IN THE SUPREME COURT OF THE STATE OF NEVADA

Case Nos. 73971

CITY OF RENO,

Electronically Filed Apr 25 2018 09:34 a.m. Elizabeth A. Brown Clerk of Supreme Court

Appellant.

VS.

JODY YTURBIDE,

Respondent.

JOINT APPENDIX, VOLUME IV of IV

McDONALD CARANO LLP
Timothy E. Rowe (#1000)
Lisa Wiltshire Alstead (#10470)
100 West Liberty Street, 10th Floor
Reno, NV 89501
775-788-2000 (phone)
775-788-2020 (fax)
trowe@mcdonaldcarano.com
lalstead@mcdonaldcarano.com

Attorneys for Appellant

HUTCHISON & STEFFEN, PLLC
Jason Guinasso (#8478)
500 Damonte Ranch Parkway, Suite 980
Reno, NV 89521
775-853-8746 (phone)
775-201-9611 (fax)
jguinasso@hutchlegal.com

Attorneys for Respondent

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IN THE SUPREME COURT OF THE STATE OF NEVADA

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, **JOINT APPENDIX VOLUME IV** filed in **Case No. 73971** does not contain the social security number of any person.

Date: April 24, 2018.

/s/ Lisa Wiltshire Alstead

Lisa Wiltshire Alstead

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDonald Carano, LLP and that on April 24, 2018, JOINT APPENDIX VOLUME IV was electronically filed with the Clerk of the Court for the Nevada Supreme Court by using the Nevada Supreme Court's E-Filing system (E-Flex). Pursuant to NRAP 30(f)(2), all Participants in the case will be served and provided an electronic copy via U.S. mail as follows:

Jason Guinasso HUTCHISON & STEFFEN, PLLC 500 Damonte Ranch Parkway Suite 980 Reno, NV 89521 Attorneys for Respondent

> /s/ Kelsey R. Heller Kelsey R. Heller

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Jason D. Guinasso, Esq. Nevada Bar No. 8478 Reese Kintz Guinasso, LLC 190 W. Huffaker Lane, Suite 402 3 Reno, NV 89511 Attorney for Jody Yturbide 4 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA 5 IN AND FOR THE COUNTY OF WASHOE 6 **** 7 CITY OF RENO, 8 Case No.: CV15 02173 Petitioner, 9 Dept.: 9 10 VS. RESPONDENT, JODY YTURBIDE'S JODY YTURBIDE, et al 11 ANSWERING BRIEF Respondents. 12 13 14 15 16 17 18 19 20 21 22 23 Reeso Kintz, Guinea 190 W Huffaker Ln Sulto 402 Reno, NV 89511 (775) 853-8746 24 25 Page 1 of 16

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III. JURISDICTION

This Court has jurisdiction to review the findings of fact and conclusions law of the Appeals Officer. See NRS 617.405; NRS 233B.130. In this regard, NRS 233B.130 provides that:

1. Any party who is:

(a) Identified as a party of record by an agency in an administrative proceeding; and

(b) Aggrieved by a final decision in a contested case, is entitled to judicial review of the decision. Where appeal is provided within an agency, only the decision at the highest level is reviewable unless a decision made at a lower level in the agency is made final by statute. Any preliminary, procedural or intermediate act or ruling by an agency in a contested case is reviewable if review of the final decision of the agency would not provide an adequate remedy.

6. The provisions of this chapter are the exclusive means of judicial review of, or judicial action concerning, a final decision in a contested case involving an agency to which this chapter applies.

The Petitioner, City of Reno, was a party of record to the administrative proceeding under review herein and claims to be "aggrieved" by the final decision of the Appeals Officer. Based on the January 13, 2017, filing date, it appears that the Petitioner has timely filed their Petition for Judicial Review and Opening Brief in accordance with NRS 233B.130(2)(c) and NRS 233B.133(1).

Respondent, Jody Yturbide, timely filed her notice of intent to participate on January 31, 2017, in accordance with NRS 233B.130(3) and now submits her Answering Brief in opposition to Petitioner's Petition for Judicial review as required by NRS 233B.133(2).

IV. STATEMENT OF ISSUES PRESENTED FOR REVIEW

A. Whether the Appeals Officer's Findings of Fact and Conclusions of Law reversing CCMSI's July 1, 2016, determination offering 18% of her 33% permanent partial disability rating in lump sum and the remaining 15% in monthly installments is supported by substantial evidence.

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23 Suite 402 Reno, NV 89511 (775) 853-8746

B. Whether the Appeals Officer's Findings of Fact and Conclusions of Law ordering CCMSI to offer Mrs. Yturbide 25% of her 33% permanent partial disability rating in lump sum and the remaining 8% in installments in accordance with NRS 616C.495(d) and NAC 616C.498 is supported by substantial evidence.

SUMMARY OF ARGUMENT V.

Mrs. Yturbide asks that the Court deny the City of Reno's Petition for Judicial Review. The Appeals Officer's Findings of Fact and Conclusions of Law in this matter are supported by both the quantity and quality of factual evidence that a reasonable man could accept as adequate proof of what the governing law requires. The Appeals Officer correctly concluded that CCMSI's July 1, 2016, determination to limit Mrs. Yturbide's right to receive a lump sum of her 33% permanent partial disability ("PPD") award to 18% was not 12 | supported by the evidence or Nevada law. Additionally, the Appeals Officer analyzed the requirements of the governing law and correctly concluded that Mrs. Yturbide should have been offered 25% lump sum of her 33% PPD under NRS 616C.495(d) and NAC 616C.498.

STATEMENT OF THE CASE VI.

PROCEDURAL HISTORY A.

Hearing No. 1700074-JL 1.

On July 1, 2016, CCMSI rendered a determination offering Mrs. Yturbide 18% of her 33% whole person impairment.

On July 8, 2016, Mrs. Yturbide filed a Request for Hearing with the Hearings Division.

On July 13, 2016, the Hearing Officer set the hearing in this matter for Wednesday, August 3, 2016 at 9:00 a.m., in Carson City, Nevada.

On August 11, 2016, the Hearing Officer rendered his Decision and Order, specifically stating, "On July 1, 2016, the Insurer offered the Claimant a 33% PPD award. Page 6 of 16

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The claimant was further advised that he was entitled to a one time lump sum payment of 18%, and the remaining 15% in monthly installments, the instant appeal. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds the Insurer errored in its 18% one time lump sum offering. As 5 such, the Hearing Officer finds the Claimant is entitled to a one time lump sum offering of 25%, with the remaining 8% to be paid in monthly installments, pursuant to NAC 616C.498. Therefore, the Insurer shall recalculate the 33% PPD award based on a lump sum offering of 25%, and upon completion, render a new determination with appeal rights accordingly." ROA at 246-248.

Appeal No. 1700698-LLW 2.

On September 8, 2016, the Petitioner Appealed the Decision and Order of the Hearing Officer to the Appeals Officer.

The administrative hearing before the Appeals Officer was conducted November 21, 2016, pursuant to Nevada's Administrative Procedure Act under Chapter 233B of the Nevada Revised Statutes ("NRS"); the Nevada Industrial Insurance Act ("NIIA") NRS Chapters 616CA through 616D, and related regulations.

On December 16, 2016, the Appeals Officer issued her Findings of Fact and Conclusions of Law which are now subject to the Petition for Judicial Review now before this Court. ROA at 72-79.

STATEMENT OF FACTS B.

While employed by the Petitioner, Mrs. Yturbide has sustained injuries to three separate body parts which have resulted in the award of a permanent partial disability rating for each body part.

On or about September 17, 2009, Mrs. Yturbide had received a 5% PPD rating for carpel tunnel syndrome in her right wrist under Claim No. 08853A368316. ROA at 166.

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Thereafter, on or about April 15, 2013, Mrs. Yturbide had received a 2% PPD rating for injuries to her left elbow under Claim No. 11853C036358. Exhibit 1 at 67. ROA at 178.

On May 16, 2016, CCMSI issued a determination informing Mrs. Yturbide that she had been scheduled for a Permanent Partial Disability evaluation with Katharina C. Welborn, D.C. ROA at 28-30.

Chiropractor Welborn completed her evaluation and then issued her findings on June 19, 2016, wherein she concluded that Mrs. Yturbide had sustained a 33% whole person impairment for injuries to her cervical spine. ROA at 32-38.

On July 1, 2016, CCMSI issued a determination offering 18% of Mrs. Yturbide's 33% permanent partial disability rating in lump sum and the remaining 15% in monthly 11 installments. In this regard, Mrs. Yturbide was informed that she was only entitled to 18% 12 in a lump sum due to the fact that she had received prior impairment ratings of 2% and 5%. ROA at 39-53.

Mrs. Yturbide disagreed and contended that she should have been offered 25% of her 33% permanent partial disability rating in lump sum and the remaining 8% in installments in accordance with NRS 616C.495(d) and NAC 616C.498.

ARGUMENT VII.

Standard of Review A.

The parameters of judicial review of an administrative tribunal are established by statute. In this regard, NRS 233B.135 specifically provides:

- 1. Judicial review of a final decision of an agency must be:
- (a) Conducted by the court without a jury; and
- (b) Confined to the record.

In cases concerning alleged irregularities in procedure before an agency that are not shown in the record, the court may receive evidence concerning the irregularities.

The final decision of the agency shall be deemed reasonable and lawful until reversed or set aside in whole or in part by the court. The burden of proof is on the party attacking or resisting the decision to show that the final decision is invalid pursuant to subsection 3.

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3. The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact. The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:

(a) In violation of constitutional or statutory provisions;

(b) In excess of the statutory authority of the agency;

(c) Made upon unlawful procedure;

(d) Affected by other error of law;

(e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or

(f) Arbitrary or capricious or characterized by abuse of discretion.

(emphasis added.)

In accordance with the foregoing standard of review, our Nevada Supreme Court has explained that, when reviewing an administrative tribunal's actions, the district court is limited to the record below and to whether the board acted arbitrarily or capriciously. McCracken v. Fancy, 98 Nev. 30, 31, 639 P.2d 552 (1982). The question the district court 12 must resolve when reviewing the administrative tribunal's decision is whether the tribunal's decision was based on substantial evidence. Leeson v. Basic Refractories, 101 Nev. 384, 705 P.2d 137, 138 (1985). If based on substantial evidence the district court may not substitute its judgment for the administrative tribunal's determination. Id.

In this regard, there are two (2) steps in the long-established methodology for applying the substantial evidence standard set forth in the NRS 233B.135(3)(e)-(f). First, the district court must identify the law that governs the contested issue, as such law establishes what facts had to be proven, and how such facts had to be proven. Second, the district court must review the record on appeal and determine whether the record contains both that quantity and quality of factual evidence that a reasonable man could accept as adequate proof of what the governing law requires. See State Emp. Security v. Hilton Hotels, 102 Nev. 606, 608 n. 1, 729 P.2d 497, 498 n. 1 (1986) (citing Richardson v. Perales, 402 U.S. 389, 91 S.Ct. 1420, 28 L.Ed.2d 842 (1971) and quoting Robertson Transp. Co. v. P.S.C., 39 Wis.2d 653, 159 N.W.2d 636, 638 (1968)).

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The findings of the appeals officer will not be set aside absent a showing that they are against the manifest weight of the evidence in light of what the governing law requires. Southwest Gas v. Woods, 108 Nev. 11, 15, 823 P.2d 288, 290 (1992). Thus, if the record on appeal contains both that quantity and quality of factual evidence which a reasonable man could accept as adequate proof of what the governing law requires, then the decision of the appeals officer must be deemed reasonable and lawful. See NRS 233B.135(2).

B. The Appeals Officer's Findings Of Fact And Conclusions Of Law Arc Supported By Both The Quantity And Quality Of Factual Evidence That A Reasonable Man Could Accept As Adequate Proof Of What The Governing Law Requires.

NRS 616C.495(1)(d) provides:

Any claimant injured on or after July 1, 1995, may elect to receive his or her compensation in a lump sum in accordance with regulations adopted by the Administrator and approved by the Governor. The Administrator shall adopt regulations for determining the eligibility of such a claimant to receive all or any portion of his or her compensation in a lump sum. Such regulations may include the manner in which an award for a permanent partial disability may be paid to such a claimant in installments. Notwithstanding the provisions of NRS 233B.070, any regulation adopted pursuant to this paragraph does not become effective unless it is first approved by the Governor.

(Emphasis supplied).

