IN THE SUPREME COURT OF THE STATE OF NEVADA

VANCE TAYLOR, Appellant, v. TRUCKEE MEADOWS FIRE PROTECTION DISTRICT; AND ALTERNATIVE SERVICE CONCEPTS, LLC Respondents.	Supreme Court 78971 District Case No. CV18-00673

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APPENDIX TO APPELLANT'S OPENING BRIEF VOLUME I of III

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Docket 78971 Document 2019-46001

Chronological Index

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1	Petition for Judicial Review; filed 03/03/18	I	AA000001-AA000018
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9	Petitioner's Opening Brief; filed 07/10/18	II	AA000461-AA000482
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11	Supplemental Affidavit; filed 09/28/18	III	AA000489-AA000493

12	Respondents' Supplement in Support of Motion to Dismiss Petition for Judicial Review and Reply in Support of Motion to Dismiss; filed 10/05/18	III	AA000494-AA000536
13	Notice of Submission of Supplement in Support of Motion/Reply to Dismiss Petition for Judicial Review; and Request for Final Decision on Motion to Dismiss Petition for Judicial Review; filed 10/10/18	III	AA000537-AA000539
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18	Order re Petition for Judicial Review; filed 05/10/19	III	AA000586-AA000595
19	Notice of Entry of Order; filed 05/15/19	III	AA000596-AA000609
20	Notice of Appeal; filed 06/07/19	III	AA000610-AA000612
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12	Respondents' Supplement in Support of Motion to Dismiss Petition for Judicial Review and Reply in Support of Motion to Dismiss; filed 10/05/18	III	AA000494-AA000536
11	Supplemental Affidavit; filed 09/28/18	III	AA000489-AA000493

CERTIFICATE OF SERVICE

I certify that I am an employee of HUTCHISON & STEFFEN, PLLC and that on this date the **APPENDIX TO APPELLANT'S OPENING BRIEF VOLUME I of III** was filed electronically with the Clerk of the Nevada Supreme Court, and therefore electronic service was made in accordance with the master service list as follows:

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DATED this 8th day of November, 2019.

An employee of Hutchison & Steffen, PLLC

FILED
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Transaction # 6605163 : pmsewell

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Reno, NV 89521
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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

*****

VANCE TAYLOR,

Petitioner,

vs.

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT, ALTERNATIVE SERVICE CONCEPTS and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE,

Respondents.

Case No.: _____

PETITION FOR JUDICIAL REVIEW

Petitioner, VANCE TAYLOR, by and through his attorney of record, Jason D. Guinasso, Esq., and Hutchison & Steffen, LLC, hereby requests that the Second Judicial District Court of the State of Nevada review the Decision and Order of Appeals Officer Sheila Moore, entered on February 28, 2018, in the case officially designated "In the Matter of the Contested Industrial Insurance Claim of VANCE TAYLOR, Appeal No. 1701567-SYM". A copy of the referenced order is attached hereto as "**Exhibit No. 1**." In support of his Petition, Mr. Taylor respectfully submits the following:

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I.

JURISDICTION

1. This Court has jurisdiction to review the findings of fact and conclusions law of the Nevada Department of Administration Appeals Officer Sheila Y. Moore. See NRS 616C.370; NRS 233B.130. In this regard, NRS 233B.130 provides that:

> 1. Any party who is:
>
> (a) Identified as a party of record by an agency in an administrative proceeding; and
> (b) Aggrieved by a final decision in a contested case,
> is entitled to judicial review of the decision. Where appeal is provided within an agency, only the decision at the highest level is reviewable unless a decision made at a lower level in the agency is made final by statute. Any preliminary, procedural or intermediate act or ruling by an agency in a contested case is reviewable if review of the final decision of the agency would not provide an adequate remedy.
>
> 2. Petitions for judicial review must:
>
> (a) Name as respondents the agency and all parties of record to the administrative proceeding;
> (b) Be instituted by filing a petition in the district court in and for Carson City, in and for the county in which the aggrieved party resides or in and for the county where the agency proceeding occurred; and
> (c) Be filed within 30 days after service of the final decision of the agency.
> Cross-petitions for judicial review must be filed within 10 days after service of a petition for judicial review.
> ***
> 6. The provisions of this chapter are the exclusive means of judicial review of, or judicial action concerning, a final decision in a contested case involving an agency to which this chapter applies.

2. This Petition has been timely filed in the Second Judicial District Court in and for Washoe County.

II.

PARTIES

3. The Claimant in this matter is Vance Taylor ("Mr. Taylor").

4. The Employer in this matter is Truckee Meadows Fire Protection District ("TMFPD").

5. The Third-Party Administrator ("TPA") in this matter is Alternative Service Concepts ("ASC").

6. Vance Taylor is the party of record to the administrative proceeding under review herein that has been "aggrieved" by the final decision of Appeals Officer Moore.

III.

ISSUES PRESENTED FOR JUDICIAL REVIEW

7. Petitioners submit the following issues for Judicial Review by this honorable Court:

a. Whether the Appeals Officer erred as a matter of law by holding that Mr. Taylor is not entitled to temporary total disability ("TTD") benefits for the period of September 11, 2016 through his return to his pre-injury job in November 2016, as stated in ASC's September 26, 2016, determination letter.

b. Whether the Appeals Officer erred as a matter of law when she concluded that the light duty job offered to Mr. Talyor by the employer was a valid light duty job offer under Nevada law.

c. Whether the light duty job offered to Mr. Taylor by the employer satisfied the requirements of NRS 616C.478(8) and NAC 616C.583.

IV.

STANDARD OF REVIEW

8. Judicial review of a final decision of an agency must be conducted by the District Court without a jury and is confined to the record on appeal. NRS 233B.135(1).

9. The final decision of the agency shall be deemed reasonable and lawful until reversed or set aside in whole or in part by the Court. NRS 233B.135(2).

10. The burden of proof is on the party attacking the decision to show that the final decision is invalid. NRS 233B.135(2).

11. However, the District Court may set aside, in whole or in part, a final decision of an administrative agency where substantial right of the petitioner has been prejudiced because the final decision is in violation of statutory provisions, affected by other error of law, clearly erroneous in view

of the reliable, probative and substantial evidence on the whole record, or arbitrary, capricious or characterized by abuse of discretion. NRS 233B.135(3).

12. Mr. Taylor now petitions this Court for Judicial Review of the Appeals Officer's findings and fact and conclusions of law under NRS 233B.135(3) because the final decision of the Appeals Officer has prejudiced his rights under the Nevada Industrial Insurance Act ("NIIA"), has violated statutory provisions governing the delivery of total temporary disability benefits under the NIIA, has been affected by other grievous errors of law, is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record, and is otherwise arbitrary, capricious or characterized by abuse of discretion.

V.

APPEALS OFFICER'S LEGAL ERROR

13. The Appeals Officer erred as a matter of law when she affirmed the decision of the Hearing Officer under Hearing No. 1700937-SA, finding that ASC properly terminated Mr. Taylor's TTD benefits as a result of Mr. Taylor's declination of the light-duty job offered.

14. NRS 616C.475(8) provides as follows:

> "Any offer of temporary, light-duty employment made by the employer must specify a position that:
>
> (a) Is **substantially similar** to the employee's position at the time of his or her injury in relation to the location of the employment and the hours the employee is required to work;
> (b) Provides a gross wage that is:
> (1) If the position is in the same classification of employment, equal to the gross wage the employee was earning at the time of his or her injury; or
> (2) If the position is not in the same classification of employment, substantially similar to the gross wage the employee was earning at the time of his or her injury; and
> (c) Has the same employment benefits as the position of the employee at the time of his or her injury."

15. The Nevada Administrative Code further elaborates on the requirements for a valid light duty job offer by providing the following:

NAC 616C.583 Offer of employment: Light duty. (NRS 616A.400)

1. An offer of employment at light duty to an injured employee by his or her employer must:

(a) Be in writing;
(b) Be mailed to both the insurer and the injured employee; and
(c) Include:
(1) The net wage to be paid the injured employee;
(2) The hours which the injured employee will be expected to work;
(3) A reasonable description of the physical requirements of the employment;
(4) A reasonable description of the duties the injured employee will be expected to perform;
(5) A description of any fringe benefits of the employment; and
(6) The geographical location of the employment.

2. If the insurer finds that the actual requirements of the employment at light duty materially differ from the offer of employment and the employer fails to take corrective action, the insurer may provide vocational rehabilitation services.

3. The injured employee must be allowed a reasonable time, not to exceed 7 days after the date the offer of the employment at light duty is made, within which to accept or reject the offer.

4. If the employment at light duty offered to the injured employee is expected to be of limited duration, the employer shall disclose that fact to the injured employee in the offer of employment and state the expected duration.

5. An employer must not offer temporary or permanent employment at light duty which he or she does not then expect to be available to the injured employee as offered.

6. An employer does not have to comply with the requirements in subsections 1 to 5, inclusive, if the employer offers the injured employee temporary employment at light duty which is:
(a) Immediately available;
(b) Compatible with the physical limitations of the injured employee as established by the treating physician or chiropractor; and
(c) Substantially similar in terms of the location and the working hours to the position that the injured employee held at the time of the injury.

7. Temporary employment at light duty offered pursuant to subsection 6 must cease within 30 days after the injured employee's physical restrictions are determined to be permanent. Any subsequent offers of employment at light duty by the employer must comply with the requirements of subsections 1 to 5, inclusive.

16. In EG & G Special Projects, Inc. v. Corselli, 102 Nev. 116, 715 P.2d 1326 (1986), the Nevada Supreme Court held that an offer of light duty work must not impose an unreasonable burden on the injured worker. In that case, the employee prior to injury, had for twenty-five years lived in Riverside, California, and commuted by air at government expense to the Nevada Test Site to work three days a week, with four days off at home in Riverside. The new "light duty" job found for the employee substantially changed the hours, days and location of the injured workers' employment by requiring him to work five days per week in Las Vegas. The Court found that the light duty job offered to the injured worker was unreasonable and remanded with an order to pay the claimant benefits.

17. This notion of reasonableness is found in the legislative history of the NRS 616C.475(8). In this regard, at a February 25, 1993, meeting of the Senate Committee on Commerce and Labor, Scott Young, General Counsel for the Nevada State Industrial System (SIIS), explained the temporary light duty language as follows:

> *As long as the offer is reasonable, in terms of those three categories (pay rate, shift, hours of employment) my understanding is the injured worker could not refuse it. . . . As long as the job offer was reasonable is terms of the location and hours, the workers should be required to take the job.*

Minutes of the Senate Committee on Commerce and Labor, 67th Sess., Feb 25, 2993.

18. On September 9, 2016, Mr. Taylor's employer, TMFPD, sent a letter to Mr. Taylor with an offer of temporary light duty employment. The letter offering the light duty job provided as follows:

> *"You will be assigned to the administrative office and your scheduled hours will be Monday through Friday 8am to 5pm with an hour lunch. To align the schedule change with the beginning of the FLSA cycle, you will report to the administrative offices on Monday September 12, 2016 at 8am."*

18. This light duty job offer fails to comply with NRS 616C.475(8) and is otherwise unreasonable.

19. TMFPD's light duty job offer did not provide for a light duty job that was substantially similar to the job Mr. Taylor had pre-injury with regard to both the shift he was required to work and

the location of his employment. Moreover, the light duty job offer was unreasonable and otherwise degrading to Mr. Taylor, who is a 25-year veteran of the Fire Service, and a Captain for the TMFPD.

20. Therefore, the Appeals Officer committed an error as a matter of law by holding that Mr. Taylor is not entitled to temporary total disability ("TTD") benefits for the period of September 11, 2016 through his return to his pre-injury job in November 2016, as stated in ASC's September 26, 2016, determination letter.

VI.

PRAYER FOR RELIEF

21. Petitioners respectfully request that this Court grant their Petition for Judicial Review and further instruct Appeals Officer to REVERSE the Hearing Officer's November 23, 2016, Decision and Order under Hearing No. 1700937-SA, remanding ASC's September 26, 2016, termination of TTD benefits due to Mr. Taylor's declination of the light-duty job offer.

AFFIRMATION

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

DATED this 30th day of March, 2018.

Jason D. Guinasso, Esq.
Attorney Vance Taylor

CERTIFICATE OF SERVICE

I am a resident of the State of Nevada, over the age of eighteen years, and not a party to the within action. My business address is 500 Damonte Ranch Parkway, Suite 980, Reno, Nevada 89521.

On March 30th, 2018, I served the following:

AMAZON.COM'S AND SEDGWICK CMS'

PETITION FOR JUDICIAL REVIEW

on the following in said cause as indicated below:

VANCE TAYLOR 2919 ASPEN MEADOWS COURT RENO, NV 89519 (VIA U.S. MAIL)	ALTERNATIVE SERVICE CONCEPTS 639 ISBELL ROAD, #390 RENO, NV 89509 (VIA U.S. MAIL)
ROBERT BALKENBUSH, ESQ. THORNDAL ARMSTRONG, ET AL 6590 S MCCARRAN BLVD., SUITE B RENO, NV 89509 (VIA HAND DELIVERY)	NEVADA DEPARTMENT OF ADMIN. APPEALS DIVISION 1050 E WILLIAM ST., SUITE 450 CARSON CITY, NV 89701 (VIA HAND DELIVERY)
TRUCKEE MEADOWS FPD PO BOX 11130 RENO, NV 89511 (VIA U.S. MAIL)	ATTORNEY GENERAL'S OFFICE 100 N CARSON STREET CARSON CITY, NEVADA 89701 (VIA HAND DELIVERY)
NEVADA DEPARTMENT OF ADMIN. PATRICK CATES, DIRECTOR 515 EAST MUSSER ST., 3RD FLOOR CARSON CITY, NV 89701 (VIA HAND DELIVERY)	

I declare under penalty of perjury that the foregoing is true and correct. Executed on March 30th, 2018, at Reno, Nevada.

KATRINA A. TORRES

LIST OF EXHIBITS
PETITION FOR JUDICIAL REVIEW

EXHIBIT	DOCUMENT TITLE	# OF PAGES
Exhibit 1	Decision and Order of the Appeals Officer, Dated February 28, 2018	8

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Jacqueline Bryant
Clerk of the Court
Transaction # 6605163 : pmsewell

EXHIBIT 1

EXHIBIT 1

FILED

FEB 28 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

RECEIVED
MAR 01 2018
BY:

In the Matter of the Industrial Insurance Claim Of VANCE TAYLOR	Claim No. C143-1609765-01 Hearing No. 1700937-SA Appeal No. 1701567-SYM

DECISION AND ORDER

Background

In this contested case, the claimant Vance Taylor (hereinafter "Taylor"), was represented by Jason Guinasso, Esq. The employer, Truckee Meadows Fire Protection District (hereinafter "TMFPD"), and the insurer, Public Agency Compensation Trust (hereinafter "PACT"), were represented by Robert Balkenbush, Esq., of the law firm of Thorndal, Armstrong, Delk, Balkenbush & Eisinger. The current third party administrator of Taylor's year 2016 workers' compensation claim at issue in this contested case is Alternative Service Concepts, LLC (hereinafter "ASC").

By written determination dated September 9, 2016, the TMFPD offered Taylor a temporary, light-duty job that accommodated the physical restrictions imposed on Taylor by the treating orthopedic surgeon on September 7, 2016. *See*, Exhibit No. 2 at pp. 101-102; Exhibit No. 3 at pp. 88-89. Taylor rejected the temporary, light-duty job offered to him by the TMFPD. *See*, Exhibit No. 3 at pp. 90-92. In turn, and by written determination dated September 26, 2016, ASC notified Taylor that it was discontinuing temporary total disability (hereinafter "TTD")

compensation effective September 11, 2016. *See*, Exhibit No. 2 at pp. 103-104; Exhibit No. 3 at p. 94; Exhibit 5 at p.1. Taylor returned to pre-injury job with the TMFPD in November 2016. *Taylor Trial Testimony*. Taylor disagreed with ASC's September 26, 2016, determination and, therefore, he filed an appeal of this determination with a Hearing Officer, and Hearing No. 1700397-SA was assigned to his appeal. *See*, Exhibit No. 5 at pp. 2-4. Following a hearing and by written decision dated November 23, 2016, Hearing Officer Sondra Amodei held that TTD compensation was properly terminated. *See*, Exhibit No. 5 at pp. 2-4. Taylor disagreed with the Hearing Officer's decision made under Hearing No. 1700937-SA and, therefore, he timely appealed from that decision to an Appeals Officer and Appeal No. 1701567-SYM was assigned to his appeal. *See*, Exhibit No. 5 at pp. 5-7.

The trial of Appeal No. 1701567-SYM was conducted on March 2, 2017. Taylor and his wife, Staci Taylor, personally appeared and provided testimony at the hearing of this appeal. No other witnesses testified in this matter. Five (5) documentary exhibits were admitted into evidence.

Having considered the documentary exhibits admitted into evidence at the trial of this case, the testimony of claimant Taylor and his wife, Staci Taylor, as well as closing arguments made by legal counsel for the parties, the Appeals Officer hereafter makes the following findings of fact, conclusions of law, and order.

Summary of Decision

The temporary, light-duty job offered to Taylor by the TMFPD on September 9, 2016, was a part of the employer's regular business operations, essentially immediately available, compatible with the temporary physical limitations for work imposed by the treating orthopedic surgeon, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location and of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. *See,* NRS 616C.475(8); *see generally, Amazon v. Magee*, 121 Nev. 632, 635-38, 119 P.3d 732 (2005); NAC 616C.583(6). Temporary employment at light duty offered by an employer which is part

of the employer's regular business operations is deemed in law not to be demeaning or degrading or to subject the employee to ridicule or embarrassment. See generally, NAC 616C.586(2).

It is also noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor.*

In accordance with the foregoing, the written determination issued by ASC on September 26, 2016, that notified Taylor that it was discontinuing temporary total disability (hereinafter "TTD") compensation effective September 11, 2016, is affirmed, as is the decision of the Hearing Officer made under Hearing No. 1700937-SA.

FINDINGS OF FACT

1. In April 2016, Taylor was 46 years old and working for the TMFPD as a Fire Captain. *See*, Exhibit No. 3 at pp. 17-19, 27; Exhibit No. 1 at pp. 1-7. Taylor began working for the TMFPD in January 1997. *See*, Exhibit No. 3 at p. 27; Exhibit No. 1 at p. 1.

2. On April 19, 2016, during a training exercise with another firefighter, Taylor was rescuing a downed firefighter, simulated by a 160 pound mannequin in a Level A suit (approximately 200 pounds). *See*, Exhibit No. 3 at pp. 1-19; Exhibit No. 1 at pp. 1-20. A SKED (sled and skid) device was used in the training exercise, and Taylor suffered an injury to his left shoulder during this exercise. *Id.*

3. On or about July 21, 2016, orthopedic surgeon Hilary Malcarney, M.D., performed a surgery on Taylor left shoulder. *See*, Exhibit No. 3 at pp. 68-73; Exhibit No. 1 at pp. 87-92.

4. On September 7, 2016, Taylor was examined by Dr. Malcarney and released to work, with light-duty restrictions (no lifting over 5 lbs. and no reaching above the shoulder) from September 7, 1996, to October 10, 2016. *See*, Exhibit No. 3 at p. 85-87.

5. On September 9, 2016, the TMFPD offered Taylor temporary, light-duty employment. *See*, Exhibit No. 3 at p. 88-89. The temporary, light-duty job offered to Taylor by the TMFPD

on September 9, 2016, was a part of the employer's regular business operations,[1] essentially immediately available, compatible with the temporary physical limitations for work imposed by Dr. Malcarney, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. ***Id.***

6. On September 9, 2016, Taylor informed the TMFPD that he would not accept the offer of temporary, light-duty employment extended by the TMFPD. *See*, Exhibit No. 3 at p. 90-92. Among other stated contentions for Taylor's rejection of the temporary, light-duty employment, Taylor asserted that work assignment was not substantially similar to Taylor's position as fire captain, including differences in work hours,[2] benefits,[3] supervisors,[4] and job duties.[5] *See*, Exhibit No. 3 at pp. 90-92.

