age 35.
Lab and chest x-ray every two years. (alternate)

Received
JUL 16 2014
CCMSI-Reno

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 20 day of August, 2014, I deposited for mailing at Reno, Nevada, with postage fully prepaid, a true copy of the foregoing or attached document, addressed to:

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

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

Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

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

Dated on this 19th day of August, 2014.

Mark S. Sertic

SERTIC LAW LTD.
ATTORNEYS AT LAW
5875 HOME GARDENS DRIVE
Reno, NV 89502
775.327.8300

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the matter of the Industrial Insurance Claim of Daniel Demaranville, Deceased, Claimant.	Claim No.: 1990204572 12853C301824 Hearing No.: 45822-KD 45538-SA 44686-SA Appeal No.: 44957-LLW 46479-LLW 46812-LLW

INSURER SECOND SUPPLEMENTAL EVIDENCE PACKET

Documents		Page
7/7/14	IME Record Review Request	1-2
8/31/14	Dr. Lagstein	3-8
Nevada Board of Medical Examiners License Information		9-10

ENTERED INTO EVIDENCE AS EXHIBIT #5

SERTIC LAW LTD.
ATTORNEYS AT LAW
5975 HOME GARDENS DRIVE
Reno, NV 89502
775 327 6300

General Referral Form

Service Type

☐ FCE ☒ IME ☐ Mini Peer Review ☐ Peer Review ☐ Radiology Review ☐ LTD/STD ☒ Record Rev

Referral Type

☒ Workers Comp ☐ Auto ☐ General Liability

REFERRAL DATE 7/7/14	WCB# (New York W/C ONLY)	ASM (NAME & CONTACT #)
CLAIMANT DANIEL DEMARANVILLE (deceased)		PAYOR/ADJUSTER NAME and E- MAIL AMY CALDERA
ADDRESS PO BOX 261		COMPANY EMPLOYERS
CITY & STATE VERDI, NV 89439		ADDRESS P.O. BOX 539003
PHONE (775)345-6530	FAX	CITY & STATE HENDERSON, NV 89053
D.O.B. 10/04/1934	S.S. #	PHONE 702-671-7340 / Fax 702-671-7691
CLAIMANT OCCUPATION n/a (deceased)		CLAIM # 1990204572 / INSURED CITY OF RENO
TYPE OF INJURY Heart attack	DATE OF INJURY 8/5/12 / JURISDICTION Nevada	LIABILITY / AUTO / NO FAULT / LTD/STD / OTHER
CLAIMANT ATTORNEY NAIW - EVAN BEAVERS		RUSH EXAM? ☐ yes ☒ no / NEEDED BY? 8/7/14
ADDRESS 1000 E. WILLIAM STREET, #208	PHONE	RE-EXAM? ☐ yes ☒ no / Date
City State CARSON CITY, NV 89701	FAX	HCP Re-exam Name:
Treating Physician N/A		TRANSPORTATION NEEDED? ☐ yes ☒ no / INTERPRETER NEEDED? ☐ yes ☒ no
		X-RAY AUTHORIZATION? ☐ yes ☒ no

SPECIALTY

	Orthopedist		Physical Medicine & Rehab(PMR).
	Neurologist	X	Cardiologist
	Neurosurgeon		Surgeon
	Chiropractor		Internist
	Psychiatrist		Psychologist
	Other		Dentist

SPECIFIC INSTRUCTIONS

X	1. Diagnosis		8. Can claimant return to work at this time? If not, when ?
X	2. History of injury and subsequent medical treatment		9. Permanency rating
X	3. Prior injuries and/or pre-existing conditions		10. Has claimant returned to pre-accident status?
X	4. Causal relationship to conditions.		11. Has claimant reached maximum medical improvement?
	5. Present disability and degree of disability		12. Schedule Loss of Use (NY only)
	6. Further treatment needed? If so, frequency and duration?		13. M&S 15/8:
	7. Need for surgery		

SPECIAL INSTRUCTIONS

This request is for an IME by record review only as the claimant is deceased.

Please have the reviewing physician address the following questions:

1) **Was there any evidence of heart disease prior to 8/5/12? If so, when and what?**
2) **Is there any evidence to support the diagnosis of atherosclerotic heart disease as noted on the death certificate? Please explain.**
3) **Is there any evidence to support the diagnosis of coronary artery disease as noted in the report by Dr. Ruggeroli? Please explain.**
4) **Was Mr. Demaranville's myocardial infarction caused by atherosclerotic heart disease, coronary artery disease or was it a post-operative complication?**

Cc: Defense Counsel (please include specific atty name, firm and complete address, tel/fax#)		cc: Nurse Case Manager (please include name, address, tel/fax#)	
I.M.E. PHYSICIAN	LOCATION	EXAM DATE	EXAM TIME

- **Please email, fax or send referral form/ all medical records, per instructions below, based on Jurisdiction; And/or contact your local Coventry ASM to arrange record pick-up.**

Jurisdiction: CT, MA, ME, NH, RI, VT Phone: 800-392-6462 Fax: 781-906-6038 Burlington_cme@CVTY.com	Coventry Workers Comp Services 77 South Bedford Street Suite 300 Burlington, MA 01803
Jurisdiction: AL, DE, FL, GA, IA, IL, IN, KS, KY, MD, MI, MN, MO, NC, ND, NE, NJ, OH, PA, SC, SD, TN, VA, Washington DC, WI, WV Phone: 800-662-2393 / Fax: 800-997-2209 Freehold_meds@cvty.com – for medicals	Coventry Workers Comp Services 100 Willowbrook Road Suite 300 Building One Freehold, NJ 07728 Freehold_CME@cvty.com – for referrals
Jurisdiction: AK, AR, AZ, CA, CO, HI, ID, LA, MS, MT, NM, NV, OK, OR, TX, UT, WA, WY Phone: 800-676-3480 / Fax: 800-797-8760 Dallas_cme@cvty.com	Coventry Workers Comp Services 2800 N Dallas Parkway Suite 300 Plano, TX 75093
Jurisdiction: - NY only Phone: 800-257-1463 Fax: 877-675-4465 NYWCmeds@cvty.com	Coventry Workers Comp Services 100 Willowbrook Road Building One Freehold, NJ 07728

Trude B. Johnson
Account Sales Manager.Nevada
Coventry Workers' Comp Services
Solutions to Restore Health and Productivity
Cell: (702)726-0260
Fax: (702)750-1346
Email: TBJohnson1@cvty.com

440 410 2

ZEV LAGSTEIN, M.D

F.A.C.C. F.A.S.N.C., LTD.

Diplomate American Board of Cardiovascular Disease
Diplomate American Board of Internal Medicine

August 31, 2014

Coventry SR #6585410
Claim #1990204572
Injured Person: Daniel Demaranville
Requester: Amy Caldera
Requested Company: Employers Insurance Company of Nevada
Date of incident: 08/05/2012, insured
City of Reno

Dear Mrs. Caldera:

I reviewed at length all the records submitted. This includes all correspondence between all parties involved, certificate of death dated 08/05/2012.

I reviewed all records submitted including the following:

1. Referral form.
2. All correspondence between involved parties.
3. Surgical anesthesia report dated 08/05/2012.
4. Office visits and notes by providers at Acadia Medical Group dated 09/08/2006, 01/25/2007, 08/14/2007, 01/09/2008, 04/15/2008, 07/16/2008, 08/07/2008, 11/20/2008, 01/27/2009, 02/20/2009, 05/13/2009, 06/10/2009, 10/13/2009, 01/26/2010, 05/26/2010, 08/30/2010, 01/31/2011, 04/25/2011, 06/15/2011, 06/21/2011, 08/02/2011, 10/26/2011, 11/23/2011, 12/20/2011, 02/04/2012, 04/19/2012, and 05/29/2012.
5. Notes from Dr. Richard Ganchan, Reno Heart Physicians.
6. Stress echocardiogram report of 03/26/2011.
7. 01/14/2011 consultation by Dr. Karen Clark, Reno Heart Physicians.
8. Consultation by Dr. David Hald, urologist.
9. Consultation by Dr. David Mathis, Nevada ENT and Hearing Associates.
10. Flexible cystoscopy report by Dr. David Hald of 11/19/2006.
11. Progress notes and laboratory testings from Dr. Fred Fricke of Nevada Gastroenterology.
12. Multiple EKG reports.
13. Upper GI series, 06/01/2012.
14. Renal ultrasound, 11/11/2008.
15. Hand x-rays of 01/15/2007.
16. Abdominal MRI.

RE:
PAGE 2

In reviewing the records, it appears that Mr. Daniel Demaranville, date of birth 10/04/1934, underwent laparoscopic cholecystectomy on 08/05/2012 by Dr. Gomez. He was diagnosed with gallbladder disease, underwent surgery, the intraoperative anesthesia report indicates uneventful surgery with normal vital signs, heart rate of 106, normal temperature at 97.5, blood pressure of 105/71, and oxygen saturation of 95%. Anesthesia note of 08/05/2012 at 18:30, signature unclear, indicates that shortly after returning to the PACU postoperatively, it was reported the patient became hypotensive and tachycardic. His blood pressure dropped to the 80s and eventually to the 60s. He was given intravenous fluid challenge with some temporary improvement, but at 18:10, the patient became more hypotensive and bradycardic, leading to full rest. Full CPR was initiated at no avail. It appears that the patient had an echocardiogram, EKG, and a chest x-ray during that period of time; however, the actual reports were not available for my review. Notes in the records indicate that once CPR was initiated, the EKG revealed wide complex bradycardia, chest x-ray revealed pulmonary edema, and an echocardiogram done just before the patient was pronounced dead, revealed no left ventricular activity. The death certificate indicates that the patient was diagnosed with massive heart attack after surgery and the nature of the injury was a cardiac arrest with underlying arteriosclerotic heart disease.

Dr. Frank Carrea, cardiologist examined the patient in the recovery room, but I could not identify any notes by Dr. Carrea. As already discussed above, there was an only anesthesia note, timed 18:30 dated 08/05/2012.

In reviewing the records, a questionnaire filled up by the patient on 01/31/2011 given to him at the Acadia Medical Group indicates that he complained of some difficulty breathing with exertion and had no calf pain. His cardiovascular examination was normal.

On 03/28/2011, Reno/Carson Heart Physicians indicate that an EKG revealed a right bundle branch block (RBBB). Blood pressure was 140/84. The patient underwent a Bruce stress test, achieving a max heart rate of 143 and seven METS of energy expenditure. This was a stress echocardiogram interpreted by Dr. Jerry Zebrack. The ejection fraction was normal and the test was felt to be within the normal limits. On 03/30/2011, namely two days later, Dr. Richard Ganchan, cardiologist of the same group reports to the referring physician that this stress test was within normal limits.

Multiple phone calls from Laura, widow to the group are noted. The information in the notes indicates that she had multiple questions regarding medical regimen, but no specific symptoms were reported.

Dr. David Mathis, ENT specialist saw the patient on 06/20/2011. The information in the notes is irrelevant to this review.

On 02/14/2012, the patient was seen by Kathleen Lydon, APN. He did not report any symptoms on the questionnaire and her cardiovascular and pulmonary examinations were normal.

RE:
PAGE 3

The patient was seen by Dr. Hastings of same group on 04/19/2012 and the total evaluation was unremarkable.

On 05/16/2012, the laboratory panel performed at LabCorp is noted. The CBC was normal. Cholesterol was 182. HDL was 61, triglycerides 86, and LDL was minimally elevated at 104.

On 05/29/2012, the patient was seen again by Kathleen Lydon. He complained of abdominal, epigastric, and back pains with some episodes of vomiting. A complete GI workup was ordered.

On 06/01/2012, an upper GI and barium swallow were performed at Kathleen Lydon's request. This showed marked spontaneous reflux disease.

On 06/05/2012, laboratory testing was performed and this revealed normal liver function tests and amylase and lipase were normal. This was ordered in order to rule out pancreatitis.

On 06/07/2012, the patient underwent EGD (upper endoscopy) by Dr. John Gray and this revealed mild gastritis. A CEA (carcinoembryonic antigen) level was normal.

On 07/23/2012, an MRI of the abdomen with and without contrast was noted, revealing hepatic cysts.

On 07/26/2012, namely three days later, a HIDA scan was performed. This test was abnormal, revealing diminished gallbladder ejection fraction at 22% with poor contraction. The patient was diagnosed with biliary dyskinesia.

On 08/02/2012, an EKG was performed, most likely a preoperative EKG. This EKG as all other EKGs was personally reviewed by me, revealing sinus bradycardia at 53 per minute with a right bundle branch block and right axis deviation.

The medication the patient was on for the most part included the following:
1. Aspirin 81 mg a day.
2. Citalopram 20 mg a day.
3. Doxazosin 4 mg a day.
4. Ranitidine 300 mg a day.
5. Tamsulosin 0.4 mg a day.

Of note is the fact that the only medication which may reduce blood pressure was doxazosin, which is an alpha-blocker, usually prescribed for benign prostatic hypertrophy, but may also lower blood pressure.