NAC 616C.498 is the regulation adopted by the Administrator and approved by the Governor. This regulation provides:

An employee injured on or after July 1, 1995, who incurs a permanent partial disability that:

- 1. Does not exceed 25 percent may elect to receive compensation in a lump sum.
- 2. Exceeds 25 percent may elect to receive compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the injured employee elects to receive compensation in a lump sum pursuant to this subsection, the insurer shall pay in installments to the injured employee that portion of the injured employee's disability in excess of 25 percent.



(emphasis supplied).

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The Appeals Officer considered and analyzed the foregoing requirements of the governing law, evaluated the evidence presented, including all the medical evidence, and received the legal arguments proffered by the parties at the hearing before issuing her Order. In this regard, the Appeals Officer correctly concluded that CCMSI's July 1, 2016, determination to limit and reduce Mrs. Yturbide's right to receive a lump sum of her 33% permanent partial disability ("PPD") award to 18% is not supported by the evidence or Nevada law. Further, the Appeals Officer ordered that Mrs. Yturbide should have been offered 25% lump sum of her 33% PPD under NRS 616C.495(d) and NAC 616C.498.

To support her decision, the Appeals Officer explained that NAC 616C.498 explicitly allows an injured worker who receives a PPD rating in up to and in excess of 25% to elect to receive compensation in a lump sum equal to the present value of an award for a disability of 25% and installments payments for that portion of the injured employee's disability in excess of 25%. Elaborating on the application of the regulation, the Appeals Officer went on to conclude that an injured worker's right to receive up to 25% of their PPD rating in lump sum applies to each and every permanent partial disability an injured worker incurs as clearly specified by the plain language of the regulation which attaches the injured workers right to "a" permanent partial disability that meets the criteria of section (1) and (2) of the regulation.

When construing a statute or regulation, our Nevada Supreme Court has said that courts must first inquire whether an ambiguity exists in the language of the statute. State v. Quinn, 117 Nev. 709, 30 P.3d 1117, 1120 (2001). If the words of the statute have a definite and ordinary meaning, Nevada courts will not look beyond the plain language of the statute, unless it is clear that this meaning was not intended. Id. The Nevada Supreme Court has consistently held that when there is no ambiguity in a statute or regulation, there is no

23 Reese Kintz, Guinssso 190 W Hulfaker Ln Sulie 402 Reno, NV 89511 (775) 853-8746

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1 opportunity for judicial construction, and the law must be followed unless it yields an absurd result. Diamond v. Swick, 117 Nev 671, 674, 28 P.3d 1087, 1089 (2001). In construing a statute or regulation, courts must give effect to the literal meaning of its words. Id. In respect of the foregoing, when determining how to give effect to a statute or regulation, Courts are to first look to the plain language of the statute or regulation. Smith v. Crown Financial Services, 111 Nev. 277, 284, 890 P.2d 769 (1995). Accordingly, if the language of the statute or regulation is plain, its intention must be deduced from that language. Hedlund v. Hedlund, 111 Nev. 325, 328, 890 P.2d 790 (1995); State Dep't of Mtr. Vehicles v. McGuire, 108 Nev. 182, 184, 827 P.2d 821, 822 (1992); State, Div. of Ins. v. State Farm Mut. Auto. Ins. Co., 116 Nev. Adv. Op. 27, 995 P.2d 482 (March 9, 2000); Madera v. State Indus. Ins. Sys., 114 Nev. 253, 257, 956 P.2d 117 (1998); Maxwell v. State Indus. Ins. Sys., 109 Nev. 327, 849 P.2d 267 (1993); State Indus. Ins. Sys. v. Bokelman, 113 Nev. 1116, 946 P.2d 179 (1997).

In this case, there is nothing ambiguous about the term "a" in NAC 616C.498 with respect to an injured worker's right to receive up to 25% of their PPD rating in lump sum for each and every permanent partial disability an injured worker incurs. The plain meaning of "a" in this context is "one single; any" and a "unit of measurement to mean one such unit." Hence, when the regulation states, "An employee injured on or after July 1, 1995, who incurs a permanent partial disability . . ." the plain meaning of "a" in conjunction with "permanent partial disability" means one permanent partial disability that meets the criteria of section (1) and (2) of the regulation.

Accordingly, the Appeals Officer correctly concluded that NAC 616C.498 and NRS 616C.495(1)(d) do not in any way limit or otherwise require a reduction of the lump sum



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Oxford English On-line Dictionary, https://en.oxforddictionaries.com/definition/a, 2017 Oxford University Press (last accessed April 24, 2017). Page 12 of 16

award an injured worker is entitled to receive where an injured worker has multiple claims with injuries to separate body parts.

Contrary to CCMSI and the City of Reno's assertions, the Nevada Supreme Court has never held nor inferred that an injured worker is limited to a 25% lump sum PPD in situations involving more than one claim and distinct injuries resulting in disabilities to separate body parts. In <u>Eads v. State Indus. Ins. Sys.</u>, 109 Nev. 733, 736, 857 P.2d 13, 15 (1993), Eads' PPD award increased from nineteen percent to thirty-five percent "for the same disability;" therefore, the Court held that the lump sum payment available to Eads may not exceed the twenty-five percent limit specified in the statute at that time. In this regard, the Court concluded that when "an injured worker's case is reopened for further treatment and evaluation of the original disability . . ." the statute, ". . . applies to the combined disability allowance and limits any lump sum payments to a total of twenty-five percent." The <u>Eads</u> case does not apply to the Petitioner's case presented to this Court for review because it is silent concerning cases involving multiple permanent partial disability awards for separate body parts.

In accordance with the foregoing, the Appeals Officer correctly concluded that CCMSI's July 1, 2016, determination to limit Mrs. Yturbide's right to receive a lump sum of her 33% permanent partial disability ("PPD") award to 18% was not supported by the evidence or Nevada law. Further, the Appeals Officer did not abuse her discretion, act arbitrarily or otherwise misapply the law when she ordered Petitioner to offer Mrs. Yturbide 25% of her 33% permanent partial disability rating in lump sum and the remaining 8% in installments in accordance with NRS 616C.495(d) and NAC 616C.498.

VIII. CONCLUSION

In accordance with the foregoing, Petitioners have failed to establish that the Appeal

Officer committed any errors of law in rendering her decision or that her Findings of Fact

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1 and Conclusions of Law are not supported by substantial evidence. Therefore, Respondent, Jody Yturbide, respectfully requests that the Petition for Judicial Review be DENIED.

AFFIRMATION

The undersigned does hereby affirm that the foregoing document filed in this matter does not contain the social security number of any person.

DATED this 25th day of April, 2017.

Jason D. Granasso Nevada Bar No. 8478 Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511 Attorney for Jody Yturbide

Reese Kintz, Ourn 190 W Huffsker L Suite 402 Reno, NV 89511 (775) 853-8746

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ATTORNEY'S CERTIFICATE OF COMPLIANCE IX.

I hereby certify that I have read this appellate brief, and to the best of my knowledge, 3 information, and belief, it is not frivolous or interposed for any improper purpose. I further 4 certify that this brief complies with all applicable Nevada Rules of Appellate Procedure, in particular N.R.A.P. 28(e), which requires every assertion in the brief regarding matters in the record to be supported by a reference to the page of the transcript or appendix where the matter relied on is to be found. I understand that I may be subject to sanctions in the event that the accompanying brief is not in conformity with the requirements of the Nevada Rules of Appellate Procedure.

day of April, 2017. Dated this __

> Jasoft D Guinasso, Esq

Nevada Bar No. 8478 Reese Kintz Guinasso, LLC.

190 W. Huffaker Lane

Suite 402

Reno, NV 89511 Tel.: 775-832-6800

Fax: 775-201-9611 Attorney for Respondent

23 Soite 402 -Reno, NV 89511 (775) 853-8746

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CERTIFICATE OF SERVICE

I am a resident of the State of Nevada, over the age of eighteen years, and not a party to the within action. My business address is 190 W. Huffaker Lane, Suite 402, Reno, Nevada, 89511.

On April 25th, 2017, I served the following:

ANSWERING BRIEF

on the following in said cause as indicated below:

JODY YTURBIDE 9732 PYRAMID WAY, NO. 368 SPARKS, NV 89441 (VIA U.S. MAIL) LISA WILTSHIRE ALSTEAD, ESQ. MCDONALD CARANO WILSON 100 W LIBERTY ST., 10 TH FLOOR RENO, NV 89505 (VIA E-FLEX) NEVADA DEPARTMENT OF ADMIN. APPEALS DIVISION 1050 E WILLIAM ST, STE 450 CARSON CITY, NEVADA 89701 (VIA U.S. MAIL)	CCMSI P.O. BOX 20068 RENO, NV 89515-0068 (VIA U.S. MAIL) CITY OF RENO ATTN: KELLY LEERMAN PO BOX 1900 RENO, NV 89505 (VIA U.S. MAIL) OFFICE OF THE ATTORNEY GENERAL 100 N CARSON ST. CARSON CITY, NV 89701 (VIA U.S. MAIL)
--	--

I declare under penalty of perjury that the foregoing is true and correct. Executed on

April 250, 2017, at Reno, Nevada.

KATRINA TORRES

RIKE

Reaso Kintz, Gulnasso 190 W Huffaker Ln Sulte 402 Rono, NV 89511 (775) 853-8746

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McDONALD (M. CARANO

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INTRODUCTION

Claimant's Answering Brief suggests that there is no ambiguity in the applicable statutes that cap lump-sum payment of permanent disabilities at 25% because of the use of the word "a" in NAC 616C.498. Claimant further argues that the Eads case is inapplicable here. Claimant presents inconsistent arguments to avoid application of the legal holding in Eads.

In Eads, the Court found the predecessor statute to NAC 616C.498 to be facially clear with respect to "a disability." If the statute is clear, as argued by Claimant, then the holding of Eads must apply "to the combined disability allowance and limits any lump sum payments to a total of twenty-five percent." This would hold true for multiple claims and multiple disabilities with a "combined disability allowance" for whole person impairment that exceeds twenty-five percent. The Legislature has not codified Eads or otherwise amended the applicable statutes to be limited to one claim or disability and therefore no such limitation exists under Nevada's workers' compensation statutes.

Nor would such an amendment make any logical sense as it would be contrary to the general principle in workers' compensation laws that permanent partial disability ("PPD") awards evaluate whole person impairment, as directed by the American Medical Association's ("AMA") Guides, and combine all prior PPD awards with the current award to determine impairment on a whole person basis. To look to each disability of a person separately, as suggested by Claimant, ignores the mandate that all disabilities must be considered, combined, and converted to a calculation based on whole person impairment. Impairment ratings were designed to reflect functional limitations and not disability and therefore the AMA Guides estimate overall ability to perform activities of daily living.

Alternatively, if the statutes are ambiguous or silent as to multiple claims and multiple disabilities, then as a matter of statutory construction the statutes must be considered as a whole and no interpretation should render any part of a statute meaningless. Claimant's Answering Brief wholly ignores application of statutory construction and the neighboring provisions in NRS 616C.495(1)(e) and NRS 616C.409(9) as well as the AMA Guides which all instruct that permanent disability is looked at from a whole person impairment perspective, and not by

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individual injury as suggested by Claimant. The calculation of permanent disability percentages must account for, and deduct therefrom, previous disabilities. Claimant's failure to address the errors of law as to statutory construction in the Appeals Officer's Decision confirms that Claimant cannot and does not oppose that purpose of Nevada's workers' compensation statutes is to look at disabilities from a whole person impairment perspective and not claim by claim. That is, that a claimant is fairly compensated, does not receive a windfall for total combined injuries exceeding 100%, and that after 25% whole person impairment the claimant will receive benefits in installments to ensure compensation over time for serious injuries.

ARGUMENT

If the Statutes are Unambiguous as Argued by Claimant, then the Broad Holding of Ι., Eads Applies Here and is not Limited to the Facts of Eads.

The Nevada Supreme Court in Eads held that the 25% cap on lump sum payments "applies to the combined disability allowance and limits any lump sum payments to a total of twenty-five percent. All entitlements in excess of the twenty-five percent must be paid in installments as provided by the statute." Eads v. State Indus. Ins. Sys., 109 Nev. 733, 736, 857 P.2d 13, 15 (1993) (emphasis added). The Court further clarified that the State Industrial Insurance System "is not attempting to deprive Eads of his duly awarded benefits. SIIS is simply complying with the law which allows Eads to accept up to twenty-five percent of his PPD award in a lump sum payment and the remainder in installments." Id.