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[1] The temporary position offered to Taylor was an assignment in the administrative offices of TMFPD, working Monday through Friday, 8:00 a.m. to 5:00 p.m., with an hour lunch. *See*, Exhibit No. 3 at p. 88-89. If accepted, Taylor was instructed to report to the administrative offices of the TMFPD on September 12, 2016, so as to align with the beginning of the FLSA cycle. *Id.*

[2] Taylor's position as fire captain included working a 48/96 rotation, that is 48 hour (2-day) work shift, followed by 96 hours (4 days) off work. *See*, Exhibit No. 3 at p. 90-92. Taylor testified that the 48-hour work shift included working, sleeping and residing at the station. In contrast, the temporary, light-duty employment work hours were 8:00 a.m. to 5:00 p.m., Monday through Friday. *Id.* Taylor also asserted that this scheduled change would impose a hardship on his family through an increase in childcare expenses, fuel and maintenance costs, and stress on his family due to unfamiliar, unforgiving, and inconvenient work schedule. *Id.* At trial, through the testimony of Taylor and his wife, Staci Taylor, it was learned that the Taylors have two children, ages 11 and 5, and that the 11 year old was in public school at the 6th grade level and the 5 year old was in pre-school approximately full time. Taylor did not offer or seek admittance into evidence financial records demonstrating the asserted financial hardship. Both in the Hearing Officer decision and at trial of this contested case, it was learned that the administrative offices of the TMFPD were located approximately 6 miles from the fire station at which Taylor was a fire captain. It is also noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor*.

[3] Taylor did not offer into evidence any contract documents to establish asserted differences in benefits.

[4] Taylor asserted that in the temporary, light duty employment, he would not be reporting to his battalion chief but to an appointed secretary.

7. Taylor's average monthly wage (AMW) under his claim is $5,426.25, the state maximum allowed for the date of his work-related injury. *See*, Exhibit No. 3 at pp. 33-37. In turn, under his claim, Taylor's daily compensation (DCR) and TTD rate were the maximum allowed by Nevada law for his date of injury, respectively $118.84 and $1,663.76. *Id.* In contrast, his hourly rate as a fire captain was $67.00 per hour. *Id.* Under the temporary, light-duty job offered to Taylor by the TMFPD, Taylor was to be paid his pre-injury gross average monthly wage, or $10,115.39. *Id.*

CONCLUSIONS OF LAW

A. Governing Law or Legal Principles

The burden of proving a case beyond speculation and conjecture is on the Claimant. This means that the Claimant must establish the work-connection of his/her injuries, the causal relationship between his/her work-connected injury and his disabilities, the extent of his/her disabilities, and all other facets of his/her claim by a preponderance of the evidence; he/she cannot prevail if the evidence is merely evenly balanced. *See*, NRS 616C.150; NRS 616A.010; *see generally*, 8A Larson, Larson's Workers' Compensation Laws, § 130.06(3)(a)(2006).

B. Taylor is not entitled to temporary total disability (TTD) for the period encompassed by the September 2016 offer of temporary, light-duty employment made by the TMFPD and Taylor's return to his pre-injury job in November 2016

Under NRS 616C.475(1), an employee who is temporarily totally disabled is entitled to receive monetary compensation for the period of this disability (TTD). *See also*, NRS 616A.340. The TTD rate of pay is only 66-2/3 percent of the injured employee's average monthly wage. However, under NRS 616C.475(5), TTD benefits must cease when a physician determines that the employee is physically capable of any gainful employment *or where an employer offers light-duty employment*. The temporary, light-duty job must meet the requirements of NRS 616C.475(8).

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[5] Taylor claims that the administrative assignment would require him to perform clerical tasks, which Taylor finds humiliating and argues would amount to retaliatory and constructive discharge under *Dillard Dep't Stores, Inc. v. Beckwith*, 115 Nev. 372, 374, 989 P.2d 882, 883 (1999).

The temporary, light-duty job offered to Taylor by the TMFPD on September 9, 2016, was a part of the employer's regular business operations, essentially immediately available, compatible with the temporary physical limitations for work imposed by the treating orthopedic surgeon, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location and of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. *See,* NRS 616C.475(8); *see generally, Amazon v. Magee*, 121 Nev. 632, 635-38, 119 P.3d 732 (2005); NAC 616C.583(6). Temporary employment at light duty offered by an employer which is part of the employer's regular business operations is deemed in law not to be demeaning or degrading or to subject the employee to ridicule or embarrassment. See generally, NAC 616C.586(2).

It is noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor.*

In accordance with the foregoing, I conclude as a matter of law that Taylor was not entitled to TTD compensation from September 11, 2016 to the date when he returned to his pre-injury job in November 2016.

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ORDER

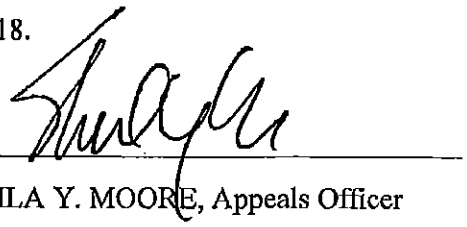
To the extent that any of the foregoing findings of fact may be construed as conclusions of law, or any of the foregoing conclusions of law may be construed as findings of fact, they are hereby adopted as such.

In accordance with the foregoing, **IT IS HEREBY ORDERED:**

1. That the September 26, 2016, determination made by ASC, on behalf of the TMFPD and the PACT, is hereby affirmed.

2. That the written decision dated November 23, 2016, made by Hearing Officer Sondra Amodei under Hearing No. 1700937-SA is hereby affirmed.

Dated this 21th of February, 2018.



SHEILA Y. MOORE, Appeals Officer

NOTICE:

Pursuant to NRS 233B.130, if any party desires to appeal this final decision of the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this final decision.

Prepared by:
Robert F. Balkenbush, Esq.
State Bar No. 1246
Thorndal Armstrong Delk Balkenbush & Eisinger
6590 S. McCarran, Suite B
Reno, Nevada 89509
T: (775) 786-2882
F: (775) 786-8004
Attorneys for: Truckee Meadows Fire Protection District, Employer and Public Agency Compensation Trust, Insurer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

VANCE TAYLOR
2919 ASPEN MEADOWS CT
RENO, NV 89519

JASON GUINASSO, ESQ
REESE KINTZ GUINASSO, LLC
500 DAMONTE RANCH PKWY STE 980
RENO NV 89511

TRUCKEE FIRE PROTECTION DISTRICT
PO BOX 11130
RENO, NV 89520

ALTERNATIVE SERVICE CONCEPTS
639 ISBELL RD #390
RENO, NV 89509-4993

ROBERT F BALKENBUSH, ESQ.
6590 S MCCARRAN BLVD #B
RENO NV 89509-6112

Dated this 28th day of February, 2018.

KFr

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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Jacqueline Bryant
Clerk of the Court
Transaction # 6624267 : csulezic

Robert F. Balkenbush, Esq.
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Reno, Nevada 89509
Tel.: (775) 786-2882
Fax.: (775) 786-8004
Attorneys for: Truckee Meadows Fire Protection District, Employer Public Agency Compensation Trust, Insurer

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

VANCE TAYLOR

Petitioner,

vs.

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT; ALTERNATIVE SERVICE CONCEPTS, LLC and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE

Respondents.

CASE NO.: CV18-00673

DEPARTMENT NO.: 6

NOTICE OF INTENT TO PARTICIPATE IN PETITION FOR JUDICIAL REVIEW

COME NOW, Respondents, TRUCKEE MEADOWS FIRE PROTECTION DISTRICT and ALTERNATIVE SERVICE CONCEPTS, LLC, by and through their attorney ROBERT F. BALKENBUSH, ESQ., of the law firm THORNDAL, ARMSTRONG, DELK, BALKENBUSH & EISINGER, and hereby submit this Notice of Intent to Participate in the review process regarding the Petition for Judicial Review filed by Petitioner on or about March 30, 2018. This Notice of Intent to Participate is made pursuant to and based upon NRS 233B.130(3).

Respondents, do not, by filing this Notice of Intent to Participate, waive any argument

regarding jurisdiction or any other defense available.

AFFIRAMTION PURSUANT TO NRS 239B.030

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

DATED this 11th day of March, 2018.

THORNDAL, ARMSTRONG,
DELK, BALKENBUSH & EISINGER

By: */s/ Robert F. Balkenbush*

ROBERT F. BALKENBUSH, ESQ.
State Bar No. 1246
6590 S. McCarran Blvd., Suite B
Reno, Nevada 89509
(775) 786-2882
Truckee Meadows Fire Protection District,
Employer, Public Agency Compensation Trust,
And Alternative Service Concepts, LLC

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of Thorndal Armstrong Delk Balkenbush & Eisinger, and that on this date I caused the foregoing **NOTICE OF INTENT TO PARTICIPATE IN PETITION FOR JUDICIAL REVIEW** to be served on all parties to this action by:

XX Placing an original or true copy thereof in a sealed, postage prepaid, envelope in the United States mail at Reno, Nevada.

Fully addressed as follows:

Jason Guinasso, Esq.
Hutchison & Steffen, LLC
500 Damonte Ranch Parkway, Suite 980
Reno, NV 89521

Patrick Cates – Director
Department of Administration
515 E. Musser St.
Carson City, NV 89701

Adam Laxalt, Esq.
Attorney General
100 W. Carson St.
Carson City, NV 89701

Senior Appeals Officer Michelle Morgando
2200 S. Rancho Drive, Suite 220
Las Vegas, NV 89102

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

Alternative Service Concepts
639 Isbell Rd. Ste 390
Reno, Nevada 89509

DATED this 11th day of April, 2018.

By: */s/ Natalie L. Steinhardt*
NATALIE L. STEINHARDT

Brian Sandoval
Governor

Patrick Cates
Director

Michelle L. Morgando, Esq.
Acting Senior Appeals Officer

Northern Nevada:
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1050 E. William St., Ste. 400
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Appeals Office
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Carson City, Nevada 89701
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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
http://hearings.state.nv.us

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

May 1, 2018

RECEIVED
MAY 0 2 2018
BY

JASON GUINASSO ESQ
500 DAMONTE RANCH PKWY STE 980
RENO NV 89521

Re: VANCE TAYLOR, 1701567-SYM
In The Second Judicial District Court
Case No. cv18-00673, Dept. No. 6

Dear Mr. Guinasso:

Please be advised that on this date, the entire record on appeal, in the above-referenced claim was transmitted in accordance with the Nevada Administrative Procedure Act to the Clerk of the Second Judicial District Court of the State of Nevada, in and for the County of Washoe.

For your convenience, I have enclosed a photocopy of the index to the transmitted record.

Sincerely,

Sheila Y. Moore
Appeals Officer

LLW/kf
Enclosure

cc: Robert Balkenbush, Esq.

CASE NO. CV18-00673

DEPT. NO.

VANCE TAYLOR V. TRUCKEE MEADOWS FIRE PROTECTION DISTRICT; ALTERNATIVE SERVICE CONCEPTS, LLC and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE

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VANCE TAYLOR vs. TM FIRE P 364 Pages
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CLERK OF THE COURT
BY _____
DEPUTY

CASE NO. CV18-00673

DEPT NO. 6

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WHASHOE

* * * * *

VANCE TAYLOR,

Petitioner,

vs.

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT, ALTERNATIVE SERVICE CONCEPTS and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE,

Respondents.

_____/

RECORD ON APPEAL

ORIGINAL

RECORD ON APPEAL

IN ACCORDANCE WITH THE

NEVADA ADMINISTRATIVE PROCEDURE ACT
(Chapter 233B of NRS)

Attorney for Petitioner

JASON GUINASSO ESQ
500 DAMONTE RANCH PKWY STE 980
RENO NV 89521

Attorney for Respondents

ROBERT F BALKENBUSH ESQ
6590 S McCARRAN BLVD STE B
RENO NV 89509

APPEALS OFFICE
1050 E. WILLIAM #450
CARSON CITY NV 89710

CASE NO. CV18-00673

DEPT NO. 6

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WHASHOE

* * * * *

VANCE TAYLOR,

Petitioner,

vs.

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT, ALTERNATIVE SERVICE CONCEPTS and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE,

Respondents.

_____/

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the following document **DOES NOT** contain the social security number of any person:

1. Record on Appeal

APPEALS OFFICER

SHEILA Y. MOORE

APPEALS OFFICE
1050 E. WILLIAM #450
CARSON CITY NV 89710

Brian Sandoval
Governor

Patrick Cates
Director

Michelle L. Morgando, Esq.
Acting Senior Appeals Officer

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(702) 486-2527 | Fax (702) 486-2555

May 1, 2018

JASON GUINASSO ESQ
500 DAMONTE RANCH PKWY STE 980
RENO NV 89521

Re: VANCE TAYLOR, 1701567-SYM
In The Second Judicial District Court
Case No. cv18-00673, Dept. No. 6

Dear Mr. Guinasso:

Please be advised that on this date, the entire record on appeal, in the above-referenced claim was transmitted in accordance with the Nevada Administrative Procedure Act to the Clerk of the Second Judicial District Court of the State of Nevada, in and for the County of Washoe.

For your convenience, I have enclosed a photocopy of the index to the transmitted record.

Sincerely,

Sheila Y. Moore
Appeals Officer

LLW/kf
Enclosure

cc: Robert Balkenbush, Esq.

CASE NO. CV18-00673

DEPT. NO.

VANCE TAYLOR V. TRUCKEE MEADOWS FIRE PROTECTION DISTRICT; ALTERNATIVE SERVICE CONCEPTS, LLC and the NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICER SHEILA MOORE

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Certificate of Mailing (Dated December 6, 2016) 356

Decision of Hearing Officer Sondra Amodei (Dated November 23, 2016) 357 - 359

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FILED

FEB 28 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Insurance Claim Of VANCE TAYLOR	Claim No. C143-16-09765-01 Hearing No. 1700937-SA Appeal No. 1701567-SYM

DECISION AND ORDER

Background

In this contested case, the claimant Vance Taylor (hereinafter "Taylor"), was represented by Jason Guinasso, Esq. The employer, Truckee Meadows Fire Protection District (hereinafter "TMFPD"), and the insurer, Public Agency Compensation Trust (hereinafter "PACT"), were represented by Robert Balkenbush, Esq., of the law firm of Thorndal, Armstrong, Delk, Balkenbush & Eisinger. The current third party administrator of Taylor's year 2016 workers' compensation claim at issue in this contested case is Alternative Service Concepts, LLC (hereinafter "ASC").

By written determination dated September 9, 2016, the TMFPD offered Taylor a temporary, light-duty job that accommodated the physical restrictions imposed on Taylor by the treating orthopedic surgeon on September 7, 2016. *See*, Exhibit No. 2 at pp. 101-102; Exhibit No. 3 at pp. 88-89. Taylor rejected the temporary, light-duty job offered to him by the TMFPD. *See*, Exhibit No. 3 at pp. 90-92. In turn, and by written determination dated September 26, 2016, ASC notified Taylor that it was discontinuing temporary total disability (hereinafter "TTD")

compensation effective September 11, 2016. *See*, Exhibit No. 2 at pp. 103-104; Exhibit No. 3 at p. 94; Exhibit 5 at p.1. Taylor returned to pre-injury job with the TMFPD in November 2016. *Taylor Trial Testimony*. Taylor disagreed with ASC's September 26, 2016, determination and, therefore, he filed an appeal of this determination with a Hearing Officer, and Hearing No. 1700397-SA was assigned to his appeal. *See*, Exhibit No. 5 at pp. 2-4. Following a hearing and by written decision dated November 23, 2016, Hearing Officer Sondra Amodei held that TTD compensation was properly terminated. *See*, Exhibit No. 5 at pp. 2-4. Taylor disagreed with the Hearing Officer's decision made under Hearing No. 1700937-SA and, therefore, he timely appealed from that decision to an Appeals Officer and Appeal No. 1701567-SYM was assigned to his appeal. *See*, Exhibit No. 5 at pp. 5-7.

The trial of Appeal No. 1701567-SYM was conducted on March 2, 2017. Taylor and his wife, Staci Taylor, personally appeared and provided testimony at the hearing of this appeal. No other witnesses testified in this matter. Five (5) documentary exhibits were admitted into evidence.

Having considered the documentary exhibits admitted into evidence at the trial of this case, the testimony of claimant Taylor and his wife, Staci Taylor, as well as closing arguments made by legal counsel for the parties, the Appeals Officer hereafter makes the following findings of fact, conclusions of law, and order.

Summary of Decision

The temporary, light-duty job offered to Taylor by the TMFPD on September 9, 2016, was a part of the employer's regular business operations, essentially immediately available, compatible with the temporary physical limitations for work imposed by the treating orthopedic surgeon, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location and of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. *See*, NRS 616C.475(8); *see generally*, *Amazon v. Magee*, 121 Nev. 632, 635-38, 119 P.3d 732 (2005); NAC 616C.583(6). Temporary employment at light duty offered by an employer which is part

of the employer's regular business operations is deemed in law not to be demeaning or degrading or to subject the employee to ridicule or embarrassment. See generally, NAC 616C.586(2).

It is also noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor.*

In accordance with the foregoing, the written determination issued by ASC on September 26, 2016, that notified Taylor that it was discontinuing temporary total disability (hereinafter "TTD") compensation effective September 11, 2016, is affirmed, as is the decision of the Hearing Officer made under Hearing No. 1700937-SA.

FINDINGS OF FACT

1. In April 2016, Taylor was 46 years old and working for the TMFPD as a Fire Captain. *See*, Exhibit No. 3 at pp. 17-19, 27; Exhibit No. 1 at pp. 1-7. Taylor began working for the TMFPD in January 1997. *See*, Exhibit No. 3 at p. 27; Exhibit No. 1 at p. 1.

2. On April 19, 2016, during a training exercise with another firefighter, Taylor was rescuing a downed firefighter, simulated by a 160 pound mannequin in a Level A suit (approximately 200 pounds). *See*, Exhibit No. 3 at pp. 1-19; Exhibit No. 1 at pp. 1-20. A SKED (sled and skid) device was used in the training exercise, and Taylor suffered an injury to his left shoulder during this exercise. *Id.*

3. On or about July 21, 2016, orthopedic surgeon Hilary Malcarney, M.D., performed a surgery on Taylor left shoulder. *See*, Exhibit No. 3 at pp. 68-73; Exhibit No. 1 at pp. 87-92.

4. On September 7, 2016, Taylor was examined by Dr. Malcarney and released to work, with light-duty restrictions (no lifting over 5 lbs. and no reaching above the shoulder) from September 7, 1996, to October 10, 2016. *See*, Exhibit No. 3 at p. 85-87.

5. On September 9, 2016, the TMFPD offered Taylor temporary, light-duty employment. *See*, Exhibit No. 3 at p. 88-89. The temporary, light-duty job offered to Taylor by the TMFPD

on September 9, 2016, was a part of the employer's regular business operations,[1] essentially immediately available, compatible with the temporary physical limitations for work imposed by Dr. Malcarney, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. ***Id.***

6. On September 9, 2016, Taylor informed the TMFPD that he would not accept the offer of temporary, light-duty employment extended by the TMFPD. *See*, Exhibit No. 3 at p. 90-92. Among other stated contentions for Taylor's rejection of the temporary, light-duty employment, Taylor asserted that work assignment was not substantially similar to Taylor's position as fire captain, including differences in work hours,[2] benefits,[3] supervisors,[4] and job duties.[5] *See*, Exhibit No. 3 at pp. 90-92.

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[1] The temporary position offered to Taylor was an assignment in the administrative offices of TMFPD, working Monday through Friday, 8:00 a.m. to 5:00 p.m., with an hour lunch. *See*, Exhibit No. 3 at p. 88-89. If accepted, Taylor was instructed to report to the administrative offices of the TMFPD on September 12, 2016, so as to align with the beginning of the FLSA cycle. *Id.*

[2] Taylor's position as fire captain included working a 48/96 rotation, that is 48 hour (2-day) work shift, followed by 96 hours (4 days) off work. *See*, Exhibit No. 3 at p. 90-92. Taylor testified that the 48-hour work shift included working, sleeping and residing at the station. In contrast, the temporary, light-duty employment work hours were 8:00 a.m. to 5:00 p.m., Monday through Friday. *Id.* Taylor also asserted that this scheduled change would impose a hardship on his family through an increase in childcare expenses, fuel and maintenance costs, and stress on his family due to unfamiliar, unforgiving, and inconvenient work schedule. *Id.* At trial, through the testimony of Taylor and his wife, Staci Taylor, it was learned that the Taylors have two children, ages 11 and 5, and that the 11 year old was in public school at the 6th grade level and the 5 year old was in pre-school approximately full time. Taylor did not offer or seek admittance into evidence financial records demonstrating the asserted financial hardship. Both in the Hearing Officer decision and at trial of this contested case, it was learned that the administrative offices of the TMFPD were located approximately 6 miles from the fire station at which Taylor was a fire captain. It is also noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor.*

[3] Taylor did not offer into evidence any contract documents to establish asserted differences in benefits.

[4] Taylor asserted that in the temporary, light duty employment, he would not be reporting to his battalion chief but to an appointed secretary.

