

Case No. 76737

IN THE SUPREME COURT OF NEVADA

Electronically Filed
Mar 12 2019 09:34 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

DARRELL E. WHITE,

Petitioner,

v.

STATE OF NEVADA, EX REL DIVISION OF FORESTRY, ET AL.,

Respondents

On Appeal of the Decision of the Eighth Judicial District Court, Dept. 32,
Rob Bare presiding

APPENDIX OF RECORD ON APPEAL

TRAVIS BARRICK, ESQ
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Attorney for Petitioner Darrell E. White

The Record on Appeal was transmitted to the District Court on 10/16/17 and is enclosed in its entirety.

CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of March 2019, I mailed a true and correct copy of the foregoing **PETITIONER'S OPENING BRIEF** to the counsel listed below:

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DISTRICT COURT
CLARK COUNTY, NEVADA

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ORIGINAL

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

DARRELL E. WHITE,

Claimant.

Claim No.: 15C62G39404

Appeal No.: 1707925-CJ

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARING DIVISION
2017 SEP 19 AM 11:09
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TRANSCRIPT OF PROCEEDINGS

BEFORE THE

HONORABLE CHARLES J. YORK

APPEALS OFFICER

Tuesday, March 14, 2017

8:40 a.m.

2200 South Rancho Drive, Suite 220

Las Vegas, Nevada 89102

Ordered by: Department of Administration
2200 South Rancho Drive, Suite 220
Las Vegas, Nevada 89102

Doc 003

Kelly Paulson CCR #628

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ROA 005

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A P P E A R A N C E S

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I N D E X

EXAMINATION	DIRECT	CROSS	REDIRECT	RECROSS
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DARRELL E. WHITE	6	20	24	
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* * *

1 P R O C E E D I N G S

2

3 APPEALS OFFICER YORK: Okay. We're on the
4 record in the matter of the contested industrial insurance
5 claim of Mr. Darrell White, who is present, sir --

6 THE CLAIMANT: Yes, sir.

7 APPEALS OFFICER YORK: -- you're Mr. White --
8 and represented by his counsel, Mr. Travis Barrick. The
9 Employer is represented by their counsel, Mr. Daniel
10 Schwartz.

11 And, Mr. Barrick, on behalf of the Employer, I
12 have received a packet consisting of 116 pages. Have you
13 received that?

14 MR. BARRICK: I believe we did quite some time
15 ago, if I'm not mistaken.

16 APPEALS OFFICER YORK: Okay. Any objections
17 to --

18 MR. BARRICK: No.

19 APPEALS OFFICER YORK: Okay. That will be
20 marked as the Employer's Exhibit A.

21 And, Mr. Schwartz, on behalf of the Claimant,
22 attached to the hearing memorandum -- I'm not sure when it
23 was filed, but it was dated by Mr. Barrick February 15th
24 of this year, and it appears there are 30 pages.

25 Have you received that? Do you have any

1 objection?

2 MR. SCHWARTZ: Excuse me, your Honor.

3 Yes, I received it. No, I have no objections.

4 APPEALS OFFICER YORK: Okay. That will be
5 marked as Claimant's Exhibit No. 1.

6 Gentlemen, no other documentation?

7 MR. SCHWARTZ: I have no other documentation,
8 your Honor.

9 MR. BARRICK: There was this other -- this last
10 page that I brought in that I think should be added to the
11 record. I think it was attached to our withdrawal of the
12 decision on the overpayment.

13 MR. SCHWARTZ: I don't have any objection to
14 that either, your Honor.

15 APPEALS OFFICER YORK: Okay. But it has no
16 relevance to the average monthly wage?

17 MR. BARRICK: Not at this time.

18 APPEALS OFFICER YORK: Well, we can --

19 MR. BARRICK: I'm not sure. I think we received
20 it after we submitted this opening brief.

21 APPEALS OFFICER YORK: Well, we can put it in --

22 MR. BARRICK: Thank you.

23 APPEALS OFFICER YORK: -- as Claimant's
24 Exhibit 2.

25 MR. BARRICK: Thank you, your Honor.

1 APPEALS OFFICER YORK: And, Mr. Barrick, the
2 issue is the average monthly wage of your client, and so I
3 would not anticipate that he's going to testify; is that
4 correct? Is it just going to be argument or what?

5 MR. BARRICK: No, I'd like to have him testify
6 because I'm anticipating that this will be appealed under
7 a petition to district court.

8 APPEALS OFFICER YORK: Okay.

9 MR. BARRICK: So I'd like to have it in the
10 record, if I may.

11 APPEALS OFFICER YORK: Okay. Mr. White, if you
12 would please come up here, sir.

13 And, Mr. White, do you swear to tell the truth,
14 the whole truth and nothing but the truth in this matter?

15 THE CLAIMANT: Yes, I do.

16 APPEALS OFFICER YORK: Okay. Thank you, sir.

17 Okay. Mr. Barrick.

18 MR. BARRICK: Thank you, your Honor.

19

20 DIRECT EXAMINATION

21 BY MR. BARRICK:

22 Q Darrell, do you remember breaking your hand on
23 December -- your finger on December 22nd?

24 A Yes.

25 Q And they took you to the doctor?

1 A Yes.

2 Q And they did x-rays and found a bone fragment in
3 your finger?

4 A Yes.

5 Q And then on January 8th, you went and saw
6 Dr. Fadell.

7 Do you remember that visit?

8 A Yes, I do.

9 Q And what did he tell you?

10 A He told me if I had any problems with my hand,
11 to let him know and he would go ahead and do the surgery.

12 Q And he told you it needed to be --

13 A Yes.

14 Q -- surgically repaired?

15 A Yes. He told me it needed to be -- yeah, it
16 needed -- I needed to have surgery. And if the bone stuck
17 out any worse, he would go ahead and do the surgery.

18 After that, they had -- they medically cleared
19 me to go back to camp, and they sent me back to a medical
20 camp.

21 Q Which camp was that?

22 A That was Three Lakes Conservation Camp.

23 Q So were you on light duty there at camp?

24 A Yes.

25 Q So you didn't work at all?

1 A Well, it depends. I got up, and they got --
2 they have a gang, what they call muster, you have to get
3 up to get your day. So that's how I got my days. I got
4 up and I mustered. And they have a program, it's called
5 yard labor; you walk around, and basically it's like light
6 duty, yes.

7 Q Look for cigarette butts?

8 A Yeah, you pick up cigarette -- yeah, yes.

9 Q You wish; right?

10 A Yes.

11 Q But while you were back to camp, you were not
12 actually back at full duty for the Division of Forestry;
13 right?

14 A I wasn't aware that I was. I was under the
15 impression that was the reason why they sent me back to
16 the medical camp.

17 Q And --

18 A Because I thought they were going to send me
19 back to Pioche, which was a full-duty NDF fire camp, but
20 you know, they send me at the medical camp.

21 Q So you were not working; you were not expected
22 to work?

23 A No, I wasn't expected to work.

24 Q So then you were examined again on
25 February 24th, and he -- by Fadell; right?

1 A Yes.

2 Q Do you remember that visit?

3 A Yes.

4 Q What'd he tell you there?

5 A Basically he just -- he told me to go ahead and

6 if I needed surgery again, you know, if the bone stuck out

7 any more, that he would go ahead and do surgery.

8 Q So the fragment was loose --

9 A Yes.

10 Q -- as far as you know?

11 A Yeah, it was sticking out. It was sticking out

12 of -- pretty much, it wasn't going through skin, but you

13 could feel it.

14 Q Under the skin?

15 A Yes.

16 Q Right. So in your mind, you weren't supposed to

17 use that hand?

18 A No. And it was a trigger finger. I couldn't

19 close my hand at all. I couldn't close -- I couldn't make

20 a fist.

21 Q Because what would happen to the finger if you

22 made a fist?

23 A Well, I mean, I could break it, I could re-break

24 it again, or I can fracture it even more.

25 Q And it hurt like hell?

1 A Yes. Yes, it did. It was very painful.

2 Q The whole time?

3 A Yes.

4 Q And NDOC gave you nothing?

5 A No, they gave me ibuprofens.

6 Q How often?

7 A Sometimes every eight -- every eight hours, and

8 then sometimes the nurse wouldn't come. So I got -- I

9 just got to the point where I just bought them off the

10 inmate store, the commissary.

11 Q So Fadell in February told you that you could

12 stop using the brace. What did he mean?

13 A Well, yeah, he told me to wear it. I could wear

14 it up to eight weeks, which I did. And then after that, I

15 could basically -- when I went up there, he told me to

16 take it off.

17 Q And do what, work on range of motion?

18 A Yes.

19 Q Even though there was a bone fragment loose in

20 the joint?

21 A Yes.

22 Q All right. And it hurt like hell?

23 A Yes.

24 Q All right. So he never told you you were

25 released to full duty, did he?

1 A No, he didn't.

2 Q He just said keep wearing the brace if you need

3 it?

4 A Oh, Fadell?

5 Q Yeah.

6 A Dr. -- let me see. Yeah, Fadell. Fadell told

7 me to -- okay, yeah. Fadell told me to wear the brace.

8 Then when I went back to Fadell, he told me I can take it

9 off. Okay. Then when I went to Bron- --

10 Q No, we're not there yet.

11 A Oh, okay.

12 Q Slow down.

13 A Okay, okay.

14 Q So the point was, the whole time you were in

15 custody at NDOC, you had an injured finger and it wasn't

16 getting better?

17 A No, it wasn't.

18 Q And it hurt like hell?

19 A Yes.

20 Q So in July, you were released from NDOC; right?

21 A Yes.

22 Q And you had expired your sentence?

23 A Yes.

24 Q And so you were not under parole or anything

25 like that?

1 A No.

2 Q You were a free man?

3 A Yes.

4 Q So your claim was reopened, and in August you

5 went and saw Dr. Bronstein?

6 A Yes.

7 Q And do you remember what he told you?

8 A Yes, I do.

9 Q What'd he tell you?

10 A Well, I came in, and -- I came in with the brace

11 on, and he told me to take the brace off due to loss of

12 motion. And he told me to stop wearing it. He asked me

13 why was I wearing it, and I told him because at night when

14 I'm sleeping or, you know, when I bump the wall, due to

15 the fracture, you know, in my hand, it was hurt.

16 Q It would scream at you?

17 A Yes. So he told me just disregard that. And he

18 would go ahead if the insurance company approved it, do

19 the surgery. So he took -- he took the x-rays. He seen

20 that I had a fracture. And they set it all up for me to

21 have surgery.

22 Q So between the last time you saw Fadell in

23 February and the time you saw Bronstein, you didn't break

24 it again, did you?

25 A No, I didn't. No.

1 Q It was the same break from December all the way
2 till you saw Bronstein in August?

3 A Yes, it was.

4 Q It's the same break.

5 A Yes.

6 Q All right. So Dr. Bronstein diagnosed the
7 fracture, said it needed surgery, and if it was approved,
8 they'd do the surgery.

9 He didn't release you to full duty, did he?

10 A Bronstein? I believe -- you know what, I
11 believe he did. I believe, yes. Yes, Bronstein did.
12 Yes, he did.

13 Q Well, he released you to the same duty you were
14 on.

15 A To the same status, yeah.

16 Q Same status.

17 A Yes.

18 Q But he didn't really know what your status was?

19 A No. He went off of -- what Bronstein told me,
20 he went off of Dr. Fadell's recommendation. That's
21 exactly what he told me.

22 Q All right.

23 A And I don't know. I don't see how he could have
24 did that when basically I was up under his care. I wasn't
25 up under Fadell's care at that time.

1 Q Understood.

2 A So how can you go off another -- somebody else's

3 recommendation when I was under his care at that

4 particular time?

5 Q All right. So then in October, again, you were

6 seen by Bronstein again; right?

7 A Yes.

8 Q And he recommended the surgery, and he said you

9 were unable to work because of the broken finger; right?

10 A Yes.

11 Q And he prescribed a splint?

12 A Yes, he made -- yes, he made a splint for me. I

13 wore that. And I wore the splint for a little while. And

14 then after that, they sent me to therapy.

15 Q No, wait. I'm talking, he prescribed the splint

16 before the surgery.

17 A You're talking about Fadell did?

18 Q No, Bronstein.

19 A Bronstein? No. No, he didn't. No.

20 Q You never got a splint from him before the

21 surgery?

22 A No, it was after, after the surgery.

23 Q All right. Even though one was prescribed?

24 A Yes.

25 Q So then finally in November, almost a year

1 later, you get your finger surgically repaired; right?

2 A Yes, I did.

3 Q And how is it today?

4 A It's the same. I still can't -- I still can't

5 make a fist.

6 Q Well, you can make mostly a fist; right?

7 A Yeah. My finger still gets stuck. I mean,

8 unless -- when I exercise it, it will go down a little

9 bit, but it goes right back up to the same position. I'm

10 still having problems with it. Or if I lean against the

11 wall, if I put any type of pressure on it, it's painful.

12 Q All right. So then after the surgery, Bronstein

13 put you on physical therapy for a bit?

14 A Yes.

15 Q And, finally, you had that PPD. You remember

16 when that was when they sent you out for an evaluation?

17 A Yes, I do. Yes, I remember.

18 Q It was when? December? January?

19 A Yeah, it was around -- it was around January.

20 Yeah, around January, somewhere around that time. I can't

21 remember what day, but it was -- yeah, it was around that

22 time. I just, I went in, and he --

23 Q Who examined it for that?

24 A Dr. Russell.

25 Q Yeah. Okay.

1 A Yeah, Dr. Russell did. He just -- he took the
2 measurements of my hand.

3 Q What'd he tell you?

4 A Pretty much, he said I'm going to be -- within
5 the next nine months to two years, wherever my hand's
6 going to be at is basically is where it's going to be at.

7 Q Okay.

8 A That's exactly what he said.

9 Q He didn't say anything about it would have been
10 better if they had done the surgery sooner?

11 A He did. He asked me why they take so long. I
12 mean, he really didn't know the complications of the
13 situation I was in, but he did ask me what took so long
14 for me to get my hand fixed, you know. He did. He did.
15 He did say that.

16 But I don't -- I don't really remember him
17 saying anything, no. But he asked me why -- you know, why
18 did it take so long for me to get my hand because it could
19 have been in better condition than what it is, you know.
20 He did say that much, but . . .

21 MR. BARRICK: All right. I'll pass the witness.

22 APPEALS OFFICER YORK: Mr. Barrick.

23 MR. BARRICK: Sir?

24 APPEALS OFFICER YORK: I'm a little confused. I
25 thought the issue was average monthly wage.

1 MR. BARRICK: It is. But I wanted to get his
2 testimony into the record for appeal purposes. The
3 issue -- he was notified that his average monthly wage
4 was -- he was notified that in September; right?

5 APPEALS OFFICER YORK: Right.

6 MR. BARRICK: That's Page 2, Line 15. And
7 our -- the purposes of our appeal is to --

8 APPEALS OFFICER YORK: Well, I just -- you have
9 no questions regarding his wage, then.

10 MR. BARRICK: Well, I think it's clear enough in
11 the record. I could ask him a couple questions.

12 APPEALS OFFICER YORK: Well, no, that's okay.
13 Or his status at NDOC or anything of that nature.

14 MR. BARRICK: Let's just clarify.

15 BY MR. BARRICK:

16 Q When this accident happened, you were at Pioche?

17 A Yeah, I was -- I was at Pioche camp.

18 Q You were employed by the NDF?

19 A Yeah, Nevada Department of Forestry.

20 Q And you were being paid by NDF at the time.

21 A Yes.

22 Q And do you remember what you were getting paid?

23 A Let me think here. Okay. It was on a monthly
24 wage. It was about 18, depending on how many days we
25 worked that month. Between 18 and \$22 a month.

1 Q But there's more to being at camp than just the
2 wage; right? You're earning credits; right?

3 A Yeah, you earned your own -- that's day for day.

4 Q Additional credits.

5 A Yes.

6 APPEALS OFFICER YORK: Credits for?

7 THE CLAIMANT: Work time.

8 APPEALS OFFICER YORK: Credits for time off?

9 THE CLAIMANT: Going to school. Yeah.

10 MR. BARRICK: Yeah, to reduce his sentence.

11 THE CLAIMANT: Yeah. Special projects, going to
12 school, fighting fires. To go out and fight fires,
13 they'll give you like 30 days off your sentence.

14 APPEALS OFFICER YORK: Okay.

15 BY MR. BARRICK:

16 Q So the benefits of being at camp are not just
17 the pay; it's also that you get credits off?

18 A Correct, yeah, you get credits, yes.

19 Q And when you were at Warm Springs, you were no
20 longer getting those credits, were you?

21 A No, no.

22 Q Okay. So you lost those credits --

23 A Yes.

24 Q -- because you were back at --

25 A Yes.

1 Q -- a medical camp?

2 A Yes, sir.

3 Q So it's about 18 to 20 bucks a month, is what

4 you were make making?

5 A Eighteen -- 18 to \$22 a month, yes.

6 Q Okay. But once you were released, then you were

7 still being paid at the average daily wage based on that

8 calculation --

9 A Yes.

10 Q -- as far as you know?

11 A Yes, yes. They went off of what I was making in

12 camp --

13 Q Right.

14 A -- versus on the streets. Yes, sir.

15 MR. BARRICK: Did we address that for you? Does

16 that clarify the question, sir?

17 APPEALS OFFICER YORK: Well, no, I mean, it's --

18 I understand, you know, the issue.

19 MR. BARRICK: So the --

20 APPEALS OFFICER YORK: Well, no, no. That's

21 okay.

22 Cross-examination?

23 MR. SCHWARTZ: If you don't mind, your Honor --

24 APPEALS OFFICER YORK: Right.

25 MR. SCHWARTZ: -- that'd be great.

1 CROSS-EXAMINATION

2 BY MR. SCHWARTZ:

3 Q Mr. White, when you were incarcerated, do you
4 have a choice as to whether or not to work with the
5 Division of Forestry?

6 A Do you have a choice? Yes.

7 Q Okay. And the reason you work or you chose --
8 you choose to work for the Division of Forestry is because
9 of what we just discussed, which is not only do you get
10 paid something but you also get credit off your time --
11 off your sentence; correct?

12 A Yeah, basically, you can get out faster.

13 And, see, the reason why I chose NDF is because
14 you can go out and fight fires, and the fire crew, they
15 make more money than the rest of the crew for just sitting
16 around. So that's why, yes.

17 Q Okay. But, I mean, you could choose to just sit
18 in your cell and not work at all if you really wanted to;
19 correct?

20 A Well --

21 Q You're not going to get any time off your
22 sentence.

23 A No. Yeah, you --

24 Q But if you want -- if you just want solitude and
25 don't want to do anything work-wise, you don't have to go

1 work at the forestry department or the fire department;
2 you can just sit incarcerated.

3 A Well, no, that's not true. It's a privilege.
4 No, that's not true. It's a privilege. Once you get
5 there and you don't want to work, basically they'll kick
6 you back out to where you came from.

7 Q Okay. That wasn't my question. Let me rephrase
8 my question so I'm clear.

9 When you originally are incarcerated, you're not
10 at the camp; correct?

11 A Right.

12 Q But the choice to go to the camp was your
13 choice.

14 A Yes, I earned that. Yes.

15 Q Right. You earned the right to decide to go.

16 A Yes.

17 Q But you could have not earned that right and
18 stayed in the detention area, not at the camp, and done
19 nothing; correct?

20 A Right. Correct.

21 Q Okay. Counsel asked you a bunch of questions
22 about Dr. Russell's evaluation.

23 Did you ever get a copy of his report?

24 A No, sir. He said he was going to send it to the
25 insurance company after he got done --

1 Q Okay.

2 A -- with the evaluation.

3 Q Did you ever get a letter from the insurance

4 company offering you an award?

5 A Yes.

6 Q Did you accept the award?

7 A Well, not really.

8 Q What does "not really" mean?

9 APPEALS OFFICER YORK: Yes or no, sir?

10 BY MR. SCHWARTZ:

11 Q I mean, you got a letter --

12 APPEALS OFFICER YORK: Did you get money from

13 the PPD?

14 THE CLAIMANT: Did they --

15 APPEALS OFFICER YORK: Did they send you a

16 check?

17 THE CLAIMANT: They sent me a check, but it was

18 like a back -- a back check. It's kind of hard to

19 explain. They sent a check, but it was a check from an

20 overpayment of the checks that I was getting.

21 APPEALS OFFICER YORK: It had nothing to do with

22 the evaluation?

23 THE CLAIMANT: Did it?

24 MR. BARRICK: Can I answer?

25 APPEALS OFFICER YORK: Sure.

1 MR. SCHWARTZ: If you know.
2 MR. BARRICK: Yeah, he's got the check with him.
3 It's 93 cents.
4 You want to show it to them?
5 THE CLAIMANT: Yeah.
6 MR. SCHWARTZ: Oh, that's the PPD check?
7 MR. BARRICK: Yeah.
8 THE CLAIMANT: Yeah.
9 MR. SCHWARTZ: So he didn't cash it?
10 MR. BARRICK: No.
11 MR. SCHWARTZ: Okay.
12 THE CLAIMANT: No, that's --
13 APPEALS OFFICER YORK: Okay. Well, that --
14 MR. SCHWARTZ: That's it. That's the extent of
15 my questions.
16 THE CLAIMANT: Yeah, it was -- yeah, 93 cents.
17 APPEALS OFFICER YORK: That's what we needed to
18 know.
19 THE CLAIMANT: Yeah, okay.
20 APPEALS OFFICER YORK: That's what we needed to
21 know.
22 THE CLAIMANT: Yeah, okay.
23 MR. SCHWARTZ: I don't have any other questions,
24 your Honor.
25 APPEALS OFFICER YORK: Okay. Any redirect,

1 Mr. Barrick?

2 MR. BARRICK: One second.

3

4 REDIRECT EXAMINATION

5 BY MR. BARRICK:

6 Q Just briefly, there was a -- it came up briefly,
7 this issue of overpayment. That was because originally
8 the insurance carrier was paying you for the period after
9 Fadell released you; right?

10 A Yes, yes.

11 Q At 50 cents a day, and they were paying you, you
12 know --

13 A I was getting --

14 Q -- once a month?

15 A I was getting \$7 every two weeks.

16 Q Seven dollars every -- and so when the PPD was
17 determined, and you were offered something like 65 bucks?

18 A Yes.

19 Q And then they backed out?

20 A They backed out of it. And they took the
21 overpayment, and I got a check have 93 cent.

22 MR. BARRICK: Which he has.

23 APPEALS OFFICER YORK: All right. Okay.

24 MR. BARRICK: Nothing further, your Honor. Just
25 argument, if I may.

1 APPEALS OFFICER YORK: Okay. Okay, sir, thank
2 you very much. You can have a seat next to your counsel.
3 No other witnesses on either side? Okay.
4 Closing?
5 MR. BARRICK: Sure.
6 It causes me heartburn to think that we have a
7 system that treats the inmates the way it does. It's
8 nobody's fault here. It's not yours. It's not
9 Mr. Schwartz's. The fact that -- and the State of Nevada
10 benefits from cheap labor, and the carriers get -- have
11 this modified program where their average daily wage is
12 determined by the wage that they were making at the time
13 of the injury. We understand all that.
14 There are places in the code that allows -- that
15 makes a differentiation between when an inmate is in
16 custody and when he's released. And here we have an
17 inmate's release from custody, and he's being paid
18 50 cents a day. And in our opinion, that's a
19 Constitutional violation because Nevada has said that it's
20 illegal to pay somebody less than the minimum wage.
21 And so in Mr. White's case, he's released from
22 custody. He's under doctor's care. He's unable to work.
23 And he's getting \$7 every two weeks. And we think that's
24 a windfall to the carrier, that they're somehow benefiting
25 from his prior status as an inmate.

1 And so we think that the law ought to be
2 changed, and we're going to go ahead and pursue it as far
3 as we can to get a law changed. And if we can't win it in
4 the courts, then we think -- we'll hope it will come to
5 the attention of the legislature that this is anomaly that
6 intentional or otherwise is patently unfair to the inmate
7 to the benefit and the windfall of the carrier.

8 APPEALS OFFICER YORK: Yeah. I appreciate your
9 argument. Okay.

10 Mr. Schwartz.

11 MR. SCHWARTZ: Your Honor, actually, I mean, if
12 we're going to talk about the law, 616C.475, Subsection C
13 specifically says that you don't get benefits when you're
14 incarcerated.

15 APPEALS OFFICER YORK: Right.

16 MR. SCHWARTZ: So he actually -- you want to
17 talk about windfall, they paid him TTD while he was
18 incarcerated, which they really shouldn't have because
19 technically under the law you don't get benefits.

20 But what in essence they're asking you to do --
21 I'm not really a hundred percent sure what they're asking
22 you to do, your Honor, but it sounds like what they're
23 asking you to do is to decide that the day he gets
24 released from prison --

25 APPEALS OFFICER YORK: He gets minimum wage or

1 something.

2 MR. SCHWARTZ: I assume. I don't know. I mean,

3 I really don't know what their prayer is to you.

4 However --

5 APPEALS OFFICER YORK: That's how I took it.

6 MR. SCHWARTZ: -- that's not what our law says.

7 Our law specifically says when it comes to workers'

8 comp -- and that's what we're here to discuss today -- our

9 law specifically says -- which is NAC 616C.435,

10 specifically says we're using the wage base at the time of

11 the injury, period.

12 And, actually, every --

13 APPEALS OFFICER YORK: Then that's 425.

14 MR. SCHWARTZ: 435 and --

15 APPEALS OFFICER YORK: 616C.425 also, right, the

16 statute?

17 MR. SCHWARTZ: Correct.

18 APPEALS OFFICER YORK: Right. Okay.

19 MR. SCHWARTZ: But the code gives you all the

20 different ways to do it.

21 APPEALS OFFICER YORK: Right, right, right.

22 MR. SCHWARTZ: And they're all retroactive.

23 Everything is retroactive. Even a change in job is

24 retroactive. So even if Mr. White brought you evidence

25 that said that the day he got released from prison he got

1 a job working somewhere making \$10 an hour, even the
2 change in job provision, Subsection 8 of that code section
3 is all retroactive. It all stops on the date of injury.

4 And every statute -- and every case that I've
5 ever read or heard says, we're looking to be fair as far
6 as their wage on the date of injury. Well, Mr. White's
7 wage on the date of injury is evidenced in my exhibit at
8 Pages 69 through 73, and his testimony -- excuse me, 74.
9 And his testimony today is that he was getting somewhere
10 between 16 and 20-odd dollars a month. So his wage --
11 he's getting paid \$15 a month under workers' comp, \$7
12 every two weeks -- \$14, \$7 every two weeks.

13 So this is consistent with the wage he had at
14 the time of the injury. And Counsel says it's unfair.
15 And, okay, I don't agree with that argument, but unfair is
16 not an argument in our system. There has to be a
17 statutory, a regulatory or a case law support for the
18 argument that you should somehow change the law.

19 Because that's what they're asking you to do. I
20 mean, they all but admitted in their argument that the law
21 says my client did this correctly. They're looking to try
22 to change the law. Well, at this level, we don't change
23 the law. We apply the law. So the law is what the law
24 is.

25 Just because we're creating a record, I would

1 also point out to you that Mr. White made the choice to
2 take this position knowing what it would pay. Mr. White
3 is rewarded for taking this position with time off of his
4 sentence. So this is more than just simply a position
5 that pays money. They're actually getting time off of
6 their sentence by doing this position. If he had to go
7 fight a fire, he'd get even more time off of his sentence.

8 So it is a created position that is there not
9 only for the benefit of the prison system but also for the
10 benefit of the inmate who gets some money and also gets
11 other benefits as a result of being in this position.

12 So the legal argument, your Honor, is that the
13 code, the statute and all related case law talk about we
14 establish a wage on the date of injury. You have no
15 evidence to indicate that the wage we established on the
16 day that Mr. White injured his finger is anything
17 different than what we have indicated the wage to be.
18 Things that happen later in time don't get taken into
19 account by our statute, our code and our case law.

20 You could become Warren Buffet the day you walk
21 out of prison or you could become Warren Buffet the day
22 that you get released to full duty for your back injury
23 having nothing to do with an inmate scenario. We don't
24 say because you got a better job three months, one year,
25 six months after your date of injury we're going to adjust

1 your wage to the better job.

2 Yes, we adjust wages to better job prior to the
3 date of injury but not after the date of injury.
4 Everything is set in stone pursuant to our law on the date
5 of injury. And it's our belief that the wage was properly
6 calculated.

7 APPEALS OFFICER YORK: Thank you.

8 Mr. Barrick.

9 MR. BARRICK: May I? Sure.

10 Everything he says is right. But it is
11 interesting that the statute says while incarcerated
12 you're not entitled to any benefits. And he is entitled
13 to benefits under the modified program that the NDOC has
14 set up in this relationship with the Division of Forestry.
15 So it's not quite as black and white as Mr. Schwartz says.

16 But we concede 90 percent of what he's saying is
17 as it lays today. So he can't say that there's no
18 benefits while you're incarcerated. He's under a modified
19 program. And it does say while incarcerated. And I just
20 point out again, the NRS 616C says -- which addresses the
21 TPD issue, says, the -- an injured inmate is entitled to
22 receive such benefits if the injured employee is released
23 from incarceration during the period of disability.

24 So there is some concept in the statute that
25 addresses what happens to an inmate and what his rights

1 are once he's released. And so that's -- we're just
2 saying that's not directly on point. It's analogy.

3 APPEALS OFFICER YORK: Okay.

4 MR. BARRICK: So if there's no other questions,
5 we rest.

6 APPEALS OFFICER YORK: Okay. Thank you,
7 Mr. Barrick.

8 Matter shall stand submitted, and we're off the
9 record.

10 (The proceeding concluded at 9:05 a.m.)

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C E R T I F I C A T I O N

TITLE: DARRELL E. WHITE

DATE: March 14, 2017

LOCATION: Las Vegas, Nevada

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

Kelly Paulson

09/19/2017

KELLY PAULSON

DATE

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Kelly Paulson

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Page 1 of 1

ROA 037

FILED

AUG 16 2017

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

DARRELL WHITE
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115,

Claimant.

Claim No.: 15C62G394045

Hearing No.: 1701007-SA

Appeal No.: 1707925-CJY

Employer:
STATE OF NEVADA
DIVISION OF FORESTRY
2478 FAIRVIEW DRIVE
CARSON CITY, NV, 89701

DECISION AND ORDER

The above-captioned appeal came on for hearing before Appeals Officer CHARLES J. YORK, ESQ., on February 17, 2017. The claimant, DARRELL WHITE (hereinafter referred to as "claimant"), was represented by his attorney, TRAVIS BARRICK, ESQ., of GALLIAN WELKER & BECKSTROM. The Employer's Administrator, CCMSI (hereinafter referred to as "Administrator"), was represented by DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH LLP.

On September 29, 2016, Administrator issued a determination regarding claimant's average monthly wage (hereinafter referred to as "AMW") calculation. The claimant filed an appeal of that determination to the Hearing Officer in Carson City, Nevada, to generate Hearing No. 1701007-SA. On November 8, 2016, the Hearing Officer issued a Decision and Order affirming the determination regarding AMW. Claimant appealed that decision to the Appeals Officer in Carson City, Nevada, generating Appeal No. 1701563-RKN. The claimant filed a Motion for Change Venue of Venue to the appeals office in Las Vegas, Nevada. That Motion was granted on December 19, 2016, and the file was transferred to the Department of Administration in Las Vegas, Nevada, generating Appeal No. 1707925-CJY.

DOC004

1 After reviewing the documentary evidence and considering the arguments of counsel,
2 the Appeals Officer finds and decides as follows:

3 **FINDINGS OF FACT**

4 1. On December 22, 2015, claimant alleged injury to his right hand as a result of
5 stepping off of a porta potty trailer and hitting his right hand on the bumper of the crew bus. The
6 physician on the C-4 Form diagnosed an open fracture of right third MP joint. (Exhibit A at 5)

7 2. Employer completed the C-3 Form. (Exhibit A at 6)

8 3. The Supervisor Accident/Injury/Incident Report was also completed. (Exhibit
9 A at 1-3)

10 4. Claimant presented to Dr. John Rogers on December 22, 2015. A fracture was
11 noted. (Exhibit A at 7-8)

12 5. Claimant presented to UMC on December 23, 2015. An open comminuted and
13 evulsion fracture of distal 3rd metacarpal was diagnosed. (Exhibit A at 9-34)

14 6. Claimant presented to Dr. David Fadell on January 8, 2016. The impression
15 noted fracture, middle finger, metacarpal head, dorsal aspect, articular but not in need of surgical
16 intervention. A Thermanplast splint for the index finger was applied. (Exhibit A at 35-37)

17 7. On January 25, 2016, the claim was accepted for a right hand 3rd MP joint
18 fracture. (Exhibit A at 38)

19 8. On February 24, 2016, claimant returned to Dr. Fadell. The brace was
20 discontinued. (Exhibit A at 39)

21 9. On April 25, 2016, claimant was advised that he was required to treat even
22 through incarceration. (Exhibit A at 40)

23 10. On April 29, 2016, claimant was advised that his claim would close if he did
24 not follow up with medical treatment. (Exhibit A at 41)

1 11. On June 3, 2016, Administrator advised claimant that his claim would be
2 closed. (Exhibit A at 42)

3 12. On July 7, 2016, claimant was released from the custody of the NDOC.

4 13. On August 4, 2016, claimant was advised that the Administrator would
5 schedule him for a consult with Dr. Bronstein. (Exhibit A at 43)

6 14. On August 18, 2016, claimant presented to Dr. Bronstein. He recommended
7 discontinuing the brace and a partial ostectomy. (Exhibit A at 44-52)

8 15. On September 1, 2016, claimant was seen by PA-C Frank Urbina at Urgent
9 Care. Claimant was taken off of work. (Exhibit A at 53-63)

10 16. On September 20, 2016, claimant was advised that the request for compensation
11 during incarceration was denied. (Exhibit A at 64)

12 17. On September 29, 2016, claimant was advised of his average monthly wage.
13 (Exhibit A at 65-74)

14 18. On September 29, 2016, claimant returned to Dr. Bronstein. Surgery was
15 discussed. (Exhibit A at 75-86)

16 19. On October 18, 2016, claimant was advised that he was no longer eligible for
17 TTD benefits effective September 30, 2016, as he was released to full duty. (Exhibit A at 87)

18 20. On October 19, 2016, claimant presented to Dr. Bronstein for surgery. (Exhibit
19 A at 88-93)

20 21. On October 20, 2016, claimant was advised of an overpayment of benefits.
21 (Exhibit A at 94-95)

22 22. On October 25, 2016, claimant returned for postoperative evaluation. (Exhibit
23 A at 96-103)

24 23. Claimant returned to Dr. Bronstein on November 8, 2016. Occupational
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1 therapy was ordered. (Exhibit A at 104)

2 24. Following Hearing No. 1701007-SA, the Hearing Officer issued a Decision and
3 Order dated November 8, 2016, affirming the September 29, 2016 determination related to the average
4 monthly wage. (Exhibit A at 105-107)

5 25. Following Hearing No. 1701217-SA, the Hearing Officer issued a Decision and
6 Order dated November 22, 2016, affirming the October 20, 2016 determination terminating TTD
7 benefits and asserting an overpayment. (Exhibit A at 108-109)

8 26. On December 1, 2016, claimant's counsel appealed the November 8, 2016
9 Decision and Order and the November 22, 2016 Decision and Order. (Exhibit A at 110-111)

10 27. An Order consolidating appeals was filed. (Exhibit A at 112)

11 28. A Motion for Change of Venue was filed by claimant's counsel. (Exhibit A at
12 113-115) An Order granting same was filed. (Exhibit A at 116)

13 29. These findings of fact are based upon substantial evidence within the record.

14 30. Any find of fact more appropriately deemed a conclusion of law shall be so
15 deemed and vice versa.

16 CONCLUSIONS OF LAW

17 1. It is the claimant, not the Administrator, who has the burden of proving his
18 case, and that is by a preponderance of all the evidence. State Industrial Insurance System v. Hicks,
19 100 Nev. 567, 688 P.2d 324 (1984); Holley v. State ex rel. Wyoming Worker's Compensation Div.,
20 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

21 2. In attempting to prove his case, the claimant has the burden of going beyond
22 speculation and conjecture. That means that the claimant must establish the work related injury and
23 his disability, the extent of his disability, and all facets of the claim by a preponderance of the
24 evidence. To prevail, the claimant must present and prove more evidence than an amount which
25

1 would make his case and her opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.
2 2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671
3 P.2d 29 (1983); 3, A. Larson, The Law of Workmen's Compensation, §80.33(a).

4 3. NRS 616A.065(1) defines Average Monthly Wage as follows:

5 Except as otherwise provided in Subsection 3, "average monthly
6 wage means the lesser of:

7 (a) The monthly wage actually received or deemed to have
8 been received by the employee on the date of accident or
injury to the employee, excluding remuneration from
employment:

9 (1) Not subject to the Nevada Industrial Insurance
Act or the Nevada Occupational Diseases Act;
and

10 (2) For which coverage is elective, but has not
been elected.

11 4. NAC 616.435 provides the periods used for calculating the average monthly
12 wage and generally requires a history of earnings for a period of twelve (12) weeks to be used in order
13 to calculate an average monthly wage.

14 5. NAC 616C.435(7) is the catch all provision of the NAC and provides that the
15 methods to be used in calculating the average monthly wage of an employee should be reasonable and
16 fair.

17 6. NRS 616C.475 provides that the temporary total disability ("TTD") amount to
18 be paid is sixty-six and two-thirds percent (66 2/3%) of the average monthly wage.

19 7. The claimant appealed the determination advising him of his AMW.
20 Administrator utilized the wage information provided by the Employer and properly calculated the
21 AMW.

22 8. Claimant was injured December 22, 2015 while employed by Nevada
23 Department of Forestry. At that time, he was an inmate at the Nevada Department of Corrections
24 (hereinafter referred to as "NDOC"). Claimant is covered for injuries occurring while such employed
25 (NRS 616B.028). Claimant was released from the custody of NDOC on July 7, 2016. Subsequent to
26 his release, he was declared "unable to work" by Dr. Andrew Bronstein (for a certain period of time)
27

1 and then released on or about December 28, 2016 (full duty). Thus, there is no doubt that claimant,
2 subsequent to release from custody, was declared unable to work until Dr. Bronstein's release on
3 December 2016.

4 9. Counsel for claimant contends that pursuant to NRS 616C.475 and NRS
5 616C.500, the claimant is entitled to receive temporary total disability (hereinafter referred to as
6 "TTD") and or temporary partial disability (hereinafter referred to as "TPD") benefits after release
7 from custody and during the period of disability or restrictions. Claimant is entitled to these benefits.
8 However, the question remains at what wage base.

9 10. Counsel for claimant contends that under the Nevada Constitution (Article 15)
10 along with the minimum wage established by the office of the Labor Commissioner (\$7.25 per hour),
11 the AMW determination should be reversed.

12 11. The Appeals Officer understands counsel's concern and argument but claimant
13 entered into this "employment" at the wage set by the work program/prison industry and is entitled to
14 the benefits established by the Division of the Department of Corrections. This was voluntary work
15 related where the claimant received a nominal amount of money but received credit (time off) of his
16 sentence. NRS 616B. 028(2) outlines that the offender (claimant) is not entitled to any rights and
17 remedies established by Chapter 616A to 617 of the Nevada Revised Statutes.

18 12. Consequently, the determination of September 29, 2016 was appropriate.
19 Counsel for the claimant made it quite clear that he wanted to challenge this determination on
20 Constitutional grounds. The Appeals Officer appreciates counsel's honesty and efforts but sees no
21 evidence that changes his opinion that claimant was compensated accordingly to the terms of this
22 voluntary program.

23 13. Please note that the Appeals Officer does not have any evidence concerning the
24 establishment of an AMW in a case such as this. No evidence was produced (and perhaps there is
25

1 none by the Department of Corrections regulators governing this type of issue). This falls back on
2 NRS 616.425 which does outline that the amount of compensation must be determined as of the date
3 of the accident. The statute, along with NAC 616C.425 and NAC 616C.435, leads the Appeals
4 Officer to conclude the AMW was properly established.
5

6 **DECISION AND ORDER**

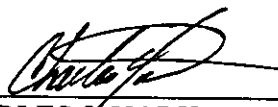
7 The claimant has failed to establish that the AMW calculation is improper.

8 IT IS HEREBY ORDERED that the Hearing Officer's Decision and Order of
9 November 8, 2016, which affirmed the Administrator September 29, 2016 AMW calculation
10 determination, is AFFIRMED.

11 IT IS ALSO ORDERED that the Administrator September 29, 2016 AMW calculation
12 determination is AFFIRMED.


13 IT IS SO ORDERED.

14 DATED this 16th day of August, 2017.

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18 CHARLES J. YORK, ESQ.
Appeals Officer

19 **NOTICE:** Pursuant to NRS 616C.370, should any party desire to appeal this final decision of
20 the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within
21 thirty (30) days after service of this Order.

22 Submitted by,
LEWIS BRISBOIS BISGAARD & SMITH LLP

23 
24 By: _____
25 Daniel L. Schwartz, Esq.
26 Nevada Bar No. 5125
27 2300 West Sahara Avenue, Suite 300, Box 28
28 Las Vegas, Nevada 89102
Attorneys for the Employer/Administrator

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Appeals Division, does hereby certify that, on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid OR placed in the appropriate addressee runner file maintained by the Division, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada, to the following:

Darrell White
3947 Wave Drive
Las Vegas, NV 89115

Travis Barrick, Esq.
Gallian Welker & Beckstrom
540 E. St. Louis Avenue
Las Vegas, NV 89104

STATE OF NEVADA
DIVISION OF FORESTRY
Attn: Carol Nelson
2478 Fairview Drive
Carson City, NV 89701

STATE OF NEVADA RISK MGMT
Attn: Ana Andrews- Dept. Risk Mgr.
201 S. Roop Street, Ste. 201
Carson City, NV 89701-6752

CCMSI
Attn: Elizabeth Hickson
PO Box 4990
Carson City, NV 89702-4490

Daniel Schwartz, Esq.
Lewis Brisbois Bisgaard & Smith LLP
2300 W. Sahara Avenue, Ste. 300, Box 28
Las Vegas, NV 89102

DATED this 16th day of August, 2017.


An employee of the STATE OF NEVADA



Daniel L. Schwartz
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Daniel.Schwartz@lewisbrisbois.com
Direct: 702.583 6001

August 1, 2017

File No.. 26990-1238

Appeals Officer Charles York, Esq.
NEVADA DEPT. OF ADMINISTRATION
Appeals Division, Appeals Office
2200 South Rancho Drive., Suite 220
Las Vegas, NV 89702

RE: Claimant : Darrell White
Employer : State of Nevada - Division of Forestry
Claim No. : 15C62G394045
Appeal No. : 1707925-CJY


RECEIVED
AND
FILED
AUG 2 2017
DIVISION OF FORESTRY
STATE OF NEVADA

Dear Appeals Officer York:

Attached for your review is the revised proposed Decision and Order in the above-referenced matter. In the event that further modifications to the document become necessary, I will amend the Decision and Order at your direction.

Please withhold signing this Decision and Order for a period of five (5) days to allow the Claimant's counsel the opportunity to review the proposed Decision and Order.

Thank you for your time and attention in this matter. If you have any questions or concerns related hereto, please feel free to contact me directly.

Very truly yours,


Daniel L. Schwartz, Esq.
LEWIS BRISBOIS BISGAARD & SMITH LLP

DLS:jhb
Enclosure

cc: Travis Barrick, Esq., Gallian Welker & Beckstrom (Via Electronic Mail)

DOC 005

Attorneys:

Russell L. Gallian *
Michael I. Welker *01
Britt K. Beckstrom *0
Matthew D. Elons *0
Travis N. Barrick *0±
Robert A. Gurr *-
Iared G. Brande *
James M. Elegante *0
Dayton L. Hall *0+
Eric H. Carson *0
Richard C. Robinson *
Jeanette H. Barrick 00
Raeleene K. Palmer 00

* Licensed in Utah
0 Licensed in Nevada
+ Licensed in Arizona
+ Licensed in California
- U.S. Patent & TM
o Arbitrator / Mediator

Brian L. Olson
(1969-2010)

William F. Rummier
(1943-2015)

G

W

B

Offices:

965 F. 700 S. Suite 305
St. George, UT 84790
Tel: 435 628 1682
800 353 4128
Fax: 435 628 9561
www.utahcase.com

540 F. St 1005
Las Vegas, NV 89104
Tel: 702 892 3500
Fax: 702 386 1946
www.vegascase.com



**GALLIAN WELKER &
BECKSTROM, L.C.**

**Please Reply to:
540 E. St. Louis
Las Vegas, Nevada 89104
(702) 892-3500**

Via US Mail

July 24, 2017

Appeals Officer Charles York, Esq.
NEVADA DEPARTMENT OF ADMIN
Appeals Division, Appeals Office
2200 S. Rancho Drive, Suite 220
Las Vegas, NV 89702

Daniel L. Schwartz, Esq.
LEWIS BRISBOIS
2300 W. Sahara Avenue, Suite 300
Las Vegas, NV 89102

(702) 366-9563 fax

Appeal No. 1707925-CJY

Dear Judge York,

On Thursday, July 20, 2017, we received Mr. Schwartz' draft Order in this case.