In the Answering Brief, the Claimant rests her hat on the argument that NAC 616C.498 addresses "a" permanent partial disability and therefore PPD awards for different disabilities cannot be combined. (Answering Br. at 10-13.) However, that argument ignores that the Eads court applied "a" to multiple (two) PPD awards. Albeit this was the same disability, two separate PPD awards were issued to Claimant and the PPD ratings were combined for purposes of calculating the lump-sum 25% cap. See Eads, 109 Nev. at 736, 857 P.2d at 15. As such, Eads interprets NAC 616C.498's use of the term "a permanent partial disability" to look to the

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27 28 combined percentage awarded in two separate PPD awards. That is exactly what the insurer did here. The insurer combined multiple PPD awards to calculate the lump sum cap.

Notwithstanding, Claimant argues that Eads does not apply here because the fact pattern is different. (Answering Br. at 13:13-15.) However, if the Nevada Supreme Court wanted to reconsider its interpretation of NAC 616C.498 as stated in Eads, which has a broad application to "all entitlements" and the "combined disability allowance," it would do so. See i.e. Executive Management, Ltd. v. Ticor Title Ins. Co., 118 Nev. 46, 49, 38 P.3d 872, 874-75 (2002) (reconsidering the decision in League to Save Lake Tahoe v. Tahoe Regional Planning Agency, 93 Nev. 270, 563 P.2d 582 (1977) which interprets NRS 80.210). However, the Nevada Supreme Court has not sought to reconsider Eads interpretation of this statute. Nor has the legislature sought to codify Eads or otherwise limit its broad holding to the same claim or disability which are the specific facts of the Eads case. See i.e., In Re Christensen, 122 Nev. 1309, 1320, 149 P.3d 40, 47 (2006).

Instead, Eads legal analysis is sound and is legal precedent that establishes that the reference to the word "a" in NAC 616C.498 does not preclude combining PPD awards for purposes of calculating a lump sum payment. Therefore, it was an error of law for the Appeals Officer to apply the facts of Eads (i.e. same claim and same disability) to create a limitation that does not exist under the plain language of NRS 616C.495(1)(d) and NAC 616C.498 and contrary to the broad holding of Eads.

If the Statutes are Silent as to Multiple Claims and Multiple Disabilities, Claimant H. Does not Dispute the Statutory Construction as Identified in the Opening Brief.

When a statute is "susceptible to more than one natural or honest interpretation, it is ambiguous, and the plain meaning rule has no application." Beazer Homes Nevada, Inc. v. Eighth Jud. Dist. Ct., 120 Nev. 575, 580, 97 P.3d 1132, 1135 (2004) (internal citation omitted). In Beazer, the court looked outside the plain language of NRS 78.585 because the statute expressly addressed pre-dissolution claims only and was silent as to post-dissolution claims. See id. As such, the rules of statutory construction applied. See id., 120 Nev. at 581, 97 P.3d at 1136.

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Here, similar to Beazer, NAC 616C.498 does not expressly address multiple and different claims and disabilities and therefore is arguably silent on application of the 25% lump-sum payment cap to multiple claims and multiple disabilities because of the use of the word "a." Therefore, to the extent the statute is silent or ambiguous, the Appeals Officer should have looked to the statutes as a whole, the purpose of the statutes, and the AMA Guides as argued in detail in Petitioner's Opening Brief. (Opening Br. at 10-13.) Notably, Claimant's failure to respond or address Petitioner's arguments regarding statutory construction in the Answering Brief "constitutes a clear concession . . . that there is merit in [appellants'] position." See Colton v. Murphy, 71 Nev. 71, 72, 279 P.2d 1036 (1955); see also Arcenas v. Mortgageit, Inc., 2016 WL 3943341 at *2 (July 13, 2016) (the failure to present any argument or legal authority to rebut an argument "which appears to have merit and was supported by salient authority" is concession to the issue).

Thus, as Claimant does not dispute, it was an error of law for the Appeals Officer to fail to read NRS 616C.695(d) and NAC 616C.498 in a way that gives meaning to all parts of the workers' compensation statutes. The Appeals Officer's Decision renders the applicable statutes meaningless. It was further an error of law to not include Claimant's prior 7% of PPD awards in the calculation of determining how much in lump sum form the Claimant is entitled to.

The Substantial Evidence Demonstrates Claimant is Only Entitled to 18% in Lump III. Sum Form.

Claimant's Answering Brief suggests that the Opening Brief is requesting that this Court substitute its judgment for that of the Appeals Officer as to the weight of evidence on a question of fact. (See Answering Br. at 9.) That is not true. Rather, Petitioner acknowledges that the evidence is undisputed as to Claimant having two prior claims totaling 7% which were paid out in lump sum form. (Opening Br. at 13.) Because the Appeals Officer Decision ignores this evidence, it is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. In order to properly calculate the lump-sum award as a matter of law, the prior PPD awards should have been considered as demonstrated by the substantial evidence.

IV. Claimant's Position Ignores the General Principle in Workers' Compensation Laws that Permanent Partial Disability is Calculated on a Whole Person Impairment Basis and Not by Individual Disability.

Finally, Claimant's argument is flawed based on general workers' compensation principles. NRS 616C.490 is the statute that covers compensation for permanent partial disability. Pursuant to NRS 616C.490(2)(a), a rating physician is selected to "determine the percentage of disability in accordance with the American Medical Association's *Guides to the Evaluation of Permanent Impairment* as adopted and supplemented by the Division pursuant to NRS 616C.110." NRS 616C.110 instructs the Division to adopt to adopt regulations that incorporate the AMA Guides and specifically, *inter alia*, identifies that the regulations "*[m]ust not consider any factors other than the degree of physical impairment of the whole person* in calculating the entitlement to compensation." NRS 616C.110(2)(c) (emphasis added).

Evaluation of Permanent Impairment, Fifth Edition. (Opening Br. at Exhibit 1.) Section 1.3 recognizes that impairment ratings reflect functional limitations. (Id.) As such, the weight for impairments for regional parts of the body are converted to whole person impairment. (Id.) Section 1.4 instructs that a physician must look at the Combined Values Chart designed to account for the effects of multiple impairments with a summary value. (Id.) "A standard formula was used to ensure that regardless of the number of impairments, the summary value would not exceed 100% of the whole person." (Id.) As identified in Section 2.5b of the AMA Guides, "[i]n the case of two significant yet unrelated conditions, each impairment rating is calculated separately, converted or expressed as a whole person impairment, then combined using the Combined Values Chart." (See Exhibit 2 hereto, AMA Guides § 2.5b) (emphasis added).

Thus, as demonstrated by the above statutes and AMA Guide sections, a PPD award must take into consideration and combine all disabilities or impairments. The reasoning is to ensure impairment is evaluated on a whole person basis and does not exceed 100%. Thus, as mandated by Nevada's workers' compensation statutes as a whole and the AMA Guides, compensation for a permanent partial disability must account for prior PPD awards. This would include accounting for and calculating the lump-sum cap of 25% based on whole person impairment and deducting

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prior PPD awards paid in lump sum form. To hold otherwise, as suggested by Claimant, is contrary to general principles in the workers' compensation scheme.

CONCLUSION

For the above-stated reasons and as detailed in the Opening Brief, the City submits that the Appeals Officer Decision is affected by multiple errors of law and unsupported by the substantial evidence. The proper lump sum amount that can be paid by statute, in light of the substantial evidence of prior awards, is 18% and <u>not</u> 25% as ordered by the Appeals Officer. For these reasons, the City respectfully requests that the Appeals Officer Decision be reversed by this Court.

Affirmation

The undersigned does hereby affirm that the preceding does not contain the social security number of any person.

Dated this 25th day of May, 2017.

/s/ Lisa Wiltshire Alstead Timothy E. Rowe Lisa Wiltshire Alstead 100 W. Liberty Street, 10th Floor P.O. Box 2670 Reno, NV 89505-2670

> Attorneys for Petitioner CITY OF RENO

McDONALD (M. CARANO C. WEST JEERTY SPREEL TENIE HI COR + RET-CO. NEL JADA SFS) PHONE 775,788,2000 + FAX 775,788,2070

CERTIFICATE OF COMPLIANCE

I hereby certify that I have read this **PETITIONER'S REPLY BRIEF** and to the best of my knowledge, information and belief, it is not frivolous or interposed for any improper purpose. I further certify that this brief complies with all applicable Nevada Rules of Appellate Procedure, in particular NRAP 28(e), which requires every assertion in the brief regarding matters in the record to be supported by appropriate references to the record on appeal. I understand that I may be subject to sanctions in the event that the accompanying brief is not in conformity with the requirements of Nevada Rules of Appellate Procedure.

DATED this 25th day of May 2017.

/s/ Lisa Wiltshire Alstead LISA WILTSHIRE ALSTEAD

MCDONALD (CARANO

METTERIN ROOM - TEN JOSEPH 25 85 301

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO and that on the 25 day of May, 2017, I certify that I electronically filed the foregoing with the Clerk of the Court by using the ECF system which serviced the following parties electronically:

JASON D. GUINASSO, ESQ. Reese Kintz Guinasso, LLC 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

and on the same date I deposited a copy of the foregoing for mailing with the U.S. Postal Service at Reno, Nevada, with postage prepaid thereon, addressed as follows:

Appeals Officer Lorna L. Ward Department of Administration 1050 E. William St., Suite 450 Carson City, NV 89701

> /s/ Kathleen Morris KATHLEEN MORRIS

McDONALD (M. CARANO) 100 WEST BEETT SERVET HOOK - VENO, NEWDA 89501 PHONE 7 16, 758 3 000 - 1 AX 775 2783, 000

INDEX OF EXHIBITS

Exhibit 2:	Excerpt from	AMA Guides	1 pa	ge
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EXHIBIT 2



EXHIBIT 2

2.4 When Are Impairment Ratings Performed?

An impairment should not be considered permanent until the clinical findings indicate that the medical condition is static and well stabilized, often termed the date of maximal medical improvement (MMI). It is understood that an individual's condition is dynamic. Maximal medical improvement refers to a date from which further recovery or deterioration is not anticipated, although over time there may be some expected change. Once an impairment has reached MMI, a permanent impairment rating may be performed. The Guides attempts to take into account all relevant considerations in rating the severity and extent of permanent impairment and its effect on the individual's activities of daily living.

Impairments often involve more than one body system or organ system; the same condition may be discussed in more than one chapter. Generally, the organ system where the problems originate or where the dysfunction is greatest is the chapter to be used for evaluating the impairment. Thus, consult the vision chapter for visual problems due to optic nerve dysfunction. Refer to the extremity chapters for neurological and musculoskeletal extremity impairment from an injury. However, if the impairment is due to a stroke, the neurology chapter is most appropriate. Whenever the same impairment is discussed in different chapters, the *Guides* tries to use consistent impairment ratings across the different organ systems.

2.5 Rules for Evaluation

2.5a Confidentiality

Prior to performing an impairment evaluation, the physician obtains the individual's consent to share the medical information with other parties that will be reviewing the evaluation. If the evaluating physician is also that person's treating physician, the physician needs to indicate to the individual which information from his or her medical record will be shared.

2.5b Combining Impairment Ratings

To determine whole person impairment, the physician should begin with an estimate of the individual's most significant (primary) impairment and evaluate other impairments in relation to it. It may be necessary for the physician to refer to the criteria and estimates in several chapters if the impairing condition involves several organ systems. Related but separate conditions are rated separately and impairment ratings are combined unless criteria for the second impairment are included in the primary impairment. For example, an individual with an injury causing neurologic and muscular impairment to his upper extremity would be evaluated under the upper extremity criteria in Chapter 16. Any skin impairment due to significant scarring would be rated separately in the skin chapter and combined with the impairment from the upper extremity chapter. Loss of nerve function would be rated within either the musculoskeletal chapters or neurology chapter.

In the case of two significant yet unrelated conditions, each impairment rating is calculated separately, converted or expressed as a whole person impairment, then combined using the Combined Values Chart (p. 604). The general philosophy of the Combined Values Chart is discussed in Chapter 1.

2.5c Consistency

Consistency tests are designed to ensure reproducibility and greater accuracy. These measurements, such as one that checks the individual's lumbosacral spine range of motion (Section 15.9) are good but imperfect indicators of people's efforts. The physician must use the entire range of clinical skill and judgment when assessing whether or not the measurements or tests results are plausible and consistent with the impairment being evaluated. If, in spite of an observation or test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the physician may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing.

FILED Electronically CV17-00065 2017-06-15 11:12:44 AM Jacqueline Bryant Clerk of the Court Transaction # 6150549

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27 28 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

vs.

JODY YTURBIDE, et al.

