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2 IN THE SUPREME COURT OF THE STATE OF NEVADA

3
4 CLARK COUNTY, Self-Insured
Employer,

5 Petitioner,

6 vs.


7 BRENT BEAN; STATE OF
8 NEVADA, NEVADA DEPARTMENT
OF ADMINISTRATIONS APPEAL
9 OFFICE,

10 Respondents.

Electronically Filed
Jan 15 2020 02:57 p.m.
Elizabeth A. Brown
Clerk of Supreme Court
Supreme Court Case No. 72-154
District Court Case No. A-18-73957-J

11 JOINT APPENDIX

12
13 HOOKS MENG & CLEMENT

14
15  11629
DALTON L. HOOKS, JR., ESQ.

16 Nevada Bar No. 008121

17 JOHN A. CLEMENT, ESQ.

18 Nevada Bar No. 008030

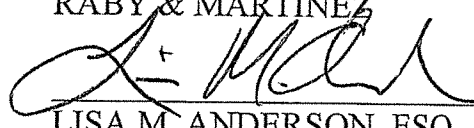
2820 West Charleston Boulevard

Suite C-23

Las Vegas, Nevada 89102

Attorney for Appellant

GREENMAN GOLDBERG
RABY & MARTINEZ

14
15 
LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

THADDEUS J. YUREK, III, ESQ.

Nevada Bar No. 011332

601 South Ninth Street

Las Vegas, Nevada 89101

Attorney for Respondent

DOCUMENT	DATE	VOLUME	BATES NUMBER
Amended Petitioner's Motion for Stay Pending Appeal to the Nevada Supreme Court and Request for Order Shortening Time, or, in the Alternative, Motion for Temporary Stay	03/28/19	II	JA000341 – JA000365
Case Appeal Statement	03/22/19	II	JA000309 – JA000316
Claimant's Brief	09/20/17	II	JA000431 – JA000437
Claimant's Employment Status	N/A	I	JA000032
Claimant's Evidence Packet	04/26/17	III	JA000458 – JA000535
Claimant's Hearing Memorandum	04/26/17	II	JA000452 – JA000457
Claimant's Reply Brief	12/11/17	II	JA000416 – JA000420
Correspondence from Appeals Officer Georganne Bradley to Lisa Anderson	01/08/18	II	JA000413 – JA000415
Correspondence from Claimant's Counsel to CORVEL	11/30/16	I	JA000063
Correspondence from Claimant's Counsel to CORVEL	11/30/16	I	JA000064
Correspondence from Claimant's Counsel to Dr. David Ludlow	10/28/16	I	JA000061 – JA000062
Correspondence from CORVEL to Claimant	12/01/16	I	JA000066
Correspondence from CORVEL to Claimant	01/24/17	I	JA000067
Correspondence from Dalton Hooks, Esq. to Appeals Officer Georganne Bradley (sent via email)	02/27/18	II	JA000411
Correspondence from Lisa Anderson, Esq. to Dalton Hooks, Esq.	01/08/18	II	JA000412

1	Decision and Order of Appeals Officer	04/19/18	I	JA000021 – JA000028
2	Discharge Summary- Dr. Rouhani Nader	02/27/15	I	JA000048 – JA000049
3	Form C-1	12/24/13	I	JA000031
4	Form C-3	12/24/14	I	JA000030
5	Form C-4	12/22/14	I	JA000029
6	Notice of Appeal	03/22/19	II	JA000289 – JA000303
7	Notice of Appeal and Order to Appear	03/28/17	III	JA000582 – JA000587
8	Notice of Claim Acceptance	01/13/15	I	JA000065
9	Notice of Filing Bond	03/22/19	II	JA000304 – JA000308
10	Notice of Resetting	05/01/19	II	JA000450 – JA000451
11	Operative Record- Dr. David Ludlow	02/28/15	I	JA000045 – JA000047
12	Opposition to Petitioner's Motion for Stay Pending Petition for Judicial Review	05/16/18	I	JA000084 – JA000209
13	Opposition to Petitioner's Motion for Stay Pending Supreme Court Appeal	03/28/19	II	JA000366 – JA000388
14	Order Denying Motion for Stay Pending Supreme Court Appeal	08/27/19	II	JA000389 – JA000395
15	Order Denying Motion for Stay Pending Petition for Judicial Review	09/07/18	III	JA000588 – JA000590
16	Order Denying Petition for Judicial Review	03/04/19	II	JA000282 – JA000288
17	Order for In-Court Status Check	08/31/17	II	JA000438 – JA000439
18	Order Transferring Hearing to Appeals Office	03/21/17	I	JA000069 – JA000070

1	Patient Chart Notes- Dr. David Ludlow	11/21/14	I	JA000037 – JA000040
2	Patient Chart Notes- Dr. David Ludlow	02/23/15	I	JA000041 – JA000044
3	Patient Chart Notes- Dr. David Ludlow	06/24/16	I	JA000050 – JA000053
4	Patient Chart Notes- Dr. David Ludlow	11/07/14	I	JA000033 – JA000036
5	Patient Chart Notes- Dr. Jason N. Zommick	11/02/16	I	JA000055 – JA000059
6	Permanent Partial Disability Evaluation – Dr. Charles Quaglieri	01/04/17	I	JA000060
7	Permanent Partial Disability Evaluation Amendment – Dr. Charles Quaglieri	05/03/18	I	JA000071 – JA000083
8	Petition for Judicial Review	05/09/18	I	JA000001 – JA000083
9	Petitioner's Motion for Stay and Motion for Order Shortening Time, or, in the Alternative, Motion for Temporary Stay	03/27/19	II	JA000317 – JA000340
10	Petitioner's Motion for Stay Pending Appeal to the Nevada Supreme Court and Request for Order Shortening Time, or, in the Alternative, Motion for Temporary Stay	07/10/18	II	JA000234 – JA000256
11	Petitioner's Opening Brief	06/07/18	II	JA000396 – JA000399
12	Record on Appeal in Accordance with the Nevada Administrative Procedure Act	05/22/18	I	JA000210 – JA000225
13	Reply in Support of Petitioner's Motion for Stay	09/12/18	III	JA000591 – JA000598
14	Reply in Support of Petitioner's Opening Brief	10/12/16	I	JA000054
15	Request for a Rotating Rating Physician or Chiropractor	01/26/17	I	JA000068
16	Request for Hearing Before Hearing Officer			
17				
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1	Respondent's Answering Brief	08/09/18	II	JA000257 – JA000281
2	Self-Insured Employer and	10/30/17	II	JA000421 – JA000430
3	Third-Party Administrator's			
4	Answering Brief			
5	Self-Insured Employer and	06/13/17	II	JA000440 – JA000449
6	Third-Party Administrator's			
7	Prehearing Statement			
8	Self-Insured Employer	04/24/17	III	JA000536 – JA000581
9	Production of Related			
10	Documents			
11	Stipulation and Order for	05/25/18	I	JA000226 – JA000227
12	Temporary Stay			
13	Substitution of Attorneys	03/15/18	II	JA000408 – JA000410
14	Supplement to Respondent's	05/25/18	I	JA000229 – JA000233
15	Opposition to Petitioner's			
16	Motion for Stay Pending Petition			
17	for Judicial Review			

Greenman Goldberg Raby Martinez /
ACCIDENT INJURY ATTORNEYS

BEFORE THE APPEALS OFFICER

In the matter of the Contested)
Industrial Insurance Claim of:) Appeal No : 1710715-GB
)
BRENT BEAN) Claim No. : 0583WC150000098
)
Claimant.)

CLAIMANT'S EVIDENCE PACKAGE

COMES NOW, Claimant, BRENT BEAN, submits the following evidence attached hereto, collectively marked as "Exhibit 1", as follows:

<u>DOCUMENT DESCRIPTION</u>	<u>PAGE NO.</u>
1. Notice of Appeal and Order to Appear (1710715-GB)	1-6
2. Laboratory results from Quest Diagnostics dated October 15, 2014	7
3. Report from Adelbert Wadsworth, PA-C dated October 23, 2014	8-11
4. Report from Dr. David Ludlow dated October 29, 2014	12-14
5. Biopsy reports from Dr. Marcus Erling dated November 3, 2014	15-17
6. Report from Dr. David Ludlow dated November 7, 2014	18-21
7. Report from Dr. David Ludlow dated November 21, 2014	22-29
8. Report from Dr. David Ludlow dated February 23, 2015	30-33
9. Surgical report dated February 24, 2015	34-36
10. Report from Dr. David Ludlow dated June 24, 2016	37-40
11. Undated statement from Dr. David Ludlow	41-42
12. PPD report from Dr. Charles Quaglieri dated November 2, 2016	43-47
13. Letter to Corvel dated November 30, 2016	48-53
14. Letter to Corvel dated November 30, 2016	54-56

DOCO15

CLAIMANT'S EXHIBIT # 1

00061

JA000458

- 1 15. Letter from Corvel dated December 1, 2016 57-62
2 16. Amended PPD report from Dr. Charles Quaglieri dated January 4, 2017 63
3 17. Electronic mail communication dated January 9, 2017 64-72
4 18. Letter from Corvel dated January 24, 2017 73-74
5

6 **AFFIRMATION PURSUANT TO NRS 293B.030**

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

9 Dated this 26th day of April, 2017.
10

11 GREENMAN, GOLDBERG,
12 RABY & MARTINEZ

13
14 By 

15 LISA M. ANDERSON, ESQ.
16 Nevada Bar No. 004907
17 601 South Ninth Street
18 Las Vegas, Nevada 89101
19 Attorneys for Claimant
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CERTIFICATE OF SERVICE

I do hereby certify that on the 26th day of April, 2017, I caused a true and correct copy of the foregoing, CLAIMANT'S EVIDENCE PACKAGE to be duly mailed, postage prepaid, hand delivered OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Dalton L. Hooks, Jr., Esq.
ALVERSON TAYLOR MORTENSEN & SANDERS
7401 West Charleston Boulevard
Las Vegas, Nevada 89117

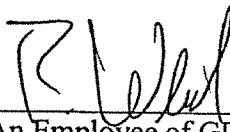

An Employee of GREENMAN, GOLDBERG,
RABY & MARTINEZ

Exhibit 1

JA000461

00064

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

BRENT BEAN,

Claimant.

Claim No: 0583WC150000098

Appeal No: 1710715-GB

NOTICE OF APPEAL AND ORDER TO APPEAR

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:

DATE: MAY 22, 2017
TIME: 2:00PM STACKED
PLACE: DEPT OF ADMINISTRATION, HEARINGS DIVISION
2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS NV 89102

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. 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.
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 this 28th day of March, 2017.

Georganne W. Bradley
GEORGANNE W BRADLEY, ESQ.
APPEALS OFFICER

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JA000462

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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 NOTICE OF APPEAL AND ORDER TO APPEAR was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS NV 89031

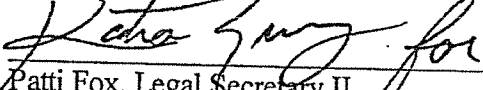
LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

CLARK COUNTY RISK MGMT
ATTN SANDRA SWICKARD
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS NV 89106

CORVEL CORPORATION
P O BOX 61228
LAS VEGAS NV 89160-1228

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 28th day of March, 2017.


Patti Fox, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

STATE OF NEVADA
HEARINGS DIVISION
RECEIVED
MAR 21 2017
3:00
FILED

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1708666-SE
Claim Number: 0583WC150000098

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS, NV 89031

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS, NV 89106

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on January 26, 2017 and scheduled for March 14, 2017. The requesting party appealed the Insurer's determination dated January 24, 2017. The hearing was scheduled for March 14, 2017.

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

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

Therefore, good cause appearing, the Hearing Officer proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 24 day of March, 2017.


Steven Evans
Hearing Officer

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.

SCHEDULED ON

5/22/17

JA000464

1710745 - GNB

00067

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS NV 89031

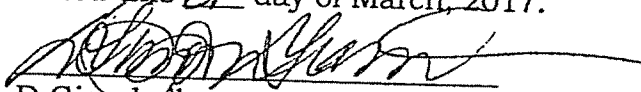
LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS NV 89106

CORVEL CORPORATION
P O BOX 61228
LAS VEGAS NV 89160-1228

DALTON HOOKS JR ESQ
ALVERSON-TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 21st day of March, 2017.


D Giambelluca
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the Matter of the Contested
Industrial Insurance Claim

of

Claim No. : 0553 WL 150000098

Hearing No. : 1705666-SE

AGREEMENT TO BYPASS HEARING TO APPEALS OFFICE

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

1. This is the appeal of insurer's determination dated 1-24-17
2. The claimant is represented by legal counsel.
3. The parties agree to forego a hearing set for 3-14-17 before a Hearing

Officer and hereby submit this contested claim directly to an Appeals Officer for final
determination.

DATED 3-14-17

By: [Signature] , ESQ

Print Name: Lisa M. Anderson

DATED 03/14/17

By: [Signature] , ESQ.

Print Name: DE MODIC, JR.

If consolidating with another Appeal include Appeal # _____

CORVEL

January 24, 2017

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
Employer: Clark County
Date of Injury: 11/07/2014

Dear Mr. Bean

CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation addendum by Charles E. Quaglieri (enclosed).

Upon review of NRS 617.453(4) (a), it is our determination to decline offering of the PPD award as you filed the claim for Occupational Disease after retirement, thus making you not entitled to receive any compensation for that disease other than medical benefits.

NRS 617.453 Cancer as occupational disease of firefighters.

(4) Compensation awarded to the employee or his or her dependents for disabling cancer pursuant to this section must include: (a) Full reimbursement for related expenses incurred for medical treatments, surgery and hospitalization in accordance with the schedule of fees and charges established pursuant to NRS 616C.260 or, if the insurer has contracted with an organization for managed care or with providers of health care pursuant to NRS 616B.527, the amount that is allowed for the treatment or other services under that contract

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, PPD Evaluation Addendum

cc: File, Clark County, GGRM

CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

888-368-4212 (800)
866-728-8275 E-Fax

Quest Diagnostics Incorporated

Facsimile Copy

PATIENT BEAN, BRENT E

AUTORT1

6436

6436
REFERRED BY UROLOGY SPECIALIST OF NEVADA

AGE/SEX	08/07/61 M	ACCESSION #	49751052	2010 GOLDRING
COLLECTED	10/15/2014 11:06	MED. RECORD #	4555090681	STE 200
RECEIVED	10/15/2014 20:07	CHART#	83568	LAS VEGAS, NV 89106

LAS VEGAS, NV 89106

GOULD AMANDA

UPIN-1083854

CORVEL LAS VEGAS

DEC 31 2014

RECEIVED

PRINTED: 10/16/14 07:45 ORIGINAL PRINTED: 10/16/14 01:39 Page 1 of 1

Name: Bean, Brent

DOB: 08/07/1961
JA000468

~~00071~~

7
Date:

Urology Specialists

Patient Chart Note

October 23, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Rochl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents with a known history of an elevated PSA. Overall, the patient's condition has improved. He initially presented with this as an incidental finding. He has a past history of BPH. He denies any family history of prostate cancer. His current PSA is 4.10 that was performed on 10/15/2014. Patient denies previous PNBx. He has found nothing which provides any relief of the symptoms. There are no aggravating factors. He denies any history of gross hematuria, dysuria, urinary frequency, urgency or weak stream. His AUA voiding system score is in the moderate range at 14/35 - 3. He is waiting for a renal transplant and needs to have the PSA checked and cleared before he can be cleared for the transplant

This patient also complains of renal failure. There is no change in condition from last visit. He denies any pain. He has found nothing which provides any relief of the symptoms. There are no aggravating factors. His AUA voiding symptom score is in the moderate range at 14/35 - 3.

The following has been reviewed: LABS: 10/15/14, PSA= 4.1 MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
------------------	-------------

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NOV 19 2014

SIERRA NV ADMIN

Urology Specialists of Nevada

2010 Goldring Ave., Suite 200, Las Vegas, NV 89106 // 56 N. Pecos Rd., Suite B, Henderson, NV 89074

3150 N Tenaya Way, Suite 160, Las Vegas, NV 89128 // 5701 W. Charleston Blvd., Suite 201, Las Vegas, NV 89146

Phone: (702) 877-0814 // Fax: (702) 877-3238 // www.usonv.com

Date: 10/23/2014 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Cipro	500 Mg
Lidocaine Hcl/pf	20 Mg/ml (2 %)
Valium	10 Mg
Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

No Known Allergies

Rxn

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

<u>Member</u>	<u>Age</u>	<u>Condition</u>	<u>COD</u>	<u>Comments</u>
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	

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NOV 19 2014

SIERRA NV ADMIN

Urology Specialists of Nevada

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 3150 N Tenaya Way, Suite 160, Las Vegas, NV 89128 // 5701 W. Charleston Blvd., Suite 201, Las Vegas, NV 89146
 Phone: (702) 877-0814 // Fax: (702) 877-3238 // www.usonv.com

Date: 10/23/2014 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

4 Sister	38	Healthy	NO
5 Maternal Grandmother	88	Cancer	NO
5 Paternal Grandfather	74	Heart Attack	NO
5 Maternal Grandmother	58	Alcoholism	NO
5 Paternal Grandmother	91	Healthy	NO
10		Family History of	
10		Family History of	
		Melanoma	NO
		Colon Cancer	NO

REVIEW of SYSTEMS:

System

Positive Findings

Pertinent Negatives.

All reviewed systems were reported as negative. See HPI for a listing of the

PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
98.40	150/84	89	5' 8"	208

EXAM

System

Findings / Comment

GENERAL

This is a well nourished and normally developed individual. In no acute distress.

HEENT

Head is normocephalic and atraumatic. Pupils are equally round. Conjunctiva are normal.

Nares are patent and hearing is within normal limits.

NECK

Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly

are appreciated.

LUNGS

Respiratory effort is normal without use of accessory muscles.

NEURO-PSYCH

Patient has an appropriate affect.

EXTREM-MS

The patient demonstrates a normal gait. There are no obvious joint deformities appreciated.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bili	Urobili	Ptn	Heme	Nit	LE	U-Cx
Yellow	Clear	1.015	5	Neg	Neg	Neg	Neg	Neg	Neg	Neg	Neg	NO

RECEIVED

NOV 19 2014

Urology Specialists of Nevada

SIERRA NV ADMIN

2010 Goldring Ave., Suite 200, Las Vegas, NV 89106 // 56 N. Pecos Rd., Suite B. Henderson, NV 89074
 3150 N Tenaya Way, Suite 160. Las Vegas, NV 89128 // 5701 W. Charleston Blvd., Suite 201, Las Vegas, NV 89146
 Phone: (702) 877-0814 // Fax: (702) 877-3238 // www.usonv.com

Date: 10/23/2014 Page 3 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

IMPRESSION:

DIAGNOSIS

1 Elevated PSA

His PSA is 4.1 from 4.3 a couple weeks ago and 5.1 over a month ago. I will set him up for TRUS biopsy. I explained to him the risks and benefits including but not limited to bleeding and infection.

2 Renal Failure-Chronic

ASSESSMENT

He is waiting for a renal transplant and needs to have his PSA evaluated.
Same as above

PLAN-ORDERS:

Medications:

Medication

Cipro

Dose

#

Sig

500 Mg

6

take 1 tablet by oral route every 12 hours

Lidocaine Hcl/pf

20 Mg/ml (2 %)

1

Please bring with you on the day of your procedure

Valium

10 Mg

4

take 1 tablet by oral route every day

Orders:

ORDER / PLAN

1 TRUS-PNBx

WHEN?

3 F/U Appt. w/ David Ludlow MD

First Available Appt

First Available Appt

Adelbert M. Wadsworth PA-C

DATE: 10/23/2014 1:38 PM

Electronically signed by Adelbert M. Wadsworth PA-C on 10/27/2014 04:22 PM

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Date: 10/23/2014 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

October 29, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Cipro	500 Mg
Lidocaine Hcl/pf	20 Mg/ml (2 %)
Valium	10 Mg
Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	

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Date: 10/29/2014 Page 1 of 3 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

Simvastatin
Benazepril Hcl

40mg
20mg

ALLERGIES:
NKDA

ALLERGIES:
Allergy
No Known Allergies

Rxn

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon Cancer NO

PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
97.00	123/80	78	5' 8"	210

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bili	Urobili	Ptn	Heme Nit	LE	U-Cx
Light Yellow	Clear	1.015	5	50 mg/dL		Neg	Neg	Normal	30 mg/dL		Neg Neg
Neg	NO										

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Date: 10/29/2014 Page 2 of 3 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

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Patient Chart Note

PROCEDURES:

Procedure

Generic Procedure Note
04/01/2017...//mwilliams ma
TRUS / PNBx

Procedure Findings

Patient given Ceftriaxone 1 gram inj rt im glute. lot# 400128M EXP

The procedure findings and details are as follows: The prostatic dimensions are 1.9cm H x 3.7cm W x 3.9cm L. The calculated prostatic volume is 14 cc. There is no evidence of prostatic calculi, hypoechoic regions, abnormal seminal vesicles or extraprostatic extension. There were a total of 12 cores taken in a sextant type fashion. + median lobe

David Ludlow MD

DATE: 10/29/2014 1:43 PM

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Date: 10/29/2014 Page 3 of 3 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

F. RIGHT LATERAL BASE:
ACINI AND STROMA.

G. LEFT APEX:
ACINI AND STROMA.

H. LEFT MID:
ACINI AND STROMA.

I. LEFT BASE:
ADENOCARCINOMA, GLEASON 3+3=6; INVOLVING 5% OF 23 MM CORE.

J. LEFT LATERAL APEX:
ACINI AND STROMA

K. LEFT LATERAL MID:
ACINI AND STROMA.

L. LEFT LATERAL BASE:
ADENOCARCINOMA, GLEASON 3+3=6; INVOLVING 5% OF 19 MM CORE.

Interpreted by: MARCUS A. ERLING, M.D.