RE:
PAGE 4

The operative anesthesia report indicates that the patient at the time of surgery was on Zantac, Celexa, Cardura (generic doxazosin), metoprolol (this most likely was prescribed for hypertension and accounts for the sinus bradycardia at 53 as noted on the preoperative EKG), Levsin most likely prescribed by the gastroenterologist, and Prilosec (the patient was also on Zantac; one is an H2 blocker and the other one is proton pump inhibitor, but for the same symptom control).

Consultation by Dr. Karen Clark, cardiologist is noted on 01/14/2011. She mentions a prior stress echocardiogram of 2004, which was unremarkable except for mild left ventricular hypertrophy and an abnormal EKG of 2004 also revealing a right bundle branch block.

Past surgical history is somewhat sketchy, but seems to include herniorrhaphy, back surgery, and orchiectomy.

The patient was seen by Dr. David Hald, urologist and underwent cystoscopy on 11/12/2008. He was found to have microscopic hematuria.

A note by Dr. Jay Betz of 05/13/2013 is noted.

It appears that a stress echocardiogram dated 03/29/199 ordered by the Acadia Medical Group was normal.

Lab work performed at LabCorp of 10/09/2006 reveals fasting blood glucose of 92 with normal lipids.

Pulmonary function test of 10/12/2006 revealed moderate obstruction with mild restrictive lung disease.

An EKG of 10/13/2006 revealed normal sinus rhythm, right bundle branch block, and right axis deviation.

X-ray of the hands of 01/15/2007 was unremarkable.

Right upper extremity ultrasound on 08/14/2007 was negative without evidence of deep vein thrombophlebitis of the right arm.

Lab work of 10/10/2007 revealed normal fasting blood glucose and normal lipids.

EKGs of 10/15/2007 and 10/15/2009 reviewed, revealing normal sinus rhythm and an RBBB.

Lab work of 10/21/2009 reveals glucose of 118, which is slightly elevated (no documentation whether this was fasting or random specimen).

RE:
PAGE 5

On 01/26/2010, the patient reports on a questionnaire that he had some difficulty breathing with exertion and calf pain while walking (such symptoms were not reported on subsequent questionnaires).

On 05/24/2010, chest skin biopsy revealed seborrheic keratitis.

On 09/03/2010, glucose was 96 and lipids were within normal limits.

From the aforementioned record review, it appears that the patient had a chronic right bundle branch block with right axis deviation. This by itself does not necessarily indicate underlying organic heart disease and does not support the underlying diagnosis of arteriosclerotic cardiovascular disease. As far as the patient's hypertension, it appears that his blood pressure was well controlled and he was prescribed doxazosin for benign prostatic hypertrophy (BPH), which may also lower blood pressure. It is only on the operative anesthesia note that metoprolol is mentioned. It would appear that the patient suffered perhaps from very mild hypertension, which was well controlled. The stress test report of 03/28/2011 indicates normal blood pressure response to exertion. There is also mention of moderate EtOH consumption, whereby the patient used to drink some martinis more so on the weekends, but there is no indication of EtOH abuse. The patient quit smoking in 2009. Therefore, an extensive review of the records does not indicate that the patient was diagnosed with underlying coronary artery disease. He had mild hypertension and one stress echo indicated mild or borderline left ventricular hypertrophy. This was not reported on the subsequent test. There was no evidence of dyslipidemia, there was no family history of coronary artery disease, and most recently, the patient denied any cardiovascular or pulmonary symptomatology.

Letters by Dr. Charles Ruggeroli and Dr. Yasmine, both cardiologists were reviewed. Letter by Sankar Pemmaraju, D.O. of 09/03/2013 was also reviewed.

In response to the questions posed to me, all the services provided seemed to be necessary and appropriate.

1. As far as the special instructions, my response to question #1 is as follows: There was no clear evidence of heart disease prior to 08/05/2012. The EKG revealed a right bundle branch block and right axis deviation, but this by itself is insufficient to document underlying coronary artery disease. There was borderline left ventricular hypertrophy on the echocardiogram reported on one stress test, but not on the other and this also is insufficient to diagnose this patient with underlying coronary artery disease and may merely reflect the fact that he suffered from hypertension, which as indicated above was mild and well controlled with normal blood pressure response to exertion.
2. In response to question #2, there is not enough evidence to support diagnosis of arteriosclerotic heart disease as noted on death certificate. There is no postoperative EKG to indicate ischemia and/or myocardial infarction. The patient did not have an autopsy and cardiac enzymes were apparently not drawn.

RE:
PAGE 6

Therefore, I feel that there is not enough information and evidence to support diagnosis of arteriosclerotic heart disease. Therefore, I feel there is no evidence to support the diagnosis as noted on the death certificate.

3. In response to question #3, I do not feel that there is enough evidence to support Dr. Ruggeroli's assertion that the patient had occult occlusive arteriosclerotic heart disease leading to pulse/electrical activity.
4. In response to question #4, there is no evidence to support diagnosis of myocardial infarction in the absence of abnormal postoperative EKG and postoperative cardiac enzymes, especially troponin-I level. There was no evidence of underlying arteriosclerotic heart disease. Therefore, the death is due to a postoperative complication of unclear etiology. Clearly, the aforementioned diagnostic test with or without autopsy would have clarified this issue beyond any doubts.

If additional records are noted such as postoperative EKG and notes by Dr. Frank Carrea, who participated in the resuscitation, please forward them to my review and I will dictate an addendum.

Thank you for the opportunity to review the records.

Sincerely,

Zev Lagstein, M.D., F.A.C.C., F.A.S.N.C.
Clinical Associate Professor of Medicine
Diplomate, American Board of Internal Medicine
Diplomate, American Board of Cardiovascular Disease
Diplomate, American Board of Nuclear Cardiology
Diplomate and Senior Disability Analyst

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Zev LAGSTEIN
Address:	3017 W Charleston Blvd Ste 80 Las Vegas NV 89102
Phone:	7028701026

License Information			
License Type:	Medical Doctor		
License Number:	3656	Status:	Active
Issue Date:	9/9/1978	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Cardiovascular Diseases
Scope of Practice: Internal Medicine
Scope of Practice: Cardiology, Nuclear

Education & Training

School:	Hebrew University / Jerusalem, Israel
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	9/24/1972
Scope of Practice:	

School:	Internal Medicine
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	1/1/1980
Scope of Practice:	Internal Medicine

School:	University of Arizona / Tucson, AZ
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/1977

447 417 9

Date Graduated:	6/30/1980
Scope of Practice:	Cardiovasc Diseases

School:	Cardiovascular Diseases
Degree\Certificate:	Am Bd Subboard
Date Enrolled:	
Date Graduated:	1/1/1981
Scope of Practice:	Internal Medicine

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

448 418 / 0

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the law firm of Sertic Law Ltd., Attorneys at Law, over the age of eighteen years, not a party to the within matter, and that on the 5th day of September, 2014, I served by fax, a true copy of the foregoing or attached document, addressed to:

FAX: 775-684-7575
NAIW
Evan Beavers
1000 E William Street #208
Carson City, Nevada 89701

FAX: 775-788-2020
Timothy Rowe, Esq.
P.O. Box 2670
Reno, NV 89505

Gina L. Walsh

Gina L. Walsh

AFFIRMATION (Pursuant to NRS 239B.030)

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

Dated on this 5th day of September, 2014.

Mark S. Sertic

SERTIC LAW LTD.
ATTORNEYS AT LAW
5975 HOME GARDENS DRIVE
Reno, NV 89502
775.327.6300

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

ORIGINAL

In the Matter of the Industrial Insurance Claim of	Claim No.: 12853C301824
	Hearing No.: 46538-SA 45822-KD 44686-SA
DANIEL DEMARANVILLE _____/	Appeal No.: 46812-LLW 46479-LLW 44957-LLW

CLAIMANT'S FIRST EXHIBIT

Page #		
1	EKG from Acadia Medical Group	03/29/1999
2	Cardiologist report	01/28/2004
3	EKG	10/13/2005
4	Progress Notes from Acadia Medical Group	09/08/2006
5-6	Lab report from LabCorp	10/09/2006
7	Test results from Acadia Medical Group	10/12/2006
8-10	EKG	10/13/2006
11	Progress Notes from Acadia Medical Group	01/12/2007
12	Xray of left hand from Reno Diagnostic	01/15/2007
13	Xray of right hand from Reno Diagnostic	01/15/2007
14	Lab report from LabCorp	01/15/2007
15	Progress Notes from Acadia Medical Group	01/25/2007
16	Progress Notes from Acadia Medical Group	05/17/2007
17-18	Exam of veins-unilaterial right from Reno Diagnostic	08/14/2007
19	Progress Notes from Acadia Medical Group	08/14/2007

//

RECEIVED AND FILED 2014 APR 28 PM 12:

ENTERED INTO EVIDENCE AS EXHIBIT #6

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

20	Progress Notes from Acadia Medical Group	08/16/2007
21-22	Lab report from LabCorp	10/09/2007
23-27	EKG	10/15/2007
28	Lab report from LabCorp	10/21/2009
29	Progress Notes from Acadia Medical Group	10/26/2009
30	Progress Notes from Acadia Medical Group	11/17/2009
31	Progress Notes from Acadia Medical Group	11/24/2009
32	History and Physical Examination form from Acadia Medical Group	01/26/2010
33	Physical Exam Form from Acadia Medical Group	01/26/2010
34	Progress Notes from Acadia Medical Group	04/27/2010
35	Common Skin Procedure Form from Western Pathology Consultants	05/19/2010
36	Pathology Consultation from Western Pathology Consultants	05/19/2010
37	Progress Notes from Acadia Medical Group	05/26/2010
38	Progress Notes from Acadia Medical Group	08/24/2010
39	Progress Notes from Acadia Medical Group	08/30/2010
40	Lab report from LabCorp	09/30/2010
41	Progress Notes from Acadia Medical Group	10/06/2010
42	Progress Notes from Acadia Medical Group	11/15/2010
43	Common Skin Procedure Form from Western Pathology Consultants	12/14/2010
44	Pathology Consultation from Western Pathology Consultants	12/14/2010
45	Progress Notes from Acadia Medical Group	12/23/2010
46-49	Medical reporting from Reno Heart Physicians	01/14/2011
50	History and Physical Examination from Acadia Medical Group	01/31/2011
51	Physical Exam Form from Acadia Medical Group	01/31/2011

//

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2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

52-53	Progress Notes from Acadia Medical Group	01/31/2011
54	Stress Echocardiogram from Reno Heart Physicians	03/28/2011
55-56	Medical reporting from Reno Heath Physicians	03/30/2011
57	Lab report from LabCorp	04/15/2011
58	Progress Notes from Acadia Medical Group	04/25/2011
59	Progress Notes from Acadia Medical Group	05/04/2011
60-61	Progress Notes from Acadia Medical Group	05/16/2011
62-63	Progress Notes from Acadia Medical Group	06/15/2011
64	Medical reporting from Nevada ENT & Hearing Associates	06/17/2011
65	Progress Notes from Acadia Medical Group	06/21/2011
66	Progress Notes from Acadia Medical Group	07/19/2011
67	Progress Notes from Acadia Medical Group	08/02/2011
68	Progress Notes from Acadia Medical Group	08/16/2011
69	Progress Notes from Acadia Medical Group	10/26/2011
70	Progress Notes from Acadia Medical Group	11/03/2011
71	Progress Notes from Acadia Medical Group	11/23/2011
72	Progress Notes from Acadia Medical Group	12/20/2011
73-74	Medical reporting from Acadia Medical Group	12/20/2011
75	History and Physical Examination from Acadia Medical Group	02/14/2012
76	Physical Exam Forms from Acadia Medical Group	02/14/2012
77-78	Medical reporting from Acadia Medical Group	02/14/2012
79-80	Medical reporting from Acadia Medical Group	04/19/2012
81-82	Acadia Medical Gruop referral to Neurology Physicians	04/19/2012
83-85	Lab report from LabCorp	05/11/2012
86-87	Medical reporting from Acadia Medical Group	05/29/2012

//

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Las Vegas, NV 89102 (702) 486-2830

88-89	Acadia Medical Group referral to Gastroenterology Consultants	05/30/2012
90	Medical reporting from Reno Diagnostic	06/01/2012
91-92	Lab report from LabCorp	06/05/2012
93	Medical reporting from Gastroentorology Consultants	06/07/2012
94-95	Upper Endoscopy Report from Gastroenterology Consultants	06/07/2012
96	Medical reporting from Gastroentorology Consultants	06/07/2012
97-103	Medical reporting from Gastroentorology Consultants	07/06/2012
104-105	MRI of abdomen from Reno Diagnostic	07/20/2012
106	HIDA Ductal Img from Reno Diagnostic	07/26/2012
107-109	Medical reporting from Gastroentorology Consultants	08/01/2012
110-112	Renown Consent for Surgical Procedure	08/02/2012
113	Renown Acknowledgement of Receipt of Notice of Privacy Practices	08/02/2012
114-115	Renown Admitting Form	08/02/2012
116-119	History and Physical from Western Surgical	08/02/2012
120-121	Renown Informed Consent and Consent for Anesthesia Services	08/05/2012
122	Renown Admission form	08/05/2012
123	Code Blue Report	08/05/2012
124	Renown Anesthesia Record	08/05/2012
125	Anesthesia Post-Op Orders	08/05/2012
126	Renown Immediate Post-Operative Note	08/05/2012
127	Renown Anesthesia Note	08/05/2012
128	Washoe County Certificate of Death	08/10/2012
129	Form C-4	08/20/2013

//

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2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

AFFIRMATION

Pursuant to NAC 616C.303, I affirm that no personal information appears in this exhibit.