Case No.:

CV17-00065

Plaintiff,

Defendants.

Dept. No.:

ORDER

On May 26, 2017, Plaintiff, CITY OF RENO (hereafter Plaintiff), filed a Request for Oral Argument. No Response was filed thereto from Defendants, JODY YTURBIDE, et al.

Having fully reviewed the briefing and pleadings, this Court finds that oral argument is necessary for a full and fair determination and adjudication of the Petition for Judicial Review.

Accordingly, the parties to this matter are hereby ORDERED to contact the Judicial Assistant in Department 7 within ten (10) days of this Order to set oral argument in this matter.

DATED this 15 day of June, 2017.

FLANAGAN

CERTIFICATE OF SERVICE

Lisa Wiltshire, Esq. for City of Reno, and Jason Guinasso, Esq. for Jody Yturbide

I deposited in the Washoe County mailing system for postage and mailing with the United States Postal Service in Reno, Nevada, a true copy of the attached document addressed to:

Judicial Assistant

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    STEPHANIE KOETTING
    CCR #207
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    75 COURT STREET
    RENO, NEVADA
                IN THE SECOND JUDICIAL DISTRICT COURT
                   IN AND FOR THE COUNTY OF WASHOE
 8
            THE HONORABLE PATRICK FLANAGAN DISTRICT JUDGE
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      CITY OF RENO,
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                  Plaintiffs,
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13
      V5.
                                     Department 7
      JODY YTURBIDE, et al.,
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                   Defendants.
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1	APPEARANCES:		
2	For the	Plaintiff:	
3			McDONALD CARANO By: LISA WILTSHIRE ALSTEAD, ESQ.
4			100 West Liberty Reno, Nevada
5			
6	For the	Defendant:	HUTCHISON & STEFFEN
7			By: JASON GUINASSO, ESQ. 500 Damonte Ranch Parkway
8			Reno, Nevada
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RENO, NEVADA, July 21, 2017, 9:00 a.m.

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THE CLERK: Case number CV17-00065, City of Reno versus Jody Yturbide. Matter set for oral arguments.

Counsel, please state your appearance.

 $$\operatorname{MS}.\ \operatorname{ALSTEAD}:\ \operatorname{Lisa}\ \operatorname{Alstead}$ for the employer, City of Reno.

MR. GUINASSO: Jason Guinasso on behalf of the claimant, Jody Yturbide.

THE COURT: Thank you, counsel. Good Friday morning to both of you. Currently before us is the petitioner's, City of Reno's petition for judicial review filed on January 13th of this year seeking a review of the decision rendered by the Department of Administrative Appeals on December 16th of 2016. So let's start with your argument here.

MS. ALSTEAD: Thank you, your Honor. The employer has filed a petition for judicial review of the December 16th decision entered by the appeals officer. The dispute on appeal is the calculation of the payment of Ms. Yturbide's permanent partial disability award. I'll refer to permanent partial disability as PPD throughout my argument.

The dispute is with regards to the limitation

under Nevada law which limits lump sum payments to 25 percent. Here Ms. Yturbide received a 33 percent PPD award, so she exceeded 25 percent lump sum cap under Nevada law.

THE COURT: Didn't they modify that, allowing her to have the 25 percent, and I think Mr. Guinasso, you have to concede that that's the cap as far as lump sum is concerned. And I don't mean to interrupt, but if I could just focus the argument a little bit and it's on this seven percent, the previous PPD. She had a two percent PPD back in 2008, a five percent in 2011, and then this 33 percent.

The dispute as I tried to glean from the pleadings here is whether or not that seven percent should have been deducted from the 33 percent pursuant to I think it's -Ms. Clerk, is it 490? Let's look at it. Number two.

Except as otherwise provided, this is 616C.490, subsection nine, if there's a previous disability such as the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury. I believe that this, this statute controls our discussion, does it not, counsel?

MS. ALSTEAD: Your Honor, if I may just clarify.

I definitely believe that statute plays in and provides guidance as to how the calculation should be determined here. There was a 33 percent PPD award. No one disputes that's the appropriate award. So really the dispute comes down to how much can she get in a lump sum and how much has to go in installments. And under NAC 616C.49A, that's the regulation that has been adopted, that says a --

THE COURT: That's number one, Ms. Clerk. Go ahead, counsel.

MS. ALSTEAD: An employee may elect to take up to 25 percent in a lump sum amount. So really the dispute here is whether because she has prior awards totaling seven percent, can she take the entire 25 percent in lump sum with the remainder in installments, or does she have to deduct from the 25 percent cap under Nevada law the prior seven percent.

So the employer's position is because she has two prior awards, which is consistent with the 490 statute you had up earlier, you had to consider all prior disabilities and awards, and so therefore the determination letter took the 33 percent award and said, you've got 25 percent, you need to deduct the seven percent for prior awards, which gives you 18 percent you're entitled to in a lump sum form.

The remainder you're still entitled to, you just

have to receive that in installment payments.

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THE COURT: Why can't she elect to take the seven percent out of the remainder and get a 25 percent lump sum award and then a one percent installment?

MS. ALSTEAD: Your Honor, if I may, I printed out a visual aid and I think that will help at least with my argument. This is located at pages 4 to 5 of our opening brief. If I may approach?

THE COURT: I read it, but go ahead.

 $$\operatorname{MS}.$$ ALSTEAD: And I've given opposing counsel a copy. This will help explain.

THE COURT: I saw that chart.

MS. ALSTEAD: So it's our position that under the two statutes here that you have NRS 616C.495 and that tells you that the administrator may establish regulations limiting lump sum amounts. So that directs to NAC 616C.498, which says the employee may not exceed receiving a lump sum of more than 25 percent and the remainder should be in installments.

So it's our position that the way the statute is worded, based on the plain language, you cannot receive ever in your lifetime more than 25 percent of a lump sum.

So when you look at the chart we have here, in 2008, she received five percent for her right wrist and she elected a lump sum at that point. So you would take that

five percent from the total in her lifetime she can receive for lump sum payments. In 2011, she received another two percent. So you would need to take that away from the lump sum 25 percent total she's allowed over her lifetime. Then the current injury was a 33 percent.

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So as you can see in the lump sum calculation, it's our position that you have to deduct those prior awards in just considering how much lump sum payment she's entitled to. Again, she gets the whole 33 percent. It's just really an issue of how much can be in lump sum and how much in installment.

THE COURT: Under your analysis, wouldn't that lead to a point in a claimant's life in which he or she is ineligible for any lump sum?

MS. ALSTEAD: Your Honor, that's a great question. That really goes to kind of the alternative argument we've made in our briefing. First, if you don't think the statutes are clear based upon the plain language, then you need to look at the purpose of the statutes and the AMA guides and that answers your question.

The AMA guides are adopted in NRS Chapter 616C and those take what's called a whole person impairment approach. So it requires you to look at all disabilities and then to do a calculation and to combine prior disabilities to end into a

whole person approach calculation. And the reason being is --

THE COURT: You don't want somebody with a 200 percent PPD.

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MS. ALSTEAD: Exactly. You're correct. At some point, if they had enough disabilities, it could total 100 percent. But the worker comp statutes and the purpose behind those and the guides is to prevent somebody exceeding an award of more than 100 percent impairment, because your total body is 100 percent.

So you really have to look at the purpose behind the statutes and the guides that are adopted and they all tell you, you don't look at one specific claim or one body part, but you have to consider those prior claims and disabilities and calculate them into your current disability and then come up with a whole person impairment number.

THE COURT: No question about that. However, isn't it the claimant's decision to -- well, if you look at 498, an employee injured, B, may, one, elect, so the decision, at least as written in the statute by the legislature leaves the decision up to the employee -- well, let me put it this way. Doesn't this language vest in the employee who is injured the power to elect to have that previous percentage, which must be deducted, taken from

either the overage or the 25 percent?

MS. ALSTEAD: I have two responses to that. The way I read it is when they're doing their election form, which here she had a form that said, you have a 33 percent award, how do you want to receive it, lump sum or installments or both? When she's looking at that award, she can elect how she wants to receive it. Yes, this says she has the choice to say, I want it all in installments or I want a portion up to 25 percent.

But that's where, I think, to give some more insight on how this applies, you need to look to the Eads case. There's very limited caselaw in Nevada on how this statute applies.

THE COURT: Welcome to Nevada.

MS. ALSTEAD: Right. Exactly. And there's just very limited circumstances where someone exceeds the 25 percent where you get into this dispute.

THE COURT: I don't know if Eads really helps us.

MS. ALSTEAD: So our position is that Eads is factually distinguishable, but the legal analysis and the calculation analysis does provide guidance. The facts are different than our case and we do not think that those facts should limit application here.

But in Eads, the ultimate holding under the prior

version of NAC 616C.498, which was then 616.617, in the holding on the last page of the case, the Court --

THE COURT: All entitlements in excess of the 25 percent must be paid in installments.

MS. ALSTEAD: Correct, your Honor. And in this case, the claimant had received originally a 19 percent PPD award. The claim was closed and it was later reopened for additional conditions that needed to be treated and then an additional 16 percent award was given. So this claimant had a total of 35 percent.

THE COURT: But for the same injuries.

MS. ALSTEAD: For the same injuries.

THE COURT: And this is something I'm confused from the record. Were these the same injuries? I'm looking at your chart here, Ms. Wiltshire, and the previous PPD awards were for a wrist and a left elbow, a right wrist.

Now, I was unclear in looking through the file here as to which wrist was the -- was involved in this case in the subsequent application. If it's the right wrist, then Eads would apply. If not, I guess Eads doesn't apply.

The fundamental finding is correct. Of course it's correct. The Supreme Court is functionally infallible. Which is that all entitlements in excess of the 25 percent must be paid in installments. I don't think there's any

question about that.

My question is, and I understand the total PPD and the philosophy behind it, which is you want to limit a final PPD to no more than 100 percent. But in looking at the language of the statute, it seems to me in this particular case that it is the employee's call as to whether or not that deduction comes from the 25 percent or from the overage. Am I missing something?

MS. ALSTEAD: Your Honor, so that was the position and that was the way the argument in Eads went. The State Industrial Insurance System says, okay, this employee has elected to take all 25 percent and we're not disagreeing that the employee is entitled to the full percentage amount, but we don't believe Nevada law allows the employee to elect the full 25 percent given prior awards.

THE COURT: For the second award.

MS. ALSTEAD: For the second one.

THE COURT: For the same injury.

MS. ALSTEAD: For the same injury. And you're correct, your Honor, the prior injuries here were different body parts. But it's our position that nowhere in the statute is there a limitation to the same claim or same body part.

So the error of law that we see is that the

appeals officer is taking the facts of Eads, which are one claim, one body part, and taking those and reading in a limitation into NAC 616.498 that's not there. When you look at the plain language, yes, it says the employee may elect 25 percent, but then it says only up to -- 25 percent and any excess of 25 percent must be received in installments. Nowhere does it say that it, you know, that you can ignore prior awards or prior claims or prior body parts.

THE COURT: That's 490.

MS. ALSTEAD: Exactly. I think when you look to 490, that's instructive when you're looking at the statute as a whole. To the extent that the plain language of 498 is not clear and you look at Chapter NRS 616C as a whole, 490 that you cited is directly on point that says you must look to prior injuries and disabilities in your calculation.

Similarly, NRS 616C.495, 1, E, has similar language. You need to combine previous PPD awards in doing your calculation of benefits and again reminds you that your total cannot exceed more than 100 percent.

So that's really the error of law is what you're hitting at is, yes, the statute says they can elect the 25 percent, but there's no limitation to one claim and one body part. So it's our position that it applies to all claims and all body parts.

Eads helps based on the calculation analysis, but to the extent it appears silent or ambiguous as to whether this applies to multiple claims and multiple body parts, which is what we have in our case, then you have to look at statutory construction and that says look at the statute as a whole. You have these other sections that are saying you have to combine prior awards. You have to include those in your calculation. You cannot exceed 100 percent. So that sheds light on how this statute section is supposed to be read.

THE COURT: What about the judicial philosophy behind this statutory scheme, which says if there's any ambiguity it's resolved in favor of the employee?

MS. ALSTEAD: Again, I would say that the Eads case touches on that. And it says you're not seeking to take any benefit from the claimant, so there's no harm that is coming to the claimant in construing the statutes this way. You're simply ensuring they're being paid correctly.

Let me give you an example. This really goes to someone who is severely injured. Say someone loses both of their arms and they receive a 50 percent PPD award. If they were to get that lump sum, the entire amount, they go buy a Ferrari, a brand-new car, and then a year down the road they have no money and they're not able to work in the capacity

they were in before and that's really the purpose of this statute.