COMMENT:

A-L. Microscopic examination performed and the results incorporated into the final diagnosis. All controls stained appropriately.

The diagnostic slides were reviewed in consultation by Dr. Joel Bentz who concurs. (MAE/jap)

GROSS DESCRIPTION:

A. The specimen is received in formalin labeled with the proper patient identification and "right apex" and consists of five gray tan tissue cores that have an overall length of 19 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as A.

B. The specimen is received in formalin labeled with the proper patient identification and "right mid" and consists of one gray tan tissue core measuring 23 mm in length. The specimen is entirely submitted as B.

C. The specimen is received in formalin labeled with the proper patient identification and "right base" and consists of two gray tan tissue cores that have an overall length of 18 mm. The specimen is entirely submitted as C.

D. The specimen is received in formalin labeled with the proper patient identification and "right lateral apex" and consists of two gray tan tissue cores that have an overall length of 14 mm. The specimen is entirely submitted as D.

E. The specimen is received in formalin labeled with the proper patient identification and "right lateral mid" and consists of three gray tan tissue cores that have an overall length of 11 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as E.

F. The specimen is received in formalin labeled with the proper patient identification and "right lateral base" and consists of two gray tan tissue cores that have an overall length of 13 mm. The

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specimen is entirely submitted as F.

G. The specimen is received in formalin labeled with the proper patient identification and "left apex" and consists of two gray tan tissue cores that have an overall length of 17 mm. The specimen is entirely submitted as G.

H. The specimen is received in formalin labeled with the proper patient identification and "left mid" and consists of three gray tan tissue cores that have an overall length of 18 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as H.

I. The specimen is received in formalin labeled with the proper patient identification and "left base" and consists of two gray tan tissue cores that have an overall length of 23 mm. The specimen is entirely submitted as I.

J. The specimen is received in formalin labeled with the proper patient identification and "left lateral apex" and consists of five gray tan tissue cores that have an overall length of 19 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as J.

K. The specimen is received in formalin labeled with the proper patient identification and "left lateral mid" and consists of three gray tan tissue cores that have an overall length of 22 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as K.

L. The specimen is received in formalin labeled with the proper patient identification and "left lateral base" and consists of four gray tan tissue cores that have an overall length of 24 mm. The minute fragment may not survive the processing. The specimen is entirely submitted as L. (RG/vxt)

GROSS EXAMINATION/TECHNICAL COMPONENT PERFORMED AT: LMC, 3059 S. MARYLAND PARKWAY, SUITE #100, LAS VEGAS, NEVADA 89109, CLIA #29D0976712, CAP #71171001, JOEL S. BENTZ, M.D., LABORATORY DIRECTOR
FINAL INTERPRETATION PERFORMED AT: LMC, 3186 S. MARYLAND PARKWAY, LAS VEGAS, NEVADA 89109, CLIA #29D0873321, CAP #7180081, JONATHAN H. HUGHES, M.D., PH.D., LABORATORY DIRECTOR

Electronically signed by:
MARCUS A ERLING M.D.
11/03/2014

Diagnostician: MARCUS A ERLING M.D.
Pathologist
Electronically Signed 11/03/2014

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17

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JA000478

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Patient Chart Note

November 07, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents for follow up of his elevated PSA. This problem started approximately 3 Months ago. He denies any history of gross hematuria or hematospermia. His AUA voiding system score is in the moderate range at 14/35 - 3. Pt s/p TRUS Bx. Recovered well. Bx revealed GS 6 in 3/12 cores. Each 5% volume.

The following has been reviewed: LABS: 10/29/14 Path=ADENOCARCINOMA MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Valium	10 Mg

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Date: 11/07/2014 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

JA000479

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18

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Patient Chart Note

Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

Rxn

No Known Allergies

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

<u>Member</u>	<u>Age</u>	<u>Condition</u>	<u>COD</u>	<u>Comments</u>
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon CancerNO

PHYSICAL EXAM:

VITAL SIGNS

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Date: 11/07/2014 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

JA000480

00083

19

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Patient Chart Note

<u>Temp F</u>	<u>BP</u>	<u>P</u>	<u>Height</u>	<u>Wt Lb</u>
	135/86	83	5' 8"	208

EXAM

<u>System</u>	<u>Findings / Comment</u>
GENERAL	This is a well nourished and normally developed individual. In no acute distress.
NECK	Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly are appreciated.
LUNGS	Respiratory effort is normal without use of accessory muscles.
BACK	The spine is straight with normal ROM. There is no CVA or spinal tenderness to percussion.
ABDOMEN	Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No obvious hernias are noted.
LYMPHATIC	There is no evidence of any cervical or inguinal lymphadenopathy.
NEURO-PSYCH	Patient has an appropriate affect.
SKIN-BREAST	Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

<u>Color</u>	<u>Turbidity</u>	<u>SP-G</u>	<u>pH</u>	<u>Glu</u>	<u>Ket</u>	<u>Bili</u>	<u>Urobili</u>	<u>Ptn</u>	<u>Heme</u>	<u>Nit</u>	<u>LE</u>	<u>U-Cx</u>
Yellow	Clear	1.015	6	150 mg/dL		Neg	Neg	Normal		500 mg/dL	250	Neg
Neg	NO											

IMPRESSION:

DIAGNOSIS

ASSESSMENT

1 Malignancy-Prostate Chronic condition with a severe exacerbation. Newly dx'd low grade, low volume prostate cancer on biopsy. Standard of care for this stage disease would be active surveillance per the NCCN guidelines. Pt is complicated because he needs to be cleared from cancer in order to get renal transplant. We will discuss options with tx coordinator and f/u in 2 wks. Discussed different options including active surveillance vs surgery vs radiation. It is my hope that with this stage of disease that treatment won't be necessary. The chance of this cancer causing mortality in the next 10-20 years is extremely low.

PLAN-ORDERS:

Orders:

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Date: 11/07/2014 - Page 3 of 4 - Patient Name: Brent E. Bean - Date of Birth: 08/07/1961

JA000481

00084

20

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Patient Chart Note

ORDER / PLAN

WHEN?

1 F/U Appt. w/ David Ludlow MD

2 Weeks

Jason N. Zommick MD FACS

DATE: 11/07/2014 4:12 PM

Electronically signed by Jason N. Zommick MD FACS on 11/18/2014 03:07 PM

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Date: 11/07/2014 - Page 4 of 4 - Patient Name: Brent E. Bean - Date of Birth: 08/07/1961

JA000482

00085

21

Urology Specialists

Patient Chart Note

November 21, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents with a new diagnosis of prostate cancer. He denies any previous treatment of his prostate cancer. He denies any history of SUI or erectile dysfunction. His AUA voiding system score is in the moderate range at 14/35 - 3. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. His Karnofsky Performance Score is 100. Pt was on transplant list, but was taken off the list due to new dx of low grade, low volume prostate cancer.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Valium	10 Mg
Doxycycline Hyclate	100 Mg

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Date: 11/21/2014 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

JA000483

00086

22

Urology Specialists

Patient Chart Note

Flomax 0.4 Mg
 Allopurinol
 Simvastatin 40mg
 Benazepril Hcl 20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

No Known Allergies

Rxn

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon CancerNO

PHYSICAL EXAM:

VITAL SIGNS

Temp F BP P Height Wt Lb

CORVEL LAS VEGAS

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Date: 11/21/2014 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

JA000484

00087

23

Urology Specialists

Patient Chart Note

119/79 75 5' 8" 205

EXAM

System

Findings / Comment

GENERAL

This is a well nourished and normally developed individual. In no acute distress.

NECK

Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly

are appreciated.

LUNGS

Respiratory effort is normal without use of accessory muscles.

BACK

The spine is straight with normal ROM. There is no CVA or spinal tenderness to

percussion.

ABDOMEN

Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No

obvious hernias are noted.

LYMPHATIC

There is no evidence of any cervical or inguinal lymphadenopathy.

NEURO-PSYCH

Patient has an appropriate affect.

SKIN-BREAST

Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color

Turbidity

SP-G

pH Glu

Ket

Bili

Urobili

Ptn

Heme Nit

LE

U-Cx

Yellow

Clear

1.005

5 Neg

Neg

Neg

Neg

500 mg/dL

Neg

Neg

Neg NO

IMPRESSION:

DIAGNOSIS

ASSESSMENT

1 Malignancy-Prostate

Chronic condition with a severe exacerbation. Newly dx'd low gr, low volume. Pt needs treatment to get back on transplant list. Would like robotic prostatectomy. Discussed risks including bowel injury, vessel injury, SUI, and ED. I discussed all of the most common risks, benefits, goals and alternatives to the proposed treatment and all questions have been answered.

PLAN-ORDERS:

Orders:

ORDER / PLAN

1 Weight Reduction Counseling

WHEN?

Today

CORVEL LAS VEGAS

Surgery:

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Date: 11/21/2014 Page 3 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

JA000485

00088

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Patient Chart Note

Surgery # 1

Laparoscopic Radical Prostatectomy

Surgery # 2

Surgery # 3

David Ludlow MD

DATE: 11/21/2014 11:58 AM

Electronically signed by David Ludlow MD on 11/21/2014 05:33 PM

CORVEL LAS VEGAS

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Date: 11/21/2014 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

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25

Urology

Clinical Summary

Today's Provider: Adelbert M. Wadsworth PA-C
Today's Date: 11/21/2014 9:06 AM
Today's Location: USON Red Rock

PATIENT NAME: Brent E. Bean
DOB: 08/07/1961 AGE: 53 RACE: Caucasian ETHNICITY: Not Hispanic or Latino
PRIMARY LANGUAGE: English
REFERRING PROVIDER: Steven Norris, M. D.
PRIMARY CARE PHYSICIAN: Roehl Pena, M. D.

Dear Brent E. Bean,

As a summary of today's visit, I have listed the major diagnoses or impressions and the subsequent recommended plan of action.

CHIEF COMPLAINTS:

#1 Prostate cancer

HISTORY OF PRESENT ILLNESS:

Brent is a 53 year old male who presents with a new diagnosis of prostate cancer. He denies any previous treatment of his prostate cancer. He denies any history of SUI or erectile dysfunction. His AUA voiding system score is in the moderate range at 14/35 - 3. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. His Karnofsky Performance Score is 100. Pt was on transplant list, but was taken off the list due to new dx of low grade, low volume prostate cancer.

FINDINGS FOR TODAY:

#	<u>DIAGNOSIS</u>	<u>ASSESSMENT</u>
1	Malignancy-Prostate	Chronic condition with a severe exacerbation. Newly dx'd low gr, low volume. Pt needs treatment to get back on transplant list. Would like robotic prostatectomy. Discussed risks including bowel injury, vessel injury, SUI, and ED. I discussed all of the most common risks, benefits, goals and alternatives to the proposed treatment and all questions have been answered.

OFFICE PROCEDURES:

MEDICATIONS ORDERED TODAY:

ORDERS:

#	<u>ORDER / PLAN</u>	<u>WHEN?</u>
1	Weight Reduction Counseling	Today

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Urology

Clinical Summary

Today's Provider: Adelbert M. Wadsworth PA-C

Today's Date: 11/21/2014 9:06 AM

Today's Location: USON Red Rock

UPCOMING SURGERY / FOLLOW UP APPOINTMENT:

Surgery # 1

Laparoscopic Radical Prostatectomy

Surgery # 2

Surgery # 3

The following details were also recorded and/or reviewed and updated during your visit:

FAMILY HISTORY:

<u>Family Member</u>	<u>Age</u>	<u>Condition</u>	<u>COD</u>	<u>Comments</u>
Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
Brother	38	Healthy	NO	
Paternal Grandmother	91	Healthy	NO	
Family History of		Melanoma	NO	
Maternal Grandmother	88	Cancer	NO	
Paternal Grandfather	74	Heart Attack	NO	
Maternal Grandmother	58	Alcoholism	NO	
Father	66	Heart Disease	YES	
Sister	38	Healthy	NO	
Family History of		Colon Cancer	NO	

ALLERGIES:

NKDA

ALLERGIES:

Description

Reaction

No Known Allergies

PAST MEDICAL HISTORY:

Diagnosis

Year

Left Renal Cell Carcinoma

Renal insufficiency

Hypertension

1999

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Urology

Clinical Summary

Today's Provider: Adelbert M. Wadsworth PA-C

Today's Date: 11/21/2014 9:06 AM

Today's Location: USON Red Rock

Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

SMOKER STATUS:

CURRENT MEDICATION LIST:

<u>Brand Name</u>	<u>Dose</u>	<u>Sig Desc</u>
Allopurinol		take 1 tablet (100MG) by ORAL route 3 times every day
Doxycycline Hyclate	100 Mg	take 1 capsule (100MG) by oral route 2 times every day
Flomax	0.4 Mg	take 1 Capsule by Oral route every day
Lotensin	20mg	take 1 tablet (20MG) by ORAL route every day
Valium	10 Mg	take 1 tablet by oral route every day
Zocor	40mg	take 1 tablet (40MG) by ORAL route every day in the evening

VITAL SIGNS:

<u>TEMP F</u>	<u>BP</u>	<u>HR</u>	<u>HEIGHT</u>	<u>WEIGHT-Lb</u>	<u>BMI</u>
119/ 79		75	5' 8"	205	31.44

URINALYSIS:

Urology Specialists of Nevada

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~~5701 W. Charleston Blvd., Suite 201, Las Vegas, NV 89146~~

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Clinical Summary

Today's Provider: Adelbert M. Wadsworth PA-C

Today's Date: 11/21/2014 9:06 AM

Today's Location: USON Red Rock

<u>Color</u>	<u>Turbidity</u>	<u>SP-G</u>	<u>pH</u>	<u>Glu</u>	<u>Ket</u>	<u>Bili</u>	<u>Urobili</u>	<u>Ptn</u>	<u>Heme</u>	<u>Nit</u>	<u>LE</u>	<u>U-Cx</u>
Yellow	Clear	1.005	5	Neg	Neg	Neg	Neg	500 mg/dL	Neg	Neg	Neg	NO

OUTSIDE LABORATORY / RADIOLOGY REVIEW:

Thank you Brent for visiting us at Urology Specialists of Nevada. We look forward to being a continued valuable partner in all of your urologic healthcare needs.

With Warm Regards,

David Ludlow MD

David Ludlow MD

Urology Specialists of Nevada

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Patient Chart Note

February 23, 2015

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents with a history of prostate cancer. There is no change in condition from last visit. He denies any previous treatment of his prostate cancer. His AUA voiding system score is in the moderate range at 14/35 - 3. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. Pt on transplant list for renal failure and found to have elevated PSA and Bx revealed LGLV PCa. Plans for robotic prostatectomy for cure and to allow pt to get back on transplant list. Had recent peritoneal dialysis cath placed and returns to evaluate scars and location to make sure robotic approach still feasible.

The following has been reviewed: MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

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Patient Chart Note

<u>Medication</u>	<u>Dose</u>
Valium	10 Mg
Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

Rxn

No Known Allergies

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

<u>Member</u>	<u>Age</u>	<u>Condition</u>	<u>COD</u>	<u>Comments</u>
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon Cancer NO

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Date: 02/23/2015 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

Urology Specialists

Patient Chart Note

PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
	143/ 93	68	5' 8"	

EXAM

System

Findings / Comment

GENERAL

This is a well nourished and normally developed individual. In no acute distress.

NECK

Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly

are appreciated.

LUNGS

Respiratory effort is normal without use of accessory muscles.

BACK

The spine is straight with normal ROM. There is no CVA or spinal tenderness to

percussion.

ABDOMEN

ABDOMEN: Soft. It is non-tender to palpation. There are no palpable masses. There is no organomegaly. No hernias are appreciated. Stool guac not tested. Has peritoneal dialysis catheter on Rt abdomen. Also healing l/s incision sites.

NEURO-PSYCH

Patient has an appropriate affect.

SKIN-BREAST

Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bili	Urobili	Ptn	Heme Nit	LE	U-Cx
Yellow	Clear	1.010	6	>1000 mg/dL	Neg	Neg	Neg	Neg	500 mg/dL	Neg	Neg Neg

NO

IMPRESSION:

DIAGNOSIS

ASSESSMENT

1 Malignancy-Prostate

Chronic condition with a mild exacerbation. Had PD catheter placed few wks ago. Has some incisional scars and catheter in Rt abdomen. Discussed case with multiple nephrologists and they say that prostatectomy is not contraindicated. We discussed that case may be more difficult robotically due to PD cath and recent l/s surgery. Discussed that there is possibility of converting to open.

David Ludlow MD

DATE: 02/23/2015 11:54 AM

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Patient Chart Note

Electronically signed by David Ludlow MD on 02/23/2015 12:08 PM

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Date: 02/23/2015 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

00097

33

JA000494

SURG Report LMC:

BEAN, BRENT E - SHM4800516

* Final Report *

Result type: SURG Report LMC:
Result date: 25 February 2015 00:00 PST
Result status: Auth (Verified)
Result title: SURG
Encounter info: SHM0000011793122, SHM Center, Inpatient, 02/24/15 - 02/27/15
Contributor system: SHM_AP_LMC

Attachments:
25 February 2015 00 00 PST - PDF

* Final Report *

SURG

Case: -
JAC2015-305596

Patient: -
BRENT BEAN

Specimen Clinical Information: -
CLINICAL HISTORY: PROSTATE MALIGNANCY
ICD-9 CODE(S):
PROCEDURE AND FINDINGS: ROBOTIC PROSTATECTOMY

Material Submitted: -
PROSTATE, RADICAL RESECTION

Diagnosis: -
PROSTATE, RADICAL PROSTATECTOMY:
-
ADENOCARCINOMA OF THE PROSTATE, NOT OTHERWISE SPECIFIED.

-
Gleason Score: 6 (3+3)

-
Tertiary Pattern: NONE

-
Percent of Prostate Involved by Tumor: APPROXIMATELY 10%

-
Perineural invasion: PRESENT

-
Lymphatic/vascular invasion: ABSENT

-
Extraprostatic extension: ABSENT

-
Margin status:

-
Apical: NEGATIVE

-
Bladder neck: NEGATIVE

-
Anterior: NEGATIVE

Printed by: Ulan, Mary-Anne
Printed on: 03/05/15 08.09 PST

Page 1 of 3
(Continued)

SURG Report LMC:

BEAN, BRENT E - SHM4800516

* Final Report *

Posterior: NEGATIVE

Right lobe lateral: NEGATIVE

Left lobe lateral: NEGATIVE

Additional Findings: HIGH GRADE PROSTATIC INTRAEPITHELIAL NEOPLASIA

Seminal vesicles:

Right: NOT INVOLVED BY TUMOR

Left: NOT INVOLVED BY TUMOR

Lymph nodes: NONE SUBMITTED

AJCC pTNM CLASSIFICATION (7th Edition)

T2c NX MX

Microscopic: -

Microscopic examination performed and the results incorporated into the final diagnosis. All controls stained appropriately. (ALC/ijm)

Gross Description: -

The specimen is received in formalin labeled with the proper patient identification and source, and consists of a 30 gram, 4.3 x 3.0 x 2.9 cm prostate that has a tan-red brown smooth to focally ragged appearing external surface. The right seminal vesicle and vas deferens measure 2.5 x 1.5 cm and 0.7 x 0.5 cm, respectively. The left seminal vesicle and vas deferens measure 2.5 x 1.5 cm and 1.5 x 0.5 cm, respectively. The right lobe is inked blue, the left lobe is inked green and the posterior aspect is inked black. The prostatic urethra is patent and the bladder/base and apical margins are removed and radially sectioned around their respective os. The remainder of the prostate is serially sectioned from apex to base. The cut surfaces are tan to tan-brown with a faint nodular appearance around the prostatic urethra. A discrete lesion is not grossly identified.