DATED this 8th day of April, 2014

NEVADA ATTORNEY FOR INJURED WORKERS

Evan Beavers, Esq.
Attorney for Claimant

NEVADA ATTORNEY FOR INJURED WORKERS
1000 East William Street, Suite 208
Carson City, NV 89701 (775) 684-7555
2200 South Rancho Drive, Suite 230
Las Vegas, NV 89102 (702) 486-2830

Daniel Demaranville

29 MAR 99 16:32:06

134430

54 years
206 lb 71 in

74 3-wks .16/.06/.26
wil.

Acadia Medical Group

CSO: This form is for your co nience to ensure information is com e, as required by USMS. See attached JSD Medical Review Form.

- *Take a copy of the EKG taken at your exam to the appointment with you. (If you do not have a copy please call to obtain one.)*
- *Take a copy of this form and a copy of the JSD Medical Review Form to your appointment.*

Circuit: 9 **District:** NV **CSO/Applicant Name:** DeMaranville, Daniel

To Be Completed by Cardiologist:

a. Current cardiac condition

Conduction abnormality

b. Interpretation of EKG (This is an interpretation of the EKG from the exam)

Sinus rhythm with Right bundle branch block

c. Results of any previous and current cardiac tests (Please attach copies of all tests including EKGs, Echocardiogram, Stress tests, etc.)

Stress test - Normal
Echocardiogram Mild LVH otherwise normal

d. Medical significance of any findings

Probably has fibrosis in the conduction system due to aging process. No pathology found

e. Limitations of activities or contraindication to vigorous-intensity physical exercise (if none, must state none)

None

Cardiologist Signature: [signature] **Date:** 1/28/04

**Please attach letterhead or business card*
**If additional space is required please attach a letter*

Received
OCT 15 2012
CCHRS Reno

REVISED 1/14/04 KW

426

456

002

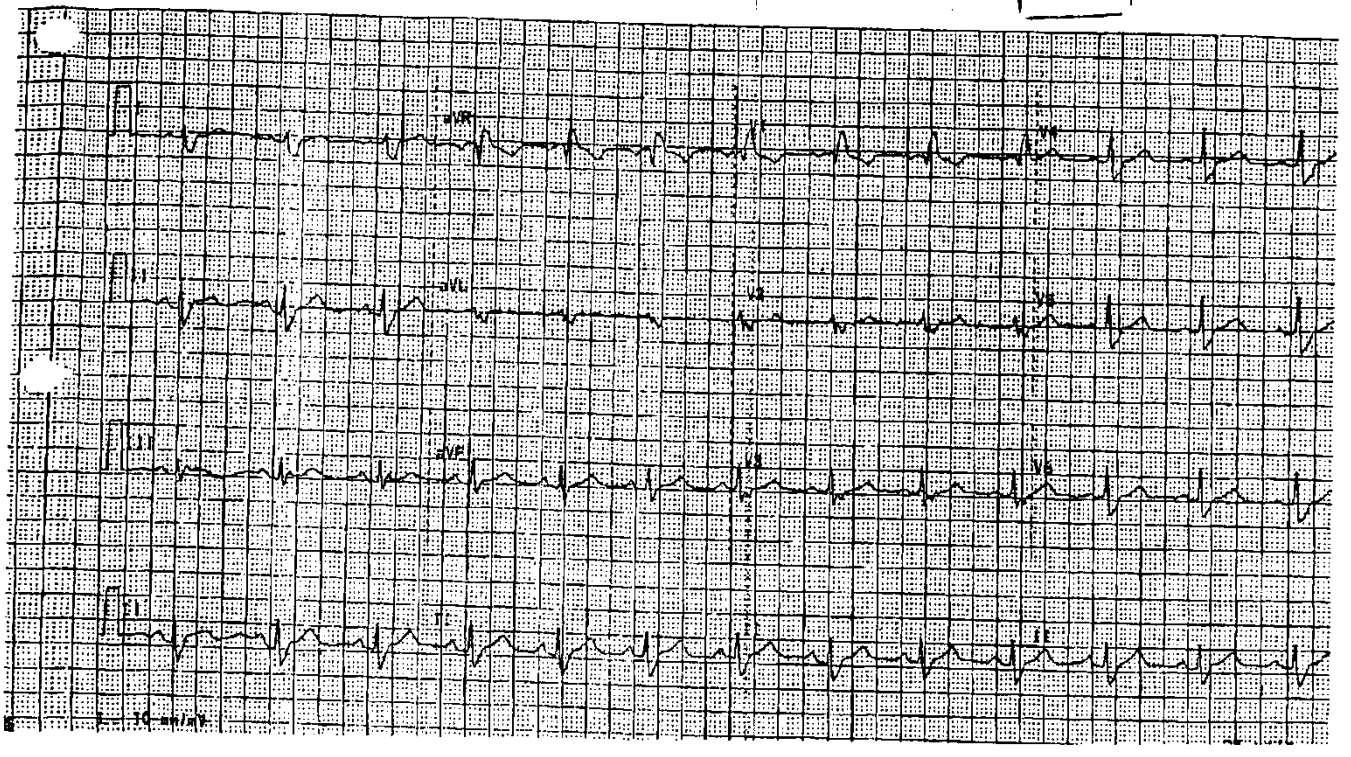
DEMARANVILLE,DANIEL
ID:

10/13/05 10:45:41

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

Vent. Rate:	79 bpm
P Duration:	100 ms
QRS Duration:	146 ms
PR Interval:	156 ms
QT Interval:	408 ms
QTc Interval:	439 ms
P-R-T AXIS:	71° 108° 59°

Received
OCT 16 2012
COMBI-MEDICAL



457 427

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 09080 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 130/76 (U) 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Rev for path results +/- excision

HPI: site
Dressing all cotton gone.
Healing great
P. Rx improved

9-18-06

9-18-06 Cl per DID Flomax 0.4mg #30 2
Faxed Sav-on #773 faxed 746-2308 (W)

MEDICATIONS

Flomax

Same meds except

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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"Two Tried-and-True Tools for E/M Document" Backer LA. *Family Practice Management*. October 2003:51. http://aafp.org/fpm/20030900/51twot.html.

AMG-051 REV 3/04

428

458

004

SA 470

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Account Delivery Route
282-486-0268-0	282380	64001373551	27625491	775-322-5757	00

Patient Last Name: DEMARANVILLE
Patient First Name: DANIEL
Patient Middle Name:
Patient SS#: ***-**-
Patient Phone: 775-345-6530
Total Volume:
Age (Y/M/D): 72/00/05
Date of Birth: 10/04/34
Sex: M
Fasting: Yes
Patient Address: PO BOX 261, VERDI NV 89439

Account Address: CONCENTRA MED SERV MILL LAB
1530 EAST 6TH STREET
RENO NV 89512

Additional Information: UPIN: C96419

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
10/09/06 07:16	10/09/06	10/10/06 17:05ET	PANICARI, M		

Tests Ordered: CMP14+LP+CBC/D/Plt+UA; Venipuncture; Reno,NV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					NV
Glucose, Serum	92		mg/dL	65 - 99	NV
BUN	19		mg/dL	5 - 26	NV
Creatinine, Serum	1.4		mg/dL	0.5 - 1.5	NV
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	144		mmol/L	135 - 148	NV
Potassium, Serum	4.7		mmol/L	3.5 - 5.5	NV
Chloride, Serum	106		mmol/L	96 - 109	NV
Carbon Dioxide, Total	23		mmol/L	20 - 32	NV
Calcium, Serum	9.5		mg/dL	8.5 - 10.6	NV
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	NV
Albumin, Serum	4.1		g/dL	3.5 - 4.8	NV
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2	NV
Alkaline Phosphatase, S	52		IU/L	25 - 160	NV
AST (SGOT)	21		IU/L	0 - 40	NV
ALT (SGPT)	16		IU/L	0 - 55	NV
					NV
Lipids					NV
Cholesterol, Total	165		mg/dL	100 - 199	NV
Triglycerides	100		mg/dL	0 - 149	NV
HDL Cholesterol	50		mg/dL	40 - 59	NV
VLDL Cholesterol Cal	20		mg/dL	5 - 40	
LDL Cholesterol Calc	95		mg/dL	0 - 99	
T. Chol/HDL Ratio	3.3		ratio units	0.0 - 5.0	
					NV
CBC, Platelet Ct, and Diff					NV
WBC	7.9		x10E3/uL	4.0 - 10.5	NV
RBC	4.60		x10E6/uL	4.20 - 6.00	NV
Hemoglobin	15.7		g/dL	13.0 - 18.0	NV
Hematocrit	45.9		%	37.0 - 55.0	NV
MCV	100		fL	80 - 100	NV

DEMARANVILLE, DANIEL	282380	282-486-0268-0	Seq#1797

DUPLICATE FINAL REPORT

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DOC1 Ver: 129

10/13/06

459 429

005

LabCorp

LabCorp Reno
888 Willow Street
Reno, NV 89502
Phone: 775-334-3400

Patient Name	Specimen Number
DEMARANVILLE, DANIEL	282-486-0268-0

Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
27625491	282380	64001373551	10/09/06 07:16	10/10/06	M	72/00/05	10/04/34

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
MCH	34.1	High	pg	27.0 - 33.0	NV
MCHC	34.2		g/dL	32.0 - 36.0	NV
RDW	14.3		%	12.0 - 16.2	NV
Platelets	250		x10E3/uL	140 - 440	NV
Neutrophils	66		%	48 - 73	NV
1 BAND					
1 MYELO					
Lymphs	23		%	18 - 48	NV
Monocytes	8		%	0 - 13	NV
Eos	3		%	0 - 6	NV
Basos	0		%	0 - 3	NV
Neutrophils (Absolute)	5.2		x10E3/uL	1.8 - 7.8	NV
Lymphs (Absolute)	1.8		x10E3/uL	0.7 - 4.5	NV
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 1.0	NV
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	NV
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	NV
Hematology Comments:	Note:				NV
Manual differential was performed.					
Urinalysis Gross Exam					NV
Specific Gravity	1.018			1.005 - 1.030	NV
pH	7.0			5.0 - 7.5	NV
Urine-Color	Yellow			Yellow	NV
Appearance	Clear			Clear	NV
WBC Esterase	Negative			Negative	NV
Protein	Negative			Negative/Trace	NV
Glucose	Negative			Negative	NV
Ketones	Negative			Negative	NV
Occult Blood	Negative			Negative	NV
Bilirubin	Negative			Negative	NV
Urobilinogen,Semi-Qn	0.0		mg/dL	0.0 - 1.9	NV
Nitrite, Urine	Negative			Negative	NV
Microscopic Examination					
Microscopic follows if indicated.					NV

NV: LabCorp Reno
888 Willow Street, Reno, NV 89502
Dir: Amy Llewellyn, MD
For inquiries, the physician may contact: Branch: 775-334-3400 Lab: 775-334-3400

DEMARANVILLE, DANIEL	282380	282-486-0268-0	Seq # 1797

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DOC1 Ver: 1.29

460 430

006

RENO NEVADA

Easy One(TM) DIAGNOSTIC 2.14
Model 2000-2005
SN 56581 RecNo 249
10/12/06 17:24

Patient Information

Name	DANIEL DOMARANVILLE
ID	134430
Age	72
Height	5 ft 9 in
Weight	199 lbs, BMI 29.5
Gender	MALE
Ethnic	CAUCASIAN
Smoker	YES
Asthma	NO

Test Information

Test Date/Time	10/12/06 17:21
Post Time	--:--
Test Mode	DIAGNOSTIC
Interpretation	NLHEP
Predicted Ref	Knudson76
Value Select	BEST VALUE
Tech ID	IKB
Automated QC	ON
BTPS (IN/EX)	-.--/ 1.02