7. Taylor's average monthly wage (AMW) under his claim is $5,426.25, the state maximum allowed for the date of his work-related injury. *See*, Exhibit No. 3 at pp. 33-37. In turn, under his claim, Taylor's daily compensation (DCR) and TTD rate were the maximum allowed by Nevada law for his date of injury, respectively $118.84 and $1,663.76. *Id.* In contrast, his hourly rate as a fire captain was $67.00 per hour. *Id.* Under the temporary, light-duty job offered to Taylor by the TMFPD, Taylor was to be paid his pre-injury gross average monthly wage, or $10,115.39. *Id.*

CONCLUSIONS OF LAW

A. Governing Law or Legal Principles

The burden of proving a case beyond speculation and conjecture is on the Claimant. This means that the Claimant must establish the work-connection of his/her injuries, the causal relationship between his/her work-connected injury and his disabilities, the extent of his/her disabilities, and all other facets of his/her claim by a preponderance of the evidence; he/she cannot prevail if the evidence is merely evenly balanced. *See*, NRS 616C.150; NRS 616A.010; *see generally,* 8A Larson, Larson's Workers' Compensation Laws, § 130.06(3)(a)(2006).

B. Taylor is not entitled to temporary total disability (TTD) for the period encompassed by the September 2016 offer of temporary, light-duty employment made by the TMFPD and Taylor's return to his pre-injury job in November 2016

Under NRS 616C.475(1), an employee who is temporarily totally disabled is entitled to receive monetary compensation for the period of this disability (TTD). *See also*, NRS 616A.340. The TTD rate of pay is only 66-2/3 percent of the injured employee's average monthly wage. However, under NRS 616C.475(5), TTD benefits must cease when a physician determines that the employee is physically capable of any gainful employment *or where an employer offers light-duty employment*. The temporary, light-duty job must meet the requirements of NRS 616C.475(8).

---

[5] Taylor claims that the administrative assignment would require him to perform clerical tasks, which Taylor finds humiliating and argues would amount to retaliatory and constructive discharge under *Dillard Dep't Stores, Inc. v. Beckwith*, 115 Nev. 372, 374, 989 P.2d 882, 883 (1999).

The temporary, light-duty job offered to Taylor by the TMFPD on September 9, 2016, was a part of the employer's regular business operations, essentially immediately available, compatible with the temporary physical limitations for work imposed by the treating orthopedic surgeon, substantially similar to Taylor's pre-injury position with the TMFPD in relation to the location and of the employment and hours Taylor was required to work, and provided Taylor with the same gross wage he was earning from the TMFPD before his work-related injury. *See,* NRS 616C.475(8); *see generally, Amazon v. Magee*, 121 Nev. 632, 635-38, 119 P.3d 732 (2005); NAC 616C.583(6). Temporary employment at light duty offered by an employer which is part of the employer's regular business operations is deemed in law not to be demeaning or degrading or to subject the employee to ridicule or embarrassment. See generally, NAC 616C.586(2).

It is noted that Taylor returned to pre-injury job in November 2016, and that he previously accepted and worked the same temporary, light-duty job offered to him by the TMFPD on September 9, 2016, for a temporary period before undergoing a shoulder surgery related to his work-related accidental injury. *Testimony of Taylor.*

In accordance with the foregoing, I conclude as a matter of law that Taylor was not entitled to TTD compensation from September 11, 2016 to the date when he returned to his pre-injury job in November 2016.

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ORDER

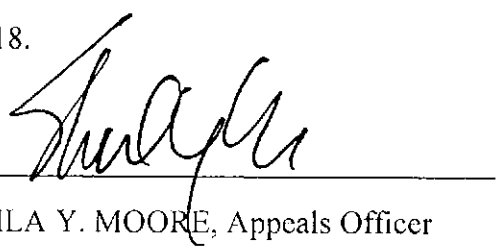
To the extent that any of the foregoing findings of fact may be construed as conclusions of law, or any of the foregoing conclusions of law may be construed as findings of fact, they are hereby adopted as such.

In accordance with the foregoing, **IT IS HEREBY ORDERED:**

1. That the September 26, 2016, determination made by ASC, on behalf of the TMFPD and the PACT, is hereby affirmed.

2. That the written decision dated November 23, 2016, made by Hearing Officer Sondra Amodei under Hearing No. 1700937-SA is hereby affirmed.

Dated this 27th of February, 2018.



SHEILA Y. MOORE, Appeals Officer

NOTICE:

Pursuant to NRS 233B.130, if any party desires to appeal this final decision of the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within thirty (30) days after service of this final decision.

Prepared by:
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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 **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

VANCE TAYLOR
2919 ASPEN MEADOWS CT
RENO, NV 89519

JASON GUINASSO, ESQ
REESE KINTZ GUINASSO, LLC
500 DAMONTE RANCH PKWY STE 980
RENO NV 89511

TRUCKEE FIRE PROTECTION DISTRICT
PO BOX 11130
RENO, NV 89520

ALTERNATIVE SERVICE CONCEPTS
639 ISBELL RD #390
RENO, NV 89509-4993

ROBERT F BALKENBUSH, ESQ.
6590 S MCCARRAN BLVD #B
RENO NV 89509-6112

Dated this 28th day of February, 2018.

KF

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the matter of the: Contested Industrial Insurance Claim,	Claim No.: C143-16-09765-01
of	Hearing No.: 1700937-SA
VANCE TAYLOR, Claimant	Appeal No.: 1701567-SYM

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE SHEILA MOORE, ESQ.
APPEALS OFFICER

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2018 APR 26 PM 2:40
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MARCH 2, 2017
2:32 PM

1050 EAST WILLIAMS STREET, SUITE 450
CARSON CITY, NEVADA 89701

Ordered by: Department of Administration
1050 East Williams Street, Suite 450
Carson City, Nevada 89701

Transcribed By: Jaime Caris, Always On Time

1 A P P E A R A N C E S

2

3 On behalf of the Claimant:

4 Jason Guinasso, Esq.

5 Reese Kintz Guinasso, LLC

6 500 Damonte Ranch Parkway, Suite 980

7 Reno, Nevada 89511

8

9

10 On behalf of the Insurer:

11 Robert F. Balkenbush, Esq.

12 6590 S. McCarran Boulevard, Suite B

13 Reno, Nevada 89509-6112

14

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16

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25

1 I N D E X

EXAMINATION	DIRECT	CROSS	REDIRECT	RECROSS
Vance Taylor	8	30	36	
Staci Taylor	44	46		

8 E X H I B I T S

EVIDENCE	IDENTIFIED	IN
Claimant's Exhibit 1	4	4
Claimant's Exhibit 2	4	4
Insurer/Employer's Exhibit 3	4	4
Insurer/Employer's Exhibit 4	4	4

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

2 APPEALS OFFICER: My name is Appeals Officer
3 Sheila Moore. It is March 2, 2017. Time is approximately
4 2:30. This is the time and date set for the Industrial—
5 Contested Industrial Insurance Claim of Vance Taylor. Good
6 afternoon Mr. Taylor.

7 VANCE TAYLOR: Afternoon.

8 APPEALS OFFICER: Present in the courtroom is
9 Mr. Taylor, representing Mr. Taylor is Jason Guinasso.
10 Representing the Employer, Truckee Meadows Fire Protection
11 District and its Insurer, the Public Agency Trust
12 Compensation is Robert Balkenbush.

13 At the Hearing—the matter at the Hearing today
14 which is 17-01567 is Claimant's December 1, 2016 Appeal of
15 the Hearing Officer's November 23, 2016 Decision/Order. It
16 states it's remanding but it's actually affirming the
17 Insurer's September 26, 2016 Determination Letter denying
18 coverage for disability benefits, correct?

19 JASON GUINASSO: That's correct.

20 ROBERT BALKENBUSH: Yes.

21 APPEALS OFFICER: Are the dates in question
22 still September 11th to November 1st?

23 ROBERT BALKENBUSH: Yes.

24 JASON GUINASSO: Yes.

25

1 APPEALS OFFICER: Okay. I have a total of five
2 Exhibits. We'll mark the Claimant's Exhibits first. We
3 have Claimant's Documentary Exhibit 1, consisting of 100
4 pages, filed January 25, 2017. As there are no objections,
5 that will be marked and entered as Exhibit 1.
6 Claimant's Documentary Exhibit 2, filed January
7 25, 2017, consisting of Pages 101-104 will be marked as
8 Exhibit 2.
9 Next, we have Insurer/Employer's first
10 documentary Exhibit which was filed on January 5, 2017
11 consisting of 100 pages, that will be marked and entered as
12 there are no objections, as Exhibit 3.
13 Insurer/Employer's second documentary Exhibit,
14 filed January 25, 2017, consisting of two pages, will be
15 marked and entered as Exhibit 4.
16 Lastly, we have the Insurer/Employer's Claims
17 History Packet, also filed January 5, 2017 consisting of
18 seven pages. That will be marked and entered as Exhibit 5.
19 Opening statements? Mr. Guinasso?
20 JASON GUINASSO: Yes, very briefly. NRS
21 616C.475(a) and NAC 616C.583 have very specific
22 requirements for offers of temporary light-duty employment
23 made by the Employer. The evidence and testimony that we
24 will present to you today will show that those provisions
25 were not complied with. Thereafter, we'll ask you to

1 reverse the Third-Party Administrator and Municipality's
2 Determination and award TTD from September 11, 2016 to
3 November 1, 2016. Thank you.
4 APPEALS OFFICER: Thank you Mr. Guinasso. Mr.
5 Balkenbush.
6 ROBERT BALKENBUSH: Yes, just briefly Your Honor.
7 This is—this is a case involving a firefighter for the
8 Truckee Meadows Fire Protection District and he'll testify
9 today but he was doing a training exercise for his
10 shoulder. In hurting his shoulder, he ended up having to
11 have surgery on his shoulder. I think the evidence is
12 going to relate to you today that he worked a light-duty
13 job for the Truckee Meadows Fire Protection District before
14 he got the surgery. Then, after the surgery, he was again,
15 offered a light-duty for a period of it looks like a month
16 and a half to a month and three-quarters.
17 Essentially, what I think the evidence is going
18 to show you today is that the location of his employment,
19 his light-duty job for a month and a half, a month and
20 three-quarters, that's at issue for TTD, was approximately
21 six miles away from his regular place of employment. It
22 was with the Truckee Meadows Fire Protection District. The
23 pay was substantially similar. The different
24 classification [inaudible] was substantially similar in
25

1 terms of what he was making as a firefighter. The hours
2 would be essentially substantially similar.
3 I think the testimony is going to be in records
4 that have been admitted show that he worked a different
5 shift. He had 48 hours on, 96 hours off. But I think in
6 the—we were expecting the testimony today to be that, you
7 know, during that 48 hour period, it was—you're not working
8 an emergency day, every 48 hour period in that month and a
9 half, that that will be—effectively, in a 48 hour period,
10 which is two days, you know, some of that is going to be
11 sleep time. Eight hours perhaps, during those periods of
12 time. And, that leaves about 16 hours per day, which is
13 about what most people are awake.
14 The job that we gave him was a 40-hour a week job
15 which was essentially eight hours a day. So, I think of
16 the 16 hours that he may have been awake, maybe eight
17 hours, unless they were doing a fire, would've been
18 probably for sure, the pay they would've—the time you
19 would've worked.
20 So, I think that's what the facts are going to
21 show. What those mean in terms of what the law is in this
22 case. We'll argue at the end, but we will state right up
23 front that this is sort of the exact opposite, or the flip
24 side of the coin of one of the cases that I think was cited
25

1 in the pre-hearing statement of the Claimant, which was
2 the—it was the *EG&G Special Projects v. Corselli* case.
3 There's a fellow—there was a—I just make this in
4 opening remarks is that, the fellow that was responsible
5 for this Decision, the Corselli case was, on the defense
6 side, he was Jerry Collier Lane. He used to make technical
7 arguments, hyper technical arguments and that's what I
8 think you're going to be facing today is a hyper technical
9 analysis of the law governing light-duty job offers and
10 payment of TTD.
11 And, the Court looked at Jerry Collier Lane's
12 arguments in that case and said, they're too hyper
13 technical and you're wrong. And, we're going to argue at
14 the end of the case that this case presents the flip side.
15 It's the Claimant basically almost doing what Jerry Collier
16 Lane was doing for Employers and Insurers at the time.
17 That will be the extent of my opening remarks.
18 APPEALS OFFICER: Okay, thank you Mr.
19 Balkenbush. Mr. Guinasso, your first witness?
20 JASON GUINASSO: Yes, thank you Your Honor.
21 I'd like to call Vance Taylor.
22 APPEALS OFFICER: Mr. Taylor, if you will, go
23 ahead and be seated in the witness chair. If you will,
24 please raise your right hand. Do you swear or affirm that
25

1 the testimony you're about to give in this matter is the
2 truth, the whole truth and nothing but the truth?
3 VANCE TAYLOR: I do.
4 APPEALS OFFICER: Thank you. As you may have
5 noticed, these proceedings are audio recorded. So, in the
6 event—well, let me back up just a moment. Please wait for
7 the completion of each question before you begin answering.
8 Also, if it's a yes or no answer, please indicate audibly,
9 other than uh huh or shaking of the head. If there's any
10 gesturing, please describe those verbally so that we can
11 get it all recorded, okay?
12 VANCE TAYLOR: Yes ma'am.
13 APPEALS OFFICER: Would you please state and
14 spell your full name for the record?
15 VANCE TAYLOR: Vance Anthony Taylor. V-A-N-
16 C-E, A-N-T-H-O-N-Y, T-A-Y-L-O-R.
17 APPEALS OFFICER: Thank you sir. Mr. Guinasso?
18 JASON GUINASSO: Thank you, Your Honor. Mr.
19 Taylor, where do you work?
20 VANCE TAYLOR: I work at Truckee Meadows
21 Fire Protection District.
22 JASON GUINASSO: What's your position with the
23 District?
24 VANCE TAYLOR: I am a Fire Suppression Cap.
25

JASON GUINASSO: How long have you been with the District?

VANCE TAYLOR: I've been with the District for—since 2012. Since the stand-up. But I've been currently employed as—as a Fireman by the County of Washoe County for 20—going on 21 years.

JASON GUINASSO: Okay. How long have you been in your current position?

VANCE TAYLOR: Five years.

JASON GUINASSO: And, what are your job duties?

VANCE TAYLOR: My duties are to supervisor—to supervise my crew. To respond with my crew to all incidents within the District, including structure fires, vehicle fires, wildlife fires, EMS incidents. Avalanche, search and rescue, water rescue. It's an all-risk Department. So, if you can think of it, we do it. I'm Incident Commander. I'm the Engine Incident Commander for that fire engine.

So, when we get on scene, I take command and command the scene until the Battalion Chief or my supervisor gets on scene and I pass command to him.

JASON GUINASSO: Can you tell the Appeal Officer what some of the physical requirements of your job are?

1 VANCE TAYLOR: I think the term is,
2 extremely strenuous. It's—we go from 0-100 miles an hour.
3 When we go on these calls. It's—the medical calls are not
4 quite as strenuous but we're still throwing around a lot of
5 gear. Very heavy gear. And, if we're doing a structure
6 fire, vehicle accident, any type of fire or accident, we're
7 throwing around heavy gear, our—just our gear alone that we
8 carry which is our air bottles and our turnouts will exceed
9 over 100 pounds, once we have them on. So, we're not only
10 carrying our gear but we're carrying all the other gear
11 that we need to mitigate the incident.
12 JASON GUINASSO: Thank you. So, during the
13 course of performing your regular job duties, did you have
14 an accident or an injury?
15 VANCE TAYLOR: Yes.
16 JASON GUINASSO: When was that?
17 VANCE TAYLOR: April 20th, I believe. Either
18 April 19th or 20th of last year, 2016. We were at a HAZMAT
19 Training. Hazardous Materials Training. I'm a HAZMAT Tech
20 as well. So, once a month the triad team, which is a
21 combination team of Reno, Sparks and Truckee Meadows Fire.
22 We all get together for a monthly training. So, the team
23 consists of the three different fire agencies and we have a
24 training every month.
25

1 So, this month's training was, rescue the downed
2 tech in the hot zone. What that was, it's a quick
3 extraction drill where two firemen, myself and another
4 fellow fireman, goes into the hot zone. There's a downed
5 tech that's in a fully encapsulated, level A suit and then
6 we're just supposed to pull him out of there as fast as we
7 can. Get him out of the hot zone as fast as you can
8 because the hot zone is where all the nasty chemicals and
9 everything are.
10 So, once we have a tech going down in the hot
11 zone, it's imperative that we get that tech out, as fast as
12 possible. So, there's a quick extraction drill that two of
13 us goes up—we went upstairs into the training tower,
14 located the victim, threw the victim on a—what we call a
15 skid. It's just a flexible backboard, if you will, that we
16 wrap them up in a burrito and we just drag them out as fast
17 as we can.
18 We get around—we're coming down the stairs and
19 it's a pretty steep incline of stairs. I'm backing down,
20 holding my right hand on the guard rail and I'm holding the
21 tech because it's a—it's a—it's not a mannequin. It's one
22 of our guys that's playing the injured or the downed tech.
23 So, with him and his gear, he's over 200 pounds. He's
24 going into 260-270 pounds, we're dragging out. I have—I'm
25 coming down the stairs and I'm first down the stairs,

1 facing my partner. I'm backing down with my—and holding
2 the guard rail with my right hand and holding the skid and
3 the patient with my left hand. And, the other fire captain
4 that my—my partner, he just readjusted to get around the
5 corner and readjusted the patient and pulled the weight
6 towards him, just to pick him up again and that movement
7 stretched 270 pounds on to my shoulder and tore my
8 shoulder.
9 JASON GUINASSO: Okay. So, as a result of
10 that injury, did you file a Workers Compensation Claim?
11 VANCE TAYLOR: Yes. Immediately.
12 JASON GUINASSO: And, was that Claim accepted?
13 VANCE TAYLOR: Yes.
14 JASON GUINASSO: Okay. And then after the
15 Claim was accepted, did you receive medical treatment and
16 care?
17 VANCE TAYLOR: Yes.
18 JASON GUINASSO: All right. Prior to your
19 surgery, were you provided with a light-duty job offer?
20 VANCE TAYLOR: Yes. Being that I had to
21 wait three months to get on the surgery schedule with my
22 orthopedic surgeon, they had me do, not just—not only
23 wanted me to do light-duty but they wanted me to do
24 physical therapy as well. As part of the—you know, the
25

1 stronger you go into surgery, the stronger you come out.
2 That's the theory.
3 JASON GUINASSO: So, you had work
4 restrictions, I should back up a little--
5 VANCE TAYLOR: Absolutely.
6 JASON GUINASSO: --you had some work
7 restrictions.
8 VANCE TAYLOR: Absolutely.
9 JASON GUINASSO: What were those work
10 restrictions?
11 VANCE TAYLOR: It was no use of the left
12 arm.
13 JASON GUINASSO: Okay.
14 VANCE TAYLOR: Of the left shoulder, at all.
15 JASON GUINASSO: And so, when you received
16 those work restrictions, prior to surgery, you were
17 provided with a light duty job offer.
18 VANCE TAYLOR: Correct.
19 JASON GUINASSO: And, what was that job offer?
20 VANCE TAYLOR: The job offer was, I was to
21 report to the Administration Office of Truckee Meadows Fire
22 Protection District, which is 1001 East Ninth Street,
23 Building D, upstairs. It's where the main administration
24 office is. And, my duty—the—what Truckee Meadows does,
25 we're on a shift schedule, when we're normally working,

1 which is a 48-hour—48-hours on, 96-hours off, schedule.
2 It's two days working straight and then you have four days
3 off and that rotates like that.
4 What they do is, just past practice, which is
5 they change our schedule so that we are all working in the
6 office, the same hours which is an 8:00 to 5:00 Monday
7 through Friday schedule. That's just to—I asked about
8 that, if there's any chance for me to stay on my fire
9 schedule and they said, no, we want you 8:00 to 5:00,
10 Monday through Friday because that's the shift that
11 everybody in the office works.
12 JASON GUINASSO: Now, Mr. Taylor, in the
13 evidence, I don't see any letter providing you with this
14 light-duty job offer, prior to your surgery. Did you
15 receive such a letter?
16 VANCE TAYLOR: Yes. It's the same letter
17 that you received but--
18 JASON GUINASSO: It's the same letter—so, you
19 got a letter prior to surgery and a letter after surgery?
20 VANCE TAYLOR: Yes. It's the same—it's the
21 same letter. It says, you are to show up at the
22 Administrative Office, 8:00 to 5:00, Monday through Friday.
23 You are to start this date.
24 JASON GUINASSO: Okay.
25