Representative sections to include the majority of the posterior aspect are submitted as follows:

A1 right apical margin;

A2 left apical margin;

A3 right bladder/base margin;

A4 left bladder/base margin;

A5-A11 right lobe apex to base;

A12-A18 left lobe apex to base;

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Printed on: 03/05/15 08:09 PST

Page 2 of 3
(Continued)

BEAN, BRENT E - SHM4800516

A19 right seminal vesicle and prostatic parenchyma;

A26 left seminal vesicle and prostatic parenchyma. (LE/ats)

LMC 657 TOWN CENTER DR, LAS VEGAS, NV 89144 CLIA #29D0932923 CAP #6822602
ANNAMARIE L. CARLEY, M.D., LABORATORY DIRECTOR

Procedure: Routine H and E

Routine	H	and	E
Routine	H	and	E
Routine	F	and	E
Routine	H	and	E
Routine	F	and	E
Routine	F	and	E
Routine	H	and	E
Routine	F	and	E
Routine	H	and	E
Poutine	H	and	Z
Routine	F	and	E
Poutine	H	and	E
Routine	H	and	E
Routine	F	and	E
Routine	H	and	E
Routine	H	and	E
Routine	F	and	E
Routine	H	and	E

Carley M.D., Annamarie, Pathologist

Case Signed: -
2015-02-27

* Order by

Printed by: Ulan, Mary-Anne
Printed on: 03/05/15 08:09 PST

Page 3 of 3
(End of Report)

Name: Bean, Brent

~~JA000497~~

00100

36

Date:

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Patient Chart Note

June 24, 2016

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 54

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 54 year old male who presents with a history of prostate cancer. Overall, the patient's condition has improved. He initially presented with an elevated PSA. He has undergone previous treatment of his prostate cancer with radical prostatectomy. He admits to SUI requiring no pads and erectile dysfunction associated with the current problem. His AUA voiding system score is in the moderate range at 11/35 - 5. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. S/p RARP around 2 yrs ago. PSA's still negative. Overall doing well. Still mild leakage but slowly improving. Reviewed kegels. Still has ED but currently not a big priority. Looking to get back on transplant list. From my standpoint he is cured from disease.

The following has been reviewed: LABS: 6/20/2016 , PSA= < 0.1 MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

Diagnosis	Year
Membranous Neuropathy	1996
Hypercholesterolemia	2000
Hypertension	1999
Renal insufficiency	
Left Renal Cell Carcinoma	

PAST SURGICAL HISTORY:

Procedure	Year
Shoulder Arthroscopy	1999
Wisdom teeth	1987
Left Partial Nephrectomy	2010

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Suite 165
Las Vegas, NV 89128

CENTRAL
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Suite 200
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Right Total Knee Arthroplasty

2013

MEDICATIONS:

Medication	Dose
LOSARTAN POTASSIUM	100 mg
ROPINIROLE HCL	2 mg
SILDENAFIL CITRATE	20 mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy	Rxn
NO KNOWN ALLERGIES	

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transpl
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
1 Family History of		Melanoma	NO	
0				
1 Family History of		Colon Cancer	NO	
0				

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3150 N. Tenaya Way
Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
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Henderson, NV 89074

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PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
	162/ 91	58	5' 8"	174

EXAM

System	Findings / Comment
GENERAL	This is a well nourished and normally developed individual. In no acute distress.
NECK	Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly are appreciated.
LUNGS	Respiratory effort is normal without use of accessory muscles.
BACK	The spine is straight with normal ROM. There is no CVA or spinal tenderness to percussion.
ABDOMEN	Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No obvious hernias are noted.
LYMPHATIC	There is no evidence of any cervical or inguinal lymphadenopathy.
NEURO-PSYCH	Patient has an appropriate affect.
SKIN-BREAST	Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glucose	Ket	Bili	Urobili	Ptn	Hem	Nit	LE	U-Cx
Yellow	Clear	1.005	7	50 mg/dL	Neg	Neg	Neg	500 mg/dL	50	Neg	Neg	NO

IMPRESSION:

DIAGNOSIS
1 Hx of malignant neoplasm of prostate

ASSESSMENT
Chronic condition with a mild exacerbation. S/p RARP around 2 yrs ago. PSA's still negative. Overall doing well. Still mild leakage but slowly improving. Reviewed kegels. Still has ED but currently not a big priority. Will Rx Viagra. Looking to get back on transplant list. From my standpoint he is cured from disease.

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Suite 200
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PLAN-ORDERS:

Medications:

Medication	Dose	#	Sig
SILDENAFIL CITRATE	20 mg	90	take 1 tablet by oral route 3-5 tablets per day for ED

Orders:

#	ORDER / PLAN	WHEN?
3	Low Carbohydrate / Mediterranean Diet	Today
4	F/U Appt. w/ David Ludlow MD	PRN (As Needed)

David Ludlow MD

DATE: 06/24/2016

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Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
58 N. Pecos Rd.
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From: +17022524055 Page: 1/3 Date: 10/31/2016 11:02:05 AM
From: +17023642993 Page: 1/3 Date: 10/28/2016 11:20:56 AM

OCT 28 2016

GREENMAN, GOLDBERG, RABY & MARTINEZ
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

801 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1818
FACSIMILE: (702) 384-2990

JOHN A. GREENMAN
AUREY GOLOSCHKO
PAUL E. RABY
GABRIEL A. MARTINEZ
LISA M. ANDERSON
THOMAS W. ASKEROTH
THADDEUS J. YUREK, III

October 28, 2016

Via Mail and Facsimile (702) 877-3238

DAVID LUDLOW, M.D.
56 North Pecos Road
Suite B
Henderson, Nevada 89074

RE: Claimant : Brent Bean
Claim No. : CK1000432
DOI : 11/14/09
Employer : Clark County
Our File No. : 16-432TY

Dear Dr. Ludlow:

Please be advised that this office represents Brent Bean in the above-referenced industrial injury claim. A copy of the signed medical release executed by Mr. Bean is enclosed.

On June 24, 2016, you discharged Mr. Bean from care for his industrially related prostate condition. At that time, you opined that Mr. Bean would require ongoing medications for his erectile dysfunction. You reported that the medication was "not a big priority" at that time. Please be advised the medication is now a priority. For that reason, we are sending this letter to clarify your medical opinion regarding this matter.

Therefore, this letter is being sent to ask for your medical opinion regarding Mr. Bean's need for ongoing medication related to the prostate condition. Please indicate below if you can state to a reasonable degree of medical probability that the erectile dysfunction medication is directly related to the industrially related prostate condition and subsequent surgery and should therefore be covered by Mr. Bean's workers' compensation carrier on an ongoing basis.

☒ Yes ☐ No ☐ Date Q no (Ludlow)
Dr. David Ludlow

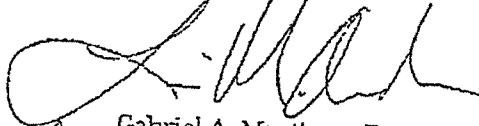
If you answer yes to this question, please provide the rationale to support your medical opinion, what medication is required, and whether/how often periodic follow-ups will be necessary to monitor and prescribe the medications:

Common side effect from prostate cancer surgery
due to disruption of the nerves associated
with erections.

Brent Bean
October 27, 2016
Page Two

Your attention to this matter is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
for Thaddeus J. Yurek, III, Esq.

TJY/rw
Enclosure

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

PERMANENT PARTIAL DISABILITY EVALUATION

RE: BRENT BEAN
DATE: November 2, 2016
CLAIM #: 0583-WC-15-0000098
DOI: 11/07/2014
EMPLOYER: Clark County
BODY PARTS: Prostate cancer

WORKERS' COMPENSATION CARRIER: CORVEL CORPORATION

This 54-year-old man was referred for a Permanent Partial Disability Evaluation by CorVel Corporation.

The body part to be evaluated is prostate cancer.

This man is a retired firefighter. He has a complicated medical history. He has had a partial nephrectomy for cancer of the kidney. He is on peritoneal dialysis for membranous nephropathy. He also was found to have an elevated PSA in 2014. A prostatic biopsy showed adenocarcinoma of the prostate. He underwent robotically-assisted laparoscopic radical prostatectomy in February 2015. When he is considered clear of any prostatic cancer (and this takes 2 years), he will undergo a renal transplant. He already has a donor identified.

He has had a radical prostatectomy. He has urinary leakage and male stress incontinence manifested by leaking when he coughs. He uses pads for this when he leaves his home. He has no sexual function at all. He cannot obtain erections even after using Cialis. He does have sensation, however. His most recent PSAs have been 0.

MEDICAL RECORD REVIEW:

- 09/19/2014 Ultrasound. Increased renal cortical echogenicity suggestive of medical renal disease. A 1.5 cm left peripelvic renal cyst. A 6 mm nonobstructive right renal calculus suspect hepatic steatosis, hepatic cysts.
- 10/03/2014 Amanda Gould, PA. Urology consultation. Chronic renal failure doing well and no need of dialysis. Waiting for renal transplant. Elevated PSA, malignancy of the kidney and renal cysts. The patient is a 53-year-old man who presents with a complaint of malignancy of the kidney on the left side. There is no change in his

BRENT BEAN

11/02/2014

Page 2 of 5

condition. He is status post left partial nephrectomy in 2010. He is doing well. He is not on dialysis. He is waiting for a renal transplant. He also has an elevated PSA. His voiding system scores in the moderate range at 14/35. He is taking Flomax. This has helped with his emptying symptoms.

- 10/23/2014 A.M. Wodsworth, PA. Urology evaluation. Elevated PSA. He is waiting for renal transplant. Diagnosis: Chronic renal failure. His current PSA is 4.1. This was performed on 10/15/2014.
- 10/29/2014 Dr. Ludlow. Procedure note. Prostate biopsy.
- 10/29/2014 Prostate biopsy results. Adenocarcinoma Gleason 3+3=6 stage involving 5% of a 19-mm core.
- 11/18/2014 Dr. Zommick. Urology. Diagnoses: Malignancy of the prostate, newly diagnosed low grade, low volume prostate cancer on biopsy. Standard of care for this stage of disease would be active surveillance. The patient was complicated, but he needs to be cleared from cancer in order to get a renal transplant. We will discuss options with his coordinator. It is my hope that with this stage of disease that treatment will not be necessary. The chance of this cancer-causing mortality in the next 10 to 20 years is extremely low.
- 12/22/2014 C4 Form. Prostate cancer diagnosis with prostate biopsy. The patient will need prostatectomy.
- 02/21/2015 Dr. Ludlow. Urology followup. The patient needs treatment to get back on the transplant list. Would like robotic prostatectomy. Plan laparoscopic radical prostatectomy.
- 02/23/2015 Dr. Ludlow. Urology followup. Diagnosis: Malignancy of the prostate. The patient had a PD catheter placed a few weeks ago. He has some incisional scars and catheter in the right abdomen. The case has been discussed with nephrologist and they say prostatectomy is not contraindicated. We may have to do the case open due to the catheter.
- 02/24/2015 Summerlin Hospital. Discharge Summary. The patient was admitted with end stage renal disease. He is awaiting peritoneal dialysis. He is status post peritoneal dialysis catheter placement 2 weeks ago. He has a history of prostate cancer and postoperative anemia. He has a history of membranous nephropathy and hyperlipidemia. The patient underwent laparoscopic prostatectomy robotically assisted.
- 02/24/2015 Procedure Note. Robot assisted bilateral nerve sparing laparoscopic prostatectomy.

BRENT BEAN
11/02/2014
Page 3 of 5

- 02/24/2015 Dr. Rouhani. Consult. Endstage renal disease awaiting peritoneal dialysis. He has a peritoneal dialysis catheter in. He has history of prostate cancer and is awaiting prostatectomy. A history of hypertension, hyperlipidemia and history of membranous nephropathy.
- 04/03/2015 Dr. Ludlow. Urology followup. The patient is currently cured from his urological standpoint and should be able to get back on the transplant list. He passed the voiding trial. We discussed Kegel exercises. He will take Cialis once daily for ED rehab. He is also taking Norco.
- 06/04/2015 Prostatic antigen less than 0.1 with a reference range of 0.0 to 4.0 ng/mL.
- 06/17/2015 Dr. Ludlow. Urology followup. Diagnosis: Prostate malignancy. He can be placed back on the transplant list. He has organic impotency. No improvement with Cialis. He has male stress incontinence. This is improving, but still requires one PDD. Kegel exercises were again discussed. His voiding score is in the moderate range at 11/35 - 5. He is on dialysis. He is impotent. He is on Cialis.
- 06/20/2016 PSA. Less than 0.1 with reference range of 0.024.0 ng/mL.
- 06/24/2016 Dr. Ludlow. PSA is still negative. Overall, doing well. He still has mild leakage, but slowly improving. We reviewed Kegels. He still has ED, but not a big priority. Viagra prescribed. He is trying to get back on the transplant list. From my standpoint, he is cured from the disease.

PAST MEDICAL HISTORY: is as noted above. He is currently on peritoneal dialysis for membranous nephropathy. He has had a partial nephrectomy for CA of the kidney. He has had a radical prostatectomy for prostate CA. He has hypertension and restless legs syndrome. He takes Ropinirole, Bystolic and losartan. He has no known allergies. He has had a nephrectomy, radical prostatectomy, and a total knee replacement.

FAMILY HISTORY: is noncontributory.

SOCIAL HISTORY: He is a retired firefighter. He does not smoke or drink.

HISTORY OF PREVIOUS AWARD: He has had a previous PPD award for his diagnosis of cancer of the kidney and nephrectomy.

He was accompanied today by his attorney.

BRENT BEAN
11/02/2014
Page 4 of 5

EXAMINATION: reveals an alert, oriented, and cooperative left-handed man. The patient has normal distribution of pubic hair. The testicles are descended. There are no testicular masses noted. He is checked for herniae and there are no herniae noted. Sensation in the perineum to light touch is intact.

RATING EVALUATION:

The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, second printing were consulted.

The male reproductive system is discussed in Chapter 7 of the Guides.

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The claimant also has urinary incontinence, i.e. male stress incontinence. The example in the Guides did not have this complication. The Guides direct the rater to consider this and the claimant's sexual function in addition to the award for the radical prostatectomy. The claimant's male stress incontinence and dribbling are considered under section 7.8. I used table 7-4. He uses a pad intermittently (when he is away from home). He is class 1 and this allows 0-10% whole person impairment. He is allowed 10% whole person impairment for incontinence.

The Guides direct the rater to also consider and combine any impairment of sexual function with this award. This is discussed in Section 7.7a. The patient has no sexual function possible even with medication. According to Table 7.5 he is Class 3 which allows 20% impairment of the whole person.

The 16% impairment of the whole person due to the radical prostatectomy, the 10% whole person impairment due to incontinence; and, the 20% due to loss of sexual function are combined for a total of 39% impairment of the whole person.

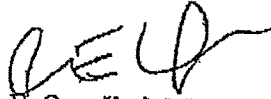
APPORTIONMENT: There are no issues of apportionment.

BRENT BEAN

11/02/2014

Page 5 of 5

CONCLUSION: My conclusion is that there is 39% impairment of the whole person due to the diagnosis, treatment, and complications of prostate cancer of this claimant.



Charles E. Quaglieri, MD
CEQ/kc: 497/513

cc: CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

GREENMAN, GOLDBERG, RABY & MARTINEZ
A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

JOHN A. GREENMAN
AUBREY GOLDBERG
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LISA M. ANDERSON
THOMAS W. ASKEROTH
THADDEUS J. YUREK, III

601 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1616
FACSIMILE: (702) 384-2990

November 30, 2016

VIA U.S. MAIL & FACSIMIL: 866-728-8275

Leslie Ribadeneira, Claims Examiner
CORVEL
P.O. Box 61228
Las Vegas, Nevada 89160

RE: Claimant : Brent Bean
Claim No. : CK1000432
DOI : 11/14/09
Employer : Clark County
Our File No. : 16-432TY

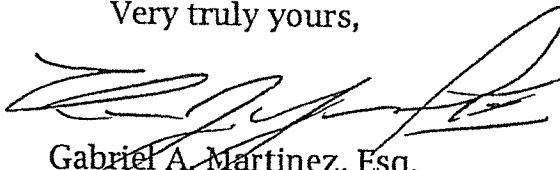
Dear Ms. Ribadeneira:

As you know, Dr. Charles Quaglieri recently evaluated Brent Bean for permanent partial disability. A copy of that report is enclosed for your convenience. As you can see, Dr. Quaglieri concluded that Mr. Bean qualified for a thirty-nine percent (39%) whole person impairment. Upon further review, it appears that Dr. Quaglieri miscalculated the impairment and the correct impairment should actually be forty percent (40%) whole person impairment.

Pursuant to the recent legislative changes, you are now able to offer thirty percent (30%) in a lump sum. Therefore, please accept this letter as a formal request to offer Mr. Bean the forty percent (40%) whole person impairment, with thirty percent (30%) being offered in a lump sum. Please notify the parties if this request will be granted.

Your attention this matter is greatly appreciated. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
Thaddeus J. Yurek, Esq.

TJY/rw
Enclosure

NOT. 20. 2010 7. 10111
OFFICE OF HEALTH CARE
NOT. 2010 11. 1

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

PERMANENT PARTIAL DISABILITY EVALUATION

RE: BRENT BEAN
DATE: November 2, 2016
CLAIM #: 0583-WC-15-0000098
DOI: 11/07/2014
EMPLOYER: Clark County
BODY PARTS: Prostate cancer

WORKERS' COMPENSATION CARRIER: CORVEL CORPORATION

This 54-year-old man was referred for a Permanent Partial Disability Evaluation by CorVel Corporation

The body part to be evaluated is prostate cancer.

This man is a retired firefighter. He has a complicated medical history. He has had a partial nephrectomy for cancer of the kidney. He is on peritoneal dialysis for membranous nephropathy. He also was found to have an elevated PSA in 2014. A prostatic biopsy showed adenocarcinoma of the prostate. He underwent robotically-assisted laparoscopic radical prostatectomy in February 2015. When he is considered clear of any prostatic cancer (and this takes 2 years), he will undergo a renal transplant. He already has a donor identified.

He has had a radical prostatectomy. He has urinary leakage and male stress incontinence manifested by leaking when he coughs. He uses pads for this when he leaves his home. He has no sexual function at all. He cannot obtain erections even after using Cialis. He does have sensation, however. His most recent PSAs have been 0.

MEDICAL RECORD REVIEW:

- 09/19/2014 Ultrasound. Increased renal cortical echogenicity suggestive of medical renal disease. A 1.5 cm left peripelvic renal cyst. A 6 mm nonobstructive right renal calculus suspect hepatic steatosis, hepatic cysts.
- 10/03/2014 Amanda Gould, PA. Urology consultation. Chronic renal failure doing well and no need of dialysis. Waiting for renal transplant. Elevated PSA, malignancy of the kidney and renal cysts. The patient is a 53-year-old man who presents with a complaint of malignancy of the kidney on the left side. There is no change in his

BRENT BEAN
11/02/2014
Page 2 of 5

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BRENT BEAN

11/02/2014

Page 3 of 5

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BRENT BEAN
11/02/2014
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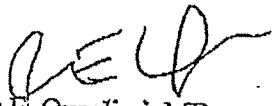
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APPORTIONMENT: There are no issues of apportionment.

BRENT BEAN
11/02/2014
Page 5 of 5

CONCLUSION: My conclusion is that there is 39% impairment of the whole person due to the diagnosis, treatment, and complications of prostate cancer of this claimant.


Charles E. Quaglieri, MD
CEQ/kc: 497/513

cc: CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

GREENMAN, GOLDBERG, RABY & MARTINEZ
A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

601 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1616
FACSIMILE: (702) 384-2990

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GABRIEL A. MARTINEZ
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THOMAS W. ASKEROTH
THADDEUS J. YUREK, III

November 30, 2016

VIA U.S. MAIL & FACSIMIL: 866-728-8275

Leslie Ribadeneira, Claims Examiner
CORVEL
P.O. Box 61228
Las Vegas, Nevada 89160

RE:	Claimant	:	Brent Bean
	Claim No.	:	CK1000432
	DOI	:	11/14/09
	Employer	:	Clark County
	Our File No.	:	16-432TY

Dear Ms. Ribadeneira:

As you know, this office represents Brent Bean regarding the above-referenced industrial injury.

Mr. Bean underwent a laparoscopic prostatectomy as a result of his occupationally related prostate cancer condition. Mr. Bean's treating physician, Dr. David Ludlow, has confirmed that Mr. Bean requires ongoing medication for erectile dysfunction caused by the nerve damage that resulted from the prostate cancer surgery. Pursuant to this opinion, please accept this letter as a formal request to authorize ongoing medication following claim closure. Please notify the parties if this request will be granted.

Your attention this matter is greatly appreciated. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
Thaddeus J. Yurek, Esq.