Test Results

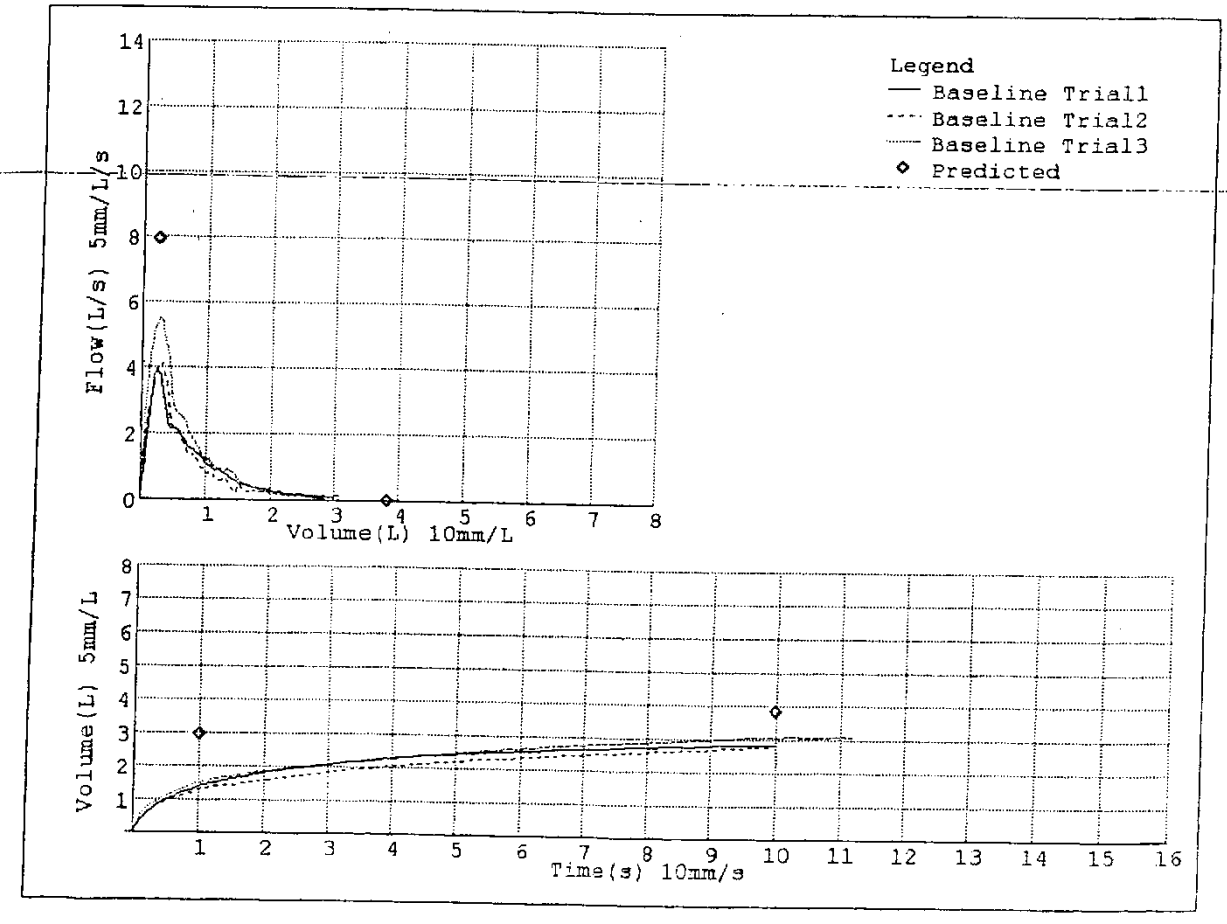
Your FEV1 is 48% Predicted. Your Lung Age is 12[illegible]

Parameter	Baseline Best	Trial1	Trial2	Trial3#	Pred	%Pred
FVC(L)	2.82*	2.82*	2.79*	3.09	3.83	74
FEV1(L)	1.40*	1.40*	1.30*	1.52*	2.95	48
FEV1/FVC	0.50*	0.50*	0.47*	0.49*	0.78	64
PEF(L/s)	3.79*	3.79*	4.02*	5.35*	7.94	[illegible]
FEF25-75(L/s)	0.50*	0.50*	0.36*	0.40*	3.78	13
FET(s)	9.99	9.99	9.97	11.25	-.--	

* Indicates Below LLN or Significant Post Change

Moderately severe COPD
Small RAD

Baseline FEV1 Var=0.10L 7.2%; FVC Var=0.03L 1.2%; Session Quality C
Interpretation Moderate Obstruction and Low vital Capacity possibly due to restriction



431

461

007

DEMARANVILLE,DANIEL
ID:

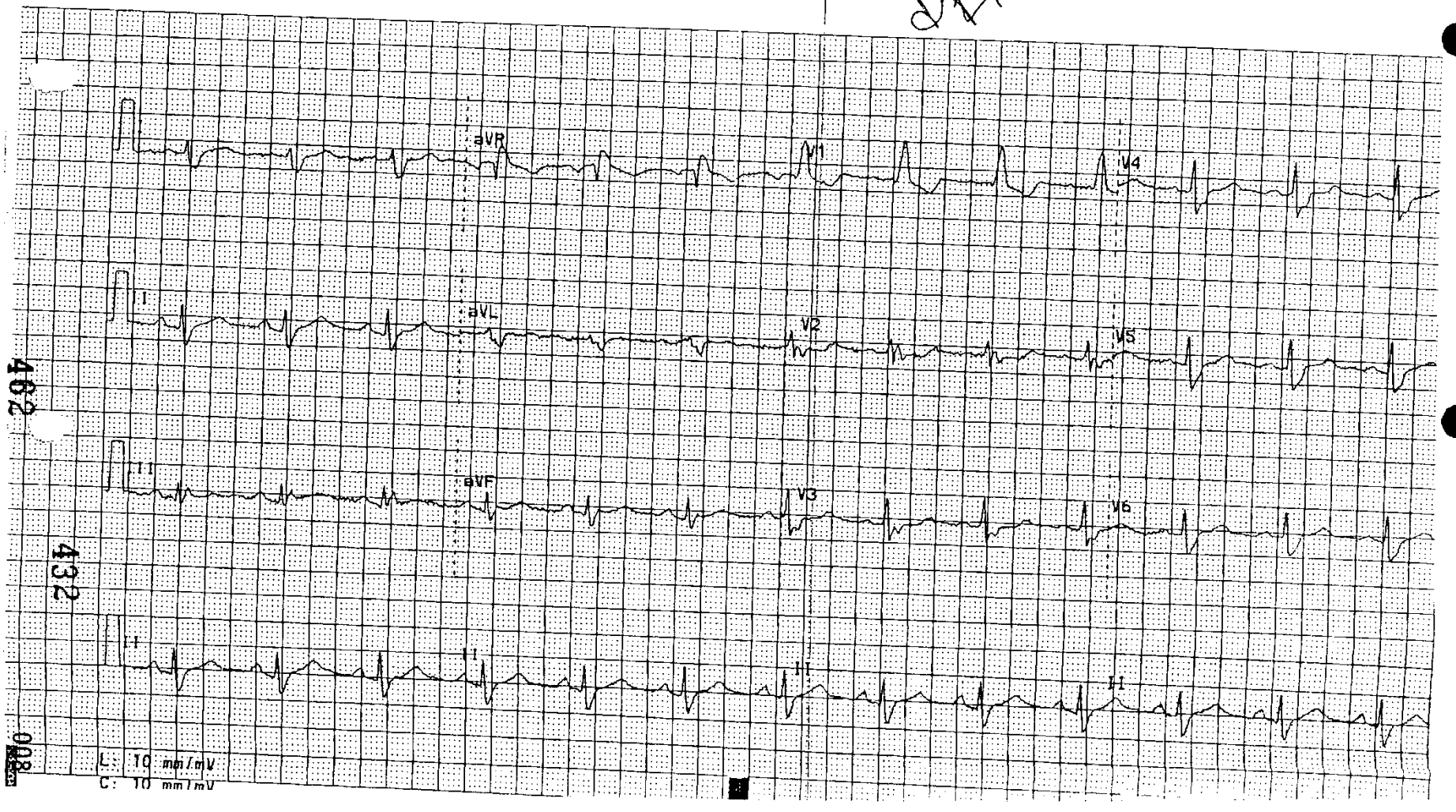
10/13/06 14:31:58

DEMARANVILLE,DANIEL
ID:

10/13/06 14:31:58

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

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



402

432

008

SA 474

ID: #STAT#1081015161056

D.O.B.:
Meds:
Class:
Loc: 1

Daniel Demaranville

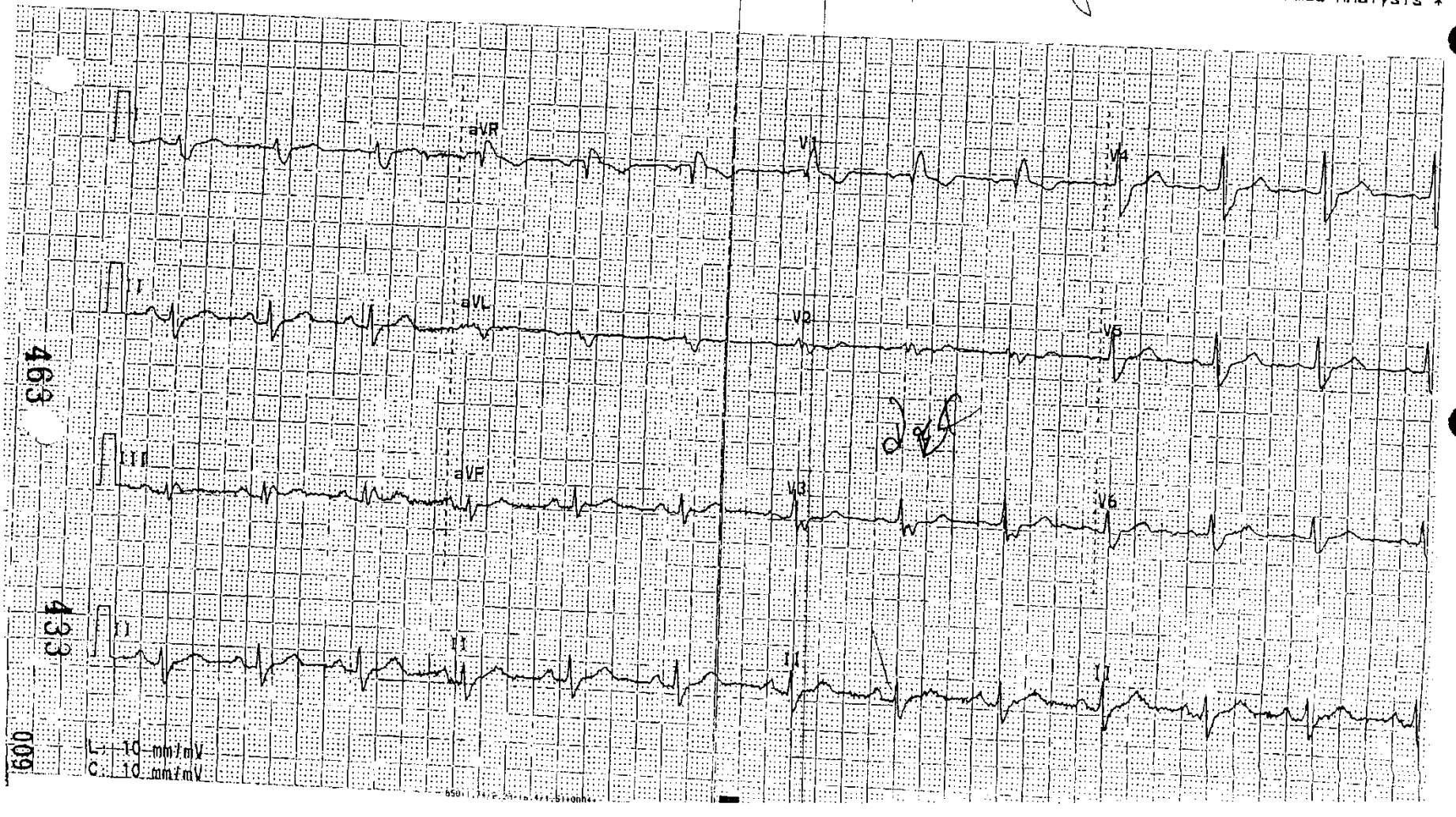
Vent. Rate:	75 bpm
P Duration:	104 ms
QRS Duration:	154 ms
PR Interval:	168 ms
QT Interval:	422 ms
QTc Interval:	446 ms
P-R-T AXIS:	77° 0° 62°