I emailed his assistant and requested that she send me a copy in WORD so that I could propose several additions/edits to the draft.

As of today, I have not received the draft in WORD. Please allow an additional 7 days for Mr. Schwartz and I to come to agreement on the additions/edits.

Best,

Travis N. Barrick, Esq.

OK
8/2/17
Tackle
7 days
cy

E-MAIL covered
Dear Mr. Barrick
I will review proposed ORO
on 8-9-17. cy
ROA 047

FILED
AND
FILED
JUL 25 AM 9:13



LEWIS BRISBOIS BISGAARD & SMITH LLP

Daniel L. Schwartz
2300 W. Sahara Avenue, Suite 300, Box 28
Las Vegas, Nevada 89102
Daniel.Schwartz@lewisbrisbois.com
Direct: 702.583.6001

July 20, 2017

File No 26990-1238

Appeals Officer Charles York, Esq.
NEVADA DEPT. OF ADMINISTRATION
Appeals Division, Appeals Office
2200 South Rancho Drive., Suite 220
Las Vegas, NV 89702

RE: Claimant : Darrell White
Employer : State of Nevada - Division of Forestry
Claim No. : 15C62G394045
Appeal No. : 1707925-CJY

RECEIVED
AND
FILED
JUL 20 PM 4:41
STATE OF NEVADA
DEPT. OF ADMINISTRATION
APPEALS DIVISION

Dear Appeals Officer York:

Attached for your review is the proposed Decision and Order in the above-referenced matter. In the event that further modifications to the document become necessary, I will amend the Decision and Order at your direction.

Please withhold signing this Decision and Order for a period of five (5) days to allow the Claimant's counsel the opportunity to review the proposed Decision and Order.

Thank you for your time and attention in this matter. If you have any questions or concerns related hereto, please feel free to contact me directly.

Very truly yours,


Daniel L. Schwartz, Esq.
LEWIS BRISBOIS BISGAARD & SMITH LLP

DLS:jhb
Enclosure

cc: Travis Barrick, Esq., Gallian Welker & Beckstrom (Via Electronic Mail)

DOC 007

FILED

JUN 16 2017

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

WHITE, DARRELL E,

Claimant.

Claim No: 15C62G394045

Appeal No: 1707925-CJY

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that pursuant to NAC 616C.278, the above-captioned matter will be heard in front of the Appeals Officer for an **IN COURT STATUS CHECK** on:

DATE: July 19, 2017

TIME: 8:15AM

**PLEASE TAKE FURTHER NOTICE THAT ALL COUNSEL MUST
APPEAR AT THE ABOVE REFERENCED DATE AND TIME.**


Previously scheduled hearing dates in this matter, if any, are hereby vacated and reset to the above referenced date and time.

* * *

**CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL
ONLY BE CONSIDERED ON WRITTEN APPLICATION SUPPORTED
BY AFFIDAVITS.**

* * *

IT IS SO ORDERED this 16th day of June, 2017.



CHARLES J YORK, Esq.
APPEALS OFFICER

Doc 008

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**DANIEL SCHWARTZ ESQ
LEWIS BRISBOIS BISGAARD & SMITH LLP
2300 W SAHARA AVE STE 300 BOX 28
LAS VEGAS NV 89102-4375**

Estela Pinedo, Legal Secretary II
Employee of the State of Nevada

Brian Sandoval
Governor



Patrick Cates
Director

Bryan Nix, Esq.
Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E William St., Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
<http://hearings.state.nv.us>

Southern Nevada:
Hearing Office
2200 S. Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

April 10, 2017

Daniel L. Schwartz, Esq.
Lewis, Brisbois, Bisgaard & Smith LLP
2300 W. Sahara Avenue, Suite 300 Box 28
Las Vegas, NV 89102-4375

Re: WHITE, DARRELL E
Appeal No.: 1707925-CJY

Dear Mr. Schwartz:

Appeal Number 1707925-CJY is the Claimant's appeal from Hearing Number 1701007-SA regarding the insurer's determination of September 29, 2016 establishing the average monthly wage at \$22.93.

Mr. White was injured December 22, 2015 while employed by Nevada Department of Forestry. At that time he was an inmate at the NDOC. He is covered for injuries occurring while such employed (NRS 616B.028). Mr. White was released from the custody of NDOC on July 7, 2016. Subsequent to his release he was declared "unable to work" by Dr. Andrew Bronstein (for a certain period of time) and then released on or about December 28, 2016 (full duty). Thus, there is no doubt that Mr. White subsequent to release from custody either was declared unable to work until Dr. Bronstein's release on December 2016.

Counsel for Mr. White contends that pursuant to NRS 616C.475 and NRS 616C.500 the Claimant is entitled to receive TTD/TPD benefits after release from custody and during the period of disability or restrictions. Mr. White is entitled to these benefits. However, the question remains at what wage base.

...

DOC009

Counsel for Mr. White contends that under the Nevada Constitution (Article 15) along with the minimum wage established by the office of the Labor Commissioner (\$7.25 per hour) the average monthly wage determination should be reversed.

I understand counsels' concern and argument but Mr. White entered into this "Employment" at the wage set by the work program/prison industry and is entitled to the benefits established by the Division of the Department of Corrections. This was a voluntary work related where the claimant received a nominal amount of money but received credit (time off) of his sentence. NRS 616B. 028(2) outlines that the offender (claimant) is not entitled to any rights and remedies established by Chapter 616A to 617 of the Nevada Revised Statutes.

Consequently the determination of September 29, 2016 was appropriate. Mr. Barrick made it quite clear that he wanted to challenge this determination on Constitutional Grounds. I appreciate counsel's honesty and efforts but I see no evidence that changes my opinion that Mr. White was compensated accordingly to the terms of this voluntary program.

Please note that I do not have any evidence concerning the establishment of an average monthly wage in such a case as this. No evidence was produced (and perhaps there is none by the Department of Corrections regulators governing this type of issue). This falls back on NRS 616.425 which does outline that the amount of compensation must be determined as of the date of the accident. The statute, along with NAC 616C.425 and NAC 616C.435, leads me to conclude the AMW was properly established.

Please prepare a Decision and Order consistent with your argument at time of the hearing no later than May 11, 2017

Very truly yours,



CHARLES J YORK, ESQ.
APPEALS OFFICER

CJY:ep

cc: TRAVIS BARRICK ESQ

FILED

FEB 23 2017

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

DARRELL E WHITE,

Claimant.

Claim No: 15C62G394045

Appeal No: 1707925-CJY

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of
the Appeals Officer for a **HEARING ON A STACKED CALENDAR** on:

DATE: March 14, 2017

TIME: 8:30AM

**PLACE: DEPARTMENT OF ADMINISTRATION
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102**

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this
matter, if any, are hereby vacated and reset to the above referenced date and time.

###

**CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE
CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.**

###

IT IS SO ORDERED this 23rd day of February, 2017.



CHARLES J YORK, ESQ.
APPEALS OFFICER

Doc 010

ROA 053

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ROA 054

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115

Claimant.

Claim No.: 15C62G394045

Appeal No.: 1707925-CJY

Employer:
STATE OF NEVADA
DIVISION OF FORESTRY
ATTN: CAROL NELSON
2478 FAIRVIEW DR
CARSON CITY, NV 89701

DOH: 02/17/17 AT 11:00

ORIGINAL
RECEIVED
AND
FILED
2017 FEB 15 PM 4:00
STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION

EMPLOYER'S ADMINISTRATOR'S INDEX OF DOCUMENTS

COMES NOW the Employer's Administrator, CCMSI (hereinafter referred to as "Administrator"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ. and LEWIS BRISBOIS BISGAARD & SMITH, LLP, and submits the attached Index of Documents relating to the above-referenced matter.

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the personal information number of any person.

DATED this 15 day of February, 2017.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: [Signature]
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 W. Sahara Ave., Ste. 300, Box 28
Las Vegas, Nevada 89102
Attorneys for the Administrator

EMPLOYER'S EXHIBIT # A

DSC011

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25	///	
26	///	
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28	///	

CERTIFICATE OF MAILING

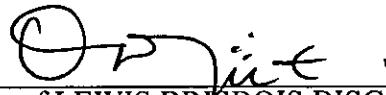
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that on the 15th day of February, 2017, service of the foregoing **EMPLOYER'S ADMINISTRATOR'S INDEX OF DOCUMENTS** was made this date by depositing a true copy of the same for mailing, postage prepaid thereon, in an envelope to the following:

Travis Barrick, Esq.
Gallian Welker & Beckstrom
540 E St Louis Ave
Las Vegas, NV 89104

STATE OF NEVADA
DIVISION OF FORESTRY
Attn: Carol Nelson
2478 Fairview Dr.
Carson City, NV 89701

STATE OF NEVADA RISK MGMT
Attn: Ana Andrews- Dept. Risk Mgr.
201 S Roop St. #201
Carson City, NV 89701-6752

CCMSI
Attn: Elizabeth Hickson
PO Box 4990
Carson City, NV 89702-4490



An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP



Department of Administration RISK MANAGEMENT

Print Form



State of Nevada SUPERVISOR ACCIDENT/INJURY/INCIDENT INVESTIGATION REPORT

Department/Division Nevada Division of Forestry Location Pioche

Employee's Name Darrell White Date of Incident/Injury 12/22/15

Sex ☒ M Age 39 Employment Status: ☒ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

Regular assigned position Cabor Length of time in this position 3 months

Was employee performing regular job duty? yes If not, explain N/A

Was employee working overtime? no If yes, explain N/A

Does employee work a rotating shift? no Was there a recent change in the shift? no

Location of accident Pioche Camp Time of Day 8:20 AM Day of Week Tuesday

Body part injured Right Hand Type of Injury Cut

Severity of Injury ☐ First Aid ☐ Dr. Visit ☒ Emergency Care

C-1 completed ☒ Yes ☐ No C-3 completed ☒ Yes ☐ No

Restricted Duty ☒ Lost Time ☐

Describe in detail what happened
Darrell White was stepping off of Porta Potty trailer and hit his hand on back of bumper with his right hand.

Has this employee received training in the prevention of this type of injury? no Date 12/22/15

Describe any equipment damage/estimate cost N/A

RECEIVED

DEC 29 2015

CCMSI-CARSON CITY

ROA 059...

WITNESSES: (Attach written statements. If non-State employee, include work or home address)

Name	<i>James Hoops</i>	Job Title	<i>Laborer</i>	Telephone	<i>715-962-5125</i>
Name		Job Title		Telephone	
Name		Job Title		Telephone	
Name		Job Title		Telephone	

Employee's Supervisor at time of injury *James Howard*

CAUSES OF ACCIDENT/INJURY: Mark all that apply D=Direct Cause C=Contributing Factor

Environmental:

☐ Weather conditions

☐ Heat

☒ Cold

☐ Noise

☐ Smoke/fumes

☐ Dust

☐ Third Party

Other:

Work Conditions:

☐ Poor housekeeping/clutter

☒ Defective equipment/tools

☐ Inadequate work space

☐ Uneven/wet walking surface

☐ Inadequate prot. equip.

☐ Inadequate lighting

☐ Inadequate ventilation

Other:

Personal Factors:

☐ Unsafe act

☐ Lack of knowledge/skill

☐ Improper motivation

☐ Inadequate planning

☐ Fatigue/stress

☐ Deviation from procedure

☐ Violation of safety rule

Other:

Job Factors:

☐ Inadequate design

☐ Inadequate equip./tools

☐ Inadequate procedures

☐ Inadequate maintenance

☐ Inadequate inspection

☐ Inadequate purchasing

Management Issues:

☐ Insufficient training

☐ Inadequate planning

☐ Lack of program support

☐ Lack of enforcement

☐ Budgetary constraints

☐ Understaffed

Other Factors:

WAS A NOTICE OF INJURY (C-1) FORM COMPLETED BY EMPLOYEE?

yes

Date *12/22/15*

RECEIVED

DEC 29 2015

CCMSI-CARSON CITY

CORRECTIVE ACTION PLAN (Include immediate, short term and long term plan)

Immediate Action Have someone look at bumper to see what we can do different

Assigned To Frank Chasing Date Completed

Short Term Plan Knock sharp objects down

Assigned To Jesse Howard Date Completed 12-22-15

Long Term Plan

Assigned To Date Completed:

ADDITIONAL INFORMATION:

Investigation completed by Jesse Howard Date 12/22/15

Reviewed by Date

Note: Send copy of reports to Risk Management

RECEIVED
DEC 29 2015
CCMSI-CARSON CITY

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer Nevada Division of Forestry

Name of Employee <u>Daniell White</u>		Social Security Number <u>#37192</u>	Telephone Number <u>775-762-5125</u>
Date of Accident (if applicable) <u>12/22/15</u>	Time of Accident (if applicable) <u>8:20 A.M.</u>	Place where accident occurred (if applicable) <u>On Crew Bus</u>	
What is the nature of the injury or occupational disease? <u>Cut on Right Hand</u>		List any body parts involved: <u>Right Hand</u>	
Briefly describe accident or circumstances of occupational disease: Note: If you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment. <u>Slipping of the Porta-Potty and hit hand on Crew Bus</u> <u>Benjamin.</u>			
Names of witnesses: <u>Seamus Hobbs #77801</u>			
Did the employee leave work location of the injury or occupational disease? <u>X</u> YES <u>NO</u>	If yes, when (date and time)? <u>12/22/15 @ 8:20am</u>	Has the employee returned to work? <u>X</u> YES <u>NO</u>	If yes, when (date and time)? <u>N/A</u>
Was first aid provided? <u>X</u> YES <u>NO</u>	If yes, by whom? <u>Seamus Hobbs</u>	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable) <u>X</u> YES <u>NO</u>			
Was anyone else involved? <u>X</u> YES <u>NO</u>	Names of others involved <u>N/A</u>		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Seamus Hobbs 12/22/15
Supervisor's Signature Date

Daniell White 12/22/15
Signature of Injured or Disabled Employee Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

Employee should sign, date and retain a copy.

Original to Employer, Copy to Employee

RECEIVED

DEC 29 2015

CCMSI-CARSON CITY

ROA 062

#37196?

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

156626394045

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED											
First Name Daniel		M.I. E.		Last Name White		Birthdate 3/2/1976		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Claim Number (Insurer's Use Only)	
Home Address #1 Hard Times Rd.						Age 39		Height 5'10"		Weight 212	
City Pioche		State NV		Zip 89043		Telephone (775) 962-5125		Social Security Number			
Physical Address #1 Hard Times Rd.						City Pioche		State NV		Zip 89043	
INSURER						THIRD-PARTY ADMINISTRATOR			Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred Eng 15h		
Employer's Name/Company Name Nevada Division of Forestry										Telephone (775) 962-5179	
Office Mail Address (Number and Street) P.O. Box 600											
Date of Injury (if applicable) 12/22/15		Hours Injury (if applicable) 8:20 AM		Date Employer Notified 12/22/15		Last Day of Work After Injury or Occupational Disease 12/22/15		Supervisor to Whom Injury Reported Steve Howard			
Address or Location of Accident (if applicable) #1 Hard Times Rd. Pioche NV 89043											
What were you doing at the time of the accident? (if applicable) Stepping off of a trailer											
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.) I stepped off of the porta potty trailer and hit my hand (right) on the bumper of the crew bus.											
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? N/A										Witnesses to the Accident (if applicable) James Hoops #77801	
Nature of Injury or Occupational Disease Cut						Part(s) of Body Injured or Affected Right Hand					
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.											
Date 12/22/15		Place Caliente		Employee's Signature Daniel White #37196							
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT											
Place Caliente		Name of Facility GCDA									
Date 22 Dec 15		Diagnosis and Description of Injury or Occupational Disease open fr @ 3rd MP Joint						Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour 1200											
Treatment: Wound Skin closure						Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: Resting at the home					
X-Ray Findings: FX of end of bone w/ clip displaced											
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)											
Date 22 Dec 15		Print Doctor's Name J. Rogers MD				I certify that the employer's copy of this form was mailed to the employer on: RECEIVED					
Address PO Box 1010						INSURER'S USE ONLY					
City Caliente, NV		State NV		Zip 89008		Provider's Tax I.D. Number		Telephone 775-726-3121		DEC 29 2015	
Doctor's Signature J. Rogers MD						Degree MD		CCMSI-CARSON CITY			

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY AND DISEASE	
EMPLOYER	Employer's Name <u>Nevada Division of Family</u> Nature of Business (ind, etc.) <u>FEIN</u> QSHA Log Number _____ Office Mail <u>P.O. Box 600</u> Location (if different from mailing address) <u>#1 Hardtimes Rd.</u> Telephone Number <u>775-962-5179</u> <u>City, State, Zip Code</u> <u>Pioche NV 89045</u> Third Party Administrator _____ First Name <u>Daniel</u> Last Name <u>White</u> Social Security <u>[REDACTED]</u> Birthdate <u>3-2-87</u> Age <u>39</u> Primary Language Spoken <u>English</u> Home Address (Number and Street) <u>P.O. Box 600</u> City <u>Pioche</u> State <u>NV</u> Zip <u>89045</u> Was the employee paid for the day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Employee's occupation (job title) when hired or disabled <u>Laborer</u> How long has this person been employed by you in Nevada? <u>3 months 7/15</u> Is the injured employee a corporate officer? <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner Department in which regularly employed? <u>Forestry</u> Date of injury (if applicable) <u>12/22/15</u> Time of injury (if applicable) <u>5:30 am</u> Was employee injured or disabled by occupational disease (O/D)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Supervisor to whom injury or O/D reported <u>James Hoops</u> Accident on employer's premises? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Address or location of accident (Also provide city, county, state) (if applicable) <u>#1 Hardtimes Rd.</u> What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) <u>Walking off of Porta Potty Trailer</u> How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. <u>At approximately 5:30 am, Daniel White was walking off of Porta Potty Trailer and hit his right hand on crew bus bumper cutting his hand.</u>
ACCIDENT OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) <u>Bumper of Crew Bus</u> Witness <u>James Hoops #77501</u> Was more than one person injured in this accident? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Part of body injured or affected <u>Right hand</u> Witness _____ Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) <u>Cut</u> Witness _____ If validity of claim is doubted, state reason. <u>None NOT Doubted</u> Did employee return to work next day or within 7 days after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will you have right day work available if necessary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Treating physician/chiropractor name <u>Rogers</u> Location of Initial Treatment <u>Granger C. Dille Hospital</u> Emergency Room? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Hospitalized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	How many days per week does employee work? <u>4</u> From <u>7</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> to <u>5</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Last day work was could <u>12/22/15</u> Schedule Days Off <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> T <input checked="" type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date employee was hired <u>9/10/2015 Last day of work after injury or disability _____ Date of return to work _____ Number of work days lost _____ </u>
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, for how many hours a week was the employee hired? _____ Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability. Pay Period ends on: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Employee is paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other On the date of injury or disability the employee's wage was: _____ per <input type="checkbox"/> Hour <input type="checkbox"/> \$/wk <input type="checkbox"/> Day <input type="checkbox"/> Month
IMPORTANT LAST TIME INFO	For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free : 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us
	I declare that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law. Employer's Signature and Title <u>[Signature]</u> Date <u>12/22/15</u> Claim is: <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> Third-Party Decided Wage _____ Class Code <u>RECEIVED</u> Claims Examiner's Signature <u>[Signature]</u> Date <u>12/25/15</u> Status Clerk _____ Date _____
	Form C-3 (rev. 05/10)

GROVER C. DILS MEDICAL CENTER
PO BOX 1010 / 700 NORTH SPRING STREET
CALIENTE NV 89008

Patient Name: WHITE, DARRELL

ER Note

DOB: 03/02/1976

MR#: 014828 Account Number: 267603

Admit Date: 12/22/2015

Electronically reviewed and signed by: ROGERS JOHN R

Time Last Amended:

TRAUMA - EMERGENCY PHYSICIAN RECORD

Date: 22dec15 Time: 1115. Historian: pt Patient arrival mode was pov

HPI

Injury to R long finger MP joint-dorsal Occured just PTA

Happened at work.

Context: while jumping out of truck, he struck his hand on edge of bumper. laceration and intra-artic fracture.

Injuries/Location of Pain: Right hand Severity of pain is 06/10. Other comments: tetanus immuniz UTD.

ROS

All systems negative except as stated. Skin laceration to R MP joint-dorsal. Social History: Past Medical History: Negative For patient medication, see nurse note. Patient has no known allergies and For patient allergies, see nurse note. Vitals reviewed.

Physical Exam

BMI: 30.42 12/22/2015 10:19

BSA: 2.18 12/22/2015 10:19

Blood Pressure: 165/102 SITTING L ARM 12/22/2015 10:19

O2 Saturation: 96 % 12/22/2015 10:19

Pulse: 84 BRACHIAL 12/22/2015 10:19

Respiration: 18 12/22/2015 10:19

Temperature: 97.9 F 36.6 C TEMPORAL SCANNING 12/22/2015 10:19

Weight: 212 lbs (96.16 kg, 96161.6 g) 12/22/2015 10:19

Height: 70.00 12/22/2015 10:19

Patient is: Alert Xray: Reviewed .

Other comments: oval articular bone fragment 1 cm dia and 1 mm thick positioned dorsal to extensor tendon. not seen of xray.

CXR: Procedures: Wound description/Repair

Length: 2.5 cm

Location: R MP joint-dorsal

SQ, Linear and Clean w/bone fragment as above.

Anesthesia: Local Lidoc 1%

Prep: Betadine and Irrigated

Repair: Wound closed with nylon sutures

Skin number 5-0 Labs: CBC-Progress: Counseled pt/family regarding Dx

Clinical Impression: Sprain: Laceration to R MP joint. w/fracture as above. Disposition: Transferred to Ely DOC infirmary for their arrangement of ortho care ASAP

Condition unchanged.

Electronically Signed By: JOHN ROGERS MD 12/22/2015 11:55:22

JAN 06 2016

GROVER C. DILS MEDICAL CENTER
700 NORTH SPRING STREET
CALIENTE, NV. 89008

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
WHITE DARRELL 267603 M 39 12/22/15 014828 WB O/P
DATE OF BIRTH: 03/02/1976 M/R# 014828 PH#: 775-962-5172 RM ER1

LOCATION: XR HAND (3V MIN) R 73130 TRANSCRIBED: 12/22/15 10:29 DRA
[REASON FOR PROCESS: EXPOSED TENDON/BONE COMPLETED: 12/22/15 10:38 WDH 7565

PHYSICIAN: ROGERS J R

Order Date and Time: 12/22/2015 1029

RADIOLOGY REPORT

RIGHT HAND: 12/22/2015 10:29 AM PST

CLINICAL HISTORY: Right hand pain, injury to third digit

TECHNIQUE: 3 views of the right hand

COMPARISONS: None.

FINDINGS: No fractures or dislocation is identified. Joint spaces appear intact. No evidence of dislocation. Mild soft tissue swelling identified dorsal aspect of the right hand at the MCP joint. No radiopaque foreign body is identified.

IMPRESSION:

Soft tissue swelling identified dorsal aspect of the right hand at the MCP joint. No definite

fracture seen. Please note, a true lateral is not obtained.

Dictated By:
READNAME

Reviewed and Electronically Signed by:

DCTNAME
RADCRE

Signed Date:
SIGNDATE

TXINITS

JAN 06 2016

ROA 066



EMERGENCY DEPARTMENT RECORD

ACCT 1535700084 DOB 03/02/1975
WHITE
DARRELL ERVIN 39Y M
MAY 0000002136 ADM 12/23/15



MRU00498 Page 1 of 1 (03/08)

[illegible]

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

DATE OF SERVICE: 12/23/2015

SUPERVISORY NOTE:

CHIEF COMPLAINT: Evaluation of hand injury.

This is a supervisory note. Patient was seen, evaluated, and discussed with physician assistant, Todd Phillips. Please refer to his documentation for further details. This is a 39-year-old male who presents to the emergency department after suffering a right hand injury. States that he was wearing gloves, ended up injuring his right hand over the 3rd metacarpal. One day prior he did have suture repair. States that there was noted to be bone exposed. The wound at that time was irrigated, debrided. Loose approximation was performed of the skin. An x-ray was obtained, which reveals questionable fracture. Presents to the emergency department today for repeat evaluation. On exam today, an x-ray was obtained which reveals calcific density adjacent to the distal 3rd metacarpal dorsally which may represent avulsion-type fracture, and there is a small amount of subcutaneous air. No foreign bodies noted. Patient received a subsequent dose of antibiotics with Keflex. He was placed into a volar splint for stabilization. Does have noted swelling. He will be referred to follow up with Hand Surgery, Dr. Fadell, for repeat evaluation. At this time, he has normal flexion, normal extension, intact capillary refill.

CLINICAL IMPRESSION:

1. Right hand injury.
2. Wound check.
3. Avulsion fracture of 3rd metacarpal.

DISPOSITION: Patient will be discharged.

DO/MedQ

DD: 12/23/2015 10:05:09

DT: 12/23/2015 10:51:27

DAVID OBERT, MD

PATIENT: WHITE, DARRELL
MR#: 0000002136
ADM DATE: 12/23/2015
JOB#: 428351/682055743

ACCOUNT#: 1535700084

Dictated By: DAVID OBERT, MD

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OneContent: Generated By UMC\bolsalandr Generated On: 05/13/2016 14:54

EMERGENCY DEPARTMENT
Electronically Authenticated by:
David Obert, MD On 01/05/2016 02:11 PM PST

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acct#: 1535700084; Arrival Dt.: 12/23/2015 08:49; Chart Status: Final

University Medical Center
1800 W Charleston Blvd
Las Vegas, NV 89102
702-383-2000

ED Chart View



Patient Name:	WHITE JR, DARRELL ERVIN	Sex:	M
Birthdate:	03/02/1976	Age:	39
Acct No:	1535700084	Medical Rec No:	0000002136
Arrival Dt.:	12/23/2015 08:49	1st Chart Launch Dt.:	12/23/2015 08:52
Primary MD:		Treating Provider:	TODD STEVEN PHILLIPS PAC
		Attending MD:	DAVID OBERT DO

Chart Status: Final

Allergies

NO KNOWN ALLERGIES [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:52:40.] (VIVIEN GATDULA RN 12/23/2015 08:52:40)

Primary Diagnosis

1) Free text DX: Open comminuted and avulsion fracture of distal 3rd metacarpal, acute (TODD STEVEN PHILLIPS PAC 12/23/2015 11:32:08)

Chief Complaint

1) Laceration to Rt hand (VIVIEN GATDULA RN 12/23/2015 08:54:11)

History of Present Illness

Summary: 39-year-old male presents to emergency department with right hand pain x1 day. He is currently in custody of Nevada corrections. States that he "Smacked the back of his right hand while getting off the work truck at 0820 hours yesterday morning." At that time it did not hurt significantly any did not notice the injury as he was wearing a glove. However, later he did notice that there was a cut on the back of his hand and his hand was swollen, he was taken to a medical facility where an x-ray was done he did come here with a disc which would not load on our system, however there is a paper copy of the radiology report impression of the x-ray was soft tissue swelling dorsal aspect right hand MCP joint no definite fracture true lateral not obtained. However patient states that there was a "Piece of bone" sticking out of the cut yesterday. The wound was then loosely approximated, patient was given a shot of Toradol for pain and inflammation and a dose of Keflex. All of that occurred yesterday at noon. Patient is right-hand-dominant, his last tetanus shot was a year ago. Patient is not reporting any fevers, chills, nausea or vomiting, shortness of breath, red streaks, inability to flex or extend digits of the right hand, he further denies any pain other than over the MCP joint of index finger right hand. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00)

Have reviewed and agree with RN note.

HPI: Exam started at 09:42 (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) The onset of the presenting problem started 1 day(s) ago. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) History comes from patient. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) Able to get a good history. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) No significant past medical history. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) No significant past surgical history. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) No significant past medical history. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:49:59) No significant past surgical history. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:49:59)

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acci#: 1535700084; Arrival DL: 12/23/2015 08:49; Chart Status: Final

Past Surgical History/Major Procedures

No Known Procedure [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:53:16.] (VIVIEN GATDULA RN 12/23/2015 08:53:16)

Vital Signs

Time	Blood Pressure	Pulse	PulseOx	Respiration	Temperature	Pain
12/23 08:54	148/99 mm Hg. Is Manual. - VG3	83 /min - VG3	96 % Room air - VG3	18 /min - VG3	97.2 F Oral - VG3	7/10 - VG3

Other Vital Signs

Height: 178 cm (VIVIEN GATDULA RN 12/23/2015 08:54:00) Weight: 96.16 kg (VIVIEN GATDULA RN 12/23/2015 08:54:00) bmi: 30.3 (VIVIEN GATDULA RN 12/23/2015 08:54:00) bsa: 2.18 sq. m (VIVIEN GATDULA RN 12/23/2015 08:54:00)

Current Medications

Prescribed This Visit: 1) 12/23/2015 11:33:29 oxycodone-acetaminophen Oral 5-325 mg Dose: 1 tablet(s) 3 Times A Day PRN Special Instructions: Maybe staling [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:29.] (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:29)
2) cephalexin Oral 500 mg Dose: 1 capsule(s) Every 6 hours [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:29.] (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:29)
3) 12/23/2015 11:33:28 ibuprofen Oral 600 mg Dose: 1 tablet(s) Every 6 hours PRN Special Instructions: For pain, take with food [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:28.] (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:28)

Med Orders

MedOrder	Entered By	Ordered By	Completed	MD Sign	Note	Comment/ Indication
ED: cephalexin [KEFLEX] 500 MG ORAL ONCE NOW	TSP1 PAC 12/23 09:25	TSP1 PAC 12/23 09:25	LJR1 12/23 09:30	TSP1 12/23 09:25		
ED: oxy- CODONE 5 mg - acet- aminophen 325 mg [PERCO- CET] 1 TAB ORAL ONCE STAT	TSP1 PAC 12/23 09:25	TSP1 PAC 12/23 09:25	LJR1 12/23 09:30	TSP1 12/23 09:25	12/23 09:30:Just given ED: oxy- CODONE 5 mg - acet- aminophen 325 mg [PERCO- CET]. (LJR1); 12/23 11:11:Distressin g pain (Pain scale = 6/10). (LJR1)	
ED: oxy- CODONE 5 mg - acet-	TSP1 PAC 12/23 11:28	TSP1 PAC 12/23 11:28	LJR1 12/23 11:35	TSP1 12/23 11:28	12/23 11:35:Just given ED: oxy-	RECEIVED MAY 18 2016

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Accl#: 1535700084; Arival Dt.: 12/23/2015 08:49; Chart Status: Final

aminophan 325 mg [PERCO-CET] 1 TAB ORAL ONCE STAT					CODONE 5 mg - acetaminophan 325 mg [PERCO-CET]. (LJR1)	
---	--	--	--	--	--	--

Non-Med Orders

Non-Med Order	Entered By	Ordered By	Completed	Results Back	MD Sign	Note	Comment/Indication
ER HAND COMPLETE (RIGHT) ONCE STAT pain and laceration, by history pt states broken bone (3rd metacarpal) x-ray from corrections would not load. R/O fracture	TSP1 PAC 12/23 09:33	TSP1 PAC 12/23 09:33	TSP1 12/23 09:45	TSP1 12/23 09:45	TSP1 12/23 09:33		
Splint: Hand Volar ONCE STAT Right	TSP1 PAC 12/23 10:01	TSP1 PAC 12/23 10:01	RV6 12/23 10:24		TSP1 12/23 10:01	12/23 10:24: The area distal to the splint had good color. (RV6): 12/23 10:24: Distal capillary refill was brisk (less than 2 seconds). (RV6)	
ED: Page- ONCE STAT Ortho Tech	TSP1 PAC 12/23 10:04	TSP1 PAC 12/23 10:04	LJR1 12/23 10:05		TSP1 12/23 10:04	12/23 10:05: Call placed to Ron. (LJR1)	
ED: Page Consult ONCE STAT -hand	TSP1 PAC 12/23 10:04	TSP1 PAC 12/23 10:04	LH5 12/23 10:22		TSP1 12/23 10:04	12/23 10:22: Call returned from Dr Fadell (LH5)	Comment: avulsion fracture of 3rd metacarpal right hand
CT UPPER EXTREMITY	TSP1 PAC 12/23 10:43	TSP1 PAC 12/23 10:43			TSP1 12/23 10:43	12/23 10:49: Cancel	

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acct#: 1535700084; Arrival DL: 12/23/2015 08:49; Chart Status: Final

RECONS ONCE STAT Further evaluation of avulsion fracture distal 3rd metacarpal right hand. Right ("Cancel")						Reason: CHANGE OF EXAM FOR CORRECT CHARGING ()	
CT UPPER RIGHT EXT W/O CONTRAS ONCE STAT Further evaluation of avulsion fracture distal 3rd metacarpal right hand.	12/23 10:49	TSP1 PAC 12/23 10:49	LJR1 12/23 11:04		TSP1 12/23 10:49		
Arm Sling ONCE STAT	TSP1 PAC 12/23 11:41	TSP1 PAC 12/23 11:41	LJR1 12/23 11:47		TSP1 12/23 11:41	12/23 11:47:R arm; teaching done. (LJR1)	

Procedures This Visit

12/23/2015 10:01:00 Will treat. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00) 12/23/2015 10:01:00 Treated and did not require any significant manipulation. Further treatment will be needed. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

Test /Radiology Results

12/23/2015 10:01:00 ER HAND COMPLETE (RIGHT) ONCE STAT pain and laceration, by history pt states broken bone (3rd metacarpal) x-ray from corrections would not load. R/O fracture - I have reviewed the radiologist's report for this film. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

They demonstrate a radiographic fracture. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

X-ray of the head of the third metacarpal shows an acute fracture. Note skin over the site is not intact. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

Films show a mild amount of soft tissue swelling noted over the head of the third metacarpal (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

An area of decreased density consistent with soft tissue gas is present over the head of the third metacarpal (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

Acute fracture. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

Nondisplaced fracture. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

Avulsion fracture. (TODD STEVEN PHILLIPS PAC 12/23/2015 10:01:00)

12/23/2015 11:29:00 CT of right hand was also performed, read by radiologist, 8 did show an avulsion fracture to distal 3rd metacarpal right hand. Also showed a comminuted fracture. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:29:00)

Physical Exam

General Presentation: Vital signs reviewed. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) Alert.

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(TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) Appears to be in mild distress. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

ENT: Pharynx normal. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) ENT inspection normal. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Eye: Pupils are reactive to light. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Pulmonary: Currently in no acute respiratory distress. Normal, non labored respirations. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) The breath sounds are normal, with good equal air movement. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Circulatory: Regular rate and rhythm. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) No murmur. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) No rub. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) No gallop. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31) Peripheral pulses are strong and equal. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Abdominal: The abdomen is soft and nontender to palpation. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Neurologic: Alert, (TODD STEVEN PHILLIPS PAC 12/23/2015 09:57:32) oriented to person, place, and time. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:57:32)

Musculoskeletal: Dorsum of the right hand is tender to palpation, specifically over 3rd metacarpal. Patient is able to flex and extend all digits of right hand both without and against resistance. No deficits of sensation, with full sensation in the distribution of the radial ulnar and median nerves. No other bony tenderness on exam of right and left upper extremities. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:57:32)

Skin: 3 centimeter laceration over MCP joint 3rd digit right hand. Laceration is loosely approximated with 2 sutures. There is no active drainage or bleeding from the site. No bone or tendon is seen protruding from this site. No erythema or streaking. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:53:31)

Psychiatric: Mood and affect normal. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:57:32)

Past Medical History/Patient Problems

1) Patient reports, "No Known Problems" [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:52:59.] (VIVIEN GATDULA RN 12/23/2015 08:52:59) 2) Open comminuted and avulsion fracture of distal 3rd metacarpal, acute [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:32:08.] (TODD STEVEN PHILLIPS PAC 12/23/2015 11:32:08)

Review Of Systems

Except as noted, all other review of systems negative. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:49:59)

Social History

Patient is single. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:49:59) Other living situation: Nevada corrections work camp. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:50:00)

Substance Use

Tobacco

Smoking status:

former smoker [Confirmed by: VIVIEN GATDULA RN on 12/23/2015 08:53:00]

Alcohol

Alcohol use:

no [VIVIEN GATDULA RN on 12/23/2015 08:53:00]

Recreational Drugs

Street drug use:

no [VIVIEN GATDULA RN on 12/23/2015 08:53:00]

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acct#: 1535700084; Arrival Dt.: 12/23/2015 08:49; Chart Status: Final

Family History

Family history reviewed and not relevant to current problem. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:42:00) Family history reviewed and not relevant to current problem. (TODD STEVEN PHILLIPS PAC 12/23/2015 09:49:59)

Acuity

4 - Less Urgent (VIVIEN GATDULA RN 12/23/2015 08:54:00)

RN Continuation Notes

12/23/2015 09:12:00 NP/PA: Phillips with patient. (LORI JEAN ROBERTS RN 12/23/2015 09:12:00)
Bed Assignment: 12/23/2015 08:55:43 Assigned to bed FT3 (LORI JEAN ROBERTS RN 12/23/2015 08:55:43)

Nursing Assessment

General Presentation: Alert, awake, GCS = 15. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
HEENT: Eyes, ears and nose without visible drainage. Swallowing without difficulty. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Pulmonary: Airway patent. Respirations regular and non-labored. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Circulatory/Cardiac: No complaint of chest pain. Peripheral pulses palpable and regular. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Abdominal: No complaint of nausea, vomiting, diarrhea, constipation, or abdominal pain. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
GU: No complaint of frequency or urgency. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Neurologic: Alert and oriented x 3. Pupils equal, round and reactive. Moves all extremities. Responds to commands. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Musculoskeletal/Extremities: Patient mobility at baseline. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Skin/Soft Tissue: Skin is warm and dry with color appropriate for patient's race. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)
Other Assessment Findings: Pt states cut R hand at work; states has already been sewn but they felt the ligament may have been involved, that you could see the bone. (LORI JEAN ROBERTS RN 12/23/2015 08:58:00)

Technician Notes

Splint applied. (RONALD VOLZ ORTHO TECH 12/23/2015 10:24:00) Preformed short volar splint applied to right arm. (RONALD VOLZ ORTHO TECH 12/23/2015 10:24:00) Right hand placed in short arm volar splint. (RONALD VOLZ ORTHO TECH 12/23/2015 10:24:00)

Triage and Nursing History

Acuity: 12/23/2015 08:54:00 4 - Less Urgent (VIVIEN GATDULA RN 12/23/2015 08:54:00)
Language: 12/23/2015 08:54:00 No language or communication barrier. (VIVIEN GATDULA RN 12/23/2015 08:54:00)
RN History: 12/23/2015 08:54:00 History comes from patient. (VIVIEN GATDULA RN 12/23/2015 08:54:00)
12/23/2015 08:54:00 BP taken manually. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 Mentation - Patient is alert, oriented x3. Score = 0 (VIVIEN GATDULA RN 12/23/2015 08:54:00)
12/23/2015 08:54:00 Mobility - Patient is able to ambulate with no assistance. Score = 0 (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 Elimination - Patient has independent elimination. Score = 0 (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 No prior fall history. Score = 0. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 Total Fall Risk

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Score: 0. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 Patient has no thoughts of suicide. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 Patient has no thoughts of harming self or others. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 INFECTIOUS DISEASE/ CDC SCREENING (Ebola): Patient HAS NOT lived in or traveled to a country with widespread Ebola transmission and HAS NOT had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 INFECTIOUS DISEASE/ CDC SCREENING (Novel influenza, MERS): Patient IS NOT being seen for respiratory symptoms and a temperature of 100.5 degrees F or greater. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 INFECTIOUS DISEASE/ CDC SCREENING (CRE): Patient has not been hospitalized outside the US within the last 6 months. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 TRAVEL HISTORY SCREENING: Patient has not traveled outside the US within the last 30 days. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 TRAVEL HISTORY SCREENING: Patient has not been in close contact with anyone who has traveled outside the US within the last 30 days. (VIVIEN GATDULA RN 12/23/2015 08:54:00) 12/23/2015 08:54:00 needs ortho consult (VIVIEN GATDULA RN 12/23/2015 08:54:00)

Mental: 12/23/2015 11:59:50 Due to the increase in domestic violence, we ask all patients: Are you being hurt, hit, or frightened by anyone at home or in your life? (LORI JEAN ROBERTS RN 12/23/2015 11:59:50) 12/23/2015 11:59:51 Domestic violence survey shows NEGATIVE risk for this patient. (LORI JEAN ROBERTS RN 12/23/2015 11:59:51)

Disposition

Disposition decision is discharge. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:00) Condition at discharge - Improved. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:00) Arrange for a follow up appointment with Fadell, David DO at (702) 645-7800 in 1 - 3 days. (Unless a follow-up appointment has been recommended sooner). If your symptoms do not improve, your symptoms worsen, or if you have problems arranging a follow-up appointment, please return to this or any local Emergency Department or urgent care for your recheck. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:04) Please arrange a follow-up appointment within 3 days (Unless a follow-up appointment has been recommended sooner) with your primary care provider (PCP), or the referred physician or clinic See Referral section or Referral handout given. If you do not have your own doctor or cannot arrange the appointment within this time period please return to this or any local Emergency Department or urgent care for your recheck. Certain medical problems require even closer follow-up: *If you have abdominal pain, we recommend that you return in 8-12 hours for a recheck, unless your symptoms completely resolve. *If you have a wound or were diagnosed with a skin infection, we recommend that you return in 2 days for a recheck. *** IF YOUR CONDITION WORSENS AT ANY TIME, OR IF YOU EXPERIENCE ANY OTHER NEW OR CONCERNING SYMPTOMS, PLEASE RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT. *** (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:04) Managed patient along with ED attending. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:18) Electronically signed by TODD STEVEN PHILLIPS PAC. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:18) The designated co-signing physician is DAVID OBERT DO. (TODD STEVEN PHILLIPS PAC 12/23/2015 11:35:18) I have reviewed the chart of DARRELL ERVIN WHITE JR and as the supervising staff physician concur on the final disposition - ELECTRONICALLY CO-SIGNED BY DAVID OBERT DO. (DAVID OBERT DO 12/27/2015 07:17:21)

Disposition status is discharge. (LORI JEAN ROBERTS RN 12/23/2015 11:59:00) Discharged to Jail. (LORI JEAN ROBERTS RN 12/23/2015 11:59:00) Patient ambulatory out of department with normal gait or at baseline for patient. (LORI JEAN ROBERTS RN 12/23/2015 11:59:00) Departure Method: In custody of law enforcement. (LORI JEAN ROBERTS RN 12/23/2015 11:59:00) Patient physically left department and was removed from Tracking Board by LORI JEAN ROBERTS RN. (LORI JEAN ROBERTS RN 12/23/2015 11:59:00) Electronically signed by LORI JEAN ROBERTS RN. (LORI JEAN ROBERTS RN 12/23/2015 11:59:49)

Discharge Prescriptions

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acct#: 1535700084; Arrival DL: 12/23/2015 08:49; Chart Status: Final

Discharge Prescription	Submission Info
Ibuprofen Oral tablet 600 mg 1 tablet(s) Oral Every 6 Hours PRN For pain, take with food , 28 tablet(s) , No Refills (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:28)	Printed: TSP1 12/23 11:33
Percocet Oral tablet 5-325 mg 1 tablet(s) Oral 3 Times A Day PRN Maybe staling , 12 tablet(s) , No Refills (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:28)	Printed: TSP1 12/23 11:33
Kellex (cephalexin monohydrate) Oral Capsule 500 mg 1 capsule(s) Oral Every 6 Hours , 40 capsule(s) , No Refills (TODD STEVEN PHILLIPS PAC 12/23/2015 11:33:28)	Printed: TSP1 12/23 11:33

Discharge Instructions**Arm Sling Use, Easy-to-Read**

Arm Sling Use A sling is used to: Limit how much your arm moves. Make you more comfortable. Support your arm. The sling fits well if: Your elbow rests in the bottom and corner pocket. Only your fingers show at the opening. Your wrist should fit inside and be supported by the sling. The strap goes around your shoulder or neck for support. Your arm is fairly level with your hand, slightly higher than your elbow. HOME CARE Adjust the sling to keep the hand inside. Slings tend to slip, making the elbow point up. Tug the elbow back into place. If it is okay with your doctor, you may take the sling off when going to sleep. The fingers should feel warm and be a normal color. Try to keep the palm of the hand toward the body while wearing the sling. Use an extra pillow at night to protect the arm. Slide the arm between a pillow and the cover. Follow your doctor's instructions about taking a bath or shower. Only take medicine as told by your doctor. GET HELP IF: The fingers turn cold or start to tingle. The arm pain gets worse. The pain is not helped by medicine or by adjusting the sling. MAKE SURE YOU: Understand these instructions. Will watch this condition. Will get help right away if you or your child is not doing well or gets worse. Document Released: 06/05/2009 Document Re-Released: 03/14/2011 ExitCare® Patient Information ©2012 ExitCare, LLC.