TJY/rw
Enclosure

JA000515

00118

54

From: +17022524055 Page: 1/3 Date: 10/31/2016 11:02:05 AM
From: +17023542993 Page: 1/3 Date: 10/28/2016 11:20:55 AM

OCT 28 2016

GREENMAN, GOLDBERG, RABY & MARTINEZ
ATTORNEYS AT LAW

JOHN A. GREENMAN
AURORA RO. 00000
PAUL E. RABY
GABRIEL A. MARTINEZ
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801 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1818
FACSIMILE: (702) 384-2990

October 28, 2016

Via Mail and Facsimile (702) 877-3238

DAVID LUDLOW, M.D.
56 North Pecos Road
Suite B
Henderson, Nevada 89074

RE: Claimant : Brent Bean
Claim No. : CK1000432
DOI : 11/14/09
Employer : Clark County
Our File No. : 16-432TY

Dear Dr. Ludlow:

Please be advised that this office represents Brent Bean in the above-referenced industrial injury claim. A copy of the signed medical release executed by Mr. Bean is enclosed.

On June 24, 2016, you discharged Mr. Bean from care for his industrially related prostate condition. At that time, you opined that Mr. Bean would require ongoing medications for his erectile dysfunction. You reported that the medication was "not a big priority" at that time. Please be advised the medication is now a priority. For that reason, we are sending this letter to clarify your medical opinion regarding this matter.

Therefore, this letter is being sent to ask for your medical opinion regarding Mr. Bean's need for ongoing medication related to the prostate condition. Please indicate below if you can state to a reasonable degree of medical probability that the erectile dysfunction medication is directly related to the industrially related prostate condition and subsequent surgery and should therefore be covered by Mr. Bean's workers' compensation carrier on an ongoing basis.

Yes ☒ No ☐ Date _____
Dr. David Ludlow

If you answer yes to this question, please provide the rationale to support your medical opinion, what medication is required, and whether/how often periodic follow-ups will be necessary to monitor and prescribe the medications:

Common side effect from prostate cancer surgery
due to disruption of the nerves associated
with erections.

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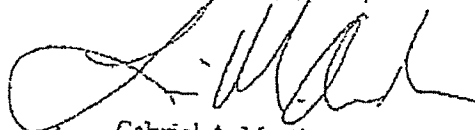
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From: +17023842990 Page 2/3 Date: 10/23/2016 11:20:55 AM

Brent Bean
October 27, 2016
Page Two

Your attention to this matter is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
for Thaddeus J. Yurek, III, Esq.

TJY/rw
Enclosure

16-432J

CORVEL

December 1, 2016

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
 Employer: Clark County
 Date of Injury: 11/07/2014

Dear Mr. Bean

CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation by Charles E. Quaglieri (enclosed).

There appears to be a clerical error in the combining of multiple impairment rating(s) and we are seeking further clarification from the doctor. Once clarification is received a further determination will be rendered.

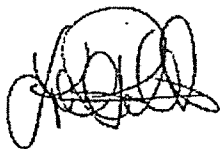
NAC 616C.103 (7) If the insurer disagrees in good faith with the result of the rating evaluation, the insurer shall, within the time prescribed in NRS 616C.490:

(c) Notify the injured employee of the specific reasons for the disagreement and the right of the injured employee to appeal. The notice must also set forth a detailed proposal for resolving the dispute that can be executed in 75 days, unless the insurer demonstrates good cause for why the proposed resolution will require more than 75 days.

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, D-2, PPD Report

cc: File, Clark County, GGRM

CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

888-368-4212 (800)
866-728-8275 E-Fax

JA000518

00121

57

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

PERMANENT PARTIAL DISABILITY EVALUATION

RE: BRENT BEAN
DATE: November 2, 2016
CLAIM #: 0583-WC-15-0000098
DOI: 11/07/2014
EMPLOYER: Clark County
BODY PARTS: Prostate cancer

WORKERS' COMPENSATION CARRIER: CORVEL CORPORATION

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BRENT BEAN

11/02/2014

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11/02/2014
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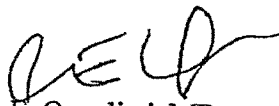
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11/02/2014
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CEQ/kc: 497/513

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Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

16-432t

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

January 4, 2017

CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

RE: BRENT BEAN
Claim No: 0583WC15-00000098
DOI: 11/07/2014
Employer: Clark County

CORVEL LAS VEGAS

JAN 11 2017

RECEIVED

Dear Ms. Ribadeneira,

I reviewed my PPD evaluation that I performed on November 2, 2016 in the case of Brent Bean.

You are correct. The combined total impairment is 40% whole person impairment/

I apologize for my error and by this letter amend my previous Permanent Partial Disability Evaluation performed on November 2, 2016.

Respectfully,



Charles E. Quaglieri, MD

CEQ/kc: 629

Toby Yurek

From: Toby Yurek
Sent: Monday, January 09, 2017 11:25 AM
To: 'Leslie_Ribadeneira@corvel.com'
Cc: Robert Windrem
Subject: Brent Bean


Good morning, Leslie.


I hope you had a nice weekend. I apologize for the delayed response, but I wanted to address your question regarding the appropriate wages (AMW) for calculating Mr. Bean's PPD award. Attorney General Opinion 2002-28 provides that a former firefighter's "date of separation from service in such capacity and wages earned immediately prior to such date of separation form the basis upon which disability benefits are to be calculated." This is consistent with NRS 617.453, which provides benefits for firefighters who develop employment related cancer up to 5 years following their date of retirement. I hope this helps address your concerns.

If you have any further questions, please feel free to contact me. Also, I was wondering if you received the amended PPD back from Dr. Quaglieri yet?

Have a great day...Toby

Thaddeus J. Yurek III | Attorney
T 702.384.1616 | F 702.384.2990
tyurek@ggrmlawfirm.com

Greenman, Goldberg, Raby & Martinez 
Attorneys At Law

601 S Ninth Street | Las Vegas | Nevada | 89101 | ggrmlawfirm.com 

OFFICIAL OPINIONS OF THE ATTORNEY GENERAL

AGO 2002-28 INSURANCE: RETIREMENT: CLAIMS: A former firefighter's or police officer's claim for coverage of conclusively presumed occupational heart disease belongs to the insurance carrier for the claimant's former public employer. ~~The former firefighter's or police officer's date of separation from service in such capacity and wages earned immediately prior to such date of separation form the basis upon which disability benefits are to be calculated.~~

Carson City, August 7, 2002

Susan Dunt, Risk Manager, Jim Fry, CWCP, CPL, Department of Administration, Risk Management Division, 400 West King Street, Suite 301, Carson City, Nevada 89703-4222

Dear Ms. Dunt and Mr. Fry:

You have requested an opinion from this office on two questions.

QUESTIONS

When a firefighter or police officer retires from public service, becomes employed by a private company, and is subsequently diagnosed with heart disease, does the claim for coverage belong to the previous public employer's insurance carrier or to the current employer's insurance carrier? Under these hypothetical facts, what is the date upon which wages are calculated?

ANALYSIS

A. Carrier liability for conclusively presumed heart disease

The Nevada statute that creates a conclusive presumption of occupational heart disease for firefighters and police officers is NRS 617.457, which provides in pertinent part:

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 5 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a fireman or police officer in this state before the date of disablement are conclusively presumed

OFFICIAL OPINIONS OF THE ATTORNEY GENERAL

to have arisen out of and in the course
of the employment.

...

Initially, we note that the Nevada Supreme Court has held that the conclusive presumption of occupational heart disease set forth in NRS 617.457(1) applies to any firefighter [or police officer¹] who was once employed in such occupation on a full-time continuous, uninterrupted and salaried basis for five years or more, but who was not so employed at the time the heart disease was diagnosed, despite the intervening length of time since separation from public service as a firefighter or police officer. Specifically, in *Gallagher v. City of Las Vegas*, 114 Nev. 595, 598, 959 P.2d 519, 521 (1998), the Court addressed the following issue:

The primary issue in these appeals is whether the presumption of NRS 617.457(1) applies to a firefighter who was once employed in the occupation on a full-time continuous, uninterrupted and salaried basis for five years or more, but is no longer so employed at the time of disablement.

In *Gallagher*, the firefighters' former public employer, the City of Las Vegas, asserted that the Nevada Legislature could not have intended to apply a presumption of occupational heart disease for firefighters who retired prior to disablement due to heart disease, and pointed out that, "there would be coverage for a firefighter who is employed when he is twenty and quits when he is twenty-five, then develops heart disease when he is sixty," *Gallagher*, 114 Nev. at 599, 959 P.2d at 521. The City thus argued that NRS 617.457(1) should thus be read to require a minimum five years of full-time continuous, uninterrupted and salaried service immediately preceding the time of disablement. *Id.*

¹ Although the Court in *Gallagher* addressed claims submitted by two retired firefighters, the conclusive presumption set forth in NRS 617.457(1), and thus the *Gallagher* decision, apply equally to retired police officers.

OFFICIAL OPINIONS OF THE ATTORNEY GENERAL

In *Gallagher*, the Supreme Court reviewed the history of amendments to NRS 617.457 since its enactment in 1969. The Court specifically noted the conclusive presumption adopted by amendment to the statute in 1989 and concluded that, as long as five years of full-time continuous, uninterrupted and salaried employment were served, any intervening period of time following public employment was immaterial to the conclusive presumption, and that the City's position was unreasonable.² Specifically, the Court concluded that:

Because *Gallagher* and *Sorensen* were employed in full-time continuous, uninterrupted and salaried occupations as firefighters in this state for more than five years before they were disabled, their heart diseases are conclusively presumed to have arisen out of and in the course of their employment. NRS 617.457(1). *Gallagher* and *Sorensen* are therefore entitled to occupational disease benefits as a matter of law. We need not decide whether substantial evidence supports the appeals officers' determinations that *Gallagher* did not, and that *Sorensen* did not, prove a causal connection between disease and employment.

Gallagher, 114 Nev. at 601-602, 959 P.2d at 523.

The qualifying employment referred to in NRS 617.457(1) which gives rise to this conclusive presumption of occupational heart disease is the position held by the firefighter or police officer when he initially completes five years of "full-time continuous, uninterrupted and salaried occupation" in

² We note that while NRS 617.455(5) creates a conclusive presumption of occupational lung disease for firefighters and police officers who have served five years or more, and NRS 617.457(1) creates a conclusive presumption of occupational heart disease for the same employees, the Nevada Legislature also provided for an exception to the significant liability that arises as a result of these presumptions. Specifically, NRS 617.455(6) and 617.457(6) both provide that, "Failure to correct predisposing conditions which lead to [lung or heart] disease when so ordered in writing by the examining physician subsequent to the annual examination excludes the employee from the benefits of this section if the correction is within the ability of the employee."

OFFICIAL OPINIONS OF THE ATTORNEY GENERAL

such position, or the position last held by the firefighter or police officer when he leaves such public service, whichever is later. Thus the conclusive presumption of occupational heart disease attaches the moment five years is completed, with the attendant liability for occupational disease attaching to the then-current employer and that employer's workers' compensation insurance carrier, or the carrier that provided insurance on behalf of the public employer at the time the firefighter or police officer discontinued such employment.

B. Date upon which disability benefits are calculated

In a typical case involving an occupational disease, benefits are calculated based upon the employee's wages earned immediately preceding the date of disability. ~~*Mirage v. State Dept. of Administration*, 110 Nev. 257, 871 P.2d 317 (1994).~~ There are no reported Nevada cases that address the calculation of wages and benefits owed to an employee for a disability that arises due to a conclusively presumed heart disease associated with a former firefighter's or police officer's previous employment, and the Court in *Gallagher* was silent on this issue.

The Nevada Legislature, however, has deemed it appropriate to presume conclusively that an occupational heart disease arose as a result of employment as a firefighter or police officer, notwithstanding the fact that such employment may have significantly predated the actual date of diagnosis and disability. As we have concluded, liability for such conclusively presumed occupational disease properly lies with the former public employer. Logically then, and although the Nevada statutes do not specifically address the question, it appears that the Legislature also intended that disability benefits for a presumed occupational heart disease would be based upon the wages earned prior to the covered employee's separation from public service as a firefighter or police officer.

Such a conclusion affords some measure of predictability for employees covered under the conclusive lung and heart disease provisions of NRS 617.455(5) and 617.457(1), as well as for their former employers and the employers' insurance carriers. To conclude otherwise would leave open the possibility that a retired firefighter or police officer who later earned a significantly higher, or lower, salary in another occupation could claim a

OFFICIAL OPINIONS OF THE ATTORNEY GENERAL

dramatically higher, or be left with a dramatically lower, disability benefit. We do not believe that the Nevada Supreme Court would endorse such an absurd result if presented with the question. *See, e.g., Moody v. Manny's Auto Repair*, 110 Nev. 320, 325, 871 P.2d 935, 938 (1994) (statutory interpretations should be in line with what reason and public policy would indicate the legislature intended, and should avoid absurd results).

CONCLUSION

A retired firefighter's or police officer's claim for coverage under NRS 617.455 or 617.457, which provide conclusive presumptions of occupational disease coverage for lung or heart diseases of firefighters or police officers, belongs to the insurance carrier under contract with the public police or fire employer at the conclusively presumed time of injury. The presumed time of injury will be either at the completion of the statutorily required minimum five years of full-time continuous, uninterrupted and salaried service, or at the time the firefighter or police officer separates from such public service in cases where separation occurs beyond the five-year minimum period. In no event does the claim belong to the insurance carrier for the current private employer of a former firefighter or police officer.

The former firefighter's or police officer's date of separation from service in such capacity and wages earned immediately prior to such date of separation form the basis upon which disability benefits are to be calculated.

Sincerely,

FRANKIE SUE DEL PAPA
Attorney General

By: THOMAS M. PATTON
First Assistant Attorney General

GEORGE G. CAMPBELL
Deputy Attorney General

Page 317

871 P.2d 317
110 Nev. 257
The MIRAGE CASINO-HOTEL D/B/A
The Mirage, Appellant,
v.
NEVADA DEPARTMENT OF
ADMINISTRATION APPEALS
OFFICER; and
Carole Long, Respondents.
No. 24258.
Supreme Court of Nevada.
March 30, 1994.

Page 318

William B. Werner and Salvatore A.
Basile, Las Vegas, for appellant.

Nancyann Leeder, Nevada Atty. for
Injured Workers, and Robert L. Hempen,
Deputy, Carson City, for respondents.

OPINION

PER CURIAM:

This appeal involves a dispute as to the date an employee becomes entitled to worker's compensation benefits in the event of an occupational disease, as well as the proper period from which to calculate the employee's average monthly wage for purposes of such benefits. We hold that the employee becomes eligible for benefits when the employee is no longer able to continue working due to the occupational disease. Therefore, the proper twelve-week period from which to calculate the average monthly wage is the period immediately preceding the employee's date of disability.

The facts of this case are not in dispute. Respondent Carole Long ("Long") began working for appellant The Mirage Casino-Hotel ("Mirage") as a poker dealer in November 1989. In January 1990, Long began experiencing pain in her right hand.

She consulted her doctor and was prescribed medication. Four months later, Long's physician informed her that her condition was related to her work. Thereafter, Long accepted Mirage's offer of another position that did not require dealing poker.

In June 1991, Long returned to her previous job as a poker dealer but was assigned to a different shift. Shortly after she resumed working as a dealer, she began to experience pain in both arms and wrists. In November 1991, Long filled out an employee accident report. On the report she was required to give an "injury date" which she gave as November 15, 1991. Long continued to work, and in January 1992, she returned to her original shift as a dealer (7 p.m. to 3 a.m.).

On April 21, 1992, Long's physician excused her from work due to the worsening of her condition which, by this time, had been diagnosed as carpal tunnel syndrome. Thereafter, Mirage commenced paying Long temporary total disability benefits amounting to two-thirds of her average monthly wage (including tips) over the period immediately preceding her reported "injury date," November 15, 1991.

Long requested recalculation of her benefits, claiming that the proper period from which to calculate payments was the period preceding April 21, 1992, the date she ceased working due to her disability. She had reported no tips on her pay sheets during the earlier period from September 1, 1991, to November 10, 1991. However, she had reported tips in the amount of \$4,200 during the period immediately preceding the date she stopped working.

The hearing officer remanded the case for review and recalculation. After Mirage declined to recalculate Long's benefits, Long appealed to the appeals officer. The appeals officer held that when the accident and the disability do not occur simultaneously, the wage at the time of disability should be used

to calculate benefits. Therefore, Long's benefits should have been calculated from the period prior to April 21, 1992, the date she stopped working. The district court affirmed the appeals officer's decision. Mirage appeals.

The issue before this court is a question of law as to the proper period from which to calculate disability benefits in the event of an occupational disease. In reviewing an agency decision, this court is free to address purely legal questions without deference to the agency's decision. Town of

Page 319

Eureka v. State Engineer, 108 Nev. 163, 826 P.2d 948 (1992).

NRS Chapter 616 governs industrial insurance, while NRS Chapter 617 governs occupational diseases. Mirage contends that NRS Chapter 617 contains no modification of the method of calculating the amount of disability benefits to which an employee is entitled under NRS Chapter 616. Therefore, Mirage maintains that the calculation is necessarily controlled by NRS Chapter 616. Specifically, Mirage argues that benefits must be calculated in accordance with NRS 616.027 which defines "average monthly wage" as the wage received on the date of the accident or injury, and NAC 616.678 which provides that such wage is calculated by averaging the employee's wages for the preceding twelve-week period. Thus, Long's average monthly wage should be calculated from the twelve weeks preceding November 15, 1991, the date she gave as her "injury date."

We disagree. We note that although NRS Chapter 617 does not contain a precise method for the calculation of disability benefits for occupational diseases, its provisions provide sufficient guidance for determining the date of eligibility for such benefits.

Initially, we look to NRS 617.060 which defines disablement for purposes of occupational diseases as "the event of becoming physically incapacitated by reason of an occupational disease arising out of and in the course of employment...." Under this statute, Long did not become disabled until she was no longer able to work on April 21, 1992. The fact that she gave an earlier date as her "injury date" is irrelevant since she was not "injured" on the earlier date, but rather suffered from an occupational disease.

As to benefits, NRS 617.420 requires that in order to become eligible for disability benefits, the employee must be incapacitated by the occupational disease for at least five cumulative days within a twenty-day period earning full wage. This statute also provides that in such cases, compensation in terms of average monthly wage must be computed from the date of disability. Only after the employee becomes disabled does it become necessary to look to NRS Chapter 616 for the method of calculating the employee's average monthly wage.

In the instant case, Long continued to work until April 21, 1992. Therefore, she was neither disabled nor eligible for benefits in accordance with NRS 617.420 until she ceased working for at least five cumulative days during a twenty-day period. Hence, Long's wage could be calculated only after she was disabled; i.e., unable to continue working. Indeed, it would be illogical to calculate her average monthly wage from the period preceding her "injury date" of November 15, 1991, which was five months prior to the date her condition forced her to stop working. Such a method of calculation would be contrary to NRS 617.420.

Finally, we note that Mirage claims that the driving force behind this litigation is Long's desire to have her average monthly wage calculated from a period during which she reported substantial tip income. Long did not report tip income during the period

preceding her "injury date." Mirage's speculation as to Long's motives is irrelevant to this appeal. The issue before this court is the proper method of calculating Long's average monthly wage, not her motivation in pursuing greater benefits.

In conclusion, we hold that the district court did not err in denying Mirage's petition for judicial review. The appeals officer correctly determined that Long became eligible for benefits on April 21, 1992, the date she ceased working due to her occupational disease. Therefore, her average monthly wage should be calculated from the period immediately preceding her date of disability.

Accordingly, we affirm the decision of the district court.

¹ We do not address the definition of "cumulative days" as would apply to employees whose working hours are gradually decreased due to an occupational disease. Nor do we address the computation of the average monthly wage in such situations.

CORVEL

January 24, 2017

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
Employer: Clark County
Date of Injury: 11/07/2014

Dear Mr. Bean
CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation addendum by Charles E. Quaglieri (enclosed).

Upon review of NRS 617.453(4) (a), it is our determination to decline offering of the PPD award as you filed the claim for Occupational Disease after retirement, thus making you not entitled to receive any compensation for that disease other than medical benefits.

NRS 617.453 Cancer as occupational disease of firefighters.

(4) Compensation awarded to the employee or his or her dependents for disabling cancer pursuant to this section must include: (a) Full reimbursement for related expenses incurred for medical treatments, surgery and hospitalization in accordance with the schedule of fees and charges established pursuant to NRS 616C.260 or, if the insurer has contracted with an organization for managed care or with providers of health care pursuant to NRS 616B.527, the amount that is allowed for the treatment or other services under that contract

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, PPD Evaluation Addendum

cc: File, Clark County, GGRM

CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

888-368-4212 (800)
866-728-8275 E-Fax

JA000534

00137

73

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

January 4, 2017

CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

CORVEL LAS VEGAS

RE: BRENT BEAN
Claim No: 0583WC15-00000098
DOI: 11/07/2014
Employer: Clark County

JAN 11 2017

RECEIVED

Dear Ms. Ribadeneira,

I reviewed my PPD evaluation that I performed on November 2, 2016 in the case of Brent Bean.