ID: #STAT#1081015161056

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

Summary: ABNORMAL

* Unconfirmed Analysis *



463

433

009

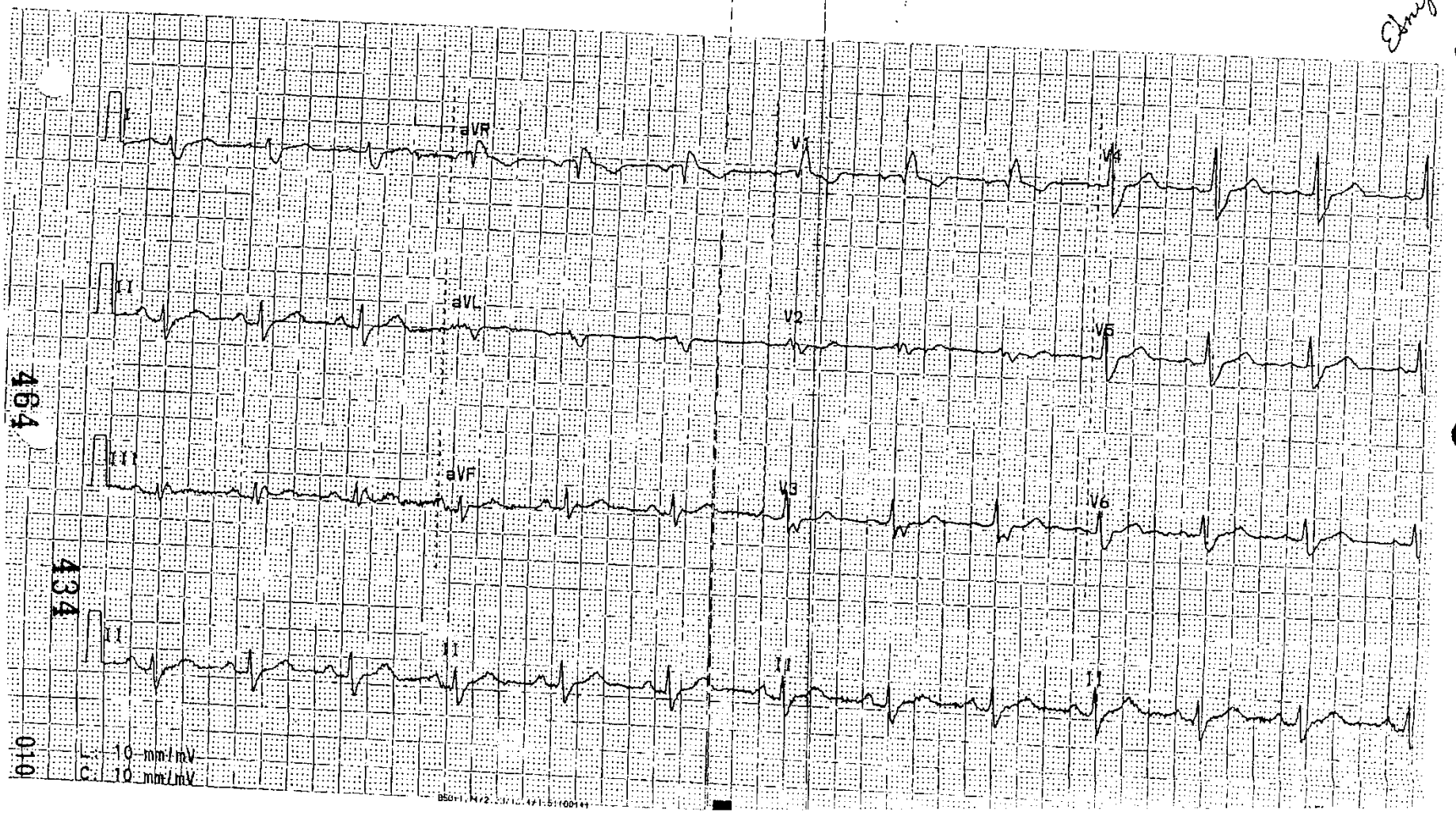
SA 475

ID: #STAT#1081015161056

D.O.B.:
Meds:
Class:
Loc: 1

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

ID: #STAT#1081015161056



ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: ~~10-12-06~~ 1-11-07 01-12-07 Chart #: 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 139/84 18

HPI	
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Here for 3 month Flu + R/Bat

HPI: ~~Chest pain~~

Defined nl labs comm (ra)

RBBB neg+

Sow card 2 yrs ago

GI - fine

E.D. good.

Pt states hx head RA

O - OWWD NAD

Swelling wrists + thumb

CMC + MCP jts

A - ~~Arthritis~~ 714.90

RBBB 426.50

Bach 53081 dysthymia 300.4

E 302.72

P - Labs

XR

Rev 2 yrs.

Desired Lung Cancer

MEDICATIONS

Same meds

Prednisone

ESR

CRE

ANA

RF/Xray hand

OA

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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MG-051 REV 3/04

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 01/15/2007
ACCESSION: 400210
EXAM: XRAY- Hand 3V plus
EXAM LOCATION: RDC

CLINICAL INDICATION: Hand pain. No trauma.

TECHNIQUE: Three views of the left hand performed 1/15/2007.

COMPARISON: None.

FINDINGS:
Bone mineralization is within normal limits. No definite periosteal reaction is noted. There may be slight cortical thickening of the proximal phalanges of the left hand along with a mild spade-like appearance of the terminal tufts. This may be seen in acromegaly and clinical correlation is recommended. No erosions are identified. There is no soft tissue calcification. No fracture is identified. There are mild degenerative changes at the base of the thumb.

IMPRESSION:
1. Subtle spade-like appearance of the distal tufts which may be seen in acromegaly.
2. Mild degenerative changes at base of the left thumb.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 01/15/2007 15:21:51 PM

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 01/15/2007
ACCESSION: 400211
EXAM: XRAY- Hand 3V plus
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand pain. No trauma.

TECHNIQUE: Three views right hand performed 1/15/07.

COMPARISON: None.

FINDINGS:
Bone mineralization is within normal limits. There are moderate degenerative changes at the base of the right thumb. No marginal erosions are identified. There is no periosteal reaction. There is mild cortical thickening of the proximal phalanges of the right hand. There is subtle spade-like appearance of the distal tufts. This finding may be seen acromegaly and clinical correlation is recommended.

IMPRESSION:
1. Moderate degenerative change of the base of the right thumb.
2. Mild spade-like widening of the distal phalanges. This finding may be seen in acromegaly and clinical correlation is recommended.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 01/15/2007 15:22:08 PM

Specimen #	Control/Ref	
015-486-0697-0	64001_ 55	Pg 1

LabCorp V 1.29

Fasting	Micro Source	Total Urine Volume	Report Status
NO			S / Final

Date Collected	Time Collected	Date Entered	Date Reported
01/15/07	12:26	01/15/07	01/17/07

Clinical Information:

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	***-**-

Patient Name: DEMARANVILLE, DANIEL
Sex: M
Date of Birth: 10/04/34

Patient Address: PO BOX 261
Verdi NV 89439

Account:
27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555

UPIN: B43018
PHY NAME: VANDYKEN,

Comments:
PATN AGE: 072/03/11

Tests Requested: Antinuclear Antibodies Direct; Rheumatoid Arthritis Factor; Sedimentation Rate-Westergren; Venipuncture; Reno,NV

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antinuclear Antibodies Direct	24		U/mL	0 - 99	01
			Negative	<100	
			Equivocal	100 - 120	
			Positive	>120	
Rheumatoid Arthritis Factor					
RA Latex Turbid.	3.0		IU/mL	0.0 - 13.9	01
Sedimentation Rate-Westergren	2		mm/hr	0 - 20	01

01 NV LabCorp Reno
888 Willow Street, Reno, NV 89502
Dir: Amy Llewellyn, MD
For inquiries, the physician may contact **Branch: 775-334-3400 Lab: 775-334-3400**

LAST PAGE OF REPORT

FINAL REPORT

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EMARANVILLE, DANIEL 282380 015-486-0697-0 Seq# 7632 01-17-07 10:04ET

Universal #2

468 438 014

SA 480

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demeranville Date: 01-25-07 Chart # 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 120/60 RD 18

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

✓: no review/exam

CC: Here for 2 wk F/u

HPI: desc'd OH thumbs on XR
" ↓ lab.
" ↓ NSAID.
" Zantac @ HS
O - OH thumbs, pt concerned, symptomatic
A - OH thumbs 715.94
GERD - disc'd. lifestyle 530.81
ocarc
DJS 788.162
ED 302.72 & Sperl 305.1
Dysthymia 300.4
P - alternative ~~meds~~ - ask pt'd on:
Motrin 800 BID
Prilosec QD
Sleep c ↑ HOB.
Rx MOJ

MEDICATIONS

Zantac 150 mg
Metaprolol 100 mg
Viagra 50 PRN
Flomax 0.4 mg

Couns/coord>50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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"Two Tried-and-True Tools for E/M Documen" Backer LA. *Family Practice Management*. October 2003:51 http://aafp.org/fpm/20030900/51twot.html.

469 439

015

SA 481

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 5.17.07 Chart #: 134430

DOB: _____ H: ____ W: ____ T: ____ P: 70 BP: 120/70 R: 18

HPI	
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	

ROS	WNL	See note
Const	☑	☐
Eyes	☐	☑
ENT/mouth	☐	☑
CV	☑	☐
Resp	☐	☑
GI	☑	☐
GU	☑	☐
Musc	☑	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☑

PFSH	No chng	See note
Past	☐	☑
Family	☐	☐
Social	☑	☐

Exam	WNL	See note
Const	☑	☐
Eyes	☑	☐
ENT/mouth	☐	☑
Neck	☑	☐
Resp	☑	☐
CV	☑	☐
Chest (breasts)	☐	☐
GI (abdomen)	☑	☐
Lymph	☑	☐
GU	☐	☐
Musc	☑	☐
Skin	☑	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: Here for 3 month F/u

HPI:
Allergy - ↑
nasal/ulcl fmd cough.
GI good c̄ Prilosec
GU BKC flomax
O.A. good.
O- ob WD NAD
Pharynx dry
lungs CTA
card RRR s gm S
S1 S2 S3 RRR
Pedera
A- GERD 530.81
Bronchitis 490
Dermatomyositis 300.4
COPD 496
Trigeminal abscess 305.1
P- Cont meds
Stop smoking
Doxycycline 100 BID x 20/7
f/u 3 mo

Abd wants to quit

P- Nicotrol 15 XL q D x 7
" 300 " 30/8
Viagra 100 q D 10/8

MEDICATIONS
Zantac 150 mg
Prilosec
Flomax 0.4 mg
Fosamax
Zyrtec
eye gtt

Counts/coord>50% ☐ Total time: _____ min. Counts/coord time: _____ min.

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AMG-051 REV 3/04

470 440 016

SA 482

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

****
Reprinted from Electronic Medical Record - Created on 08/14/07 17:03:09
Patient: DEMARANVILLE, DANIEL MR No.: 160912 DOB: 10/04/1934
****

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 08/14/2007
ACCESSION: 449194
EXAM: US- US1_EU-US - Veins Unilateral-Right
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand swelling. Evaluate for upper extremity thrombosis.

COMPARISON: None.

TECHNIQUE: The deep and superficial venous system of the right upper extremity was evaluated with B-mode, duplex and color ultrasound with a high frequency vascular (12 mHz) probe.

FINDINGS:
Both the deep and superficial venous system is patent. The examination is unremarkable.

IMPRESSION:
No evidence of the right upper extremity venous thrombosis.

These results were called as requested.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 08/14/2007 17:03:06 PM

Electronically signed by Eric J Kraemer MD 8/14/2007 17:8:6

Reno Diagnostic Centers
590 Eureka Avenue • Reno, Nevada 89512
Phone (775) 323-5083 Fax (775) 323-2193

PATIENT NAME: Demaranville, Daniel E
DOB: 10/04/1934
REFERRING PHYSICIAN: VANDYKEN, DONALD MD (775)786-3555

MRN: 160912
AGE/SEX: 72/M

EXAM DATE: 08/14/2007
ACCESSION: 449194
EXAM: US- US1_EU-US - **Veins Unilateral-Right**
EXAM LOCATION: RDC

CLINICAL INDICATION: Right hand swelling. Evaluate for upper extremity thrombosis.

COMPARISON: None.

TECHNIQUE: The deep and superficial venous system of the right upper extremity was evaluated with B-mode, duplex and color ultrasound with a high frequency vascular (12 mHz) probe.

FINDINGS:
Both the deep and superficial venous system is patent. The examination is unremarkable.

IMPRESSION:
No evidence of the right upper extremity venous thrombosis.

These results were called as requested.

CC:

Read and Electronically Signed by: Eric J Kraemer MD
Reviewed By: Ross H Golding MD
Date/Time Dictated: 08/14/2007 17:03:06 PM

Released By :

0.2007.TOM

472 442 018

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 8.14.07 Chart # 134430

DOB: H: W: T: P: 100 (R) rapid BP: 130/80 (R) 18

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

✓: no review/exam

CC: Here for swelling (R) hand, lower arm - elbow

HPI: Woke up 5 wks ago.
Sleeping by R side
Would tender generally
(Hand & forearm)
S/E edema.
1. R hand edema 782.3
R hand pain 729.5
R wrist " 719.43
P- US R10 QVT
Rx 1-2d

MEDICATIONS
Zantac 150 mg 1 qd
Lisinopril 10 mg 1 qd
Plomex
Arthrotec
Vicoprofen PRN

PHONE CALL
FOR: DND / Karla DATE: 081407 TIME: 430 AM PM
M: Laura Demaranville
OF: RE: Dan
PHONE/MOBILE: 345 6530 FAX:
MESSAGE: RDC didn't find a clot. What should Dan Do for the pain until next appt. on Thurs?
SIGNED:
☐ TELEPHONED ☐ RETURNED YOUR CALL ☐ PLEASE CALL ☐ WILL CALL AGAIN ☐ CAME TO SEE YOU ☐ WANTS TO SEE YOU

PHONE CALL
FOR: DATE: TIME: AM PM
M: Motion 600 mg
OF:
PHONE/MOBILE: FAX:
MESSAGE:
SIGNED:
☐ TELEPHONED ☐ RETURNED YOUR CALL ☐ PLEASE CALL ☐ WILL CALL AGAIN ☐ CAME TO SEE YOU ☐ WANTS TO SEE YOU

8/14/07 Tele to pt, pt informed of above.