Hand Fracture, Metacarpals

Hand Fracture, Metacarpals Fractures of metacarpals are breaks in the bones of the hand. They extend from the knuckles to the wrist. These bones can undergo many types of fractures. There are different ways of treating these fractures, all of which may be correct. TREATMENT Hand fractures can be treated with: > Non-reduction - The fracture is casted without changing the positions of the fracture (bone pieces) involved. This fracture is usually left in a cast for 4 to 6 weeks or as your caregiver thinks necessary. > Closed reduction - The bones are moved back into position without surgery and then casted. > ORIF (open reduction and internal fixation) - The fracture site is opened and the bone pieces are fixed into place with some type of hardware, such as screws, etc. They are then casted. Your caregiver will discuss the type of fracture you have and the treatment that should be best for that problem. If surgery is chosen, let your caregivers know about the following. LET YOUR CAREGIVERS KNOW ABOUT: > Allergies. > Medications you are taking, including herbs, eye drops, over the counter medications, and creams. > Use of steroids (by mouth or creams). > Previous problems with anesthetics or novocaine. > Possibility of pregnancy. > History of blood clots (thrombophlebitis). > History of bleeding or blood problems. > Previous surgeries. > Other health problems. AFTER THE PROCEDURE After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems, you'll be allowed to go home. Once home, an ice pack applied to your operative site may help with pain and keep the swelling down. HOME CARE INSTRUCTIONS > Follow your caregiver's instructions as to activities, exercises, physical therapy, and driving a car. Daily exercise is helpful for keeping range of motion and strength. Exercise as instructed. > To lessen swelling, keep the injured hand elevated above the level of your heart as much as possible.

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> Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast. > Move the fingers of your casted hand several times a day. > If a plaster or fiberglass cast was applied: * Do not try to scratch the skin under the cast using a sharp or pointed object. * Check the skin around the cast every day. You may put lotion on red or sore areas. * Keep your cast dry. Your cast can be protected during bathing with a plastic bag. Do not put your cast into the water. > If a plaster splint was applied: * Wear your splint for as long as directed by your caregiver or until seen again. * Do not get your splint wet. Protect it during bathing with a plastic bag. * You may loosen the elastic bandage around the splint if your fingers start to get numb, tingle, get cold or turn blue. > Do not put pressure on your cast or splint; this may cause it to break. Especially, do not lean plaster casts on hard surfaces for 24 hours after application. > Take medications as directed by your caregiver. > Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. > Follow-up as provided by your caregiver. This is very important in order to avoid permanent injury or disability and chronic pain. **SEEK MEDICAL CARE IF:** > Increased bleeding (more than a small spot) from beneath your cast or splint if there is beneath the cast as with an open reduction. > Redness, swelling, or increasing pain in the wound or from beneath your cast or splint. > Pus coming from wound or from beneath your cast or splint. > An unexplained oral temperature above 102° F (38.9° C) develops, or as your caregiver suggests. > A foul smell coming from the wound or dressing or from beneath your cast or splint. > You have a problem moving any of your fingers. **SEEK IMMEDIATE MEDICAL CARE IF:** > You develop a rash > You have difficulty breathing > You have any allergy problems if you do not have a window in your cast for observing the wound, a discharge or minor bleeding may show up as a stain on the outside of your cast. Report these findings to your caregiver. **MAKE SURE YOU:** > Understand these instructions. > Will watch your condition. > Will get help right away if you are not doing well or get worse. Document Released: 12/18/2006 Document Revised: 03/11/2013 Document Reviewed: 08/06/2009 ExitCare® Patient Information ©2014 ExitCare, LLC.

RICE - Routine Care for Injuries

RICE: Routine Care for Injuries The routine care of many injuries includes Rest, Ice, Compression, and Elevation (RICE). **HOME CARE INSTRUCTIONS** > Rest is needed to allow your body to heal. Routine activities can usually be resumed when comfortable. Injured tendons and bones can take up to 6 weeks to heal. Tendons are the cord-like structures that attach muscle to bone. > Ice following an injury helps keep the swelling down and reduces pain. * Put ice in a plastic bag. * Place a towel between your skin and the bag. * Leave the ice on for 15 to 20 minutes, 3 to 4 times a day. Do this while awake, for the first 24 to 48 hours. After that, continue as directed by your caregiver. > Compression helps keep swelling down. It also gives support and helps with discomfort. If an elastic bandage has been applied, it should be removed and reapplied every 3 to 4 hours. It should not be applied tightly, but firmly enough to keep swelling down. Watch fingers or toes for swelling, bluish discoloration, coldness, numbness, or excessive pain. If any of these problems occur, remove the bandage and reapply loosely. Contact your caregiver if these problems continue. > Elevation helps reduce swelling and decreases pain. With extremities, such as the arms, hands, legs, and feet, the injured area should be placed near or above the level of the heart, if possible. **SEEK IMMEDIATE MEDICAL CARE IF:** > You have persistent pain and swelling. > You develop redness, numbness, or unexpected weakness. > Your symptoms are getting worse rather than improving after several days. These symptoms may indicate that further evaluation or further X-rays are needed. Sometimes, X-rays may not show a small broken bone (fracture) until 1 week or 10 days later. Make a follow-up appointment with your caregiver. Ask when your X-ray results will be ready. Make sure you get your X-ray results. Document Released: 04/01/2002 Document Revised: 03/11/2013 Document Reviewed: 05/18/2012 ExitCare® Patient Information ©2014 ExitCare, LLC.

Custom Instruction: 12/23/2015 11:35:04 PST A.TODDPHILLIPS.1 Fill prescriptions and take medication as directed. Wear splint and sling as instructed. Follow rice therapy, rest, ice, compression, elevation. Follow up with Dr. Patel, hand specialist. Referral provided. Return to the emergency department for any worsening symptoms, specifically: High fevers or chills, nausea or

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WHITE JR, DARRELL ERVIN; MR#: 0000002136; Acct#: 1535700084; Arrival Dt: 12/23/2015 08:49; Chart Status: Final

vomiting, increased swelling of the hand or forearm, any red streaks in the hand or forearm, increased swelling of the fingers such that they look like sausages or your unable to bend the fingers.

Pre-Hospital Information

Mode of arrival: Private transportation. (VIVIEN GATDULA RN 12/23/2015 08:54:00)

Reports Printed/Faxed

TODD STEVEN PHILLIPS PAC printed Emergency Department Chart to Adult FT at 09:02 (TODD STEVEN PHILLIPS PAC 12/23/2015 09:02:56) TODD STEVEN PHILLIPS PAC printed Discharge Instructions to Adult FT at 11:36 (TODD STEVEN PHILLIPS PAC 12/23/2015 11:36:45) DAVID OBERT DO printed Emergency Department Chart to Archive to HPF at 07:17 (DAVID OBERT DO 12/27/2015 07:17:25) DAVID OBERT DO printed UMC-EDView to Archive to HPF at 07:17 (DAVID OBERT DO 12/27/2015 07:17:25)

Discharge Summary

Chief Complaint: Laceration to Rt hand.. Primary Diagnosis: Free text DX: Open comminuted and avulsion fracture of distal 3rd metacarpal, acute.. Disposition Notes: Disposition decision is discharge; Condition at discharge - improved; Arrange for a follow up appointment with Fadell, David DO at (702) 645-7800 in 1 - 3 days. (Unless a follow-up appointment has been recommended sooner). If your symptoms do not improve, your symptoms worsen, or if you have problems arranging a follow-up appointment, please return to this or any local Emergency Department or urgent care for your recheck; Please arrange a follow-up appointment within 3 days (Unless a follow-up appointment has been recommended sooner) with your primary care provider (PCP), or the referred physician or clinic See Referral section or Referral handout given, If you do not have your own doctor or cannot arrange the appointment within this time period please return to this or any local Emergency Department or urgent care for your recheck. Certain medical problems require even closer follow-up: *If you have abdominal pain, we recommend that you return in 8-12 hours for a recheck, unless your symptoms completely resolve. *If you have a wound or were diagnosed with a skin infection, we recommend that you return in 2 days for a recheck. *** IF YOUR CONDITION WORSENS AT ANY TIME, OR IF YOU EXPERIENCE ANY OTHER NEW OR CONCERNING SYMPTOMS, PLEASE RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT. ***; Electronically signed by TODD STEVEN PHILLIPS PAC; The designated co-signing physician is DAVID OBERT DO; Managed patient along with ED attending; I have reviewed the chart of DARRELL ERVIN WHITE JR and as the supervising staff physician concur on the final disposition - ELECTRONICALLY CO-SIGNED BY DAVID OBERT DO.. Discharge Prescriptions: Ibuprofen Oral 600 mg tablet 1 tablet(s) Oral Every 6 Hours PRN (28 tablet(s)); Percocet Oral 5-325 mg tablet 1 tablet(s) Oral 3 Times A Day PRN (12 tablet(s)); Keflex (cephalexin monohydrate) Oral 500 mg Capsule 1 capsule(s) Oral Every 6 Hours (40 capsule(s)).

Staff Legend

VG3 - VIVIEN GATDULA RN LJR1 - LORI JEAN ROBERTS RN TSP1 - TODD STEVEN PHILLIPS PAC RV6 - RONALD VOLZ ORTHO TECH LH5 - LISA HARPER UNIT CLERK

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Final

Emergency Department Chart

Patient Name: WHITE JR, DARRELL E.	Account Number: 1535700084
Medical Rec. Number: 0000002136	Birthdate: 03/02/1976 Gender: M
Arrival Date: 12/23/2015 08:49	Primary MD:
Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
12/23/2015 08:54	VG3	97.2 F Oral	83 /min	18 /min	148/99 mm Hg. is Manual.	95% on Room air	7/10

Allergies

NO KNOWN ALLERGIES [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:52:40.] (VG3 12/23/2015 08:52)

Chief Complaint

Laceration to Rt hand (VG3 12/23/2015 08:54)

Pre-Hospital Treatment

Mode of arrival: Private transportation. (VG3 12/23/2015 08:54)

Triage

4 - Less Urgent (VG3 12/23/2015 08:54)
No language or communication barrier. (VG3 08:54)
Due to the increase in domestic violence, we ask all patients: Are you being hurt, hit, or frightened by anyone at home or in your life? (LJR1 11:59)
Domestic violence survey shows NEGATIVE risk for this patient. (LJR1 11:59)
History comes from patient. (VG3 08:54)
BP taken manually. (VG3 08:54)
Mentation - Patient is alert, oriented x3. Score = 0 (VG3 08:54)
Mobility - Patient is able to ambulate with no assistance. Score = 0 (VG3 08:54)
Elimination - Patient has independent elimination. Score = 0 (VG3 08:54)
No prior fall history. Score = 0. (VG3 08:54)
Total Fall Risk Score: 0. (VG3 08:54)
Patient has no thoughts of suicide. (VG3 08:54)
Patient has no thoughts of harming self or others. (VG3 08:54)
INFECTIOUS DISEASE/ CDC SCREENING (Ebola): Patient HAS NOT lived in or traveled to a country with widespread Ebola transmission and HAS NOT had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days. (VG3 08:54)
INFECTIOUS DISEASE/ CDC SCREENING (Novel Influenza, MERS): Patient IS NOT being seen for respiratory symptoms and a temperature of 100.5 degrees F or greater. (VG3 08:54)
INFECTIOUS DISEASE/ CDC SCREENING (CRE): Patient has not been hospitalized outside the US within the last 6 months. (VG3 08:54)
TRAVEL HISTORY SCREENING: Patient has not traveled outside the US within the last 30 days. (VG3 08:54)
TRAVEL HISTORY SCREENING: Patient has not been in close contact with anyone who has traveled outside the US within the last 30 days. (VG3 08:54)
needs ortho consult (VG3 08:54)

Height/Weight

Hgt: 178 cm at 08:54 (VG3 12/23/2015 08:54)
Wgt: 96.16 kg at 08:54 (VG3 08:54)
BMI: 30.3 (VG3 08:54)
BSA: 2.18 sq. m (VG3 08:54)

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Final

Emergency Department Chart

Patient Name: WHITE JR, DARRELL E.	Account Number: 1535700084
Medical Rec. Number: 0000002136	Birthdate: 03/02/1976 Gender: M
Arrival Date: 12/23/2015 08:49	Primary MD:
Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Current Medications

Prescribed This Visit

- 1) 12/23/2015 11:33 TSP1 Ibuprofen Oral 800 mg Dose: 1 tablet(s) Every 6 hours PRN Special Instructions: For pain, take with food [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:28.]
- 2) 12/23/2015 11:33 TSP1 oxycodone-acetaminophen Oral 5-325 mg Dose: 1 tablet(s) 3 Times A Day PRN Special Instructions: Maybe staling [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:29.]
- 3) 12/23/2015 11:33 TSP1 cephalexin Oral 500 mg Dose: 1 capsule(s) Every 6 hours [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:33:29.]

Nursing Assessment

GENERAL PRESENTATION

Alert, awake, GCS = 15. (LJR1) 12/23/2015 08:58

HEENT

Eyes, ears and nose without visible drainage. Swallowing without difficulty. (LJR1) 12/23/2015 08:58

PULMONARY

Airway patent. Respirations regular and non-labored. (LJR1) 12/23/2015 08:58

CIRCULATORY/CARDIAC

No complaint of chest pain. Peripheral pulses palpable and regular. (LJR1) 12/23/2015 08:58

ABDOMINAL

No complaint of nausea, vomiting, diarrhea, constipation, or abdominal pain. (LJR1) 12/23/2015 08:58

GU

No complaint of frequency or urgency. (LJR1) 12/23/2015 08:58

NEUROLOGIC

Alert and oriented x 3. Pupils equal, round and reactive, Moves all extremities. Responds to commands. (LJR1) 12/23/2015 08:58

SKIN/SOFT TISSUE

Skin is warm and dry with color appropriate for patient's race. (LJR1) 12/23/2015 08:58

MUSCULOSKELETAL/EXTREMITIES

Patient mobility at baseline. (LJR1) 12/23/2015 08:58

OTHER ASSESSMENT FINDINGS

PI states cut R hand at work; states has already been sewn but they felt the ligament may have been involved, that you could see the bone. (LJR1) 12/23/2015 08:58

Nursing Continuation Notes - Refer to Orders section for all orders

NP/PA: Phillips with patient. (LJR1 12/23/2015 09:12)

Technician Notes

Splint applied. Preformed short volar splint applied to right arm. Right hand placed in short arm volar splint. (RV6) 12/23/2015 10:24

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Las Vegas, NV 89102
702-383-2000

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Emergency Department Chart

Patient Name: WHITE JR, DARRELL E.	Account Number: 1535700084
Medical Rec. Number: 0000002136	Birthdate: 03/02/1976 Gender: M
Arrival Date: 12/23/2015 08:49	Primary MD:
Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Clinician History of Present Illness

Summary

39-year-old male presents to emergency department with right hand pain x1 day. He is currently in custody of Nevada corrections. States that he "Smacked the back of his right hand while getting off the work truck at 0820 hours yesterday morning." At that time it did not hurt significantly any did not notice the injury is he was wearing a glove. However, later he did notice that there was a cut on the back of his hand and his hand was swollen, he was taken to a medical facility where an x-ray was done he did come here with a disc which would not load on our system, however there is a paper copy of the radiology report impression of the x-ray was soft tissue swelling dorsal aspect right hand MCP joint no definite fracture true lateral not obtained. However patient states that there was a "Piece of bone" sticking out of the cut yesterday. The wound was then loosely approximated, patient was given a shot of Toradol for pain and inflammation and a dose of Keflex. All of that occurred yesterday at noon. Patient is right-hand-dominant, his last tetanus shot was a year ago. Patient is not reporting any fevers, chills, nausea or vomiting, shortness of breath, red streaks, inability to flex or extend digits of the right hand, he further denies any pain other than over the MCP joint of index finger right hand. (TSP1) 12/23/2015 09:42

Exam started at 09:42 The onset of the presenting problem started 1 day(s) ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. No significant past medical history. No significant past surgical history. (TSP1) 12/23/2015 09:42 No significant past medical history. No significant past surgical history. (TSP1) 12/23/2015 09:49

Patient Problems

Patient reports, "No Known Problems" [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:52:59.] (VG3 12/23/2015 08:52) Open comminuted and avulsion fracture of distal 3rd metacarpal, acute [Confirmed by TODD STEVEN PHILLIPS PAC on 12/23/2015 11:32:08.] (TSP1 11:32)

Past Surgical History/Major Procedures

No Known Procedure [Confirmed by VIVIEN GATDULA RN on 12/23/2015 08:53:16.] (VG3 12/23/2015 08:53)

Review of Systems

Except as noted, all other review of systems negative. (TSP1) 12/23/2015 09:49

Social History

Patient is single. Other living situation: Nevada corrections work camp. (TSP1) 12/23/2015 09:49

Family History

Family history reviewed and not relevant to current problem. Family history reviewed and not relevant to current problem. (TSP1) 12/23/2015 09:42

Physical Exam

GENERAL:

Vital signs reviewed. Alert. Appears to be in mild distress. (TSP1) 12/23/2015 09:53

ENT:

Pharynx normal. ENT inspection normal. (TSP1) 12/23/2015 09:53

EYE EXAM:

Pupils are reactive to light. (TSP1) 12/23/2015 09:53

PULMONARY:

Currently in no acute respiratory distress. Normal, non labored respirations. The breath sounds are normal, with good equal air movement. (TSP1) 12/23/2015 09:53

CIRCULATORY:

Regular rate and rhythm. No murmur. No rub. No gallop. Peripheral pulses are strong and equal. (TSP1) 12/23/2015 09:53

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Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Physical Exam

ABDOMEN:

The abdomen is soft and nontender to palpation. (TSP1) 12/23/2015 09:53

NEUROLOGIC:

Alert, oriented to person, place, and time. (TSP1) 12/23/2015 09:57

MUSCULOSKELETAL:

Dorsum of the right hand is tender to palpation, specifically over 3rd metacarpal. Patient is able to flex and extend all digits of right hand both without and against resistance. No deficits of sensation, with full sensation in the distribution of the radial, ulnar and median nerves. No other bony tenderness on exam of right and left upper extremities. (TSP1) 12/23/2015 09:57

SKIN:

3 centimeter laceration over MCP joint 3rd digit right hand. Laceration is loosely approximated with 2 sutures. There is no active drainage or bleeding from the site. No bone or tendon is seen protruding from this site. No erythema or streaking. (TSP1) 12/23/2015 09:53

PSYCHIATRIC:

Mood and affect normal. (TSP1) 12/23/2015 09:57

Procedures This Visit

Will treat. (TSP1 12/23/2015 10:01)

Treated and did not require any significant manipulation. Further treatment will be needed. (TSP1 10:01)

Primary Diagnosis

Free text DX: Open comminuted and avulsion fracture of distal 3rd metacarpal, acute (TSP1 12/23/2015 11:32)

Med Orders

ED: oxyCODONE 5 mg - acetaminophen 325 mg [PERCOCET] 1 TAB ORAL ONCE STAT

Entered By (TSP1 PAC 12/23/2015 09:25) Ordered By (TSP1 PAC 09:25) Completed By (LJR1 RN 09:30) MD Sign (TSP1 PAC 09:25) Notes: Just given ED: oxyCODONE 5 mg - acetaminophen 325 mg [PERCOCET]. (LJR1 09:30) Distressing pain (Pain scale = 6/10). (LJR1 11:11)

ED: cephalexin [KEFLEX] 500 MG ORAL ONCE NOW

Entered By (TSP1 PAC 12/23/2015 09:25) Ordered By (TSP1 PAC 09:25) Completed By (LJR1 RN 09:30) MD Sign (TSP1 PAC 09:25)

ED: oxyCODONE 5 mg - acetaminophen 325 mg [PERCOCET] 1 TAB ORAL ONCE STAT

Entered By (TSP1 PAC 12/23/2015 11:28) Ordered By (TSP1 PAC 11:28) Completed By (LJR1 RN 11:35) MD Sign (TSP1 PAC 11:28) Notes: Just given ED: oxyCODONE 5 mg - acetaminophen 325 mg [PERCOCET]. (LJR1 11:35)

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Emergency Department Chart

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Arrival Date: 12/23/2015 08:49	Primary MD:
Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Non- Med Orders

ER HAND COMPLETE (RIGHT) ONCE STAT pain and laceration, by history pt states broken bone (3rd metacarpal) x-ray from corrections would not load. R/O fracture

Entered By (TSP1 PAC 12232015 09:33) Ordered By (TSP1 PAC 09:33) Results Back (TSP1 PAC 09:45) MD Sign (TSP1 PAC 09:39)

ED: Page Consult ONCE STAT ...hand

Entered By (TSP1 PAC 12232015 10:04) Ordered By (TSP1 PAC 10:04) Completed By (LH5 UNIT CLERK 10:22) MD Sign (TSP1 PAC 10:04) Comments: ...avulsion fracture of 3rd metacarpal right hand Notes: Call returned from Mr Laddell. (LH5 10:22)

ED: Page- ONCE STAT Ortho Tech

Entered By (TSP1 PAC 12232015 10:04) Ordered By (TSP1 PAC 10:04) Completed By (LJR1 RN 10:05) MD Sign (TSP1 PAC 10:04) Notes: Call placed to Ron. (LJR1 10:05)

Splint: Hand Volar ONCE STAT Right

Entered By (TSP1 PAC 12232015 10:01) Ordered By (TSP1 PAC 10:01) Completed By (RV6 ORTHO TECH 10:24) MD Sign (TSP1 PAC 10:01) Notes: The area distal to the splint had good color. Distal capillary refill was brisk (less than 2 seconds). (RV6 10:24)

CT UPPER EXTREMITY RECONS ONCE STAT Further evaluation of avulsion fracture distal 3rd metacarpal right hand. Right

Entered By (TSP1 PAC 12232015 10:43) Ordered By (TSP1 PAC 10:43) MD Sign (TSP1 PAC 10:43) Order Cancelled (10:49)

CT UPPER RIGHT EXT W/O CONTRAS ONCE STAT Further evaluation of avulsion fracture distal 3rd metacarpal right hand.

Entered By (12232015 10:49) Ordered By (TSP1 PAC 10:49) Completed By (LJR1 RN 11:04) MD Sign (TSP1 PAC 10:49)

Arm Sling ONCE STAT

Entered By (TSP1 PAC 12232015 11:41) Ordered By (TSP1 PAC 11:41) Completed By (LJR1 RN 11:47) MD Sign (TSP1 PAC 11:41) Notes: R arm; teaching done. (LJR1 11:47)

Results

ER HAND COMPLETE (RIGHT) ONCE STAT pain and laceration, by history pt states broken bone (3rd metacarpal) x-ray from corrections would not load. R/O fracture - I have reviewed the radiologist's report for this film. (TSP1 12/23/2015 10:01)

They demonstrate a radiographic fracture. (TSP1 10:01)

X-ray of the head of the third metacarpal shows an acute fracture. Note skin over the site is not intact. (TSP1 10:01)

Films show a mild amount of soft tissue swelling noted over the head of the third metacarpal (TSP1 10:01)

An area of decreased density consistent with soft tissue gas is present over the head of the third metacarpal (TSP1 10:01)

Acute fracture. (TSP1 10:01)

Non-displaced fracture. (TSP1 10:01)

Avulsion fracture. (TSP1 10:01)

CT of right hand was also performed, read by radiologist, & did show an avulsion fracture to distal 3rd metacarpal right hand. Also showed a comminuted fracture. (TSP1 11:29)

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Final

Emergency Department Chart

Patient Name: WHITE JR, DARRELL E.
Medical Rec. Number: 0000002136
Arrival Date: 12/23/2015 08:49
Visit Date: 12/23/2015 08:52

Account Number: 1535700084
Birthdate: 03/02/1976 Gender: M
Primary MD:
Attending MD: DAVID OBERT DO

Disposition

Disposition decision is discharge. Condition at discharge - improved. (TSP1) 12/23/2015 11:35 Managed patient along with ED attending. Electronically signed by TODD STEVEN PHILLIPS PAC.
The designated co-signing physician is DAVID OBERT DO. (TSP1) 12/23/2015 11:35 I have reviewed the chart of DARRELL ERVIN WHITE JR and as the supervising staff physician concur on the final disposition - ELECTRONICALLY CO-SIGNED BY DAVID OBERT DO. (DO2) 12/27/2015 07:17 Disposition status is discharge. Discharged to Jail. Patient ambulatory out of department with normal gait or at baseline for patient. Departure Method: In custody of law enforcement. Patient physically left department and was removed from Tracking Board by LORI JEAN ROBERTS RN. (LJR1) 12/23/2015 11:59 Electronically signed by LORI JEAN ROBERTS RN. (LJR1) 12/23/2015 11:59 Arrange for a follow up appointment with Fadell, David DO at (702) 645-7800 in 1 - 3 days. (Unless a follow-up appointment has been recommended sooner). If your symptoms do not improve, your symptoms worsen, or if you have problems arranging a follow-up appointment, please return to this or any local Emergency Department or urgent care for your recheck. Please arrange a follow-up appointment within 3 days (Unless a follow-up appointment has been recommended sooner) with your primary care provider (PCP), or the referred physician or clinic See Referral section or Referral handout given. If you do not have your own doctor or cannot arrange the appointment within this time period please return to this or any local Emergency Department or urgent care for your recheck.

Certain medical problems require even closer follow-up:

- *If you have abdominal pain, we recommend that you return in 8-12 hours for a recheck, unless your symptoms completely resolve.
- *If you have a wound or were diagnosed with a skin infection, we recommend that you return in 2 days for a recheck.

*** IF YOUR CONDITION WORSENS AT ANY TIME, OR IF YOU EXPERIENCE ANY OTHER NEW OR CONCERNING SYMPTOMS, PLEASE RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT. *** (TSP1) 12/23/2015 11:35

Discharge Prescriptions

Ibuprofen Oral tablet 600 mg 1 tablet(s) Oral Every 6 Hours PRN

Special Instructions: For pain, take with food (TSP1 12/23/2015 11:33) Printed (TSP1 12/23/2015 11:33)

Percocet Oral tablet 5-325 mg 1 tablet(s) Oral 3 Times A Day PRN

Special Instructions: Maybe stating (TSP1 11:33) Printed (TSP1 12/23/2015 11:33)

Keflex (cephalexin monohydrate) Oral Capsule 500 mg 1 capsule(s) Oral Every 6 Hours, 40 capsule(s), No Refills (TSP1 11:33) Printed (TSP1 12/23/2015 11:33)

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Discharge Instructions

Arm Sling Use, Easy-to-Read

Arm Sling Use

A sling is used to:
Limit how much your arm moves.
Make you more comfortable.
Support your arm.

The sling fits well if:
Your elbow rests in the bottom and corner pocket.
Only your fingers show at the opening. Your wrist should fit inside and be supported by the sling.
The strap goes around your shoulder or neck for support.
Your arm is fairly level with your hand, slightly higher than your elbow.

HOME CARE

Adjust the sling to keep the hand inside. Slings tend to slip, making the elbow point up. Tug the elbow back into place.
If it is okay with your doctor, you may take the sling off when going to sleep.
The fingers should feel warm and be a normal color.
Try to keep the palm of the hand toward the body while wearing the sling.
Use an extra pillow at night to protect the arm. Slide the arm between a pillow and the cover.
Follow your doctor's instructions about taking a bath or shower.
Only take medicine as told by your doctor.

GET HELP IF:

The fingers turn cold or start to tingle.
The arm pain gets worse.
The pain is not helped by medicine or by adjusting the sling.

MAKE SURE YOU:

Understand these instructions.
Will watch this condition.
Will get help right away if you or your child is not doing well or gets worse.

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Discharge Instructions

Hand Fracture, Metacarpals

Hand Fracture, Metacarpals

Fractures of metacarpals are breaks in the bones of the hand. They extend from the knuckles to the wrist. These bones can undergo many types of fractures. There are different ways of treating these fractures, all of which may be correct.

TREATMENT

Hand fractures can be treated with:

- > Non-reduction - The fracture is casted without changing the positions of the fracture (bone pieces) involved. This fracture is usually left in a cast for 4 to 6 weeks or as your caregiver thinks necessary.
- > Closed reduction - The bones are moved back into position without surgery and then casted.
- > ORIF (open reduction and internal fixation) - The fracture site is opened and the bone pieces are fixed into place with some type of hardware, such as screws, etc. They are then casted.

Your caregiver will discuss the type of fracture you have and the treatment that should be best for that problem. If surgery is chosen, let your caregivers know about the following.

LET YOUR CAREGIVERS KNOW ABOUT:

- > Allergies.
- > Medications you are taking, including herbs, eye drops, over the counter medications, and creams.
- > Use of steroids (by mouth or creams).
- > Previous problems with anesthetics or novocaine.
- > Possibility of pregnancy.
- > History of blood clots (thrombophlebitis).
- > History of bleeding or blood problems.
- > Previous surgeries.
- > Other health problems.

AFTER THE PROCEDURE

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems, you'll be allowed to go home. Once home, an ice pack applied to your operative site may help with pain and keep the swelling down.

HOME CARE INSTRUCTIONS

- > Follow your caregiver's instructions as to activities, exercises, physical therapy, and driving a car.
- > Daily exercise is helpful for keeping range of motion and strength. Exercise as instructed.
- > To lessen swelling, keep the injured hand elevated above the level of your heart as much as possible.
- > Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- > Move the fingers of your casted hand several times a day.
- > If a plaster or fiberglass cast was applied:
 - Do not try to scratch the skin under the cast using a sharp or pointed object.
 - Check the skin around the cast every day. You may put lotion on red or sore areas.
 - Keep your cast dry. Your cast can be protected during bathing with a plastic bag. Do not put your cast into the water.
- > If a plaster splint was applied:
 - Wear your splint for as long as directed by your caregiver or until seen again.
 - Do not get your splint wet. Protect it during bathing with a plastic bag.
 - You may loosen the elastic bandage around the splint if your fingers start to get numb, tingle, get cold or turn blue.
- > Do not put pressure on your cast or splint; this may cause it to break. Especially, do not lean plaster casts on hard surfaces for 24 hours after application.
- > Take medications as directed by your caregiver.
- > Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- > Follow-up as provided by your caregiver. This is very important in order to avoid permanent injury or disability and chronic pain.

SEEK MEDICAL CARE IF:

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Discharge Instructions

Hand Fracture, Metacarpals

- > Increased bleeding (more than a small spot) from beneath your cast or splint if there is beneath the cast as with an open reduction.
- > Redness, swelling, or increasing pain in the wound or from beneath your cast or splint.
- > Pus coming from wound or from beneath your cast or splint.
- > An unexplained oral temperature above 102°F (38.9°C) develops, or as your caregiver suggests.
- > A foul smell coming from the wound or dressing or from beneath your cast or splint.
- > You have a problem moving any of your fingers.

SEEK IMMEDIATE MEDICAL CARE IF:

- > You develop a rash
- > You have difficulty breathing
- > You have any allergy problems

If you do not have a window in your cast for observing the wound, a discharge or minor bleeding may show up as a stain on the outside of your cast. Report these findings to your caregiver.

MAKE SURE YOU:

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

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RICE - Routine Care for Injuries

RICE: Routine Care for Injuries

The routine care of many injuries includes Rest, Ice, Compression, and Elevation (RICE).

HOME CARE INSTRUCTIONS

- > Rest is needed to allow your body to heal. Routine activities can usually be resumed when comfortable. Injured tendons and bones can take up to 6 weeks to heal. Tendons are the cord-like structures that attach muscle to bone.
- > Ice following an injury helps keep the swelling down and reduces pain.
 - * Put ice in a plastic bag.
 - * Place a towel between your skin and the bag.
 - * Leave the ice on for 15 to 20 minutes, 3 to 4 times a day. Do this while awake, for the first 24 to 48 hours. After that, continue as directed by your caregiver.
- > Compression helps keep swelling down. It also gives support and helps with discomfort. If an elastic bandage has been applied, it should be removed and reapplied every 3 to 4 hours. It should not be applied tightly, but firmly enough to keep swelling down. Watch fingers or toes for swelling, bluish discoloration, coldness, numbness, or excessive pain. If any of these problems occur, remove the bandage and reapply loosely. Contact your caregiver if these problems continue.
- > Elevation helps reduce swelling and decreases pain. With extremities, such as the arms, hands, legs, and feet, the injured area should be placed near or above the level of the heart, if possible.

SEEK IMMEDIATE MEDICAL CARE IF:

- > You have persistent pain and swelling.
- > You develop redness, numbness, or unexpected weakness.
- > Your symptoms are getting worse rather than improving after several days.

These symptoms may indicate that further evaluation or further X-rays are needed. Sometimes, X-rays may not show a broken bone (fracture) until 1 week or 10 days later. Make a follow-up appointment with your caregiver. Ask when your X-ray results will be ready. Make sure you get your X-ray results.

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Visit Date: 12/23/2015 08:52	Attending MD: DAVID OBERT DO

Additional Instructions

12/23/2015 11:35:04 PST A.TODDPHILLIPS.1 Fill prescriptions and take medication as directed. Wear splint and sling as instructed. Follow rice therapy, rest, ice, compression, elevation. Follow up with Dr. Patel, hand specialist. Referral provided. Return to the emergency department for any worsening symptoms, specifically: High fevers or chills, nausea or vomiting, increased swelling of the hand or forearm, any red streaks in the hand or forearm, increased swelling of the fingers such that they look like sausages or your unable to bend the fingers. (TSP1) 12/23/2015 11:35

Discharge Summary

Chief Complaint: Laceration to Rt hand.. Primary Diagnosis: Free text DX: Open comminuted and avulsion fracture of distal 3rd metacarpal, acute.. Disposition Notes: Disposition decision is discharge; Condition at discharge - improved; Arrange for a follow up appointment with Fadell, David DO at (702) 645-7800 in 1 - 3 days. (Unless a follow-up appointment has been recommended sooner). If your symptoms do not improve, your symptoms worsen, or if you have problems arranging a follow-up appointment, please return to this or any local Emergency Department or urgent care for your recheck; Please arrange a follow-up appointment within 3 days (Unless a follow-up appointment has been recommended sooner) with your primary care provider (PCP), or the referred physician or clinic Sea Referral section or Referral handout given, if you do not have your own doctor or cannot arrange the appointment within this time period please return to this or any local Emergency Department or urgent care for your recheck.

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*If you have a wound or were diagnosed with a skin infection, we recommend that you return in 2 days for a recheck.

*** IF YOUR CONDITION WORSENS AT ANY TIME, OR IF YOU EXPERIENCE ANY OTHER NEW OR CONCERNING SYMPTOMS, PLEASE RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT. ***; Electronically signed by TODD STEVEN PHILLIPS PAC; The designated co-signing physician is DAVID OBERT DO; Managed patient along with ED attending; I have reviewed the chart of DARRELL ERVIN WHITE JR and as the supervising staff physician concur on the final disposition - ELECTRONICALLY CO-SIGNED BY DAVID OBERT DO.. Discharge Prescriptions: Ibuprofen Oral 600 mg tablet 1 tablet(s) Oral Every 6 Hours PRN (28 tablet(s)); Percocet Oral 5-325 mg tablet 1 tablet(s) Oral 3 Times A Day PRN (12 tablet(s)); Keflex (cephalexin monohydrate) Oral 500 mg Capsule 1 capsule(s) Oral Every 6 Hours (40 capsule(s)). (12/27/2015 07:17)

Substance Use

Tobacco

Smoking status

former smoker [Confirmed by: VIVIEN GATDULA RN on 12/23/2015 08:53:00]

Alcohol

Alcohol use

no [VIVIEN GATDULA RN on 12/23/2015 08:53:00]

Recreational Drugs

Street drug use

no [VIVIEN GATDULA RN on 12/23/2015 08:53:00]

Staff Legend

DO2	DAVID OBERT DO
LH5	LISA HARPER UNIT CLERK
LJR1	LORI ROBERTS RN
RV6	RONALD VOLZ ORTHO TECH
TSP1	TODD PHILLIPS PAC
VG3	VIVIEN GATDULA RN

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(702) 383-2241

Patient Name: WHITE, DARRELL
Sex: M
Location:
Encounter: 1535700084

Date of Birth: 03/02/1976
MRN: 0000002136

Ordering Physician: PHILLIPS, TODD
Order Number: 7101070

Order Date: 12/23/2015

Interpreting Radiologist: MAGRUDER, MARY
Dictated on: 12/23/2015 at 09:45
Signed and Finalized by: MAGRUDER, MARY on 12/23/2015

Exam Charge Date: Dec 23 2015 9:45AM
PROCEDURE: ERD 0034 - ER HAND COMPLETE (RIGHT) -- 7101070

XR HAND 3 VIEWS

HISTORY: Right hand pain, right hand laceration

TECHNIQUE: Right hand, 3 views.

FINDINGS:

There is dorsal soft tissue swelling present. There is calcific density seen adjacent to the third distal metacarpal, dorsally, which may represent avulsion type fracture fragment. Small fleck of air is seen within the soft tissues subjacent to this region, compatible with history of laceration. No radiopaque foreign body present.

IMPRESSION:

1. Calcific density seen adjacent to the distal third metacarpal dorsally, most likely representing avulsion type fracture fragment, arising from the distal third metacarpal.
2. Small amount of subcutaneous air compatible with history of laceration. No foreign body observed.

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(702) 383-2241

Patient Name: WHITE, DARRELL
Sex: M
Location:
Encounter: 1535700084

Date of Birth: 03/02/1976
MRN: 0000002136

Ordering Physician: PHILLIPS, TODD
Order Number: 7101126

Order Date: 12/23/2015

Interpreting Radiologist: KAURA, NEIL
Dictated on: 12/23/2015 at 11:07
Signed and Finalized by: KAURA, NEIL on 12/23/2015

Exam Charge Date: Dec 23 2015 11:07AM
PROCEDURE: CAT 0056 - CT SCAN UPPER RIGHT EXT W/O CONT -- 7101126

CT RIGHT UPPER EXTREMITY WITHOUT CONTRAST

CLINICAL INDICATION: 39-year-old male with a history of right third metacarpal avulsion fracture.

COMPARISON: None. Correlation is made with right hand radiographs dated December 23, 2015.

TECHNIQUE: Routine axial CT through the right hand was performed without the intravenous administration of contrast. Coronal and sagittal 2-D reformatted images are also provided for interpretation from the acquisition workstation.

CONTRAST: None administered.

FINDINGS:

At the dorsal aspect of the right third metacarpal phalangeal joint there are at least 2 small osseous fragments consistent with small avulsion fractures off of the dorsal intra-articular aspect of the right third metacarpal base. There is associated adjacent soft tissue gas and moderate to large soft tissue swelling about the site which may be related to open fracture.

The remainder of the osseous structures about the right hand are grossly unremarkable.

Evaluation of the tendons, ligaments, and musculature about the right hand is limited on CT imaging, however it appear grossly unremarkable.

IMPRESSION:

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MAY 18 2016

CCMSI ~ Las Vegas

33

1. There is a comminuted, intra-articular avulsion fracture of the dorsal aspect of the right third metacarpal base with the fracture fragments overlying the dorsal aspect of the right third metacarpophalangeal joint. There is a large amount soft tissue swelling about the fracture site with a few flecks of soft tissue gas. An open fracture should be excluded clinically.
2. The remainder of the osseous structures about the right hand are grossly unremarkable.

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CCMSI ~ Las Vegas



150626394045

Hand Surgery Specialists of Nevada

Colby P. Young, B.S. Jeddiah W. Jones, M.D. David M. Fadden, D.O.

Date of Service:	01/08/2016		
Patient Name:	Darrell White		
Gender:	Male		
Date of Birth:	03/02/1976	39 Years 10 Months	
Referral Name:			
CHIEF COMPLAINT:	New patient, presents with complaints of right middle finger fracture. Injury was sustained while at work on 12/23/15. Right hand fracture with laceration		
HISTORY OF INJURY:			
Prescriptions			
Medications			
None, Ref: 0			
Social History:		Allergies	
Alcohol - Never		.No Known Drug Allergies	
Alcohol - Denies			
Surgical History:		Past Medical History	
None		.NONE PROVIDED	
		Family History	
Smoking Status:	Hand Dominance:	Height:	Weight in lbs:
		5'10"	211

HISTORY OF PRESENT ILLNESS: Mr. White is a prisoner in some type of detention center. He works for the Fire Department at the prison. He states he struck his right hand on the bumper of the fire truck. He sustained a laceration. He was seen at UMC. He was splinted and told me he had a fracture. On return to the detention center, he was unable to use the splint because it was a remnant and he felt it could be of harm. He has a light dressing on, no splint and presents today now seventeen days post-injury. There was no previous injury to the right hand.

The past medical, surgical history, etc. were reviewed on the intake sheets which will be scanned in.

On exam, he is 39, 5'10", 211 lbs, right hand dominant. Turning attention to the right hand, there is a laceration over the middle finger MP joint. He has intact distal sensory. There is some swelling there. The wound is actually healed, and the sutures have been removed. The finger does deviate slightly ulnarly. He has good extensor tone. He has minimal pain over the region of the MP joint of the middle finger. No sign of infection.

Outside films are reviewed as are new films today. There is a comminuted fracture of the dorsal aspect of the middle finger metacarpal neck and head. The joint is fairly well aligned. No significant ulnar deviation is noted on x-ray.

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JAN 12 2016

COMS-CARSON CITY
ROA 093

35

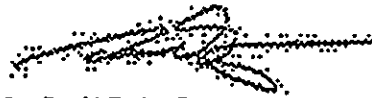
01/12/2016 09:351

(FAX) 702 650 0865

P.002/002

IMPRESSION: Fracture, middle finger, metacarpal head, dorsal aspect, articular but not in need of surgical intervention.

PLAN: We are going to make a Thermoplast splint for the index finger. He will follow-up with me in four weeks or so. A note is written to the detention center. The splint should be worn 23 hours a day after hygiene. If there are any problems with the splint, they are to contact us.



Dr. David Fadell DO

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JAN 12 2016

CCMSI-CARSON CITY

Darrell White, DOB: 03/02/1975

Page 2 of 2

ROA 094

36



Progress/Daily Notes

EASTERN THERAPY DEPARTMENT
4530 SOUTH EASTERN AVE SUITE 3
LAS VEGAS, NV 89119

Patient: Darrell White
Acct #: 10004880
DOB: 03/02/1976
SSN:

Phone / Fax: 702-645-7800 702-216-3145

Therapist: Jody Wait

Date of Service: 01/08/2016

Referred By: David Fadell

PCP:

Diagnosis: S62.312D - Displaced fracture of base of third metacarpal bone, right hand - subsequent encounter for fracture with routine healing

Phone:
Insurance: 88222 - CCMSI
Authorization/Claim #:

Injured Date:

12/22/2015

Init Eval Date:

Total Visits/CXL/NS: 0/0/0

Subjective

Pt is a 39 y.o. male who injured his R MF at work. He reports that he slipped off a trailer and hit his hand on the bumper. He sustained a 3rd metacarpal fracture. He saw the doctor today and is referred to therapy for custom orthotic fabrication. Pt is a prisoner in the state of NV.

Objective

Custom fabricated FAB radial gutter orthotic. Pt instructed in wear and care of the orthotic.

Assessment

Pt reported good Rt.

Plan

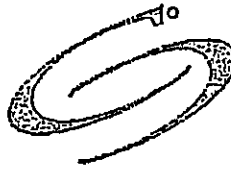
No further orders.

Jody E. Wait, OTR/L, CHT (electronically signed: 01/08/2016)

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JAN 18 2016

CCMSI-CARSON CITY



C C M S I

TO: Darrell White #37186
PO Box 600
Pioche, NV 89043

Claim No: 15C62G394045
Employer: State of NV/Forestry
Insurer: AIG - New Hampshire Ins. Co.
TPA: CCMSI
Date of Injury: 12/22/2015
Date of Notice: 1/25/2016
Body Part: Right hand 3rd MP joint fracture

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Mr. White:

The above referenced claim has been accepted on your behalf by CCMSI. Please check the information contained in this notice. If you find any of the information to be incorrect, please promptly notify this office.