You are correct. The combined total impairment is 40% whole person impairment/

I apologize for my error and by this letter amend my previous Permanent Partial Disability Evaluation performed on November 2, 2016.

Respectfully,



Charles E. Quaglieri, MD

CEQ/kc: 629

ORIGINAL

DALTON L. HOOKS, JR., ESQ., Nevada Bar #8121
JOHN A. CLEMENT, ESQ., Nevada Bar #8030
ALVERSON, TAYLOR, MORTENSEN & SANDERS
7401 W. Charleston Boulevard
Las Vegas, NV 89117
(702) 384-7000
Attorneys for Self-Insured Employer
CLARK COUNTY and TPA, CORVEL

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION
2017 APR 24 PM 4:32
RECEIVED
AND
FILED

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

In the Matter of the Contested
Insurance Claim

APPEAL NO.: 1710715-GB
HEARING NO.: 1708666-SE
CLAIM NO.: 0583-WC-15-0000098

of

Employer:

BRENT BEAN
3405 AMISH AVE.
N. LAS VEGAS, NV 89031

ATTN: SANDRA W/C COORD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS NV 89106

SELF-INSURED EMPLOYER PRODUCTION OF RELATED DOCUMENTS

COMES NOW, the Self-Insured Employer, CLARK COUNTY ("SIE") and its Third
Party Administrator, CORVEL ("TPA"), by and through its attorney, DALTON L. HOOKS, JR.,
ESQ., and submits its Production of Related Documents concerning the instant matter to be
heard on **Monday, May 22, 2017 at 2:00 PM.** This Production of Related Documents is filed
pursuant to NAC 616C.300.

...

...

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...

...

000016

EMPLOYER'S EXHIBIT # A

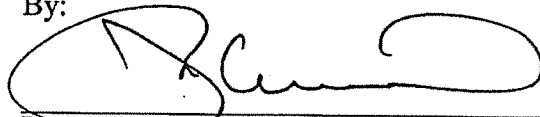
I.
LIST OF EXHIBITS TO BE RELIED UPON

C-4	1
C-3	2
C-1	3
Employer record evidencing retirement (07/25/11)	4
Claimant's Medical Records	5-25
Completed DIR form D-35.....	26
PPD Report by Dr. Charles Quaglieri, dated 11/02/16	27-31
Addendum to PPD report, dated 01/04/17	32
Correspondence from Claimant's counsel to Dr. Ludlow	33-34
Correspondence from Claimant's counsel to TPA	35-36
Correspondence from TPA to Claimant	37-39
Claimant's Request for Hearing filed on 01/26/17	40
Order Transferring Hearing To Appeals Office, dated 03/21/17	41-42

Dated this 24th day of April, 2017.

Respectfully submitted,

ALVERSON, TAYLOR, MORTENSEN & SANDERS
By:

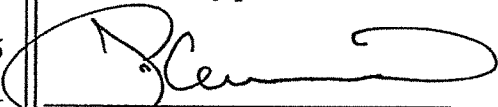


DALTON L. HOOKS, JR., ESQ.
JOHN A. CLEMENT, ESQ.
7401 W. Charleston Blvd.
Las Vegas, NV 89117
Attorneys for Self-Insured Employer
CLARK COUNTY and TPA, CORVEL

ALVERSON, TAYLOR, MORTENSEN & SANDERS
LAWYERS
7401 WEST CHARLESTON BOULEVARD
LAS VEGAS, NEVADA 89117-1401
(702) 384-7000

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding pleading filed in or submitted for
Department of Administration Case No.: 1710715-GB does not contain the social security
number of any person.


DALTON L. HOOKS, JR., ESQ.
JOHN A. CLEMENT, ESQ.
ALVERSON, TAYLOR,
MORTENSEN & SANDERS
7401 W. Charleston Blvd.
Las Vegas, NV 89117
Attorneys for Self-Insured Employer
CLARK COUNTY and TPA, CORVEL

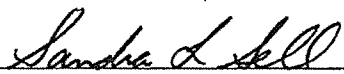
4-24-17
DATE

CERTIFICATE OF SERVICE

The undersigned does hereby certify that on the date shown below, a true and correct copy of the foregoing **SELF INSURED EMPLOYER 'S PRODUCTION OF RELATED DOCUMENTS** was duly served on the following as indicated:

<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery	Brent Bean c/o Lisa Anderson, Esq. Greenman, Goldberg, Raby & Martinez 601 South Ninth Street Las Vegas, NV 89101
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery	Lisa Anderson, Esq. Greenman, Goldberg, Raby & Martinez 601 South Ninth Street Las Vegas, NV 89101
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery	Sandra Swickard Clark County Risk Management 500 S. Grand Central Parkway 5 th Floor Las Vegas NV 89106
<input type="checkbox"/> Via Facsimile <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Personal Delivery	Leslie Ribadeneira CorVel Corporation PO Box 61228 Las Vegas, NV 89160

Dated this 24th day of April, 2017


An employee of ALVERSON, TAYLOR,
MORTENSEN & SANDERS

ALVERSON, TAYLOR, MORTENSEN & SANDERS
LAWYERS
7401 WEST CHARLESTON BOULEVARD
LAS VEGAS, NEVADA 89117-1401
(702) 384-7000

#000 r.001/001

PLEASE TYPE OR PRINT

Form 0-1 (Rev. 10-1-77)

JA000540

		Please Type or Print	
EMPLOYER	Employer's Name	Clark County, Nevada	
	Nature of Business (mfg., etc.)	FIRE DEPT	
	FEIN	48-600602	
EMPLOYEE	Office Mail Address	500 S. Grand Central Parkway	
	Location... If different from mailing address	575 E FLAMINGO RD LAS VEGAS NV 89119	
	Telephone	(702) 455-7311	
EMPLOYEE	City	State	Zip
	Las Vegas	NV	89106
	Insurer	Clark County, Nevada	
EMPLOYEE	First Name	Last Name	Birthdate
	BRENT	BEAN	03/07/1961
	Age	53	
EMPLOYEE	Home Address (Number and Street)	Sex	Marital Status
	7408 MICHELLE AVE	Male	Single
	City	State	Zip
EMPLOYEE	Las Vegas	NV	89131
	Was the employee paid for the day of injury? (If applicable), NO	How long has this person been employed by you in Nevada? 30.00 Year	
	In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed; FIRE SUPPRESSION
ACCIDENT OR DISEASE	Is the injured employee a corporate officer? NO	Was employee in your employ when injured or disabled by occupational disease (O/D)? NO	Supervisor to whom injury or O/D reported
	Supervisor to whom injury or O/D reported	KELLY BLACKMON	
	Address or location of accident (Also provide city, county, state) (if applicable)	VARIOUS AS FIRE FIGHTER, LAS VEGAS, CLARK, NV	
ACCIDENT OR DISEASE	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.) (if applicable)	FIRE FIGHTER DUTIES	
	How did this injury or occupational disease occur? Include time employee began work. Be specific as to location, date, time, etc. If necessary, attach additional sheet if necessary.	30 YEARS AS FIRE FIGHTER EXPOSED TO CARCINOGENIC MATERIALS AT FIRES AND EMERGENCIES	
	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)	Witness	
INJURY OR DISEASE	Part of body injured or afflicted	Witness	Was there more than one person injured in this accident (if applicable) NO
	Nature of injury or Occupational Disease (scratch, cut, bruise, strain, etc.)	Witness	Did employee return to next scheduled shift after accident? (if applicable) NO
	If validity of claim is doubted, state reason	UNKNOWN	
INJURY OR DISEASE	Treating physician / chiropractor name?	Emergency Room	Hospitalized
	DAVID LUDLAW	NO	NO
	How many days per week does employee work? 0	From	To
IMPORTANT LOST TIME INFO	Scheduled days off	Rotating	Are you saying injured or disabled employee's wages during disability? NO
	Date employee was hired	Last day of work after injury or disability	Date of return to work
	Was the employee hired to work 40 hours per week? NO	If not, for how many hours a week was the employee hired? 86.00	Did the employee receive unemployment compensation any time during the last 12 months? Unknown
IMPORTANT LOST TIME INFO	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 exposed to work 6 days or more, attach wage verification form (D-6). Gross earnings will include overtime, bonuses, and other compensation, 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	
	SUN MON TUE WED THU FRI SAT	Employee is paid	On the date of injury or disability the employee's wage was: \$00 per
	N/A	N/A	RETIRED
★	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 affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.		
	Claim is: Accepted Denied Deferred 3rd Party	Deemed Wage	Account/Claim No.
★	Claim Examiner's Signature	Date	Signature Clerk

Form C-3 (rev. 11/05)

ORIGINAL - EMPLOYER

PAGE 2 - INSURER / TPA

PAGE 3 - EMPLOYEE

RECEIVED DEC 26 2014

000002
00144

JA000541

DEPARTMENT OF FINANCE • RISK MANAGEMENT
500 SOUTH GRAND CENTRAL PARKWAY • 5TH FLOOR • BOX 551711 • LAS VEGAS NV 89155-1711

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer CLARK COUNTY FIRE DEPT

Name of Employee <u>BRENT BEAN</u>		Social Security/PRNR	Telephone Number <u>702-379-2369</u>
Date of Accident (If applicable)	Time of Accident (If applicable) <input type="checkbox"/> AM <input type="checkbox"/> PM	Place where accident occurred (if applicable)	
What is the nature of the injury or occupational disease? <u>CARCINOMA</u>		List any body parts involved <u>PROSTATE</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>CARCINOMA FOUND DURING PROSTATE BIOPSY HAD #4 ELEVATED PSA. NOTIFIED ON 11-7-14</u>			
Names of witnesses			
Did the employee leave work because of the injury or occupational disease? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>RETIRED</u>	When did the employee leave work? (Date and time) Date: <u>12/24/14</u> Time: <u>5:00 PM</u>	Has the employee returned to work? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	When did the employee return to work? (Date and time) Date: <u>12/24/14</u> Time: <u>5:00 PM</u>
Was first aid provided? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known <u>DR. DAVID LUDLOW</u> <u>3150 TENAYA WAY #105</u> <u>CORVEL LAS VEGAS</u>	
Did the accident happen in the normal course of work? (If applicable) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>RETIRED</u>	JAN 12 2015		
Was anyone else involved? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Names of others involved <u>RECEIVED</u>		

MY EMPLOYER/INSURER MAY HAVE 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.

Supervisor's Signature [Signature] Date 12/24/14
Signature of Injured or Disabled Employee [Signature] Date 12-24-14

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

For assistance with Workers' Compensation issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Website: <http://govcha.state.nv.us> E-Mail: cha@govcha.state.nv.us

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

RECEIVED DEC 24 2014

C-1 (Rev. 10/09)

000003

00145

JA000542

0583-WG-15-000098

Environ Biol Fish

Personnel No	STATUS	Name	Personnel Ref	Rate	Status	Withdrawn
EE group	Retired					
EE subgroup	Retran					
Start	07/30/2013	to	12/31/2013		Chrg	05/03/2011 012110077

Date	Date type	Date	Date type
07/20/1991	ZK Leave Accrued	07/20/1991	ZK Longevity
07/20/1991	ZK Original Hire	01/24/1989	ZK Anniversary
07/20/1991	ZK Sick Sell Back	07/20/1991	ZK Current Hire
07/20/1991	ZK Seniority	01/24/1989	ZK Staff Seniority
07/25/2011	ZK Separation	08/01/2002	ZK PERS Membership

000004

Urology Specialists

Patient Chart Note

November 07, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Penn, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents for follow up of his elevated PSA. This problem started approximately 3 Months ago. He denies any history of gross hematuria or hematospermia. His AUA voiding system score is in the moderate range at 14/35 - 3. Pt s/p TRUS Bx. Recovered well. Bx revealed GS 6 in 3/12 cores. Each 5% volume.

The following has been reviewed: LABS: 10/29/14 Path=ADENOCARCINOMA MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Valium	10 Mg

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Date: 11/07/2014 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000005

00147

JA000544

Urology Specialists

Patient Chart Note

Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

Rxn

No Known Allergies

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

<u>Member</u>	<u>Age</u>	<u>Condition</u>	<u>COD</u>	<u>Comments</u>
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon Cancer NO

PHYSICAL EXAM:

VITAL SIGNS

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Date: 11/07/2014 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

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00148

JA000545

Urology Specialists

Patient Chart Note

Temp F	BP	P	Height	Wt Lb
	135/ 86	83	5' 8"	208

EXAM

System	Findings / Comment
GENERAL	This is a well nourished and normally developed individual. In no acute distress.
NECK	Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly are appreciated.
LUNGS	Respiratory effort is normal without use of accessory muscles.
BACK	The spine is straight with normal ROM. There is no CVA or spinal tenderness to percussion.
ABDOMEN	Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No obvious hernias are noted.
LYMPHATIC	There is no evidence of any cervical or inguinal lymphadenopathy.
NEURO-PSYCH	Patient has an appropriate affect.
SKIN-BREAST	Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bili	Urobili	Ptn	Heme	Nit	LE	U-Cx
Yellow	Clear	1.015	6	150	mg/dL	Neg	Neg	Normal	500	mg/dL	250	Neg
Neg	NO											

IMPRESSION:

DIAGNOSIS

1 Malignancy-Prostate

ASSESSMENT

Chronic condition with a severe exacerbation. Newly dx'd low grade, low volume prostate cancer on biopsy. Standard of care for this stage disease would be active surveillance per the NCCN guidelines. Pt is complicated because he needs to be cleared from cancer in order to get renal transplant. We will discuss options with tx coordinator and f/u in 2 wks. Discussed different options including active surveillance vs surgery vs radiation. It is my hope that with this stage of disease that treatment won't be necessary. The chance of this cancer causing mortality in the next 10-20 years is extremely low.

PLAN-ORDERS:

Orders:

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Date: 11/07/2014 Page 3 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

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00149

JA000546

Urology Specialists

Patient Chart Note

ORDER / PLAN

1 F/U Appt. w/ David Ludlow MD

WHEN?

2 Weeks

Jason N. Zommick MD FACS

DATE: 11/07/2014 4:12 PM

Electronically signed by Jason N. Zommick MD FACS on 11/18/2014 03:07 PM

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Date: 11/07/2014 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

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00150

JA000547

Urology Specialists

Patient Chart Note

November 21, 2014

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents with a new diagnosis of prostate cancer. He denies any previous treatment of his prostate cancer. He denies any history of SUI or erectile dysfunction. His AUA voiding system score is in the moderate range at 14/35 - 3. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. His Karnofsky Performance Score is 100. Pt was on transplant list, but was taken off the list due to new dx of low grade, low volume prostate cancer.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

<u>Medication</u>	<u>Dose</u>
Valium	10 Mg
Doxycycline Hyclate	100 Mg

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DEC 8 1 2014

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Date: 11/21/2014 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000009

00151

JA000548

Urology Specialists

Patient Chart Note

Pfomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

Rxn

No Known Allergies

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon Cancer NO

PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
--------	----	---	--------	-------

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Date: 11/21/2014 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000010

00152

JA000549

Urology Specialists

Patient Chart Note

119/79 75 5' 8" 205

<u>EXAM</u>	<u>Findings / Comment</u>
<u>System</u>	
GENERAL	This is a well nourished and normally developed individual. In no acute distress.
NECK	Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly
are appreciated.	
LUNGS	Respiratory effort is normal without use of accessory muscles.
BACK	The spine is straight with normal ROM. There is no CVA or spinal tenderness to
percussion.	
ABDOMEN	Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No
obvious hernias are noted.	
LYMPHATIC	There is no evidence of any cervical or inguinal lymphadenopathy.
NEURO-PSYCH	Patient has an appropriate affect.
SKIN-BREAST	Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

<u>Color</u>	<u>Turbidity</u>	<u>SP-G</u>	<u>pH</u>	<u>Glu</u>	<u>Ket</u>	<u>Bili</u>	<u>Urobili</u>	<u>Ptn</u>	<u>Heme Nit</u>	<u>LE</u>	<u>U-Cx</u>
Yellow	Clear	1.005	5	Neg	Neg	Neg	Neg	500 mg/dL	Neg	Neg	Neg NO

IMPRESSION:

#	<u>DIAGNOSIS</u>	<u>ASSESSMENT</u>
1	Malignancy-Prostate	Chronic condition with a severe exacerbation. Newly dx'd low gr, low volume. Pt needs treatment to get back on transplant list. Would like robotic prostatectomy. Discussed risks including bowel injury, vessel injury, SUI, and ED. I discussed all of the most common risks, benefits, goals and alternatives to the proposed treatment and all questions have been answered.

PLAN-ORDERS:

Orders:

ORDER / PLAN

1 Weight Reduction Counseling

WHEN?

Today

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Surgery:

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Date: 11/21/2014 Page 3 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000011

00153

JA000550

Urology Specialists

Patient Chart Note

Surgery # 1

Laparoscopic Radical Prostatectomy

Surgery # 2

Surgery # 3

David Ludlow MD

DATE: 11/21/2014 11:58 AM

Electronically signed by David Ludlow MD on 11/21/2014 05:33 PM

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Date: 11/21/2014 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000012

00154

JA000551

Corvel Scan Date: 6/9/

Urology Specialists

Patient Chart Note

February 23, 2015

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 53

PCP: Rachel Pena, M.D.

REFERRING PHYSICIAN: Steven Norris, M.D.

HISTORY OF PRESENT ILLNESS

Brent is a 53 year old male who presents with a history of prostate cancer. There is no change in condition from last visit. He denies any previous treatment of his prostate cancer. His AUA voiding system score is in the moderate range at 14/35 - 3. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. Pt on transplant list for renal failure and found to have elevated PSA and Bx revealed LGLV PCa. Plans for robotic prostatectomy for cure and to allow pt to get back on transplant list. Had recent peritoneal dialysis cath placed and returns to evaluate scars and location to make sure robotic approach still feasible.

The following has been reviewed: **MEDICAL RECORDS:** Old medical records were reviewed.

PAST MEDICAL HISTORY:

<u>Diagnosis</u>	<u>Year</u>
Left Renal Cell Carcinoma	
Renal Insufficiency	
Hypertension	1999
Membranous Neuropathy	1996
Hypercholesterolemia	2000

PAST SURGICAL HISTORY:

<u>Procedure</u>	<u>Year</u>
Left Partial Nephrectomy	2010
Wisdom teeth	1987
Right Total Knee Arthroplasty	2013
Shoulder Arthroscopy	1999

MEDICATIONS:

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CORVELMEDCHECKLV

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Date: 02/23/2015 Page 1 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000013
00155

JA000552

Corvel Scan Date: 6/9/

Urology Specialists

Patient Chart Note

Medication	Dose
Vallum	10 Mg
Doxycycline Hyclate	100 Mg
Flomax	0.4 Mg
Allopurinol	
Simvastatin	40mg
Benazepril Hcl	20mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy

Rxn.

No Known Allergies

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transplants.
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
10		Family History of		Melanoma NO
10		Family History of		Colon Cancer NO

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Date: 02/23/2015 Page 2 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000014
00156

JA000553

Corvel Scan Date: 6/9/

Urology Specialists

Patient Chart Note

PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
	143/93	68	5'8"	

EXAM

System

Findings / Comment

GENERAL

This is a well nourished and normally developed individual. In no acute distress.

NECK

Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly

are appreciated.

LUNGS

Respiratory effort is normal without use of accessory muscles.

BACK

The spine is straight with normal ROM. There is no CVA or spinal tenderness to

percussion.

ABDOMEN

ABDOMEN: Soft. It is non-tender to palpation. There are no palpable masses. There is no organomegaly. No hernias are appreciated. Stool guac not tested. Has peritoneal dialysis catheter on Rt abdomen. Also healing l/s incision sites.

NEURO-PSYCH

Patient has an appropriate affect.

SKIN-BREAST

Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bili	Urobili	Ptn	Hemo Nit	LE	U-Cx
Yellow	Clear	1.010	6	>1000 mg/dL	Neg	Neg	Neg	Neg	500 mg/dL	Neg	Neg Neg
NO											

IMPRESSION:

DIAGNOSIS

ASSESSMENT

1 Malignancy-Prostate Chronic condition with a mild exacerbation. Had PD catheter placed few wks ago. Has some incisional scars and catheter in Rt abdomen. Discussed case with multiple nephrologists and they say that prostatectomy is not contraindicated. We discussed that case may be more difficult robotically due to PD cath and recent l/s surgery. Discussed that there is possibility of converting to open.