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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473 443

019

SA 485

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.

Name: Daniel Demaranville Date: 8-16-07 Chart # B4430

DOB: H: W: T: P: 64 BP: 112/68 R: 16

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☑	☐
Eyes	☐	☐
ENT/mouth	☑	☐
CV	☑	☐
Resp	☑	☐
GI	☑	☐
GU	☑	☐
Musc	☑	☐
Skin/breasts	☐	☑
Neuro	☐	☐
Psych	☑	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☑
Family	☐	☐
Social	☐	☑

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 72 y.o. ♂ 3 mo recheck

HPI: Hx ✗ clot
+ edema
GI - OK
GU "
E.D. OK.
Mathis great! ↓↓ pain
(w) c/o moles on shoulder
☑ to 6 moles on shoulder
O - BWW WAD decid - Chiro
SKs on shoulder.
+ edema lungs CTA
A - RUE edema 782.3 cold NMT 5@ 28
GERD 530.81
Tobacco abuse 305.1
COPD 496
DJD - 78862 SKs
P - Richaxtop: .5 qD x 3 .5 BID x 4 then 1 mg BID 60
Levitra 20 (5) + RF 10/3
RV 1 mo

MEDICATIONS
~~me~~ same meds per pt.

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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AMG-051 REV 3/04

LabCorp

Specimen #	ControlReq Number	Page #
[illegible]	[illegible]	[illegible]

Testing	Micro Source	Total Urine Volume	Report Status
[illegible]			R /Final

Date Collected	Time Collected	Date Entered	Date Reported
[illegible]	08:55	10/09/07	10/10/07

Patient ID Number	Patient Phone Number	Patient SSN
[illegible]	775-342-6300	***-**-

Patient Name	Sex	Date of Birth
[illegible]NVILLE, DANIEL	M	10/04/34

Patient Address: PO BOX 361
[illegible] Verdi NV 89439

Comments

ATN ABE: 073/00/05

Clinical Information

Account
27625451
CONCENTRA MED SERV MILL LPB 00
1530 EAST 5TH STREET
RENO NV 89512

775-322-5737

UPIN: F23827
PHY NAME: BELCOURT,

Tests Requested: CMP14+LP+CBC/D/Plt+UA; Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+UA					
Chemistries					01
Glucose, Serum	84		mg/dL	65 - 99	01
BUN	16		mg/dL	5 - 26	01
Creatinine, Serum	1.3		mg/dL	0.5 - 1.5	01
BUN/Creatinine Ratio	12			9 - 27	
Sodium, Serum	143		mmol/L	135 - 148	01
Potassium, Serum	4.6		mmol/L	3.5 - 5.5	01
Chloride, Serum	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01
Calcium, Serum	8.9		mg/dL	8.5 - 10.5	01
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 4.8	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	47		IU/L	25 - 150	01
AST (SGOT)	24		IU/L	0 - 40	01
ALT (SGPT)	19		IU/L	0 - 55	01
					01
Lipids					01
Cholesterol, Total	177		mg/dL	100 - 199	01
Triglycerides	186		mg/dL	0 - 149	01
HDL Cholesterol	47		mg/dL	40 - 59	01
LDL Cholesterol Calc	81		mg/dL	0 - 40	
VLDL Cholesterol Calc	109	High	mg/dL	5 - 39	
Comment					01
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.					
Chol/HDL Ratio	3.8		Metric units	2.0 - 5.0	
					01
CBC, Platelet Ct, and Diff					01
WBC	7.0		x10E3/uL	3.8 - 10.8	01
RBC	4.79		x10E6/uL	4.27 - 5.80	01
Hemoglobin	15.0		g/dL	12.7 - 17.7	01
Hematocrit	47.4		%	37.5 - 51.0	01
MCV	99		fL	79 - 97	01
MCH	31.3	High	pg	26.6 - 33.0	01
MCHC	31.7		g/dL	31.5 - 35.7	01
RDW	13.6		%	12.3 - 15.4	01

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LabCorp

Specimen #	Control/Req Number	Page #
[illegible]	[illegible]	[illegible]

Testing	Micro Source	Total Urine Volume	Report Status
[illegible]			Final

Date Collected	Time Collected	Date Entered	Date Reported
[illegible]	[illegible]	[illegible]	[illegible]

Patient ID Number	Patient Phone Number	Patient SSN
[illegible]	[illegible]	[illegible]

Patient Name	Sex	Date of Birth
[illegible]	[illegible]	[illegible]

Patient Address PO BOX [illegible]
[illegible] Yerington NV [illegible]

Comments

STN CREE: 07/02/23

Clinical Information

Account
[illegible]
CONSENTRA MED ARRY MILL LLC
1500 EAST 5TH STREET
RENO NV 89512
775-322-5757
UPIN: [illegible]
PHY NAME: BELCHER,

Tests Requested CMP14+LP+CBC/D/Diff+UA+ Verification

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
[illegible]	209		x10E3/uL	140 - 440	01
[illegible]phil	51		%	48 - 73	01
[illegible]	22		%	18 - 46	01
[illegible]	3		%	2 - 13	01
[illegible]	2		%	0 - 5	01
[illegible]	0		%	0 - 3	01
[illegible]phils (Absolute)	4.3		x10E3/uL	1.8 - 7.8	01
[illegible]phils (Absolute)	2.8		x10E3/uL	0.7 - 4.5	01
[illegible]cytes (Absolute)	0.8		x10E3/uL	0.1 - 1.2	01
[illegible] (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
[illegible] (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
[illegible]					01
[illegible]lysis Gross Exam					01
[illegible]cific Gravity	1.020			1.005 - 1.030	01
[illegible]	5.0			5.0 - [illegible]	01
[illegible]	Yellow			Yellow	01
[illegible]pearance	Clear			Clear	01
[illegible]	Negative			Negative	01
[illegible]tein	Negative			Negative/Trace	01
[illegible]cose	Negative			Negative	01
[illegible]tones	Negative			Negative	01
[illegible] Blood	Negative			Negative	01
[illegible]irubin	Negative			Negative	01
[illegible]illinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.0	01
[illegible] Urine	Negative			Negative	01
[illegible] Examination					
Microscopic follows if indicated.					01

NV LabCorp Reno
522 Willow Street, Reno, NV 89502
[illegible] Clay Pay [illegible]
[illegible] 775-[illegible]

[illegible] REPORT

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[illegible]

Name: Daniel Demaranville
ID:

10/15/2007 8:41:16 AM

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

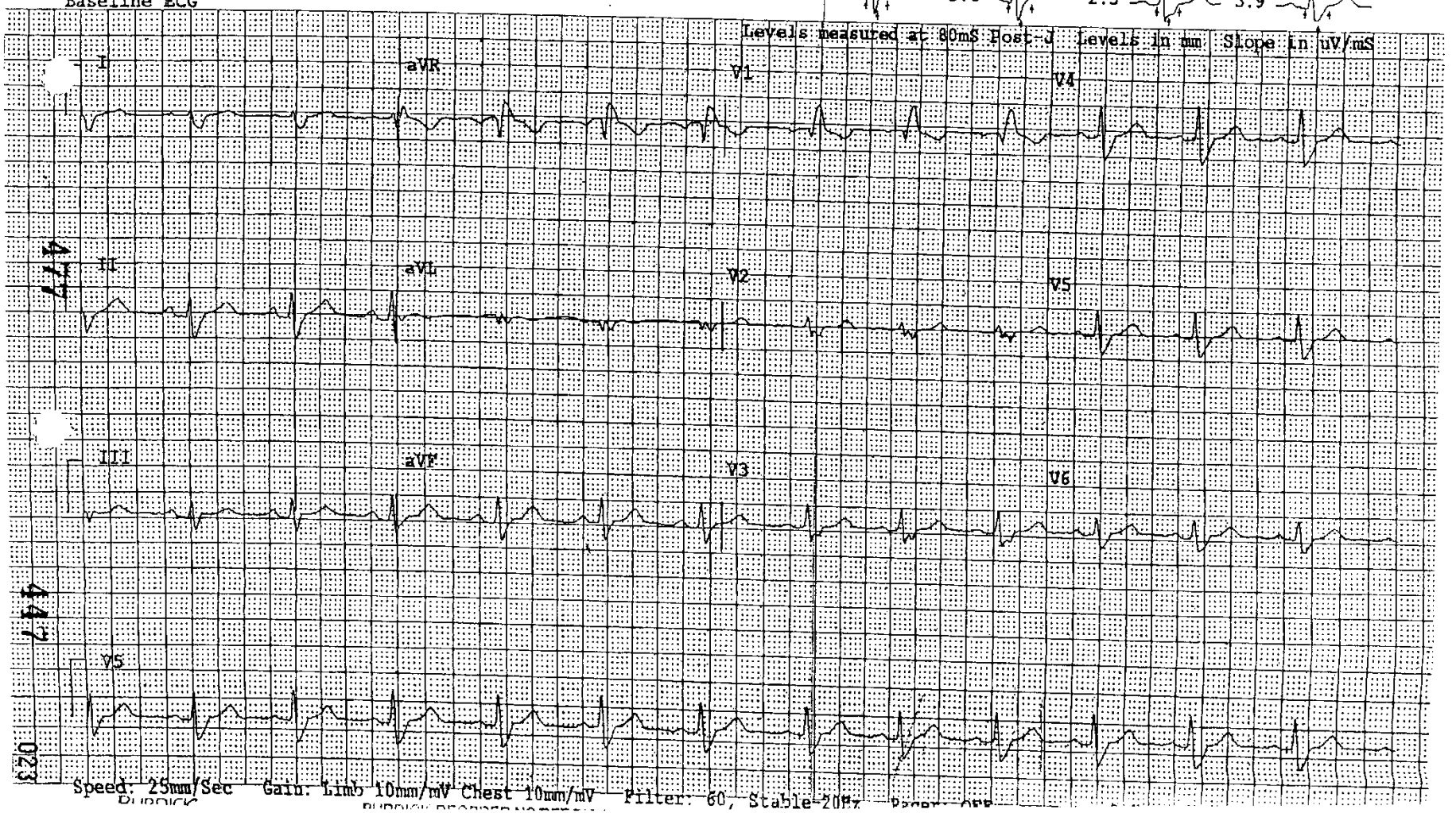
	I	aVR	V1	V4
L	0.2	-0.7	-0.6	0.5
S	3.5	-4.5	-7.0	4.6

	II	aVL	V2	V5
L	1.1	-0.3	0.0	0.6
S	5.7	0.9	1.2	4.6

	III	aVF	V3	V6
L	0.9	1.0	0.2	0.6
S	1.3	3.8	2.3	3.9

Baseline ECG

Levels measured at 80mS Post-J Levels in mm Slope in uV/mS



Speed: 25mm/Sec Gain: Limb 10mm/mV Chest 10mm/mV Filter: 60, Stable-20Hz Paper: OFF

447

023

SA 489

DEMARANVILLE,DANIEL
ID:

10/15/09 9:52:08

DEMARANVILLE,DANIEL
ID:

10/15/09 9:52:08

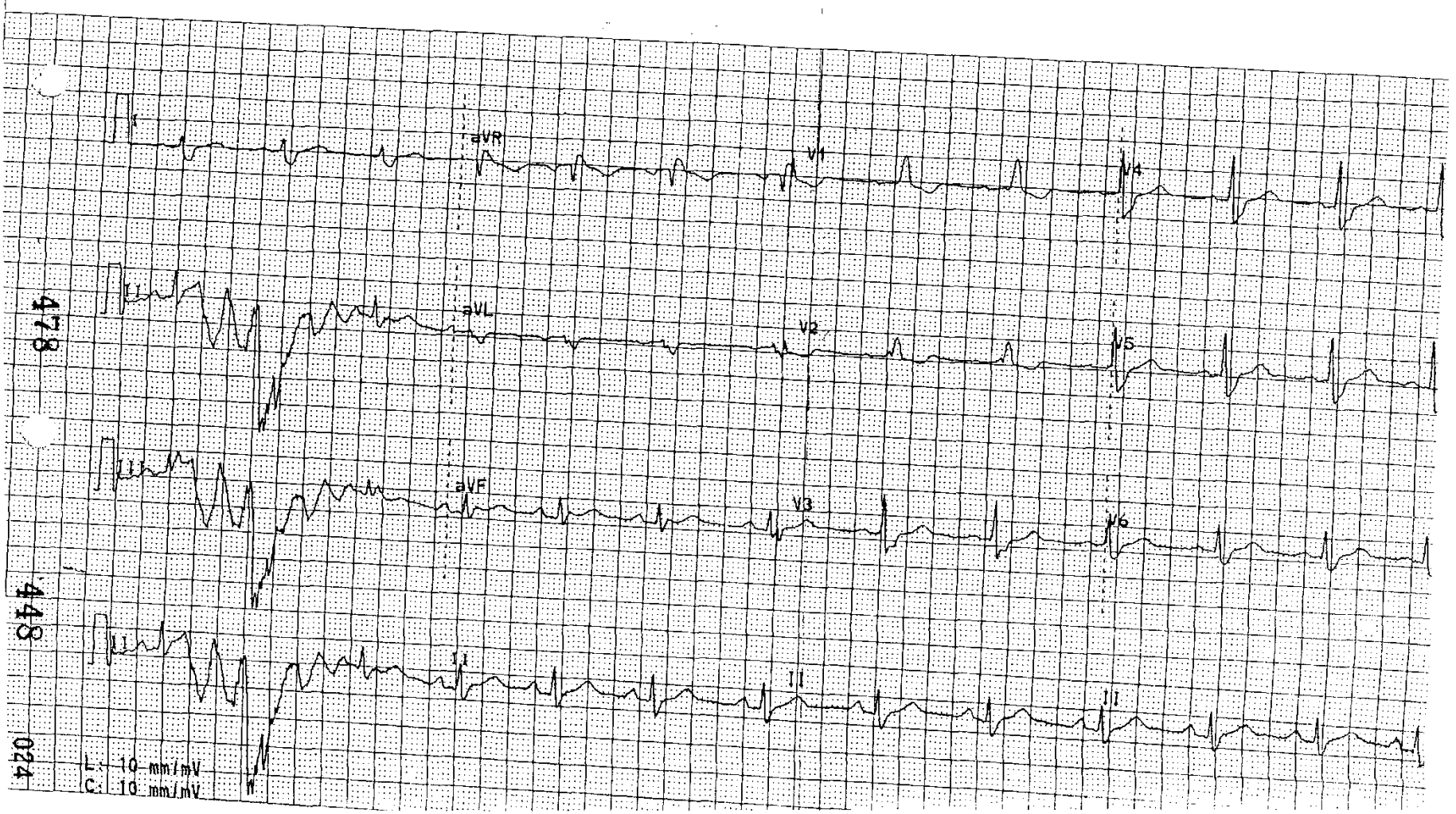
D.O.B.: 10/04/1934 75 YEARS
MALE
Meds:
Class:
Loc: 12

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

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

Summary: ABNORMAL

* Unconfirmed Analysis



428

448

024

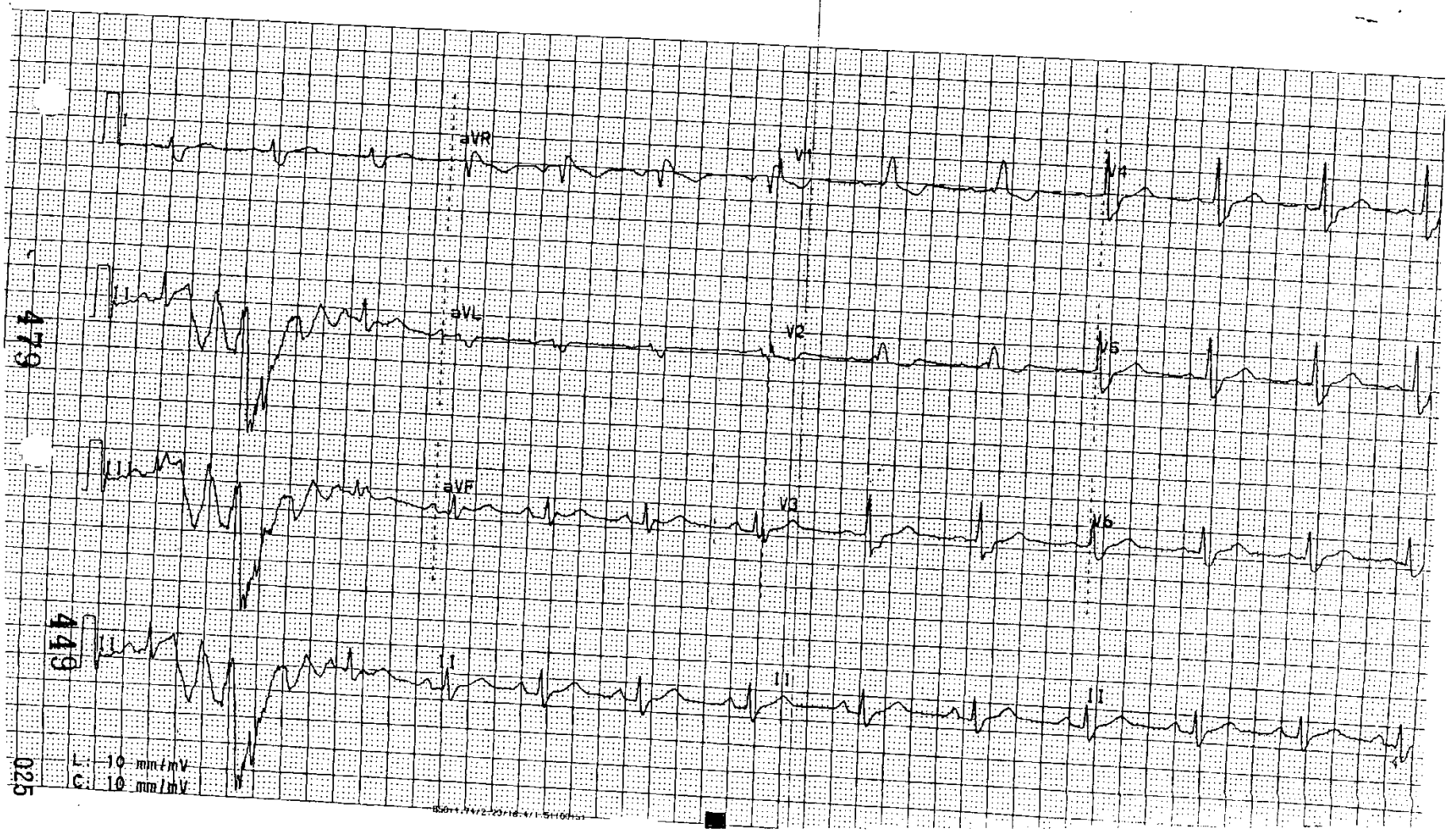
SA 490

ID:

ID:

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

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



449

449

025

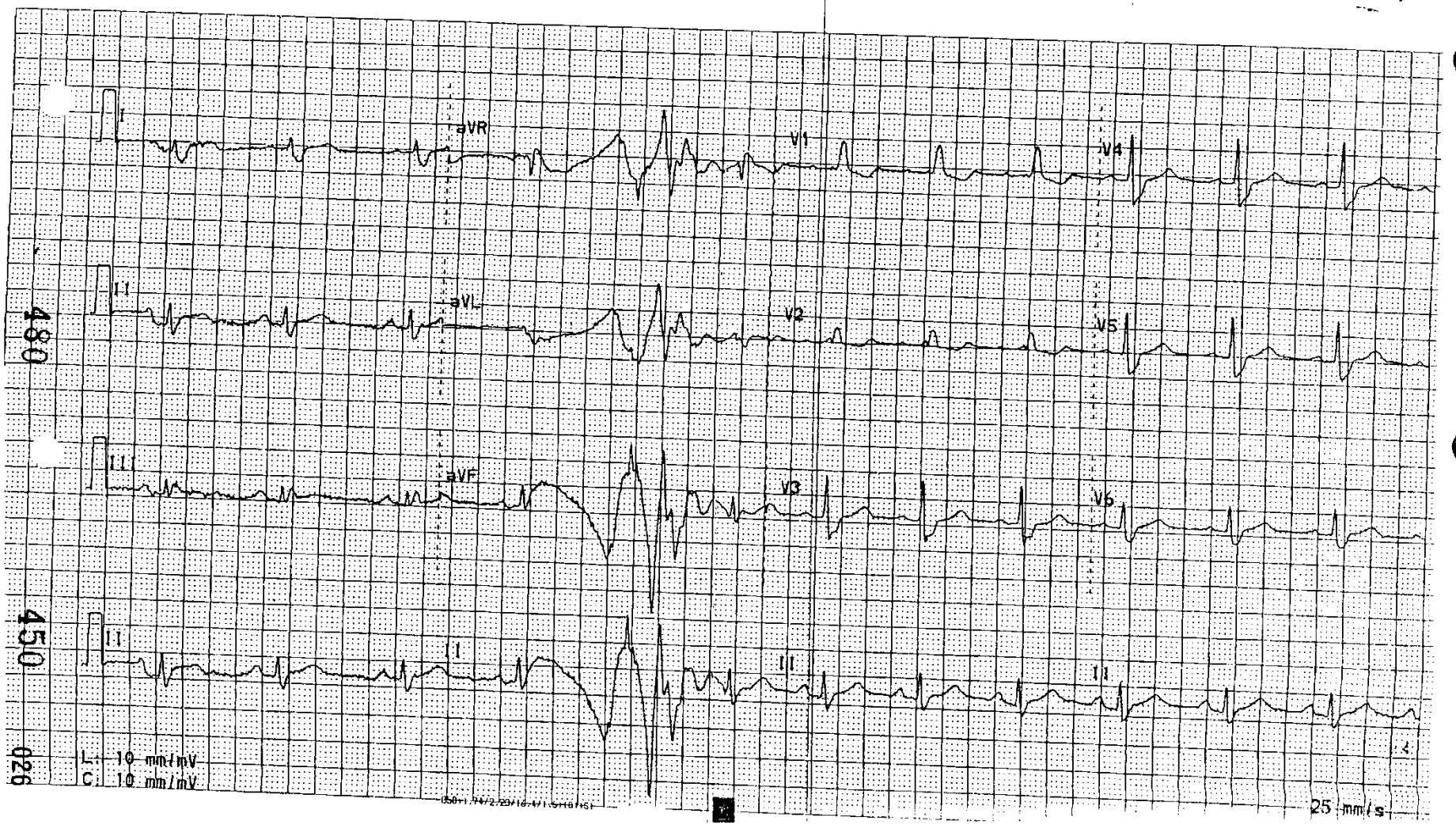
SA 491

ID:

ID:

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

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



SA 492

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

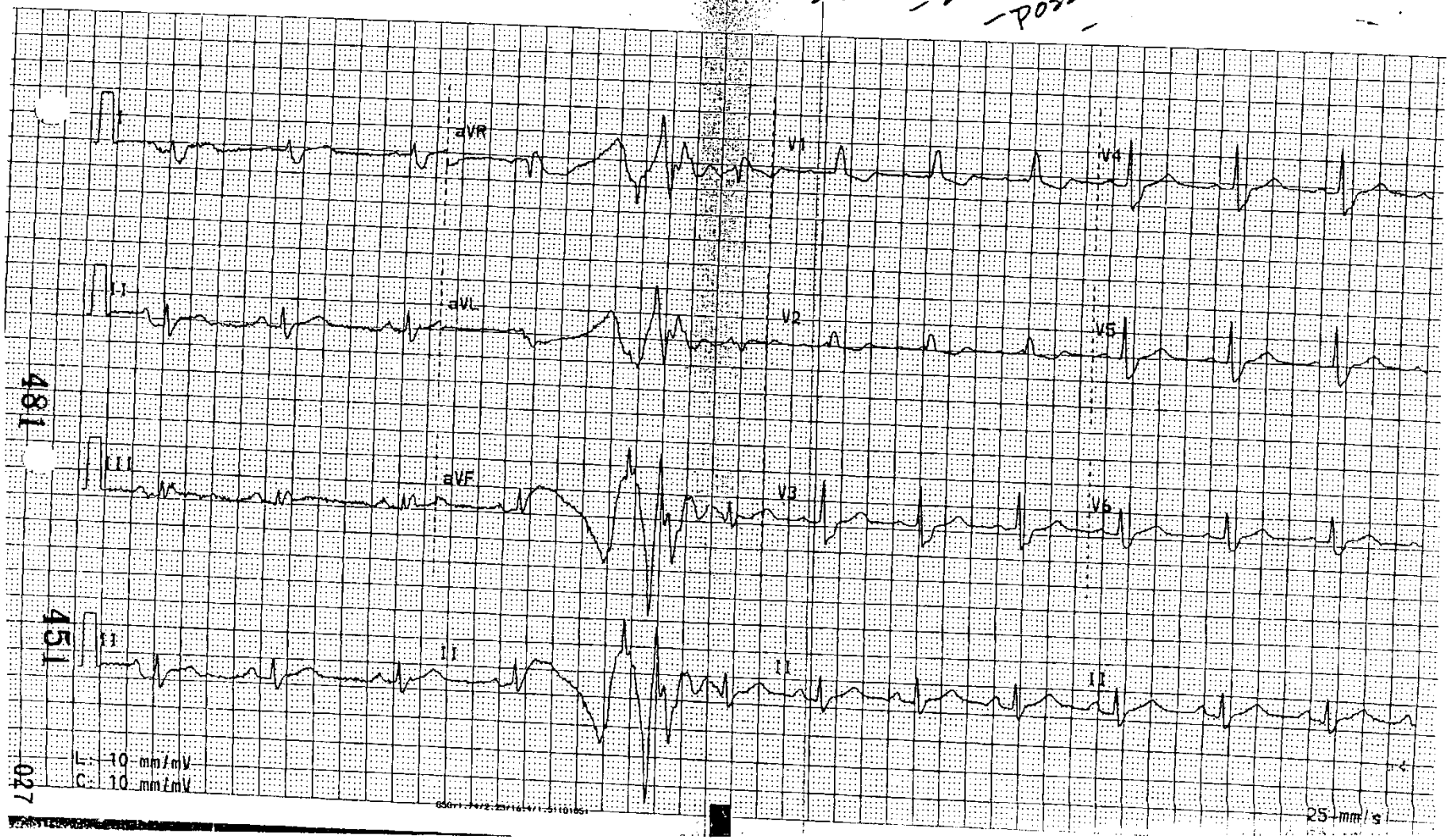
Vent. Rate:	75 bpm
P Duration:	100 ms
QRS Duration:	144 ms
PR Interval:	170 ms
QT Interval:	410 ms
QTc Interval:	434 ms
P-R-T AXIS:	77° 102° 66°