1 VANCE TAYLOR: I don't—I may have record of
2 that letter. The initial one, but I—being that you don't
3 have it, I don't know if—I can't recall if I actually got
4 one. I figured—I'm not going to say I didn't, because
5 they're pretty good about sending these letters out, so.
6 JASON GUINASSO: But you just don't recall.
7 VANCE TAYLOR: I just don't recall, no.
8 JASON GUINASSO: So, after the surgery, you
9 were off work completely for a period of time is that
10 right?
11 VANCE TAYLOR: Right.
12 JASON GUINASSO: Okay.
13 VANCE TAYLOR: You want me to explain the
14 duties of--
15 JASON GUINASSO: Oh yeah, please.
16 VANCE TAYLOR: So, when I got in there, I
17 was assigned—I was assigned—my duties were, my supervisor
18 was the office secretary and I was assigned whatever—
19 whatever secretary work that she was given by the Fire
20 Chief and then she would disseminate that or you know, give
21 it to me. Whatever things she chose, projects, whatever
22 she was working on, she would give me those projects that—a
23 gentleman that was in there prior to me that was injured
24 that was just leaving when I got in, he began working on
25 this project; which was data entry. Changing hard file—

1 hard copies and scanning them in—inputting them into the
2 computer as electronic files. So, he was doing that. It
3 was a very large project.
4 There were boxes from the floor to the ceiling,
5 that the project had to be done because no one was doing it
6 over the course of five years of existence of the new
7 Truckee Meadows Fire Protection District. So, it was quite
8 the project.
9 Anyway, my supervisor was the secretary so I was—
10 I was disappointed that I was doing this menial task,
11 secretarial work, but I chose not to say anything at the
12 time because I am the position of my career where I'm
13 trying to play nice and I am at the point where a promotion
14 is in my near future and I would, at the time, being that I
15 had to wait for my surgery anyway, I accepted the job offer
16 as it was, even though I—I didn't understand it.
17 I felt like I could've been utilized a lot—at a
18 higher level, with my captain—at a Captain's level, instead
19 of a secretary's level. Not to demean the secretary, but
20 my—I could've done so much other duties rather than just to
21 help the secretaries in the office out. I could've been
22 actually working for the Chief.
23 JASON GUINASSO: Because you're a supervisor,
24 right?
25

1 VANCE TAYLOR: Because I'm a supervisor and
2 I could actually be working for the Chief, because I knew
3 the Chief had many things that he was doing. Eventually,
4 when—you know, at the end of my—at the end, where right
5 before I got on the line again and I was released back on
6 to the line, the Chief--
7 JASON GUINASSO: Changed your light duty.
8 VANCE TAYLOR: Changed my light duty to
9 where he says, okay I understand. Working for the
10 secretary was demeaning. You'll be working for me and now
11 I want you to work on these projects, which were beneficial
12 to the District as a whole.
13 JASON GUINASSO: Let's talk about your change
14 in light-duty in just a moment.
15 VANCE TAYLOR: Okay.
16 JASON GUINASSO: I want to clarify some things
17 for the Appeal Officer. First of all, your regular
18 scheduled shift--
19 VANCE TAYLOR: Right.
20 JASON GUINASSO: --before you were injured,
21 what was that?
22 VANCE TAYLOR: That's a—it's a 48/96 shift.
23 It's a fire shift that all the Districts, all the fire
24 agencies in this District have gone to. It's a Kelly
25 schedule that you're working two days on and you're off

1 four days. The reason why they do that is because you work
2 48 hours straight and then you have to get 96 hours off
3 because it's an average. Some weeks we work two days a
4 week and then at the end of the week—and then other days,
5 we work three days a week. Which is three 24-hour shifts
6 during one week. It just kind of—that's why they average
7 it as a 56-hour work week. So, it's not a 48-hour work
8 week and it's not a 40-hour work week. It's a 56-hour work
9 week. And so they have to give us [inaudible] pay, in
10 order to compensate for the fact that we are working over
11 than your average 40-hour work week.
12 JASON GUINASSO: And so the—so the light-duty,
13 the scheduled shift for the light-duty, didn't comply with
14 that 48/96, did it?
15 VANCE TAYLOR: No.
16 JASON GUINASSO: What was the light-duty
17 shift?
18 VANCE TAYLOR: Light duty is 8:00 to 5:00,
19 Monday through Friday. 40 hours. That's it. Not a fire
20 schedule, whatsoever. It's an office staff schedule, which
21 is understandable when you're the Chief, or the Deputy
22 Chief, or a secretary, you work 8:00 to 5:00, Monday
23 through Friday because that's the time that the office is
24 open. 8:00 to 5:00. But that is not a fire schedule.
25

1 JASON GUINASSO: Mr. Taylor, you have a
2 family, right?
3 VANCE TAYLOR: Correct sir.
4 JASON GUINASSO: So, you have a wife, is that
5 right?
6 VANCE TAYLOR: Yes sir.
7 JASON GUINASSO: Okay. And, how many kids do
8 you have?
9 VANCE TAYLOR: Two kids.
10 JASON GUINASSO: How old are they?
11 VANCE TAYLOR: They're 5—Ken is 5 and Ava is
12 11.
13 JASON GUINASSO: So, can you explain to the
14 Appeal Officer, when there's a dramatic change in your
15 schedule, from a 48/96 to a 8:00 to 5:00, what kind of
16 impact that has on you and your family?
17 VANCE TAYLOR: When—when—even clear as back
18 as when we start dating, there's understandable that our
19 fire schedule is completely different than any other
20 schedule that everybody's worked, you know, used to
21 working. It's because it rotates. It's not always the
22 same. It's nice for a family setting because you don't
23 have to put as much day care in. There's four days off
24 that the dad can be home with the kids.
25

1 So, the—our whole lives, the whole family, the
2 whole family dynamic is set up around this fire schedule
3 that we know in advance, a year in advance to know what the
4 schedule looks like because it's set. In fact, I can show
5 you what our schedule looks like for the next 20 years,
6 because it's set. It's two days on, four days off and it
7 rotates every six days. That's just how it is.
8 The only time it changes is if we go to a
9 different shift. There's three shifts. There's A, B and
10 C. Now, if I go from B shift to C shift, then it's
11 different, but it's really not, if you know what I mean.
12 It's—you're working different days, but you're still on the
13 same schedule. Nothing ever changes.
14 So, everything about the life, our life, our home
15 life is set up around that. Daycare is set up around it.
16 The fact that I'm off—the days my wife knows that I'm off
17 is set up around it. She's going to attest—she's going to
18 tell you that she books—she's a writer, author, published
19 author. She goes on business trips and she does book
20 signings and she does consulting work with publishing—with
21 publishers and everything else. That's what she does to
22 make money. Those days, being that my schedule is so set,
23 she plans out her entire—you know, basically her entire
24 year about what conferences she can go to, what conferences
25

1 she can't go to, around my schedule. Every—all vacations,
2 you know, everything is set up around that schedule.
3 So, if—once you change that and once you go from
4 that schedule that we've designed our entire lives around,
5 and you change it to 8:00 to 5:00, Monday through Friday,
6 that becomes a hardship because now, she can no longer—she
7 can no longer expect me home during the day, Monday through
8 Friday. I'm at work.
9 So, she had to change—she'll attest, how much she
10 had to change in her life and it was a financial impact, a
11 great financial impact for us. Then, on top of it, we had
12 to increase our daycare cost. We had to double our daycare
13 costs. Now we had to cover full time daycare instead of me
14 being home taking care of the little one.
15 JASON GUINASSO: Now, prior to your surgery,
16 you did not have legal counsel, did you?
17 VANCE TAYLOR: Correct, I did not.
18 JASON GUINASSO: And, you're not generally
19 aware of what the Workers Compensation Laws provide or
20 [crosstalk], right?
21 VANCE TAYLOR: No.
22 JASON GUINASSO: Okay. But after your
23 surgery, you retained Counsel.
24 VANCE TAYLOR: Yes.
25 JASON GUINASSO: Why is that?

1 VANCE TAYLOR: Because 10 days after
2 surgery, I was given a Return to Work letter, 10 or 11
3 days, I was given a letter by the secretary stating that I
4 am to return to work on a light-duty. Here's a light-duty
5 offer. You are return to work Monday through Friday, 8:00
6 to 5:00 again.
7 When—I think it was the day after surgery, I
8 showed up in the office and I was on narcotics and I was
9 still in a lot of pain and I just gave her—I just needed to
10 give her my paperwork from the surgeon. She verbally told
11 me that, hey don't worry, I'm going to keep you off the
12 schedule until October. You know. That should be no
13 problem. So, I told that to the wife and the wife plans
14 out the entire summer, thinking I'm going to be off until
15 October, per verbal. It ended up didn't happen that way.
16 Ten days after surgery, I got a return to work
17 letter, offering me that same 8:00 to 5:00 schedule and I
18 was still on narcotics. I was still in so much pain, I
19 couldn't button my pants, so I couldn't even show up in
20 uniform. I can't button my uniform. I can't button
21 anything. I was on ice. I was doing ice therapy on my
22 shoulder for four hours a day, so I wouldn't be so drugged
23 up. So, what they do, they tell you, to reduce—you know,
24 to reduce the pain, so you don't have to always be so—so
25 drugged up, you can do ice therapy and it actually allows

1 you to come off your meds during those four hours of ice
2 therapy. Then of course, as soon as you're done, you go
3 back on your meds.
4 She was basically telling me that I needed to
5 return to work in that state and I couldn't—I couldn't
6 understand it. And flat out, it made me angry. It angered
7 the wife. Basically, it showed me that there was zero care
8 or respect for the pos—for the situation I was in. And
9 now, it's becoming a—almost—I'm being penalized for having
10 the injury that I had.
11 JASON GUINASSO: So, you received a written
12 light-duty job offer from your Employer, is that right?
13 VANCE TAYLOR: Correct.
14 JASON GUINASSO: That would've been on
15 September 9, 2016, is that right?
16 VANCE TAYLOR: September 9th, yes.
17 JASON GUINASSO: Your Honor, may I approach
18 the witness?
19 APPEALS OFFICER: Yes.
20 JASON GUINASSO: I'm going to give you what's
21 been marked as Exhibit 2 and it's for the record, Taylor
22 0101. Do you recognize that document?
23 VANCE TAYLOR: Yes, it's the—it's signed by
24 Sandy Francis, which is the Administrative Assistant, which
25 is the third-party—well, I don't think she's the third-

1 party administrator. She's the Truckee Meadows Fire
2 Representative, I guess, for Workman's Comp. She deals
3 with all of—everyone that's on any type of Workman's Comp
4 Claim or injury claim, she deals with, you know, with the
5 staff. And yes, it's the same—it's the same one saying
6 that your treating physician has released you to light-duty
7 employment.
8 JASON GUINASSO: Okay.
9 VANCE TAYLOR: Which was--
10 JASON GUINASSO: Is there any indication.
11 Okay, so it's September 9th. When did you receive your
12 restrictions from your doctor, relative to that letter?
13 VANCE TAYLOR: It was the 10-day Post-Op.
14 JASON GUINASSO: May I approach the witness
15 again?
16 APPEALS OFFICER: Yes.
17 VANCE TAYLOR: Ten days, after post-op.
18 JASON GUINASSO: I'm going to give you what's
19 been marked as Exhibit 1, this is at Page Taylor 0100.
20 VANCE TAYLOR: Correct.
21 JASON GUINASSO: Do you recognize that
22 document?
23 VANCE TAYLOR: Yes.
24 JASON GUINASSO: And, what is it?
25

1 VANCE TAYLOR: It is a-basically what they
2 call a release statement, from Nevada Orthopedics, from my
3 surgeon.
4 JASON GUINASSO: What's the date?
5 VANCE TAYLOR: The date is August 15, 2016.
6 JASON GUINASSO: What is the date of the
7 light-duty job offer?
8 VANCE TAYLOR: September 9th.
9 JASON GUINASSO: And, would you agree that
10 that's beyond 14-days after the doctor gave you that
11 release?
12 VANCE TAYLOR: Yes.
13 JASON GUINASSO: Okay. And then, in the
14 light-duty job offer that you received, was there any
15 indication of what your net wage was going to be? Does it
16 say what your net wage was going to be?
17 VANCE TAYLOR: No, it says--
18 JASON GUINASSO: Okay.
19 VANCE TAYLOR: --you will be assigned to-
20 yeah.
21 JASON GUINASSO: And, in that--
22 VANCE TAYLOR: No, it does not.
23 JASON GUINASSO: --in that job offer, is there
24 a description of the physical requirements of the
25 employment that you're being offered?

1 VANCE TAYLOR: No.
2 JASON GUINASSO: Okay.
3 VANCE TAYLOR: There is not.
4 JASON GUINASSO: And then in that job offer,
5 is there a reasonable description of the specific duties
6 that you're going to be expected to perform?
7 VANCE TAYLOR: No, there is not.
8 JASON GUINASSO: Okay. And then, we noted
9 earlier that, what's the shift that they said that you
10 would be working?
11 VANCE TAYLOR: It says, your scheduled hours
12 will be Monday through Friday, 8:00 AM to 5:00 PM with an
13 hour lunch.
14 JASON GUINASSO: Is that substantially similar
15 to the scheduled shift pre-injury?
16 VANCE TAYLOR: No.
17 ROBERT BALKENBUSH: I'm going to just object to
18 the form of the phrase 'substantially similar', to the
19 extent it calls for a legal conclusion, to the extent it
20 calls for factual interpretation by the witness.
21 JASON GUINASSO: Yeah, let me clarify for—I'm
22 not asking as—to conclude as a matter of law, but just from
23 a laymen's perspective, is that a similar shift to the one
24 you had pre-injury?
25 VANCE TAYLOR: No.

1 JASON GUINASSO: Okay. And what about with
2 respect to the hours, is that the similar amount of hours
3 you were working pre-injury?
4 VANCE TAYLOR: No.
5 JASON GUINASSO: Okay. And, were there any
6 other discrepancies or problems that you had with that job
7 offer as it was presented to you?
8 VANCE TAYLOR: Yes. There was no—there was
9 no—there's nothing in here that says anything about the
10 restrictions or the restrictions that my physician is
11 trying to reflect.
12 JASON GUINASSO: And then what about—what
13 about who—who do you have to report to? Does that tell you
14 who you have to report to?
15 VANCE TAYLOR: No, it does not.
16 JASON GUINASSO: Okay. But when you filled the
17 light-duty job position, who did you have to report to?
18 VANCE TAYLOR: To the secretary, Sandy
19 Francis, was my supervisor.
20 JASON GUINASSO: All right. So you—you were
21 in a supervisory position, put into a lower position where
22 you're having to answer to someone who would otherwise be a
23 subordinate, is that right?
24 VANCE TAYLOR: Correct.
25 JASON GUINASSO: How did that make you feel?

1 VANCE TAYLOR: Very disrespected.

2 JASON GUINASSO: Okay. Ultimately, as we

3 discussed earlier, you had some conversations with your

4 supervisor, is that right? The fire chief.

5 VANCE TAYLOR: Yes sir.

6 JASON GUINASSO: Okay. And, you talked to him

7 about this light-duty job offer, is that right?

8 VANCE TAYLOR: Correct.

9 JASON GUINASSO: Okay. And, did he change the

10 terms of your light-duty job?

11 VANCE TAYLOR: Yes.

12 ROBERT BALKENBUSH: Objection. The question is

13 vague and ambiguous as to time and—

14 JASON GUINASSO: Okay. When did you have a

15 discussion with your—when did you have a discussion with

16 your fire chief?

17 VANCE TAYLOR: I don't recall the exact date

18 but it was—it was after I was released. I was released

19 back to the line November 17th. It is on record, because

20 the Union supported me on this. They actually—it was

21 myself and Union Representation that was sitting down with

22 the chief, talking about how to change this light-duty—

23 Truckee Meadows Light-Duty Offer and to actually make it

24 better so that these issues don't keep coming up as they

25 have in the past.

1 ROBERT BALKENBUSH: Your Honor, I'm just going to
2 move to strike the testimony and any additional testimony.
3 The period of time that I think we stipulated at the onset
4 of the hearing was simply the period of time between 9/11
5 or 9/9/2016 and 11/1/2016. This discussion and whatever
6 the discussion was, it's outside of that period of time.
7 Whatever job situation occurred outside of that period, is
8 irrelevant to the hearing. In addition, it's going to
9 require hearsay testimony or hearsay statements from
10 whoever the Fire Chief is, we don't even know who that is.
11 So, for that reason, I just—this whole line of discussion
12 seems irrelevant and immaterial and calls for admission of
13 evidence hearsay.
14 APPEALS OFFICER: Mr. Guinasso?
15 JASON GUINASSO: Yes, thank you, Your Honor.
16 As you know, in these administrative proceedings, with
17 regard to hearsay evidence, we typically let that sort of
18 evidence in. There's no rule prohibiting hearsay
19 testimony. You're always given the discretion to assign
20 appropriate weight to that.
21 With regard to relevance, what we are attempting
22 to establish here is that, he was given a light-duty job
23 offer that didn't conform. He had a discussion with his
24 Employer where they acknowledged that that didn't conform
25 and they changed the light-duty requirements so that he

1 could work in a position that complied with the regulation
2 and ultimately resulted in [inaudible] the work.
3 APPEALS OFFICER: I'm going to sustain the
4 objection in that the Employer's interpretation of Worker's
5 Compensation Law wasn't interpreting the Worker's
6 Compensation Law in their discretions. What the Employer
7 was doing was, employment related, employment law related
8 and union law and regulation. I'm going to hold—that's
9 actually irrelevant to these proceedings and if you'll go
10 ahead and we're going to strike that question, as well as
11 that answer and move on please.
12 ROBERT BALKENBUSH: Appreciate it.
13 JASON GUINASSO: So, with regard to returning
14 to work, when did you ultimately return to work?
15 VANCE TAYLOR: November 17, 2016.
16 JASON GUINASSO: I don't have any further
17 questions.
18 APPEALS OFFICER: Thank you Mr. Guinasso. Mr.
19 Balkenbush, are you—
20 ROBERT BALKENBUSH: Yes, just briefly, Your
21 Honor. Mr. Taylor, when you indicated you returned back to
22 work on November 17, 2016, was that back to essentially the
23 pre-injury job that you had?
24 VANCE TAYLOR: That was full duty, on the
25 line, 56-hour work week, normal duties, yes sir.

1 ROBERT BALKENBUSH: Okay. So, essentially back
2 to your pre-injury position.
3 VANCE TAYLOR: Correct.
4 ROBERT BALKENBUSH: Okay. I'm glad to hear that.
5 I'm glad to hear that, especially with respect to the
6 injury you had with your shoulder. We had referred to that
7 letter that you had—I think you probably still have it in
8 front of you, the light-duty job offer, September 9, 2016;
9 you had used this word a bunch of times, I just want to
10 make sure it's clear. This position that's referenced in
11 this letter is the same position or job that you did
12 previously, before you had surgery, is that correct?
13 VANCE TAYLOR: Correct.
14 ROBERT BALKENBUSH: Yeah, one other thing I
15 wanted to ask and make sure this is clear. You had surgery
16 with Dr. Hillary Malcarney [phonetic] I think it was in
17 July 2016?
18 VANCE TAYLOR: July 20th.
19 ROBERT BALKENBUSH: Yeah. After a period of
20 time, I think you said 10-days post-surgery, whatever that
21 period is, that you got—you got a light-duty job offer.
22 VANCE TAYLOR: Correct.
23 ROBERT BALKENBUSH: And what I wrote down and I
24 just want to make sure I followed this, you were under the
25 influence of prescription medication, you had to ice your

1 shoulder, you had—you felt drugged up, you had pain. Are
2 you claiming today that you were incapable of working at
3 all?
4 VANCE TAYLOR: Correct.
5 ROBERT BALKENBUSH: The—Dr. Malcarney is your
6 treating surgeon?
7 VANCE TAYLOR: Correct.
8 ROBERT BALKENBUSH: Did you find her to be a
9 doctor that you liked and a doctor that you felt was
10 confident?
11 VANCE TAYLOR: Yes.
12 ROBERT BALKENBUSH: Do you have any reason to—
13 today, as you sit here today, to be critical of her
14 competence as a physician?
15 VANCE TAYLOR: In one retro—in one respect,
16 was where I questioned—I questioned what happened. Is
17 that—
18 ROBERT BALKENBUSH: You mean in terms of the
19 surgery she performed?
20 VANCE TAYLOR: No, in terms of the release.
21 So, if you want to—
22 ROBERT BALKENBUSH: So you--
23 VANCE TAYLOR: --ask me about the surgery,
24 no, I fully—confident in her—her abilities to give me the
25 treatment as I needed.