David Ludlow MD

DATE: 02/23/2015 11:54 AM

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Date: 02/23/2015 Page 3 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000015
00157

JA000554

Corvel Scan Date: 6/9/

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Patient Chart Note

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Date: 02/23/2015 Page 4 of 4 Patient Name: Brent E. Bean Date of Birth: 08/07/1961

000016

00158

JA000555

Corvel Scan Date: 3/10

SHM- Summerlin Hospital Medical Center
657 Town Center Drive
Las Vegas, NV 89144-6367

Patient: BEAN, BRENT E
MRN: SHM4800516; CHH7164585
FIN: SHM0000011793122
DOB/Sex: 8/7/1961 / Male
Patient Room: SHM 5W1; 596; 01

Admit: 2/24/2015
Disch: Disch Time:
Attending: Rouhani, Nader DO
Copy To: n/a

Operative Record

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Operative Reports
2/26/2015 01:01 PST
Auth (Verified)
Ludlow, David V MD (2/25/2015 18:40 PST)
Ludlow, David V MD (2/26/2015 08:55 PST)

VH Operative Report

DATE OF SURGERY: 02/25/2015

PREOPERATIVE DIAGNOSIS: Prostate cancer.

POSTOPERATIVE DIAGNOSIS: Prostate cancer.

PROCEDURE: Robot assisted bilateral nerve sparing, laparoscopic prostatectomy.

SURGEON: David Ludlow, MD

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: 500 mL.

TUBES: Urethral Foley catheter.

COMPLICATIONS: None.

INDICATIONS: The patient is a 53-year-old male with recently diagnosed low-grade, low volume prostate cancer. The patient was previously on a renal transplant list due to renal failure, and because of the diagnosis of prostate cancer he was removed from the list and needed surgical resection. Risk, benefits, and alternatives to different options were discussed in detail, and the patient elected to proceed with the above procedure.

PROCEDURE IN DETAIL: The patient had proper consent obtained. The patient was brought back to the operating room and laid supine on the table. Anesthesia was induced. The patient was placed in dorsal lithotomy position. Then, he was shaved, prepped and draped in the usual sterile fashion. A proper timeout was performed, confirmed that appropriate antibiotics were given. A Foley catheter was inserted. Access into the abdomen was initially gained using a Veress needle. The abdomen insufflated nicely. Using a laparoscopic camera, we were able to place the other necessary ports. Of note, the patient has a history of recently placed peritoneal dialysis catheter and we were careful to avoid this. A 12-mm camera port was placed in the midline. There were three 8-mm robot arms, a

Transcription

Print Date/Time 2/26/2015 22:38 PST

Report Request ID: 69771042

Page 1 of 3

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MAR 10 2015

Name: Bean, Brent

DOB: 08/07/1961

CORVEL MEDCHECK LV

Date:

000017

00159

JA000556

Corvel Scan Date: 3/1/

SHM- Summerlin Hospital Medical Center

Patient: BEAN, BRENT E
MRN: SHM4800516; CHH7164585
FIN: SHM0000011793122

Admit: 2/24/2015
Disch:
Attending: Rouhani, Nader DO

Operative Record

12-mm assistant port was placed in the right upper quadrant, and a 5-mm assistant port was placed in the right lateral abdomen. Instruments were then placed and the robotic portion of the procedure was started. There were a few adhesions along the left lateral wall that were brought down. The patient had a very deep and tight pelvis. So, the decision was made to not do a posterior dissection for the seminal vesicles. I then proceeded to drop the bladder all the way down to the endopelvic fascia. This was then incised along the lateral aspect of the prostate on both sides. We then used a stapler to dissect out the dorsal venous complex. We then developed a plane between the prostate and the bladder neck. An opening was made in this plane at the bladder neck and the Foley catheter was removed and suspended up in the air for retraction. We then developed the plane posterior to the bladder neck and laterally on both sides until the seminal vesicles were visualized. These were then dissected out, the vas deferens were transected bilaterally. A posterior plane was developed behind the seminal vesicles. We then turned our attention to the lateral pedicles, first on the patient's right side as we moved closer to the lateral aspect of the pedicles and anterior approach was used to dissect nerves off of the lateral aspect of the right prostate and this was carried all the way back to the pedicle and we were careful to avoid these, similarly the pedicles were taken down with clips and the nerves were spared on the left side. We then turned our attention to the urethra. We carefully dissected out the urethra until there was a plane between it and the apex of the prostate. We then dissected through the anterior portion of the urethra and pulled the Foley catheter out and then the posterior part, any additional attachments in the posterior plane were then resected and the prostate was placed in the specimen bag. We were careful to obtain good hemostasis. We then used a 3-0 V-Loc Rocco stitch to approximate the tissue underneath the urethra to the tissue underneath the bladder neck. We then used two 3-0 V-Loc sutures that were tied together to perform the anastomosis. Of note, the anastomosis was difficult due to the tight narrow pelvis. Both needles started at 11 o'clock on the bladder neck and 5 o'clock on the urethra and then were brought around opposite directions in a running fashion until they met on the other side. They were then tied together. The bladder was filled with saline and there was no sign of leakage. The bladder was then emptied. We then placed surgical along both of the pelvic gutters at the side of the pedicle and nerve dissection, and Evicel was then applied over these areas. We then undocked the robot using the laparoscopic camera. We brought the specimen string out through the midline 12 port and closed the assistant 12 port fascia using the assistance of a Carter-Thomason at an 0 Vicryl. We then extended the midline incision approximately to 4 cm and the specimen was removed and sent for permanent pathology. The fascia was then closed using 2 interrupted 0 Vicryl in a figure-of-eight fashion. All the incision sites were then irrigated and a total of 12 mL of 0.25% Marcaine was applied along the incision sites. All the skin incisions were then closed using 4-0 Monocryl and Dermabond was placed. A new Foley catheter had been reinserted at the end of the anastomosis. At this point, the procedure was complete. The patient was extubated and taken to the PACU in stable condition.

PLAN: The patient will be admitted for routine postoperative recovery and will be discharged with the Foley catheter in place and follow up in clinic for a voiding trial and a discussion of pathology results.

Dictated By: DAVID V LUDLOW, MD

Print Date/Time 2/26/2015 22:38 PST

Transcription

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Page 2 of 3

MAR 10 2015

CORVEL MEDCHECK LV

Name: Bean, Brent

DOB: 08/07/1981

Date:

000018
00160

JA000557

Corvel Scan Date: 3/10

SHM- Summerlin Hospital Medical Center

Patient: BEAN, BRENT E

Admit: 2/24/2015

MRN: SHM4800516; CHH7164585

Disch:

FIN: SHM0000011793122

Attending: Rouhani, Nader DO

Operative Record

D: 15226 / T: 6010197 / DT: 02/25/2015 18:40:03PST / TT: 02/26/2015 01:01:39PST / V:
11793122 / Job# 12114201 / Mod: 02/26/2015 04:01:39

CC:

Electronically Signed By: Ludlow, David
On: 02.26.2015 08:55 PST

Print Date/Time 2/26/2015 22:38 PST

Transcription

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Page 3 of 3

MAR 10 2015

GORVELMEDCHECK LV

Name: Bean, Brent

DOB: 08/07/1981

Date:

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00161

JA000558

Discharge Summary

Corvel Scan Date: 3/24

BEAN, BRENT E - SHM4800516

* Final Report *

Result Type: Discharge Summary
Result Date: 27 February 2015 23:41 PST
Result Status: Auth (Verified)
Result Title/Subject: VH Discharge Summary
Performed By/Author: Rouhani, Nader DO on 27 February 2015 17:44 PST
Verified By: Rouhani, Nader DO on 27 February 2015 23:55 PST
Encounter Info: SHM0000011793122, SHM Center, Inpatient, 02/24/15 - 02/27/15
Contributor system: SHM_UNSQL_DICTATION

* Final Report *

VH Discharge Summary

DATE OF ADMISSION: 02/24/2015

DATE OF DISCHARGE: 02/27/2015.

ADMITTING DIAGNOSES:

1. End-stage renal disease, awaiting peritoneal dialysis.
2. Status post peritoneal dialysis catheter placement over 2 weeks ago.
3. History of prostate cancer, status post laparoscopic prostatectomy by Dr. David Ludlow, robotic assisted.
4. Postoperative anemia, requiring blood transfusion, 2 units of packed red blood cells.
5. History of hypertension.
6. Hyperlipidemia.
7. History of membranous nephropathy.

HISTORY AND HOSPITAL COURSE: This is a 53-year-old gentleman initially with end-stage renal disease, who is awaiting peritoneal dialysis, initially presented to hospital for laparoscopic prostatectomy by Dr. David Ludlow. He was found to have elevated potassium. On repeat test, was also elevated. He was treated with Kayexalate, admitted overnight. Next day, he had laparoscopic prostatectomy, robotic assisted by Dr. Ludlow. Postoperatively, he developed acute blood loss anemia with hemoglobin down to 7.8. He was transfused 2 units of packed RBC. Now with hemoglobin at 9.6. He is feeling much better. Yesterday, he was very weak, unable to ambulate today. He is able to ambulate without any difficulty. At this point, he is cleared for discharge home,

DISPOSITION: The patient discharged home.

PHYSICAL EXAMINATION ON DISCHARGE:

Printed by: Fajardo, Nancy
Printed on: 03/19/15 08:13 PDT

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MAR 24 2015

CORVELMEDCHECKLV

Page 1 of 2
(Continued)

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Discharge Summary

Corvel Scan Date: 3/24
BEAN, BRENT E - SHM4800516

* Final Report *

GENERAL: The patient afebrile, normotensive, not tachycardic.
HEENT: Unremarkable.
NECK: No JVD. No bruit.
HEART: Regular rate and rhythm.
LUNGS: Clear to auscultation.
ABDOMEN: Soft, nontender. No hepatosplenomegaly. He is slightly tender in the lower abdomen to deep palpation. He has multiple incisions. He has his peritoneal dialysis catheter in place.
EXTREMITIES: With no cyanosis, clubbing, or edema.
NEUROLOGICAL: Nonfocal today.

LABORATORY: His potassium is 4. BUN 47, creatinine 6.46. White count is normal.

DISPOSITION: The patient discharged home. Followup with Dr. Ludlow in early next week and follow up with PMD within one week and follow up with nephrology within one week.

DISCHARGE MEDICATIONS: He was given prescription for Dilaudid 2 mg q.4h. p.r.n. for pain.
He may continue the rest of his home medication per med reconciliation.

Dictated By: NADER ROUHANI, DO

D: 91053 / T:6012322 /DT: 02/27/2015 17:44:07PST / TT: 02/27/2015 23:41:53PST / V: 11793122 / Job# 12126070 / Mod: 02/28/2015 02:41:53

CC:

Signature Line

Electronically Signed By: Rouhani, Nader
On: 02.27.2015 23:55 PST

Completed Action List:

- * Perform by Rouhani, Nader DO on 27 February 2015 17:44 PST
- * Transcribe by on 27 February 2015 23:41 PST
- * Sign by Rouhani, Nader DO on 27 February 2015 23:55 PST Requested on 27 February 2015 23:52 PST
- * VERIFY by Rouhani, Nader DO on 27 February 2015 23:55 PST

Printed by: Fajardo, Nancy
Printed on: 03/19/15 08:13 PDT

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MAR 24 2015
CORVEL MEDCHECKLV
Page 2 of 2
(End of Report)

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JA000560

Urology Specialists

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Patient Chart Note

June 24, 2016

PATIENT: Brent E. Bean

DOB: 08/07/1961

AGE: 54

PCP: Roehl Pena, M. D.

REFERRING PHYSICIAN: Steven Norris, M. D.

HISTORY OF PRESENT ILLNESS

Brent is a 54 year old male who presents with a history of prostate cancer. Overall, the patient's condition has improved. He initially presented with an elevated PSA. He has undergone previous treatment of his prostate cancer with radical prostatectomy. He admits to SUI requiring no pads and erectile dysfunction associated with the current problem. His AUA voiding system score is in the moderate range at 11/36. The patient's calculated prostatic volume was 14 cc last recorded on 10/29/2014. S/p RARP around 2 yrs ago. PSA's still negative. Overall doing well. Still mild leakage but slowly improving. Reviewed kegels. Still has ED but currently not a big priority. Looking to get back on transplant list. From my standpoint he is cured from disease.
The following has been reviewed: LABS: 6/20/2016, PSA = < 0.1 MEDICAL RECORDS: Old medical records were reviewed.

PAST MEDICAL HISTORY:

Diagnosis	Year
Membranous Neuropathy	1996
Hypercholesterolemia	2000
Hypertension	1999
Renal insufficiency	
Left Renal Cell Carcinoma	

PAST SURGICAL HISTORY:

Procedure	Year
Shoulder Arthroscopy	1999
Wisdom teeth	1987
Left Partial Nephrectomy	2010

NORTHWEST
3150 N. Tanaya Way
Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
55 N. Pecos Rd.
Henderson, NV 89074

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Right Total Knee Arthroplasty 2013

MEDICATIONS:

Medication	Dose
LOSARTAN POTASSIUM	100 mg
ROPINIROLE HCL	2 mg
SILDENAFIL CITRATE	20 mg

ALLERGIES:

NKDA

ALLERGIES:

Allergy	Rxn
NO KNOWN ALLERGIES	

SOCIAL HISTORY:

The patient is Single. He has 3 children. His primary spoken language is English. His highest level of education is a high school degree. His major occupation is a(n) firefighter. He smoked one half pack per day of cigarettes and has a 2 pack-year history of tobacco use. He quit smoking approximately 32 years ago. He drinks 3 cups of coffee per day. He drinks 1-2 glasses of Wine (4oz) on a daily basis. Patient denies any previous history of IV or recreational drug use.

FAMILY HISTORY:

Member	Age	Condition	COD	Comments
1 Father	66	Heart Disease	YES	
2 Mother	70	Cancer	NO	Multiple Myeloma s/p stem cell transp
3 Brother	38	Healthy	NO	
4 Sister	38	Healthy	NO	
5 Maternal Grandmother	88	Cancer	NO	
5 Paternal Grandfather	74	Heart Attack	NO	
5 Maternal Grandmother	58	Alcoholism	NO	
5 Paternal Grandmother	91	Healthy	NO	
1 Family History of		Melanoma	NO	
0				
1 Family History of		Colon Cancer	NO	
0				

NORTHWEST
3150 N. Tanaya Way
Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
58 N. Pecos Rd.
Henderson, NV 89074

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PHYSICAL EXAM:

VITAL SIGNS

Temp F	BP	P	Height	Wt Lb
	162/91	58	5' 8"	174

EXAM

System	Findings / Comment
GENERAL	This is a well nourished and normally developed individual. In no acute distress.
NECK	Neck is supple. Trachea is midline and freely moveable. No palpable masses or thyromegaly are appreciated.
LUNGS	Respiratory effort is normal without use of accessory muscles.
BACK	The spine is straight with normal ROM. There is no CVA or spinal tenderness to percussion.
ABDOMEN	Abdomen is soft and non-tender. There are no palpable masses or organomegaly. No obvious hernias are noted.
LYMPHATIC	There is no evidence of any cervical or inguinal lymphadenopathy.
NEURO-PSYCH	Patient has an appropriate affect.
SKIN-BREAST	Skin is warm and dry. No obvious rashes are noted.

OFFICE LABS:

Color	Turbidity	SP-G	pH	Glu	Ket	Bill	Urobili	Ptn	Hem	Nit	LE	U-Cx
Yellow	Clear	1.005	7	50	Neg	Neg	Neg	500	50	Neg	Neg	NO
				mg/dL				mg/dL				

IMPRESSION:

DIAGNOSIS

1 Hx of malignant neoplasm of prostate

ASSESSMENT

Chronic condition with a mild exacerbation. S/p RARP around 2 yrs ago. PSA's still negative. Overall doing well. Still mild leakage but slowly improving. Reviewed kegels. Still has ED but currently not a big priority. Will Rx Viagra. Looking to get back on transplant list. From my standpoint he is cured from disease.

NORTHWEST
3150 N. Tenaya Way
Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
58 N. Pecos Rd.
Henderson, NV 89074

Corvel Scan Date: 7/5/2016

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PLAN-ORDERS:

Medications:

Medication	Dose	#	Sig
SILDENAFIL CITRATE	20 mg	90	take 1 tablet by oral route 3-5 tablets per day for ED

Orders:

#	ORDER / PLAN	WHEN?
3	Low Carbohydrate / Mediterranean Diet	Today
4	F/U Appt. w/ David Ludlow MD	PRN (As Needed)

David Ludlow MD

DATE: 06/24/2016

Electronically signed by David Ludlow MD on 06/24/2016 12:48 PM

NORTHWEST
3150 N. Tenaya Way
Suite 165
Las Vegas, NV 89128

CENTRAL
2010 Goldring Ave.
Suite 200
Las Vegas, NV 89106

GREEN VALLEY
68 N. Pecos Rd.
Henderson, NV 89074

State of Nevada
Department of Business and Industry
DIVISION OF INDUSTRIAL RELATIONS
Workers' Compensation Section
400 West King Street, Suite 400
Carson City, Nevada 89703
(775) 684-7265 (775) 687-6305 (fax)

REQUEST FOR A ROTATING RATING PHYSICIAN OR CHIROPRACTOR

Name of Requestor: Leslie Ribadeneira Date: 10/12/2016
Address: P.O. Box 61228 Phone: 702-455-2450 Fax: 866-728-8275
City: Las Vegas State: NV Zip: 89160
Requestor is: ☒ Insurer/Third-Party Administrator ☐ Injured Employee
☐ *Injured Employee's Attorney or Representative ☐ Other (specify):

** Please provide a signed release or power of attorney*

Insurer/Third Party Administrator:
Association of Self-Insured Employer's Name: CorVel Certificate #: _____
Self-Insured Employer's Name: Clark County Certificate #: _____
Employer Name: _____
Injured Employee's Name: Brent Bean
Injured Employee's Address: 7408 Michelle Ave
City: Las Vegas State: NV Zip: 89131
Social Security Number: _____ Claim Number: 0583-WC-15-0000098 Date of Injury: 11/07/2014

INSURER'S INITIAL REQUEST

Stable & Ratable Received: 9/27/2016 Name(s) of Treating & Evaluating Doctor(s): David Laddlow, MD
Body Part(s) Codes: 48
Body Part(s) to be evaluated: Internal Organs
Diagnosis: Prostate Cancer
Name(s) of Doctor(s) who reviewed for possible PPD: _____

If a specific specialty is ordered by a hearing or appeals officer, the decision must be attached

FOR ADDITIONAL RATING PHYSICIAN/CHIROPRACTOR REQUESTS ONLY

Date(s) or prior PPD Evaluation(s): _____ Prior Rating Doctor(s): _____
Name of Treating Physician(s)/Chiropractor(s): _____
Body Part(s) Codes: _____
Body Part(s) to be evaluated: _____
Diagnosis: _____
Reason for additional request: _____

If a specific specialty is ordered by a hearing or appeals officer, the decision must be attached

INSURER AND INJURED EMPLOYEE ASSIGNMENT/AGREEMENT OF RATER

Assigned or Agreed by: CorVel Corporation & GGRM Date of Assignment/Agreement: 10/12/2016
Physician/Chiropractor Assigned or Mutually Agreed to: Charles Quaglinoff, MD
Assigned Rating Physician/Chiropractor's Phone Number: 775-398-3602

****Notice to requestor:** Hard copy will not follow by mail.
Compliance with NAC 616C.103 is required

D-35 (rev 03/15)

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JA000565

Charles E. Quaglieri, MD

330 E. Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

PERMANENT PARTIAL DISABILITY EVALUATION

RE: BRENT BEAN
DATE: November 2, 2016
CLAIM #: 0583-WC-15-0000098
DOC: 11/07/2014
EMPLOYER: Clark County
BODY PARTS: Prostate cancer

WORKERS' COMPENSATION CARRIER: CORVEL CORPORATION

This 54-year-old man was referred for a Permanent Partial Disability Evaluation by CorVel Corporation.

The body part to be evaluated is prostate cancer.

This man is a retired firefighter. He has a complicated medical history. He has had a partial nephrectomy for cancer of the kidney. He is on peritoneal dialysis for membranous nephropathy. He also was found to have an elevated PSA in 2014. A prostatic biopsy showed adenocarcinoma of the prostate. He underwent robotically-assisted laparoscopic radical prostatectomy in February 2015. When he is considered clear of any prostatic cancer (and this takes 2 years), he will undergo a renal transplant. He already has a donor identified.

He has had a radical prostatectomy. He has urinary leakage and male stress incontinence manifested by leaking when he coughs. He uses pads for this when he leaves his home. He has no sexual function at all. He cannot obtain erections even after using Cialis. He does have sensation, however. His most recent PSAs have been 0.

MEDICAL RECORD REVIEW:

- 09/19/2014 Ultrasound. Increased renal cortical echogenicity suggestive of medical renal disease. A 1.5 cm left peripelvic renal cyst. A 6 mm nonobstructive right renal calculus suspect hepatic steatosis, hepatic cysts.
- 10/03/2014 Amanda Gould, PA. Urology consultation. Chronic renal failure doing well and no need of dialysis. Waiting for renal transplant. Elevated PSA, malignancy of the kidney and renal cysts. The patient is a 53-year-old man who presents with a complaint of malignancy of the kidney on the left side. There is no change in his

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BRENT BEAN

11/02/2014

Page 2 of 5

condition. He is status post left partial nephrectomy in 2010. He is doing well. He is not on dialysis. He is waiting for a renal transplant. He also has an elevated PSA. His voiding system scores in the moderate range at 14/35. He is taking Flomax. This has helped with his emptying symptoms.