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

Summary: ABNORMAL

* Unconfirmed Analysis *

- RBBB
- unable to interp ST due to RBBB -
- sinus rhythm
- poss old Infarct



481

451

027

SA 493

Specimen #	Control/Req No	
294-134-0536-0	6400437	Pg 1

LabCorp V 1.36

Fasting	Micro Source	Total Urine Volume	Report Status
No			S /Final

Date Collected	Time Collected	Date Entered	Date Reported
10/21/09	11:55	10/21/09	10/22/09

Clinical Information

Patient ID Number	Patient Phone Number	Patient SSN
282380	775-345-6530	***-**-

Patient Name	Sex	Date of Birth
DEMARANVILLE, DANIEL	M	10/04/34

Patient Address PO BOX 261
VERDI NV 89439

Comments
PATN AGE: 075/00/17

Account
27896221
Acadia Medical Group
00
900 Ryland St
Reno NV 89502

775-786-3555
NPI: 1710988167 UPIN: B43018
PHY NAME: VANDYKEN,

Tests Requested Basic Metabolic Panel (8); Venipuncture;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A courtesy copy of this report has been sent to the patient.					
Basic Metabolic Panel (8)					
Glucose, Serum	118	High	mg/dL	65 - 99	01
BUN	20		mg/dL	5 - 26	01
Creatinine, Serum	1.27		mg/dL	0.76 - 1.27	01
eGFR	55	Low	mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	138		mmol/L	135 - 145	01
Potassium, Serum	4.1		mmol/L	3.5 - 5.2	01
Chloride, Serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01
Calcium, Serum	9.3		mg/dL	8.5 - 10.6	01

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact **Branch: 800-765-2755 Lab: 602-454-8000**

LAST PAGE OF REPORT

OCT 2 2 2009

FINAL REPORT

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ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D
Dulynn Hastings, M.D
Katie Lydon, APN

Name: Daniel Demaranville Date: 10-24-09 Chart # 13443D

DOB: H: W: 246 T: P: 70 BP: 140/80 78

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

CC: 75 yr ♂ here to go over EKG results

HPI: Reviewed labs

disc w/ pt

" EKG mean nl

" no ↑ in RBBB. (work P.E.) in ↓ last 4 years. Reviewed prev EKG

Needs citalopram refill

is ~~too~~ happy c citalopram.

is less angry/reactive. ↓ c PSOB

O: WN, WD, Gp/W. NAD

Affect nl.

A- Abn EKG. stable 794.31

GERD 530.81

ED 302.72

DVB 788.62

Depression / Anger disorder

P- Cont meds

Citalopram 20mg qD 90

HSPI 1/10

MEDICATIONS

Citalopram 20mg

Zantac 150mg

Flomax 0.4mg

Viagra 50mg PRN

Needs refill

Counts/coord>50% ☐ Total time: _____ min. Counts/coord time: _____ min.

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"Two Tried-and-True Tools for E/M Documentation." Backer LA. *Family Practice Management*. October 2003: http://aafp.org/fpm/20030900/51twot.html.

MG-051 REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 11/17/09 Chart # 134430

DOB: 10/4/34 H: 5-11 W: 228 P: 70 BP: 130/76

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

: no review/exam

CC: R. HAND - INJECTION

HPI: R. FOOT BIG TOE NAIL INGROWN
1% done
B x 3
inj .25cc 2% pl x gls & .25cc
Ken 40.
Epsom.

Add inj R gr. toe pain.
A. ingrown nail 0030
P. toenail dredging

MEDICATIONS
LEXAPRO
FLOMAX
ZANTAC

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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"Two Tried-and-True Tools for E/M Docum on." Backer LA. *Family Practice Management*. October 2003:5 http://aafp.org/fpm/20030900/51twot.html.

REV 3/04

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 11/24/09 Chart # 134430

DOB: H: W: 219½ P: 70 BP: 124/68 RR

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

no review/exam

CC:

HPI:

FOLLOW-UP ON INJECTION - Rt. HAND
INGROWN TOE NAIL Rt. FOOT
Injection - [illegible] improving.
Hand feeling - still improving.
decid. hand positional problems
" bad dreams - Cayquin helps a lot.
decid. pass of counselling.
June 5. Grayson moved.
O: ow WD WN offerb.
A: Improving stable 7030
GERD 53081
dysthymia 3004
Ingrown toenail 27892
P: See S Grayson at least one visit.
20 min

still [illegible] - [illegible]
[illegible] 4 [illegible] - see Grayson
[illegible] thumb if still [illegible]

MEDICATIONS
ZANTAC
LEXAPRO
FLOMAX

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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REV 3/04

455

485

031

SA 497

ACADIA MEDICAL GROUP

HISTORY AND PHYSICAL EXAMINATION

Name: DANIEL E. DE MARANVILLE Date: 1-26-10

Considering what is normal for you:
Please read each line and circle **bolded** areas of difficulty or fill in _____

Review of systems:

- EENT: Have you had any problems with your: **eyes, ears, nose or throat?**
- Pulm: Have you had any problems with: **breathing, coughing or phlegm?** Do you ever: **cough up blood?**
- Cardio: Have you had ~~any: chest~~ **pains, palpitations (unusual heart beats), or difficulty breathing (with exercise or when lying down?)** Have you had any **calf pain** when you walk? Y 5 yrs. ago D.
- GI: Have you had any problems with: **your stomach or digestion, nausea or vomiting, or with your bowels such as: diarrhea, constipation, hemorrhoids or blood in your stool?**
- If you are over 50, when was your last flexible sigmoidoscopy or colonoscopy? 2009
- GU: Are you having any problems with **urination?** YES Flomax +
  - Men: do you have trouble **starting your stream or emptying your bladder fully?** YES
  - Women: do you **leak urine** when you cough, sneeze, laugh or strain?
- GYN: (for women only): Do you do monthly **breast self-exams?** Found any **lumps?**
  - Are you having any problems with your **menstrual period?**
  - When was your last **normal menstrual period?** _____
  - What do you use for **Contraception?** _____
- For both sexes: Do you have any sexual problems or concerns? Y N
  - Do you need any information about sexually transmitted diseases? Y N
- Musculoskeletal: Do you have any problems with your: **muscles, bones, or joints?**
- Exercise: How much **aerobic exercise** do you get each week? 0
- Neuro: Do you have any **unusual headaches?** Do you have any: **numbness, weakness tingling, seizures, passing out, or vision changes?** NO
- Endo: Do you have: a feeling that you are **warmer (or colder)** than most other people? NO
  - Do you feel unusually **tired?** SOMETIMES
  - Do you have any problems with your: **skin, hair, or nails?** NO
- Sleep: Do you have any problems **sleeping?** NO
- Psych: Do you have any problems with feeling **depressed, "blue", anxious or panicked?** NO
  - Do you feel: **helpless, hopeless, or suicidal?** NO
  - Do you have problems with: **concentrating** or with **having fun?** NO

- UPDATES: (for the physician to do): (check if done)
- Past medical and past surgical history:
- Social history:
- Family history:

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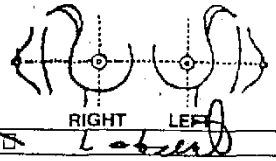
James Hernandez
Chart 134430
age 75 DOB 10/4/34

Physical Exam Form

Date 1/26/10 BP 130/68 Pulse 76 / min Resp: 18 / min Wt: 212 lbs Ht: 69

General/Head and Neck	WDS WNS A &OX4 ☐ In NAD
Head/ Scalp nl	Eyes PERRL Fundi nl ☐ EOMI
Ears TM nl ☐ Canals nl L perf	Nose nl
Mouth/Teeth nl	Pharynx nl
Neck Thyroid nl Nodes nl	Carotids No Bruits Pulses nl 1+
Chest	
Lungs CTAP No R/W/C	Breasts/Nipples nl ☐ No Masses d/c ☐ Symm ☐
Heart RRR No M/R/G	Axillary Nodes nl ☐
Ribs nl	Chest Wall nl No CVAT No Spine TTP
Abdomen	
Bowel Sounds nl No Masses Non-Tender	
No Abd/Renal Bruits	
LKKS nl	
Male	
Scrotum nl	Testes nl L atrophy
Penis nl Circumcised	Prostate nl ☐
No Hernias	Anorectal nl ☐
Female	
Vulva nl ☐	Vagina nl ☐
Cervix nl No CMT ☐ Pap Done ☐	Uterus nl Size ☐ Ante Straight Retro Smooth No Masses ☐
Adenexa nl N.T. ☐ No Masses ☐	No Cystocele/ Rectocele ☐
Ano-Rectal nl ☐	STD (GC Chl RPR HIV Hep) Done ☐
Skin	
Moles nl darker, spot mid upper chest	No Abnl Lesions
Extremities	
Pulses nl: Radial ☐ P.T. ☐ D.P.	No Edema
Cyanosis None	Clubbing None
Joints nl Full ROM	Back nl
Neuro	
Motor/Strength nl	
Sensation nl A&Ox4	Reflexes: Cerebellar nl DTRs nl
Cranial Nerves II-XII Grossly Intact	Gait nl

Meds:
Zantac 150mg qhs
Lotrel
Flomax 0.4mg qhs
Citalopram 20mg qd
Viagra 50mg PRN

Assessment:		Plan:
1) Melanocytic Neoplasm	PFT ☐	
2) GERD	CBC ☐	1) Remove spot
3) DJD	CMP ☐	2) Zantac 300 qHS 10/5
4) Dyslipidemia	Lipids ☐	3) Flomax-.4 qHS
5) ↑ Uric acid	UA ☐	4) Citalopram 120 qHS "
6) GW	PSA ☐	5)
7) Reconditioned	Hypothyrd ☐	6)
8) E.D.	Arth Panel ☐	7) Exp -
9) COPD	LFTs ☐	8)
10) Microhematuria	Hep. Panel ☐	9)
11) HTN well	Hemclt X3 ☐	10)
12)	Mammo ☐	11) Doxazosin 1mg qHS 10/5
13)	Dexa ☐	12)
14)	Echo ☐	13) Rx 3 mo
15)	EKG ☐	14)
	ETT ☐	15)
	Thallium ☐	

AMG 50 (10/03)

ACADIA MEDICAL GROUP

PROGRESS NOTES

Donald D. VanDyken, M.D.
Dulynn Hastings, M.D.
Katie Lydon, APN

Name: Daniel Demaranville Date: 4/20/10 Chart #: 134430

DOB: H: W: 220 T: P: 88 BP: 135/82 RR: 18

HPI	
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.	

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

*: no review/exam

CC: 75 yr old here for 3 month f/u + 100 lb

HPI: [illegible] decid stuffed [illegible] Humorous denying [illegible] Pt wants to stop tobacco, BP med, bad states he can't lose wt. still ↑ tob. (+) Nocturia x 3. Pt states he dislikes remove side arm cuffs & stress this [illegible]. CP, SOB, [illegible] DVS [illegible] decid Depo [illegible] O.1 [illegible] E.D. [illegible] Viagra. decid. [illegible] Citalopram good. occ MS. not med. [illegible] Ex. - starting walks on W/F. CP, SOB, [illegible] O - [illegible] Neck ± BM ± [illegible] [illegible] nervous remains - pt agrees to sched exercise. Lung CTA. Card RRR ± [illegible] Abd ± BMT. Reflexes. A DVS 788.62. Hoarseness — 788.64. HTN 401.1 Nexoplosin. GERD 530.81. ED 302.72. Anger disorder 312.00. OSA 327.02.

P - Add [illegible] Lung q HS 90/[illegible]. Rx [illegible]. Remove neoplasm 3-4/x [illegible]

MEDICATIONS: Citalopram 20mg [illegible]; Ranitidine 300mg [illegible]; Tamsulosin 0.4mg [illegible]

Couns/coord > 50% ☐ Total time: _____ min. Couns/coord time: _____ min.

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51 REV 3/04