If there's someone that has more than 25 percent impairment, again, looking at their total body, you don't want them receiving all of that money in a lump sum, because they're going to need that help down the road.

And so if you were to construe it in favor of the claimant, that's really what you're looking at. You want to ensure that this person is receiving installments throughout their lifetime for their benefit. You don't want them buying a Ferrari, a new computer, take a trip to Hawaii, those types of things. You want to ensure that they're provided for throughout their lifetime.

THE COURT: You're saying that the State knows best?

MS. ALSTEAD: Correct. That's our reading of it. If you can't find the answer in the plain language, you have to look at all those other outside parts that are really the purpose of these worker's comp statutes. And the AMA guides are adopted by Nevada statute and they look at those items and whole person impairment to ensure that people with high permanent percentage disabilities are cared for.

So we submit that is one of the reasons the decision should be reversed is the error of law which is for

three reasons. One, it reads into the statute of limitation not in the plain language. To the extent that the plain language does not give us an answer and it's silent, you have to look at the statutes as a whole. And, third, you have to look at the purpose of the statutes and the AMA guides, which all look at whole person impairment combined prior disability. So you need to look at the whole picture of the person when making these calculations.

Secondly, we sought to reverse the decision, because it was not supported by substantial evidence. It was undisputed that the claimant has two prior PPD awards. The first was the five percent award in 2009 for the wrist injury, which is located on the record on appeal at page 166. There was a subsequent two percent PPD award for a left elbow injury in April of 2013. That's located in the record on appeal at page 178. And then the instant claim that's before the Court is an additional 33 percent PPD award and that is located at pages 32 to 38 of the record on appeal.

So in the appeals officer's decision, she finds the claimant had two prior awards with the five and two percent. The decision finds that there was a current 33 percent award. Both of these are located on page three of the decision. So the Court acknowledges the substantial evidence, but then ignores it in the calculation that is

performed.

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The appeals officer on the last page of the decision at page seven ignores those two prior PPD awards and concludes that the claimant is entitled to the full 25 percent in lump sum and then the remainder in installment. And we would submit by ignoring the substantial evidence, which is the prior PPD awards, the conclusion and the calculation used was improper.

In conclusion, it's our position that the decision is affected by both an error of law and is clearly erroneous based on the substantial evidence. Again, at pages 5 to 6 of the decision, the decision contains an error of law by failing to reduce prior awards from the total lump sum and reading into NAC 616C.498 a limitation that just doesn't exist.

If the legislature wanted to adopt that limitation after Eads, they would have done that. That hasn't happened. Eads was decided in 1993. So there is no limitation as it currently stands.

And, secondly, the decision contains -- is unsupported by the substantial evidence based on the two prior awards. And with that, I'm happy to answer any other questions you have.

THE COURT: Thank you, counsel. Mr. Guinasso.

MR. GUINASSO: Yes, thank you, your Honor. As was mentioned, there really is no factual dispute. We understand, number one, that there were two prior injuries resulting in a permanent disability award of five percent for the right wrist and two percent for the left elbow. The PPD at issue in this case involved the cervical spine and the 33 percent award related thereto.

The real issue, as we see it, your Honor, is really did the appeal officer abuse her discretion when she concluded that Ms. Yturbide could receive up to 25 percent of her 33 percent PPD award for the disability that was caused by her work related injury to her cervical spine, which is a separate and distinct injury from her prior injuries that received PPD awards.

And really more specifically when the appeal officer analyzed and applied NAC -- I'm sorry -- NRS 616.495, 1, sub D, and NAC 616C.498, did the appeal officer abuse her authority by construing that regulation and statute to find that the injured worker is entitled to receive the 25 percent of the PPD award and lump sum for each and every PPD an injured worker receives for each injury and claim an injured worker sustains and subsequently files during their lifetime.

Our answer to that question is emphatically, no, she didn't abuse her discretion or authority in construing

this statute and this regulation. As you take a close look at NAC 616C.498, the regulation says, an employee injured on or after July 1st, 1995, who incurs a permanent partial disability, that -- and then it gives two criteria and the one criteria that applies here is exceeds the 25 percent.

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Notice that when the department adopted this language in accordance with the authority that the legislature gave it and NRS 616C.495 when it said that the -- any claimant injured on or after July 1st, 1995 may elect to receive his or her compensation in a lump sum in accordance with the regulations adopted by the administrator and approved by the governor.

This regulation that we're dealing with was created as a direct result of the authority given to the department by the legislature. And the operative term here, I think this case really turns on the purpose and application of a, the article in that sentence. An employee injured on or after July 1, 1995, who incurs a, we have to figure out what that means in the context of the regulation.

And the appeal officer concluded that a as applied here explicitly allows an injured worker who receives a PPD rating and up to and in excess of 25 percent to elect to receive compensation in the lump sum equal to the present value of the award for the disability of 25 percent and

installment payments for that portion of the employee disability in excess of 25 percent.

The Eads case does not apply to this case as your Honor pointed out and really what the city is attempting to do is to extend its holding, that is, it's inviting this Court to try to extend this Court. And it did the same thing with the appeal officer below and the appeal officer was not obliged to accept that invitation.

Because in the Eads case, as was noted earlier, we're dealing with a reopening case relative to a particular industrial injury that was subsequently rated again and that exceeded the 25 percent limit on that injury for that claim.

And I think it's important to contemplate how these PPD awards come into fruition, that is, there is an injury or a group of injuries as a result of a discrete accident at the workplace. That injury is treated. They're subsequently determined to be a disability and then that disability is rated. Then the injured worker is, not the State, the injured worker is given the discretion to determine how best to receive that award either in lump sum or installments. That's why there's the permissive language may.

So in this case where you have three separate, distinct industrial injuries, you have three separate

transactions and occurrences. And that's why the reference to 616C.490 is really addressing apportionment, which is not at issue in this case. That is, the only time you can apportion an industrial injury is when it's the same injury.

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So if she had -- if the two prior disability awards, the two percent and the five percent, were for the cervical spine, then we would expect an apportionment to take place. We would expect two percent to be deducted and another five percent to be detected. Or if in the same discrete accident or injury, the wrist was injured, the elbow was injured, and the cervical spine was injured and there was one rating for that particular claim, then as was pointed out, the AMA guides prescribe that you have to rate all of those body parts that come from that discrete accident injury together contemplating the disability to the whole person.

But here we don't have that. Here we have a distinct accident and injury that results in discrete disability ratings. And when that occurs, the regulation provides that the injured worker can take up to 25 percent of that particular award in lump sum. And that there's no apportionment that is required, especially when you're dealing with other discrete injuries. And, further, you don't just willy-nilly look for past, you know, PPD awards and then deduct them in total from the 25 percent total lump

sum.

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THE COURT: If I can go back, is this 25 -- let's just say -- strike that. In this particular case, we have a finding by the chiropractor and by the division -- by the chiropractor rates the cervical spine at 33 percent of PPD.

Now, is that 33 percent of the cervical spine's functionality or 33 percent of the whole body? Because under one route, we follow either branches, if it's of the cervical spine, and then shortly thereafter, there's an injury to the lumbar spine and there's another 33 percent, and then one of the thoracic area and another 33 percent. You see where we're going here? And then somebody gets an elbow and that's another 33 percent. Pretty soon without being totally incapacitated, an individual could receive in excess of 100 percent of a PPD. Address that concern.

MR. GUINASSO: Yes, your Honor, and a valid concern, but I think they're two different issues. One is an evaluation of a permanent partial disability of the whole person and how that is calculated over the course of an individual's lifetime. So when we're talking about the 33 percent, we would concede that 33 percent isn't just relative to the cervical spine, but it's relative to the entire person. And that if you had subsequent --

THE COURT: That makes sense.

MR. GUINASSO: If you had subsequent disabilities throughout that individual's life, ultimately an individual cannot be more than 100 percent disabled. We concede that point.

But the real question here with regard to each discrete accident and injury that results in a disability, how much can the claimant take in a lump sum for each one of those disabilities throughout their lifetime? If you have a two percent, a five percent, a 33 percent. Let's say in ten years from now, there's some other injury that results in a 27 percent, you know, impairment. For each of those discrete accidents and injuries, our position is that the statute and the regulation when read on its face allow the injured worker the discretion to take that particular PPD in a lump sum up to 25 percent.

THE COURT: And then any previous award would be deducted from the installment?

MR. GUINASSO: It could be deducted from the installment, but I don't know that it's entirely clear that's the right result, necessarily, in this case. What we would submit to you, based on the way we understand the language of the regulation and the way the appeal officer applied it would be that each discrete disability rating really needs to be dealt with on its own merit.

And if you were to deduct that seven percent from the total, even on the installment, what you would essentially be doing is apportioning that rating and that would be inappropriate under the statutes and regs, which provides that apportionment only occurs when you're dealing with the same specific injury.

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We argued in the alternative in that and the appeal officer specifically rejected that argument, and when preparing the findings of facts and conclusions of law, says apportionment is not an issue in this case, do not apply the apportionment statutes or regulations.

So this is a different issue than apportionment.

This is really an issue of whether with regard to separate incidents that involve separate accidents and injuries, whether those specific ratings can be taken in lump sum up to 25 percent.

Again, the Eads case doesn't address that. The

Eads case deals with the same injury. And, really, what I

believe the city is trying to do is extend that holding to

include multiple injuries over the lifetime of an individual.

And while that may be something that the Supreme Court may

want to do at some time in the future, that doesn't mean that

the appeal officer in applying this regulation and this

statute abused her discretion based on the law as it is today

in determining that my client could accept the 25 percent in lump sum for this discrete accident injury that resulted in disability and not have to have the seven percent for the other two injuries deducted from her award.

MR. GUINASSO: In either case, right. Because if you do that, it would really be to impose an apportionment and apportionment really is not at issue here, because we're dealing with injuries to distinct body parts. And when you're dealing with 490, 616C.490 that you cited earlier, what you're really dealing with is making sure that when there are prior injuries to the same body parts, that we're not, you know, getting -- that we're not forgetting to apportion those prior -- the disability ratings for those prior injuries.

And then dealing with ratings as they pertain to multiple injuries in one distinct transaction or occurrence, what you would have is you would have a rating of the whole person in that situation that would only allow -- so let's say the facts were a little bit different in this case. We had a wrist injury, an elbow injury and a cervical injury all arising out of the same transaction and occurrence. Then in that situation, the claimant would only be able to take the 25 percent of that total award after the whole person

impairment rating was reached.

And, typically, they do a -- there's a thing at the back of the guides, a little chart that's called the combined values chart. So in that situation, what would happen is you take the 33 percent, plus the two percent, plus the five percent, you go to the combined values chart and it would actually reduce the disability rating a bit, because the combined value of that disability as it pertains to that transaction and occurrence by that particular formula results in usually a percent or two reduction as those three injuries are contemplated against the whole person for a specific transaction and occurrence.

But with regard to discrete transactions and occurrences, the guides don't prescribe combining of the whole person and neither do the statutes or regs at issue before you today.

And even if your Honor thought, well, there has to be some deduction, you know, that seven percent, that may be a reasonable interpretation of the statute from another perspective. But really the question is, did the appeal officer abuse her discretion and authority in applying the regulation and the statute the way she did, and we would submit to you that she did not.

THE COURT: Okay. Thank you, Mr. Guinasso.

Ms. Wiltshire.

MS. ALSTEAD: Thank you, your Honor. To respond briefly, I agree with claimant's counsel's argument on two issues. He answered your question regarding the 33 percent calculation and whether you can take the seven percent off the back end, off the installments. And I agree, because this is not an apportionment case. You can't take that. They get the full 33 percent. Really the dispute is how much can be in a lump sum and how much in installment?

And, again, I agree with his argument that you're looking at the whole person impairment. And really the reason behind that is you're evaluating functional limitations. Can a person with a cervical spine injury, what are their functional limitations in the workplace and in their daily life? What can they go out and do?

As he indicated, you're looking at the whole person impairment, because you're looking at functionally that body part is hurt, but what is her whole person? What are they able to do?

To respond to the position regarding the statute's language, NAC 616C.498 references the word a and Ms. Yturbide has taken the position that that word a tells us the statute only applies to one claim or one injury and that's not the case. Because the Eads case addresses that specific

language, both the word a, and it doesn't limit to a PPD award, and in fact it combines two PPD awards to determine that the lump sum cap of 25 percent applies to two PPD awards.