If you do not agree with this determination, you have the right to appeal. If this is your intent, you must complete the enclosed "Request for Hearing" form and return it to the Hearing Division, at the address indicated on the appeal form, within 70 days from the date of this letter.

If you have any questions, please feel free to contact me at (775) 882-9600 ext. 9609 or toll free at (877) 243-1253.

Sincerely,

Elizabeth Hickson
Claims Representative

Retain a copy for your records

Cc: File, NDOF, GCDMC, Melinda Rakow via email

D-30 (rev. 4/07)

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 4990 - Carson City, NV 89702-4990
(775) 882-9600 Fax: (775) 882-9601 www.ccmsi.com

ROA 096

38



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

15C62G394045

Date of Service:	02/24/2016				
Patient Name:	Darrell White				
Gender:	Male				
Date of Birth:	03/02/1976 Age: 39 Years 11 Months				
Referral Doctor:					
CHIEF COMPLAINT:	Pt cc: patient is over all doing well. He states he is getting more range of motion .				
HISTORY OF INJURY:					
Current Medications					
None, Ref: 0					
Social History			Allergies		
Alcohol - Never			.No Known Drug Allergies		
Alcohol - Denies					
Past Surgical History			Past Medical History		
None			.NONE PROVIDED		
Family History			Previous Diagnosis		
Smoking Status	Hand Dominance	Height:	Weight in lbs:	Blood Pressure	Pulse
		5'10"	211		

IMPRESSION STATUS post right hand fracture with laceration fracture involving the dorsal neck of the right middle finger metacarpal

SUBJECTIVE: Seen today in followup. Remains incarcerated. He is doing well. As noted increased range of motion. He questions the bump over the dorsal aspect of the MP of the middle finger.

OBJECTIVE: On exam there is a fullness here. The fracture fragments lie beneath the skin. The trauma with a laceration scar is causing some of the ball tear. Functionally he is doing well with range of motion as well as resisted extension.

FLOUROSCAN: Films today show the small fleck of bone likely off the middle finger metacarpal neck.

PLAN: At this point he will just continue working on range of motion. He can do scar modalities. He can discontinue the brace as he has been wearing this. Followup with me will be on a p.r.n. basis.

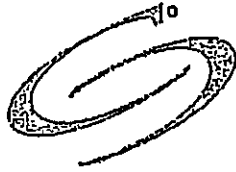
Dr. David Fadell DO

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APR 11 2016

CCMS-CARSON CITY
ROA 097

39



C C M S I

April 25, 2016

Darrell E White #37196
PO Box 509
Pioche, NV 89043-0509

RE: Claim Number: 15C62G394045
Date of Injury: December 22, 2015
Employer: State of Nevada, Conservation & Natural Resources

Dear Mr. White:

CCMSI is in receipt of your letter dated April 3, 2016, this letter is requesting an approved physician list for when you are released from the correctional facility. In your letter you state you will not be released for 90 days, and wish to treat once that occurs.

If your release is not for 90 days, you are required to continue treating through your incarceration. If you feel you are not recovered upon your release, CCMSI will continue to facilitate treatment once you have been released from the correctional facility.

If you disagree with this determination, you have the right to appeal. If that is your intent you must complete the enclosed "Request for Hearing" form and submit it to the Hearing Officer, Department of Administration, at the address indicated on the "Request for Hearing" form, within seventy (70) days from the date of this notice.

If you have any questions, please feel free to contact me at 775-882-9600 or toll free at 1-877-243-1253.

Sincerely,

Yolaunda Luhrs
Claims Representative

Enclosure

Cc: File
NDOC
Melinda Rakow



April 29, 2016

Darrell E White #37196
PO Box 509
Pioche, NV 89043-0509

RE: Claim No: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
Insurer: AIG- New Hampshire Insurance Company
Body Part(s)/Injury: Right 3rd MP joint fracture

Dear Mr. White:

CCMSI wants to make sure you receive the best possible medical care regarding your industrial injury.

However in reviewing your claim, it is noted that you have not followed up with medical care as recommended by your physician. Therefore as of the date of this letter, you have thirty (30) days to make an appointment and be evaluated by a physician within this time frame. Please notify this office of such appointment. If we do not hear from you, then it will be assumed that you do not need any further medical care, therefore your claim will close effective 30 days from the date of this letter.

If you disagree with this determination, you have the right to appeal. If that is your intent you must complete the enclosed "Request for Hearing" form and submit it to the Hearing Officer, Department of Administration, at the address indicated on the "request for Hearing" form, within seventy (70) days from the date of this notice.

If you have any questions, please feel free to contact me at 775-882-9609 or toll free 1-877-243-1253.

Sincerely,


Yolaunda Luhrs
Claims Representative

Enclosure: D-12

Cc: file, NDOF, GCDMC, Melinda Rakow via email

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Phone: 775-882-9600 • Fax: 775-882-9601 • www.ccmsi.com

41
ROA 099. ..



June 3, 2016

Darrell E White #37196
PO Box 509
Pioche, NV 89043-0509

RE: Claim No: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
Insurer: AIG - New Hampshire Insurance Co.
Body Part(s)/Injury: Right 3rd MP joint fracture

Dear Mr. White:

On April, 2016, a letter was sent to you requesting that you contact your physician and notify us of your next appointment within 30 days. As of this date, CCMSI has not received a response to this request.

In Nevada, claims for workers compensation benefits are governed in part by Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapters 616 and 617 as well as medical protocols.

NAC 616C.112 gives the insurer authority to close a claim when the insurer determines the claimant has received all benefits known to be due. The insurer is required to provide a claim closure notice which includes appeal rights and information regarding claim re-opening rights.

Therefore, your claim is now being processed for administrative closure effective the date of this letter. The enclosed copy of the "Injured Employee's Right to Reopen a Claim Which has Been Closed" explains your reopening rights for this claim.

If you disagree with this determination, you have the right to appeal. If that is your intent you must complete the enclosed "Request for Hearing" form and submit it to the Hearing Officer, Department of Administration, at the address indicated on the "request for Hearing" form, within seventy (70) days from the date of this notice.

If you have any questions, please feel free to contact me at 775-882-9600 or toll free 1-877-243-1253.

Sincerely,

E. Halden
PER INSURER

Yolaunda Luhrs
Claims Representative

Enclosure: D-12

Cc: File, NDOF, GCDMC, Melinda Rakow via email

CANNON COCHRAN MANAGEMENT SERVICES INC • PO Box 4990 • Carson City NV 89702-4990
Phone: 775-882-9600 • Fax: 775-882-9601 • www.ccmssi.com

42
ROA 100



August 4, 2016

Darrell E White #37196
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/16
Insurer: AIG-New Hampshire Insurance Co.
Employer: State of Nevada/ Dept. of Forestry

Dear Mr. White:

Cannon Cochran Management Services Inc. (CCMSI) is in receipt of a letter from your attorney dated July 21, 2016. This letter is indicating that while incarcerated, you made several attempts to treat for your right 3rd MP joint fracture but, did not receive the appropriate treatment needed. Also provided in the letter, are grievances from you, requesting treatment for the industrial injury.

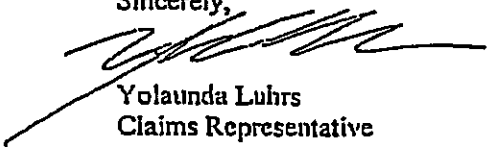
Please be advised that CCMSI has agreed to schedule you for a consult with possibility of treatment. An appointment has been scheduled with Dr. Andrew Bronstein, for Wednesday August 17, 2016 at 8:00am. If this appointment time does not work please call and re-schedule at (702) 458-4263. Please alert this office of any appointment changes.

Upon receipt of the medical reporting and after review of Dr. Andrew Bronstein's recommendations, CCMSI will render a determination concerning the pending claim closure.

If you disagree with this determination, you have the right to appeal. If that is your intent you must complete the enclosed "Request for Hearing" form and submit it to the Hearing Officer, Department of Administration, at the address indicated on the "Request for Hearing" form, within seventy (70) days from the date of this notice.

If you have any questions you may contact me at the address noted below.

Sincerely,



Yolaunda Luhrs
Claims Representative

CC: File, Travis N. Barrick Esq.

PATIENT
DARRELL WHITE
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

H (702) 339-5683
M N/A
W N/A
E N/A
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115

BRONSTEIN HAND CENTER MAIN OFFICE
T (702) 458-4263
F 1 (702) 562-2706
10135 W TWAIN AVE SUITE 100
LAS VEGAS, NV 89147

15C62G394045

Referrals/Response Letter

To: Yolanda Luhrs
From: April Monteagudo
Sent: 08/18/2016 11:59:31
Subject: Patient Referral
Regarding: Darrell White

I am sending you the last dictated report that should correspond with the PPR from 08-17-16. If there is additional documentation that you would find helpful, please feel free to contact us, and we can send that by additional fax.

Sincerely,

April Monteagudo

Encounter - 08/17/2016

SEEN BY		SEEN ON	
Andrew Bronstein		08/17/2016	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
71.0 in	215.0 lbs	30.0	135/86
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	115.0 bpm	N/A	N/A
CC			

NP RT hand possible FX on MF and possible trigger DOI 12/15

S

40 yo RHD currently unemployed gentleman with history of a RMF mcpj fracture and laceration repaired in ER setting. He has been under the care of Dr. Fadell until 4 months ago. At the time Dr. Fadell opined the patient was MMI. Patient presents with an injury that occurred in the industrial setting. The patient denies any history of prior injuries or pre-existing conditions contribution to these symptoms. There has been no interval trauma. Even up to his last visit with the other hand surgeon, this patient complains of pain, loss of motion and palpable dorsal mass over fracture site.

Social history: tobacco n/a
alcohol n/a. Major events: none listed. Ongoing medical problems: none listed.

O

General: Alert, oriented x 3, pleasant, and in no apparent distress.

Skin: No abnormal markings, wounds, or ecchymotic discoloration, ++swelling

Lymphatic: No erythema, cellulitis, abscess, lymphangitis, nor any signs of active infection.

Vascular: Brisk capillary refill, normal turgor, digits warm, no signs of chronic ischemia.

Neurologic: No signs of atrophy, anhidrosis, or hyperhidrosis, or trophic changes.

Musculoskeletal:

ROM: Non affected digits show full passive and active range of motion

Tendons: Non-affected digits glide freely without evidence of lag or incompetence or triggering

Tenderness: Localized to R 3rd MCPJ. H has a diagonal healed laceration with a firm mass deep to the soft tissue. No clinical instability and rom is 0-60° mcpj flexion. . Xrays obtained and interpreted in the office today demonstrate a healed fracture with an dorsal avulsion fragment that is dorsally displaced, appears to have only undergone partial resorption and correlates to his area of tenderness. .

A

DIAGNOSIS:

Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion [ICD-10: S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

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AUG 18 2016

44

COMST. ROA 102 CITY

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s).

Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter.

We also went over the logistics of their claims process and educated them on the importance of keeping their carrier, assigned claims manager, and physician informed throughout the process.

Patient may work. Full duty. (No work status change)

I recommend discontinuing the brace so there is no further loss of motion.

I recommend partial osteotomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis to improve rom.

Without these procedures, his outcome is predictable for permanent impairment on loss of range of motion.

PPR was faxed to case manager and a copy provided to the patient.

If Dr. Fadell is not available to perform the procedure, we can be available if approved.

Otherwise, FCE and a rating exam.

SIGNED BY

Andrew Bronstein

SIGNED ON

08/17/2016

Electronically signed by April Monteagudu 08/18/2016 11:59AM

practice fusion

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AUG 18 2016

CCMSI-CARSON CITY
ROA 103

45
11 11

INCIDENT/SYMPTOM DETAILS

This form will be used to aid in the diagnosis and treatment of your symptoms. Your Insurance Company may also require this form to process your claim.

If Insured: Your Group Health Plan may contain a subrogation provision which entitles the Plan to recover money paid for a condition caused by a responsible party. If the circumstances of claim(s) paid give the Plan opportunity for reimbursement, they will seek repayment from any other insurance coverage you may have or responsible parties and/or their coverage. You must complete the questions below.

Please answer every question and be very descriptive in your details.

Patient: Darrell White
Insured: Darrell White

1. What was the date of onset for this injury/incident/pain (what date did you notice your pain or injury)? 12/22/16

2. Describe the injury(s)/pain caused by the injury/incident: Right hand 3rd MP joint Fracture

3. How or what were you doing when the injury/incident/pain occurred? ~~threw~~ Slipped off the back of crew bus and hit right hand on bumper

4. Was the accident/incident the result of a work related activity? Yes ☒ No ☐

5. Where did the injury/incident/pain occur? (Ex: backyard, garage, store, kitchen)?

Out side by warehouse

6. Do you believe any person, product or property hazard caused or contributed to your injury or illness?

Please circle one. ☒ Yes ☐ No

7. If you answered yes to the above question, please list the other party's insurance carrier name, address, phone number, policy number and claim number.

CCMSI P.O. Box 4990 Carson City NV 89702-4990
(775) 882-9600 Claim# 15C1026394045

Your signature below indicates that the information given above is correct and you understand and agree that if you are using insurance the Group Health Plan has the right to recover any benefit monies paid due to the injury/incident/pain described herein through the subrogation provision of the Group Health Plan.

Signature: [Signature] Today's Date: 9-1-16

Printed Name: Darrell White

Relationship to Patient: Self

Revised: 07/11/2016cg

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CCMSI-CARSON CITY

ROA 104

46

PHONE IN AUTHORIZATION FORM FOR ESTABLISHED COMPANY SERVICES

Patient Accompanied by: _____
(Print Name)

Authorized by (print name): _____ Phone #: _____

Email Address: _____
NO answer

Title or Position: _____

~~This is a contract between the Company and the patient. It is not a contract between the Company and the patient. It is a contract between the Company and the patient.~~

Date & Time of Authorization: _____

~~NO ANSWER~~Company Name: ND OFCompany Phone: (775) 684-2508 Company Fax: _____Company Address: 2478 Fairview DR.
Carson City NV 89701~~NO ANSWER~~Patient Name: Darrell White #37196

Job Title: _____

Social Security: [REDACTED] Date of Birth: 3/2/76

When is patient expected to come to the clinic? _____

Check here if employee to pay for services ☐~~NO ANSWER~~

WORK RELATED INJURY

Date of Injury 12/22/2015 Body Part Right hand/wristClaim # 15C62G394045

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SEP 7 2016

CCMSI-CARSON CITY

Patient Rep: Karen RamirezClinic: Charleston & Decatur
REVISED: 07/11/2016 CG

NEW COMPANY INFORMATION FORM

Company Name:	<u>NIOOF</u>	No. of employees:	_____
Company Address:	<u>2478 Fairview Dr.</u> <u>Carson City, NV 89701</u>		
Contact Name:	<u>Teri Hack</u>	Contact E-mail:	_____
Company Phone:	<u>775 684 2508</u>	Company Fax:	_____

<u>Personnel Able to Authorize Visits</u>	
1. <u>Carol</u>	Phone: <u>775 684 2509</u>
2. <u>Nicole</u>	Phone: <u>775 684 2504</u>
3. _____	Phone: _____
4. _____	Phone: _____
<u>After Hours Contact</u>	
1. _____	Phone: _____
2. _____	Phone: _____

<u>Accounts Payable Contact</u>	
Name: _____	Phone: _____
E-mail: _____	Fax: _____

This information is needed even if you are not planning on filing this claim directly with worker's comp

Is your company a worker's comp subscriber? ☐ YES ☒ NO

Carrier Name: CCMSI

Carrier Address: P.O. Box 4990 Carson City NV 89702-4990

Carrier Phone: 775 882 9400 Carrier Fax: _____

Special Instructions: _____

PATIENT INFORMATION

Patient Name: <u>Parrell White</u>	Job Title: _____
Social Security: <u>[REDACTED]</u>	Date of Birth: <u>2/2/76</u>
When is the patient expected to come to the clinic? _____	

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SEP 7 2016 48

CCMSI-CARSON CITY, NV

PATIENT AUTHORIZATION & DEMOGRAPHICS.

[REDACTED]

Social Security #: 7312060424 Home Phone #: 702 333-583

First Name: Darrell Cell Phone #: Same

Last Name: White Email: _____

Middle Name: _____ Information / Marketing Communication: ☐ Y ☐ N

Preferred Name: _____ Patient Reminders Communication: ☐ Y ☐ N

Birthday: 3-2-76 Preferred Method of Communication: ☐ No Preference ☐ Email ☐ Home Phone
☐ Cell Phone ☐ Mail

Gender: ☐ Female ☒ Male Marital Status: ☐ Child ☐ Divorced ☐ Married ☐ Separated
☒ Single ☐ Widowed

Address: 3947 Blue Wave Drive Employer Name: _____

Zip: 89115 Employer Phone: _____

City & State: LV. NV

Employment Status: ☐ Disabled ☐ Full Time ☐ Part Time ☐ Self Employed ☐ Retired ☐ Student ☒ Not Employed

[REDACTED]

Preferred Pharmacy: Walgreen Pharmacy Phone #: _____

Pharmacy Address: Pecos / Las Vegas Blvd

[REDACTED]

First Name: _____ Race: ☐ American Indian ☐ Alaska Native
☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Patient Declines

Last Name: _____ Ethnicity: ☐ Hispanic or Latino ☐ Patient Declines
☐ Not Hispanic or Latino

Middle Name: _____ Preferred Language: English

Relationship: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone #: _____

Email: _____

Revised: 06/01/2016cg

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SEP 7 2016

CCMSI-CARSON CITY
ROA 107

Guarantor

Name Last: _____ First: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Social Security #: _____ Birthdays: _____

Gender: ☐ Female ☐ Male Relationship: _____

Employer Name: _____

Do you have insurance with more than one health plan?

☐ Y ☐ N

Secondary Insurance: _____

Subscriber Name: _____

SSN: _____ DOB: _____

Address: _____

Employer Name: _____

On-The-Job Injury Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

Status: ☐ Disabled ☐ Full Time ☐ Part Time ☐ Self Employed ☐ Retired ☐ Student ☐ Not Employed

Additional On-The-Job Injury Information:

If Injury, Exact Date of Injury: 10/20/15

Is your employment through a temporary service?

Name of Temp Service: 160000

Is your employment through an independent contractor?

Name of Contractor: _____

Authorization for treatment, Assignment of Insurance benefits, Guarantee of payment, Release of records:

EMERGENCY CONTACT:

By listing an emergency contact below, I am authorizing CareNow to disclose information to the named individual concerning my medical condition(s), billing account details and be contacted in the event of an emergency situation. I am aware that any disclosure of my protected health information outside of verbal communication will require a HIPAA compliant authorization to be completed, in accordance with the Notice of Privacy Practices.

Contact Name: Sabrina Swinson Relation to Patient: Friend Phone: 702 504 2847Address: 3947 Bluewave Drive Apt: _____ City: LV State: NV Zip: 89115Patient \ Legal Guardian Signature: [Signature] Date: 9-1-16

Printed Patient \ Legal Guardian: _____

Revised: 06/01/2016cg

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SEP 7 2016

CCMSI-CARSON CITY SD

ROA 108..

PATIENT HIPAA ACKNOWLEDGMENT AND CONSENT FORMPatient Name Darrell WhiteDate of Birth: 3-2-76Do (Patient/Representative Initials) Notice of Privacy Practices.

I acknowledge that I have received the practice's Notice of Privacy Practices, which describes the ways in which the practice may use and disclose my healthcare information for its treatment, payment, healthcare operations and other described and permitted uses and disclosures. I understand that I may contact the Privacy Officer designated on this notice if I have a question or complaint. I understand that this information may be disclosed electronically by the Provider and/or the Provider's business associates. To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the practice's Notice of Privacy Practices.

(Do) (Patient/Representative Initials) Release of Information.

I hereby permit practice and the physicians or other health professionals involved in the inpatient or outpatient care to release healthcare information for purposes of treatment, payment, or healthcare operations.

- Healthcare information regarding a prior admission(s) at other HCA affiliated facilities may be made available to subsequent HCA-affiliated admitting facilities to coordinate Patient care or for case management purposes. Healthcare information may be released to any person or entity liable for payment on the Patient's behalf in order to verify coverage or payment questions, or for any other purpose related to benefit payment. Healthcare information may also be released to my employer's designee when the services delivered are related to a claim under Worker's Compensation.
- If I am covered by Medicare or Medicaid, I authorize the release of healthcare information to the Social Security Administration or its intermediaries or carriers for payment of a Medicare claim or to the appropriate state agency for payment of a Medicaid claim. This information may include, without limitation, history and physical, emergency records, laboratory reports, operative reports, physician progress notes, nurse's notes, consultations, psychological and/or psychiatric reports, drug and alcohol treatment and discharge summary.
- Federal and state laws may permit this facility to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share my health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of my health records; decreasing the time needed to access my information; aggregating and comparing my information for quality improvement purposes; and such other purposes as may be permitted by law. I understand that this facility may be a member of one or more such organizations. This consent specifically includes information concerning psychological conditions, psychiatric conditions, intellectual disability conditions, genetic information, chemical dependency conditions and/or infectious diseases including, but not limited to, blood borne diseases, such as HIV and AIDS.

Disclosures to Friends and/or Family Members

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM?

I give permission for my Protected Health Information to be disclosed for purposes of communicating results, findings and care decisions to the family members and others listed below:

	Name	Relationship	Contact Number
1:			
2:			
3:			

Patient/Representative may revoke or modify this specific authorization and that revocation or modification must be in writing.

Note: This clinic uses an Electronic Health Record that will update all your demographics to the information that you just provided. Please note this information will also be updated for your convenience to all our affiliated clinics that share an electronic health record in which you have a relationship.

Updated: April 22, 2016 replacing October 28, 2015, June 12, 2015 & November 21, 2013 version
A photocopy of this consent shall be considered as valid as the original.

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SEP 7 2016

CCMSI-CARSON CITY ST

ROA 109

Consent for Photographing or Other Recording for Security and/or Health Care Operations

☒ (Patient/Representative Initials) I consent to photographs, digital or audio recordings, and/or images of me being recorded for security purposes and/or the practice's health care operations purposes (e.g., quality improvement activities). I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used without a specific written authorization from me or my legal representative unless it is for treatment, payment or health care operations purposes or otherwise permitted or required by law.

☒ (Patient/Representative Initials) I do not consent to photographs, digital or audio recordings, and/or images of me being recorded for security purposes and/or the practice's health care operations purposes (e.g., quality improvement activities).

Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications:

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. I understand that once I have consented to receive communication via text or email, I still have the right to revoke that consent at any time.

If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice. The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

☒ (Patient/Representative Initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is _____

The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is _____

OR

☒ (Patient/Representative Initials) I decline to receive communication via text.

☒ (Patient/Representative Initials) I decline to receive communication via email.

If you have previously consented to receive communication via text/email and wish to remove the consent

Revocation (I do not consent to use my cell or email any longer)

I hereby revoke my request for future communications via email and/or text.

I hereby revoke my request to receive any future appointment reminders, feedback, and general health via text.

I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email.

NOTE: This revocation only applies to communications from this Practice.

Patient Name: _____

Patient/Patient Representative Signature: _____

Date: _____

Time: _____

Prescription Order Pick-up. There may be times when you need a friend or family member to pick-up a prescription order (script) from your physician's office. In order for us to release a prescription to your family member or friend, we will need to have a record of their name. Prior to release of the script, your designee will need to present valid picture identification and sign for the prescription.

(Patient/Representative Initials) I wish to designate the following individual to pick up a prescription order on my behalf:

Name: _____

Date: _____

Name: _____

Date: _____

(Patient/Representative Initials) I do not want to designate anyone to pick-up my prescription order.

Patient/Parent/Guardian/Patient Representative Signature _____

Date: _____

Patient/Parent/Guardian/Patient Representative Name (Printed) _____

Patient Name (Printed): _____

Date of Birth: _____

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Updated: April 22, 2016 replacing October 28, 2015, June 12, 2015 & November 21, 2013 version
A photocopy of this consent shall be considered as valid as the original.

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CCMSI-CARSON CITY

ROA 110 52

HCA - UCENHNV
4575 W Charleston Blvd #A
Las Vegas, NV 89102-3501
702-877-8777



WHITE, DARRELL (09/01/2016)

Transcription (page 1 of 2)

Patient: DARRELL WHITE, Sex: M (ID# 337334)

Date of Birth: 03/02/1976 (40 years)

Work Comp Visit on 09/01/2016 for Company NDOF. Protocol Is (Log# 6B175)

Triage Notes:

- Pain - Right Hand: right hand pain and swelling for 2 days

History of Present Illness:

The patient presents with a chief complaint of pain of the right hand since Tue, Aug 30, 2016. Context: The patient reports that it had a sudden onset. The patient has had a similar problem in the past, pt has seen surgeon who recommended surgery. States pain and needs pain meds. The patient also reports anxiety/nerves, shortness of breath, and swelling as abnormal symptoms related to the complaint.

Review of Systems:

The patient complains of the following recent symptoms:

- Constitutional:
 - pain: See HPI
- Psychiatric:
 - anxiety/nerves: began approximately 1 weeks ago, symptoms are intermittent, moderate in intensity, aggravated by life stress
- Respiratory:
 - shortness of breath: new condition, began approximately 1 weeks ago, gradual onset, symptoms are intermittent, moderate in intensity, no alleviating factors, no aggravating factors
- Musculoskeletal:
 - swelling: new condition, began approximately 9 months ago, symptoms are constant, but worse at times, located over right hand, area is throbbing, area is painful, area has redness, moderate in intensity, alleviated by application of cold, no aggravating factors

The patient denies the following recent symptoms:

- Neurological: denies loss of consciousness, numbness/tingling, weakness
- Psychiatric: denies depression
- Eyes: denies eye pain
- GI: denies abdominal pain, diarrhea, nausea, vomiting
- Musculoskeletal: denies back pain, muscle pain

Allergies: patient specifies no allergies

Current Medications:

- ibuprofen 200 mg tablet: 2, By Mouth (PO), Q6h, as needed for pain and swelling

Medical History: patient specifies no medical problems

Surgeries:

- Abdominal/Pelvic surgery: stab wound abdominal surgery 1994

Social History:

- Tobacco Use: Current every day smoker, 1/2 pack per day

Family History: patient specifies no conditions

Preventive Measures:

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ROA 111 53

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4575 W Charleston Blvd #A
Las Vegas, NV-89102-1501
702-877-0777



WHITE, DARRELL (09/01/2016)

Transcription (page 2 of 2)

- Td (adult tetanus): Td Immunization up to date; date of last immunization 2011

Vitals:

Vital signs obtained 09/01/2016 6:40 PM

Temperature: 98.1 °F (Tympanic [L]), Pulse: 114 BPM, BP: 132/85, Respirations: 20/min, O2 saturation: 95%, O2 Delivery: RA, Weight: 99 KG, Height/Length: 5' 10", BMI: 31.3, Hand dominance: Right, Pain: 8 per 0-10 pain intensity scale.

First entered 09/01/2016 18:51 by Maria MA, Veronica

Physical Exam:

The following exam elements were documented to be abnormal:

- Skin (Right): abnormality noted, rt hand in brace

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect
- Skin (Right and Left): no ecchymosis or rash of skin of wrist or hand

Progress Log

Last Edited By
kac9370Log Time
9/1/2016 7:04:23 PM

PNP reviewed, #50 notes 7/5/325 dispensed 082116

Diagnosis:

- Pain in unspecified hand(M79.643) - No Workup

Medication Orders:

- Prescribed: Ibuprofen 800mg 1 tablet by mouth Every 8 Hours as needed #45 Refills(0).
Prescribed at 7:01 PM on 09/01/2016
Prescription printed

Exit Care Documents:

- Joint Pain, Easy-to-Read

Plan:

- Off work until re-evaluation. Notes: follow up with surgeon.
- Return to Clinic or Emergency Room if symptoms persist or worsen. Otherwise follow up with your Primary care Provider

Patient was discharged by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM

Signed off electronically by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM

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CCMSI-CARSON CITY

ROA 112

54

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4575 W Charleston Blvd SA
Las Vegas, NV 89102-1501
702-877-8777



WHITE, DARRELL (09/01/2016)

Company Medical Record

Date of Visit: September 1, 2016
Employer: NDOF
Full Name: WHITE, DARRELL
SSN: ***-**-3426

HISTORY:**History of Present Illness:**

The patient presents with a chief complaint of pain of the right hand since Tue, Aug 30, 2016. Context: The patient reports that it had a sudden onset. The patient has had a similar problem in the past. pt has seen surgeon who recommended surgery. States pain and needs pain meds. The patient also reports anxiety/nerves, shortness of breath, and swelling as abnormal symptoms related to the complaint.

Information relevant to the injury or illness is included in the above history. Some aspects of the patient's past medical, family, social history and review of systems may be deemed unrelated to the injury or illness and may be withheld from this transmittal in order to protect patient privacy and comply with need-to-know requirements of medical communications.

PHYSICAL:

Vitals as charted.

Physical Exam:

The following exam elements were documented to be abnormal:

- Skin (Right): abnormality noted, rt hand in brace

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect
- Skin (Right and Left): no ecchymosis or rash of skin of wrist or hand

Diagnosis:

- Pain in unspecified hand(M79.643) - No Workup

Medication Orders:

- Prescribed: ibuprofen 800mg 1 tablet by mouth Every 8 Hours as needed #45 Refills(0).
Prescribed at 7:01 PM on 09/01/2016
Prescription printed

Plan:

- Off work until re-evaluation. Notes: follow up with surgeon.
- Return to Clinic or Emergency Room if symptoms persist or worsen, Otherwise follow up with your Primary care Provider

Patient was discharged by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM
Signed off electronically by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM

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CCMSI-CARSON CITY
ROA 113

HCA - UCExtraNV
4575 W Charleston Blvd #A
Las Vegas, NV 89102-1501
702-877-8777



WHITE, DARRELL (09/01/2016)

Patient Clinical Summary (page 1 of 2)

Patient: DARRELL WHITE, Sex: M (ID# 337334)
Date of Birth: 03/02/1976
Log# 68175 (Room# Exam Room 1)

You were seen at UCExtraNV (24701 CHAR) on Thursday, September 1, 2016.

Your Diagnosis for today's visit is:

- 1. Pain in unspecified hand

You have been Prescribed the following medications. Please take as Instructed.

- Prescribed: ibuprofen 800mg 1 tablet by mouth Every 8 Hours as needed #45 Refills(0).
Prescribed at 7:01 PM on 09/01/2016
Prescription printed

Recommendations / Plan:

- Off work until re-evaluation. Notes: follow up with surgeon.
- Return to Clinic or Emergency Room if symptoms persist or worsen, Otherwise follow up with your Primary care Provider.

Instructions:

- Please read the Exit Care Documents provided:
 - Joint Pain, Easy-to-Read

Thank you for allowing us to serve you today.

Please call this clinic at 702-877-8777 if your condition changes or you have any concerns.

You were discharged by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM.

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CCMSI-CARSON CITY

ROA 114 56

HCA - UCEXtraNY
4575 W Charleston Blvd #A
Las Vegas, NV 89102-1501
702-877-8777



WHITE, DARRELL (09/01/2016)

Patient Clinical Summary (page 2 of 2)

Race: Black or African American
Ethnicity: Patient Declines
Preferred Language: English

Your Reason for visiting us:

- The patient presents with a chief complaint of pain of the right hand since Tue, Aug 30, 2016. Context: The patient reports that it had a sudden onset. The patient has had a similar problem in the past, pt has seen surgeon who recommended surgery. States pain and needs pain meds. The patient also reports anxiety/nerves, shortness of breath, and swelling as abnormal symptoms related to the complaint.

Your Vital Signs recorded during this visit were:

- Main vitals: Vital signs obtained 09/01/2016 6:40 PM
Temperature: 98.1 °F (Tympanic [L]), Pulse: 114 BPM, BP: 132/85, Respirations: 20/min, O2 saturation: 95%, O2 Delivery: RA, Weight: 99 KG, Height/Length: 5' 10", BMI: 31.3, Hand dominance: Right, Pain: 8 per 0-10 pain intensity scale.
First entered 09/01/2016 18:51 by Marlin MA, Veronica

Your Social History recorded includes:

- Tobacco Use: Current every day smoker, 1/2 pack per day

Your Symptoms during this visit:

The following symptoms were marked as negative/normal: loss of consciousness, numbness/tingling, weakness, depression, eye pain, abdominal pain, diarrhea, nausea, vomiting, back pain, muscle pain.

The following symptoms were marked as positive/abnormal:

- Pain (see Reason for visit)
- Anxiety/Nerves: began approximately 1 weeks ago, symptoms are intermittent, moderate in intensity, aggravated by life stress
- Shortness of breath: new condition, began approximately 1 weeks ago, gradual onset, symptoms are intermittent, moderate in intensity, no alleviating factors, no aggravating factors
- Swelling: new condition, began approximately 9 months ago, symptoms are constant, but worse at times, located over right hand, area is throbbing, area is painful, area has redness, moderate in intensity, alleviated by application of cold, no aggravating factors

According to our documentation, you are on the following Medications (see also Prescribed medications above):

- Ibuprofen 200 mg tablet: 2, By Mouth (PO), Q6h, as needed for pain and swelling

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CCMSI-CARSON CITY

ROA 115

57

7257773119

05:45:12 p.m. 09-06-2016

20/23

HCA - UCExtraNV
4575 W Charleston Blvd #A
Las Vegas, NV 89102-1501
702-877-8777



WHITE, DARRELL (09/01/2016)

Code Summary

Qty	Code	Description
E/M	99214	Suggested E/M = 99214 using 1995 guidelines History=Detailed (CC/HPI = Extended; PFSH = Complete; ROS = Extended) Exam=Expanded Problem Focused (3 Systems) Complexity=Moderate Complexity (DX=Multiple; Risk=Moderate; DR=N/A)
ICD10	M79.643	Pain in unspecified hand
ICD9	729.5	Pain in Limb
SNOMED	53057004	Pain in unspecified hand

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CCMSI-CARSON CITY

ROA 116

58

7257773119

05:45:23 p.m. 09-06-2016

21 / 23

HCA - UCEHtraNV
4575 W Charleston Blvd #A
Las Vegas, NV 89102-1501
702-877-8777



WHITE, DARRELL (09/01/2016)

Work Status Note

Date of Visit: September 1, 2016

Employer: NDOF

Full Name: WHITE, DARRELL

SSN: ***-**-3426

Date of Initial onset/Injury: 8/30/2016

Reason: Pain

Diagnosis:

- Pain In unspecified hand(M79.643) - No Workup

Disposition:

- .Return to Clinic or Emergency Room If symptoms persist or worsen, Otherwise follow up with your Primary care Provider

Work Restrictions:

- Off work until re-evaluation. Notes: follow up with surgeon.

Patient was discharged by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM

Signed off electronically by Frank Urbina, PA-C on 9/1/2016 7:04:23 PM

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CCMSI-CARSON CITY
ROA 117

59



Nevada Prescription Monitoring Program
For assistance using this application, please contact:
1-855-5NV-4PMAP, NV

Report Prepared: 09/02/2016

Patient Report

Date Range: 08/02/2015 - 09/02/2016

darrell white

First Name: darrell	Last Name: white	DOB: 1976-03-02	ZIP Code: 89101	City: Las Vegas	State: NV	Phone: 702-735-1111	SSN: 000-00-0000	DL: 00000000
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Report Criteria

First Name: darrell, Last Name: white, DOB: 1976-03-02, ZIP Code: 89101, City: Las Vegas, State: NV, Phone: 702-735-1111, DL: 00000000

Summary

Prescriptions: 3	Prescribers: 2	Pharmacies: 1	Private Pay: 0	Active Daily DME: 0
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Prescriptions

Start Date	End Date	Prescriber	Pharmacy	Drug Name	Strength	Dosage	Quantity	Units	Pharmacy Name	Pharmacy Address	Pharmacy City	Pharmacy State	Pharmacy ZIP	Pharmacy Phone	Pharmacy Fax	Pharmacy Email	Pharmacy Website	Pharmacy Type	Pharmacy License	Pharmacy Status	Pharmacy Notes
08/23/15	09/02/16	05/23/2015	HYDROCODONE-ACETAMINOPHEN 7.5-325	60.0	30	DD EZE	1210	287	VALER (8331)	0	22.5	Comer	IN								
07/15/15	07/15/15	07/15/2015	HYDROCODONE-ACETAMINOPHEN 7.5-325	60.0	30	DD EZE	1210	287	VALER (8331)	0	22.5	Comer	IN								
07/28/15	07/28/15	07/28/2015	HYDROCODONE-ACETAMINOPHEN 7.5-325	60.0	30	DD EZE	1210	287	VALER (8331)	0	22.5	Comer	IN								

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

Prescribers

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CCMSI-CARSON CITY
ROA 118

60

7257773119

05:46:35 p.m. 09-06-2016

23/23

RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED
RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED

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RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED	RECEIVED

RECEIVED

SEP -7 2016

CCMSI-CARSON CITY

ROA 119 61

**Payment Notification
Important Information for Patients**

Payment is required for each visit including follow-up and re-checks

Insurance Patients - You may owe more than what is collected today

We will do our best to determine your payment amount by obtaining an estimate of your insurance benefits. We will collect the "estimated portion" today and file the claim to your insurance company. The estimate is not a guarantee of your coverage or the amount your insurance company will pay. If your insurance company indicates you owe more than what you paid at the time of service or a service is not covered by your insurance company, our billing office will bill you for the remaining balance. If you gave us the wrong insurance information at the time of service and notify our billing office at a date past our contractual timely filing deadline to submit your claim to your insurance, we will bill you for the balance.

If we are unable to obtain an estimate of your insurance benefits or you have a deductible plan and the deductible is not met, you will be required to pay the insurance allowable. If you are eligible to receive a refund, our billing office will promptly send you a refund check.

☒ **Estimated Copay, Deductible or Coinsurance \$** 0

Your copay may not cover certain services such as laboratory tests, strep screens, immunizations, x-rays, injectable medicines/antibiotics, orthopedic supplies, surgical procedures and other services.

Private Pay Patients

Payment is due at the time of service. Our office visit charges start at \$125 and may be higher depending on the complexity of your visit. If labs, x-rays, injections or supplies are needed those will each be an additional charge.

☐ **Private Pay**

You will be responsible to pay in full for all services provided today.

I have read and understand that I am responsible to pay for all services, not covered by insurance.

Darrell White
Printed Patient Name

[Signature]
Signature (Responsible Party)

9-1-16
Date

Front desk use only:

Patient Acct # 337334

Revised: 07/14/2016 Cg

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SEP 7 2016

CCMSI-CARSON CITY
ROA 120



September 20, 2016

Darrell E White #37196
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/2016
Insurer: AIG-New Hampshire Insurance Co.
Employer: State of Nevada/ Dept. of Forestry

Dear Mr. White#37196:

This letter is in response to your attorney's email dated September 20, 2016. In this email Mr. Barrick Esq. requested that you be compensated from the date of injury to present time. Please be advised that this request is denied. During incarceration, inmates do not receive compensation for time missed from work. Our medical records show that you have been released to full duty as of February 24, 2016 through August 31, 2016. On September 1, 2016 you went to Urgent + Care and you were taken off work until re-evaluation.

CCMSI has requested your wages from the State of Nevada Department of Forestry for six weeks prior to the date of injury as per statute. Once these wages are received, your wages will be calculated and a check will be sent to the address you have provided our office.

If you disagree with this determination, you have the right to appeal. If that is your intent you must complete the enclosed "Request for Hearing" form and submit it to the Hearing Officer, Department of Administration, at the address indicated on the "Request for Hearing" form, within seventy (70) days from the date of this notice.

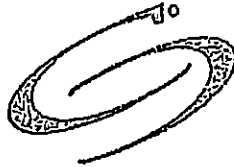
If you have any questions you may contact me at the address noted below.

Sincerely,



Yolaunda Luhrs
Claims Representative

CC: File, Travis Barrick Esq. SNVA, NDF



C C M S I

September 29, 2016

Darrell E White #37196
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
Insurer: AIG - New Hampshire Insurance Co.

Notice of Average Monthly Wage

Dear Darrell E White:

We are in receipt of your requested wages and have verified calculations in the amount of \$69.30 for the time period of October 1, 2015 through December 31, 2015. Your average monthly wage pursuant to state calculations is \$22.93 for a daily rate of \$0.50.

Any benefits that you may be due for time lost from work will be sent separately from this letter. We have enclosed a copy of the Explanation of Wage Calculation Form for your review.

In order to receive Temporary Total Disability benefits, you must submit certification of disability from your treating physician. Checks are issued on a bi-weekly basis only.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, Carson City office, within seventy (70) days from the date of this letter.

If you have questions or wish to discuss this issue further, please contact me at the number noted below at extension 9610.

Sincerely,

Elizabeth Hickson

Elizabeth Hickson
Claims Representative

My Son's Counsel

cc: File, NDOF, Travis Barrick, Esq.

Enc: D-5, D-7, D-12a, wages

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 4990 - Carson City, NV 89702-4990

(775) 882-9600

Fax: (775) 882-9601

www.ccmcsi.com

ROA 123

65

EXPLANATION OF WAGE CALCULATION
(Pursuant to NAC 616C.520(1))

The amount of disability compensation payable to an injured employee is based on his average monthly wage at the time of the accident. The compensation due is calculated on a calendar day basis, and paid at the rate of 66 2/3% of the average monthly wage, subject to limitations of the State maximum average monthly wage. If disabled for at least five consecutive days, or five cumulative days within a 20-day period, each day of total disablement, included in and following the five days, is compensable. When a doctor releases the injured employee to work or he returns to work on his own, the period of disability ceases.

ITEMS INCLUDED IN THE AVERAGE MONTHLY WAGE
(Pursuant to NAC 616C.423)

The calculation of your average monthly wage includes the following: wages or salary; commissions which are prorated over 6 months; incentive pay; payment for sick leave; bonuses which are prorated over 1 year; payment at termination; tips which are collected and disbursed by the employer, not at the discretion of the customer; tips you elect to report pursuant to NRS 616B.227; payment for piecework, tool allowance, vacation, holidays, overtime, and travel time; and value of room and/or board.

Items which cannot be included are: employment not subject to coverage under NRS 616A to 617, inclusive, or elective employment which has not been elected; reimbursement for expenses, including per diem and travel, and allowances for laundry or uniforms.

In certain instances, wages are deemed by statute. Compensation will be based on that wage.

If your average monthly wage exceeds the State Average Monthly Wage, compensation will be based on the State Average Monthly Wage.

CALCULATION OF THE AVERAGE MONTHLY WAGE

A wage history for a period of 12 weeks must be used to calculate the average monthly wage. If a 12-week period is not representative of your average monthly wage, the following methods are to be used.

A period of one year, or the full period of employment if less than one year, may be used. It must be used if requested by you, providing the average monthly wage would be increased; or pursuant to NAC 616C.435(3), if employee is a member of a labor organization and regularly employed by referrals from that office, wages from all employers for one year must be used if the average monthly wage would be increased.

If employed less than 12 weeks, but for a period not less than four weeks, wages are averaged for the available period; or

Earnings based on piecework or a period of less than four weeks must be based on the rate of pay and projected working schedule, or on an average equal to other employees doing the same work.

Wages must consist of consecutive days preceding your accident. Each day must be counted, with the following exceptions: A certified illness or disability; institutionalized in a hospital, or other; enrollment as a full-time student and not employed on days of attendance; military service other than weekend duty; or an officially sanctioned strike.

Concurrent wages for employment by two or more employers may also apply. NAC 616C.447 provides that the insurer shall advise an injured employee in writing of his entitlement to compensation for concurrent employment at time of the initial payment of compensation.

IF IT APPEARS THAT AN ERROR HAS BEEN MADE IN THE WAGE DETERMINATION, PLEASE CONTACT YOUR CLAIMS AGENT. AN EXPLANATION OF THE CALCULATION WILL BE PROVIDED. THE WAGE WILL BE REVISED UPON PRESENTATION OF DOCUMENTATION (CHECK STUBS, INCOME TAX FORM W-2, WAGE STATEMENT FROM THE EMPLOYER) WHICH SHOWS THE ORIGINAL WAGE DETERMINATION TO BE IN ERROR. A REVISED WAGE WILL BE USED TO RECALCULATE AND ADJUST COMPENSATION FOR PERIODS ALREADY PAID, AS WELL AS FUTURE COMPENSATION.