1 ROBERT BALKENBUSH: You personally disagreed with
2 her on the restrictions she put on you, but you don't
3 question her competence as a physician?
4 VANCE TAYLOR: No, I don't question her
5 competence.
6 ROBERT BALKENBUSH: Now, the—the position that
7 you worked before surgery, that is the administrative job
8 that you work. That was a temporary job.
9 VANCE TAYLOR: Yes.
10 ROBERT BALKENBUSH: And the—the light-duty
11 position that you were offered in September 9, 2016, that
12 was also a temporary job.
13 VANCE TAYLOR: Correct.
14 ROBERT BALKENBUSH: Not a permanent job, correct?
15 VANCE TAYLOR: Correct. Can I expound on
16 that question?
17 ROBERT BALKENBUSH: I don't have a question—
18 APPEALS OFFICER: You'll have to wait for a
19 question.
20 VANCE TAYLOR: Okay. All right.
21 ROBERT BALKENBUSH: The job that you—oh yeah, I
22 did want to talk about this a little bit. I don't want to
23 demean—I'm going to be talking about the shift you have as
24 a firefighter, 48/96 shift. The way it's referred to. The
25

1 questions I have are not to demean that but to understand
2 what that means.
3 What I wanted to know from you is that, and I
4 think you—you described some of the duties you had as a—in
5 your preinjury job and that you currently have. You went
6 through some of those sorts of duties when Mr. Guinasso was
7 questioning you.
8 Now, obviously, if I understood it, a 48 hours
9 on, would mean you're at the fire station for two full
10 days.
11 VANCE TAYLOR: Correct.
12 ROBERT BALKENBUSH: Okay. And then the 96 off
13 means you're not at the fire station for four days.
14 VANCE TAYLOR: Correct.
15 ROBERT BALKENBUSH: Now, obviously there are
16 going to be sometimes when you're working that shift that
17 it can get busy. Very busy.
18 VANCE TAYLOR: Right.
19 ROBERT BALKENBUSH: But there's also sometimes
20 when it's not. You know, in other words, the calls vary.
21 Sometimes you have a vehicle fire, sometimes you don't.
22 Sometimes you have a wildland fire, sometimes you don't.
23 Correct?
24 VANCE TAYLOR: Correct.
25

1 ROBERT BALKENBUSH: You just simply have to be
2 available and ready to respond.
3 VANCE TAYLOR: Correct.
4 ROBERT BALKENBUSH: So, in describing the shift,
5 and this would be outside of where you have to respond to
6 an emergency, in that 48-hour shift, assuming you're not
7 having to stay awake for 48-hours, is it—is it, you know,
8 is there a sleep period that's scheduled like normal
9 people, sometimes you sleep for 6-8 hours?
10 VANCE TAYLOR: If you're lucky.
11 ROBERT BALKENBUSH: Well I mean, I'm not talking
12 about a period of time when you've got an emergency going
13 on all the time.
14 VANCE TAYLOR: Right.
15 ROBERT BALKENBUSH: Obviously, you've got to be
16 on and but there are times when you're not responding to
17 emergencies that you described, that you would have a
18 normal sleep shift of 6-8 hours but it's at the station.
19 VANCE TAYLOR: Correct.
20 ROBERT BALKENBUSH: And, your work period would
21 be, again, in a situation where you're not in an emergency
22 but the work situation would be somewhere about 8-10 hours
23 a day?
24
25

1 VANCE TAYLOR: From approximately 7:00 in
2 the morning until 7:00 at night, we're sitting down and
3 having dinner. So, it's more like 12-hours.
4 ROBERT BALKENBUSH: You guys work 12-hours—you
5 actually work 12-hours.
6 VANCE TAYLOR: It's expected, yes.
7 ROBERT BALKENBUSH: And you—are you paid 12-
8 hours?
9 VANCE TAYLOR: Paid for 24-hours.
10 ROBERT BALKENBUSH: Oh, you're paid straight,
11 okay. So, in other words, you're paid also when you sleep?
12 VANCE TAYLOR: Yes.
13 ROBERT BALKENBUSH: All right. That's all I have
14 Your Honor.
15 APPEALS OFFICER: Thank you.
16 JASON GUINASSO: Redirect?
17 APPEALS OFFICER: Yes.
18 JASON GUINASSO: So, given the circumstances,
19 Mr. Taylor, do you feel like you were rushed back to work
20 full duty?
21 VANCE TAYLOR: Absolutely.
22 JASON GUINASSO: Why?
23 ROBERT BALKENBUSH: Objection. I mean,
24 relevance?
25 APPEALS OFFICER: I'll let him answer.

1 VANCE TAYLOR: Between August 20th, when I
2 had my surgery and August 9th or September 9th when I was
3 given my first return to duty request of light-duty offer
4 was a period of, I guess, 19 days exactly. Okay. Now, if
5 you do the math, that to me was complete and total
6 disrespect for my—for my condition that I was in post-
7 surgery. It was complete dismissal of the injury that I
8 had, to ask me to come back to work a little over two weeks
9 after I've had surgery.
10 And talking with the secretary and asking her why
11 she felt that I needed to return to work—
12 ROBERT BALKENBUSH: I'm going to object again,
13 Your Honor, it's hearsay. I don't know who the person is.
14 APPEALS OFFICER: That's going—if you'll—the
15 answer is actually going outside the scope of the question.
16 VANCE TAYLOR: Okay.
17 APPEALS OFFICER: If you'll wait for another
18 question.
19 VANCE TAYLOR: All right.
20 JASON GUINASSO: So, let me ask this, with
21 regard to the 48/96 shift, is—is there, in your opinion,
22 light duty work that would have been available to you that
23 would've been appropriate to your restrictions?
24 VANCE TAYLOR: Yes.
25 JASON GUINASSO: Can you explain?

1 VANCE TAYLOR: Thank you for asking that
2 question.
3 JASON GUINASSO: Yeah. What--
4 VANCE TAYLOR: It was—it was while on duty I
5 was—I had access to the Washoe County or the Truckee
6 Meadows Fire Protection District Motor Pool to go and run
7 errands basically. So, I offered—I offered the Chief if I—
8 in the beginning, you know, just having a conversation with
9 him while I was in the office is that, is it possible for
10 me to stay on shift and work in a logistics capacity. I
11 wouldn't be actually doing physical demands that the
12 firefighters were doing, on incidents; but it would be a
13 logistics capacity, where I would be assigned to my normal
14 battalion chief that I'm assigned to when I'm on duty. So,
15 that battalion chief actually resides or is in a station
16 that has multiple beds and extra rooms and that where the
17 battalion chief sleeps. There's two stations the battalion
18 chief—because there's a North Battalion Chief and a South
19 Battalion Chief, every day.
20 So, if the Chief assigned me to my normal
21 supervisor, the battalion chief could then assign me
22 duties, throughout the day, as needed. As required by the
23 District. It's very possible that I could've helped moved
24 apparatus for the—for the mechanic. For the chief
25 mechanic. I could've done any—any type of logistics duties

1 that the battalion chiefs themselves have to do, which was
2 hit station to station and deliver supplies.
3 I could work in the shop assisting the supply
4 logistics chief on disseminating supplies, with that
5 injury. I could—when I'm at the station, if there's
6 nothing—if none of those duties is assigned, I could've
7 actually been assigned to the Fire Prevention Chief to do
8 business inspections with her or do them for her. Do 30-
9 foot clearance inspections that we're all expected to do.
10 Do—do fire hydrant maintenance. Which is just simple, spin
11 the stuff off, clean it out. Flow it. I could do all that
12 with one arm, very easily.
13 JASON GUINASSO: Let me interrupt you for a
14 second, Mr. Taylor. So—
15 ROBERT BALKENBUSH: Your Honor, I'll just let it
16 go. It's almost non-responsive to the question. It's—
17 it's—you know to the extent he wants to say what he would
18 want to do, that's—that's fine and dandy. The question is—
19 [crosstalk]
20 VANCE TAYLOR: The question was—
21 APPEALS OFFICER: Just a moment.
22 ROBERT BALKENBUSH: --the question before the
23 Court is, what was offered and whether that met the
24 requirements of the law, not what he wanted. But, to the
25

1 extent that that answer is non-responsive and that's what
2 he's communicated on, I'll let it go.
3 APPEALS OFFICER: Mr. Guinasso, can you just
4 move on with your next question and we'll go from there.
5 JASON GUINASSO: Yes, Your Honor. So, with
6 regard to the being assigned an 8:00 to 5:00 job, that was
7 not necessary, is that right?
8 VANCE TAYLOR: Completely not necessary.
9 JASON GUINASSO: Because there was light-duty
10 work available in your normal 48/96 shift.
11 ROBERT BALKENBUSH: I'm going to object. The
12 form of the question is leading. It's—there's no documents
13 before the Court from the Fire District that would—that
14 would support any contention by Counsel that there was some
15 type of a light-duty position outside of what was offered
16 and all that's before the Court is the light-duty job that
17 we did offer. So, and that's all the Court has to decide
18 legally on this case. So, it's both irrelevant and it's
19 completely unsupported by any documentary evidence that's
20 been admitted.
21 APPEALS OFFICER: Mr. Guinasso?
22 JASON GUINASSO: First, you don't have to have
23 documentary evidence to induce through testimony the fact
24 that one, the 8:00 to 5:00 shift wasn't conforming with
25 respect to the statute and two, that there was work

1 available, in his normal 48/96 shift. So, that was the
2 simple point of the question and it goes right to the
3 requirement of the statute.
4 ROBERT BALKENBUSH: Well, to the extent that he's
5 giving his personal—
6 APPEALS OFFICER: One moment. Mr. Balkenbush.
7 I do agree with Mr. Balkenbush, you need to ask his
8 foundation of knowledge of the availability of that
9 position.
10 ROBERT BALKENBUSH: And his authority to speak
11 for the Fire District.
12 APPEALS OFFICER: Correct.
13 ROBERT BALKENBUSH: He—he's an employee of the
14 Fire—
15 JASON GUINASSO: I've already established that
16 he's a supervisor. I've already—
17 APPEALS OFFICER: If you'll ask the foundation
18 of his knowledge, for that opinion, I'll allow the
19 testimony.
20 JASON GUINASSO: Thank you. So, could you
21 explain to the Appeal Officer, how you would have the
22 knowledge that there is—there would appropriate light-duty
23 available for you in your normal 48/96 shift?
24 VANCE TAYLOR: As a Captain or a Fire
25 Suppression Captain in the Station, during my shift

1 schedules, there is non-fire suppression logistic type
2 duties that we do, as firefighters, every day. Whether
3 it's engine maintenance, station maintenance, grounds
4 maintenance, supply filling. The battalion chiefs have to
5 do mail delivery. They have to delivery supplies.
6 Reports, any type of—any type of other duties as assigned
7 by the battalion chief or—and by the chief himself.
8 JASON GUINASSO: Mr. Taylor, how do you know
9 that?
10 VANCE TAYLOR: Being five years as a Fire
11 Suppression Captain.
12 JASON GUINASSO: Thank you. I think that
13 satisfies the foundation of the question.
14 APPEALS OFFICER: Go ahead.
15 JASON GUINASSO: Thank you. I don't have any
16 further questions, thank you.
17 APPEALS OFFICER: Mr. Balkenbush?
18 ROBERT BALKENBUSH: Nothing, Your Honor.
19 APPEALS OFFICER: Thank you Mr. Taylor.
20 VANCE TAYLOR: Thank you.
21 APPEALS OFFICER: If you'll return to your
22 seat. Do we need to go off the record and take a break,
23 or—
24
25

1 JASON GUINASSO: May I call—if we can take a
2 break, so I can call the next witness who is out in the
3 hallway.
4 APPEALS OFFICER: Yes. And with that, we're
5 off the record.
6 OFF THE RECORD
7 ON THE RECORD
8 APPEALS OFFICER: --approximately 3:25. Since
9 we went off the record, Staci Taylor has entered the room
10 and is now currently seated in the witness chair. Ms.
11 Taylor, if you'll please raise your right hand. Do you
12 swear or affirm the testimony you're about to give in this
13 matter is the truth, the whole truth and nothing but the
14 truth?
15 STACI TAYLOR: I do.
16 APPEALS OFFICER: Thank you. As you may have
17 noticed, these proceedings are audio recorded. So, please
18 wait for the completion of a question before you begin
19 answering, just lends for an easier transcript. Also, if
20 an answer calls for yes or no, please so state so that it
21 can be transcribed and not an uh huh or a head nod.
22 STACI TAYLOR: Okay.
23 APPEALS OFFICER: Okay? Will you please state
24 and spell your full name for the record?
25

1 STACI TAYLOR: My name is Staci Taylor. S-
2 T-A-C-I, T-A-Y-L-O-R.
3 APPEALS OFFICER: Thank you Ms. Taylor, Mr.
4 Guinasso.
5 JASON GUINASSO: Thank you, Your Honor. Ms.
6 Taylor, you're the wife of Vance Taylor, is that correct?
7 STACI TAYLOR: Yes.
8 JASON GUINASSO: Okay. And, you have
9 children, is that right?
10 STACI TAYLOR: Yes.
11 JASON GUINASSO: How many children?
12 STACI TAYLOR: Two.
13 JASON GUINASSO: And, what are their names?
14 STACI TAYLOR: Ava and Kenna.
15 JASON GUINASSO: Okay. Your husband was
16 injured last April, is that correct?
17 STACI TAYLOR: Yes.
18 JASON GUINASSO: Okay. And, after he was
19 injured, he was placed on light-duty, is that right?
20 STACI TAYLOR: Yes.
21 JASON GUINASSO: Okay. So, with regard to him
22 being placed on light-duty, did his scheduled shift change?
23 STACI TAYLOR: Yes.
24 JASON GUINASSO: And, what was the change?
25

1 STACI TAYLOR: He went from doing two 48—or,
2 two days, which was 48 hours to Monday through Friday, 8:00
3 to 5:00. So, he used to do two days, where he'd be gone
4 from the family solid, but then he'd be home for four days
5 and then go back again for two. So, we call it his four-
6 day.
7 JASON GUINASSO: And, what was—as a result of
8 that shift change and change in hours at work, how did that
9 impact you and your family?
10 STACI TAYLOR: Well, it impacted us both
11 financially and emotionally. Financially, we had to hire
12 childcare to accommodate his schedule because he was no
13 longer able to assist in the four-days. I also—I'm an
14 author, editor and a consultant for a publishing house and
15 a lot of my income is traveling and going to book signings
16 and I go to the publishers to do a lot of different
17 projects that they hire me for. Because of his schedule
18 going from Monday through Friday 8:00 to 5:00, I was forced
19 to cancel all of those.
20 JASON GUINASSO: So, that 48/96 schedule is
21 really important to your family.
22 STACI TAYLOR: It is. Based—because he
23 works on that, he gets his schedule in January and we—from
24 January, I plan out my entire year's schedule. I plan out
25 all the book signings, when I'm going to travel to the

1 publishing house, any special author retreats, whatever the
2 case may be. We plan it out because we know his schedule
3 for a year in advance.
4 When they put him on light-duty from 8:00 to
5 5:00, obviously he was no longer free on those four days.
6 JASON GUINASSO: Okay. Thank you. I have no
7 further questions.
8 APPEALS OFFICER: Thank you. Mr. Balkenbush,
9 any questions?
10 ROBERT BALKENBUSH: Just briefly. What are the
11 ages of your—you said, two children, Ava and Kenna, how old
12 is Ava?
13 STACI TAYLOR: Ava is 11 and Kenna is 5.
14 ROBERT BALKENBUSH: All right. She just turned
15 5?
16 STACI TAYLOR: In November she turned 5.
17 ROBERT BALKENBUSH: So, is Ava currently in
18 school?
19 STACI TAYLOR: Yes.
20 ROBERT BALKENBUSH: Where does she go to school?
21 STACI TAYLOR: Ava goes to school at
22 [inaudible], she's in sixth grade.
23 ROBERT BALKENBUSH: And, how about Kenna?
24 STACI TAYLOR: Kenna is not in school yet.
25 She is 5. We have her in pre-school and then she was going

1 to take the summer off, we had to keep her in school for
2 the entire summer due to my husband's injury.
3 ROBERT BALKENBUSH: Okay. She went to pre-school
4 where?
5 STACI TAYLOR: At Milestones.
6 ROBERT BALKENBUSH: Milestones?
7 STACI TAYLOR: Yes.
8 ROBERT BALKENBUSH: So, that would've been during
9 the regular school year when Ava was going to school, she
10 was at Milestones?
11 STACI TAYLOR: Yes.
12 ROBERT BALKENBUSH: How many hours a day was
13 school?
14 STACI TAYLOR: It fluctuated depending on
15 time, but I would probably say, during the school year
16 she's full time and then during the summer we take her off.
17 ROBERT BALKENBUSH: And, how about Ava, her
18 school year, is it year-round or—
19 STACI TAYLOR: It's an abbreviated school,
20 so she basically gets two months off for the summer and
21 then she gets October off. She gets—
22 VANCE TAYLOR: Three weeks—oh, no sorry.
23 STACI TAYLOR: And then I think—yeah, I'm
24 trying to remember. I think it's three weeks in April, for
25

1 spring break, it's three weeks rather than two. So, it's
2 an abbreviated schedule.
3 ROBERT BALKENBUSH: So, it's not the traditional
4 9:00 and 3:00, it's a little bit different.
5 STACI TAYLOR: It's a little bit different.
6 ROBERT BALKENBUSH: And, how many hours a day is
7 she in school?
8 STACI TAYLOR: She goes to school from 9:00
9 to 3:00.
10 ROBERT BALKENBUSH: Okay, Monday through Friday?
11 STACI TAYLOR: Monday through Friday.
12 ROBERT BALKENBUSH: Okay. That's all I have,
13 Your Honor.
14 APPEALS OFFICER: Any follow-up?
15 JASON GUINASSO: No, thank you, Your Honor.
16 APPEALS OFFICER: Okay. Thank you, Mrs.
17 Taylor. You may remain in the courtroom if you choose or
18 you may return to the waiting room, it's up to you.
19 Are we—does that conclude your witnesses?
20 JASON GUINASSO: Yes, it does, Your Honor,
21 thank you.
22 APPEALS OFFICER: Mr. Balkenbush, any
23 witnesses?
24 ROBERT BALKENBUSH: No, Your Honor.
25 APPEALS OFFICER: Okay. Closing argument.