So they're taking inconsistent positions. They're saying the statute is clear, it gives you the word a, it only applies to one PPD award and Eads doesn't apply, but the Eads case says the statute on its face is clear and it applies to two PPD awards. So you have to pick or choose. It's inconsistent to argue the statute is clear and Eads doesn't apply, because Eads says on its face it can apply to two PPD awards.

With respect to the standard of review, it's our position you're not necessarily looking at abuse of discretion, but the focus really is whether there's an error of law and whether the decision fails to consider the substantial evidence.

Lastly, there's been discussion about the word may, and the may elect, and what the employee is entitled to do. Again, I'd submit in Eads, the employee exercised his may elect, but the State Industrial Insurance System says, we see your election, but we have to follow the law. So we understand that you have elected it, but we're a check and balance system and we need to make sure, even though you've

elected to get 25 percent, that you're really entitled to it under the law.

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So to the extent that the statute says may, in our case, the employer and insurer still has the duty to be a check and balance and say, no, the law does not apply. And, really, that's all we're doing here. We're not disputing she's entitled to 33 percent. We're acting as a check and balance as to how much of that can be lump sum form and how much can be installments.

And if you were to read that, they can elect whatever they want. I'm sure the employee would elect many things. So it's up to the insurer to make sure that conforms with what Nevada law tells us to do.

So for those reasons, we submit again that the decision contains an error of law. It reads into the plain language of NAC 616C.498 is an indication that's simply not there. Claimant's counsel is arguing that we're seeking to extend the holding in Eads. We are saying that that analysis applies here, but it's not necessarily extending the holding, because the statute does not contain any limitations. So we're saying, read the statute as to what the plain language is with no limitations to multiple claims and multiple disabilities. That language is simply not there.

Again, using that analysis and the error of law,

likewise, the decision fails to look at the substantial evidence by not considering the prior awards in the calculation. And with that, I'm happy to answer any questions you may have. THE COURT: Mr. Guinasso. MR. GUINASSO: Yes, your Honor. THE COURT: Any further comments? MR. GUINASSO: No. We'll stand on what we argued previously. I don't think, though, that we're taking inconsistent positions relative to the Eads case. Again, Eads was dealing with one body part arising out of one 11 transaction and occurrence and arriving at the holding that 12 you can't take more than 25 percent for the disability 13 related to that particular body part. It was a reopening 14 15 case. It doesn't apply here. THE COURT: Ms. Wiltshire, this is your case, I'll 16 let you take the last cut. MS. ALSTEAD: Thank you, your Honor. I'll rest on the argument made. 19 THE COURT: All right. Very interesting. I'm 20 going to take this under submission and we'll try to get an 2.1 order out shortly. This is interesting case, interesting

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arguments. Counsel did a good job on both sides. It doesn't

make it any easier on the judge, but I appreciate your

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advocacy. Ms. Wiltshire, anything further?
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             MS. ALSTEAD: Nothing further, your Honor.
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             THE COURT: Mr. Guinasso.
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             MR. GUINASSO: Nothing further. Thank you, your
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    Honor.
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             THE COURT: Court's in recess.
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STATE OF NEVADA
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        I, STEPHANIE KOETTING, a Certified Court Reporter of the
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    Second Judicial District Court of the State of Nevada, in and
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    for the County of Washoe, do hereby certify;
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         That I was present in Department No. 7 of the
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    above-entitled Court on July 21, 2017, at the hour of 9:00
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    a.m., and took verbatim stenotype notes of the proceedings
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    had upon the oral arguments in the matter of CITY OF RENO,
    Plaintiff, vs. JODY YTURBIDE, et al., Defendant, Case
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    No. CV17-00065, and thereafter, by means of computer-aided
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    transcription, transcribed them into typewriting as herein
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    appears;
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         That the foregoing transcript, consisting of pages 1
14
    through 31, both inclusive, contains a full, true and
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    complete transcript of my said stenotype notes, and is a
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     full, true and correct record of the proceedings had at said
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     time and place.
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       DATED: At Reno, Nevada, this 20th day of February 2018.
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                              S/s Stephanie Koetting
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                              STEPHANIE KOETTING, CCR #207
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FILED Electronically CV17-00065 2017-08-08 12:09:56 Jacqueline Bryant Clerk of the Court Transaction # 62376 8

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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

VS.

JODY YTURBIDE,

Case No.:

CV17-00065

Petitioner,

Respondent.

Dept. No.:

ORDER

Currently before the Court is Petitioner CITY OF RENO's (hereinafter "Petitioner") Petition for Judicial Review, filed on January 13, 2017. Petitioner seeks review of the Decision rendered by the Department of Administration Appeals Officer on December 16, 2016. Petitioner's Opening Brief was filed on March 27, 2017. On April 25, 2017, Respondent JODY YTURBIDE (hereinafter "Respondent") filed her Answering Brief. On May 25, 2017, Petitioner filed their Reply Brief, and requested oral argument on May 26, 2017. Oral argument was heard on the matter on July 21, 2017.

Factual Background

Respondent was employed by Petitioner as a Public Safety Dispatcher in the Reno Emergency Communications Division. On May 23, 2014, Petitioner filed a claim for injuries to her right shoulder, forearm, elbow, wrist, and fingers related to severe pain and numbness and loss of sensation in two to three fingers. The date of the injury

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was May 22, 2014. The cause of the injury was attributed to non-stop typing and answering of phones. Respondent sought treatment for her injuries and thereafter, she was rated for her conditions. On June 19, 2016, Respondent's Permanent Partial Disability (PPD) evaluation was performed by Dr. Katharine Welborn. Dr. Welborn recommended claim closure with a 33% whole person impairment related to the body part of the cervical spine. Respondent had previously received a 5% PPD rating in September 2009 for carpel tunnel syndrome and a 2% PPD in April 2013 for injuries to her elbow.

On July 1, 2016, the insurer issued a determination offering 18% of the Respondent's 33% PPD rating in lump sum and the remaining 15% in monthly installments. This was based on Respondent having received prior PPD ratings of 2% and 5%. On July 8, 2016, Respondent sought review of the insurer's July 1, 2016 determination letter. A hearing was held on August 3, 2016, before the Hearing Officer. On August 11, 2016, the Hearing Officer reversed and remanded the insurer's July 1, 2016 determination, finding that the Respondent is entitled to a one time lump sum offering of 25% with the remaining 8% to be paid in monthly installments. The Appeals Officer affirmed the Hearing Officer's decision on December 16, 2016 (hereinafter "Appeals Officer Decision").

Issues Presented

- 1. Does the Appeals Officer Decision contain errors of law by: (a) failing to subtract Claimant's prior PPD awards from the 25% cap on the amount of a PPD award that can be paid in lump sum form for the instant claim; and (b) by limiting the 25% cap on lump sum payments to the same claim or body part?
- 2. Is the Appeals Officer Decision concluding that the Respondent is entitled to have 25% of the 33% PPD award paid in a lump sum amount supported by the substantial evidence where the record contains evidence that Respondent has received two prior PPD awards totaling 7%?

Standard of Review

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In reviewing an administrative agency decision, the court is to review the evidence presented to the agency in order to determine whether the agency's decision was arbitrary or capricious and was thus an abuse of the agency's discretion.1 A district court may not substitute its judgment in the place of an administrative agency's judgment when reviewing findings of fact and must limit their review to whether or not the findings of fact are supported by substantial evidence.2 Pure questions of law are reviewed de novo, however "an agency's conclusions of law that are closely related to the agency's view of the facts are entitled to deference and should not be disturbed if they are supported by substantial evidence."3 Substantial evidence is defined as "that quantity and quality of evidence which a reasonable [person] could accept as adequate to support a conclusion."4

Discussion

This matter essentially rests on the determination of whether Respondent's two prior PPD determinations have an effect on the application of the 25% cap on the lump sum payments for a current PPD determination. Petitioner argues that because Respondent has already received a 7% lump sum payment based on the two prior PPDs, that the 7% should be subtracted from the 25% cap. Therefore, Petitioner argues that the Appeals Officer Decision finding that the lump sum payment of 25% was appropriate with the remaining payments to be paid in installments, was an error of law. Further, Petitioner argues that the Appeals Officer Decision was not supported by substantial evidence because it failed to take into consideration the prior PPD lump sum payments when determining payments for the current PPD determination. Thus, Petitioner argues that Respondent should only receive an 18% lump sum payment and the remaining 15% in installments.

¹ Clements v. Airport Auth. of Washoe Cty., 111 Nev. 717, 721, 896 P.2d 458, 460 (1995)

³ Id. at 722 (citing SIIS v. Swinney, 103 Nev. 17, 20 (1987))

⁴ Id. (quoting State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608 n.1 (1986) (alteration original)).

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Respondent argues that the Appeals Officer Decision was not affected by an error of law and was supported by substantial evidence. Respondent argues that the 25% cap is not a cumulative determination, meaning that for each and every PPD determination that exceeds 25%, the person should be entitled to collect 25% in a lump sum payment.

Application of the Relevant Statutes on the 25% Cap on Lump Sum I. Payments

Under NRS 616C.495(1)(d), an award for a permanent partial disability may be paid in a lump sum under the following conditions:

(d) Any claimant injured on or after July 1, 1995, and before January 1, 2016, who incurs a disability that:

(2) Exceeds 25 percent may elect to receive his or her compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the claimant elects to receive compensation pursuant to this sub-subparagraph, the insurer shall pay in installments to the claimant that portion of the claimant's disability in excess of 25 percent.

Additionally, under NAC 616C.498:

- 1. An employee injured on or after July 1, 1995, but before January 1, 2016, who incurs a permanent partial disability that:
 - (b) Exceeds 25 percent may:
- (1) Elect to receive compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the injured employee elects to receive compensation in a lump sum pursuant to this subparagraph, the insurer shall pay in installments to the injured employee that portion of the injured employee's disability in excess of 25 percent.

As stated by the parties, the Nevada Revised Statutes and Nevada Administration Code are silent as to the application of the 25% cap on lump sum payments when there has been multiple PPD determinations stemming from multiple injuries. In Eads v. State Indus. Ins. Sys., 109 Nev. 733, 857 P.2d 13 (1993), the Nevada Supreme Court addressed the application of the 25% cap on lump sum payments when there were multiple PPD determinations. There, the plaintiff suffered a single injury with an initial PPD rating of 19%.5 However, subsequent to the first rating, the plaintiff received an additional 16% rating, which brought his total PPD rating to 35%.6 The Nevada Supreme Court held that the 25% cap applied to the lump sum payment even when there were multiple PPD determinations due the PPD determinations being made on the same injury.7 The present action is distinguishable from Eads v. State Indus. Ins. Sys, due to Respondent's PPD ratings being the result of multiple injuries. If there is a literal reading of the holding in $\it Eads$, it would appear the 25% cap on the lump sum payment would only apply to individual injuries, not a combination of multiple injuries.

However, Petitioner argues that the Appeals Officer Decision's reliance on Eads in determining that the 25% cap only applies to a single injury was an error of law. Specifically, Petitioner asserts that if the Nevada Legislature's intent was to limit the application of the 25% cap on PPD determinations to those involving a single injury, it would have done so by codifying Eads.8 The Court does not agree. In reading NRS 616C.495 and NAC 616C.498, there is nothing in the text that would result in an application that is inconsistent with the holding in Eads. Under both NRS 616C.495 and NAC 616C.498, if a claimant received a PPD rating in excess of 25%, the claimant "may elect to receive his or her compensation in a lump sum equal to the present of an award for a disability of 25 percent." There is nothing in the language of the Nevada Revised Statutes or the Nevada Administrative Code that would lead to a different result than the one reached in Eads. The Eads case reaffirmed the appropriate application of the 25% cap on a PPD determination that 21 exceeds 25% when it is based on a single injury. Therefore, the Court does not find 22 the Appeals Officer Decision was affected by an error of law due to the reliance on 23 24 Eads.

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⁵ Eads v. State Indus. Ins. Sys., 109 Nev. 733, 857 P.2d 13, (1993).

⁶ Id. at 15.

⁷ Id.(emphasis added).

⁸ See, In re Christensen, 122 Nev. 1309, 1320, 149 P.3d 40, 47 (2006).

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II. Workers' Compensation Statutes

Next, Petitioner argues that the failure of the Appeals Officer Decision to consider the workers' compensation statutes as a whole, specifically NRS 616C.495(1)(g) and NRS 616C.490(9), resulted in a decision that was affected by an error of law. Under NRS 616C.495(1)(g):

If the permanent partial disability rating of a claimant seeking compensation pursuant to this section would, when combined with any previous permanent partial disability rating of the claimant that resulted in an award of benefits to the claimant, result in the claimant having a total permanent partial disability rating in excess of 100 percent, the claimant's disability rating upon which compensation is calculated must be reduced by such percentage as required to limit the total permanent partial disability rating of the claimant for all injuries to not more than 100 percent.