10/23/2014 A.M. Wodsworth, PA. Urology evaluation. Elevated PSA. He is waiting for renal transplant. Diagnosis: Chronic renal failure. His current PSA is 4.1. This was performed on 10/15/2014.

10/29/2014 Dr. Ludlow. Procedure note. Prostate biopsy.

10/29/2014 Prostate biopsy results. Adenocarcinoma Gleason 3+3=6 stage involving 5% of a 19-mm core.

11/18/2014 Dr. Zommick. Urology. Diagnoses: Malignancy of the prostate, newly diagnosed low grade, low volume prostate cancer on biopsy. Standard of care for this stage of disease would be active surveillance. The patient was complicated, but he needs to be cleared from cancer in order to get a renal transplant. We will discuss options with his coordinator. It is my hope that with this stage of disease that treatment will not be necessary. The chance of this cancer-causing mortality in the next 10 to 20 years is extremely low.

12/22/2014 C4 Form. Prostate cancer diagnosis with prostate biopsy. The patient will need prostatectomy.

02/21/2015 Dr. Ludlow. Urology followup. The patient needs treatment to get back on the transplant list. Would like robotic prostatectomy. Plan laparoscopic radical prostatectomy.

02/23/2015 Dr. Ludlow. Urology followup. Diagnosis: Malignancy of the prostate. The patient had a PD catheter placed a few weeks ago. He has some incisional scars and catheter in the right abdomen. The case has been discussed with nephrologist and they say prostatectomy is not contraindicated. We may have to do the case open due to the catheter.

02/24/2015 Summerlin Hospital. Discharge Summary. The patient was admitted with end stage renal disease. He is awaiting peritoneal dialysis. He is status post peritoneal dialysis catheter placement 2 weeks ago. He has a history of prostate cancer and postoperative anemia. He has a history of membranous nephropathy and hyperlipidemia. The patient underwent laparoscopic prostatectomy robotically assisted.

02/24/2015 Procedure Note. Robot assisted bilateral nerve sparing laparoscopic prostatectomy.

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BRENT BEAN
11/02/2014
Page 3 of 5

- 02/24/2015 Dr. Rouhani. Consult. Endstage renal disease awaiting peritoneal dialysis. He has a peritoneal dialysis catheter in. He has history of prostate cancer and is awaiting prostatectomy. A history of hypertension, hyperlipidemia and history of membranous nephropathy.
- 04/03/2015 Dr. Ludlow. Urology followup. The patient is currently cured from his urological standpoint and should be able to get back on the transplant list. He passed the voiding trial. We discussed Kegel exercises. He will take Cialis once daily for ED rehab. He is also taking Norco.
- 06/04/2015 Prostatic antigen less than 0.1 with a reference range of 0.0 to 4.0 ng/mL.
- 06/17/2015 Dr. Ludlow. Urology followup. Diagnosis: Prostate malignancy. He can be placed back on the transplant list. He has organic impotency. No improvement with Cialis. He has male stress incontinence. This is improving, but still requires one PDD. Kegel exercises were again discussed. His voiding score is in the moderate range at 11/35 - 5. He is on dialysis. He is impotent. He is on Cialis.
- 06/20/2016 PSA. Less than 0.1 with reference range of 0.024.0 ng/mL.
- 06/24/2016 Dr. Ludlow. PSA is still negative. Overall, doing well. He still has mild leakage, but slowly improving. We reviewed Kegels. He still has ED, but not a big priority. Viagra prescribed. He is trying to get back on the transplant list. From my standpoint, he is cured from the disease.

PAST MEDICAL HISTORY: is as noted above. He is currently on peritoneal dialysis for membranous nephropathy. He has had a partial nephrectomy for CA of the kidney. He has had a radical prostatectomy for prostate CA. He has hypertension and restless legs syndrome. He takes Ropinirole, Bystolic and losartan. He has no known allergies. He has had a nephrectomy, radical prostatectomy, and a total knee replacement.

FAMILY HISTORY: is noncontributory.

SOCIAL HISTORY: He is a retired firefighter. He does not smoke or drink.

HISTORY OF PREVIOUS AWARD: He has had a previous PPD award for his diagnosis of cancer of the kidney and nephrectomy.

He was accompanied today by his attorney.

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BRENT BEAN
11/02/2014
Page 4 of 5

EXAMINATION: reveals an alert, oriented, and cooperative left-handed man. The patient has normal distribution of pubic hair. The testicles are descended. There are no testicular masses noted. He is checked for herniae and there are no herniae noted. Sensation in the perineum to light touch is intact.

RATING EVALUATION:

The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, second printing were consulted.

The male reproductive system is discussed in Chapter 7 of the Guides.

I first reviewed Section 7.7g dealing with the prostate gland and seminal vesicles. The claimant has undergone a radical prostatectomy for cancer of the prostate. This puts him in Class 3, which allows 16-20% impairment. In example 7-38 on Page 162, the Guides awarded 16% impairment of the whole person due to the radical prostatectomy.

The claimant also has urinary incontinence, i.e. male stress incontinence. The example in the Guides did not have this complication. The Guides direct the rater to consider this and the claimant's sexual function in addition to the award for the radical prostatectomy. The claimant's male stress incontinence and dribbling are considered under section 7.8. I used table 7-4. He uses a pad intermittently (when he is away from home). He is class 1 and this allows 0-10% whole person impairment. He is allowed 10% whole person impairment for incontinence.

The Guides direct the rater to also consider and combine any impairment of sexual function with this award. This is discussed in Section 7.7a. The patient has no sexual function possible even with medication. According to Table 7.5 he is Class 3 which allows 20% impairment of the whole person.

The 16% impairment of the whole person due to the radical prostatectomy; the 10% whole person impairment due to incontinence; and, the 20% due to loss of sexual function are combined for a total of 39% impairment of the whole person.

APPORTIONMENT: There are no issues of apportionment.

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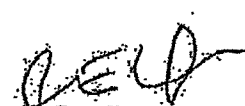
CorVel Scan Date: 11/18/2016

BRENT BEAN

11/02/2014

Page 5 of 5

CONCLUSION: My conclusion is that there is 39% impairment of the whole person due to the diagnosis, treatment, and complications of prostate cancer of this claimant.


Charles E. Quaglieri, MD
CBO/KC: 497/513

cc: CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

000031
00173

JA000570

Charles E. Quaglieri, MD

330 E Liberty St, Ste 200
Reno, NV 89501-2221

Ph: 775-398-3610
Fax: 775-398-3676

January 4, 2017

CorVel Corporation
Attn: Leslie Ribadeneira
PO Box 61228
Las Vegas, NV 89160

RE: BRENT BEAN
Claim No: 0583WC15-00000098
DOI: 11/07/2014
Employer: Clark County

CORVELLAS VEGAS

JAN 11 2017

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Dear Ms. Ribadeneira,

I reviewed my PPD evaluation that I performed on November 2, 2016 in the case of Brent Bean.

You are correct. The combined total impairment is 40% whole person impairment/

I apologize for my error and by this letter amend my previous Permanent Partial Disability Evaluation performed on November 2, 2016.

Respectfully,



Charles E. Quaglieri, MD

CEQ/kc: 629

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JA000571

From: 417022524065 Page: 1/3 Date: 10/31/2016 11:02:05 AM
From: 417021842860 Page: 1/3 Date: 10/28/2016 11:20:55 AM

OCT 28 2016

GREENMAN, GOLDBERG, RABY & MARTINEZ
ATTORNEYS AT LAW

JOHN A. GREENMAN
AUBREY GOLDBERG
PAUL E. RABY
SARAH A. MARTINEZ
JILL M. ANDERSON
THOMAS W. ASKEWOTH
THADDEUS W. YUREK, III

801 SOUTH HUNTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: 702.884.1916
FACSIMILE: 702.884.8890

October 28, 2016

Via Mail and Facsimile (702) 877-3238

DAVID LUDLOW, M.D.
56 North Pecos Road
Suite B
Henderson, Nevada 89074

RE: Claimant	Brent Beem
Claim No.	CK1000432
DOI	11/14/09
Employer	Clark County
Our File No.	16-432TY

Dear Dr. Ludlow:

Please be advised that this office represents Brent Beem in the above-referenced industrial injury claim. A copy of the signed medical release executed by Mr. Beem is enclosed.

On June 24, 2016, you discharged Mr. Beem from care for his industrially related prostate condition. At that time, you opined that Mr. Beem would require ongoing medications for his erectile dysfunction. You reported that the medication was "not a big priority" at that time. Please be advised the medication is now a priority. For that reason, we are sending this letter to clarify your medical opinion regarding this matter.

Therefore, this letter is being sent to ask for your medical opinion regarding Mr. Beem's need for ongoing medication related to the prostate condition. Please indicate below if you can state to a reasonable degree of medical probability that the erectile dysfunction medication is directly related to the industrially related prostate condition and subsequent surgery and should therefore be covered by Mr. Beem's workers' compensation carrier on an ongoing basis.

☒ Yes ☐ No ☐ Date 10/28/2016
Dr. David Ludlow

If you answer yes to this question, please provide the rationale to support your medical opinion, what medication is required, and whether/how often periodic follow-ups will be necessary to monitor and prescribe the medication.

Common side effect from prostate cancer surgery
due to disruption of the nerve associated
with erection.

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JA000572

Received by CorVel on 2016-12-01 13:23:23 Central Time.

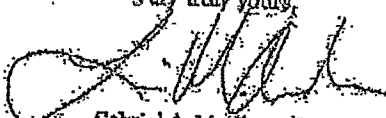
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From: +17622524056 Page: 2/3 Date: 10/31/2016 11:02:05 AM
From: +17023842880 Page: 2/3 Date: 10/28/2016 11:29:55 AM

Brent Bean
October 27, 2016
Page Two

Your attention to this matter is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
/s/ Thaddus J. Yurek, III, Esq.

TJY/rw
Enclosure

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00176

JA000573

GREENMAN, GOLDBERG, RABY & MARTINEZ

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

JOHN A. GREENMAN
AUBREY GOLDBERG
PAUL E. RABY
GABRIEL A. MARTINEZ
LISA M. ANDERSON
THOMAS W. ASKENOTH
THADDEUS J. YUREK, III

901 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 384-1618
FACSIMILE: (702) 384-2000

November 30, 2016

VIA U.S. MAIL & FACSIMILE: 866-728-8275

Leslie Ribadeneira, Claims Examiner
CORVEL
P.O. Box 61228
Las Vegas, Nevada 89160

RE: Claimant : Brent Bean
Claim No. : CK1000432
DOI : 11/14/09
Employer : Clark County
Our File No. : 16-432TY

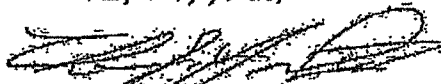
Dear Ms. Ribadeneira:

As you know, this office represents Brent Bean regarding the above-referenced industrial injury.

Mr. Bean underwent a laparoscopic prostatectomy as a result of his occupationally related prostate cancer condition. Mr. Bean's treating physician, Dr. David Ludlow, has confirmed that Mr. Bean requires ongoing medication for erectile dysfunction caused by the nerve damage that resulted from the prostate cancer surgery. Pursuant to this opinion, please accept this letter as a formal request to authorize ongoing medication following claim closure. Please notify the parties if this request will be granted.

Your attention this matter is greatly appreciated. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Very truly yours,



Gabriel A. Martinez, Esq.
Thaddeus J. Yurek, Esq.

TJY/rw
Enclosure

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JA000574

GREENMAN, GOLDBERG, RABY & MARTINEZ

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

601 SOUTH NINTH STREET
LAS VEGAS, NEVADA 89101-7012

TELEPHONE: (702) 364-1616
FACSIMILE: (702) 364-2990

JOHN A. GREENMAN
AUBREY GOLDBERG
PAUL E. RABY
GABRIEL A. MARTINEZ
LISA M. ANDERSON
THOMAS W. ASKEROTH
THADDEUS J. YUREK, III

November 30, 2016

VIA U.S. MAIL & FACSIMILE 866-728-8275

Leslie Ribadeneira, Claims Examiner
CORVEL
P.O. Box 61228
Las Vegas, Nevada 89160

RE:	Claimant	:	Brent Bean
	Claim No.	:	CK1000432
	DOI	:	11/14/09
	Employer	:	Clark County
	Our File No.	:	16-432TY

Dear Ms. Ribadeneira:

As you know, Dr. Charles Quaglieri recently evaluated Brent Bean for permanent partial disability. A copy of that report is enclosed for your convenience. As you can see, Dr. Quaglieri concluded that Mr. Bean qualified for a thirty-nine percent (39%) whole person impairment. Upon further review, it appears that Dr. Quaglieri miscalculated the impairment and the correct impairment should actually be forty percent (40%) whole person impairment.

Pursuant to the recent legislative changes, you are now able to offer thirty percent (30%) in a lump sum. Therefore, please accept this letter as a formal request to offer Mr. Bean the forty percent (40%) whole person impairment, with thirty percent (30%) being offered in a lump sum. Please notify the parties if this request will be granted.

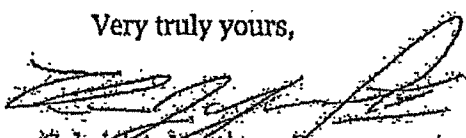
Your attention this matter is greatly appreciated. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Very truly yours,

CORVELLAS VEGAS

DEC 05 2016

RECEIVED


Gabriel A. Martinez, Esq.
Thaddeus J. Yurek, Esq.

TJY/rw
Enclosure

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JA000575

CORVEL

January 13, 2015

Mr. Brent Bean
7408 Michelle Avenue
Las Vegas, NV 89131

RE: Claimant: Brent Bean
Claim Number: 0583-WC-15-0000098
Employer: Clark County, Nevada
Date of Injury: 11/7/2014
Body/Condition: Prostate Cancer

NOTICE OF CLAIM ACCEPTANCE

(Pursuant to NRS 616C.065)

Dear Mr. Bean,

CorVel administers workers' compensation claims for the above-captioned employer.

This letter is to advise you that we have received your C-4 form and that it is our determination to accept your claim for the above captioned condition(s). This does not include any pre-existing, degenerative or arthritic conditions nor any other diagnoses or body parts.

Please check the information contained on this notice. If you find any of the information to be incorrect or you have any questions, please notify this office at 702-699-7020 extension 66584. A brief description of your benefits is enclosed.

If you have missed any time from work in regards to your work related injury, you must complete the attached D-6 form, and return it to this office along with medical certification of disability. These requests are made pursuant to NRS 616.475 subsection 6 and 7, respectfully.

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

Sincerely,

Michele Coggins/st

Michele Coggins
Claims Representative

Cc: File

Encl.: D-2, D-6, D-12a, D-26(1), D-26(2), D-52

CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

702-699-7020 Tel
888-368-4212 (800)
702-699-7006 Fax

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00179

JA000576

CORVEL

December 1, 2016

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
Employer: Clark County
Date of Injury: 11/07/2014

Dear Mr. Bean
CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation by Charles E. Quaglieri (enclosed).

There appears to be a clerical error in the combining of multiple impairment rating(s) and we are seeking further clarification from the doctor. Once clarification is received a further determination will be rendered.

NAC 616C.103 (7) If the insurer disagrees in good faith with the result of the rating evaluation, the insurer shall, within the time prescribed in NRS 616C.490:

(c) Notify the injured employee of the specific reasons for the disagreement and the right of the injured employee to appeal. The notice must also set forth a detailed proposal for resolving the dispute that can be executed in 75 days, unless the insurer demonstrates good cause for why the proposed resolution will require more than 75 days.

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, D-2, PPD Report

cc: File, Clark County, GGRM

CorVel Corporation
www.corvel.com

P.O. Box 51228
Las Vegas, NV 89160

888-366-4212 (800)
888-728-8275 E-Fax

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JA000577

CORVEL

January 24, 2017

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
Employer: Clark County
Date of Injury: 11/07/2014

Dear Mr. Bean
CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation addendum by Charles E. Quaglieri (enclosed).

Upon review of NRS 617.453(4) (a), it is our determination to decline offering of the PPD award as you filed the claim for Occupational Disease after retirement, thus making you not entitled to receive any compensation for that disease other than medical benefits.

NRS 617.453 Cancer as occupational disease of firefighters.

(4) Compensation awarded to the employee or his or her dependents for disabling cancer pursuant to this section must include: (a) Full reimbursement for related expenses incurred for medical treatments, surgery and hospitalization in accordance with the schedule of fees and charges established pursuant to NRS 616C.260 or, if the insurer has contracted with an organization for managed care or with providers of health care pursuant to NRS 616B.527, the amount that is allowed for the treatment or other services under that contract

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, PPD Evaluation Addendum

cc: File, Clark County, GGRM

CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

888-368-4212 (800)
866-728-8276 E-Fax

000039

00181

JA000578

Nevada Department of Administration Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

REQUEST FOR HEARING

CLAIMANT INFORMATION

Claimant:	Brent Bean
Address:	3405 Amish Ave. N. Las Vegas, NV 89031
Telephone:	

EMPLOYER INFORMATION

Claim number:	0583-WC-15-0000098
Employer:	Clark County
Address:	500 S. Grand Central Pkwy., 1st flr. Las Vegas, NV 89106
Telephone:	

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: January 24, 2017

YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
PER NRS 616C.315 2(a)(b) CORVEL LAS VEGAS

FEB 16 2017

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with Insurer's January 24, 2017 letter regarding PPD award.

If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name:	Lisa M. Anderson, Esq.
Address:	601 S. Ninth St. Las Vegas, NV 89101
Telephone:	(702) 384-1616

INSURANCE COMPANY:

Name:	CorVel
Address:	P.O. Box 61228 Las Vegas, NV 89160
Telephone:	

Signature

January 26, 2017
Date

A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED:

NRS 616C.315 Request for hearing; forms for request to be provided by Insurer; appeals; expeditious and informal hearing required; direct submission to Appeals Officer.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

- (a) A written determination of an Insurer; or
- (b) The failure of an Insurer to respond within 30 days to a written request mailed to the Insurer by the person who is aggrieved, may appeal from the determination of failure to respond by filing a request for a hearing before a Hearing Officer.

SCHEDULED ON

1708666-SE

000040
00182

JA000579

CORRECTION
JC 1/41

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1708666-SE
Claim Number: 0583WC150000098

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS, NV 89031

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS, NV 89106

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on January 26, 2017 and scheduled for March 14, 2017. The requesting party appealed the Insurer's determination dated January 24, 2017. The hearing was scheduled for March 14, 2017.

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

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

Therefore, good cause appearing, the Hearing Officer proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 24 day of March, 2017.

ENTERED
E3/22 D


Steven Evans
Hearing Officer

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.

RECEIVED
MAR 21 2017
BY: CS

000041

JA000580

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS NV 89031

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS NV 89106

CORVEL CORPORATION
P O BOX 61228
LAS VEGAS NV 89160-1228

DALTON HOOKS JR ESQ
ALVERSON-TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 21st day of March, 2017.


D Giambelluca

Employee of the State of Nevada

1 BEFORE THE APPEALS OFFICER

2
3 In the Matter of the Contested
4 Industrial Insurance Claim of:

5 BRENT BEAN,

6 Claimant.

Claim No: 0583WC150000098

Appeal No: 1710715-GB

7 NOTICE OF APPEAL AND ORDER TO APPEAR

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

10 **DATE:** MAY 22, 2017

TIME: 2:00PM STACKED

11 **PLACE:** DEPT OF ADMINISTRATION, HEARINGS DIVISION
12 2200 SOUTH RANCHO DRIVE, SUITE 220
13 LAS VEGAS NV 89102

- 14 2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the
15 Claimant's file relating to the matter on appeal.

- 16 3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of
17 information to be considered on appeal.

- 18 4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all
19 social security numbers redacted or otherwise removed and an affirmation to this
20 effect must be attached. The documents otherwise may be rejected by the Hearings
21 Division.

- 22 5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be
23 subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.

- 24 6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND
25 SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT
26 LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted
27 by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all
28 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.

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 this 28th day of March, 2017.