REQUEST FOR HEARING - CONTESTED CLAIM
(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration Hearings Division
 1050 E. William Street, Ste. 400
 Carson City, NV 89701
 (775) 687-8440 OR Department of Administration
 Hearings Division
 2200 S. Rancho Drive, Suite 210
 Las Vegas, NV 89102
 (702) 486-2525

EMPLOYEE INFORMATION		
Employee's Name: Durrell E White		
Address: 3947 Blue Wave Dr		
City: Las Vegas	State: NV	Zip: 89115-0273
Employee's Telephone Number: 702-339-5683		
Claim No.: 15G62G394045	Date of Injury: 12/22/2015	
INSURER INFORMATION		
Insurer's Name: AIG - New Hampshire Insurance Co		
Address: 175 Water Street 18 th Floor		
City: New York	State: NY	Zip: 10038
Insurer's Telephone Number: 212.770-7000		

EMPLOYER INFORMATION		
Employer's Name: NDOF		
Address: ATTN: TERI HACK or CAROL NELSON		
2478 FAIRVIEW DR,		
City: CARSON CITY	State: NV	Zip: 89701
Employer's Telephone Number: (775) 684-2501		
THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION		
TPA's Name: CCMSI		
Address: P.O. Box 4990		
City: Carson City	State: NV	Zip: 89702
TPA's Telephone Number: (775) 882-9600		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

This request for hearing is filed by, or on behalf of:

☐ The Injured Employee

☐ The Employer

and is dated this _____ day of _____, 20__

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)

11-12a(RC.12.017)

ROA 125 67

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

RE: Injured Employee: Darrell White Date of Injury: 12/25/15
 Social Security No.: xxx-xx Claim No.: 15C62G394045
 Employer: State of Nevada Insurer: AIG - New Hampshire Ins Co
 Third-Party Administrator: CCMSI

Average Monthly Wage is defined in NAC 616C.420 through 616C.447.
 The priorities for determining wage history are:

1. A 12-week history of earnings (84 days).
2. If a 12-week period of earnings is not representative of the injured employee's average monthly wage, a period of one year or the full period of employment, if it is less than one year, may be used. A period of one year or the full period of employment must be used if the average monthly wage would be increased. Divide by the number of days in the period.
3. If period of employment is more than four weeks, but less than twelve weeks, earnings from the date of hire will be used. Divide by the number of days in the period.
4. If period of employment is less than four weeks, average monthly wage will be calculated by multiplying rate of pay on the date of the accident or disease, by hours in employee's projected working schedule, divide by 7 and multiply by 30.44.

If other circumstances apply, see NAC 616C.435.

AVERAGE MONTHLY WAGE - Calculate AMW in the following manner:

Period of earnings: beginning date 10/01/15 through end date 12/31/15
 Gross earning \$69.30 + tips \$0.00 / by number of days
 In wage history 92 x 30.44 = Average Monthly Wage: \$22.93

HOURLY RATE - Hourly rate of pay _____ X number of hours
 projected to work per week _____ / 7 x 30.44 = Average Monthly Wage: \$0.00

VALUE FOR ROOM AND/OR BOARD

Room (Monthly Value) _____ \$0.00
 Board (Monthly Value) _____ \$0.00

VALUE OF MEALS - If meals are provided by the employer, see NAC 616C.423(1)(p) and use the following formula:

Amount for meals per day \$0.00 x number of days hired
 to work per week _____ = \$0.00 / 7 x 30.44 = Meals per Month: \$0.00

ADD applicable lines to obtain total _____ = Average Monthly Wage: \$22.93

DAILY RATE - is to be calculated in the following manner:

Calculated Average Monthly Wage \$22.93 x 8 / 12 / 30.44 _____ Daily Rate: \$0.50
 Maximum Average Monthly Wage \$5,426.25 x 8 / 12 / 30.44 _____ Daily Rate: \$118.84
 Average Monthly Wage \$22.93 x 8 / 12 / 30.44 _____ Daily Rate: \$0.50

Date 09/29/16
 Date 9/29/16

Signature _____ Tuni Consiglio

Signature [Signature]

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

Claimant:	Darrell White	DOI:	12/25/15
Claim No.:	15C62G394045		
PERIOD BEGIN	PERIOD END	CHECK DATE	GROSS PAY
10/1/15	10/14/15		
10/15/15	10/28/15		
10/29/15	11/11/15		
11/12/15	11/25/15		
11/26/15	12/9/15		
12/10/15	12/23/15		
			\$0.00

Darrell White
150626394045

10/1/15.

to

12/31/15

92 days

Gross

ANW

Daily

Unw Consigled

9/29/16

P.O. Box 600
Pioche, Nevada 89043

Date:

To:

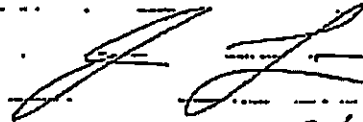
From:

Subject:

10/15 Darcel White # 37196
12, 13, 14, 15, 19, 20, 21, 27, 28

11/15
3, 4, 5, 16, 17, 18, 19, 24, 30

12/15
1, 2, 3, 7, 8, 9, 10, 14, 15, 16, 21, 22, 23
28, 29, 30



09/26/16

I/M Number	Last Name	First Name	Salary	Work Days	Total
37196	White	Darrel	\$2.10	9	\$18.90
			\$2.10	16	\$33.60
			\$2.10	1	\$2.10
			\$2.10	12	\$25.20
			\$2.10	13	\$27.30
			\$2.10	12	\$25.20
			\$2.10	13	\$27.30
			\$2.10	4	\$8.40
			\$2.10	10	\$21.00
			\$2.10	6	\$12.60
			\$2.10	11	\$23.10
			\$2.10	10	\$21.00
			\$2.10	16	\$33.60
			\$2.10	9	\$18.90
			\$2.10	13	\$27.30
			\$2.10	13	\$27.30
			\$2.10	16	\$33.60
			\$2.10	10	\$21.00
			\$2.10	4	\$8.40
			\$2.10	15	\$31.50
			\$2.10	15	\$31.50
			\$2.10	11	\$23.10
			\$2.10	11	\$23.10
			\$2.10	11	\$23.10
Grand Total				1230	\$2,583.00

Submitted By: _____ Date: _____

Joseph Livreri, Pioche Camp Supervisor

Approved By: _____ Date: _____

Aaron Boyce, Section Chief

December

I/M Number	Last Name	First Name	Salary	Work Days	Total
23079	Clom	Joseph	\$2.10	8	\$16.80
			\$2.10	8	\$16.80
			\$2.10	8	\$16.80
			\$2.10	12	\$25.20
			\$2.10	7	\$14.70
			\$2.10	14	\$29.40
			\$2.10	7	\$14.70
			\$2.10	3	\$6.30
			\$2.10	10	\$21.00
			\$2.10	12	\$25.20
			\$2.10	14	\$29.40
			\$2.10	6	\$12.60
			\$2.10	12	\$25.20
			\$2.10	9	\$18.90
			\$2.10	12	\$26.20
			\$2.10	11	\$23.10
			\$2.10	12	\$25.20
Grand Total				915	\$1,921.50

Submitted By: _____ Date: _____
Joseph Livreri, Pioche Camp Supervisor

Approved By: _____ Date: _____
Aaron Boyce, Section Chief

November

I/M Number	Last Name	First Name	Salary	Work Days	Total
37196	White	Darrel	\$2.10	13	\$27.30
			\$2.10	2	\$4.20
			\$2.10	8	\$16.80
			\$2.10	7	\$14.70
			\$2.10	8	\$16.80
			\$2.10	13	\$27.30
			\$2.10	15	\$31.50
			\$2.10	2	\$4.20
			\$2.10	14	\$29.40
			\$2.10	2	\$4.20
			\$2.10	3	\$6.30
			\$2.10	14	\$29.40
			\$2.10	13	\$27.30
			\$2.10	4	\$8.40
			\$2.10	4	\$8.40
			\$2.10	5	\$10.50
			\$2.10	5	\$10.50
			\$2.10	7	\$14.70
			\$2.10	12	\$25.20
			\$2.10	1	\$2.10
			\$2.10	11	\$23.10
			\$2.10	5	\$10.50
Grand Total				1099	\$2,307.90

Submitted By: _____ Date: _____
 Joseph Liveri, Ploche Camp Supervisor

Approved By: _____ Date: _____
 Aaron Boyce, Section Chief

October

9/30/2016

Encounter - Office Visit Date of service: 09/29/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

PATIENT

Darrell White
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

FACILITY

Bronstein Hand Center Main Office
T (702) 458-4263
F (702) 562-2706
 10135 W Twain Ave Suite 100
 Las Vegas, NV 89147

ENCOUNTER

NOTE TYPE SOAP Note
SEEN BY Andrew Bronstein M.D.
DATE 09/29/2016
AGE AT DOS 40 yrs
 Electronically signed by Andrew Bronstein M.D. at 09/30/2016 04:43 am

Chief complaint

f/u med/allergy lists reviewed, no change.

Vitals for this encounter

	09/29/16 11:33 AM
Height	71 in
Weight	215 lb
Pain	7
BMI	29.99

Chronic Diagnoses

ACTIVE DIAGNOSES	START	STOP
(718.44) Contracture of joint of finger		
(727.89) Adhesion of tendon of hand		
HISTORICAL DIAGNOSES	START	STOP
No historical diagnoses		

Acute Diagnoses

ACTIVE DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
(E849.3) Accidents occurring in industrial places and premises	12/22/2015	
HISTORICAL DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
(E849.3) Accidents occurring in industrial places and premises	12/22/2015	

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Subjective

CCMSI-CARSON CITY

The patient has requested for us to perform his surgery and a transfer of care. Recapping last visit: 40 yo RHD currently unemployed gentleman with history of a RMF mcpl fracture and laceration repaired in ER setting. He has been under the care of Dr. Fadell until 4 months ago. At the time Dr. Fadell opined the patient was MMI. Patient presents with an injury that occurred in the industrial setting. The patient denies any history of prior injuries or pre-existing conditions contribution to these symptoms. There has been no interval trauma. Even up to his last visit with the other hand surgeon, this patient complains of pain, loss of motion and palpable dorsal mass over fracture site.

9/30/2016

Encounter - Office Visit Date of service: 09/29/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

Social history: tobacco n/a

alcohol n/a. Major events: none listed. Ongoing medical problems: none listed.

Objective

General: Alert, oriented x 3, pleasant, and in no apparent distress.

Skin: No abnormal markings, wounds, or ecchymotic discoloration. +++swelling

Lymphatic: No erythema, cellulitis, abscess, lymphangitis, nor any signs of active infection.

Vascular: Brisk capillary refill, normal turgor, digits warm, no signs of chronic ischemia.

Neurologic: No signs of atrophy, anhidrosis, or hyperhidrosis, or trophic changes.

Musculoskeletal:

ROM: Non-affected digits show full passive and active range of motion

Tendons: Non-affected digits glide freely without evidence of lag or incompetence or triggering

Tenderness: Localized to R 3rd MCPJ. H has a diagonal healed laceration with a firm mass deep to the soft tissue. No clinical instability and rom is 0-60° mcpj flexion. .

Last visit's Xrays obtained and interpreted in the office demonstrated a healed fracture with an dorsal avulsion fragment that is dorsally displaced, appears to have only undergone partial resorption and correlates to his area of tenderness. .

Assessment

Diagnoses attached to this encounter:

Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion [ICD-10: S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

Contracture of joint of finger [ICD-10: M24.541], [ICD-9: 718.44], [SNOMED: 239737007]

Adhesion of tendon of hand [ICD-10: M67.841], [ICD-9: 727.89], [SNOMED: 427683007]

Plan

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s). Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter.

Patient may work. Full duty. (No work status change).

. Surgical intervention was thoroughly discussed, the merits and/or limitations of continued conservative care, and the goals/limitations of the surgical treatment being offered for their condition. I recommended I recommend partial osteotomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis. ...The patient was informed of the risks, benefits and alternatives to the proposed procedure that includes, but not limited to the risk of anesthetic, infection, blood loss, neurologic compromise with decrease motor or sensory function, ligament or tendon injury, wound healing complications, decrease in range of motion, function and/or strength, incomplete resolution, extensor lag/contracture, worsening and/or recurrence of their symptomatology that may require further corrective and/or reconstructive procedures. As this is a surgical procedure on the upper extremity, there is a risk of loss of digit, limb or life. Without implied or written guarantee, informed consent was obtained. Surgery will be scheduled pending patient's insurance approval and dependent upon their family and/or friend providing transportation the day of surgery. Furthermore, we provided the patient with an information packet that included what tests if any were required of them prior to surgery, what to expect the first few days after surgery, an illustration of how to elevate their limb(s) after surgery, and how to prepare to live with the typical challenges facing patients in the perioperative period..

PPR was faxed to case manager and a copy provided to the patient.

9/30/2016

Encounter - Office Visit Date of service: 09/29/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

Observations

No observations recorded.

Care plan

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s). Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter. Patient may work. Full duty. (No work status change). . Surgical intervention was thoroughly discussed, the merits and/or limitations of continued conservative care, and the goals/limitations of the surgical treatment being offered for their condition. I recommended I recommend partial ostectomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis. The patient was informed of the risks, benefits and alternatives to the proposed procedure that includes, but not limited to the risk of anesthetic, infection, blood loss, neurologic compromise with decrease motor or sensory function, ligament or tendon injury, wound healing complications, decrease in range of motion, function and/or strength, incomplete resolution, extensor lag/contracture, worsening and/or recurrence of their symptomatology that may require further corrective and/or reconstructive procedures. As this is a surgical procedure on the upper extremity, there is a risk of loss of digit, limb or life. Without implied or written guarantee, informed consent was obtained. Surgery will be scheduled pending patient's insurance approval and dependent upon their family and/or friend providing transportation the day of surgery. Furthermore, we provided the patient with an information packet that included what tests if any were required of them prior to surgery, what to expect the first few days after surgery, an illustration of how to elevate their limb(s) after surgery, and how to prepare to live with the typical challenges facing patients in the perioperative period.. PPR was faxed to case manager and a copy provided to the patient.

 practice fusion
Free cloud based EHR

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OCT 04 2016

CCMSI-CARSON CITY

77

PATIENT
DARRELL WHITE
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

H (702) 339-5683
M N/A
W N/A
E N/A
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115

BRONSTEIN HAND CENTER MAIN OFFICE
T (702) 458-4263
F 1 (702) 552-2706
10135 W TWAIN AVE SUITE 100
LAS VEGAS, NV 89147

15C62G394045

Referrals/Response Letter

To: Yolanda Luhrs
From: April Montegudu
Sent: 10/04/2016 14:32:47
Subject: Patient Referral
Regarding: Darrell White

I am sending you the last dictated report that should correspond with the PPR from 09-29-16. If there is additional documentation that you would find helpful, please feel free to contact us, and we can send that by additional fax.

Sincerely,

April Montegudu

Encounter - 09/29/2016

SEEN BY		SEEN ON	
Andrew Bronstein		09/29/2016	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
71.0 in	215.0 lbs	30.0	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			

/u med/allergy lists reviewed, no change.

S

The patient has requested for us to perform his surgery and a transfer of care. Recapping last visit: 40 yo RHD currently unemployed gentleman with history of a RMF mcpj fracture and laceration repaired in ER setting. He has been under the care of Dr. Fadell until 4 months ago. At the time Dr. Fadell opined the patient was MMI. Patient presents with an injury that occurred in the industrial setting. The patient denies any history of prior injuries or pre-existing conditions contribution to these symptoms. There has been no interval trauma. Even up to his last visit with the other hand surgeon, this patient complains of pain, loss of motion and palpable dorsal mass over fracture site.

Social history: tobacco n/a
alcohol n/a. Major events: none listed. Ongoing medical problems: none listed.

O

General: Alert, oriented x 3, pleasant, and in no apparent distress.

Skin: No abnormal markings, wounds, or ecchymotic discoloration, +++swelling

Lymphatic: No erythema, cellulitis, abscess, lymphangitis, nor any signs of active infection.

Vascular: Brisk capillary refill, normal turgor, digits warm, no signs of chronic ischemia.

Neurologic: No signs of atrophy, anhidrosis, or hyperhidrosis, or trophic changes.

Musculoskeletal:

ROM: Non affected digits show full passive and active range of motion

Tendons: Non-affected digits glide freely without evidence of lag or incompetence or triggering

Tenderness: Localized to R 3rd MCPJ. H has a diagonal healed laceration with a firm mass deep to the soft tissue. No clinical instability and rom is 0-60° mcpj flexion. .

Last visit's Xrays obtained and interpreted in the office demonstrated a healed fracture with an dorsal avulsion fragment that is dorsally displaced, appears to have only undergone partial resorption and correlates to his area of tenderness. .

A

DIAGNOSIS:

Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion ICD-10:

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OCT 5 2016

CCMSI-CARSON CITY

ROA 136

78

S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

Contracture of joint of finger [ICD-10: M24.541], [ICD-9: 718.44], [SNOMED: 239737007]

Adhesion of tendon of hand [ICD-10: M67.841], [ICD-9: 727.89], [SNOMED: 427683007]

P

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Patient may work. Full duty. (No work status change).

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PPR was faxed to case manager and a copy provided to the patient.

SIGNED BY

SIGNED ON

Andrew Bronstein

09/30/2016

Electronically signed by April Monteagudo 10/04/2016 02:32PM

 practice fusion

RECEIVED

OCT 5 2016

CCMSI-CARSON CITY

ROA 137

79

9/30/2015

Encounter - Office Visit Date of service: 09/29/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

PATIENT
Darrell White
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

FACILITY
Bronstein Hand Center Main
Office
T (702) 458-4263
F (702) 562-2706
10135 W Twain Ave Suite 100
Las Vegas, NV 89147

ENCOUNTER
NOTE TYPE SOAP Note
SEEN BY Andrew Bronstein
M.D.
DATE 09/29/2016
AGE AT DOS 40 yrs
Electronically signed by Andrew
Bronstein M.D. at 09/30/2016 04:43 am

Chief complaint

f/u med/allergy lists reviewed, no change.

Vitals for this encounter	
	09/29/16 11:33 AM
Height	71 in
Weight	215 lb
Pain	7
BMI	29.99

Chronic Diagnoses

ACTIVE DIAGNOSES	START	STOP
(718.44) Contracture of joint of finger		
(727.89) Adhesion of tendon of hand		
HISTORICAL DIAGNOSES	START	STOP
No historical diagnoses		

Acute Diagnoses

ACTIVE DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
(E849.3) Accidents occurring in industrial places and premises	12/22/2015	
HISTORICAL DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
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RECEIVED

OCT 04 2016

Subjective**CCMSI-CARSON CITY**

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Assessment

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Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

Contracture of joint of finger [ICD-10: M24.541], [ICD-9: 718.44], [SNOMED: 239737007]

Adhesion of tendon of hand [ICD-10: M67.841], [ICD-9: 727.89], [SNOMED: 427683007]

Plan

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s). Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter.

Patient may work. Full duty. (No work status change).

. Surgical intervention was thoroughly discussed, the merits and/or limitations of continued conservative care, and the goals/limitations of the surgical treatment being offered for their condition. I recommended I recommend partial osteotomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis. ...The patient was informed of the risks, benefits and alternatives to the proposed procedure that includes, but not limited to the risk of anesthetic, infection, blood loss, neurologic compromise with decrease motor or sensory function, ligament or tendon injury, wound healing complications, decrease in range of motion, function and/or strength, incomplete resolution, extensor lag/contracture, worsening and/or recurrence of their symptomatology that may require further corrective and/or reconstructive procedures. As this is a surgical procedure on the upper extremity, there is a risk of loss of digit, limb or life. Without implied or written guarantee, informed consent was obtained. Surgery will be scheduled pending patient's insurance approval and dependent upon their family and/or friend providing transportation the day of surgery. Furthermore, we provided the patient with an information packet that included what tests if any were required of them prior to surgery, what to expect the first few days after surgery, an illustration of how to elevate their limb(s) after surgery, and how to prepare to live with the typical challenges facing patients in the perioperative period..

PPR was faxed to case manager and a copy provided to the patient.

Observations

No observations recorded.

Care plan

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s). Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter. Patient may work. Full duty. (No work status change). . Surgical intervention was thoroughly discussed, the merits and/or limitations of continued conservative care, and the goals/limitations of the surgical treatment being offered for their condition. I recommended I recommend partial ostectomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis. ...The patient was informed of the risks, benefits and alternatives to the proposed procedure that includes, but not limited to the risk of anesthetic, infection, blood loss, neurologic compromise with decrease motor or sensory function, ligament or tendon injury, wound healing complications, decrease in range of motion, function and/or strength, incomplete resolution, extensor lag/contracture, worsening and/or recurrence of their symptomatology that may require further corrective and/or reconstructive procedures. As this is a surgical procedure on the upper extremity, there is a risk of loss of digit, limb or life. Without implied or written guarantee, informed consent was obtained. Surgery will be scheduled pending patient's insurance approval and dependent upon their family and/or friend providing transportation the day of surgery. Furthermore, we provided the patient with an information packet that included what tests if any were required of them prior to surgery, what to expect the first few days after surgery, an illustration of how to elevate their limb(s) after surgery, and how to prepare to live with the typical challenges facing patients in the perioperative period.. PPR was faxed to case manager and a copy provided to the patient.

 practice fusion
Free cloud based EHR

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OCT 04 2016

CCMSI-CARSON CITY



Att: Yolanda Lugo 775-882-9601

Andrew J. Bronstein, MD
Board Certified Orthopaedic
Rugby & Minor League Soccer
Galen S. Kam, MD
Board Certified Orthopaedic
Shoulder & Upper Extremity Surgery
10135 W. Tropic Ave. #100
Las Vegas, NV 89147
Phone: 702-458-4263
Fax: 702-562-2706

Physician's Progress Report*

ISC626394045

Please do not hesitate to call for any desired clarifications!

Patient Name: Dagrell White

Date of Injury: 12/22/15

Employer:

Job/Occupation:

Diagnosis:

Objective Medical Findings:

No A in EXAM. Effects for Injury

Is Patient Stable? Yes No
Is Patient Returnable? Yes No
Permanent Impairment? Yes No or will be determined at future visit
MOI, Permanent and Stationary? Yes No

Condition Worsened
Condition Stable
Condition Improved
None - Discharged

Treatment Plans: (Including Circled Items) NSAIDs Injection Splint/Cast Therapy (prescribed / No Change / D/C'd) Studies Surgery

Arthroscopy Capsulotomy
+ IRM monitoring

Consultations:

Diagnostic Studies: (Including Circled Items) NCV/EMG 3x Arthrogram MRI Bone Scan CT Scan PCE Requested

Prescriptions: (Including Circled Items) Ibuprofen Ketoprofen Naproxen Lidocaine Celebrex Keflex Lorabid Percocet

Work Status: ☐ Unable to return at this time ☐ Light duty with following restrictions: ☒ Full duty, no restrictions

9/29/16

Restrictions:

☐ Temporary
☐ Permanent

☐ One Handed job only
☐ Wrist Splint at all times optional
☐ Lifting/Pushing/Pulling (lb) 5 10 20 30 50
☐ No Carrying
☐ No Reaching over head
☐ No travel to no repetition
☐

*Complete Dictation to follow

Physician Signature

Date of this exam

Interval / Date next visit

Specialized in Clinical, Surgical and Rehabilitative Hand & Upper Extremity Care.

Phone: (702) 458-4263

Fax: (702) 562-2706

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CCMSI-CARSON CITY

ROA 141

83

PATIENT
DARRELL WHITE
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

H (702) 339-5683
M N/A
W N/A
E N/A
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115

BRONSTEIN HAND CENTER MAIN OFFICE
T (702) 458-4263
F 1 (702) 562-2706
10135 W TWAIN AVE SUITE 100
LAS VEGAS, NV 89147

15C62G394045

Referrals/Response Letter

To: Yolanda Luhrs
From: April Monteagudo
Sent: 10/04/2016 14:32:47
Subject: Patient Referral
Regarding: Darrell White

I am sending you the last dictated report that should correspond with the PPR from 09-29-16. If there is additional documentation that you would find helpful, please feel free to contact us, and we can send that by additional fax.

Sincerely,

April Monteagudo

Encounter - 09/29/2016

SEEN BY		SEEN ON	
Andrew Bronstein		09/29/2016	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
71.0 in	215.0 lbs	30.0	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC

fl/u med/allergy lists reviewed, no change.

S

The patient has requested for us to perform his surgery and a transfer of care. Recapping last visit, 40 yo RHD currently unemployed gentleman with history of a RMF mcpj fracture and laceration repaired in ER setting. He has been under the care of Dr. Fadell until 4 months ago. At the time Dr. Fadell opined the patient was MIM. Patient presents with an injury that occurred in the industrial setting. The patient denies any history of prior injuries or pre-existing conditions contribution to these symptoms. There has been no interval trauma. Even up to his last visit with the other hand surgeon, this patient complains of pain, loss of motion and palpable dorsal mass over fracture site.

Social history: tobacco n/a
alcohol n/a. Major events: none listed. Ongoing medical problems: none listed.

O

General: Alert, oriented x 3, pleasant, and in no apparent distress.

Skin: No abnormal markings, wounds, or ecchymotic discoloration, +++swelling

Lymphatic: No erythema, cellulitis, abscess, lymphangitis, nor any signs of active infection.

Vascular: Brisk capillary refill, normal turgor, digits warm, no signs of chronic ischemia.

Neurologic: No signs of atrophy, anhidrosis, or hyperhidrosis, or trophic changes.

Musculoskeletal:

ROM: Non affected digits show full passive and active range of motion

Tendons: Non-affected digits glide freely without evidence of lag or incompetence or triggering

Tenderness: Localized to R 3rd MCPJ. H has a diagonal healed laceration with a firm mass deep to the soft tissue. No clinical instability and rom is 0-60° mcpj flexion. .

Last visit's Xrays obtained and interpreted in the office demonstrated a healed fracture with an dorsal avulsion fragment that is dorsally displaced, appears to have only undergone partial resorption and correlates to his area of tenderness. .

A

DIAGNOSIS:

Displaced fracture of neck of 3rd metacarpal bone, right hand, subsequent encounter for fracture with nonunion (ICD-10:

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S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

Contracture of joint of finger [ICD-10: M24.541], [ICD-9: 718.44], [SNOMED: 239737007]

Adhesion of tendon of hand [ICD-10: M67.841], [ICD-9: 727.89], [SNOMED: 427683007]

P

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s). Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter.

Patient may work. Full duty. (No work status change).

. Surgical intervention was thoroughly discussed, the merits and/or limitations of continued conservative care, and the goals/limitations of the surgical treatment being offered for their condition. I recommended I recommend partial osteotomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis. ...The patient was informed of the risks, benefits and alternatives to the proposed procedure that includes, but not limited to the risk of anesthetic, infection, blood loss, neurologic compromise with decrease motor or sensory function, ligament or tendon injury, wound healing complications, decrease in range of motion, function and/or strength, incomplete resolution, extensor lag/contracture, worsening and/or recurrence of their symptomatology that may require further corrective and/or reconstructive procedures. As this is a surgical procedure on the upper extremity, there is a risk of loss of digit, limb or life. Without implied or written guarantee, informed consent was obtained. Surgery will be scheduled pending patient's insurance approval and dependent upon their family and/or friend providing transportation the day of surgery. Furthermore, we provided the patient with an information packet that included what tests if any were required of them prior to surgery, what to expect the first few days after surgery, an illustration of how to elevate their limb(s) after surgery, and how to prepare to live with the typical challenges facing patients in the perioperative period..

PPR was faxed to case manager and a copy provided to the patient.

SIGNED BY

Andrew Bronstein

SIGNED ON

09/30/2016

Electronically signed by April Monteagudo 10/04/2016 02:32PM

practice fusion

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CCMSI-CARSON CITY 85

ROA 143

Sep. 29. 2016 12:24PM

No. 8218 P. 3



Attn: Yolanda Hurtado 275-882-9601

Andrew J. Branstetter, MD
Board Certified Orthopedic
Hand & Upper Extremity Surgery
Galen S. Kinn, MD
Board Certified Orthopedic
Hand & Upper Extremity Surgery
10135 W. Tropic Ave. #100
Las Vegas, NV 89147
Phone: 702-458-4263
Fax: 702-562-3706

Physician's Progress Report*

ISC626354045 Please do not hesitate to call for any desired clarifications!

Patient Name: Donnell White

Date of Injury: 12/21/15

Employer:

Job/Occupation:

Diagnosis:

Objective Medical Findings:

No Δ in EXAM. Effects for Injury

Is Patient Stable? Yes No
Is Patient Reliable? Yes No
Permanent Impairment Yes No
MMT, Permanent and Functional Yes No

or will be determined at future visit

Condition Worked
Continued to work
Discharged

Treatment Plan: (Including Circled Items) NSAIDs Injection Splint/Cast Therapy (prescribed / No Change / D/C'd) Studies Surgery

Aspirin, Repetitive
+ tendonitis

Consultations:

Diagnostic Studies: (Including Circled Items) NCV/BMG Ex Arthrogram MRI Bone Scan CT Scan PCEP Requested

Prescriptions: (Including Circled Items) Naproxen Ketoprofen Naproxen Lidocaine Celecoxib Ketorolac Lorazepam Percocet

Work Status: ☐ Unable to return at this time ☐ Light duty with following restrictions:

☒ Full duty, no restrictions

9/29/16

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SNVA / MDM

Restrictions:

☐ Temporary
☐ Permanent

☐ One Handed Job Only
☐ Weight Limit: 150 lbs optional
☐ Lifting/Pushing/Pulling (L) 6 to 20 30 60
☐ No Climbing
☐ No Reaching over head
☐ No Stair to no repetition
☐

*Complete Dictation to follow

Physician Signature: [Signature]

Date of this exam: 9/29/16

Interval / Date next visit: back part cep

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Phone: (702) 458-4263

Fax: (702) 562-2106

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SEP 29 2016

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CCF - LAS VEGAS CITY

ROA 144



October 18, 2016

Darrell E White
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/15
Employer: State of Nevada, NDOF
Insurer: AIG – New Hampshire Ins. Co.

Dear Mr. White:

CCMSI received a medical report dated September 29, 2016, from Dr. Andrew Bronstein, indicating you can return to work full duty. Therefore, you are no longer eligible for TTD benefits effective September 30, 2016, as you have been released to full duty.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, Carson City office, within seventy (70) days from the date of this letter.

If you have any questions you may contact me at (775) 882-9610.

Sincerely,

Elizabeth Hickson
Claims Representative
CCMSI – Carson City, Nevada

Cc: File, NDOF, Travis Barrick, Esq. SNVA via email.

CANNON COCHRAN MANAGEMENT SERVICES INC • PO Box 4990 • Carson City NV 89702-4990
Phone: 775-882-9600 • Fax: 775-882-9601 • www.ccmsi.com

Sep. 29. 2016 12:24PM

No. 8218 P. 1

15C62G394045



SURGERY AUTH REQUEST

OFFICE #: (702) 458-4263

BRONSTEIN HAND CENTER
Andrew J. Bronstein, MD

10135 W. Twain Ave #100
Las Vegas, Nv 89147
Fax: (702) 562-2706

FIRST NAME DARRELL
LAST NAME WHITE
AGE 40
Insurance CCMSI
Insurance #2

+
OT in office

PHONE NUMBER:

339-8683

DOB: 8/2/76

SSN

OUR OFFICE CONTACT: 702.458.4263

BIANKA CHRISTINA CRYSTAL
(MANAGER)

ICD-9	Site	Diagnosis
562.332s	R Middle	Avulsion Fracture
M67.841	R Middle	Tendon Adhesion
M24.541	Right	Mcpj Contracture

CPT	Site	Procedure
26250	R Middle	Resection For Fracture Fragment-metacarpal
26445	R Middle	Tenolysis Extensor-hand Or Finger
26520	Right	Capsulectomy For Contracture-mcpj

Post-op OT Authorization Req*

BHC

3x/wk for 4 wks

Rtc 2w-

Preop Tests for Anesthesia None Requested/required
(we CAN/Will arrange)

*OF BRONSTEIN HAND THERAPY UNIT
ORDERING PHYSICIAN

BRONSTEIN

[Signature]

Adj Yolanda Luhrs
Ph 775-882-9609
Fx 882-9601
775

SCHEDULING INFORMATION:

FACILITY:	SO HILLS	SAHARA	SUMMERLIN	SUNRISE
	AFFINITY SURGERY CTR	MV	PARKWAY	UMC

DATE:

CONFIRMATION:

NOTES:

10/19/16

BOARD CERTIFIED
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CCMSI-CARSON CITY

ROA 146

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SNVA

Sep. 29. 2016 12:24PM

No. 8218 P. 2



BRONSTEIN HAND CENTER
Andrew J. Bronstein, MD

Date: 9/29/16

OFFICE #: 702.458.4263

Insurance: Ccni

Name: White, Darrell

Fax: (702) 662-2706

Gender: Male

SS#

Address: 3947 Blue Wave Drive 89115

Age: 40 DOB 3/2/76

Phones: 339.8683

	Side	Diagnosis	ICD-10	Cpt Code	Side	O.T. BHC	Book for 4 wks
562.332s	R Middle	Avulsion Fracture		26250	R Middle	Resection For Fracture Fragment-metacarpal	
M67.841	R Middle	Tendon Adhesion		26445	R Middle	Tenolysis Extensor-hand Or Finger	
M24.541	Right	Mcpj Contracture		26520	Right	Capsulectomy For Contracture-mcpj	

Items Needed For Case

Surgery time
in minutes: 45

Hand Tray: Pre-op IV: LR Or Isolyte At Kyo.
Ancef 1 Gm Healed Allergy Documented (ask MD)

Office Contact
Bianka, MA or
Crystal, Manager
458-4263

None Requested/required

C-arm/flouro

Surgeon

Andrew J. Bronstein

Bronstein

Telephone #

In / Out Pt Reason #days

Date/time (preferred) (actual)

Admit To Facility: Affinity Southern Hills Pkwy Sahara Summerlin Sunrise UMC

Anesthesia: CCAC/PBS AA UMC SRT Gen Regional Confirmation

Procedure/test Scheduled On: 10/19/16 10am Confirmation

Auth Required? Yes # No OR Book

P F

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ROA 147

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PRE-ANESTHESIA ASSESSMENT

GENERAL		PHYSICAL EXAMINATION	
REASON SURGERY/PROCEDURE BEING PERFORMED: <u>(F) 3-1-2016</u>		PREG TEST: <input type="checkbox"/> NEG <input checked="" type="checkbox"/> H/A <input type="checkbox"/> POS	VITAL SIGNS: <input checked="" type="checkbox"/> Afebrile/VSS ASA STATUS: <u>1</u> NPD SINCE: <u>7:30 AM</u>
PMHx: <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> CAD <input type="checkbox"/> Chest Pain <input type="checkbox"/> CAD <input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> AHA <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> GERD <input type="checkbox"/> Renal Failure <input type="checkbox"/> Hep A/B/C <input type="checkbox"/> HIV <input type="checkbox"/> Cancer <input type="checkbox"/> Other:		HEENT:	
MEDICATIONS: <u>1. 10 mg. Lisin</u>		AIRWAY: Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Neck FROM: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Removable Dental Appliances: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Loose Teeth: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PSHX: <u>1. 10 mg. Lisin</u>		HEART / VASCULAR:	
ALLERGIES: <input checked="" type="checkbox"/> No Known Drug Allergies <input type="checkbox"/> Other:		LUNGS:	
SOC Hx: Tobacco: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ETOH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drugs: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ABDOMEN:	
LABORATORY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXTREMITIES:	
ANESTHESIA Hx: MH (FAMHX/Personal): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nausea/Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Problem with Anesthesia in Past: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		LABS: 	

ANESTHESIA CONSENT / PRE-OPERATIVE EVALUATION CONFIRMATION	
Informed anesthesia consent obtained and signed by patient or legal guardian:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient's questions regarding anesthesia answered to their satisfaction:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Patient evaluated and examined as above with vital signs assessed immediately prior to the start of surgery/procedure by anesthesiologist:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ANESTHESIOLOGIST SIGNATURE: <u>[Signature]</u>	DATE: <u>10/17/16</u> TIME: <u>8:30</u>

POST-ANESTHESIA ORDERS

ORDERS	
1. O ₂ : O ₂ via <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Cannula at <u>2</u> L/min for O ₂ sat less than 95% on room air.	
2. IV: <input type="checkbox"/> NS <input type="checkbox"/> LR <input type="checkbox"/> D5NS <input type="checkbox"/> D5 1/2NS <input type="checkbox"/> TKO	
3. <input type="checkbox"/> MSO4 <input type="checkbox"/> Fentanyl <input type="checkbox"/> Dilaudid <input type="checkbox"/> Demerol mg/mcg IV/IM prn pain. Repeat every _____ min for max dose of _____ mg/mcg for pain greater than _____/10 on the VAS.	
4. Zofran <input type="checkbox"/> 4mg <input type="checkbox"/> 2mg IV as needed for nausea/vomiting. May repeat every _____ min for max. dose of _____ mg for refractory IV.	
5. Toradol 30mg IV/IM prn pain.	
6. Aspiration precautions & corneal abrasion precautions	
7. Other _____	
<div>RECEIVED</div> <div>OCT 28 2016</div> <div>CCMSI-CARSON CITY</div>	
8. May discharge patient when stable and meets standard discharge criteria.	
ANESTHESIOLOGIST SIGNATURE: <u>[Signature]</u>	DATE: <u>10/19/16</u> TIME: <u>8:30</u>

AFFINITY SURGERY
CENTER
ANESTHESIA ASSESSMENT/ORDERS

WHITE, DARRELL
ID: 0012094 - 1 ACCT: 0012094
DOB: 03/02/76 AGE: 40
DOS: 10/19/2016 SEX: M
DR: Bronstein, Andrew

ANESTHESIA RECORD

Medication	Dose	Time	BP	Pulse	Weight	Weight	Anesthesia and Monitoring Equipment Checked Before Induction?
			IV Site		ASA	1 2 3 4 E	Assessment prior to induction <input checked="" type="checkbox"/> No Change in Patient Assessment
			IV Size		IV Need by		Time Out Performed Prior to Surgery Start <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TIME	9	9	9	9	9	9	9	9	9	TOTALS	ADJ VITALS / REPORT
O ₂ (L/Min)											BP
O ₂ / A ₂ (L/Min)											Pulse
Des/Sevo (%)											93
Propofol (mg)											SpO ₂
Fentanyl (mcg)											95
Midazolam (mg)											RR
Succin (mg)											16
Roac (mg)											Temp
Neo/Glyco (mg)											98.2
Decadron (mg)											Time Taken
Zofran (mg)											9:22
											<input type="checkbox"/> Awake <input type="checkbox"/> Asleep <input type="checkbox"/> Extubated
											EBL
											Crystalloid
Fluid (L/R/IS)											Urine
FiO ₂ (%)											Physician Signature
ETCO ₂ (%)											
SAO ₂ (%)											
EKG											
Resp. SAC											

GENERAL	MAC	REGIONAL	DATE AND TIMES
Induction: <input type="checkbox"/> Mask <input checked="" type="checkbox"/> IV		<input type="checkbox"/> Spinal <input type="checkbox"/> Caudal	DATE
ETI/LAR: Size		<input type="checkbox"/> Nerve Block	ANES BEGIN
LTA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			IN O.R.
Cuff: _____			8:41
Blade: MAC _____ / Miller _____			5:41
Difficulty Grade: 1 2 3 4			9:01
Nasal / Oral Airway			ANES END
Ventilator			9:22
			OUT O.R.
			9:22
			9:17
			DIAGNOSIS
			9 / 1 p 3 rd (2) / 11:22
			OPERATION / PROCEDURE
			5 min 5 finger for 2500000
			SURGEON
			ANESTHESIOLOGIST

AFFINITY SURGERY
CENTER

ANESTHESIA RECORD

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OCT 28 2016

CCMSI-CARSON CITY

WHITE, DARRELL

ID: 0012094-1 ACCT: 0012094

DOB: 03/02/76

AGE: 40

DOS: 10/19/2016

SEX: M

DR: Bronstein, Andrew

10

ROA 149

AFFINITY SURGERY CENTER
10135 W. Twain Avenue, Suite 110
Las Vegas, NV 89147
Tel: (702) 832-5959 Fax: (702) 832-5955

OPERATIVE REPORT

PATIENT NAME: WHITE, DARRELL

MEDICAL RECORD #: 0012094

SURGEON: ANDREW BRONSTEIN, M.D.

DATE OF SURGERY: 10/19/2016

PREOPERATIVE DIAGNOSES:

1. Displaced fracture neck of third metacarpal bone, right hand, sequela, S62.332S.
2. Right hand metacarpophalangeal joint adhesions and tendon adhesions, M67.841.

POSTOPERATIVE DIAGNOSES:

1. Displaced fracture of neck of third metacarpal bone, right hand, sequela, S62.332S.
2. Right hand metacarpophalangeal joint adhesions and tendon adhesions, M67.841.

PROCEDURES PERFORMED:

1. Resection of fracture fragment metacarpal, 26250.
2. Tenolysis extensor right proximal phalanx of the hand, 26445-59.
3. Capsulectomy for dorsal MCP contracture, 26520-59.

SURGEON:

Andrew Bronstein, M.D.

ANESTHESIA:

Bier block.

ANESTHESIOLOGIST:

Michael Messina, MD.

INDICATIONS FOR PROCEDURE: This is a 40-year-old with industrial injury to his right hand, leading to an MCP contracture of only 45 degrees. He was informed of the risks, benefits and alternatives of the above procedure that include, but are not limited to those of infection, anesthetic, blood loss, neurologic compromise, wound healing complications, decreased range of motion and strength, possible recurrence or worsening of his condition, extensor contracture, extensor lag, and aware of the risks, benefits, alternatives, consent was obtained.

OPERATIVE PROCEDURE: The patient was brought into the operating suite, placed in a supine position, prepped and draped in the routine sterile fashion. After successful induction of anesthetic, infusion of 1 g of Ancef IV piggyback and exsanguination of the limb to 250 mmHg by Bier block means. An opening curvilinear incision was made at the previous mass site. Dissection was carried down through the skin and subcutaneous tissue bringing into view the tenocutaneous adhesions. A resection was performed 2 cm proximal to the MCP joint and 2 cm distal to the MCP joint bringing into view the extensor mechanism. Extensor mechanism was inherent to the metacarpophalangeal joint. We used an ulnar portion between the lateral band and the EDC tendon to perform a tenolysis of the extensor mechanism and then also removed an intra-tendinous foreign body that was sent to Pathology as well as an intratendinous fracture fragment also sent to Pathology. Fluoroscopic imaging confirmed that the fracture fragment had been completely excised. Then we did a dorsal MCP joint capsulectomy which

OPERATIVE REPORT - PAGE 1 of 2

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ROA 150

92

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10135 W. Twain Avenue, Suite 110
Las Vegas, NV 89147
Tel: (702) 832-5959 Fax: (702) 832-5955

OPERATIVE REPORT

PATIENT NAME: WHITE, DARRELL

MEDICAL RECORD #: 0012094

SURGEON: ANDREW BRONSTEIN, M.D.

DATE OF SURGERY: 10/19/2016

allowed us at two sites one 2 mm proximal, one 3 mm distal and that allowed us to fully flex the MCP joint to 90 degrees of flexion. The wound was copiously irrigated and closed. The patient was placed in a bulky intrinsic plus plaster dressing with MCP joint at 70 degrees of flexion and transferred to Recovery without event. Suture, towel, and instrument count were correct at the end of the case.

X

Andrew Bronstein, M.D.

JOB#: 115382981 **AB:** mcd; sr/dhiD: 10/19/2016 **T:** 10/20/2016

OPERATIVE REPORT - PAGE 2 of 2

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OCT 27 2016

CCMSI - REN

ROA 151

93



October 20, 2016

Darrell E White #37196
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

RE: Claim Number: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
Insurer: AIG - New Hampshire Insurance Co.

Dear Mr. White:

We have been informed by your treating physician that you are able to return to work full duty effective September 29, 2016. Compensation benefits have been paid through October 5, 2016. This creates an overpayment for six (6) days for the period of September 30, 2016 to October 5, 2016, in the amount of \$3.00. As you have been released to return to work, compensation benefits must cease.

As you will have a permanent impairment associated with your injury, you will not be required to reimburse the overpayment at this time. The overpayment will be deducted from your permanent partial disability award at such time as you have been discharged from care by your physician.

NRS 616C.475 Amount and duration of compensation; limitations; requirements for certification of disability; offer of light-duty employment.