Petitioner argues that this reaffirms their position that when calculating compensation for a PPD rating, the prior PPD ratings must be factored in. Furthermore, under NRS 616C.490(9):

[ilf there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury.

Again, Petitioner argues that the requirement that the rating physician factor in the prior PPD ratings for the purposes of apportionment, reaffirms their position that the calculation of payments must also consider the prior PPD ratings.

After review, the Court does not find Petitioner's arguments persuasive. Again, there is nothing in the text of the statutes that support their argument that the prior PPD ratings must be subtracted from the 25% cap on lump sum payment and instead be paid in installments. Both statutes referenced above apply only to the application of prior PPD ratings as it relates to a PPD rating of a claimant as a whole. It is an extraordinary leap to apply the reduction of the prior PPD ratings as it relates to a

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whole person PPD rating, to a reduction of prior PPD ratings as it relates to right to a lump sum payment. Although the Court agrees that the workers' compensation statutes should be considered as a whole, the Court does not find that either of the statutes proffered by Petitioner support a finding that the Appeals Officer Decision was affected by an error of law for failing to consider those statutes.

III. AMA Guides

Petitioner's next argument is similar to the one addressed above. Petitioner argues that the Appeals Officer Decision was affected by an error of law for failing to consider the AMA Guides approach to whole person impairment. Specifically, the requirement that impairment from different regions be combined to determine whole person impairment. After review, the Court does not find that the AMA Guides dictate that a prior PPD rating must be subtracted from the 25% cap on the lump sum payment under NRS 616C.495 and NAC 616C.489. Rather, the AMA Guides focus on the appropriate method in which to ensure that a claimant's PPD rating does not exceed 100%. This is analogous to the statutes referenced above. In an attempt to prevent a PPD rating exceeding 100%, AMA Guides and the statutes referenced above attempt to reduce the current PPD rating by taking into account any prior PPD ratings. For example, if a claimant has two prior PPD ratings of 2% and 5% and subsequently receives a 33% PPD rating, the 7% should theoretically be subtracted from the current 33% PPD rating leaving the claimant with a current PPD rating of 26% for the purposes of disability payments. Therefore, leaving the claimant with a 25% lump sum payment and 1% of installment payments. Under this logic, it would appear that the AMA Guides and applicable Nevada Revised Statutes are designed to address the concern of exceeding a 100% PPD rating, not the reduction of the 25%cap on lump sum payments.

Again, the Court does not find that the Appeals Officer Decision was affected by an error of law for failing to consider the AMA *Guides* approach to whole person impairment. The approach to whole person impairment relates solely to the

determination of a whole person PPD rating, not a calculation of the payments for the purposes of the 25% cap on lump sum payments under NRS 616C.495(1)(d) and NAC 616C.498.

IV. Appeals Officer Decision Was Not Supported by Substantial Evidence

Lastly, Petitioner argues that the Appeals Officer Decision was not supported by substantial evidence because the decision ignores the prior PPD ratings and fails to subtract those prior ratings from the 25% cap on lump sum payments. It is undisputed that Respondent received two prior PPD ratings. Further, it is undisputed that Respondent received payments pursuant to those ratings via lump sum. However, there is nothing in the Nevada Revised Statutes or the Nevada Administrative Code that requires the reduction of the 25% cap on lump sum payments based on prior PPD ratings. Furthermore, the limited case law on the issue stands for the proposition that the cap on a lump sum payment applies only in the context of a single injury. Thus, the Court finds that the Appeals Officer Decision was supported by substantial evidence because it was not required to subtract the prior PPD ratings from the 25% cap on the current PPD rating.

Conclusion

Having fully reviewing the briefing submitted and considering the arguments of counsel, the Court finds that the Appeals Officer Decision was not affected by an error of law and was supported by substantial evidence. Accordingly, and good cause appearing, the December 16, 2016, *Decision and Order of the Appeals Officer* is **AFFIRMED**.

IT IS SO ORDERED.

DATED this day of August, 2017.

PATRICK FI

District Judge

CERTIFICATE OF SERVICE

Jason D. Guinasso, Esq., attorney for Respondent; and Lisa Wiltshire Alstead, Esq., attorney for Petitioner.

Jathy Ins

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

775-788-2000

Attorneys for City of Reno

Petitioner,

Case No. CV17-00065

Dept. No. 7

VS.

JODY YTURBIDE, and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER,

Respondents.

NOTICE OF ENTRY OF ORDER

PLEASE TAKE NOTICE that on the 8th day of August, 2017, an Order was entered in the above-captioned case affirming the Appeals Officer's Decision and Order, a copy of which is attached hereto as **Exhibit 1**.

AFFIRMATION

The undersigned does hereby affirm that pursuant to NRS 239B.030, the preceding document does not contain the social security number of any person.

Dated: September 7, 2017.

McDONALD CARANO LLP

Timothy E. Rowe Lisa Wiltshire Alstead P.O. Box 2670

Reno, NV 89505-2670 Attorneys for City of Reno

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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of McDONALD CARANO LLP and that on September 7, 2017, I caused to be electronically filed the NOTICE OF ENTRY OF ORDER with the Clerk of the Court using the ECF system, which will automatically e-serve the same on the attorney of record set forth below:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

Additionally, I served the below parties by placing a true copy of the NOTICE OF ENTRY OF ORDER enclosed in a sealed envelope with postage prepaid thereon in the United States Post Office mail at 100 West Liberty Street, 10th Floor, Reno, Nevada 89501 addressed as follows:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

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

I am familiar with the firm's practice for collection and processing of correspondence for mailing with the United States Postal Service. The envelopes addressed to the above parties were sealed and placed for collection by the firm's messengers and will be deposited today with the United States Postal Service in the ordinary course of business.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 7, 2017 at Reno, Nevada.

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2017-09-07 02:20:44 PM
Jacqueline Bryant
Clerk of the Court
Transaction # 6288062

EXHIBIT 1



EXHIBIT 1

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CODE: \$2515 Timothy E. Rowe Nevada State Bar No. 1000 Lisa Wiltshire Alstead Nevada State Bar No. 10470 McDonald Carano LLP P.O. Box 2670 Reno, NV 89505-1670 775-788-2000 Attorneys for City of Reno

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

Petitioner,

Case No. CV17-00065

Dept. No. 7

VS.

JODY YTURBIDE, and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER,

Respondents.

NOTICE OF APPEAL

Notice is hereby given that the CITY OF RENO, by and through its attorneys of record, Timothy E. Rowe, Esq. and Lisa Wiltshire Alstead, Esq. of McDonald Carano LLP, hereby appeals to the Supreme Court of Nevada from the Order entered by the above-entitled Court on August 8, 2017. A copy of said Order is attached hereto as **Exhibit 1**.

AFFIRMATION: The undersigned hereby affirms that this document does not contain the social security number of any person.

DATED this 7th day of September, 2017.

McDONALD CARANO LLP

By:

Timothy E. Rowe Lisa Wiltshire Alstead P.O. Box 2670

Reno, NV 89505-2670 Attorneys for City of Reno

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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of McDONALD CARANO LLP and that on September 7, 2017, I caused to be electronically filed the NOTICE OF APPEAL with the Clerk of the Court using the ECF system, which will automatically e-serve the same on the attorney of record set forth below:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

Additionally, I served the below parties by placing a true copy of the NOTICE OF APPEAL enclosed in a sealed envelope with postage prepaid thereon in the United States Post Office mail at 100 West Liberty Street, 10th Floor, Reno, Nevada 89501 addressed as follows:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

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

I am familiar with the firm's practice for collection and processing of correspondence for mailing with the United States Postal Service. The envelopes addressed to the above parties were sealed and placed for collection by the firm's messengers and will be deposited today with the United States Postal Service in the ordinary course of business.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 7, 2017 at Reno, Nevada,

An Employee of McDonald Carano LLI

FILED
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Jacqueline Bryant
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EXHIBIT 1



EXHIBIT 1

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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

VS.

JODY YTURBIDE,

Case No.:

CV17-00065

Petitioner,

Respondent.

Dept. No.:

ORDER

Currently before the Court is Petitioner CITY OF RENO's (hereinafter "Petitioner") Petition for Judicial Review, filed on January 13, 2017. Petitioner seeks review of the Decision rendered by the Department of Administration Appeals Officer on December 16, 2016. Petitioner's Opening Brief was filed on March 27, 2017. On April 25, 2017, Respondent JODY YTURBIDE (hereinafter "Respondent") filed her Answering Brief. On May 25, 2017, Petitioner filed their Reply Brief, and requested oral argument on May 26, 2017. Oral argument was heard on the matter on July 21, 2017.

Factual Background

Respondent was employed by Petitioner as a Public Safety Dispatcher in the Reno Emergency Communications Division. On May 23, 2014, Petitioner filed a claim for injuries to her right shoulder, forearm, elbow, wrist, and fingers related to severe pain and numbness and loss of sensation in two to three fingers. The date of the injury

was May 22, 2014. The cause of the injury was attributed to non-stop typing and answering of phones. Respondent sought treatment for her injuries and thereafter, she was rated for her conditions. On June 19, 2016, Respondent's Permanent Partial Disability (PPD) evaluation was performed by Dr. Katharine Welborn. Dr. Welborn recommended claim closure with a 33% whole person impairment related to the body part of the cervical spine. Respondent had previously received a 5% PPD rating in September 2009 for carpel tunnel syndrome and a 2% PPD in April 2013 for injuries to her elbow.

On July 1, 2016, the insurer issued a determination offering 18% of the Respondent's 33% PPD rating in lump sum and the remaining 15% in monthly installments. This was based on Respondent having received prior PPD ratings of 2% and 5%. On July 8, 2016, Respondent sought review of the insurer's July 1, 2016 determination letter. A hearing was held on August 3, 2016, before the Hearing Officer. On August 11, 2016, the Hearing Officer reversed and remanded the insurer's July 1, 2016 determination, finding that the Respondent is entitled to a one time lump sum offering of 25% with the remaining 8% to be paid in monthly installments. The Appeals Officer affirmed the Hearing Officer's decision on December 16, 2016 (hereinafter "Appeals Officer Decision").

Issues Presented

- 1. Does the Appeals Officer Decision contain errors of law by: (a) failing to subtract Claimant's prior PPD awards from the 25% cap on the amount of a PPD award that can be paid in lump sum form for the instant claim; and (b) by limiting the 25% cap on lump sum payments to the same claim or body part?
- 2. Is the Appeals Officer Decision concluding that the Respondent is entitled to have 25% of the 33% PPD award paid in a lump sum amount supported by the substantial evidence where the record contains evidence that Respondent has received two prior PPD awards totaling 7%?

Standard of Review

In reviewing an administrative agency decision, the court is to review the evidence presented to the agency in order to determine whether the agency's decision was arbitrary or capricious and was thus an abuse of the agency's discretion. A district court may not substitute its judgment in the place of an administrative agency's judgment when reviewing findings of fact and must limit their review to whether or not the findings of fact are supported by substantial evidence. Pure questions of law are reviewed de novo, however "an agency's conclusions of law that are closely related to the agency's view of the facts are entitled to deference and should not be disturbed if they are supported by substantial evidence." Substantial evidence is defined as "that quantity and quality of evidence which a reasonable [person] could accept as adequate to support a conclusion."

Discussion

This matter essentially rests on the determination of whether Respondent's two prior PPD determinations have an effect on the application of the 25% cap on the lump sum payments for a current PPD determination. Petitioner argues that because Respondent has already received a 7% lump sum payment based on the two prior PPDs, that the 7% should be subtracted from the 25% cap. Therefore, Petitioner argues that the Appeals Officer Decision finding that the lump sum payment of 25% was appropriate with the remaining payments to be paid in installments, was an error of law. Further, Petitioner argues that the Appeals Officer Decision was not supported by substantial evidence because it failed to take into consideration the prior PPD lump sum payments when determining payments for the current PPD determination. Thus, Petitioner argues that Respondent should only receive an 18% lump sum payment and the remaining 15% in installments.

¹ Clements v. Airport Auth. of Washoe Cty., 111 Nev. 717, 721, 896 P.2d 458, 460 (1995)

² Id. at 721.

³ Id. at 722 (citing SIIS v. Swinney, 103 Nev. 17, 20 (1987))

⁴ Id. (quoting State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608 n.1 (1986) (alteration original)).