1 JASON GUINASSO: Thank you, Your Honor. What
2 I'd like to do is, break my argument into two pieces. I'd
3 like to meticulously go through what I understand the
4 governing law to be and then take you through the facts
5 both with respect to what we submitted in the evidence as
6 well as, the testimony you heard today.
7 With regard to the governing law, I'd like to
8 reference for your consideration NRS 616C.475(8). Please
9 note that it requires a light-duty job offer to be made
10 within 14-days of the restrictions being provided by the
11 doctor. That is that the Employer has 14-days to provide
12 that light-duty job offer and that light-duty job offer has
13 to meet certain statutory requirements.
14 Specifically, the Statute says, any offer of
15 temporary light-duty employment made by the Employer must,
16 not may, must specify a position that is—that A) is
17 substantially similar to the employee's position at the
18 time of his/her injury in relation to the location of the
19 employment and the hours the employee is required to work.
20 Then it goes on to say in Subsection B that it
21 has to provide a gross wage that is, if the position is in
22 the same classification of employment, equal to the gross
23 wage the employee was earning at the time of the injury or
24 two, if the position is not the same classification of the
25

1 employment—substantially similar to the gross wage the
2 employee was earning at the time of his/her injury.
3 Then, the Nevada Administrative Code goes on to
4 further elaborate on what a light-duty job offer—that is,
5 what a written light-duty job offer has to contain. The
6 Administrative Code Section I'd like you to consider is,
7 NAC 616C.583. It says the following in Subsection 1: an
8 offer of employment of light-duty to an injured employee by
9 his/her Employer must 1) be in writing. 2) Be mailed to
10 both the Insurer and injured employee. 3) Include the net
11 wage to be paid to the employee, the hours which the
12 injured employee will be expected to work, a reasonable
13 description of the physical requirements of employment, a
14 reasonable description of duties the injured employee will
15 be expected to perform, a description of any fringe
16 benefits of employment and the geographical location of the
17 employment.
18 It goes on to say in Subsection 6 that an
19 Employer does not have to comply with Subsections 1-5, that
20 is the written light-duty requirements, if the job is
21 immediately available, if the job is compatible with the
22 physical limitations of the injured employee as established
23 by the treating physician or chiropractor. And, C) is
24 substantially similar in terms of the location and the
25

1 working hours to the position that the injured employee
2 held at the time of injury.
3 Now, with respect to reasonableness, we have one
4 case, the reasonableness that the light-duty job offer, we
5 only have really one case on point in Nevada that deals
6 with this issue and it's the *EG&G Special Projects v.*
7 *Corselli, that's 102 Nevada 116.* I cited that in my pre-
8 hearing statement.
9 The Supreme Court in that case held that an offer
10 of light-duty must not impose an unreasonable burden on an
11 injured worker. In that case, the Employer, prior to
12 injury had for 25 years lived in Riverside, California and
13 commuted by air, at government expense to the Nevada Test
14 Site to work three days, with four days off at home. The
15 new light-duty job found for the employee substantially
16 changed his hours, that is the shift that he had to work;
17 the days and location that the injured employee had to
18 work, requiring him to work five days per week, similar to
19 this circumstance.
20 So, in that case, the Court found that the light-
21 duty job offered to the injured worker was unreasonable and
22 remanded back for the Claimant to receive benefits.
23 This notion of reasonableness is also in the
24 Legislative History. When NRS 616C.475(8) was promulgated
25 and Scott Young, the General Counsel for the Nevada State

1 Industrial System explained that, as long as the offer is
2 reasonable in terms of those three categories, (pay rate,
3 shift and hours of employment) my understanding is the
4 injured worker cannot refuse it, as long as the job offer
5 is reasonable in terms of the location and hours, the
6 workers should be required to take the job.
7 What I want to focus your attention on with
8 regard to that Legislative History is the—the discussion of
9 hours being not just number of hours, but also shift hours.
10 You know so, when you're looking at hours of employment,
11 it's not just the fact that the injured worker is returned
12 to a work that provides hours that are substantially
13 similar in terms of numerical hours, but hours in terms of
14 the shift that a person works.
15 So, for example, if an injured worker is to work—
16 they normally worked swing shift and then is put on a day
17 shift, that wouldn't comply with the statute. If an
18 injured worker worked graveyard and one is then
19 subsequently asked to work the day shift, that wouldn't
20 comply with the provisions of the statute, because
21 substantially, it wouldn't be substantially similar in
22 terms of the hours of employment. That is the shift.
23 So, in this case, the light-duty job offer that
24 we referenced or that we provided to you at Exhibit 2, Page
25 10—or, Taylor 010 is deficient in many regards. First of

1 all, we would note again for the record that the—the light-
2 duty restrictions were provided August 15, 2016. The
3 actual job offer wasn't made until September 9, 2016.
4 That's well over the 14-days provided by the statute.
5 Secondly, if you go back to the regulation that I
6 cited earlier, that is NAC 616C.583, you'll note that in
7 this light-duty job offer, no net wage to be paid to the
8 injured employee was provided. There wasn't a reasonable
9 description of the physical requirements of employment.
10 There wasn't a reasonable description of the duties the
11 injured employee would be expected to perform. And, most
12 importantly, you'll note that the shift isn't substantially
13 similar.
14 As you heard in the testimony from Mr. and Mrs.
15 Taylor, my client worked what was called a 48/96 shift.
16 That meant, he worked two days on and had four days off.
17 His shift was radically changed to an 8:00 to 5:00 shift,
18 five days a week. Again, not complying with the statute.
19 The other issue though, with regard to pay and
20 not complying with the pay provisions of the statute that I
21 provided you is that the change of schedule eliminated the
22 FLSA pay and ability to bank, you know, the 12-hours of
23 holiday comp time that my client would've otherwise been
24 entitled to.
25

1 The other issue here is that with regard to
2 geographic location, the place that my client was asked to
3 work was six miles away from his normal—the place where he
4 normally reported to work. That is to say, the location of
5 Mr. Taylor's normal employment was Station 15 at 11
6 [inaudible] Ports Lane and where he was asked to perform
7 his light duty was six miles away at 1001 East Ninth
8 Street.
9 Now, the regulation and statutes as I noted were
10 not complied with. In the opening statement you heard that
11 I was going to make some sort of hyper technical argument.
12 I'm not making a hyper technical argument. I'm looking at
13 the provisions of the statute and what a light-duty job
14 offer requires and I'm saying that the Employer has to
15 comply with all of the terms of that statute.
16 What I'm arguing is, the Employer can't pick and
17 choose what statutes and what regulations that the Employer
18 is going to comply with. You can't take a few of the
19 provisions of the statutes and reg and comply with those
20 because the like those provisions and not comply with the
21 others. Especially in a situation like in this situation,
22 as you heard from the testimony, where the impact of
23 deviating from what the statutes provides is substantial on
24 a family like Mr. and Mrs. Taylor's.
25

1 You heard in their testimony that they had to
2 radically change their schedule which had an impact on Mrs.
3 Taylor's work schedule, as well as on daycare for the kids;
4 which was not only a hardship in terms of getting the kids
5 around, but it was also a hardship in terms of additional
6 expense.
7 The thing that's most insulting about picking and
8 choosing provisions of the statute and regs to comply with
9 and which ones not to, not just the hardship but that the
10 hardship could've been avoided because as you've heard in
11 the testimony, there was light-duty available that was
12 appropriate to his restrictions within that 48/96 shift.
13 So, for all of those reasons we submit to you
14 that the Insurer's Determination to cut off my client's TTD
15 Benefits was unlawful and inappropriate because the light-
16 duty job offer didn't comply with the statute and with the
17 regulations. And, it imposed a substantial hardship on my
18 client which, we would submit to you had the—the gross
19 effect of forcing my client to return to work before he was
20 ready to return to work. And, these statutes and regs are
21 not set up to force injured workers to make a decision
22 between getting well and returning to work prematurely and
23 perhaps further injuring themselves.
24 So, this case, it really goes beyond the TTD that
25 we're requesting, that is TTD to be paid from September 11th

1 to November 1st. It's really a precedential case in that,
2 are we going to allow Employers like the Fire District to
3 disregard the requirements of law and pick and choose which
4 ones they get to comply with and which ones they don't? I
5 think the answer to that question is a resounding no and we
6 ask that you would further consider that point in terms of
7 the--the impact that your decision will have, not only on
8 this case, but on other cases of individuals similarly
9 situated to my client. Thank you.
10 APPEALS OFFICER: Thank you Mr. Guinasso. Mr.
11 Balkenbush.
12 ROBERT BALKENBUSH: All right, thank you, Your
13 Honor. I'm just going to provide a--the written statement
14 but I want to walk through and you'll have this for later
15 review.
16 I wanted to--there's a lot of things I definitely
17 want to talk about here. The--I'd like first, before I go
18 through my argument, to sort of address a few things that
19 were--that were in the closing argument by Claimant's
20 Counsel.
21 I think the first thing is, I think he was citing
22 the statute that governs this which is NRS 616C.475(8). If
23 you're going to make a light-duty job offer, what the
24 statute requires is that there be some substantial
25 similarity in relation to the location of the employment or

1 the hours that they're supposed to work. If it's a job
2 that's not in the same classification, which you're not
3 required to give a job in the same classification, but if
4 it's not going to be in the same classification, the wage,
5 the gross wage the person is supposed to be earning must be
6 substantially similar.
7 Now, in terms of location, just look at the
8 statute. In terms of location, effectively, there was
9 admission by Counsel and I think that's—that was in the
10 Hearing Officer Decision as well, but the location of this
11 light-duty job offer, running from September 9th through
12 November 1st was six miles away from his normal place of
13 work.
14 Now, on that issue, this is completely different
15 than Corselli. Now, Corselli was a vocational
16 rehabilitation case. He had already gotten through his
17 medical treatment and the question was whether they were
18 going to offer some type of permanent, not temporary light-
19 duty job, but a permanent job. That—the individual in that
20 case had lived in Riverside, California for 25 years. He
21 was commuting to the Nevada Test Site and he worked a few
22 days—two or three days a week and then he was off and flew
23 back. He did that for 25 years. He got hurt and they
24 offered him a light-duty position, permanent light-duty
25 position as part of the vocational rehabilitation aspect of

1 the case. But, that job was in Las Vegas. That's not six
2 miles away from Riverside, California.
3 The fellow was arguing, it was Jerry Collier Lane
4 who was trying to argue this case and tried to argue that
5 the—the location of the—there was no reasonableness
6 requirement and the location of the job was not a strict
7 requirement of the law and they could make that offer.
8 The Court said, you know, there's a
9 reasonableness standard. An offer of employment, in terms
10 of location, cannot be considered legitimate if the
11 location imposes an unreasonable burden on the worker.
12 Well, that would've required him to move, after he'd worked
13 for this Employer for 25 years, to move from Riverside,
14 California, on a permanent basis, to Las Vegas, to take a
15 light-duty job.
16 So this, in terms of a case, that case and this
17 case are completely on opposite ends of the spectrum. We
18 have a temporary job, six miles away.
19 Now, about the hours to be worked here, you know,
20 there's a large discussion about, you know, that it was a—
21 he worked a 48/96 shift. 48 hours on, 96 off. This was a
22 temporary job, it was 40 hours a week.
23 Now, I think the testimony, as I wrote down, the
24 testimony of the Claimant was, even though it was a 48/96
25 hour shift, that he was adamant that it was 56 hours a week

1 that he had to work. I don't really know exactly know how
2 that—how that happens, but the point would be is, if you're
3 talking about 40-hours, versus 56, it's less hours per
4 week, the total hours he'd have to work.
5 Even if it was 48 hours, as he testified, 40
6 hours and 48 hours, the similarity in terms of total time
7 is not what you would say, substantially dissimilar. I
8 would say it would be substantially similar.
9 The pay—and we'll go through the letter, but the
10 pay they're going to pay him, essentially the same wages
11 that he was paid working as a—essentially as a Fire Chief.
12 So, he's going to be doing a clerical job, 40 hours a week
13 but getting the same pay, at a location six miles away.
14 What does that demonstrate overall? You know,
15 step away from the statutes. And in this—this argument
16 that I gave you, sort of a written argument, there's a case
17 called *Hanson v. Harrah's*. This is kind of—really even the
18 statutes show this, but there's a clear public policy that
19 favors economic security for employees when they get hurt.
20 This offer is consistent with that policy. We're
21 giving him the same pay. It's at a location only six miles
22 away. It's only on a temporary basis. So, effectively
23 we're not going to be—the Fire District is not going to be
24 disrupting the economic base of the—of the employee. And
25

1 that somehow that's unreasonable, but not only unreasonable
2 but it's unlawful.
3 So, what I wanted to do is touch a couple of
4 things. There's a case that's—it's really a temporary,
5 partial disability case. There's language in the case that
6 I think you will find helpful because it addresses NRS
7 616C.475(8).
8 It is the *Amazon.com v. Magee* case. In that
9 case, the Court said, that statute allows an Employer to
10 make productive use of an injured employee in lieu of
11 paying that employee 66 2/3rds of his gross pay while the
12 employee remains temporarily totally disabled. Or, put it
13 another way, the way the Court said it was, when NRS
14 616C.475 is read in its entirety, an Employer provides a
15 temporarily totally disabled employee with a post-injury
16 job that is similar in hours, location and gross pay—so,
17 hours, location and gross pay to the job he held pre-
18 injury, and gives adequate consideration to the employee's
19 post-injury limitations, they can cease paying TTD.
20 Now, there is a question on, just in terms of
21 limitations, medical limitations. Now, factually, on the
22 one hand, the Claimant testified that he felt he was
23 completely unable to return to work after surgery. The
24 testimony he had today was, he felt he was in pain. He
25 had—he was drugged. This is when the light-duty job offer

1 was made. He didn't—he didn't introduce any medical
2 evidence that stated Dr. Malcarney's incompetent. In fact,
3 he believes she was. He disagreed with her—with the
4 medical restrictions she imposed, but he's not a doctor and
5 not trained in orthopedics and he didn't introduce any
6 evidence from another doctor saying that the work
7 restrictions that were placed upon him were not medically
8 reasonable or necessary or incompetent. So, we have to
9 rely on what she has provided.
10 Now, they—I wanted to—this is kind of a
11 significant thing. In our Exhibit, our first documentary
12 exhibit, I think you introduced as Exhibit 3, there is a—
13 there was a return to work slip, there's two of them. One
14 was dated 9/7, right before the job offer was made. At
15 Page 80 of our packet, this is August 10, 2016. In this—in
16 this—this is essentially the work status report from Dr.
17 Malcarney. She puts in here that he was certified totally
18 temporarily disabled, what she put in here was from
19 7/21/2016, which was the date of the surgery to September
20 22, 2016.
21 Then she says, in this report, released to
22 restricted modified duty from September 22, 2016 and I
23 can't read the other one. It's—but the—it's September some
24 date. Effectively, it looks like, at least in this report
25 that he's really not—he's not released back to work at that

1 time. In other words, he needs to be paid off work
2 benefits.
3 Then when you roll forward to Page 87, of that
4 same Exhibit 3, this a September 7, 2016 work status report
5 and she says, in this one and this is a big change—she
6 says, released to restricted duty from 9/7/2016 to
7 10/10/2016 and she puts the actual restrictions in.
8 Now, in the testimony of the Claimant, there was
9 reference to, I think it's Page 100 of, I think their—I
10 guess you would call it Exhibit 1. This is an 8/15/2016
11 report. This is the one they were referencing to you and
12 it says, released to restricted duty from August 3, 2016 to
13 9/5/2016. But this one, you know, there's some kind of a
14 signature, I don't know if that's hers or not, but there's
15 no restrictions listed. That was before the 9/7 report.
16 The 9/7 work status report.
17 Based on that 9/7/2016 work release, the—I think
18 Counsel was saying, you have 14 days to make a light-duty
19 job offer, that was the—in our evidence packet, that's the
20 first report where he's—there's listed restrictions, what
21 they are, the Employer has them and that they're released
22 back to restricted duty.
23 So, September 9th, two days later, they come out
24 with the actual letter that says, here's the light-duty
25 job. So, what I would say is, to the extent that they're

1 arguing that we violated the law in sending out the light-
2 duty job offer, that's inconsistent with the evidence.
3 They cited a regulation that says, you know, I
4 think it was NAC 616C.583 and it has all of these
5 requirements for a light-duty job offer, in Sections 1-5.
6 It says an Employer doesn't have to comply with those
7 requirements—this is Subsection 6 of that regulation, if
8 the Employer offers the injured employee temporary light-
9 duty, which is immediately available, compatible with the
10 physical restrictions and substantially similar in terms of
11 location and work hours.
12 So, this letter, which is at Page 88 of our
13 Exhibit 3 and also our Claims History Packet at Exhibit 5,
14 but they indicate in this letter that they have a light-
15 duty job offer, immediately available. And, compatible
16 with the physical restrictions that we know were imposed on
17 September 7th.
18 It said, light-duty may be performed with a
19 modification to your current duties and current work
20 location and then it says what the wage is going to be.
21 It's going to be equal to either his gross wage he was
22 earning at the time of his injury or substantially similar
23 to the gross wage he was earning at the time of injury if
24 he's going to be working in a different classification.
25

1 So, there—without putting dollars and cents in
2 it, that's the detail. That's saying basically, you're
3 going to get a wage that's substantially similar or the
4 same as you were earning before. And it says, it has the
5 same employment benefits at the time—that he held at the
6 time of his injury. Then it tells you where the location
7 is and they say when it starts and what the hours are going
8 to be.
9 Now, there was no—I want to indicate, they had
10 made—they made a—Mr. Taylor has made some argument that,
11 you know, he—he wasn't going to get the same benefits and
12 that sort of thing. There were no contract documents, in
13 all the Exhibits that were admitted, there's no employment
14 contract documents that were given to you; that is between
15 the Employer and Mr. Taylor, that would document what
16 benefits were actually part of the contractual agreement.
17 So, you have no evidentiary basis to conclude
18 that anything other than what the light-duty job offer
19 states, the same benefits that he had in his pre-injury job
20 are going to be part of the light-duty job offer. He's
21 contending they're not, but he did not introduce any
22 evidence, except his own statements which are not
23 corroborated by—by employment contract, that he wasn't
24 getting the same kind of benefits that he had in his pre-
25 injury job.

1 So, what I would say to is, is that the offer is
2 timely. The location is not unreasonable. The pay is the
3 same and—and the hours are substantially similar for
4 purposes of the statute.
5 The idea, as the Magee Case said, what they want
6 to try to do is, as a matter consistent with the public
7 policy in the State is to not disrupt the economic security
8 that the employees have. Now, they—Mrs. Taylor got up here
9 and Mr. Taylor got up here and testified that they had to—
10 that they had to incur greater childcare costs.
11 Now, what I find is just odd, the Hearing Officer
12 in this case said, this hardship argument they're making is
13 really hard to swallow. Because what they're asking for—
14 they're asking for the TTD rate, which was $118 daily and
15 that's in our—we put in what the average monthly wage was
16 and what the daily rate was. That's in Exhibit 3—I want to
17 make sure you see that, because there's actually evidence
18 that supports this contention.
19 It's at Pages 36-37 of Exhibit 3. That tells
20 you, he's at max wage. I mean, his—his wage calculation,
21 he was making $10,115.39, but the State max was $5426.25,
22 so he gets the State max daily rate which was $118 and some
23 odd cents. This job is $67.00 an hour. You can just do
24 the math. In 40 hours, at $67.00 an hour, and you compare
25 to $118 daily, that's the TTD rate, how can you contend

1 that that's what you should get when you could get full
2 pay? That's completely contrary to the whole idea of
3 economic security. I mean, and that's why I think the
4 Hearing Officer Amadea said, you know, it's hard to
5 swallow, this economic hardship because when he's agreeing
6 to take $118 daily adverse to $67.00 an hour. So, what is—
7 why is this—and that's a very big, significant point. Why
8 is this case even being brought? This is a month and a
9 half or a month and three-quarters of TTD benefits. What
10 is going on here, give those facts?
11 Well, what it says is, that there's some kind of
12 a crusade here saying that the Fire District for whom he
13 works, who is his Employer, is that they're doing something
14 right and by golly, this is the case that we're going to
15 come to the Judge and we're going to get a ruling that this
16 Fire District needs to do stuff the way the Union says they
17 should do it. And they're not doing it right.
18 Quite frankly, that doesn't—the facts in this
19 case, this is exactly what I said at the opening statement,
20 it's almost like the flip—the flop—the flip—the other side
21 of the coin of the Corselli Case, coming in and essentially
22 making hyper—really, sort of, what I would say is and I
23 think I put it in my argument here, sort of hyper technical
24 arguments and what I would say to the Court about that is,
25 if those kind of arguments are going to be made on Appeal,

1 they're going to be subjected to the same time of strict
2 scrutiny, the highly technical arguments are going to be
3 viewed equally technically as they did in the Corselli
4 Case. It doesn't result in the outcome that he would like.
5 Now, I did provide in this written statement,
6 this will be helpful to you, in terms of deciding this, I
7 provided some cases from other jurisdictions that said,
8 okay, if a worker doesn't want to take a light-duty job,
9 can he decide not to take it? These other jurisdictions,
10 there are cases out of Pennsylvania, Louisiana and, I
11 failed to put the jurisdiction of one, but they said, a
12 worker can reject a light-duty job, but it has to be
13 justified.
14 Here's sort of the idea of a justified refusal.
15 If the position was drastically different—in a drastically
16 different geographic location, that would be one. That
17 case was where—that held, it was an employee, it was Neal
18 v. [inaudible] Holdings case. Said that an employee was
19 justified in rejecting an offer of light-duty where the new
20 position was 387-miles away and he'd have to significantly
21 reduce the employee's time at home.
22 Then there was another one would be justified if
23 the position unreasonably increased travel time and cost,
24 that will impact the family. This was Goodwill Industries
25 of Pittsburgh v. WCAB out of Pennsylvania and they held

1 that an offer of light-duty job was not reasonable where it
2 would require an employee to commute three hours by bus to
3 a 20-hour per week job.
4 Then the last one, justifiable refusal would be
5 where the position required the employee to work far
6 different hours—which is kind of alleged in this case, but
7 the Court said, [inaudible] an offer of light-duty was
8 unreasonable where it required the employee to work from
9 11:00 PM to 7:00 AM, which interfered with the employee's
10 ability to care for a child.
11 That's not the case here. This is a day—day job.
12 It's 40 hours a week. And, I will submit to you that, the
13 statute that contains this light-duty provision, that
14 statute was amended because of practices like—where the
15 Employers were doing just that, offering a shift, a work
16 shift that was graveyard when they were working a day
17 shift. You could see how that could disrupt childcare and
18 all that sort of thing.
19 Or, they would offer it in Carson City and they
20 live in Reno and it's the graveyard shift. Those kinds of
21 unreasonable, grossly unreasonable practices by Employers
22 led to the enactment of this statute.
23 The statute has balance. In this case, this is
24 not the kind of factual case that says that that balance—
25 that the Employer did anything but—did something that was