5. Payments for a temporary total disability must cease when:

(a) A physician or chiropractor determines that the employee is physically capable of any gainful employment for which the employee is suited, after giving consideration to the employee's education, training and experience;

(b) The employer offers the employee light-duty employment or employment that is modified according to the limitations or restrictions imposed by a physician or chiropractor pursuant to subsection 7;

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, within seventy (70) days from the date of this letter.

If you have any questions you may contact me at (775) 882-9600.

Sincerely,

Elizabeth Hickson
Claims Representative

cc: File, NDF, Travis Barrick, Esq.

THE FACE OF THIS CHECK CONTAINS A MICRO PRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN. DO NOT CASH IF VOID IS VISIBLE

State of Nevada
CCMSI - TPA
2 East Main St, Suite 208
Danville, IL 61832

Wells Fargo Bank
LAS VEGAS, NV 89109

Check Number 0000082877

Date: 10/03/2016

56-382/412

Batch #: 300927606

Amount

\$****17.50

Amount: SEVENTEEN AND 50 / 100*****

PAY TO THE ORDER OF
DARRELL E WHITE #37196
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Holden

⑈0000082877⑈ ⑆041203824⑆ 9600172928⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
	White #37196, Darrell	15C62G394045	0.00	0.00	17.50	Initial TTD 9/1/16 - 10/5/16 to 1 W	EHICKSON

Mailed on
OCT 5 2016

Batch #: 300927606

Check Number 0000082877

Check Amount \$****17.50

Loc:4195 PIO FORESTRY

ROA 153

95

10/25/2016

Encounter - Office Visit Date of service: 10/25/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

PATIENT
Darrell White
 DOB 03/02/1976
 AGE 40 yrs
 SEX Male
 PRN 17161

FACILITY
Bronstein Hand Center Main Office
 T (702) 458-4263
 F (702) 562-2706
 10135 W Twain Ave Suite 100
 Las Vegas, NV 89147

ENCOUNTER
NOTE TYPE
SEEN BY

DATE
AGE AT DOS
 Electronically signed by Matthew
 Anderson OT at 10/25/2016 11:56 am

SOAP Note
 Matthew Anderson
 OT

10/25/2016

40 yrs

Chief complaint
 OT SPLINT EVAL

Vitals for this encounter

No vitals recorded

Chronic Diagnoses

ACTIVE DIAGNOSES	START	STOP
RMF Resec for Fx Frag, Tenolysis Ext, Capsulectomy for Contracture 10/19/16	10/19/2016	
(718.44) Contracture of joint of finger		
(727.89) Adhesion of tendon of hand		
HISTORICAL DIAGNOSES	START	STOP
No historical diagnoses		

Acute Diagnoses

ACTIVE DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
(E849.3) Accidents occurring in industrial places and premises	12/22/2015	
HISTORICAL DIAGNOSES	START	STOP
(733.82) Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion	08/17/2016	
(E849.3) Accidents occurring in industrial places and premises	12/22/2015	

Subjective

The pt is a 40 y/o, R hand dominant male who has been referred today to receive a custom splint for the affected R UE..

DOS: 10/19/16.

The pt underwent RMF resection for fx fragment, tenolysis, capsulectomy for contracture.

The past medical history was reviewed by the treating therapist.

Pain level: 1/10 at rest and increases to 5/10 with movement/activity..

Rx states: MP flexion splint.

Objective**RECEIVED**

OCT 31 2016

CCMSI - RENO

10/25/2016

Encounter - Office Visit Date of service: 10/25/16 Patient: Darrell White DOB: 03/02/1976 PRN: 17161

A custom MP flexion splint was fabricated today by the treating therapist. The pt was educated on wear and care and given a specific wear schedule to follow. Written instructions were also issued to the pt.

Today the pt was evaluated and issued a HEP and educated on the following ex.:

Edema management. Wound care/Scar management.

HEP was issued to the pt and they were educated on ex as well as splint wear and care..

Assessment

Pt I with splint wear, care, donning and doffing. Pt issued diagnosis specific HEP which they performed with I..

Plan

Pt. to be seen for OT eval next session.

Observations

No observations recorded.

Care plan

No care plan recorded.

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HCPCS Code	Description of Item	Fee
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf	\$58.46
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, tumbuckles, may include soft interface, straps, prefabricated, off-the-shelf	\$352.65
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	\$70.10
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	\$79.26
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	\$36.31
L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, off-the-shelf	\$23.60
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), tumbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	\$59.36
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	\$171.44
L3935	Finger orthosis, nontorsion joints, may include soft interface, custom fabricated, includes fitting and adjustment	\$177.50
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	\$297.56
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	\$313.62
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	\$311.98
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	\$67.41
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$175.00
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	\$167.12
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$115.58
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	\$127.80
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$55.93
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	\$436.81
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	\$75.83
Q4001 through Q4049	Cast supplies	\$3.25 through \$177.62

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OCT 31 2016

CCMSI - RENO

Oct. 25. 2016 11:44AM

No. 8593 P. 1/1

Attn: Yolanda Lugo 775-882-9401



15C62G394045

Physician's Progress Report*

Andrew J. Bronstein, MD
Board Certified Orthopedic
Hand & Wrist Surgeon
Galen S. Kram, MD
Board Certified Orthopedic
Shoulder & Upper Extremity Surgeon
10135 W. Tropic Ave. #100
Las Vegas, NV 89147
Phone: 702 458-4163
Fax: 702 562-2706

15C62G394045 Please do not hesitate to call for any desired clarifications!

Patient Name: Dorell White

Date of Injury: 04/27/15

Employer:

Job/Occupation:

Diagnosis:

R/P Carpal tunnel + tenosynovitis

Objective Medical Findings:

Wounds benign, sens intact.

Is Patient Stable?

Yes

No

Is Patient Reliable?

Yes

No

Permanent Impairment

Yes

No

MM, Permanent and Secondary

Yes

No

or will be determined at future visit

Condition Worsened

Condition Stable

Condition Improved

None Discharged

Treatment Plans: (Including Circled Items) NSAIDs Injections Splints/Casts Therapy (prescribed / No Change / D/C'd) Studies Surgery

Aggressive OT + Home exercises
Spinal in Flexion

Consultations:

Diagnostic Studies: (Including Circled Items) NCV/EMG 1x Arthrogram MRI Bone Scan CT Scan XCH Requested

Prescriptions: (Including Circled Items) Ibuprofen Ketoprofen Naproxen Lidocaine Celebrex Keflex Lortab Fentanyl

Work Status:

Unable to return at this time

Light duty with following restrictions:

Full duty, no restrictions

10/19/16

PENDING

20 days

Restrictions:

☐ Temporary

☐ Permanent

☐ One Handed Job Only

☐ Weight Restrict at all times optional

☐ Lifting/Pushing/Pulling (#) 5 10 20 30 50

☐ No Climbing

☐ No Reaching over head

☐ Minimal to no repetition

Will be 15#, one hand, no climbing.

*Complete Dictation to follow

Physician Signature: Andrew J. Bronstein, MD

Date of this exam: 10/25/16

Interval / Date next visit: 1 wk. - 11/8

9:00

Specialized in Clinical, Surgical and Rehabilitative Hand & Upper Extremity Care.

Phone (702) 458-4163

Fax (702) 562-2706

Board Certified... Because it matters.

RECEIVED

OCT 25 2016

CCMSI-CARSON CITY

ROA 157

99

15C62G39405

10/25/2016 4:08 PM Encounter - Office Visit Date of service: 10/25/16 Patient: Darrell White DOB: 03/02/1976 No. 86071 P. 1
702-562-4604

PATIENT Darrell White	FACILITY Bronstein Hand Center Main Office	ENCOUNTER NOTE TYPE SEEN BY	SOAP Note Andrew Bronstein M.D.
DOB 03/02/1976	T (702) 458-4263	DATE	10/25/2016
AGE 40 yrs	F (702) 562-2706	AGE AT DQS	40 yrs
SEX Male	10135 W Twain Ave Suite 100	Electronically signed by Andrew Bronstein, M.D. at 10/25/2016 01:18 pm	
PRN 17161	Las Vegas, NV 89147		

Chief complaint
POV: Mads/allergy reviewed, no changes.

Past medical history
MAJOR EVENTS
none listed
ONGOING MEDICAL PROBLEMS
none listed
FAMILY HEALTH HISTORY
none listed by patient
SOCIAL HISTORY
tobacco n/a
alcohol n/a

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OCT 26 2016

COMMUNICATIONS

Family health history
DIAGNOSIS
No Family health history recorded
ONSET DATE

Advance Directive
DIRECTIVE
No advance directives recorded for this patient.
RECORDED

Subjective
Patient returns for re-evaluation of their capsulectomy and tenolysis. He is pleased with early response to surgery. There is minimal to moderate pain. There is no wound problem. Patient is tolerating postop medication well. He had logistical concerns about his work status prior to surgery and how it impacted his claim.

Objective
The wound is clean. The suture line is intact. The wound needs several more days prior to suture removal. Early objectives of past treatment met and maintained. Flexion documented in OT note, but very much improved, less tenderness, less swelling than preop state. Patient is pleased.

Assessment

Diagnoses attached to this encounter:
Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion [ICD-10: S62.332K] [ICD-9: 739.82], [SNOMED: 55874001]
Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

To SAW_MCO-562-4604_BB at 1495 Page 1 of 2 on 10/25/2016 4:13:49 PM [Pacific Daylight Time] 12

15C62G39405

10/25/2016 4:00 PM Encounter - Office Visit Date of service: 10/25/16 Patient: Darrell White DOB: 03/02/1971 No. 860731 P. 2

Contracture of joint of finger (ICD-10: M24.541), (ICD-9: 718.44), (SNOMED: 239737007)

Adhesion of tendon of hand (ICD-10: M67.841), (ICD-9: 727.89), (SNOMED: 427683007)

RMF Resec for Fx Frag. Tenolysis Ext, Capsulectomy for Contracture 10/19/16

Plan

Proper wound care instruction including the avoidance of ointments, saues, or improper home remedies to the wound was discussed. Patient instructed that they may get their wound briefly wet in the shower and/or unplugged sink as long as it is a dynamic, exchanging clean flow of water (no static, pools or bath water). Any redness, discharge, or rapid change of in the characteristics of the wound should be reported to our office. Range of motion program was instructed and emphasized to ensure maximal return of function in a safe and efficient manner. Patient is directed to contact us if they are losing or having their motion plateau with time, before our mutual goals are achieved.. Evaluation by OT. Continue OT.

Custom flexion splint. Work on full flexion, full extension, passive, active and active assist.

With regards to his work status from surgery date until NOW: unable to work as we get a jump start on OT to maintain gains in OT. RTC one week with me but regular visits with OT.

Clarification as discussed with patient both preop and now again today, With regards to work status before surgery, I did not assume his care until surgery approved and performed. I did not change his prior work status from our initial consultation to surgery date from its prior state.

Screenings/interventions/assessments

No screenings/interventions/assessments recorded.

Observations

No observations recorded.

Quality of care

Documentation of current medications

Patient Decision Aids / Education Materials Given

Patient declined to receive clinical summary

Care plan

Proper wound care instruction including the avoidance of ointments, saues, or improper home remedies to the wound was discussed. Patient instructed that they may get their wound briefly wet in the shower and/or unplugged sink as long as it is a dynamic, exchanging clean flow of water (no static, pools or bath water). Any redness, discharge, or rapid change of in the characteristics of the wound should be reported to our office. Range of motion program was instructed and emphasized to ensure maximal return of function in a safe and efficient manner. Patient is directed to contact us if they are losing or having their motion plateau with time, before our mutual goals are achieved.. Evaluation by OT. Continue OT. Custom flexion splint. Work on full flexion, full extension, passive, active and active assist. With regards to his work status from surgery date until NOW: unable to work as we get a jump start on OT to maintain gains in OT. RTC one week with me but regular visits with OT. Clarification as discussed with patient both preop and now again today, With regards to work status before surgery, I did not assume his care until surgery approved and performed. I did not change his prior work status from our initial consultation to surgery date from its prior state.

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PATIENT
DARRELL WHITE
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

H (702) 339-5683
M N/A
W N/A
E N/A
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115

BRONSTEIN HAND CENTER MAIN OFFICE
T (702) 458-4263
F 1 (702) 562-2706
10135 W TWAIN AVE SUITE 100
LAS VEGAS, NV 89147

15C62G394045

Referrals/Response Letter

To: Yolanda Luhrs
From: April Monteagudo
Sent: 11/09/2016 09:19:38
Subject: Patient Referral
Regarding: Darrell White

I am sending you the last dictated report that should correspond with the PPR from 11-08-16. If there is additional documentation that you would find helpful, please feel free to contact us, and we can send that by additional fax.

Sincerely,

April Monteagudo

Encounter - 11/08/2016

SEEN BY		SEEN ON	
Andrew Bronstein		11/08/2016	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
71.0 in	214.0 lbs	29.8	115/65
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	96.0 bpm	N/A	N/A
CC			

POV Meds/allergy reviewed no changes

S

Good progress. Attending therapy

O

Flexion to 70 degrees passive with soft endpoint
60 degrees active.

good tendon glide. mild abduction deformity as he had preop.

A

Improving

DIAGNOSIS:

Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion [ICD-10: S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y82.69], [ICD-9: E849.3], [SNOMED: 308535002]

Contracture of joint of finger [ICD-10: M24.541], [ICD-9: 718.44], [SNOMED: 239737007]

Adhesion of tendon of hand [ICD-10: M67.841], [ICD-9: 727.89], [SNOMED: 427683007]

RMF Resec for Fx Frag, Tenolysis Ext, Capsulectomy for Contracture 10/19/16

P

continue OT.

Range of motion program was instructed and emphasized to ensure maximal return of function in a safe and efficient manner. Patient is directed to contact us if they are losing or having their motion plateau with time, before our mutual goals are achieved..

Light duty within splint optional, <10#

RTC 3 weeks.

SIGNED BY

Andrew Bronstein

SIGNED ON

11/08/2016

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NOV 9 2016

CCMSI-CARSON CITY

ROA 160

102

From April Montea, 1.702.562.2706 Wed Nov 9 12:20:29 2016 EST Page 3 of 3

Electronically signed by April Monteaagudu 11/09/2016 09:19AM

 practicefusion

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NOV 9 2016

MISSISSAUGA-CARSON CITY

ROA 161

103

Nov. 8. 2016 9:54AM

No. 8838 P. 1



Attn: Metawanda Kuhn MS-882-9601

15C62G394045

Andrew J. Bronstein, MD
Board Certified Orthopedic
Hand & Wrist Surgeon
Galita R. Karm, MD
Board Certified Orthopedic
Shoulder/Elbow & Upper Extremity Surgeon
10135 W. Tropic Ave. #100
Las Vegas, NV 89147
Phone: 702-458-0143
Fax: 702-562-2706

Physician's Progress Report*

15C62G394045

Please do not hesitate to call for any desired clarifications!

Patient Name:

Derrell White

Date of Injury:

12/22/15

Employer:

Job/Occupation:

Diagnosis:

Objective Medical Findings:

Good progress, Flexion to 70° passive, 60° active.

Is Patient Stable?

Yes ☐ No ☒

Is Patient Retable?

Yes ☐ No ☐

Permanent Impairment

Yes ☐ No ☐

MOI, Permanent and Stationary

Yes ☐ No ☐

or will be determined at future visit

Condition Worsened
Condition Stable
Condition Improved
None Discharged

Treatment Plan: (Including Circled Items) NSAIDs Injection Splint/Cast Therapy (prescribed / No Change / DC'd) Studies Surgery

Cont. DT

Consultations:

Diagnostic Studies: (Including Circled Items) NCV/EMG 3x Arthrogram MRI Bone Scan CT Scan FCS Requested

Prescriptions: (Including Circled Items) Ibuprofen Ketoprofen Naproxen Lorazepam Celebrex Keppra Lorazepam Percocet

Work Status: ☐ Unable to return at this time. ☐ Light duty with following restrictions:

☐ Full duty, no restrictions.

11/8/16.

Restrictions:

☐ Heavy
☐ Pushing

☐ One-handed job only

☒ Lifting/Pulling/Pushing (lb) 5 at all times

☐ Lifting/Pulling/Pushing (lb) 10 50 50 50

☐ No climbing

☐ No reaching over head

☐ No kneeling or no repetition

☐

Physician Signature

*Complete Dictation to follow

Date of this exam

Interval / Date next visit

Specialized in Clinical, Surgical and Rehabilitative Hand & Upper Extremity Care.

Phone: (702) 458-0143

Fax: (702) 562-2706

Board Certified... Because it matters!

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NOV 8 2016

CCMSI-CARSON CITY

ROA 162

104

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1701007-SA
Claim Number: 15C62G394045

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

ATTN: CAROL NELSON
NEVADA DIVISION OF FORESTRY
INTERDEPARTMENTAL MAIL
2478 FAIRVIEW DR
CARSON CITY, NV 89701

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on October 4, 2016, and a Hearing was scheduled for November 2, 2016. The Hearing was held on November 2, 2016, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and his attorney, Travis Barrick, were present by telephone conference call. The Employer was not present. The Insurer was represented by Staci Jones and Brenda Panque of CCMSI.

ISSUE

The Claimant appealed the Insurer's determination dated September 29, 2016. The issue before the Hearing Officer is average monthly wage.

DECISION AND ORDER

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

Having reviewed the submitted evidence and in consideration of NRS 616C.425, NAC 616C.435 and NAC 616C.444, the Hearing Officer finds the Insurer properly calculated the Claimant's average monthly wage.

NRS 616C.425 Date of determination of amount of compensation and benefits.

Except as otherwise provided by a specific statute:

1. The amount of compensation and benefits and the person or persons entitled thereto must be determined as of the date of the accident or injury to the employee, and their rights thereto become fixed as of that date.

DEC 7 2016

ROA 163 TTY 105

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 2

DARRELL WHITE
1701007-SA

2. If the employee incurs a subsequent injury or disability that primarily arises from a previous accident or injury that arose out of and in the course of his or her employment, the date of the previous accident or injury must be used to determine the amount of compensation and benefits to which the claimant is entitled.

NAC 616C.436 Period used to calculate average monthly wage. (NRS 616A.400, 616C.420)

1. Except as otherwise provided in this section, a history of earnings for a period of 12 weeks must be used to calculate an average monthly wage.

2. If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, earnings over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. Earnings over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

3. If an injured employee is a member of a labor organization and is regularly employed by referrals from the office of that organization, wages earned from all employers for a period of 1 year may be used. A period of 1 year using all the wages of the injured employee from all his or her employers must be used if the average monthly wage would be increased.

4. If information concerning payroll is not available for a period of 12 weeks, wages may be averaged for the available period, but not for a period of less than 4 weeks.

5. If information concerning payroll is unavailable for a period of at least 4 weeks, average earnings must be projected using the rate of pay on the date of the accident or illness and the projected working schedule of the injured employee.

6. If earnings are based on piecework and a history of earnings is unavailable for a period of at least 4 weeks, the wage must be determined as being equal to the average earnings of other employees doing the same work.

7. If these methods of determining a period of earnings cannot be applied reasonably and fairly, an average monthly wage must be calculated by the insurer at 100 percent of:

(a) The sum which reasonably represents the average monthly wage of the injured employee as defined in NAC 616C.420 to 616C.447, inclusive, at the time the injury or illness occurs; or

(b) The hourly wage on the day the injury or illness occurs, calculated by using the projected working schedule.

DEC 7 2016

ROA 164

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 3

DARRELL WHITE
1701007-SA

8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the accident or disease occurred, or the last day of the payroll period preceding the accident or disease if this period is representative of the average monthly wage.

9. As used in this section, "earnings" means earnings received from the employment in which the injury occurs and in any concurrent employment.

NAC 616C.444 Change in job. (NRS 616A.400, 616C.420) The average monthly wage of an employee who permanently or temporarily changes to a job with different duties, rate of pay, or hours of employment, must be calculated using only information concerning payroll which relates to his or her primary job at the time of the accident. The preceding sections apply in calculating the average monthly wage for such an employee.

APPEAL RIGHTS

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

IT IS SO ORDERED this 8th day of November, 2016.


Sondra L Amodei, Hearing Officer

11/01/2016

DEC 7 2016

CLERK OF DISTRICT COURT 107
ROA 165

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1701217-SA
Claim Number: 15C62G394045

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

NEVADA DIVISION OF FORESTRY
2478 FAIRVIEW DRIVE
CARSON CITY, NV 89701

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on October 25, 2016, and a Hearing was scheduled for November 17, 2016. The Hearing was held on November 17, 2016, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and his attorney, Travis Barrick, were present by telephone conference call. The Employer was not present. The Insurer was represented by Elizabeth Hickson and Brenda Panique of CCMSI.

ISSUE

The Claimant appealed the Insurer's determination dated October 20, 2016. The issue before the Hearing Officer is termination of temporary total disability effective September 29, 2016 with assessment of an overpayment from September 29, 2016 to October 6, 2016.

DECISION AND ORDER

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

Having reviewed the submitted evidence including Dr. Bronstein's September 30, 2016, full duty release, and, absent any medical evidence to the contrary, the Hearing Officer finds the Insurer properly terminated temporary total disability effective September 29, 2016, and assessed the TTD overpayment from September 30, 2016, to October 6, 2016.

DEC 7 2016

ROA 166

108

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 2

DARRELL WHITE
1701217-SA

APPEAL RIGHTS

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

IT IS SO ORDERED this 22nd day of November, 2016.


Sondra L Amodei, Hearing Officer

DEC 7 2016

ROA 167

109

Attorneys:

Russell J. Gallian, P.C.*
 Michael I. Welker, P.C.**
 Britt K. Beckstrom, P.C.**
 Matthew D. Ekins, P.C.**
 William F. Rummier, P.C.*
 Travis H. Barrick, P.C.**
 Christopher A. Lund, P.C.*
 Dayton L. Hall, P.C.*
 R. Jordan Gardner, P.C.*
 Jeanette H. Barrick, P.C.*

* Licensed in Utah
 * Licensed in Nevada
 * Licensed in Arizona
 * Licensed in California

Brian L. Olson
 (1969-2010)

GWB GALLIAN WELKER &
 BECKSTROM, L.C.

FAXED

Please Reply to:
 540 E. St. Louis
 Las Vegas, Nevada 89104
 (702) 892-3500

Via US Mail and Facsimile (775) 687-8421

December 1, 2016

Department of Administration Appeals Division
 1050 E. William Street, Ste. 450
 Carson City, NV 89701
 Tel (775) 687-8420.

Re: Darrell E White
 Claim #: 15C62G394045
 Decision Dated 11/8/2016, Hearing 1701007-SA

Dear Sirs,

Our firm represents Mr. White with respect to his claims before the hearing officer regarding his average monthly wage in connection with his injury. Please consider this letter a formal request to appeal the Decision and Order dated November 8, 2016. A copy of the Decision and Order is enclosed.

The reason for this is appeal follows: The average monthly wage figured for Mr. White is not fair, nor reasonable, and should be figured in accordance with NAC 616.678(7)(b) and NRS 608.250-608.255.

Please acknowledge receipt of this appeal, and we will look forward to receipt of a Notice of Hearing.

Offices:

965 E. 700 S., Suite 305
 St. George, UT 84790
 Tel: 435.628.1682
 800.353.4128
 Fax: 435.628.9561
 www.utahcase.com

540 E. St. Louis
 Las Vegas, NV 89104
 Tel: 702.892.3500
 Fax: 702.386.1946
 www.vegascase.com

Best Regards,

Travis Barrick, Esq.
 GALLIAN, WELKER & BECKSTROM, LC

1701563 -RKN
 MON-2-13-17
 11:00

DEC 7 2016

ROA 168 CITY

Attorneys:

Russell J. Gallian, P.C.*
 Michael L. Welker, P.C.**
 Britt K. Beckstrom, P.C.**
 Matthew D. Elkins, P.C.**
 William F. Rummier, P.C.**
 Travis N. Barrick, P.C.**
 Christopher A. Lund, P.C.**
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 (1969-2010)

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 BECKSTROM, L.C.

PAID

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Via US Mail and Facsimile (775) 687-8421

December 1, 2016

Department of Administration Appeals Division
 1050 E. William Street, Ste. 450
 Carson City, NV 89701
 Tel (775) 687-8420

Re: Darrell E White
Claim #: 15C62G394045
Decision Dated 11/22/2016, Hearing 1701217-SA

Dear Sirs,

Our firm represents Mr. White with respect to his claims before the hearing officer regarding the status of his release for work after injury. Please consider this letter a formal request to appeal the Decision and Order dated November 22, 2016. A copy of the Decision and Order is enclosed.

The reason for this is appeal follows: Mr. White had surgery for his injury on 10/19/2016. He has not been released for full duty prior to, or at any time after, the surgery. Dr. Bronstein will verify the same.

Please acknowledge receipt of this appeal, and we will look forward to receipt of a Notice of Hearing.

Best Regards,


 Travis Barrick, Esq.
 GALLIAN, WELKER & BECKSTROM, LC

Offices:

965 E. 700 S., Suite 305
 St. George, UT 84790
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540 E. St. Louis
 Las Vegas, NV 89104
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1701564-RKN
 mon-12-13-17
 11:00
 consol

DEC 7 2016

ROA-169-111

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

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

FILED

DEC - 5 2016

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 15C62G394045

Hearing No: 1701217-SA
1701007-SA

Appeal No: 1701564-RKN
1701563-RKN

DARRELL E WHITE,

Claimant.

ORDER

For good cause, these matters are hereby consolidated.

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

STAMPED

DEC 7 2016

ROA 170

ORIGINAL

170504-RKN

Travis N. Barrick, SBN 9257
 GALLIAN WELKER
 & BECKSTROM, LC
 540 E. St. Louis Avenue
 Las Vegas, Nevada 89104
 Telephone: (702) 892-3500
 Facsimile: (702) 386-1946
tbarrick@vegascase.com
 Attorneys for Claimant

DARRELL E. WHITE,

Claimant,

v.

NEVADA DIVISION OF FORESTRY;
 and the STATE OF NEVADA
 DEPARTMENT OF ADMINISTRATION,
 HEARINGS DIVISION, APPEALS
 OFFICE, an agency of the State of
 Nevada,

Respondents.

Claim No.: 1701007-SA

**MOTION FOR CHANGE OF
 VENUE**

Claimant, Darrell E. White by and through his attorneys of the law firm of
 GALLIAN WELKER & BECKSTROM, LC, hereby files his Motion for Change of Venue,
 pursuant to NRS 616C.345.

MEMORANDUM OF POINTS AND AUTHORITIES

I. STATEMENT OF FACTS AND PROCEDURAL HISTORY

Claimant, Darrell E. White, has an open claim with The State of Nevada's
 Department of Administration, Hearings Department, Appeals office related to
 injuries sustained while in the employ of Nevada's Division of Forestry. This office
 has been informed telephonically that open Appeals have been established in
 response to Claimant's written Notice for Appeals on the Hearing Division's most

1 recent decisions dated November 8, 2016 and November 22, 2016. Claimant, and
2 Claimant's attorney, both reside in Las Vegas, Nevada. The Appeals Division also has
3 an office in Las Vegas, Nevada.

4 **II. APPLICABLE STATUTE.**

5 NRS 616C.345 (6) (a) states in part that "...within 10 days after receiving a
6 notice of appeal pursuant to this section or NRS 616C.220, 616D.140 or 617.401, or
7 within 10 days
8 after receiving a notice of a contested claim pursuant to subsection 7 of NRS
9 616C.315, the appeals officer shall: (a) Schedule a hearing on the merits of the appeal
10 or contested claim for a date and time within 90 days after receipt of the notice at a
11 place in Carson City, Nevada, or Las Vegas, Nevada, or upon agreement of one or
12 more of the parties to pay all additional costs directly related to an alternative
13 location, at any other place of convenience to the parties, at the discretion of the
14 appeals officer;". According to NRS 616C.45 (6) (a), the appeals officer has the
15 discretion to set hearings at a place that is convenient to, and agreed upon, by the
16 parties.
17
18
19

20 **III. DISCUSSION.**

21 Claimant, Darrell E. White, and his attorney, Travis N. Barrick, request that all
22 future hearings surrounding Mr. White's worker's compensation claim be held in the
23 Las Vegas, Nevada office located at 2200 South Rancho Drive, Suite 220, Las Vegas,
24 Nevada. This location is mutually convenient for the Claimant and his attorney since
25 they live in Las Vegas and will not be required to continually file requests for telephonic
26 appearances to hearings held in Carson City, Nevada.
27
28

IV. CONCLUSION

This Motion to Change Venue from the Appeals Division in Carson City, Nevada to Las Vegas, Nevada should be granted since the Claimant and his attorney both reside in Las Vegas, Nevada. The Appeals Division has an office in Las Vegas, Nevada and under NRS 616C.45(6)(a) the Appeals Division has the authority to hold hearings "at a place in Carson City, Nevada or Las Vegas, Nevada."

DATED this 6th day of December, 2016.

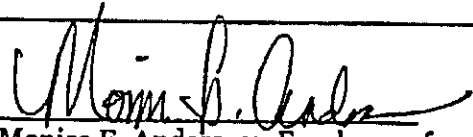
By: 

Travis N. Barnick, SBN 9257
GALLIAN WELKER
& BECKSTROM, LC
Attorneys for Claimant

CERTIFICATE OF SERVICE

I hereby certify that on the 7th day of December, 2016, I caused the **MOTION FOR CHANGE OF VENUE** to be served by depositing a true and correct copy of the same in the U.S. Mail at Las Vegas, Nevada, in a sealed envelope, first class postage fully prepaid to the persons listed below:

Department of Administration Appeals Division 1050 E. William Street, Ste. 450 Carson City, NV 89701	Darrell E. White 3947 Blue Wave Dr. Las Vegas, NV 89115
Nevada Division of Forestry 2478 Fairview Drive Carson City, NV 89701	Department of Administration Hearings Division 1050 E. Williams Street, Ste. 400 Carson City, NV 89701


Monica E. Anders, an Employee of
GALLIAN WELKER & BECKSTROM,
LC

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Bum

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

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

FILED

DEC 19 2016

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

DARRELL E WHITE,

Claimant.

} Claim No: 15C62G394045

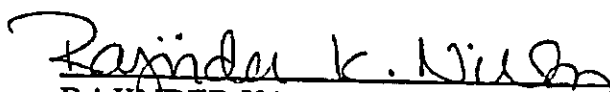
} Hearing No: 1701217-SA
1701007-SA

} Appeal No: 1701564-RKN
1701563-RKN

ORDER FOR CHANGE OF VENUE

Having read and considered the Motion for Change of Venue and
good cause appearing, the above captioned appeal is hereby transferred to Las
Vegas for further proceedings on the merits of this case.

IT IS SO ORDERED.


RAJINDER K NIELSEN
APPEALS OFFICER

Travis N. Barrick, SBN 9257 .
GALLIAN WELKER
& BECKSTROM, LC
540 E. St. Louis Avenue
Las Vegas, Nevada 89104
Telephone: (702) 892-3500
Facsimile: (702) 386-1946
tbarrick@vegascase.com
Attorneys for Claimant

CLAIMANT'S EXHIBIT # 1

BEFORE THE APPEALS OFFICER
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In re: Darrell E. White, Claimant

Claim No.: 1701007-SA

**CLAIMANT'S APPEAL
MEMORANDUM**

Claimant, Darrell E. White by and through his attorneys of the law firm of GALLIAN WELKER & BECKSTROM, LC, hereby files his Hearing Memorandum. By way of this Memorandum, Mr. White is challenging the Average Monthly Wage ("AMW") for his compensation for the period following his release from the custody of the Nevada Department of Corrections ("NDOC"), as well as the determination of overpayment.

I. BACKGROUND FACTS.

On December 22, 2015, Mr. White injured his Right Long Finger, while in the employ of the Nevada Department of Forestry. He was examined by Dr. John R. Rogers (Grover C. Dils Medical Center) who reviewed the x-ray report and diagnosed an "oval articular bone fragment ... positioned dorsal to extensor tendon."¹

¹ Dr. Rogers ER Notes and x-ray report, Exhibit 1.

1 On January 8, 2016, he was examined by Dr. Fadell (Hand Surgery Specialists
2 of Nevada), who confirmed the fracture and prescribed a brace for the finger, which
3 Dr. Fadell ordered to be worn for the next 4 weeks.²

4 On February 24, 2016, Mr. White was examined by Dr. Fadell, who noted
5 "fracture fragments" beneath the skin. He was to continue "working on range of
6 motion" and was allowed to discontinue the brace.³

7
8 On July 7, 2016, Mr. White was release from the custody of the NDOC.⁴

9 On August 17, 2016, Mr. White was examined by Dr. Bronstein, who observed a
10 "healed fracture with an dorsal avulsion fragment that is dorsally displaced." Dr.
11 Bronstein made an ambiguous entry of "Patient may work, Full duty. (No work status
12 change)." Since Mr. White had not been released to full duty by Dr. Fadell, the
13 ambiguity appears to be clerical in nature.⁵

14
15 On September 29, 2016, the TPA informed Mr. White that his AMW was
16 "\$22.30 for a daily rate of \$0.50."⁶

17 On October 25, 2016, Mr. White was examined by Dr. Bronstein, who
18 recommended surgery on the R-finger and noted that, as of 10/19/16, Mr. White was
19 "unable to work." Dr. Bronstein also prescribed a splint for Mr. White's finger.⁷

20
21 On or about November 15, 2016, Dr. Bronstein performed surgery on Mr.
22 White's finger, and on November 21, 2016, Dr. Bronstein authorized continuing
23 physical therapy, which was approved for an additional 4 weeks.⁸

24
25

² Dr. Fadell exam notes, Exhibit 2.

26 ³ Dr. Fadell exam notes, Exhibit 3.

27 ⁴ Darrell White Affidavit, Exhibit 4.

28 ⁵ Dr. Bronstein exam notes, Exhibit 5.

⁶ CCMSI Notice of Average Daily Wage, Exhibit 6.

⁷ Dr. Bronstein exam notes, Exhibit 7.

⁸ Dr. Bronstein authorization for physical therapy, Exhibit 8.

1 On December 21, 2016, Dr. Bronstein responded to a request from Mr. White's
2 counsel regarding the ambiguous release on August 17, 2016 and stated "I released Mr.
3 White to the same work status he was the day before our appointment. My intention
4 was to not change his work status on that visit until post-op."⁹

5 On December 28, 2016, the TPA informed Mr. White that he had completed his
6 medical treatment and was referring him out for a PPD.¹⁰
7

8 II. ARGUMENT

9 A. Mr. White is entitled to TTD at a higher average monthly rate for the 10 25 weeks post-release from the NDOC.

11 NRS 616B.028 provides that an inmate "confined at the state prison" is entitled
12 to coverage under the modified program ... established by the NDOC. Accordingly, the
13 TPA is fully justified in establishing Mr. White's TTD average monthly wage at \$22.93,
14 for a daily rate of \$.50, but only for the period during which Mr. White was
15 incarcerated, specifically from 12/22/15 to 7/6/16. Neither NRS 616B.028 nor the
16 NDOC regulations specify the entitlement to compensation once the inmate is
17 released.
18

19 NRS 616C.500(2), which sets forth TPD compensation, does address this issue,
20 where it states that the injured inmate is "entitled to receive such benefits if the
21 injured employee is released from incarceration during the period of disability."
22

23 The Nevada Constitution, Article 15, §16 states, "each employer shall pay a wage
24 to each employee of not less than the hourly rates set forth in this section." And,
25 according to the Office of the Labor Commissioner, the minimum wage for workers in
26 Nevada, as of 4/1/16, is "no less than \$7.25 per hour."
27

28 ⁹ Dr. Bronstein reply fax, Exhibit 9.

¹⁰ CCMSI Notification of PPD exam, Exhibit 10.

1 Accordingly, payment of TTD, based upon an AMW calculated on less than the
2 minimum wage for the 25 weeks post-release from the NDOC violates the Nevada
3 Constitution. Mr. White was an injured employee whose status before the law changed
4 during the period of treatment for his injury. The insurer should not be entitled to a
5 windfall, simply because Mr. White was no longer incarcerated.
6

7 It should be obvious that it is patently unfair to pay Mr. White \$0.50 per day for
8 the period when he was not incarcerated, as one purpose of the TTD is to provide at
9 least the minimum income to the worker while they are under a doctor's care and
10 unable to earn a wage.

11 **B. Mr. White is entitled to continuous TTD from the date of injury until**
12 **the date he was released from a doctor's care.**

13 Contrary to the insurer's determination and the Hearing Officer's Decision, Mr.
14 White was never released to full duty, from the time of his injury (12/22/15) until he
15 was released from care (12/28/16). From the date of his first exam, he was diagnosed
16 with a fractured R-finger, with a floating bone fragment. This condition continued
17 unabated until the surgery by Dr. Bronstein on 11/18/16.
18

19 As shown above, Dr. Fadell never released Mr. White to full duty and Dr.
20 Bronstein intended Mr. White to remain on "no work" status until post-surgery.

21 The insurers argument that Dr. Bronstein released Mr. White to full duty is
22 belied by the record and by common sense. Mr. White's injury was continuous
23 throughout the entire treatment period and release to full duty would have been
24 contraindicated by the medical evidence.
25
26
27
28

1 **III. CONCLUSION.**

2 For the reasons set forth, Mr. White requests that the Appeals Officer enter a
3 Decision and Order which 1) requires the insurer to recalculate the ADW for the period
4 of 7/6/16 to 12/28/16, based upon the minimum wage in effect at the time, and 2)
5 overturn the Hearing Officer's finding of an overpayment.

6 DATED this 15th day of February, 2017.

7
8 By: 

9 Travis W. Barrick, SBN 9257
10 GALLIAN WELKER
11 & BECKSTROM, LC
12 Attorneys for Claimant

13 **CERTIFICATE OF SERVICE**

14 I hereby certify that on the 15th day of February, 2017, I caused the **Claimant's**
15 **Appeal Memorandum** to be served by depositing a true and correct copy of the
16 same in the U.S. Mail at Las Vegas, Nevada, in a sealed envelope, first class postage
17 fully prepaid to the persons listed below:

18

19 Department of Administration 20 Appeals Division 21 2200 S. Rancho Drive, Suite 220 22 Las Vegas, NV 89102	21 Darrell E. White 22 3947 Blue Wave Dr. 23 Las Vegas, NV 89115
22 Nevada Division of Forestry 23 2478 Fairview Drive 24 Carson City, NV 89701	22 CCMSI 23 P.O. Box 4990 24 Carson City, NV 89701
24 Daniel L. Schwartz, Esq. 25 Lewis, Brisbois, Bisgaard & Smith, LLP 26 2300 W. Sahara Ave., Ste. 300, Box 28 27 Las Vegas, NV 89102	

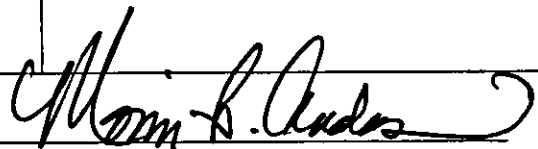
28 
Monica E. Anders, an Employee of
GALLIAN WELKER & BECKSTROM, LC

Exhibit 1

GROVER C. DILS MEDICAL CENTER
PO BOX 1010 / 700 NORTH SPRING STREET
CALIENTE NV 89008

Patient Name: WHITE, DARRELL

ER Note

DOB: 03/02/1976

MR#: 014828 Account Number: 267603

Admit Date: 12/22/2015

Electronically reviewed and signed by: ROGERS JOHN R

Time Last Amended:

TRAUMA - EMERGENCY PHYSICIAN RECORD

Date: 22dec15 Time: 1115. Historian: pt Patient arrival mode was pov

HPI

Injury to R long finger MP joint-dorsal Occured just PTA

Happened at work.

Context: while jumping out of truck, he struck his hand on edge of bumper. laceration and intra-artic fracture.

Injuries/Location of Pain: Right hand Severity of pain is 06/10. Other comments: tetanus immuniz UTD.

ROS

All systems negative except as stated. Skin laceration to R MP joint-dorsal. Social History: Past Medical History: Negative For patient medication, see nurse note. Patient has no known allergies and For patient allergies, see nurse note. Vitals reviewed.

Physical Exam

BMI: 30.42 12/22/2015 10:19

BSA: 2.18 12/22/2015 10:19

Blood Pressure: 165/102 SITTING L ARM 12/22/2015 10:19

O2 Saturation: 96 % 12/22/2015 10:19

Pulse: 84 BRACHIAL 12/22/2015 10:19

Respiration: 18 12/22/2015 10:19

Temperature: 97.9 F 36.6 C TEMPORAL SCANNING 12/22/2015 10:19

Weight: 212 lbs (96.16 kg, 96161.6 g) 12/22/2015 10:19

Height: 70.00 12/22/2015 10:19

Patient is: Alert Xray: Reviewed .

Other comments: oval articular bone fragment 1 cm dia and 1 mm thick positioned dorsal to extensor tendon. not seen of xray.

CXR: Procedures: Wound description/Repair

Length: 2.5 cm

Location: R MP joint-dorsal

SQ, Linear and Clean w/bone fragment as above.

Anesthesia: Local Lidoc 1%

Prep: Betadine and Irrigated

Repair: Wound closed with nylon sutures

Skin number 5-0 Labs: CBC-Progress: Counseled pt/family regarding Dx

Clinical Impression: Sprain: Laceration to R MP joint. w/fracture as above. Disposition: Transferred to Ely DOC infirmary for their arrangement of ortho care ASAP

Condition unchanged.

Electronically Signed By: JOHN ROGERS MD 12/22/2015 11:55:22

JAN 06 2016

GROVER C. DILS MEDICAL CENTER
700 NORTH SPRING STREET
CALIENTE, NV. 89008

-----NAME----- NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE
WHITE DARRELL 267603 M 39 12/22/15 014828 WB O/P
DATE OF BIRTH: 03/02/1976 M/R# 014828 PH#: 775-962-5172 RM ER1

LOCATION:
XR HAND (3V MIN) R 73130 TRANSCRIBED: 12/22/15 10:29 DRA
{REASON FOR PROCESS: EXPOSED TENDON/BONE COMPLETED: 12/22/15 10:38 WDH 7565

PHYSICIAN: ROGERS J R

Order Date and Time: 12/22/2015 1029

=====

R A D I O L O G Y R E P O R T

=====

RIGHT HAND: 12/22/2015 10:29 AM PST

CLINICAL HISTORY: Right hand pain, injury to third digit

TECHNIQUE: 3 views of the right hand

COMPARISONS: None.

FINDINGS: No fractures or dislocation is identified. Joint spaces appear intact. No evidence of dislocation. Mild soft tissue swelling identified dorsal aspect of the right hand at the MCP joint. No radiopaque foreign body is identified.

IMPRESSION:

Soft tissue swelling identified dorsal aspect of the right hand at the MCP joint. No definite

fracture seen. Please note, a true lateral is not obtained.

Dictated By:
READNAME

Reviewed and Electronically Signed by:

DCTNAME
RADCRE

Signed Date:
SIGNDATE

TXINITS

JAN 06 2016

ROA 182

②

Exhibit 2



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

Date of Service:	01/08/2016		
Patient Name:	Darrell White		
Gender:	Male		
Date of Birth:	03/02/1976	39 Years 10 Months	
Referral Name:			
CHIEF COMPLAINT:	New patient, presents with complaints of right middle finger fracture. Injury was sustained while at work on 12/23/15. Right hand fracture with laceration		
HISTORY OF INJURY:			
Prescriptions			
Medications			
None, Ref: 0			
Social History		Allergies	
Alcohol - Never		.No Known Drug Allergies	
Alcohol - Denies			
Surgical History		Past Medical History	
None		.NONE PROVIDED	
		Family History	
Smoking Status	Hand Dominance	Height	Weight in lbs:
		5'10"	211

HISTORY OF PRESENT ILLNESS: Mr. White is a prisoner in some type of detention center. He works for the Fire Department at the prison. He states he struck his right hand on the bumper of the fire truck. He sustained a laceration. He was seen at UMC. He was splinted and told me he had a fracture. On return to the detention center, he was unable to use the splint because it was a remnant and he felt it could be of harm. He has a light dressing on, no splint and presents today now seventeen days post-injury. There was no previous injury to the right hand.

The past medical, surgical history, etc. were reviewed on the intake sheets which will be scanned in.

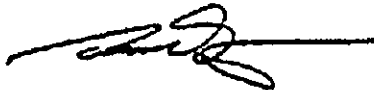
On exam, he is 39, 5'10", 211 lbs, right hand dominant. Turning attention to the right hand, there is a laceration over the middle finger MP joint. He has intact distal sensory. There is some swelling there. The wound is actually healed, and the sutures have been removed. The finger does deviate slightly ulnarly. He has good extensor tone. He has minimal pain over the region of the MP joint of the middle finger. No sign of infection.