Respondent argues that the Appeals Officer Decision was not affected by an error of law and was supported by substantial evidence. Respondent argues that the 25% cap is not a cumulative determination, meaning that for each and every PPD determination that exceeds 25%, the person should be entitled to collect 25% in a lump sum payment.

I. Application of the Relevant Statutes on the 25% Cap on Lump Sum Payments

Under NRS 616C.495(1)(d), an award for a permanent partial disability may be paid in a lump sum under the following conditions:

- (d) Any claimant injured on or after July 1, 1995, and before January 1, 2016, who incurs a disability that:
- (2) Exceeds 25 percent may elect to receive his or her compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the claimant elects to receive compensation pursuant to this sub-subparagraph, the insurer shall pay in installments to the claimant that portion of the claimant's disability in excess of 25 percent.

Additionally, under NAC 616C.498:

- 1. An employee injured on or after July 1, 1995, but before January 1, 2016, who incurs a permanent partial disability that:
 - (b) Exceeds 25 percent may:
- (1) Elect to receive compensation in a lump sum equal to the present value of an award for a disability of 25 percent. If the injured employee elects to receive compensation in a lump sum pursuant to this subparagraph, the insurer shall pay in installments to the injured employee that portion of the injured employee's disability in excess of 25 percent.

As stated by the parties, the Nevada Revised Statutes and Nevada Administration Code are silent as to the application of the 25% cap on lump sum payments when there has been multiple PPD determinations stemming from multiple injuries. In Eads v. State Indus. Ins. Sys., 109 Nev. 733, 857 P.2d 13 (1993), the Nevada Supreme Court addressed the application of the 25% cap on lump sum payments when there were multiple PPD determinations. There, the plaintiff suffered a single injury with

an initial PPD rating of 19%.⁵ However, subsequent to the first rating, the plaintiff received an additional 16% rating, which brought his total PPD rating to 35%.⁶ The Nevada Supreme Court held that the 25% cap applied to the lump sum payment even when there were multiple PPD determinations due the PPD determinations being made on the <u>same injury</u>.⁷ The present action is distinguishable from *Eads v. State Indus. Ins. Sys*, due to Respondent's PPD ratings being the result of <u>multiple</u> injuries. If there is a literal reading of the holding in *Eads*, it would appear the 25% cap on the lump sum payment would only apply to individual injuries, not a combination of multiple injuries.

However, Petitioner argues that the Appeals Officer Decision's reliance on Eads in determining that the 25% cap only applies to a single injury was an error of law. Specifically, Petitioner asserts that if the Nevada Legislature's intent was to limit the application of the 25% cap on PPD determinations to those involving a single injury, it would have done so by codifying Eads.8 The Court does not agree. In reading NRS 616C.495 and NAC 616C.498, there is nothing in the text that would result in an application that is inconsistent with the holding in Eads. Under both NRS 616C.495 and NAC 616C.498, if a claimant received a PPD rating in excess of 25%, the claimant "may elect to receive his or her compensation in a lump sum equal to the present of an award for a disability of 25 percent." There is nothing in the language of the Nevada Revised Statutes or the Nevada Administrative Code that would lead to a different result than the one reached in Eads. The Eads case reaffirmed the appropriate application of the 25% cap on a PPD determination that exceeds 25% when it is based on a single injury. Therefore, the Court does not find the Appeals Officer Decision was affected by an error of law due to the reliance on Eads.

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⁵ Eads v. State Indus. Ins. Sys., 109 Nev. 733, 857 P.2d 13, (1993).

⁶ Id. at 15.

⁷ Id.(emphasis added).

⁸ See, In re Christensen, 122 Nev. 1309, 1320, 149 P.3d 40, 47 (2006).

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Workers' Compensation Statutes П.

Next, Petitioner argues that the failure of the Appeals Officer Decision to consider the workers' compensation statutes as a whole, specifically NRS 616C.495(1)(g) and NRS 616C.490(9), resulted in a decision that was affected by an error of law. Under NRS 616C.495(1)(g):

If the permanent partial disability rating of a claimant seeking compensation pursuant to this section would, when combined with any previous permanent partial disability rating of the claimant that resulted in an award of benefits to the claimant, result in the claimant having a total permanent partial disability rating in excess of 100 percent, the claimant's disability rating upon which compensation is calculated must be reduced by such percentage as required to limit the total permanent partial disability rating of the claimant for all injuries to not more than 100 percent.

Petitioner argues that this reaffirms their position that when calculating compensation for a PPD rating, the prior PPD ratings must be factored in. Furthermore, under NRS 616C.490(9):

[i]f there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury.

Again, Petitioner argues that the requirement that the rating physician factor in the prior PPD ratings for the purposes of apportionment, reaffirms their position that the calculation of payments must also consider the prior PPD ratings.

After review, the Court does not find Petitioner's arguments persuasive. Again, there is nothing in the text of the statutes that support their argument that the prior PPD ratings must be subtracted from the 25% cap on lump sum payment and instead be paid in installments. Both statutes referenced above apply only to the application of prior PPD ratings as it relates to a PPD rating of a claimant as a whole. It is an extraordinary leap to apply the reduction of the prior PPD ratings as it relates to a

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III. AMA Guides

Petitioner's next argument is similar to the one addressed above. Petitioner argues that the Appeals Officer Decision was affected by an error of law for failing to consider the AMA Guides approach to whole person impairment. Specifically, the requirement that impairment from different regions be combined to determine whole person impairment. After review, the Court does not find that the AMA Guides dictate that a prior PPD rating must be subtracted from the 25% cap on the lump sum payment under NRS 616C.495 and NAC 616C.489. Rather, the AMA Guides focus on the appropriate method in which to ensure that a claimant's PPD rating does not exceed 100%. This is analogous to the statutes referenced above. In an attempt to prevent a PPD rating exceeding 100%, AMA Guides and the statutes referenced above attempt to reduce the current PPD rating by taking into account any prior PPD ratings. For example, if a claimant has two prior PPD ratings of 2% and 5% and subsequently receives a 33% PPD rating, the 7% should theoretically be subtracted from the current 33% PPD rating leaving the claimant with a current PPD rating of 26% for the purposes of disability payments. Therefore, leaving the claimant with a 25% lump sum payment and 1% of installment payments. Under this logic, it would appear that the AMA Guides and applicable Nevada Revised Statutes are designed to address the concern of exceeding a 100% PPD rating, not the reduction of the 25% cap on lump sum payments.

Again, the Court does not find that the Appeals Officer Decision was affected by an error of law for failing to consider the AMA *Guides* approach to whole person impairment. The approach to whole person impairment relates solely to the

determination of a whole person PPD rating, not a calculation of the payments for the purposes of the 25% cap on lump sum payments under NRS 616C.495(1)(d) and NAC 616C.498.

IV. Appeals Officer Decision Was Not Supported by Substantial Evidence

Lastly, Petitioner argues that the Appeals Officer Decision was not supported by substantial evidence because the decision ignores the prior PPD ratings and fails to subtract those prior ratings from the 25% cap on lump sum payments. It is undisputed that Respondent received two prior PPD ratings. Further, it is undisputed that Respondent received payments pursuant to those ratings via lump sum. However, there is nothing in the Nevada Revised Statutes or the Nevada Administrative Code that requires the reduction of the 25% cap on lump sum payments based on prior PPD ratings. Furthermore, the limited case law on the issue stands for the proposition that the cap on a lump sum payment applies only in the context of a single injury. Thus, the Court finds that the Appeals Officer Decision was supported by substantial evidence because it was not required to subtract the prior PPD ratings from the 25% cap on the current PPD rating.

Conclusion

Having fully reviewing the briefing submitted and considering the arguments of counsel, the Court finds that the Appeals Officer Decision was not affected by an error of law and was supported by substantial evidence. Accordingly, and good cause appearing, the December 16, 2016, *Decision and Order of the Appeals Officer* is **AFFIRMED**.

IT IS SO ORDERED.

DATED this 677 day of August, 2017.

PATRICK FLANAGA District Judge

CERTIFICATE OF SERVICE

Jason D. Guinasso, Esq., attorney for Respondent; and Lisa Wiltshire Alstead, Esq., attorney for Petitioner.

following:

Judicial Assistant

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Clerk of the Court
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CODE: 1310
Timothy E. Rowe, Esq.,
Nevada State Bar No. 1000
Lisa Wiltshire Alstead
Nevada State Bar No. 10470
McDonald Carano LLP
P.O. Box 2670
Reno, NV 89505-1670
775-788-2000
Attorneys for City of Reno

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

CITY OF RENO,

Petitioner,

Case No. CV17-00065

Dept. No. 7

VS.

JODY YTURBIDE, and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER,

Respondents.

CASE APPEAL STATEMENT

The CITY OF RENO submits the following Case Appeal Statement pursuant to Nevada Rules of Appellate Procedure 3(f):

- 1. Name of Appellant filing this Case Appeal Statement:
- City of Reno
- 2. Identify the judge issuing the decision, judgment, or order appealed from:

The Honorable Patrick Flanagan, District Judge, Department 7 of the Second Judicial District Court of the State of Nevada in and for the County of Washoe.

3. Identify each appellant and the name and address of counsel for each appellant:

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City of Reno Timothy E. Rowe Lisa Wiltshire Alstead McDonald Carano LLP 100 West Liberty St., 10th Floor Reno, NV 89501

4. Identify each respondent and the name and address of appellate counsel, if known, for each respondent (if the name of a respondent's appellate counsel is unknown, indicate as much and provide the name and address of that respondent's trial counsel):

Jody Yturbide Jason Guinasso, Esq. Reese Kintz Guinasso, LLC 190 West Huffaker, Suite 402 Reno, NV 89511

5. Indicate whether any attorney identified above in response to question 3 or 4 is not licensed to practice law in Nevada, and if so, whether the district court granted that attorney permission to appear under SCR 42 (attach a copy of any district court order granting such permission):

All counsel are licensed in the State of Nevada.

6. Indicate whether appellant was represented by appointed or retained counsel in the district court:

Retained counsel.

7. Indicate whether appellant is represented by appointed or retained counsel on appeal:

Retained counsel.

8. Indicate whether appellant was granted leave to proceed in forma pauperis, and the date of entry of the district court order granting such leave:

No.

9. Indicate the date the proceedings commenced in the district court (e.g., date complaint, indictment, information, or petition was filed):

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The Petition for Judicial Review of the December 16, 2016 Department of Administration Appeals Officer's decision was filed in the Second Judicial District Court, Case No. CV17-00065, on January 13, 2017.

10. Provide a brief description of the nature of the action and result in the district court, including the type of judgment or order being appealed and the relief granted by the district court:

This is an appeal of a District Court Order denying Appellant's Petition for Judicial Review in a contested workers' compensation claim.

11. Indicate whether the case has previously been the subject of an appeal to or original writ proceeding in the Supreme Court, and if so, the caption and Supreme Court Docket number of the prior proceeding:

This case has not previously been subject of an appeal or writ.

12. Indicate whether this appeal involves child custody or visitation:

This appeal does not involve child custody or visitation.

13. If this is a civil case, indicate whether this appeal involves the possibility of settlement:

This is a civil case. Settlement may be possible.

AFFIRMATION

The undersigned does hereby affirm that pursuant to NRS 239B.030, the preceding document does not contain the social security number of any person.

DATED this 7th day of September, 2017.

McDONALD CARANO LLP

Bw.

Timothy E. Rowe Lisa Wiltshire Alstead P.O. Box 2670

Reno, NV 89505-2670 Attorneys for City of Reno

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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of McDONALD CARANO LLP and that on September 7, 2017, I caused to be electronically filed the CASE APPEAL STATEMENT with the Clerk of the Court using the ECF system, which will automatically e-serve the same on the attorney of record set forth below:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

Additionally, I served the below parties by placing a true copy of the CASE APPEAL STATEMENT enclosed in a sealed envelope with postage prepaid thereon in the United States Post Office mail at 100 West Liberty Street, 10th Floor, Reno, Nevada 89501 addressed as follows:

> Jason Guinasso, Esq. Reese Kintz Guinasso 190 W. Huffaker Lane, Suite 402 Reno, NV 89511

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

I am familiar with the firm's practice for collection and processing of correspondence for mailing with the United States Postal Service. The envelopes addressed to the above parties were sealed and placed for collection by the firm's messengers and will be deposited today with the United States Postal Service in the ordinary course of business.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 7, 2017 at Reno, Nevada.

An Employee of McDonald Carano LLP