Georganne W. Bradley
GEORGANNE W BRADLEY, ESQ.
APPEALS OFFICER

DOC017

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 BRENT BEAN
9 3405 AMISH AVE
10 N LAS VEGAS NV 89031

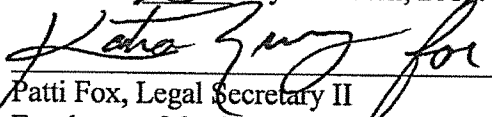
11 LISA M ANDERSON ESQ
12 GREENMAN GOLDBERG RABY & MARTINEZ
13 601 S NINTH ST
14 LAS VEGAS NV 89101

15 CLARK COUNTY RISK MGMT
16 ATTN SANDRA SWICKARD
17 500 S GRAND CENTRAL PKWY 5TH FL
18 LAS VEGAS NV 89106

19 CORVEL CORPORATION
20 P O BOX 61228
21 LAS VEGAS NV 89160-1228

22 DALTON HOOKS JR ESQ
23 ALVERSON TAYLOR MORTENSEN & SANDERS
24 7401 W CHARLESTON BLVD
25 LAS VEGAS NV 89117-1401

26 Dated this 28th day of March, 2017.

27 
28 Patti Fox, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
MAR 21 AM 9:09
RECEIVED
AND
FILED

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1708666-SE
Claim Number: 0583WC150000098

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS, NV 89031

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS, NV 89106

ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on January 26, 2017 and scheduled for March 14, 2017. The requesting party appealed the Insurer's determination dated January 24, 2017. The hearing was scheduled for March 14, 2017.

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

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

Therefore, good cause appearing, the Hearing Officer proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 21 day of March, 2017.


Steven Evans
Hearing Officer

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.

SCHEDULED ON

MAR 22 2017

5/22/17

1710715 - GWB

JA000584

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER TRANSFERRING HEARING TO APPEALS OFFICE** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

BRENT BEAN
3405 AMISH AVE
N LAS VEGAS NV 89031

LISA M ANDERSON ESQ
GREENMAN GOLDBERG RABY & MARTINEZ
601 S NINTH ST
LAS VEGAS NV 89101

ATTN SANDRA SWICKARD
CLARK COUNTY RISK MGMT
500 S GRAND CENTRAL PKWY 5TH FL
LAS VEGAS NV 89106

CORVEL CORPORATION
P O BOX 61228
LAS VEGAS NV 89160-1228

DALTON HOOKS JR ESQ
ALVERSON-TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 21st day of March, 2017.


D Giambelluca

Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the Matter of the Contested
Industrial Insurance Claim

of

Claim No. : 0583 WC150000098
Hearing No. : 1708666-SE

AGREEMENT TO BYPASS HEARING TO APPEALS OFFICE

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

1. This is the appeal of insurer's determination dated 1-24-17
2. The claimant is represented by legal counsel.
3. The parties agree to forego a hearing set for 3-14-17 before a Hearing

Officer and hereby submit this contested claim directly to an Appeals Officer for final
determination.

DATED 3-14-17

By: [Signature], ESQ

Print Name: Lisa M. Anderson

DATED 03/14/17

By: [Signature], ESQ.

Print Name: DR. HODGES, JR.

If consolidating with another Appeal include Appeal # _____

CORVEL

January 24, 2017

Brent Bean
3405 Amish Ave.
N. Las Vegas NV 89031

RE: Claim Number: 0583-WC-15-0000098
Employer: Clark County
Date of Injury: 11/07/2014

Dear Mr. Bean
CorVel Corporation is the Third Party Administrator for above listed employer.

We have received and review the Permanent Partial Disability (PPD) evaluation addendum by Charles E. Quaglieri (enclosed).

Upon review of NRS 617.453(4) (a), it is our determination to decline offering of the PPD award as you filed the claim for Occupational Disease after retirement, thus making you not entitled to receive any compensation for that disease other than medical benefits.

NRS 617.453 Cancer as occupational disease of firefighters.

(4) Compensation awarded to the employee or his or her dependents for disabling cancer pursuant to this section must include: (a) Full reimbursement for related expenses incurred for medical treatments, surgery and hospitalization in accordance with the schedule of fees and charges established pursuant to NRS 616C.260 or, if the insurer has contracted with an organization for managed care or with providers of health care pursuant to NRS 616B.527, the amount that is allowed for the treatment or other services under that contract

If you disagree with this determination, you have the right to request a resolution to your dispute pursuant to NRS 616C.305 and 616C.315 to 616C.385, inclusive. To do so, complete the enclosed "Request for Hearing" and submit it with a copy of this determination letter to the Department of Administration, Hearings Division, at one of the addresses listed on the form WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER.

If you have any questions, please contact the undersigned at 702-455-2450.

Sincerely,



Leslie Ribadeneira
Sr. Claims Specialist

Encl.: D-12a, PPD Evaluation Addendum

cc: File, Clark County, GGRM

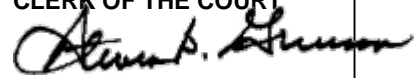
CorVel Corporation
www.corvel.com

P.O. Box 61228
Las Vegas, NV 89160

888-368-4212 (800)
866-728-8275 E-Fax

00190

JA000587



1 **ODM**
2 **LISA M. ANDERSON, ESQ.**
3 Nevada Bar No. 004907
4 **THADDEUS J. YUREK III, ESQ.**
5 Nevada Bar No. 011332
6 **GREENMAN, GOLDBERG, RABY & MARTINEZ**
7 601 South Ninth Street
8 Las Vegas, Nevada 89101
9 Phone: (702) 384-1616
10 Facsimile: (702) 384-2990
11 Email: lanserson@ggrmlawfirm.com
12 tyurek@ggrmlawfirm.com
13 *Attorneys for Respondent*

DISTRICT COURT

CLARK COUNTY, NEVADA

12 CLARK COUNTY,)
13)
14 Petitioner)
15 vs.) CASE NO. : A-18-773957-J
16) DEPT. NO. : XVI
17 BRENT BEAN and THE DEPARTMENT)
18 OF ADMINISTRATION, HEARINGS)
19 DIVISION,)
20 Respondents.)

ORDER DENYING MOTION FOR STAY PENDING

PETITION FOR JUDICIAL REVIEW

21
22
23 This matter came before this Court on May 24, 2018 regarding Petitioner's Motion for
24 Stay Pending Petition for Judicial Review. LISA M. ANDERSON, ESQ. and THADDEUS J.
25 YUREK III, ESQ. of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ
26 submitted documents on behalf of Respondent, BRENT BEAN. DALTON L. HOOKS, JR.,
27
28

1 and JOHN A. CLEMENT, ESQ. of the law firm HOOKS MENG SCHAAN & CLEMENT
2 submitted documents on behalf of Respondents, CLARK COUNTY.

3 After a review and consideration of the record, the Points and Authorities on file herein,
4 and oral arguments of counsel, the Court determined as follows:

5
6 The Court has review the Decision and Order filed by the Appeals Officer on April 19,
7 2018. In paragraph 16, the Appeals Officer found, “[t]hat the evidence supports Claimant’s
8 entitlement to partial disability compensation benefits on the grounds that neither Howard nor
9 applicable statue disqualifies claimants from those benefits.” In addition, Respondent Brent
10 Bean relied on NRS 617.453(5) which permits the “awarding of benefits” and creates a
11 rebuttable presumption for disabling cancer diagnosed after termination of employment, within
12 a period not to exceed 60 months after the last date of employment. Thus, the award of benefits
13 based on the period calculated by multiplying three months by the number of full years of
14 employment is under Nevada Law and specifically for firefighters who suffer from cancer as an
15 occupational disease.
16
17

18 ///

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21 ///

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23 ///

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25 ///


26 ///

27 ///

28 ///

1 In light of the foregoing, and the applicable of NRS 233B.140, Petitioner's Motion for
2 Stay Pending Appeal shall be DENIED.

3 Dated this 4th day of ~~August~~ ^{Sept.}, 2018.

4
5
6 
7 TIMOTHY C. WILLIAMS JT
8 DISTRICT COURT JUDGE

9 Submitted by:

10 GREENMAN, GOLDBERG, RABY & MARTINEZ

11 
12 LISA M. ANDERSON, ESQ.

13 Nevada Bar No. 004907

14 THADDEUS J. YUREK, III, ESQ.

15 Nevada Bar No. 011332

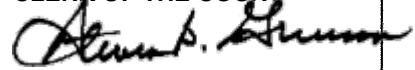
16 GREENMAN, GOLDBERG, RABY & MARTINEZ

17 601 South Ninth Street

18 Las Vegas, Nevada 89101

19 (702) 384-1616

20 *Attorney for Respondent*



RPLY

DALTON L. HOOKS, JR., ESQ., Nevada Bar No. 8121
JOHN A. CLEMENT, ESQ., Nevada Bar No. 8030
HOOKS MENG SCHAAN & CLEMENT
2820 W. Charleston Blvd., Ste. C-23
Las Vegas, Nevada 89102
Telephone No. (702) 766-4672
Facsimile No. (702) 919-4672
Attorneys for Petitioner
CLARK COUNTY

DISTRICT COURT

CLARK COUNTY, NEVADA

CLARK COUNTY, Self-Insured Employer,

Petitioner,

CASE NO: A-18-773957-J
DEPT NO: 16

vs.

BRENT BEAN; STATE OF NEVADA,
NEVADA DEPARTMENT OF
ADMINISTRATIONS APPEAL OFFICE,

Respondents.

REPLY IN SUPPORT OF PETITIONER'S OPENING BRIEF

COMES NOW the Petitioner, Self-Insured Employer, CLARK COUNTY ("Petitioner"),
by and through its attorney, DALTON L. HOOKS, JR., ESQ. of HOOKS MENG SCHAAN &
CLEMENT, and hereby submits the following Reply in Support of its Opening Brief.

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...

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...

1 This Reply is made and based upon the attached memorandum of points and authorities,
2 the exhibits attached hereto, and any oral arguments permitted on this matter.

3 Dated this 10th day of September, 2018.

4 Respectfully submitted,

5 HOOKS MENG SCHAAN & CLEMENT

6 By: 

7 DALTON L. HOOKS, JR., ESQ.

8 JOHN A. CLEMENT, ESQ.

9 2820 W. Charleston Blvd., Ste. C-23

Las Vegas, Nevada 89102

Attorneys for Petitioner

CLARK COUNTY

10 MEMORANDUM OF POINTS AND AUTHORITIES

11 I.

12 PRELIMINARY STATEMENT

13 In Respondent's Opposition – incorrectly identified as Petitioner's Answering Brief – he
14 erroneously argues that he is entitled to all medical benefits, including permanent partial
15 disability benefits. *See Opposition* at 9:11-15, on file herein. Moreover, he wrongfully asserts
16 that a permanent partial disability is a medical benefit; not intended to compensate the injured
17 employee for lost wages. *Id.* at 11:27-12:1. However, the Respondent's attempts to distinguish
18 *Howard* from the facts at hand are disingenuous. As previously stated in Petitioner's Motion, and
19 incorporated herein by reference, the claimant is entitled to receive medical benefits ***but may not***
20 ***receive any disability compensation if the claimant is not earning any wages*** at the time of his
21 application. *Petitioner's Opening Brief* at 13:8-9 (citing *Howard*, 120 P.3d at 411), on file
22 herein. As such, Petitioner requests that this Honorable Court GRANT the instant Petitioner for
23 Judicial Review.

II.
LEGAL ARGUMENTS

A. Respondent Fails to Address the Fact that Attorney General Opinions are Not Binding on this Court.

The first argument made in Petitioner's Brief addresses the fact that Attorney General Opinions are not binding on this Court. *Opening Brief* at 11:5-22. Respondent fails to address the same. *See generally Opposition*. Therefore, first and foremost, the Opposition fails under EDCR 2.20 (Failure of the opposing party to serve and file written opposition may be construed as admission that the motion is meritorious and a consent to granting the same.). As such, the Petition for Judicial Review should be Granted.

B. The Attorney General Opinion Relied on by the Respondent is Outdated and Not Applicable to this Matter.

The second argument made in Petitioner's Brief addresses the incomplete hypothetical posed by the Attorney General Opinion. *Opening Brief* at 12:4-13:3. But rather than analyzing the Opinion, or even discussing its applicability in this matter, the Respondent makes the conclusory statement that "the Attorney General issued an official opinion regarding this exact issue." *Id.* at 13:25-26. As stated in the Opening Brief, and incorporated herein by reference, there is nothing exact about the Opinion and Respondent's claim. To wit: The Opinion narrowly focuses on firefighters who retire from public service, becomes employed by a private company, and is subsequently diagnosed with heart disease. *Id.* at 12:4-11. Here, the Respondent worked as a firefighter for approximately thirty (30) years and then retired. Period. He did not seek employment in any other capacity. Accordingly, he did not have a salary on the date of injury: November 7, 2014.

...

Moreover, the Opinion speculated how the Supreme Court would rule when considering disability benefits for a retired worker. Then, three (3) years later, the Court had an opportunity to do so in *Howard v. City of Las Vegas*, 120 P.3d 410 (Nev. 2005); which represents the only **mandatory, binding** authority for this Court to follow. Therefore, the Respondent's reliance – and ultimately the Appeals Officer's too – on the Attorney General Opinion amounts to a clear error of law and/or abuse of discretion. As such, the Petition for Judicial Review should be granted.

C. The Supreme Court of Nevada Has Already Decided That a Claimant is Entitled to Receive Medical Benefits But Not ANY Disability Compensation.

The third argument made in Petitioner's Opening Brief is two-fold: 1) permanent partial disability are not medical benefits and 2) the Respondent does not have wages for calculation of disability benefits. *Opening Brief* at 13:5-20:12. In turn, Respondent spends most of his 19-page Opposition trying to distinguish *Howard* with self-serving conclusory statements.

i. Disability Benefits are Compensation for Injuries or Death; Not a Medical Benefit.

Respondent wrongfully argues that permanent partial disability is a medical benefit; not intended to compensate the injured employee for lost wages. *Opposition* at 11:27-12:1. However, the Respondent does not provide any legal support for his position. The reason: all evidence indicates that disability benefits are intended to compensate an injured employee for lost wages. For instance, NRS 617.130 defines medical benefits as follows:

1. "Medical benefits" means medical, surgical, hospital or other treatments, nursing, medicine, medical and surgical supplies, crutches and apparatus, including prosthetic devices.
2. The term does not include:
 - (a) Exercise equipment, a hot tub or a spa for an employee's home;
 - (b) Membership in an athletic or health club;

(c) Except as otherwise provided in NRS 617.385, a motor vehicle; or
(d) The costs of operating a motor vehicle provided pursuant to NRS
617.385, fees related to the operation or licensing of the motor vehicle or
insurance for the motor vehicle.

NRS 617.130.

Next, the instructions for Permanent Total Disability, Temporary Total Disability, and
Permanent and Temporary Partial Disabilities can all be found within the Nevada Revised
Statutes, subchapter "Compensation for Injuries and Death". *See generally NRS 616C.400-NRS
616C.500.* Which also importantly falls after Nevada Revised Statutes, subchapter "Accident
Benefits"; which are defined as "medical, surgical, hospital or other treatments, nursing,
medicine, medical and surgical supplies, crutches and apparatuses". *See generally NRS
616C.245-NRS 616C.285; see also NRS 616A.035.* As such, the Nevada Legislature has codified
the benefits for two separate and distinct purposes: wage loss compensation and medical
treatment compensation.

Moreover, as addressed in Petitioner's Opening Brief and incorporated herein, the
position that disability benefits are for wage loss compensation is further supported by the
American Medical Association's *Guides to the Evaluation of Permanent Impairment*; adopted
under NRS 616C.110. *Opening Brief* at 14:6-13.

Lastly, the plain language of the relevant, analogous statutes [NRS 616C.400 to NRS
616C.500] is clear and unambiguous that compensation means wage loss:

- "[C]ompensation benefits must not be paid under chapters 616A to 616D,
inclusive, of NRS for an injury which does not incapacitate the
employee...from earning full wages". NRS 616C.400(1).
- "In cases of total disability adjudged to be permanent, compensation per
month of 66 2/3 percent of the average monthly wage." NRS
616C.440(1)(a).

- “Receipt of compensation to report annual earnings”. *NRS 616C.445*.
- “Compensation for lost wages incurred by employee who received medical treatment after returning to work”. *NRS 616C.477*.
- “Every employee...is entitled to receive for a temporary partial disability the difference between the wage earned after the injury and the compensation which the injured person would be entitled to receive if temporarily totally disabled when the wage is less than the compensation”. *NRS 616C.500*.

See also Opening Brief at 12:1-5.

Accordingly, the Supreme Court’s analysis in *Howard* – which admittedly analyzes a request for total temporary disability benefits – is analogous to the purpose and reason for permanent partial disability benefits: compensate in injured employee’s lost wages.

ii. Because the Respondent did not have a salary, he cannot be compensated for any lost wages.

As stated in Petitioner’s Opening Brief, and incorporated herein by reference, the *Howard* Court held that when a retired claimant becomes eligible for occupational disease benefits [temporary or permanent because they are analyzed the same way], the *claimant is entitled to receive medical benefits but may not receive any disability compensation if the claimant is not earning any wages*. *Opening Brief* at 15:9-12 (citing *Howard*, 120 P.3d at 412) (emphasis added).

Further, the Court in *Howard* unequivocally stated that the period immediately preceding the occupational disease is the date from which we **must** calculate disability benefits. *Howard*, 120 P.3d at 412 (citing *Mirage v. State Dept. of Administration*, 110 Nev. 257, 871 P.2d 317 (1994) (emphasis added)). This is contrary to and clarifies the earlier Attorney General Opinion. It is also the standard the Appeals Officer should have applied when rendering her Decision and Order but failed to do so. Accordingly, the Decision amounts to a clear error of law, is

1 unsupportable, and/or an abuse of discretion. Therefore, the Petition for Judicial Review should
2 be granted.

3
4 **III.**
CONCLUSION

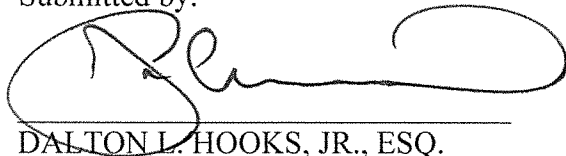
5 For the reasons set forth above, the Appeals Officer's Decision and Order, dated April
6 19, 2018, is erroneous, arbitrary, and capricious. Specifically, the Appeals Officer ignored
7 and/or misinterpreted controlling Supreme Court case law when she ordered the Petitioner to
8 offer the Respondent a PPD award. As such, the April 19, 2018 Decision and Order is
9 predicated upon a clear error of law and/or abuse of discretion. Therefore, the January 24,
10 2017 determination of the Petitioner should have been AFFIRMED.

11 For the reasons set forth herein, the Petitioner, CLARK COUNTY, respectfully requests
12 that this honorable Court provide the following relief:

- 13 1. That the District Court GRANT's the instant Petition for Judicial Review and,
- 14 2. That the Appeals Officer's Decision and Order dated April 19, 2018 be REVERSED
15 as erroneous, based on the arguments raised by Petitioner in its Opening Brief and
16 contained herein, with instruction to AFFIRM the Petitioner's January 24, 2017
17 determination.

18 Dated this 10th day of September, 2018

19 Submitted by:

20 

21 DALTON L. HOOKS, JR., ESQ.
22 JOHN A. CLEMENT, ESQ.
23 HOOKS MENG SCHAAN & CLEMENT
24 2820 W. Charleston Blvd., Ste. C-23
Las Vegas, NV 89102
Attorneys for Petitioner
CLARK COUNTY

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am employee of the law firm of HOOKS MENG SCHAAN & CLEMENT, and on this 10th day of September, 2018, I am serving the foregoing

REPLY IN SUPPORT OF PETITIONER'S OPENING BRIEF on the following parties:

LISA M. ANDERSON, ESQ.
GREENMAN GOLDBERG RABY &
MARTINEZ
601 S. NINTH ST.
LAS VEGAS, NV 89101
ATTORNEY FOR RESPONDENT

LESLIE RIBADENEIRA
CLARK COUNTY RISK MANAGEMENT
500 S. GRAND CENTRAL PARKWAY 5TH
FLOOR
LAS VEGAS NV 89106

MR. BRENT BEAN
C/O LISA M. ANDERSON, ESQ.
GREENMAN GOLDBERG RABY &
MARTINEZ
601 S. NINTH ST.
LAS VEGAS, NV 89101

PATRICK CATES,
DIRECTOR, STATE OF NEVADA,
DEPARTMENT OF ADMINISTRATION
5151 E. MUSSER ST.
CARSON CITY, NV 89701

GEORGANNE W. BRADLEY
APPEAL OFFICER
DEPARTMENT OF ADMINISTRATION
2200 SOUTH RANCHO DRIVE, SUITE 220,
LAS VEGAS, NV 89102

ADAM LAXALT, ESQ.
ATTORNEY GENERAL, STATE OF
NEVADA
100 NORTH CARSON STREET
CARSON CITY, NV 89701

☒ Placing a true copy thereof in a sealed envelope placed for collection and mailing in the United States Mail, at Las Vegas, Nevada, postage prepaid, following ordinary business practices.

☐ Personal delivery by runner or messenger service.

☐ Federal Express or other overnight delivery.

Dated this 10th day of September, 2018.


An Employee of HOOKS MENG SCHAAN
& CLEMENT