Outside films are reviewed as are new films today. There is a comminuted fracture of the dorsal aspect of the middle finger metacarpal neck and head. The joint is fairly well aligned. No significant ulnar deviation is noted on x-ray.

JAN 20 2016

IMPRESSION: Fracture, middle finger, metacarpal head, dorsal aspect, articular but not in need of surgical intervention.

PLAN: We are going to make a Thermaplast splint for the index finger. He will follow-up with me in four weeks or so. A note is written to the detention center. The splint should be worn 23 hours a day after hygiene. If there are any problems with the splint, they are to contact us.



Dr. David Fadell DO



Progress/Daily Notes

EASTERN THERAPY DEPARTMENT
4530 SOUTH EASTERN AVE SUITE 3
LAS VEGAS, NV 89119

Patient: Darrell White
Acct #: 10004880
DOB: 03/02/1976
SSN:

Phone:
Insurance: 88222 - CCMSI
Authorization/Claim #:

Phone / Fax: 702-645-7800 702-216-3146

Therapist: Jody Wait

Date of Service: 01/08/2016

Referred By: David Fadell

PCP:

Diagnosis: S62.312D - Displaced fracture of base of third metacarpal bone, right hand - subsequent encounter for fracture with routine healing
12/22/2015

Injured Date:

Init Eval Date:

Total Visits/CXL/NS: 0/0/0

Subjective

Pt is a 39 y.o. male who injured his R MF at work. He reports that he slipped off a trailer and hit his hand on the bumper. He sustained a 3rd metacarpal fracture. He saw the doctor today and is referred to therapy for custom orthotic fabrication. Pt is a prisoner in the state of NV.

Objective

Custom fabricated FAB radial gutter orthotic. Pt instructed in wear and care of the orthotic.

Assessment

Pt reported good fit.

Plan

No further orders.

Jody E. Wait, OTR/L, CHT (electronically signed: 01/08/2016)

RECEIVED

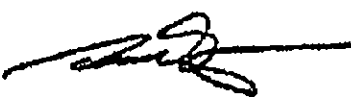
JAN 18 2016

CCMSI-CARSON CITY



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

Referral to			
Name: Darrell White		Date: 01/08/2016	
DX: S62.312A		DOI: 12/22/15	DOS:
RX: <input type="checkbox"/> Evaluate and treat EVALUATIONS			
<input type="checkbox"/> ROM	<input type="checkbox"/> Dexterity	EQUIPMENT AND SUPPLIES	
<input type="checkbox"/> Sensory	<input type="checkbox"/> ADL	<input type="checkbox"/> Elbow pad	<input type="checkbox"/> Putty
<input type="checkbox"/> Strength	<input type="checkbox"/> MMT	<input type="checkbox"/> Pulleys	<input type="checkbox"/> Silicone/Elastomer for Scar
		<input type="checkbox"/> Mini Massager	<input type="checkbox"/> Gel Cap
SPLINTING			
<input checked="" type="checkbox"/> Custom Splint(s): RT RADIAL GUTTER SPLINT		<input type="checkbox"/> Prefabricated(s)	
IF/MF MP BLOCKING/WRIST BASED			
MANUAL ROM/EXERCISE		MODALITIES	
<input type="checkbox"/> Manual PROM		<input type="checkbox"/> Hot/Cold Packs	<input type="checkbox"/> Electric Muscle Stimulation
<input type="checkbox"/> AAROM/AROM		<input type="checkbox"/> Iontophoresis	<input type="checkbox"/> Phonophoresis
<input type="checkbox"/> Therapeutic Exercise		<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Neuromuscular Re-education		<input type="checkbox"/> Game Ready Ice Machine	
<input type="checkbox"/> Strengthening/Work Conditioning Program			
<input type="checkbox"/> Home Exercise Program			
DRESSING / WOUND CARE		EDEMA CONTROL	
<input type="checkbox"/> Steri-strips/Adhesive Bandage		<input type="checkbox"/> Edema Glove	
<input type="checkbox"/> Wet to Dry		<input type="checkbox"/> Coban Wrap	
<input type="checkbox"/> Sterile Dry Dressing		<input type="checkbox"/> DigiSleeve	
<input type="checkbox"/> Suture Removal in _____ days		<input type="checkbox"/> Gel Cap	
Special Instructions:		Therapy times a week	
		For weeks	
Comments/ Precautions:			
 Dr. David Fadell DO		Next Appt: <div style="text-align: center;"> RECEIVED JAN 8 2016 CCMSI-CARSON CITY </div>	



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.
Bonnie Fraser, M.D.

Hand Surgery Specialists of Nevada 9321 W. Sunset Rd. Las Vegas NV 89148



Patient Provider: David Fadell

Primary Care Physician:

Patient Code: 30136

Patient Name: Darrell White

DOB: 03/02/1976

Gender: Male

Marital Status: Single

SSN: 331643426

Race: Black or African American

Address 1: 3947 Blue Wave Dr	Phone: (702) 504-2847	Mobile:
Address 2:	Email:	Fax:
City: Las Vegas	State: NV	
Zip: 89115	County: Clark	

Employment Status:	Occupation:	
Place of Employment:		
Address 1:	City:	State:
Address 2:	Zip:	
Phone:	Fax:	

Guarantor: Darrell White	Phone: (702) 504-2847	Mobile:
DOB: 03/02/1976	Email:	Fax:
Gender: Male	Address 1: 3947 Blue Wave Dr	Address 2:
Relation: Self	City: Las Vegas	State: NV
Guarantor Type: Primary	Zip: 89115	County: Clark

Insurance Plan: CCMSI 4990	Insurance Type: Primary	Subscriber ID: 15C62G394045
Subscriber Name: Darrell White	DOB: 03/02/1976	Group:
Insurance Plan #: 15C62G394045	Employer:	

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JAN 8 2016

CCMSI-CARSON CITY



Hand Surgery Specialists, Nevada
Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

4530 S. Eastern Ave, Suite 3
Las Vegas, NV 89119
Phone: (702) 645-7800 Ext.400 Fax: (702) 216-3145

AUTHORIZATION REQUEST FOR OCCUPATIONAL THERAPY TREATMENT

DATE: 01-08-16
TO: Volanda L. HERS
FAX: 775-882-9601

FROM: Sara
CLAIM#: 156626394045

Darrell White - 3426
Name of Injured Employee SS# Employer

Dr Fadell 12-22-15 S62.8/2D
Name of Treating Physician Date of Injury Diagnosis

Number of Visits Requested

1 Times per Week for 1 Weeks for 1 Visits *Total 1 Visits to Date.
Please Auth L 3806 Cost \$ 390.00

TO BE COMPLETED BY INSURER

Y Authorized Not Authorized
Elizabeth Holcomb 1/26/15
Adjuster's Signature Date

Comments:

➤ ***Please indicate if you would like to use ALIGN / MEDRISK*** **RECEIVED**

***PLEASE SEE ATTACHED RX**

JAN 8 2016

CCMSI-CARSON CITY

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Send Result Report



MFP

TASKalfa 6501i

150626394045

Firmware Version 2N7_2000.001.509 2013.09.21

01/25/2016 12:29
[2N7_1000 001 120] [2N4_1100 001.002] [2N4_7000 002 034]

Job No.: 089329

Total Time: 0'00'11"

Page: 001

Complete

Document: doc08932920160125122814

Jan 08 2016 10:39AM HP Fax

page 1



Hand Surgery Specialists, Nevada
Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

4530 S. Eastern Ave, Suite 3

Las Vegas, NV 89119

Phone: (702) 645-7800 Ext.400 Fax: (702) 216-3145

AUTHORIZATION REQUEST FOR OCCUPATIONAL THERAPY TREATMENT

DATE: 01-08-16
TO: Volanda L. Hays
FAX: 775-882-9601

FROM: Sara
CLAIM#: 150626394045

Darrell White - 3426
Name of Injured Employee SS# Employer

Dr. Fadell 12-22-15 S62.3120
Name of Treating Physician Date of Injury Diagnosis

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	01/25/16 12:29	817022163145	0'00'11"	FAX	OK	200x100 Normal/On

CCMSI
P.O. Box 4990
Carson City, NV 89702
(775) 882-9600
(775) 882-9601 fax

Fax

To:	Hand Surgery Specialist	From:	CCMSI -
Fax:	702-216-3145	Date:	1/8/16
Phone:	702-645-7800	Pages:	2
Re:	RT Radial Gutter Splint	Claim:	15C62G394045

Authorization – Under Medical Necessity with Sate of NV Panel Provider

Regarding:	White, Darrell
Claim No.	15C62G394045
DOI	12/22/15
Employer:	State of NV/Dept. of conservation and Natural Resources
Procedure Authorized.	Rt Radial Gutter Splint IF/MF MP blocking/ wrist based
Body Part:	Open fracture right 3rd MP joint
Requesting:	Dr. David Fadell DO
Authorized By.	Yolaunda Luhrs
Claim Status:	Pending

Adjuster approval of initial 6 physical therapy visits not required per statute NAC 616C.129 - Rules for treatment of injured employees by members of panel of physicians and chiropractors.

Authorization for the above-noted service expires 60 days after the date of this letter. Approvals do not necessarily guarantee payment since authorizations are based on medical appropriateness. Claim compensability is a TPA (Third Party Administrator) role. Any questions and billing for this approved service(s) should be sent to the Third Party Administrator (TPA), CCMSI at PO Box 4990 Carson City, NV 89702-4990.

This communication including any attachments may contain confidential information and is intended only for the individual or entity to which it is addressed. Any review, dissemination, or copying of this communication by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender via email, delete and destroy all copies of the original message.

Send Result Report

MFP

TASKalfa 6501i

Firmware Version 2N7_2000.001.509 2013.09.21



01/08/2016 12:33
[2N7_1000 001.120] [2N4_1100 001 002] [2N4_7000 002 034]

Job No.: 086765

Total Time: 0'00'28"

Page 003

Complete

Document: doc08676520160108123210

CCMSI
P.O. Box 4990
Carson City, NV 89702
(775) 882-5600
(775) 882-5501 fax

Fax

To: Hand Surgery Specialist

From: CCMSI -

Fax: 702-216-3145

Date: 1/8/16

Phone: 702-845-7800

Pages: 2

Re: RT Radial Gutter Splint

Claim: 15062G384045

Authorization - Under Medical Necessity with State of NV Panel Provider

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	01/08/16 12:32	817022163145	0'00'28"	FAX	OK	200x100 Normal/On

Exhibit 3



Hand Surgery Specialists of Nevada

Colby P. Young, M.D. Jedediah W. Jones, M.D. David M. Fadell, D.O.

15C62G394045

Date of Service:	02/24/2016				
Patient Name:	Darrell White				
Gender:	Male				
Date of Birth:	03/02/1976	Age: 39 Years 11 Months			
Referral Doctor:					
CHIEF COMPLAINT:	Pt cc: patient is over all doing well. He states he is getting more range of motion.				
HISTORY OF INJURY:					
Current Medications					
None. Ref: 0					
Social History			Allergies		
Alcohol - Never			No Known Drug Allergies		
Alcohol - Denies					
Past Surgical History			Past Medical History		
None			NONE PROVIDED		
Family History			Previous Diagnosis		
Smoking Status	Hand Dominance	Height:	Weight in lbs:	Blood Pressure	Pulse
		6'10"	211		

IMPRESSION STATUS post right hand fracture with laceration fracture involving the dorsal neck of the right middle finger metacarpal

SUBJECTIVE: Seen today in followup. Remains incarcerated. He is doing well. As noted increased range of motion. He questions the bump over the dorsal aspect of the MP of the middle finger.

OBJECTIVE: On exam there is a fullness here. The fracture fragments its beneath the skin. The trauma with a laceration scar is causing some of the ball tear. Functionally he is doing well with range of motion as well as resisted extension.

FLOUROSCAN: Films today show the small fleck of bone likely off the middle finger metacarpal neck.

PLAN: At this point he will just continue working on range of motion. He can do scar modalities. He can discontinue the brace as he has been wearing this. Followup with me will be on a p.r.n. basis.

Dr. David Fadell DO

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APR 11 2016

CCMSI CARSON CITY

ROA 194

Exhibit 4

AFFIDAVIT OF DARRELL WHITE

STATE OF NEVADA

SS:

COUNTY OF CLARK

I, Darrell White, hereby deposes and says:

1. I am willing and competent to testify to the matters herein;
2. I was an inmate of the Nevada Department of Corrections ("NDOC") working for the Nevada Department of Forestry ("NDF") on December 22, 2015.
3. Due to ice buildup on the bumper of the forestry bus, I slipped and fell off the bus injuring my right hand.
4. I was taken to the hospital in Pioche, Nevada, and diagnosed with a fractured hand that the doctor said would require surgical repair.
5. The following day, December 23, 2015, I was transported to University Medical Center ("UMC") where I was seen by a doctor who confirmed that my hand was in fact fractured and in need of surgical repair.
6. The UMC doctor informed me he could not perform the needed surgery at that time due to swelling in my hand.
7. I was transferred to High Desert State Prison (HDSP) later in the day on December 23, 2015, as a result of my hand injury.
8. On around January 8, 2016, I was transported from HDSP to see an outside hand specialist who gave me a brace to stabilize my hand but provided no surgical treatment.

9. After not having received surgical treatment for my hand and experiencing constant pain for around three weeks, I commenced the prison grievance process on January 14, 2016, alerting prison officials to these facts.
10. I also submitted a number of prison medical request forms seeking treatment for my pain and hand fracture.
11. Most of my requests were never answered.
12. My verbal requests and complaints to various prison nursing staff regarding my pain and need for surgical hand treatment also appeared to fall on deaf ears.
13. All I ever received from prison medical staff was ibuprofen for my pain, which worked occasionally but eventually stopped working at all after a short period.
14. I was released from the custody of NDOC on July 7, 2016, without ever having received surgical repair of my fractured right hand.
15. Any information or source that indicates I was not actively complaining of pain and seeking surgical treatment for my hand fracture during my NDOC incarceration from December 22, 2015, to July 7, 2016, is incorrect and disputed by this affiant.
16. Attached to this affidavit, I have provided copies of my informal and first level NDOC grievance and a few responses regarding my complaints about my hand injury from January and February of 2016.
17. My informal grievance response was submitted along with my First Level grievance appeal per prison regulations.
18. My informal grievance response was not returned to me, and I never received a response to my First Level grievance prior to my release from NDOC.

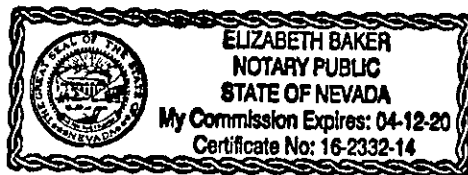
19. Other documentation regarding my repeated requests for medical treatment stemming from my hand injury are not available to me at this time and are contained in NDOC files, which I do not have current access to.

Further your affiant sayeth naught.

Executed on this 20th day of July, 2016, under penalty of pursuant to 28 U.S.C. Section 1746,

By: Darrell White 7-20-16
Darrell White

In The State of Nevada
County of Clark



Elizabeth Baker 07-20-16

Exhibit 5

PATIENT
DARRELL WHITE
DOB 03/02/1976
AGE 40 yrs
SEX Male
PRN 17161

H (702) 339-5683
M N/A
W N/A
E N/A
3947 BLUE WAVE DRIVE
LAS VEGAS, NV 89115

BRONSTEIN HAND CENTER MAIN OFFICE
T (702) 458-4263
F 1 (702) 562-2706
10135 W TWAIN AVE SUITE 100
LAS VEGAS, NV 89147

15C62G394045

Referrals/Response Letter

To: Yolanda Luhrs
From: April Monteagudu
Sent: 08/18/2016 11:59:31
Subject: Patient Referral
Regarding: Darrell White

I am sending you the last dictated report that should correspond with the PPR from 08-17-16. If there is additional documentation that you would find helpful, please feel free to contact us, and we can send that by additional fax.

Sincerely,

April Monteagudu

Encounter - 08/17/2016

SEEN BY		SEEN ON	
Andrew Bronstein		08/17/2016	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
71.0 in	215.0 lbs	30.0	135/86
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	115.0 bpm	N/A	N/A
CC			

NP RT hand possible FX on MF and possible trigger DOI 12/15
S

40 yo RHD currently unemployed gentleman with history of a RMF mcj fracture and laceration repaired in ER setting. He has been under the care of Dr. Fadell until 4 months ago. At the time Dr. Fadell opined the patient was MMI. Patient presents with an injury that occurred in the industrial setting. The patient denies any history of prior injuries or pre-existing conditions contribution to these symptoms. There has been no interval trauma. Even up to his last visit with the other hand surgeon, this patient complains of pain, loss of motion and palpable dorsal mass over fracture site.

Social history: tobacco n/a
alcohol n/a. Major events: none listed. Ongoing medical problems: none listed.
O

General: Alert, oriented x 3, pleasant, and in no apparent distress.

Skin: No abnormal markings, wounds, or ecchymotic discoloration, +++swelling

Lymphatic: No erythema, cellulitis, abscess, lymphangitis, nor any signs of active infection.

Vascular: Bnsk capillary refill, normal turgor, digits warm, no signs of chronic ischemia.

Neurologic: No signs of atrophy, anhidrosis, or hyperhidrosis, or trophic changes.

Musculoskeletal:

ROM: Non affected digits show full passive and active range of motion

Tendons: Non-affected digits glide freely without evidence of lag or incompetence or triggering

Tenderness. Localized to R 3rd MCPJ. H has a diagonal healed laceration with a firm mass deep to the soft tissue. No clinical instability and rom is 0-60° mcj flexion. . Xrays obtained and interpreted in the office today demonstrate a healed fracture with an dorsal avulsion fragment that is dorsally displaced, appears to have only undergone partial resorption and correlates to his area of tenderness. .

A

DIAGNOSIS:

Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with nonunion [ICD-10: S62.332K], [ICD-9: 733.82], [SNOMED: 55874001]

Accidents occurring in industrial places and premises [ICD-10: Y92.69], [ICD-9: E849.3], [SNOMED: 309535002]

P

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AUG 18 2016

ROA 200

CCMSI-CARSON CITY

The history, symptoms and signs and studies are well-correlative to the stated mechanism of industrial injury/event(s)..

Patient was educated about the natural history of their condition, its current state, and the plan for their care. Our discussion was assisted by illustration and/or handouts to assist them in their understanding. We emphasized to the patient the importance of compliance with our treatment regimen to achieve their desired results efficiently, and safely. All the patient's questions were answered to their satisfaction and they were encouraged to contact us should any further questions arise before their next scheduled encounter.

We also went over the logistics of their claims process and educated them on the importance of keeping their carrier, assigned claims manager, and physician informed throughout the process..

Patient may work. Full duty. (No work status change)

I recommend discontinuing the brace so there is no further loss of motion.

I recommend partial ostectomy (loose fragment) dorsal 3rd MCPJ with dorsal capsulotomy and tenolysis to improve rom.

Without these procedures, his outcome is predictable for permanent impairment on loss of range of motion.

PPR was faxed to case manager and a copy provided to the patient

If Dr. Fadell is not available to perform the procedure, we can be available if approved.

Otherwise, FCE and a rating exam.

SIGNED BY

Andrew Bronstein

SIGNED ON

08/17/2016

Electronically signed by April Monteagudu 08/18/2016 11:59AM

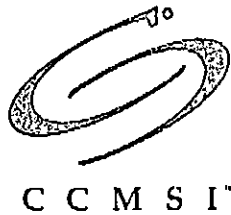
 practice fusion

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AUG 18 2016

CCMSI-CARSON CITY
ROA 201

Exhibit 6



September 29, 2016

Darrell E White #37196
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
Insurer: AIG – New Hampshire Insurance Co.

Notice of Average Monthly Wage

Dear Darrell E White:

We are in receipt of your requested wages and have verified calculations in the amount of \$69.30 for the time period of October 1, 2015 through December 31, 2015. Your average monthly wage pursuant to state calculations is \$22.93 for a daily rate of \$0.50.

Any benefits that you may be due for time lost from work will be sent separately from this letter. We have enclosed a copy of the Explanation of Wage Calculation Form for your review.

In order to receive Temporary Total Disability benefits, you must submit certification of disability from your treating physician. Checks are issued on a bi-weekly basis only.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, Carson City office, within seventy (70) days from the date of this letter.

If you have questions or wish to discuss this issue further, please contact me at the number noted below at extension 9610.

Sincerely,

Elizabeth Hickson
Elizabeth Hickson
Claims Representative *My Ann Conzalez*

cc: File, NDOF, Travis Barrick, Esq.

Enc: D-5, D-7, D-12a, wages

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 4990 - Carson City, NV 89702-4990
(775) 882-9600 Fax: (775) 882-9601 www.ccmsi.com

Exhibit 7



Attn: Yolanda Lugo 775-882-9601

Andrew J. Bronstein, MD
Board Certified Orthopaedic
Hand & Microvascular Surgery
Galen S. Kam, MD
Board Certified Orthopaedic
Shoulder/Elbow & Upper Extremity Surgery
10135 W. Twain Ave. #100
Las Vegas, NV 89147
Phone: 702 458-4263
Fax: 702 562-2706

Physician's Progress Report*

Please do not hesitate to call for any desired clarifications!

ISC 62 G 394045

Patient Name: Dorell White

Date of Injury: 12/22/15

Employer:

Job/Occupation:

Diagnosis:

S/P Capsulohumeral + tenodesis

Objective Medical Findings:

Wound benign, ges'n intact.

Is Patient Stable?

Yes ☒ No ☐

Is Patient Rateable

Yes ☐ No ☒

Permanent Impairment

Yes ☐ No ☒

MMI, Permanent and Stationary

Yes ☐ No ☒

or will be determined at future visit

Condition Worsened

☒ Condition Same

Condition Improved

None Discharged

Treatment Plan: (Including Circled items) NSAIDs Infection Splint/Cast Therapy (prescribed / No Change / DC'd) Studies Surgery

Aggressive OT + Home exercise
Splint in flexion

Consultation:

Diagnostic Studies: (Including Circled items) NCV/EMG 3x Arthrogram MRI Bone Scan CT Scan HCB Requested

Prescriptions: (Including Circled items) Ibuprofen Ketoprofen Naprosyn Lodine Celebrex Keflex Lortab Percocet

Work Status: ☒ Unable to return at this time

☒ Light duty with following restrictions:

☐ Full duty, no restrictions

10/19/16
20 hrs.

PENDING

Restrictions:

☐ Temporary

☐ Permanent

☐ One Handed Job Only

☐ Within Spent at all times optional

☐ Lifting/Pushing/Pulling (#) 5 10 20 30 50

☐ No Climbing

☐ No Reaching over head

☐ Minimal to no repetition

☐

Will be <5#, one hand; no climbing.

*Complete Dictation to follow

Physician Signature

Date of this exam

Interval / Date next visit

Specialized in Clinical, Surgical and Rehabilitative Hand & Upper Extremity Care .

Phone: (702) 458-4263

Fax: (702) 562-2706

Board Certified... Because it matters!

FAX COVER SHEET

SIERRA MCO UR/TCM
PO BOX 15750
LAS VEGAS, NV 89114-5750

PHONE: 800-670-7583

FAX: 888-826-9968 or 702-562-4604

PRIOR AUTHORIZATION**DATE: 10/25/16****TO: Dr. Bronstein // Travis N. Barrick, Esq****FAX #: 702-562-2706 // 702-386-1946****RE: CLAIMANT: Darrell White 37196****CLAIM NO: 15C62G394045****DATE OF INJURY: 12/22/2015****EMPLOYER: STATE OF NEVADA MCO****PROCEDURE AUTHORIZED: Approved MP splint L3291 custom splint.****CPT CODE: none submitted****INJURED BODY PART: right middle tenolysis extensor finger****DATE AUTHORIZED: 10/25/16****DATE RANGE: 60 days****REQUESTING DR: Dr. Bronstein****AUTHORIZED BY: Janet Hitchcock, RN****CLAIM STATUS: Open**

NOTE: Your request for authorization of the procedure noted has been approved as medically necessary. Authorization for the service noted above expires 60 days after the date of this letter. If the service is not performed within the 60 day period this authorization expires and a new authorization request is required with an explanation of why the service was not completed in the original 60 day period. Services performed without a current authorization will be considered non-authorized. Any pre or post-operative pain management procedures provided by an anesthesiologist are not included this authorization, those services require a separate authorization.

SEND BILLING TO TPA: CCMSI
PO Box 4990
Carson City, NV 89702
(877) 243-1253 Fax (775) 822-9601

The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to NRS 616C 260, unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer; Services are paid per Contract/Nevada Fee Schedule/or Usual & Customary

The insurer is solely responsible for payment of all services rendered:
The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services;
Any bill must be submitted within 90 days after services are rendered

If you have any questions regarding compensability or payment of this claim, please contact the claims administrator at 877-243-1253

cc: Elizabeth Hickson
Darrell White
Travis N. Barrick, Esq

Oct. 25, 2016 10:01 AM
Hand & Microvascular Surgeon

STAT



No. 8585 F. 1/2
Main Office:
10135 Twain Avenue
Suite #100
Las Vegas, NV 89147
Satellite Office:
9005 S. Pecos Road # 2610
Henderson, NV 89074
OT Dept: (702) 809-7500

AUTHORIZATION REQUEST

Date: 10/25/16

To: Jane Hitchcock RN

From: April B

Phone: _____

Fax: 702 562 4604

Re: Occupational Therapy Auth Request from the Bronstein Hand Center OT Department

of pages including this pg: 2

Patient's Name: Darrell White

Date of Injury: _____ Date of Surgery: 10-19-16

Pt's DOB: 3-2-1976 Pt's claim #: ISC1626394045

Physician's Name/Tax ID#: Andrew Bronstein, MD / 880343249

Patient's Diagnosis: Avulsion Fracture ICD-9: S62.337S, M67.841, M24.541

Requested Service: Consult _____ Follow-up _____ Splinting X

CPT Codes to be used in OT: 13992 Custom FA Splint or 13921 Custom HB

Requested Number of Visits (Freq/Dur): _____ Dynamic Splint

Clinical Info Attached: Yes X No _____ Date of Service: 10-25-2016

Notes: PLEASE FAX REQUEST BACK TO 702-562-2706

Authorization #: _____ Approved for: _____

Approved by _____ for therapy at the Bronstein Hand Center.

Notes: _____

O: 1.25. 2016 10:01AM

No. 8585 P. 2/2

PATIENT'S NAME Darrell WhiteDATE 10/25/16DIAGNOSIS Avulsion FractureICD-10 S62.332S, M67.341, MUX4Tendon Adhesion, MCP ContractureSURGERY DATE 10-19-16

PRECAUTIONS/CONTRAINDICATIONS

INSURANCE CIGNA NC☒ Evaluate & Treat

Edema Control
Desludging
Desensitization
Per Protocol
R.A.C.E.
Splint
Suture Removal @
Wound Care

Therapeutic Exercises

Per protocol
Active ROM
Active Assist ROM
Passive ROM
Resistive ROM
Soft Finger Program
Stretching program
Go Full / No Restrictions

Local Modalities

Per Protocol
Contrast Baths
Fluidotherapy
Heat packs
Ice packs
Iontophoresis
Paraffin
Phonophoresis
Ultrasound
Whirlpool

Special Modalities

Elec Stim/Pulsed Galv
TENS
Special Services
BTE Work simulation
Clothespins
OPM
Job Site Visit
Physical capacity Eval
Work Conditioning/Simulation
Work Hardening

☒ Splint type

Length
Per protocol
Digit-based
Hand-based
Forearm-based (SAS)
Standard
24"

Long Arm
w/ wrist
w/o wrist

Positions

Per Protocol

Elbow @
Forearm rotation @

Wrist @

MPs @

PIPs @

DIPs @

functional

Intrinsic Plus

Safe position

Volar cock-up

Sites

Per protocol
Anterior & Posterior
Dorsal
Palmar / Volar
Radial gutter
Ulnar gutter
Thumb spica
IPJ Flex
IPJ Ext.

Motion

Per protocol
Dorsal blocking
Dynamic

Extension

Flexion

Night Splint

Dynamic
Static
Static / Progressive
Standard
Mentl

Static only

Special splints

Cubital Tunnel Splint
Dupuytren's
Buddy tape
Pen Extension
Garnica/Splint/Skin's
HS TSS w/Flap
Thumb/Web Opposed

Dispense

Buddy Straps
Coban roll 1"
Digi-Gel Cap
digi-sleeve
Dressings
Owens (Silk)
Povidine (Dressadon) Pads
Silvadene Cream
Xeroform (Moisturizing) Gauze

Gel pad glove
Healbow
Isotoner glove
LMS
Stat Splint
Tennis elbow Strap
Th Sp Splint FB Bk & blu
Th Sp Splint Pre-Fab HB White
Wrist Splint BG/Neoprene Tea

MP splint - C3921 custom splint

FREQUENCY

One time visit

1x 2x 3x 4x 5x per week

1 2 3 4 Weeks

1 2 Months

Signature

Andrew J. Bronstein, MD

Exhibit 8

FAX COVER SHEET

SIERRA MCO UR/TCM
PO BOX 15750
LAS VEGAS, NV 89114-5750

PHONE: 800-670-7583

FAX: 888-826-9968 or 702-562-4604

PRIOR AUTHORIZATION

DATE: 11/21/16

TO: ATI // Dr. Bronstein // Travis N. Barrick, Esq

FAX #: 702-789-4886 // 702-562-2706 // 702-386-1946

RE: CLAIMANT: Darrell White 37196
CLAIM NO: 15C62Q394045
DATE OF INJURY: 12/22/2015
EMPLOYER: STATE OF NEVADA MCO

PROCEDURE AUTHORIZED: Approved OT 3x4=12 total 24 postop for right hand 3rd MP Joint fracture as requested by Dr Bronstein.

CPT CODE: none submitted

INJURED BODY PART: right hand

DATE AUTHORIZED: 11/21/16

DATE RANGE: 60 days

TOTAL TO DATE: 12 to total 24

REQUESTING DR: Dr. Bronstein

AUTHORIZED BY: Janet Hitchcock, RN

CLAIM STATUS: Open

NOTE: Your request for authorization of the procedure noted has been approved as medically necessary. Authorization for the service noted above expires 60 days after the date of this letter. If the service is not performed within the 60 day period this authorization expires and a new authorization request is required with an explanation of why the service was not completed in the original 60 day period. Services performed without a current authorization will be considered non-authorized. Any pre or post-operative pain management procedures provided by an anesthesiologist are not included this authorization, those services require a separate authorization

SEND BILLING TO TPA: CCMSI
PO Box 4990
Carson City, NV 89702
(877) 243-1253 Fax (775) 822-9601

The payment for the consultation or treatment will be made in accordance with the schedule of reasonable fees and charges allowable for accident benefits adopted for this State pursuant to NRS 816C.260, unless otherwise provided in a contract between the provider of health care or the medical facility and the insurer. Services are paid per Contract/Nevada Fee Schedule/or Usual & Customary

The insurer is solely responsible for payment of all services rendered:
The injured employee is not financially liable for any part of the cost of the services rendered and must not be billed for those services;
Any bill must be submitted within 90 days after services are rendered

If you have any questions regarding compensability or payment of this claim, please contact the claims administrator at 677-243-1253

cc: Yolaunda Luhrs
Darrell White
Travis Barrick

Nov. 21. 2016 10:20AM

No. 0430 P. 1/3



3233 W. Charleston Blvd. STE 107
Las Vegas, Nevada 89102
Phone: 702-258-9381 Fax: 702-789-4886
**AUTHORIZATION REQUEST FOR
PHYSICAL THERAPY TREATMENT**

DATE: 11 / 21 / 2016 PAGES: 3 pgs.
TO: Janet Hathcock Sierra FROM: Cristal M.
FAX: 388.826.9748 or CLAIM #: ISC62G39404S
702.562.4604

Darrell white 12.23.2015
Name of Injured Employee SS# Date of Injury

State of NV mco. Andrew Bronstein
Employer Name of Referring Physician

(R) Hand 11/15/2016
Body Part (s) Prescription Date

Number of Visits Requested
3 Times per Week For 4 Weeks for 12 Visits To Total 24 Visits to Date

TO BE COMPLETED BY INSURER

Does this case go through ALIGN or Medrisk? If yes, please circle

- ☐ PT Treatment Authorized ☐ PT Treatment Not Authorized
☐ Other action:

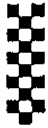
Print Name

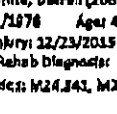
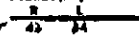
Signature

Title

Date

File No. 8953 P. 1



 ATI PHYSICAL THERAPY		7233 W. Charleston, Suite 107, Las Vegas, NV Phone: 702-258-9381 Fax: 702-258-9384 WC Claim #: 15CCK0184645			
Progress Note - 11/15/2016 Name: White, Darrell (20848726) DOB: 9/3/1976 Age: 40 Sex: M Date of Injury: 12/23/2015 Primary/Rehab Diagnosis: Capsulotomy: Finger (R) ICD10 Codes: M24.341, M25.641, Z47.89		Physician: Bronstein MD, Andrew Visit Count: 10 Occupation: NDF Off Work Dates: 12/23/2015 Surgery Date: 10/19/2016 Nurse Case Manager: Hitchcock, Janet Adjuster: Luhrs, Yolanda			
Assessment: Darrell White is a 40 y/o male who presents to Occupational Therapy with signs and symptoms consistent with physician's diagnosis of (R) Capsulotomy: Finger. Patient has made objective improvements with ROM, Joint Mobility, Strength, Soft Tissue Mobility. These improvements have increased patient's ability to perform these tasks: Cutting food, Opening doors, Opening/closing zippers, buttons, Writing/paperwork tasks. Patient continues to present with impairments involving ROM, Soft Tissue Mobility, Strength, Pain, Joint Mobility. These deficits limit patient's ability to perform these tasks: Carrying, Other: Opening Jars/Tops. Prior to injury, patient worked as a NDF that requires a PBL of Medium. Patient will benefit from skilled therapy to allow the patient to meet set established functional goals and return to PLOF stated in the initial evaluation.		Rehab Potential/Prognosis: Good			
Evaluation Date: 10/26/2016 Primary Complaint: Finger discomfort, Pain, weakness, decreased functional ability. Functional Limitations: Carrying, Cutting food, Opening doors, Opening/closing zippers, buttons, Writing/paperwork tasks.		Progress Note Date: 11/15/2016 Finger discomfort, Pain, weakness, decreased functional ability. Carrying, Other: Opening Jars/Tops			
Pain Scale: During Activity 4/10 Joint: Smoking Backing generated at ulnar side, fracture Observation: Observation Comments Pt wearing a custom finger splint made at Dr. Bronstein office.		During Activity 5/10 Smoking (including smoking tobacco), fracture Observation Comments Pt wearing a custom finger splint made at Dr. Bronstein office.			
ROM/depress: Strength: Strength Comments NT ref provided Hand Grip Strength - Elbow at 90°		Hand Force (lbs) Grip Strength - Elbow at 90° 			
Functional Goals					
Outcome Assessment					
Date	Attest/Ref	Score	Date	Assessment	Score
10/27/2016	Quick DASH Sports/Pain/working Arm Mediate	100%	11/15/2016	Quick DASH Sports/Pain/working Arm Mediate	N/A
10/27/2016	Quick DASH Work Mediate	88%	11/15/2016	Quick DASH Work Mediate	60%
10/27/2016	Quick DASH Daily Living/Symptoms Score	75%	11/15/2016	Quick DASH Disability/Symptoms Score	34%
Hand/Wrist ROM (Ext and Flex)					
Extension Data 10/26/2016					
Right	MCP	PIP	DIP	TAM	C*
IF	24(12°)	167(1°)	76(1°)	217	m
MF	43(7(1°))	77(1°)	76(1°)	162	crt
RF	70(1°)	185(1°)	75(1°)	234	cm
SF	184(1°)	188(1°)	181(1°)	235	cm
Progress Note Date: 11/15/2016					
Flexion Data 11/15/2016					
Right	MCP	PIP	DIP	TAM	C*
IF	20(85°)	120(4°)	76(1°)	218	cm
MF	25(7(1°))	121(1°)	77(1°)	204	cm
RF	70(1°)	187(1°)	77(1°)	259	cm
SA	192(1°)	185(1°)	77(1°)	262	cm
Plan of Treatment: 2x/wk for 4 weeks Therapeutic exercise, 37110 Manual therapy, 37112 Neuromuscular re-education, 97530 Therapeutic exercises, 97018 Hot pack, 97014 Electrical stimulation (Unattended), 97035 Ultrasound, 97016 Paraffin bath, 97003 OT Evaluation, 97004 OT Re-Education To address: Decreased functional ability, Joint Mobility, Pain, ROM, Strength Deficits, Tendon Glides The treatment will be advanced safely and appropriately in order for the greatest progress towards higher motor level of function. Additional services will be provided, with progression to a comprehensive exercise program upon discharge, to ensure carry over of functional gains achieved in the clinic. This treatment plan has been reviewed and agreed upon by the patient.					

Nov. 21. 2016 10:20AM

No. 0430 P. 3/3

Nov. 15. 2016 10:49AM

11/15/2016 5:43:41 PM PAGE

3/003

FiNo. 8953 verP. 2

Name: White, Darrell (20846726)		Progress Note - 11/15/2016		DOB: 5/2/1976		Fax: 702-236-6584		Page 2 of 2																	
WC claim # 15C824884043																									
<p>Short Term Goals to be completed by 12/15/2016</p> <table border="0"> <tr> <td>1. Patient will decrease pain score to 5/10</td> <td><input checked="" type="checkbox"/> 11/15/2016</td> <td>2. Patient will decrease pain score to 2/10 to allow for completion of cutting tool</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Patient will decrease Quick DASH score by 25%</td> <td><input checked="" type="checkbox"/> 12/15/2016</td> <td>3. Patient will decrease Quick DASH score <25% to allow for completion of writing/housework</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Patient will demonstrate independence with ADL</td> <td><input checked="" type="checkbox"/> 11/15/2016</td> <td>4. Patient will demonstrate grip strength within 25% of unaffected to allow for completion of carrying</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5. Patient will remove all contraindications to allow for completion of opening/closing drawers, boxes</td> <td><input type="checkbox"/></td> </tr> </table>										1. Patient will decrease pain score to 5/10	<input checked="" type="checkbox"/> 11/15/2016	2. Patient will decrease pain score to 2/10 to allow for completion of cutting tool	<input type="checkbox"/>	2. Patient will decrease Quick DASH score by 25%	<input checked="" type="checkbox"/> 12/15/2016	3. Patient will decrease Quick DASH score <25% to allow for completion of writing/housework	<input type="checkbox"/>	3. Patient will demonstrate independence with ADL	<input checked="" type="checkbox"/> 11/15/2016	4. Patient will demonstrate grip strength within 25% of unaffected to allow for completion of carrying	<input type="checkbox"/>			5. Patient will remove all contraindications to allow for completion of opening/closing drawers, boxes	<input type="checkbox"/>
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		5. Patient will remove all contraindications to allow for completion of opening/closing drawers, boxes	<input type="checkbox"/>																						
Bedroomically signed by: Brandon Hayda, OT, License 15-0591 November 15, 2016 11:12 AM																									
<input type="checkbox"/> I have no revisions to this plan of care. <input type="checkbox"/> Discharge patient. <input type="checkbox"/> Revise plan of care as follows.																									
Physician: Bronstein MD, Andrew				Physician: <i>[Signature]</i>				Date:																	

Exhibit 9

Attorneys:

Russell J. Gallian, P.C.*
Michael I. Welker, P.C.*+
Britt K. Beckstrom, P.C.*
Matthew D. Elkins, P.C.*
James M. Elegante, P.C.*
Travis N. Barrick, P.C.*+
Christopher A. Lund, P.C.*
Dayton L. Hall, P.C.*+
Eric R. Carson, P.C.*
Jeanette H. Barrick, P.C.
Rachelle K. Palmer, O

* Licensed in Utah
+ Licensed in Nevada
+ Licensed in Arizona
+ Licensed in California

Brian L. Olson
(1969-2010)

William F. Rummel
(1943-2015)



GALLIAN WELKER &
BECKSTROM, L.C.

Please Reply to:
540 E. St. Louis
Las Vegas, Nevada 89104
(702) 892-3500

Via US Mail and facsimile 702.562.2706

November 22, 2016

Andrew J. Bronstein, MD
The Bronstein Hand Center
10135 W. Twain Avenue, #100
Las Vegas, NV 89147

Re: Darrell White

Dear Dr. Bronstein:

Our firm represents your patient regarding his claim for Workers
Compensation. An issue has come up regarding whether you intended to release Mr.
White to full duty on 8/17/16.

Please check the appropriate answer below and return to our office. Call
anytime if you have any questions.

___ Yes, I intended to release Mr. White to full duty on 8/17/16.

___ No, I did not intend to release Mr. White to full duty on 8/17/16.

Offices:

965 E. 700 S., Suite 305
St. George, UT 84790
Tel: 435 628 1682
800.353.4128
Fax: 435.628.9581
www.utahcase.com

540 E. St. Louis
Las Vegas, NV 89104
Tel: 702.892.3500
Fax: 702.386 1946
www.vegascase.com

MR. WHITE
Best,
Travis N. Barrick, Esq.
I RELEASED
TO THE
SAME WORK STATUS
HE WAS THE
DAY BEFORE
OUR APPOINTMENT.
MY INTENTION WAS TO NOT CHANGE
HIS WORK STATUS ON THAT VISIT
UNTIL POST-OP.

12/20/16
9:20AM

ROA 215

Exhibit 10



December 28, 2016

Darrell E White
3947 Blue Wave Dr
Las Vegas, NV 89115-0273

Re: Claim Number: 15C62G394045
Date of Injury: 12/22/2015
Employer: State of Nevada/Forestry
AIG: New Hampshire Insurance Co.
Body part: Right 3rd MP joint fracture

Dear Mr. White:

We recently received a report from Dr. Andrew Bronstein indicating that you had completed your medical treatment for your work related injury. Prior to closing your claim we would like to schedule you for an impairment evaluation. To expedite scheduling of your evaluation we have enclosed a list of approved physician and chiropractors that you may choose from. You do not have to choose any of these physicians in order to be rated.

If you decide to choose one of the approved rating physicians in your area, please initial the line next to the physician or chiropractor who you wish to complete your evaluation. Please choose a doctor that is in your area only. After choosing the doctor, sign and date the form and return it to our office within 10 days from the date of this letter. *As you are represented by an attorney, I would recommend that you address your selection with your attorney.*

If you do not choose one of the physicians listed on the enclosed form by the end of the 10th day, an evaluation will be scheduled by random rotation from the list of rating physicians approved by the regulatory agency.

Enclosed is a self-addressed stamped envelope for your convenience.

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

Sincerely,

Elizabeth Hickson
Claims Representative

cc: file, NDOF, Travis Barrick, Esq.

CANNON COCHRAN MANAGEMENT SERVICES INC • PO Box 4990 • Carson City NV 89702-4990
Phone: 775-882-9600 • Fax: 775-882-9601 • www.ccmsi.com

ROA 217

AGREED RATING PHYSICIANS AND CHIROPRACTORS

Claimant Name: Darrell White
DOI: 12/22/2015
Claim Number: 15C62G394045

The following is a list of rating physicians and chiropractors approved by CCMSI. In order to select one of these rating physicians or chiropractors please initial on the line next to the doctor's name and sign at the bottom of this page.

All perform ratings in Las Vegas

_____ Richard Cestkowski, D.O.

_____ Alexander Janda, D.C.

_____ Jeffery Webb, D.C.

_____ Andrei Razsadin, D.C.

_____ Roger Russell, D.C.

_____ Charles Quaglieri, M.D.

_____ David Rovetti, D.C.

_____ I do not agree to utilize any of the above rating physicians or chiropractors and would prefer to utilize the rotating list of rating physicians as assigned by DIR.

It is not a requirement to choose any of these doctors in order to receive a rating examination. If this form is not returned within 10 days from the date of this letter, a rating physician will be assigned by IIRS from the rotating list.

Signature

Date

ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
RECORDS SECTION
JAN 18 PM 3:49

FILED
AND
RECEIVED

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial
Insurance Claim

Claim No.: 15C62G394045

Appeal No.: 1707925-CJY

of

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS NV 89115

Employer:
STATE OF NEVADA-DIV OF FORESTRY
C/O CAROL NELSON
2478 FAIRVIEW DR
CARSON CITY NV 89701

Claimant.