1 outside that balance, but in fact, what they did was within
2 that balance.
3 So, what we would submit to you is that,
4 effectively, the last thing to say is that he had—he found
5 the light-duty job offer sort of humiliating and degrading.
6 He had slightly different words. He felt highly
7 disrespected because of his job offer.
8 Effectively, the Employer is simply trying to
9 provide a way for him to have a job that pays the same
10 wages—he's not even doing the same job. It's actually a
11 job that is not as demanding as the job he described that
12 he does pre-injury. So, they're giving him a job that's
13 substantially less demanding but the same pay and—and yet,
14 he felt that was highly disrespectful to him, degrading.
15 All I want to submit to you is, the same thing as
16 the Hearing Officer found is that, the Truckee Meadows Fire
17 Protection District is a large organization that provides
18 an incredible service to the community. That organization
19 has—it's like a body and it has many parts. The clerical
20 aspect of that job, which a lot of the firefighters don't
21 have to handle, they're doing the hard, heavy lifting, but
22 that is as essential to the continuity of that business as
23 the firefighters doing the heavy lifting. To effectively
24 say that that job—he finds that job is essentially
25 demeaning or degrading, the light-duty job offer, is

1 essentially a slam on the people that are doing that job.
2 Those people are exercising their gifts for the overall
3 benefit of the business and the community at large and so,
4 his personal feelings, the law is not going to sanction his
5 personal feelings about that.
6 The law is going to say that this offer was
7 within the bounds of the law, met the reasonable balance
8 and we ask the Court to effectively affirm the Hearing
9 Officer's conclusions and findings in this case and affirm
10 the Determination that the light-duty job offer was lawful.
11 His failure to accept that means he doesn't get a year—a
12 month and a half of TTD benefits. Thank you.
13 APPEALS OFFICER: Thank you Mr. Balkenbush.
14 Follow-up please?
15 JASON GUINASSO: Yes, thank you, Your Honor.
16 I think I can summarize the Fire District's position in one
17 compelling statement that Counsel made. That is,
18 everything that I've taken notes on, it just keeps sticking
19 out at me. That is the invitation to step away from the
20 statutes.
21 To that, I say absolutely not. You can't step
22 away from the statutes. The statutes are what govern the
23 rights and remedies and benefits that clients like mine are
24 entitled to.
25

1 We're not asking for the way of the Union. We're
2 asking for the way of the Legislature. The Legislature set
3 forth its policy in the form of specific statutory
4 requirements that was later clarified by the regulatory
5 body, given responsibility for extending meaning to the
6 statutory language and as it applied to real-life
7 circumstances. So, the invitation to step away from the
8 statute, should be rejected by this Appeal Officer.
9 With regard to the reference to Amazon v. Magee,
10 that case is completely inapplicable to this, other than
11 the policy reference that Counsel would like you to adopt
12 as a means to step away from the statute, which is
13 unacceptable.
14 All the cases that are cited from other
15 jurisdictions is a further invitation to step away from the
16 statute, which is inappropriate.
17 When we look at the statute and the reg itself, I
18 misspoke earlier. I said that the Employer had 14-days,
19 the statute actually provides for 10 days. An Employer
20 cannot sit on their hands when they have a doctor, as was
21 provided to you in evidence who says the injured worker has
22 been released to restricted modified duty. They have an
23 obligation once they get that note, to find out what those
24 physical restrictions are and make an appropriate job
25

1 offer. They didn't do that. Therefore, they didn't comply
2 with the statute.
3 With regard to substantially similar with respect
4 to the hours worked, it's clearly not substantially similar
5 and that's further [inaudible]. If you look at the
6 language that Counsel and the District have invited you to
7 disregard the requirements of 1-5 because the job was
8 immediately available and was compatible with the physical
9 limitations.
10 What they gloss over is in Subsection C, it says,
11 substantially similar in terms of location, it's not, six
12 miles away. Now, that's going to be a legal determination
13 for you to make. We don't have any case law that tells us
14 what substantially similar is relative to whether one mile
15 away is, or 100 miles away is, or six miles away is. I
16 will tell you, six miles is significant. It's an increase
17 in commute. It's another location entirely. And, it's
18 working under entirely different circumstances.
19 More fundamentally, the regulation says, in terms
20 of the location and the working hours. And so, if we're
21 going to disregard the requirements to provide a light-duty
22 job offer in writing and say that it qualified based on
23 Subsection 6, they're still stuck with the problematic
24 language that the job that's available has to be within the
25

1 same working hours, that is within the same shift that my
2 client was working prior to his industrial injury.
3 As you heard in the testimony, that simply didn't
4 happen. So, we would implore you, Appeal Officer, to not
5 step away from the statute or the reg. To read the statute
6 and the regs on their face, apply it to the facts and the
7 testimony that's been presented to you.
8 I would submit to you that all of the testimony
9 that has been presented to you is evidence. If we—just
10 because we don't have a document to support every piece of
11 testimony that was provided, doesn't make that testimony
12 any less valid. So, with respect to wages and benefits, we
13 provided you with testimony with regard to what those wages
14 and benefits are. My client has personal knowledge of that
15 because he's worked for the District for a number of years.
16 That's sufficient evidence for you to make your finding,
17 with regard to all of the elements that are required to
18 have a qualifying job offer. Those requirements were not
19 met and we would ask that you render an Order that reverses
20 the Hearing Officer's Decision, reverses the third-party
21 administrator's determination and that my client can be
22 awarded the TTD that he was denied during the period that
23 he was off work. Thank you.
24 APPEALS OFFICER: Thank you Mr. Guinasso. Mr.
25 Taylor, Mrs. Taylor, thank you for coming in today. Sir,

1 if you have any questions regarding these proceedings,
2 please direct those to your attorney but I will have a
3 Decision rendered within 30-days. Okay? Thank you.
4 [end of proceeding 4:13:56]
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CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby certify that the attached proceedings before the Judge,

In the matter of the: Contested Industrial Insurance Claim,	Claim No.: C143-16-09765-01
of	Hearing No.: 1700937-SA
VANCE TAYLOR, Claimant	Appeal No.: 1701567-SYM

were held as herein appears and that this is the original transcript thereof and that the statements that appear in this transcript were transcribed by me to the best of my ability.

I further certify that this transcript is a true, complete and accurate record of the proceeding that took place in this matter on March 2, 2017 in Carson City, Nevada.

Jaime Caris
Always On Time
April 12, 2018

ORIGINAL

Jason D. Guinasso, Esq.
Nevada Bar No. 8478
Reese Kintz Guinasso
190 W. Huffaker Lane, Suite 402
Reno, NV 89511
Attorney for Vance Taylor

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEAL OFFICER

In the Matter of the Industrial Insurance Claim of VANCE TAYLOR 2919 ASPEN MEADOWS CT RENO, NV 89519	Claim No.: C143-16-09765-01 Hearing No.: 1700937-SA Appeal No.: 1701567-SYM Employer: TRUCKEE MEADOWS FPD PO BOX 11130 RENO, NV 89520 TPA: ALTERNATIVE SERVICE CONCEPTS 639 ISBELL ROAD, #390 RENO, NV 89509

VANCE TAYLOR'S

DOCUMENTARY EXHIBIT #1

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(775) 853-8746

ENTERED INTO EVIDENCE AS EXHIBIT 1

AFFIRMATION

The undersigned does hereby affirm that the **VANCE TAYLOR'S DOCUMENTARY EXHIBIT #1** filed under Appeal No. 1701567-SYM:

☑ Does not contain the social security number of any person.

-OR-

☐ Contains the social security number of a person as required by:

A. A specific state or federal law, to wit: _____

-or-

B. For the administration of a public program or for an application for a federal or state grant.

DATED this 23rd day of January, 2017

Jason D. Guinasso, Esq.
Attorney for Vance Taylor

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

CERTIFICATE OF SERVICE

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

On January 23rd, 2017, I served the following:

VANCE TAYLOR'S

DOCUMENTARY EXHIBIT #1

on the following in said cause as indicated below:

VANCE TAYLOR 2919 ASPEN MEADOWS CT RENO, NV 89519 (VIA U.S. MAIL)	TRUCKEE MEADOWS FPD PO BOX 11130 RENO, NV 89520 (VIA U.S. MAIL)
ROBERT BALKENBUSH, ESQ. THORNDAL ARMSTRONG, ET AL 6590 S MCCARRAN BLVD., SUITE B RENO, NV 89509 (VIA U.S. MAIL)	ALTERNATIVE SERVICE CONCEPTS 639 ISBELL ROAD SUITE 390 RENO, NV 89520 (VIA U.S. MAIL)
NEVADA DEPARTMENT OF ADMIN. APPEALS DIVISION 1050 E WILLIAM ST., SUITE 450 CARSON CITY, NV 89701 (VIA U.S. MAIL)	

I declare under penalty of perjury that the foregoing is true and correct. Executed on January 23rd, 2017, at Reno, Nevada.

KATRINA A. TORRES

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

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DOCUMENTARY EXHIBIT #1
Appeal No. 1701567-SYM

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04/19/16	**FORM C-4:** Injured Employee: Vance Taylor Date of Injury: 04/19/16 Date Employer Notified: 04/19/16 What Were You Doing?: *"Hazardous Materials Monthly Triad Evaluation".* How Did Injury Occur?: *"While participating in the Triad's monthly Haz-Mat training I injured my left shoulder during one of the exercises. Drill in turnouts and SCBA (with partner). Rescue a downed firefighter (Haz-Mytech) in a level A suit on the second floor using asked device. While carrying the 200 pound mannequin down the stairs.* *I was holding the Sked with my left hand and the handrail with my right felt a "pop" followed by intense pain I my left shoulder. Pain did not subside."* Nature of Injury: Sprain Part of Body Injured: Left shoulder	Taylor0002
04/19/16	Leland Sullivan, MD; Brief Description of Rights and Benefits, signed by Mr. Taylor.	Taylor0003-4
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04/19/16	Leland Sullivan, MD; Renown South Meadows Medical Center; Emergency Room Visit; **ASSESSMENT:** Left shoulder strain **PLAN:** The pain will be discharged in stable condition	Taylor0008-9
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04/19/16	Michelle Hampton, RN; Renown South Meadows Medical Center; ED Clinician Notes	Taylor0014-20
04/20/16	Scott Hall, MD; Specialty Health; Radiology Orders: MRI Left Shoulder	Taylor0021-22
04/20/16	Scott Hall, MD; Specialty Health; Return to work note; • Light duty, no use of left arm	Taylor0023
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04/22/16	Scott Hall, MD; Specialty Health; Follow up visit; **ASSESSMENT:** Unspecified sprain of left shoulder joint **PLAN:** Proceed with MRI and orthopedic opinion.	Taylor0025-27
04/22/16	Scott Hall, MD; Specialty Health; Return to work note; • Light duty, no use of left arm	Taylor0028
04/25/16	Karen Barbee, Claims Adjuster; Alternative Service Concepts; Notice of Claim Acceptance	Taylor0029-32
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04/26/16	Karen Barbee, Claims Adjuster; Alternative Service Concepts; Letter to Mr. Taylor requesting that he fill out the Form D-6 and return to them for claim processing.	Taylor0036-40
04/26/16	ISO ClaimSearch Match Report Summary, search requested by Alternative Service Concepts	Taylor0041-51
04/29/16	Vijay Sekhon, MD; Reno Diagnostic Center; MRI Left Shoulder; **IMPRESSION:** 1. Severe glenohumeral joint degenerative changes posteriorly with large areas of full-thickness chondromalacia, bulky osteophytes, and subchondral cysts. 2. Large tear of the posterior labrum with associated cartilage delamination. 3. Large loose body in the subcoracoid space. 4. Calcific tendinitis of the supraspinatus tendon insertion without evidence of rotator cuff tear. 5. Degenerative type tear of the superior labrum extending into the biceps anchor.	Taylor0052
05/02/16	Scott Hall, MD; Specialty Health; Follow Up Visit; **ASSESSMENT:** Unspecified sprain of left shoulder joint **PLAN:**	Taylor0053-56

RKG
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	Pain medications refilled, referred to physical therapy	
05/02/16	Scott Hall, MD; Specialty Health; Return to work note; • Light duty, no use of left arm, no driving	Taylor0057
05/10/16	Chris Amundson, DPT, CAFS; Premier Physical Therapy; Therapy notes, 2 to 3x a week for 4 to 6 weeks	Taylor0058-59
05/13/16	Injured Employee's Request for Compensation	Taylor0060
05/17/16	Scott Hall, MD; Specialty Health; Follow Up Visit; **ASSESSMENT:** Unspecified sprain of left shoulder joint **PLAN:** Pending orthopedic opinion and transfer of care.	Taylor0061-63
05/17/16	Scott Hall, MD; Specialty Health; Return to work note; • Light duty, limited use of left arm, no driving	Taylor0064
05/20/16	Hilary Malcarney, MD; Nevada Orthopedics; Initial Consult; **ASSESSMENT:** • Osteoarthritis left shoulder • Strain left shoulder • Labral tear left shoulder • Rotator cuff calcific tendinopathy left shoulder **PLAN:** Left glenohumeral joint steroid injection today. Continue physical therapy, potential future arthroscopy.	Taylor0065-68
05/20/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Restricted duty	Taylor0069
05/20/16	Hilary Malcarney, MD; Nevada Orthopedics; Referral to physical therapy, 2x a week for 4 weeks	Taylor0070
06/13/16	Hilary Malcarney, MD; Nevada Orthopedics; Office Visit; **ASSESSMENT:** • Osteoarthritis left shoulder • Strain left shoulder • Labral tear left shoulder • Rotator cuff calcific tendinopathy left shoulder **PLAN:** Proceed with arthroscopy.	Taylor0071-73
06/13/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Restricted duty	Taylor0074
06/16/16	Karen Barbee, Claims Adjuster; Alternative Service Concepts; Letter to Dr. Malcarney requesting she respond to the questions	Taylor0075
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06/29/16	Karen Barbee, Claims Adjuster; Alternative Service Concepts; Fax to Nevada Orthopedics denying surgery pending the doctor's response to their letter with questions.	Taylor0077-78
06/29/16	Hilary Malcarney, MD; Nevada Orthopedics; Response to Alternative Service Concepts stating,	Taylor0079

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	"Yes, exacerbation of pre-existing osteoarthritis and calcific tendinopathy. Also, exacerbation and likely extension of labral tear."	
07/18/16	Hilary Malcarney, MD; Nevada Orthopedics; Office Visit; **ASSESSMENT:** • Osteoarthritis left shoulder • Strain left shoulder • Labral tear left shoulder • Rotator cuff calcific tendinopathy left shoulder **PLAN:** Proceed with left shoulder arthroscopy, SAD, labral debridement, chondroplasty, possible biceps tendonesis.	Taylor0080-83
07/18/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Totally temporarily disabled through 8/3/16	Taylor0084
07/21/16	Prutzman & Osgood Orthopedic Surgeons, Ltd.; Prescription for cold therapy unit	Taylor0085-86
07/21/16	Hilary Malcarney, MD; Surgery Center of Reno; Operative Report	Taylor0087-92
07/21/16	Prutzman & Osgood Orthopedic Surgeons, Ltd.; Prescription for stable sling	Taylor0093-94
08/02/16	Hilary Malcarney, MD; Nevada Orthopedics; Referral for physical therapy 2x a week for 4 weeks	Taylor0095
08/03/16	Hilary Malcarney, MD; Nevada Orthopedics; Office Visit; **ASSESSMENT:** • Osteoarthritis left shoulder • Strain left shoulder • Labral tear left shoulder • Rotator cuff calcific tendinopathy left shoulder **PLAN:** Wound care was discussed, sutures removed. Wear sling, referred to physical therapy.	Taylor0096-97
08/03/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Released to restricted duty	Taylor0098
08/10/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Totally temporarily disabled from 7/21/16 through 9/22/16. Released to restricted duty on 9/22/16	Taylor0099
08/15/16	Hilary Malcarney, MD; Nevada Orthopedics; Physician's & Chiropractor's Progress Report Certificate of Disability; • Released to restricted duty	Taylor0100

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

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name: Truckee Meadows Fire Protection District	Nature of Business (mfg., etc.): Fire and EMS Service	FEIN:	OSHA Log #:
Office Mail Address: P.O. Box 11130	Location ... if different from mailing address: 1001 E 9th St., Reno, NV 89512		Telephone: 775-326-6000
City: Reno / State: NV / Zip: 89520	INSURER:		THIRD-PARTY ADMINISTRATOR: Alternative Service Concepts

EMPLOYEE

First Name: Vance / M.I.: A / Last Name: Taylor	Social Security:	Birthdate: 10/11/1970	Age: 45 / Primary Language Spoken: English
Home Address (Number and Street): 2919 Aspen Meadows Court	Sex: ☒ Male ☐ Female	Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed	
City: Reno / State: NV / Zip: 89519	Was the employee paid for the day of injury? (if applicable) ☒ Yes ☐ No		How long has this person been employed by you in Nevada? 19.5 Years
In which state was employee hired? Nevada	Employee's occupation (job title) when hired or disabled: Fire Captain		Department in which regularly employed: Operations, B Shift, Station 15
Telephone: 775-830-3873	Is the injured employee a corporate officer? ☐ Yes ☒ No ... sole proprietor? ☐ Yes ☒ No ... partner? ☐ Yes ☒ No		Was employee in your employ when injured or disabled by occupational disease (O/D)? ☒ Yes ☐ No

ACCIDENT OR DISEASE

Date of Injury (if applicable): 04/19/2016	Time of Injury (Hours, Minute AM/PM) (if applicable): 4:30 PM	Date employer notified of Injury or O/D: 04/19/2016	Supervisor to whom Injury or O/D reported: Albert Hyde
Address or location of accident (Also provide city, county, state) (if applicable): Regional Training Center, Reno, Washoe Nevada			Accident on employer's premises? (if applicable) ☐ Yes ☒ No
What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable): HazMat Training Drill			
How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. Employee was lowering a mannequin down a staircase when felt a pop in his shoulder			

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable)		Witness: Brian Bunn	Was there more than one person injured in this accident? (if applicable) ☐ Yes ☒ No
Part of body injured or affected: Shoulder Left	If fatal, give date of death: N/A	Witness: N/A	
Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.): Strain		Witness: N/A	
		Did employee return to next scheduled shift after accident? (if applicable) ☐ Yes ☐ No	Will you have light duty work available if necessary? ☐ Yes ☐ No
If validity of claim is doubted, state reason		Location of Initial Treatment	
Treating physician/chiropractor name		Emergency Room: ☒ Yes ☐ No	Hospitalized: ☐ Yes ☐ No
IMPORTANT: How many days per week does employee work? Varies	From 8:00 ☒ am ☐ pm To 8:00 ☒ am ☐ pm		Last day wages were earned: 04/19/2016

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

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

IMPORTANT LOST TIME INFO

Date employee was hired: 01/26/1997	Last day of work after injury or disability: unknown	Date of return to work: unknown	Number of work days lost: TBD
Was the employee hired to work 40 hours per week? ☐ Yes ☒ No	If not, for how many hours a week was the employee hired? 56	Did the employee receive unemployment compensation any time during the last 12 months? ☐ Yes ☒ No ☐ Do not know	

For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay period ends on: ☒ SUN ☐ TUE ☐ THUR ☐ SAT ☐ MON ☐ WED ☐ FRI	Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☒ BI-WKLY ☐ SEMI-MONTHLY	On the date of injury or disability the employee's wage was: $6,741. per ☐ Hr ☐ Day ☐ Wk ☒ Mo

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 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.