SUBSTITUTION OF ATTORNEYS

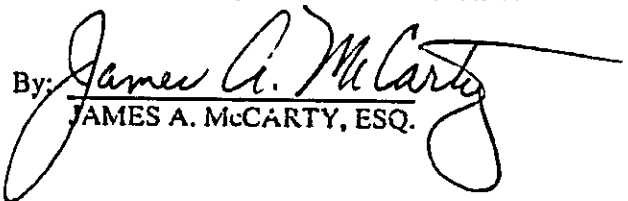
DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH
LLP, is hereby substituted as attorney for the EMPLOYER, STATE OF NEVADA-DIV OF
FORESTRY, ("Employer") in the above-entitled action, in place of and instead of JAMES A.
McCARTY, ESQ., of BECKETT YOTT MCCARTY & SPANN.

JAMES A. McCARTY, ESQ., hereby consents to this substitution.

DATED this 17th day of January, 2017.

BECKETT, YOTT, MCCARTY & SPANN

By:


JAMES A. McCARTY, ESQ.

Doc 013

LEWIS
BRISBOIS
BISGAARD
& SMITH LLP
ATTORNEYS AT LAW

4843-4148-1763.1
26878-1645

ROA 219

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ACCEPTANCE OF SUBSTITUTION

The law firm of LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby accepts and consents to the substitution of attorney and is willing to act as attorneys of record for the employer, STATE OF NEVADA-DIV OF FORESTRY, in this matter.

DATED this 18 day of January, 2017.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No.: 005125

2300 W Sahara Ave., Ste. 300, Box 28

Las Vegas NV 89102

(702) 893-3383

Fax (702) 366-9563

CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **SUBSTITUTION OF ATTORNEYS** was made this date by depositing a true and correct copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

Darrell E. White
3947 Blue Wave Dr
Las Vegas NV 89115

Travis Barrick Esq
Gallian Welker & Beckstrom
540 E St Louis Ave
Las Vegas NV 89104

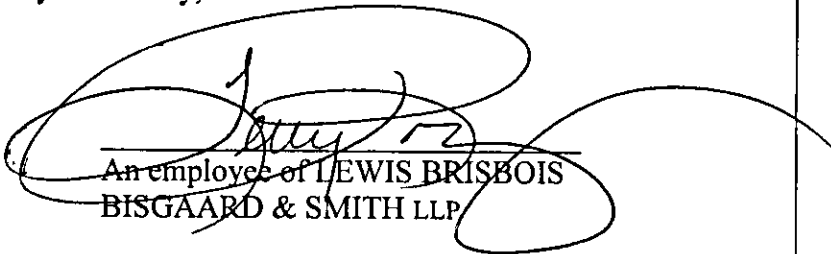
State of Nevada-Div of Forestry
c/o Carol Nelson
2478 Fairview Dr
Carson City NV 89701

State of Nevada Risk Mgmt
Attn Ana Andrews – Dept Risk Mgr
201 S Roop St #201
Carson City NV 89701

CCMSI
Attn Staci Jones
POB 4990
Carson City NV 89702-4990

James A. McCarty Esq
Beckett Yott McCarty & Spann
555 Double Eagle Ct Ste 1000
Reno NV 89521

DATED this 18th day of January, 2017.


An employee of LEWIS BRISBOIS
BISGAARD & SMITH LLP

Attorneys:

Russell J. Gallian, P.C.*
Michael I. Welker, P.C.*
Britt K. Beckstrom, P.C.*
Matthew D. Ekins, P.C.*
James M. Elegante, P.C.*
Travis N. Barick, P.C.*
Christopher A. Lund, P.C.*
Dayton L. Hall, P.C.*
Eric R. Carson, P.C.*
Jeanette H. Barrick, P.C.*
Raelene K. Palmer, *

* Licensed in Utah
◇ Licensed in Nevada
+ Licensed in Arizona
± Licensed in California

Brian L. Olson
(1969-2010)

William F. Rummier
(1943-2015)



**GALLIAN WELKER &
BECKSTROM, L.C.**

STATE OF NEVADA
SPT OF ADMINISTRATION
HEARINGS DIVISION

FEB -1 AM 10:59

Please Reply to:
540 E. St. Louis
Las Vegas, Nevada 89104
(702) 892-3500

Via Facsimile 702/486-2555 & US Mail

January 31, 2017

Charles J. York, Esq.
Appeals Officer
Department of Administration, Hearings Division
2200 S. Rancho Drive, Suite 220
Las Vegas, NV 89102
Tel 702/486-2527
Fax 702/486-2555

Re: Darrell E. White
Claim No. 15C62G394045
Appeal No. 1707925-CJY

Dear Sirs,

Under cover of this letter are our Docketing and Pre-Hearing Statements. We forwarded the same on January 17, 2017 to Mr. Daniel Schwartz who represents CCMSI, but have not received a response. The statements are due to your office by February 3, 2017 with a hearing scheduled for February 17, 2017.

Please contact us at telephone 702/892-3500 for any questions or concerns.

Best Regards,

Monica E. Anders
Paralegal
GALLIAN, WELKER & BECKSTROM, LC

Offices:

965 E 700 S, Suite 305
St George, UT 84790
Tel 435 628.1682
800 353.4128
Fax 435.628.9561
www.utahcase.com

540 E. St. Louis
Las Vegas, NV 89104
Tel 702 892.3500
Fax 702.386 1946
www.vegascase.com

MEA
Encl.

Cc: Daniel Schwartz via facsimile 702/366-9563

DOC 014

ROA 222

1 BEFORE THE APPEALS OFFICER

2 In the Matter of the Contested
3 Industrial Insurance Claim of:

4 DARRELL E WHITE,

5 Claimant.
6

) Claim No: 15C62G394045

) Appeal No: 1707925-CJY
)
)
)

7 NOTICE OF APPEAL AND ORDER TO APPEAR AND
8 ORDER TO CONDUCT A PRE-HEARING CONFERENCE

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

10 **DATE:** FEBRUARY 17, 2017

11 **TIME:** 11:00AM STACKED

12 **PLACE:** DEPT OF ADMINISTRATION, HEARINGS DIVISION
2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS NV 89102

13 ***** THE ATTACHED APPEALS OFFICE DOCKETING AND PRE-HEARING
STATEMENT SHALL BE DUE ON OR BEFORE FEBRUARY 3RD, 2017. *****

- 14 2. The appealing party shall be responsible for the completion and submittal of the Docketing
15 and Pre-Hearing Statement to the Appeals Office.
- 16 3. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the
Claimant's file relating to the matter on appeal.
- 17 4. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of
18 information to be considered on appeal.
- 19 5. Pursuant to NRS 239B.030(4), any document(s) filed with this agency must have all
20 social security numbers redacted or otherwise removed and an affirmation to this
effect must be attached. The document(s) otherwise may be rejected by the Hearings
Division.
- 21 6. Pursuant to NAC 616C.277(1), an Appeals Officer may schedule a prehearing
22 conference in any appeal filed to discuss settlement, discovery, scheduling, or other
matters pertinent to the appeal, including, without limitation:
23 (a) Expedition of the pending case; (b) Hearing motions; (c) Submission of documentary
evidence; (d) Narrowing the issues, and (e) Setting a convenient date for the primary
24 hearing. An appeals officer may enter any order relating to the matters described in
subsection 1.
- 25 7. Pursuant to NAC 616C.277, the attorneys are to conduct a prehearing conference
26 outside the presence of the Appeals Officer and then submit the attached docketing
statement by the above-stated due date.

27 ///

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8. Pursuant to NAC 616C.282, if a party or his or her counsel or licensed representative fails or refuses to comply with NAC 616C.274 to 616C.336, inclusive, the hearing or appeals officer may make such orders as are necessary to direct the course of the hearing, including, but not limited to, the following:
1. Continue the hearing until the party or counsel or licensed representative complies with the requirements.
 2. Restrict or prohibit the introduction of evidence.
 3. Dismiss the matter.
 4. If the failure or refusal to comply is by a licensed representative, refer the matter to the senior appeals officer for appropriate action pursuant to NAC 616C.350 to 616C.377, inclusive.
 5. If the failure or refusal to comply is by an insurer or a third-party administrator, refer the matter to the Commissioner of Insurance for appropriate action.
 6. If the failure or refusal to comply is by an attorney licensed in this State, refer the matter to the State Bar of Nevada for appropriate action.
9. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.
10. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED this 10th day of January, 2017.



CHARLES J. YORK, ESQ.
APPEALS OFFICER

1 Please note the following Rules of Practice:

2 1. Pursuant to NAC 616C.277, counsel shall conduct a prehearing
3 conference outside the presence of the Appeals Officer and then submit the
4 attached Docketing Statement no later than 30 days before the scheduled
5 stack hearing date. Counsel for the appealing party shall be responsible for
6 completion and submittal of the Docketing and Pre-Hearing Statement to the
7 Appeals Office. In order to provide the most accurate information, counsel for
8 the appealing party must contact (by phone, email or mail) all other counsel or
9 unrepresented parties and obtain the information required by the Docketing
10 Statement. Exceptions may be made by the Appeals Officer for appeals that will
be consolidated to existing appeals.

11 2. Matters that are removed from the stacked calendar by mutual
12 agreement of the parties will thereafter proceed pursuant to Status Checks and
13 will not be re-calendared for hearing until the Docketing Statement has been
14 submitted and all counsel and/or the parties state that the matter is ready to
15 proceed to hearing. The Appeals Office will then provide counsel and the
16 parties with the earliest available dates. If the parties disagree as to whether a
17 matter is ready for hearing either party may request a telephone conference or
18 in-court status check to address the disagreement. Once the parties have
19 scheduled a hearing, matters will only be continued pursuant to a Motion to
20 Continue or upon a demonstration of exigent circumstances.

21 *** PLEASE COMPLETE AND SIGN THE ATTACHED APPEALS OFFICE DOCKETING
22 AND PRE-HEARING STATEMENT ***
23
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25
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27
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1 DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION
2 APPEALS OFFICE PRE-HEARING STATEMENT

3 CASE NAME: DARRELL E WHITE

4
5 APPEALS NUMBERS(S): 1707925-CJY

- 6 1. What is the estimated time needed for the hearing? 1 hr.
7 2. Other than the injured worker, how many witnesses will testify? 0
8 3. Is discovery anticipated by either party and if so, what discovery will be
9 conducted? no
10 4. Does either party need to secure prior medical records? Yes No
11 5. Is an independent medical evaluation a possibility? Yes No
12 6. Have the parties engaged or anticipate engaging in settlement
13 discussions? Yes No Maybe!
14 7. Will an interpreter be required for the hearing? Yes No
15 8. Will any expert witnesses and or physicians be testifying? Yes No
16 9. What is the ultimate issue(s) in dispute regarding the above-described
17 appeal?
18 average monthly wage
19 10. The parties agree disagree to remove this case from the stacked
20 calendar.
21 11. What is your best estimate as to when this matter will be ready to
22 proceed to hearing?
23 2/17/17

24 The undersigned counsel hereby certifies and he/she has communicated with
25 opposing counsel and/or parties and that the information provided in this Pre-
26 Hearing Statement is accurate reflects the results of the pre-hearing
27 discussions ordered by the Appeals Officer.

28 Counsel for Darrell White

Dated: 1/17, 2017

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0159
 DESTINATION ADDRESS 7024862555
 SUBADDRESS
 DESTINATION ID
 ST. TIME 01/31 10:53
 TX/RX TIME 04' 01
 PGS. 6
 RESULT OK

Attorneys:

Russell J. Gallian, P.C.*
 Michael I. Welker, P.C.*0+
 Britt K. Beckstrom, P.C.*0
 Matthew D. Ekus, P.C.*0
 James M. Elegante, P.C.*
 Travis N. Barrick, P.C.*0±
 Christopher A. Lund, P.C.*0
 Dayton L. Hall, P.C.*0+
 Eric R. Carson, P.C.*0
 Jeanette H. Barrick, P.C.0
 Raelene K. Palmer, 0

* Licensed in Utah
 0 Licensed in Nevada
 + Licensed in Arizona
 ± Licensed in California

Brian L. Olson
 (1969-2010)

William F. Rummier
 (1943-2015)



**GALLIAN WELKER &
 BECKSTROM, L.C.**

**Please Reply to:
 540 E. St. Louis
 Las Vegas, Nevada 89104
 (702) 892-3500**

Via Facsimile 702/486-2555 & US Mail

January 31, 2017

Charles J. York, Esq.
 Appeals Officer
 Department of Administration, Hearings Division
 2200 S. Rancho Drive, Suite 220
 Las Vegas, NV 89102
 Tel 702/486-2527
 Fax 702/486-2555

**Re: Darrell E. White
 Claim No. 15C62G394045
 Appeal No. 1707925-CJY**

Dear Sirs,

Under cover of this letter are our Docketing and Pre-Hearing Statements. We forwarded the same on January 17, 2017 to Mr. Daniel Schwartz who represents CCMSI, but have not received a response. The statements are due to your office by February 3, 2017 with a hearing scheduled for February 17, 2017.

Please contact us at telephone 702/892-3500 for any questions or concerns.

Best Regards,

ROA 228

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0160
 DESTINATION ADDRESS 7023669563
 SUBADDRESS
 DESTINATION ID
 ST. TIME 01/31 10:58
 TX/RX TIME 02' 29
 PGS. 6
 RESULT OK

Attorneys:

Russell J. Gallian, P.C.*
 Michael I. Welker, P.C.*⁺
 Britt K. Beckstrom, P.C.*⁰
 Matthew D. Ekins, P.C.*⁰
 James M. Elegante, P.C.*
 Travis N. Barrick, P.C.*^{0±}
 Christopher A. Lund, P.C.*⁰
 Dayton L. Hall, P.C.*⁺
 Eric R. Carson, P.C.*⁰
 Jeannette H. Barrick, P.C.⁰
 Raelene K. Palmer, ⁰

* Licensed in Utah
⁰ Licensed in Nevada
⁺ Licensed in Arizona
[±] Licensed in California

Brian L. Olson
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**GALLIAN WELKER &
 BECKSTROM, L.C.**

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January 31, 2017

Charles J. York, Esq.
 Appeals Officer
 Department of Administration, Hearings Division
 2200 S. Rancho Drive, Suite 220
 Las Vegas, NV 89102
 Tel 702/486-2527
 Fax 702/486-2555

**Re: Darrell E. White
 Claim No. 15C62G394045
 Appeal No. 1707925-CJY**

Dear Sirs,

Under cover of this letter are our Docketing and Pre-Hearing Statements. We forwarded the same on January 17, 2017 to Mr. Daniel Schwartz who represents CCMCI, but have not received a response. The statements are due to your office by February 3, 2017 with a hearing scheduled for February 17, 2017.

Please contact us at telephone 702/892-3500 for any questions or concerns.

Best Regards,

ROA 229

1 BEFORE THE APPEALS OFFICER

2 In the Matter of the Contested
3 Industrial Insurance Claim of:

4 DARRELL E WHITE,

5 Claimant.
6

) Claim No: 15C62G394045

) Appeal No: 1707925-CJY
)
)
)

7 NOTICE OF APPEAL AND ORDER TO APPEAR AND
8 ORDER TO CONDUCT A PRE-HEARING CONFERENCE

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

10 **DATE:** FEBRUARY 17, 2017

11 **TIME:** 11:00AM STACKED

12 **PLACE:** DEPT OF ADMINISTRATION, HEARINGS DIVISION
2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS NV 89102

13 ***** THE ATTACHED APPEALS OFFICE DOCKETING AND PRE-HEARING
STATEMENT SHALL BE DUE ON OR BEFORE FEBRUARY 3RD, 2017. *****

- 14 2. The appealing party shall be responsible for the completion and submittal of the Docketing
15 and Pre-Hearing Statement to the Appeals Office.
- 16 3. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the
Claimant's file relating to the matter on appeal.
- 17 4. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of
18 information to be considered on appeal.
- 19 5. Pursuant to NRS 239B.030(4), any document(s) filed with this agency must have all
20 social security numbers redacted or otherwise removed and an affirmation to this
effect must be attached. The document(s) otherwise may be rejected by the Hearings
Division.
- 21 6. Pursuant to NAC 616C.277(1), an Appeals Officer may schedule a prehearing
22 conference in any appeal filed to discuss settlement, discovery, scheduling, or other
matters pertinent to the appeal, including, without limitation:
23 (a) Expedition of the pending case; (b) Hearing motions; (c) Submission of documentary
evidence; (d) Narrowing the issues, and (e) Setting a convenient date for the primary
24 hearing. An appeals officer may enter any order relating to the matters described in
subsection 1.
- 25 7. Pursuant to NAC 616C.277, the attorneys are to conduct a prehearing conference
26 outside the presence of the Appeals Officer and then submit the attached docketing
statement by the above-stated due date.

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Doc 015

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8. Pursuant to NAC 616C.282, if a party or his or her counsel or licensed representative fails or refuses to comply with NAC 616C.274 to 616C.336, inclusive, the hearing or appeals officer may make such orders as are necessary to direct the course of the hearing, including, but not limited to, the following:
1. Continue the hearing until the party or counsel or licensed representative complies with the requirements.
 2. Restrict or prohibit the introduction of evidence.
 3. Dismiss the matter.
 4. If the failure or refusal to comply is by a licensed representative, refer the matter to the senior appeals officer for appropriate action pursuant to NAC 616C.350 to 616C.377, inclusive.
 5. If the failure or refusal to comply is by an insurer or a third-party administrator, refer the matter to the Commissioner of Insurance for appropriate action.
 6. If the failure or refusal to comply is by an attorney licensed in this State, refer the matter to the State Bar of Nevada for appropriate action.
9. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.
10. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED this 10th day of January, 2017.



CHARLES J. YORK, ESQ.
APPEALS OFFICER

DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION

APPEALS OFFICE DOCKETING STATEMENT

CASE NAME: DARRELL E WHITE

APPEALS NUMBERS(S): 1707925-CJY

WHAT IS/ARE THE ISSUE(S) INVOLVED IN THIS/THESE APPEALS?

(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> CLAIM DENIAL/ACCEPTANCE | <input type="checkbox"/> SCOPE OF CLAIM |
| <input type="checkbox"/> TEMPORARY TOTAL DISABILITY | <input type="checkbox"/> REOPENING |
| <input type="checkbox"/> TEMPORARY PARTIAL DISABILITY | <input type="checkbox"/> CLAIM CLOSURE |
| <input type="checkbox"/> PERMANENT PARTIAL DISABILITY | <input type="checkbox"/> DEATH BENEFITS |
| <input type="checkbox"/> VOCATIONAL REHABILITATION | <input type="checkbox"/> MILEAGE |
| <input type="checkbox"/> AVERAGE MONTHLY WAGE | <input type="checkbox"/> TRANSFER OF CARE |
| <input type="checkbox"/> SUSPENSION OF BENEFITS | <input type="checkbox"/> SUBROGATION |
| <input type="checkbox"/> PERMANENT TOTAL DISABILITY | <input type="checkbox"/> MEDICAL BENEFITS |
| <input type="checkbox"/> PAYMENT OF BILLS | |
| <input type="checkbox"/> FAILURE TO APPEAR BEFORE THE HEARING OFFICER: | |
| <input type="checkbox"/> LATE APPEAL TO THE HEARING OFFICER: | |
| <input type="checkbox"/> LATE APPEAL TO THE APPEALS OFFICER: | |
| <input type="checkbox"/> UNINSURED EMPLOYER/ASSIGNMENT TO THE UNINSURED FUND: | |
| <input type="checkbox"/> ADMINISTRATIVE FINE: | <input type="checkbox"/> BENEFIT PENALTY: |
| <input type="checkbox"/> PREMIUM PENALTY: | |
| <input type="checkbox"/> EMPLOYER/EMPLOYEE RELATIONSHIP: | |

OTHER: _____

REQUEST TO CONSOLIDATE TO APPEAL NO(S): _____

DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION

APPEALS OFFICE PRE-HEARING STATEMENT

CASE NAME: DARRELL E WHITE

APPEALS NUMBERS(S): 1707925-CJY

1. What is the estimated time needed for the hearing? _____
2. Other than the injured worker, how many witnesses will testify? _____
3. Is discovery anticipated by either party and if so, what discovery will be conducted? _____
4. Does either party need to secure prior medical records? Yes / No
5. Is an independent medical evaluation a possibility? Yes / No
6. Have the parties engaged or anticipate engaging in settlement discussions? Yes / No
7. Will an interpreter be required for the hearing? Yes / No
8. Will any expert witnesses and or physicians be testifying? Yes / No
9. What is the ultimate issue(s) in dispute regarding the above-described appeal?

10. The parties agree / disagree to remove this case from the stacked calendar.
11. What is your best estimate as to when this matter will be ready to proceed to hearing?

The undersigned counsel hereby certifies and he/she has communicated with opposing counsel and/or parties and that the information provided in this Pre-Hearing Statement is accurate reflects the results of the pre-hearing discussions ordered by the Appeals Officer.

Counsel for _____

Dated: _____, 2017

1 **Please note the following Rules of Practice:**

2 1. Pursuant to NAC 616C.277, counsel shall conduct a prehearing
3 conference outside the presence of the Appeals Officer and then submit the
4 attached Docketing Statement no later than 30 days before the scheduled
5 stack hearing date. Counsel for the appealing party shall be responsible for
6 completion and submittal of the Docketing and Pre-Hearing Statement to the
7 Appeals Office. In order to provide the most accurate information, counsel for
8 the appealing party must contact (by phone, email or mail) all other counsel or
9 unrepresented parties and obtain the information required by the Docketing
10 Statement. Exceptions may be made by the Appeals Officer for appeals that will
be consolidated to existing appeals.

11 2. Matters that are removed from the stacked calendar by mutual
12 agreement of the parties will thereafter proceed pursuant to Status Checks and
13 will not be re-calendared for hearing until the Docketing Statement has been
14 submitted and all counsel and/or the parties state that the matter is ready to
15 proceed to hearing. The Appeals Office will then provide counsel and the
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17 matter is ready for hearing either party may request a telephone conference or
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19 scheduled a hearing, matters will only be continued pursuant to a Motion to
20 Continue or upon a demonstration of exigent circumstances.

21 ***** PLEASE COMPLETE AND SIGN THE ATTACHED APPEALS OFFICE DOCKETING**
22 **AND PRE-HEARING STATEMENT *****

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1 **CERTIFICATE OF MAILING**

2
3 The undersigned, an employee of the State of Nevada, Department of Administration,
4 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
5 the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage
6 prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration,
7 Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

8
9 **DARRELL E WHITE**
10 **3947 BLUE WAVE DR**
11 **LAS VEGAS NV 89115**

12
13 **TRAVIS BARRICK ESQ**
14 **GALLIAN WELKER & BECKSTROM**
15 **540 E ST LOUIS AVE**
16 **LAS VEGAS NV 89104**

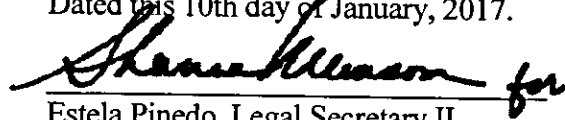
17
18 **STATE OF NEVADA-DIV OF FORESTRY**
19 **C/O CAROL NELSON**
20 **2478 FAIRVIEW DR**
21 **CARSON CITY NV 89701**

22
23 **STATE OF NEVADA RISK MGMT**
24 **ATTN ANA ANDREWS - DEP RISK MGR**
25 **201 S ROOP ST #201**
26 **CARSON CITY NV 89701**

27
28 **CCMSI**
29 **ATTN STACI JONES**
30 **P O BOX 4990**
31 **CARSON CITY NV 89702-4990**

32
33 **JAMES A MCCARTY ESQ**
34 **BECKETT YOTT MCCARTY & SPANN**
35 **555 DOUBLE EAGLE CT STE 1000**
36 **RENO NV 89521**

37
38 Dated this 10th day of January, 2017.

39 
40 Estela Pinedo, Legal Secretary II
41 Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1701007-SA
Claim Number: 15C62G394045

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

ATTN CAROL NELSON
NEVADA DIVISION OF FORESTRY
INTERDEPARTMENTAL MAIL
2478 FAIRVIEW DR
CARSON CITY, NV 89701

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on October 4, 2016, and a Hearing was scheduled for November 2, 2016. The Hearing was held on November 2, 2016, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and his attorney, Travis Barrick, were present by telephone conference call. The Employer was not present. The Insurer was represented by Staci Jones and Brenda Panque of CCMSI.

ISSUE

The Claimant appealed the Insurer's determination dated September 29, 2016. The issue before the Hearing Officer is average monthly wage.

DECISION AND ORDER

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

Having reviewed the submitted evidence and in consideration of NRS 616C.425, NAC 616C.435 and NAC 616C.444, the Hearing Officer finds the Insurer properly calculated the Claimant's average monthly wage.

NRS 616C.425 Date of determination of amount of compensation and benefits.

Except as otherwise provided by a specific statute:

1. The amount of compensation and benefits and the person or persons entitled thereto must be determined as of the date of the accident or injury to the employee, and their rights thereto become fixed as of that date.

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 2

DARRELL WHITE
1701007-SA

2. If the employee incurs a subsequent injury or disability that primarily arises from a previous accident or injury that arose out of and in the course of his or her employment, the date of the previous accident or injury must be used to determine the amount of compensation and benefits to which the claimant is entitled.

NAC 616C.435 Period used to calculate average monthly wage. (NRS 616A.400, 616C.420)

1. Except as otherwise provided in this section, a history of earnings for a period of 12 weeks must be used to calculate an average monthly wage.

2. If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, earnings over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. Earnings over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

3. If an injured employee is a member of a labor organization and is regularly employed by referrals from the office of that organization, wages earned from all employers for a period of 1 year may be used. A period of 1 year using all the wages of the injured employee from all his or her employers must be used if the average monthly wage would be increased.

4. If information concerning payroll is not available for a period of 12 weeks, wages may be averaged for the available period, but not for a period of less than 4 weeks.

5. If information concerning payroll is unavailable for a period of at least 4 weeks, average earnings must be projected using the rate of pay on the date of the accident or illness and the projected working schedule of the injured employee.

6. If earnings are based on piecework and a history of earnings is unavailable for a period of at least 4 weeks, the wage must be determined as being equal to the average earnings of other employees doing the same work.

7. If these methods of determining a period of earnings cannot be applied reasonably and fairly, an average monthly wage must be calculated by the insurer at 100 percent of:

(a) The sum which reasonably represents the average monthly wage of the injured employee as defined in NAC 616C.420 to 616C.447, inclusive, at the time the injury or illness occurs; or

(b) The hourly wage on the day the injury or illness occurs, calculated by using the projected working schedule.

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 3

DARRELL WHITE
1701007-SA

8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the accident or disease occurred, or the last day of the payroll period preceding the accident or disease if this period is representative of the average monthly wage.

9. As used in this section, "earnings" means earnings received from the employment in which the injury occurs and in any concurrent employment.

NAC 616C.444 Change in job. (NRS 616A.400, 616C.420) The average monthly wage of an employee who permanently or temporarily changes to a job with different duties, rate of pay, or hours of employment, must be calculated using only information concerning payroll which relates to his or her primary job at the time of the accident. The preceding sections apply in calculating the average monthly wage for such an employee.

APPEAL RIGHTS

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

IT IS SO ORDERED this 8th day of November, 2016.


Sondra L Amodei, Hearing Officer

CERTIFICATE OF MAILING

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

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

TRAVIS N BARRICK ESQ
540 E ST LOUIS AVE
LAS VEGAS NV 89104

ATTN CAROL NELSON
NEVADA DIVISION OF FORESTRY
INTERDEPARTMENTAL MAIL
2478 FAIRVIEW DR
CARSON CITY, NV 89701

CCMSI
PO BOX 4990
CARSON CITY, NV 89701

Dated this 8th day of November, 2016.

Karen Dyer

Karen Dyer
Employee of the State of Nevada

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

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

FILED

DEC 19 2016

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

DARRELL E WHITE,

Claimant.

} Claim No: 15C62G394045

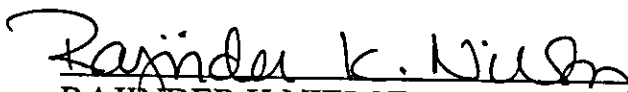
} Hearing No: 1701217-SA
1701007-SA

} Appeal No: 1701564-RKN
1701563-RKN

ORDER FOR CHANGE OF VENUE

Having read and considered the Motion for Change of Venue and
good cause appearing, the above captioned appeal is hereby transferred to Las
Vegas for further proceedings on the merits of this case.

IT IS SO ORDERED.


RAJINDER K NIELSEN
APPEALS OFFICER

DOC 016
SCHEDULED ON
JAN 09 2016

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CERTIFICATE OF MAILING

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

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

TRAVIS N BARRICK ESQ
540 E ST LOUIS AVE
LAS VEGAS NV 89104

ATTN CAROL NELSON
NEVADA DIVISION OF FORESTRY
2478 FAIRVIEW DR
CARSON CITY, NV 89701

CCMSI
PO BOX 4990
CARSON CITY, NV 89701

JAMES A MCCARTY, ESQ.
555 DOUBLE EAGLE CT #1000
RENO NV 89521

Dated this 19th day of December, 2016.

Brandy Fuller
Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

BECKETT, YOTT, McCARTY & SPANN, Chtd. ✓
ATTORNEYS AT LAW

Riley M. Beckett
Laurie A. Yott*
James A. McCarty**
Charles W. Spann
*also licensed in California
** also licensed in Nebraska

555 Double Eagle Court
Suite 1000
Reno, NV 89521
Tele. No. (775) 824.8833
Fax No. (775) 824.8838
www.bymslaw.com

December 9, 2016

Appeals Office
1050 East William Street, Suite 450
Carson City, Nevada 89710

RE: DARRELL E. WHITE
Claim No.: 15C62G394045
AO Case No.: 1701563-RKN & 1701564-RKN
Date of Hearing: Monday, February 13, 2017 @ 11:00 a.m.

2016 DEC -9 PM 2:05
RECEIVED
FILED

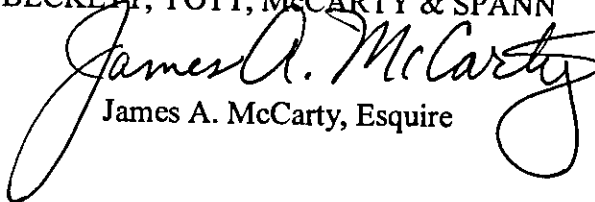
NOTICE OF REPRESENTATION

Dear Appeals Officer Nielsen:

Please be advised this office has been retained to represent Cannon Cochran Management Services, the third-party administrator for AIG-New Hampshire Insurance Company, Insurer for the State of Nevada, in regard to the above entitled appeal. Please update your address list to include our office on all correspondence. We would also appreciate being served with copies all documents filed with the Hearings Office. Thank you.

Sincerely,

BECKETT, YOTT, McCARTY & SPANN


James A. McCarty, Esquire

JAM/jg

cc: Travis N. Barrick, Esquire
cc: CCMSI / Carson City
cc: Nevada Division of Forestry
cc: Risk Management

DOC017

ORIGINAL

1701504-RKN

Travis N. Barrick, SBN 9257
GALLIAN WELKER
& BECKSTROM, LC
540 E. St. Louis Avenue
Las Vegas, Nevada 89104
Telephone: (702) 892-3500
Facsimile: (702) 386-1946
tbarrick@vegascase.com
Attorneys for Claimant

2016 DEC -9 AM 10:45

RECEIVED
AND
FILED

2016 JAN -7 PM 12:42
RECEIVED
AND
FILED

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

DARRELL E. WHITE,

Claimant,

Claim No.: 1701007-SA

**MOTION FOR CHANGE OF
VENUE**

v.

NEVADA DIVISION OF FORESTRY;
and the STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION,
HEARINGS DIVISION, APPEALS
OFFICE, an agency of the State of
Nevada,

Respondents.

Claimant, Darrell E. White by and through his attorneys of the law firm of
GALLIAN WELKER & BECKSTROM, LC, hereby files his Motion for Change of Venue,
pursuant to NRS 616C.345.

MEMORANDUM OF POINTS AND AUTHORITIES

I. STATEMENT OF FACTS AND PROCEDURAL HISTORY

Claimant, Darrell E. White, has an open claim with The State of Nevada's
Department of Administration, Hearings Department, Appeals office related to
injuries sustained while in the employ of Nevada's Division of Forestry. This office
has been informed telephonically that open Appeals have been established in
response to Claimant's written Notice for Appeals on the Hearing Division's most

Doc 018

recent decisions dated November 8, 2016 and November 22, 2016. Claimant, and Claimant's attorney, both reside in Las Vegas, Nevada. The Appeals Division also has an office in Las Vegas, Nevada.

II. APPLICABLE STATUTE.

NRS 616C.345 (6) (a) states in part that "...within 10 days after receiving a notice of appeal pursuant to this section or NRS 616C.220, 616D.140 or 617.401, or within 10 days after receiving a notice of a contested claim pursuant to subsection 7 of NRS 616C.315, the appeals officer shall: (a) Schedule a hearing on the merits of the appeal or contested claim for a date and time within 90 days after receipt of the notice at a place in Carson City, Nevada, or Las Vegas, Nevada, or upon agreement of one or more of the parties to pay all additional costs directly related to an alternative location, at any other place of convenience to the parties, at the discretion of the appeals officer;". According to NRS 616C.45 (6) (a), the appeals officer has the discretion to set hearings at a place that is convenient to, and agreed upon, by the parties.

III. DISCUSSION.

Claimant, Darrell E. White, and his attorney, Travis N. Barrick, request that all future hearings surrounding Mr. White's worker's compensation claim be held in the Las Vegas, Nevada office located at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada. This location is mutually convenient for the Claimant and his attorney since they live in Las Vegas and will not be required to continually file requests for telephonic appearances to hearings held in Carson City, Nevada.

1 **IV. CONCLUSION**

2 This Motion to Change Venue from the Appeals Division in Carson City, Nevada
3 to Las Vegas, Nevada should be granted since the Claimant and his attorney both reside
4 in Las Vegas, Nevada. The Appeals Division has an office in Las Vegas, Nevada and
5 under NRS 616C.45(6)(a) the Appeals Division has the authority to hold hearings "at a
6 place in Carson City, Nevada or Las Vegas, Nevada."
7

8 DATED this 6th day of December, 2016.

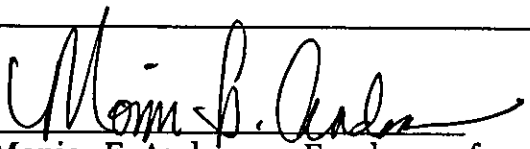
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10 By: 

11 Travis N. Barrick, SBN 9257
12 GALLIAN WELKER
13 & BECKSTROM, LC
14 Attorneys for Claimant

15 **CERTIFICATE OF SERVICE**

16 I hereby certify that on the 7th day of December, 2016, I caused the **MOTION**
17 **FOR CHANGE OF VENUE** to be served by depositing a true and correct copy of the
18 same in the U.S. Mail at Las Vegas, Nevada, in a sealed envelope, first class postage
19 fully prepaid to the persons listed below:

20 Department of Administration Appeals Division 1050 E. William Street, Ste. 450 Carson City, NV 89701	Darrell E. White 3947 Blue Wave Dr. Las Vegas, NV 89115
22 Nevada Division of Forestry 2478 Fairview Drive Carson City, NV 89701	Department of Administration Hearings Division 1050 E. Williams Street, Ste. 400 Carson City, NV 89701

26 
27 Monica E. Anders, an Employee of
28 GALLIAN WELKER & BECKSTROM,
LC

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

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

FILED

DEC - 5 2016

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

DARRELL E WHITE,

Claimant.

Claim No: 15C62G394045

Hearing No: 1701217-SA
1701007-SA

Appeal No: 1701564-RKN
1701563-RKN

ORDER

For good cause, these matters are hereby consolidated.

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

DOC 019

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CERTIFICATE OF MAILING

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

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

TRAVIS N BARRICK ESQ
540 E ST LOUIS AVE
LAS VEGAS NV 89104

ATTN CAROL NELSON
NEVADA DIVISION OF FORESTRY
2478 FAIRVIEW DR
CARSON CITY, NV 89701

CCMSI
PO BOX 4990
CARSON CITY, NV 89701

Dated this 5th day of December, 2016.

Brandy Fuller
Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

BEFORE THE APPEALS OFFICER

FILED

DEC - 5 2016

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 15C62G394045

Hearing No: 1701007-SA

Appeal No: 1701563-RKN

DARRELL E WHITE,

Claimant.

NOTICE OF APPEAL AND ORDER TO APPEAR

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

DATE: Monday, February 13, 2017

TIME: 11:00 am

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

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

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

DOC 020

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 2

DARRELL WHITE
1701007-SA

2. If the employee incurs a subsequent injury or disability that primarily arises from a previous accident or injury that arose out of and in the course of his or her employment, the date of the previous accident or injury must be used to determine the amount of compensation and benefits to which the claimant is entitled.

NAC 616C.435 Period used to calculate average monthly wage. (NRS 616A.400, 616C.420)

1. Except as otherwise provided in this section, a history of earnings for a period of 12 weeks must be used to calculate an average monthly wage.

2. If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, earnings over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. Earnings over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

3. If an injured employee is a member of a labor organization and is regularly employed by referrals from the office of that organization, wages earned from all employers for a period of 1 year may be used. A period of 1 year using all the wages of the injured employee from all his or her employers must be used if the average monthly wage would be increased.

4. If information concerning payroll is not available for a period of 12 weeks, wages may be averaged for the available period, but not for a period of less than 4 weeks.

5. If information concerning payroll is unavailable for a period of at least 4 weeks, average earnings must be projected using the rate of pay on the date of the accident or illness and the projected working schedule of the injured employee.

6. If earnings are based on piecework and a history of earnings is unavailable for a period of at least 4 weeks, the wage must be determined as being equal to the average earnings of other employees doing the same work.

7. If these methods of determining a period of earnings cannot be applied reasonably and fairly, an average monthly wage must be calculated by the insurer at 100 percent of:

(a) The sum which reasonably represents the average monthly wage of the injured employee as defined in NAC 616C.420 to 616C.447, inclusive, at the time the injury or illness occurs; or

(b) The hourly wage on the day the injury or illness occurs, calculated by using the projected working schedule.

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page 3

DARRELL WHITE
1701007-SA

8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the accident or disease occurred, or the last day of the payroll period preceding the accident or disease if this period is representative of the average monthly wage.

9. As used in this section, "earnings" means earnings received from the employment in which the injury occurs and in any concurrent employment.

NAC 616C.444 Change in job. (NRS 616A.400, 616C.420) The average monthly wage of an employee who permanently or temporarily changes to a job with different duties, rate of pay, or hours of employment, must be calculated using only information concerning payroll which relates to his or her primary job at the time of the accident. The preceding sections apply in calculating the average monthly wage for such an employee.

APPEAL RIGHTS

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

IT IS SO ORDERED this 8th day of November, 2016.


Sondra L Amodei, Hearing Officer

CERTIFICATE OF MAILING

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

DARRELL E WHITE
3947 BLUE WAVE DR
LAS VEGAS, NV 89115-0273

TRAVIS N BARRICK ESQ
540 E ST LOUIS AVE
LAS VEGAS NV 89104

ATTN CAROL NELSON
NEVADA DIVISION OF FORESTRY
INTERDEPARTMENTAL MAIL
2478 FAIRVIEW DR
CARSON CITY, NV 89701

CCMSI
PO BOX 4990
CARSON CITY, NV 89701

Dated this 8th day of November, 2016.



Karen Dyer
Employee of the State of Nevada

Attorneys:

Russell J. Gallian, P.C.*
Michael J. Welker, P.C.**
Britt K. Beckstrom, P.C.*
Matthew D. Ekins, P.C.*
William F. Rummier, P.C.*
Travis N. Barrick, P.C.**
Christopher A. Lund, P.C.*
Dayton L. Hall, P.C.*
R. Jordan Gardner, P.C.*
Jeanette H. Barrick, P.C.*

* Licensed in Utah
* Licensed in Nevada
* Licensed in Arizona
* Licensed in California

Brian L. Olson
(1969-2010)



**GALLIAN WELKER &
BECKSTROM, L.C.**

2016 DEC -5 11:11:35

RECEIVED
AND
FILED

**Please Reply to:
540 E. St. Louis
Las Vegas, Nevada 89104
(702) 892-3500**

Via US Mail and Facsimile (775) 687-8421

December 1, 2016

Department of Administration Appeals Division
1050 E. William Street, Ste. 450
Carson City, NV 89701
Tel (775) 687-8420

**Re: Darrell E White
Claim #: 15C62G394045
Decision Dated 11/8/2016, Hearing 1701007-SA**

Dear Sirs,

Our firm represents Mr. White with respect to his claims before the hearing officer regarding his average monthly wage in connection with his injury. Please consider this letter a formal request to appeal the Decision and Order dated November 8, 2016. A copy of the Decision and Order is enclosed.

The reason for this is appeal follows: The average monthly wage figured for Mr. White is not fair, nor reasonable, and should be figured in accordance with NAC 616.678(7)(b) and NRS 608.250-608.255.

Please acknowledge receipt of this appeal, and we will look forward to receipt of a Notice of Hearing.

Offices:

965 E. 700 S., Suite 305
St. George, UT 84790
Tel. 435.628.1682
800.353.4128
Fax: 435.628.9561
www.utahcase.com

540 E. St. Louis
Las Vegas, NV 89104
Tel. 702.892.3500
Fax: 702.386.1946
www.vegascase.com

Best Regards,

A handwritten signature in black ink, appearing to read "Travis Barrick", is written over a horizontal line.

Travis Barrick, Esq.
GALLIAN, WELKER & BECKSTROM, LC

ROA 252

Attorneys:

Russell J. Gallian, P.C.*
Michael I. Welker, P.C.**
Britt K. Beckstrom, P.C.**
Matthew D. Ekins, P.C.**
William F. Rummier, P.C.*
Travis N. Barrick, P.C.**
Christopher A. Lund, P.C.*
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*Licensed in Utah
*Licensed in Nevada
*Licensed in Arizona
*Licensed in California

Brian L. Olson
(1969-2010)



**GALLIAN WELKER &
BECKSTROM, L.C.**

2016 DEC -5 AM 11:35

RECEIVED
AND
FILED
Please Reply to:
540 E. St. Louis
Las Vegas, Nevada 89104
(702) 892-3500

Via US Mail and Facsimile (775) 687-8421

December 1, 2016

Department of Administration Appeals Division
1050 E. William Street, Ste. 450
Carson City, NV 89701
Tel (775) 687-8420

Re: Darrell E White
Claim #: 15C62G394045
Decision Dated 11/22/2016, Hearing 1701217-SA

Re: Darrell E White
Claim #: 15C62G394045
Decision Dated 11/08/2016, Hearing 1701007-SA

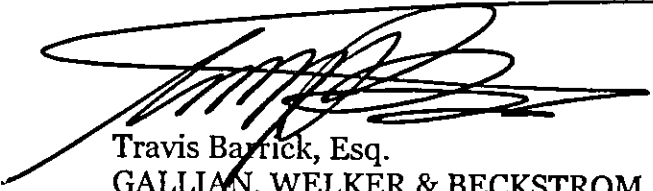
Dear Sirs,

Our firm represents Mr. White with respect to his claims before the hearing officer regarding the status of his release for work after injury and his average monthly wage in connection with his injury. We are appealing the two most recent decisions, mentioned above.

In the interim, we would like to request that these two issues be consolidated and heard at the same time. Similarly, both the claimant and my office are located in Las Vegas. We would like to request the venue for the hearings be moved to the Hearings Division in Las Vegas to more efficiently handle the case.

Thank you for your consideration. We look forward to your response.

Best Regards,


Travis Barrick, Esq.
GALLIAN, WELKER & BECKSTROM, LC

Offices:

965 E. 700 S., Suite 305
St. George, UT 84790
Tel: 435.628.1682
800.353.4128
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540 E. St. Louis
Las Vegas, NV 89104
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Fax: 702.386.1946
www.vegascase.com

ROA 253

Again, Mr. White was scheduled for surgery by Dr. Bronstein to repair his broken hand. He was not returned to the same work facility he was at prior to the injury, and did not perform the same jobs as before the injury. It is important that we receive a response from you that clarifies the work status you released Mr. White to, after your last visit. This information is not clearly found in the records we received from your office. We need a response by Tuesday, February 7, 2017.


Please check the appropriate answer below and return to our office. Call anytime if you have any questions.

☒ Yes, I intended to release Mr. White to full duty on 2/24/2016.

☐ No, I did not intend to release Mr. White to full duty 2/24/2016.


Dr. David Fadell

Best Regards,


Travis N. Barrick, Esq.
GALLIAN, WELKER & BECKSTROM, LC

TNB; mea
Encl

Doc 021
CLAIMANT'S EXHIBIT # 2