		Employer's Signature and Title: Risk analyst	Date: 4-21-16
For Use by Insurer Only	Claim is: ☐ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party	Deemed Wage	Account No. / Class Code
	Claims Examiner's Signature	Date	Status Clerk / Date

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

RECEIVED By Karen Barbee at 11:16 am, Apr 21, 2016

Scanned: 04/2

Taylor0001

C143-16-09765-01 KB

FORM C-4: EMPLOYEE'S CLAIM FOR COMPENSATION/ REPORT OF INITIAL TREATMENT

[redacted]

First Name	Last Name	Birthdate / Age	Sex	Claim Number
Joe	Taylor	10/11/1970 45 y.o.	male	

Home Employee Address	Zip	Height	Weight	SSN
2919 ASPEN MEADOWS CT City Reno State Nevada	89519	1.829 m (6')	102.059 kg (225 lb)	

Mailing Employee Address	Zip	Telephone	Primary Language Spoken
2919 ASPEN MEADOWS CT City Reno State Nevada	89519	775-830-3873 (home) 775-328-3605 (work)	ENGLISH

Insurer	Third Party Administrator	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
***	HOMETOWN HEALTH	Fire Captain

Employer's Name	Telephone
SIERRA FIRE PROTECTION DISTRICT	775-849-1108

Employer Address	City	State	Zip
3905 Old Highway 395 North	Washoe Valley	Nevada [29]	89704

Date of Injury	Hour of Injury	Date Employer Notified	Last Day of Work after Injury or Occupational Disease	Supervisor to Whom Injury Reported
4/19/2016	4:30 PM	4/19/2016	4/19/2016	Albert Hyde

Address or Location of Accident (if applicable)

What were you doing at the time of accident? (if applicable)
Hazardous Materials Monthly Triad Evolution

How did this injury or occupational disease occur? Be specific and answer in detail. Use additional sheet if necessary)
While participating in the Triad's monthly Haz-Mat training I injured my lef shoulder during on of the exercises. Drill in turnouts and SCBA(with partner)
Rescue a downed firefighter (Haz-Mytech) in a level A'suit on the sxecond floor using sked device. While carrying the 200 pound manequin down the stairs.
I was holding the Sked with my left hand and the handrail with my right felt a "pop" followed by intense pain in my left shoulder.
Pain did not subside.

If you believe that you have an occupational disease, when did you first have knowledge of the disability and it relationship to your employment?	Witnesses to the Accident
	Capt. Brian Bunn (TMFPD)

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
Sprain	Shoulder (L), N/A, N/A

I certify that the above is true and correct to the best of my knowledge and that I have provided this information in order to obtain the benefits of Nevada's Industrial Insurance and Occupational Diseases Acts (NRS 616A to 616D, inclusive or Chapter 617 of NRS). I hereby authorize any physician, chiropractor, surgeon, practitioner, or other person, any hospital, including Veterans Administration or government hospital, any medical service organization, any insurance company, or other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to diagnosis, treatment and/or counseling for AIDS, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A Photostat of this authorization shall be as valid as the original.

Date 04/19/2016	Place Renown South Meadows	Employee's Signature

[redacted]

Place	Name of Facility
RENOWN SOUTH MEADOWS MEDICAL CENTER, EMERGENCY DEPT	RENOWN SOUTH MEADOWS MEDICAL CENTER

Date	Diagnosis	Is there evidence the injured employee was under the influence of alcohol and/or another controlled substance at the time of accident?
4/19/2016	(S46.912A) Shoulder strain, left, initial encounter	No
Hour	**Description of Injury or Disease**	
9:42 PM	Shoulder strain, left, initial encounter	

Treatment	Have you advised the patient to remain off work five days or more? No
Anti-inflammatories and Ice	If Yes — From Date — To Date
X-Ray Findings	
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? Yes	If No, is the employee capable of: Full Duty No — Modified Duty Yes
Is additional medical care by a physician indicated?	If Modified Duty, Specify any Limitations or Restrictions No lifting greater than 5 pounds with the left upper extremity

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Do you know of any previous injury or disease contributing to this condition or occupational disease?
No

Taylor0002

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Date 4/19/2016	Print Doctor's Name Sullivan, Leland T	I certify the employer's copy of this form was mailed on:
Address 40101 Double R Blvd ...o NV 89521-3149 ...-982-7280		Insurer's Use Only
City Reno	State Nevada	Zip 89521-3149
Provider's Tax ID Number	Telephone Dept: 775-982-7144	
Doctor's Signature e-SignSULLIVAN, LELAND T M.D.	Degree MD	

Original - TREATING PHYSICIAN OR CHIROPRACTOR
Pg 2–Insurer/TPA Pg 3–Employer Pg 4–Employee

(rev01/03) Form C-4

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.
Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a petition for **judicial review with the District Court**. You must do so within 30 days of the Appeals Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 201, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 N. Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

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For assistance with Workers' Compensation Issues: you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4600, Las Vegas, Nevada 89101, Toll Free 1-888-333-1697, Web site: http://govcha.state.nv.us, E-mail: cha@govcha.state.nv.us

Employee Name / Signature

04/19/2016
Date

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WASHOE COUNTY RISK MANAGEMENT
1001 E. Ninth Street – Post Office Box 11130
Reno, Nevada 89520 – (775) 328-2071
Fax (775) 328-2094
Insurance *Safety*

SUPERVISOR'S REPORT OF INJURY

Department: TMFPD Division: TMFPD Supervisor: Chris Ketring

Injured employee: Vance Taylor Job title: Fire Captain

Date: 4-19-16 Time: 16:30 PM Location: RPSTC

DESCRIBE ACCIDENT IN DETAIL: Employee stated while completing training and performing duties related to firefighting during a simulated rescue he felt a pop in his left shoulder followed by intense pain.

WHY DID IT OCCUR? UNSAFE ACT OR CONDITION? Describe in detail: From the statement and witnesses it did not appear to be an unsafe act or condition.

Conditions or equipment involved: Equipment involved was in good operable condition per the individuals that were using it during training.

Unsafe conditions needing correction: At this time it does not appear that there were any unsafe conditions that need to be corrected.

Equipment other than employer's involved: Equipment involved was a combination of the Reno, Sparks, and TMFPD Triad team.

What specific physical activity was the injured worker doing? Fire Captain Taylor was performing strenous activity in a level A Haz-Mat suit, lifting and carrying a 160 lb manikin down a stairwell. with another Firefighter.

Personal factors that could have contributed to the accident:

☐ Improper attitude ☐ Bodily defects (eyesight, hearing, fatigue, etc.)

☐ Lack of knowledge or skill ☒ No unsafe personal factor ☐ Other

Employee training needed? No If yes, describe: _____

Nature of injury: Left should pain and a popping noise at the time of the injury.

Name of witnesses: Captain Brian Bunn

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What are you doing to prevent his type of accident from occurring again? Discuss with employee if there were any potential different techniques for lowering a patient down a stairwell in a similar situation.

Date action taken: Will occur when employee returns to work.

Doubt validity or accident? No If yes, explain: _____

Chris Rotting
Supervisor's Signature

4-19-16
Date Completed

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Print Form

Reset Form

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer Truckee Meadows Fire Protection District

Name of Employee	Social Security Number	Telephone Number
Vance A. Taylor	[redacted]	775-830-3873

Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)
Apr 19, 2016	1630 hrs.	Regional Training Center- Training Tower

What is the nature of the occupational disease?

Left shoulder injury while participating in a training exercise.

List any body parts involved:

Left Shoulder

Briefly describe accident or circumstances of occupational disease:

(Note: If you are claiming an occupational disease, indicate the date of which the employee first became aware of the connection between the condition and employment)

While in a mandatory monthly Triad Haz Mat training, I injured my left shoulder during the evolution. Drill: While in turnouts and SCBA rescue a downed firefighter (Haz-Mat Tech Level A suit) located on the second floor of the tower using a SKED device. Downed firefighter was simulated by using a 160 pound mannequin in SCBA and Level A suit. (Approximately 200 pounds). My partner and I were lowering the mannequin down the staircase I was in the lower position holding onto the SKED with my left hand and the railing with my right. I felt a "pop" in my left shoulder then followed by intense pain. I immediately placed the mannequin on the ground. Pain did not ease with rest and ice.

Name of witnesses:

Captain Brian Bunn (TMFPD) Partner in training scenario

Did the employee leave work because of the injury or occupational disease? ☒ Yes ☐ No

If yes, when (date and time) 19Apr16 at 1930 hrs.

Has the employee returned to work? ☐ Yes ☐ No

If yes, when (date and time)?

Was first aid Provided? ☒ Yes ☐ No

If yes, by whom? Todd Hovenden

Name and address of treating physician if applicable or known:

Did the accident happen in the normal Course of work? ☒ Yes ☐ No

Was anyone else involved? ☐ Yes ☒ No

Names of other involved:

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGES 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.

Chris Kelma 4-19-16

Supervisor's Signature Date

19Apr16

Signature of Injured or Disabled Employee Date

For assistance with Workers' Compensation issues, you may contact the Office of the Governor's Consumer Health Assistance
Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us

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

C-1 (Rev. 10/05)

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C1431609765-01

Taylor, Vance #3052191
Admission Info: **Emergency (Adm: 04/19/16)**
Billing Number: **8864470**

Description: **45 y.o. M**
Primary Service: **EMERGENCY**
Unit Info: **EDSM**

Patient Information

Patient Name	Sex
Taylor, Vance	Male

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
		Emergency	04/19/16 2117
Discharge Date	Hospital Service	Auth/Cert Status	Service Area
04/19/16	EMERGENCY	Incomplete	RENOWN HEALTH

Unit	Room/Bed	Admission Status
ED SMMC	SM-ROOM 3/03	Discharged (Confirmed)

Allergies as of 4/19/2016 — Reviewed on: 4/19/201

Allergen	Noted	Reactions
Ace Inhibitors	04/19/2016	Swelling [11]
Throat swelling		

ED Report

ED Provider Notes by Leland T Sullivan, M.D. at 4/19/2016 9:25 PM

Author: Leland T Sullivan, M.D. Service: (none) Author Type: Physician
Filed: 4/19/2016 9:28 PM Note Time: 4/19/2016 9:25 PM Status: Signed
Editor: Leland T Sullivan, M.D. (Physician)

ED Provider Note

CHIEF COMPLAINT
Chief Complaint
Patient presents with
- Shoulder Injury
- Shoulder Pain

HPI
Vance Taylor is a 45 y.o. male who presents with left shoulder discomfort. The patient is a firefighter and he was doing a drill where he lifted a 200 pound mannequin. The patient felt a pop in his left lateral aspect of his shoulder and since that time as had significant discomfort with passive range of motion to the left upper extremity. The patient denies elbow or wrist discomfort. He does not have any distal paresthesias. He does have loss of function secondary to pain.

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REVIEW OF SYSTEMS
No other musculoskeletal complaints

PHYSICAL EXAM
VITAL SIGNS: BP 126/78 mmHg | Pulse 73 | Temp(Src) 37.1 °C (98.7 °F) | Resp 18 | Ht 1.829 m (6') | Wt 102.059 kg (225 lb) | BMI 30.51 kg/m2 | SpO2 94%

ED Report (continued)

ED Provider Notes by Leland T Sullivan, M.D. at 4/19/2016 9:25 PM (continued)

In general the patient does not appear toxic
Extremities the patient has point tenderness over the lateral aspect of the left shoulder. The patient does not have any obvious deformities. He does have full range of motion but significant discomfort with passive range of motion. He also has severe pain with abduction.
Skin no erythema nor induration
Neurovascular examination is intact to the left upper extremity

COURSE & MEDICAL DECISION MAKING

Pertinent Labs & Imaging studies reviewed. (See chart for details)
This a 45-year-old gentleman who presents with signs and symptoms consistent with tendinitis of the rotator cuff. The patient will be treated with anti-inflammatories and ice. He will receive restrictions for work for lifting no greater than 5 pounds. He will follow up with his occupational health clinic in 3-5 days.

FINAL IMPRESSION

1. Left shoulder strain

Disposition

The pain will be discharged in stable condition.

Electronically signed by: Leland T Sullivan, 4/19/2016 9:25 PM

Encounter-Level Documents - 04/19/2016:

Discharge Instruction - Scan on 4/21/2016 11:13 AM (below)

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M-TAYLOR,VANCE
MAR:8854470 MR:3052191
DOB:10/17/1970 ADM:4/19/2016

After Visit Summary

Renown HEALTH

Vance Taylor Department: Renown South Meadows Medical Center, Emergency Dept
MRN: 3052191 Date of Visit: 4/19/2016

Renown South Meadows Medical Center, Emergency Dept
10101 Double R Blvd
Reno NV 89521-3149
Phone: 775-982-7144

You were seen by
Leland T Sullivan, M.D.

Your Diagnosis Was
Shoulder strain, left, initial encounter [926162]

Follow-up Information

1. Follow up with Renown Occupational Health in 5 days.
Contact Information
075 RYLAND
Reno NV 89502
775-982-4764

2. Follow up with Renny R Uppal, M.D. in 1 week.
Specialty: Orthopaedics
Contact Information
685 N Arlington Ave
F10
Reno NV 89503
775-786-3040

ED Discharge Follow Up Questions

1. In order to provide you with very good care, we would like to follow up with a phone call in the next few days. May we have your permission to contact you? YES / NO
2. What is the best phone number to call you? ( )____-_____
3. What is the best time to call you? Morning / Afternoon / Evening

Medication Information

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Review all of your home medications and newly ordered medications with your primary doctor and/or pharmacist as soon as possible. Follow medication instructions as directed by your doctor and/or pharmacist.

Please keep your complete medication list with you and share with your physician. Update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter product(s) are added; and carry medication information at all times in the event of emergency situations.

Medication List

START taking these medications

	Instructions
oxycodone-acetaminophen 5-325 MG Tabs Commonly known as: PERCOCET	Take 1-2 Tabs by mouth every four hours as needed. Dose: 1-2 Tab

ASK your doctor about these medications

	Instructions
citalopram 20 MG Tabs Commonly known as: CELEXA	Take 20 mg by mouth every day. Dose: 20 mg

Discharge Instructions

Joint Sprain

A sprain is a tear or stretch in the ligaments that hold a joint together. Severe sprains may need as long as 3-6 weeks of immobilization and/or exercises to heal completely. Sprained joints should be rested and protected. If not, they can become unstable and prone to re-injury. Proper treatment can reduce your pain, shorten the period of disability, and reduce the risk of repeated injuries.

TREATMENT

- Rest and elevate the injured joint to reduce pain and swelling.
- Apply ice packs to the injury for 20-30 minutes every 2-3 hours for the next 2-3 days.
- Keep the injury wrapped in a compression bandage or splint as long as the joint is painful or as instructed by your caregiver.
- Do not use the injured joint until it is completely healed to prevent re-injury and chronic instability. Follow the instructions of your caregiver.
- Long-term sprain management may require exercises and/or treatment by a physical therapist. Taping or special braces may help stabilize the joint until it is completely better.

SEEK MEDICAL CARE IF:

- You develop increased pain or swelling of the joint.
- You develop increasing redness and warmth of the joint.
- You develop a fever.
- It becomes stiff.
- Your hand or foot gets cold or numb.

Document Released: 01/05/2004 Document Revised: 03/11/2013 Document Reviewed: 06/04/2010

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Patient Information

Patient Information

Following emergency treatment all patient requiring follow-up care must return either to a private physician or a clinic if your condition worsens before you are able to obtain further medical attention, please return to the emergency room.

Billing Information

At Renown Health, we work to make the billing process streamlined for our patients. Our Representatives are here to answer any questions you may have regarding your hospital bill. If you have insurance coverage and have supplied your insurance information to us, we will submit a claim to your insurer on your behalf. Should you have any questions regarding your bill, we can be reached online or by phone as follows:

Online: You are able pay your bills online or live chat with our representatives about any billing questions you may have. We are here to help Monday – Friday from 8:00am to 7:30pm and 9:00am – 12:00pm on Saturdays. Please visit https://www.renown.org/interact/paying-for-your-care/ for more information.
Phone: 775-982-4130 or 1-866-891-0284

Please note that your emergency physician, surgeon, pathologist, radiologist, anesthesiologist, and other specialists are not employed by Renown and will therefore bill separately for their services. Please contact them directly for any questions concerning their bills at the numbers below:

Emergency Physician Services: 1-800-225-0853
Reno Radiological Associates: 775-856-2132
Associated Anesthesiology: 775-348-1800
Sierra Pathology Associates: 775-334-3450

1. Your final bill may vary from the amount quoted upon discharge if all procedures are not complete at that time, or if your doctor has additional procedures of which we are not aware. You will receive an additional bill if you return to the Emergency Department at Renown Health for suture removal regardless of the facility of which the sutures were placed.
2. Please arrange for settlement of this account at the emergency registration.
3. All self-pay accounts are due in full at the time of treatment. If you are unable to meet this obligation then payment is expected within 4-6 days.
4. If you have had radiology studies (CT, X-ray, Ultrasound, MRI), you have received a preliminary result during your emergency department visit. Please contact the radiology department (775) 982-2790 to receive a copy of your final result. Please discuss the Final result with your primary physician or with the follow up physician provided.

Crisis Hotline:
National Crisis Hotline: 1-800-SUICIDE or 1-800-784-2433
Nevada Crisis Hotline: 1-800-992-5757 or 775-784-8090

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Patient Signature:
Date: 19 APR 14

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ED Clinician Notes (continued)

ED Notes by Michelle C Hampton, R.N. at 4/19/2016 10:06 PM (continued)

Author: Michelle C Hampton, R.N. Service: (none) Author Type: Registered Nurse
Filed: 4/19/2016 10:07 PM Note Time: 4/19/2016 10:06 PM Status: Signed
Editor: Michelle C Hampton, R.N. (Registered Nurse)

Assisted w/ discharge, first encounter. Pt given discharge instructions and prescription for Percocet, verbalized understanding to information provided including follow up w/ Occ Health and no drinking/driving while taking Percocet. Pt ambulated from ER.

ED Notes by Corri Callahan, R.N. at 4/19/2016 8:58 PM

Author: Corri Callahan, R.N. Service: (none) Author Type: Registered Nurse
Filed: 4/19/2016 9:00 PM Note Time: 4/19/2016 8:58 PM Status: Signed
Editor: Corri Callahan, R.N. (Registered Nurse)

Pt c/o L shoulder pain and injury that happened at 1630. Pt is a fire fighter, and was doing a hazardous drill, p had mannequin in L arm and was going backwards down a staircase and felt a pop in L shoulder.

Medication Administration Record 4/19/16 2044--4/19/16 22:31:00

(There are no med orders for this encounter)

Location: EDSM-SM-ROOM 3-03 Admission Dx: None DOB: 10/11/1970 Sex: M
Attending Provider: (none) Wt: 102.1 kg Ht: 1.83 m

Medication Documentation Review Audit

Reviewed by Corri Callahan, R.N. (Registered Nurse) on 04/19/16 at 2101

Medication	Order	Sig	Documenting Provider	Last Dose	Status
citalopram (CELEXA) 20 MG Tab	124659 756	Take 20 mg by mouth every day.	Er Triage Protocol, M.D.	4/19/2016 Unknown time	Active

6517131172

All Results

No Results For This Encounter

Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00)

Custom Formula Data - Tue April 19, 2016

	2100	2102
OTHER		
Nose-earlobe-xyphoid (NEX) Distance (< 6 mos)	417.67 cm -CC at 04/19/16 2100	

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Custom Formula Data - Tue April 19, 2016 (continued)

	2100	2102
Weight % change since last entry.	0 % -CC at 04/19/16 2100	
Cuff BP MAP (Calculated)		94 MM HG -CC at 04/19/16 2102
SIRS Heart Rate		0 -CC at 04/19/16 2102
SIRS Temperature		0 -CC at 04/19/16 2102
SIRS Respiratory Rate		0 -CC at 04/19/16 2102
WBC (Within 24 hrs of screening)		0 -CC at 04/19/16 2102
Total Score		0 -CC at 04/19/16 2102
Most Recent HR Type		Pulse (Entered) -CC at 04/19/16 2102
Vitals Calculations		
Most Recent BP (Any)		126/78 -CC at 04/19/16 2102
Most Recent SBP (ANY)		126 -CC at 04/19/16 2102
Most Recent BP Type		Entered BP -CC at 04/19/16 2102
Most Recent HR (ANY)		73 -CC at 04/19/16 2102
Most Recent Temp (ANY)		98.7 -CC at 04/19/16 2102
Most Recent Temp Source		Temporal -CC at 04/19/16 2102
Most Recent HR (ANY)		73 -CC at 04/19/16 2102
Sepsis Screening Tool		
SIRS Temperature		0 -CC at 04/19/16 2102
SIRS Heart Rate		0 -CC at 04/19/16 2102
SIRS Respiratory Rate		0 -CC at 04/19/16 2102

Height and Weight - Tue April 19, 2016

	2100
Height and Weight	
Height	1.829 m (6') -CC at 04/19/16 2100
Weight	102.059 kg (225 lb)

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Height and Weight - Tue April 19, 2016 (continued)

	2100
	-CC at 04/19/16 2100
BSA (Calculated)	2.3 -CC at 04/19/16 2100
BMI (Calculated)	30.52 -CC at 04/19/16 2100

Vitals - Tue April 19, 2016

	2102
Vitals	
Temp	37.1 °C (98.7 °F) -CC at 04/19/16 2102
Temp Source	Temporal -CC at 04/19/16 2102
BP	126/78 mmHg -CC at 04/19/16 2102
Patient BP Position	Sitting -CC at 04/19/16 2102
BP Location	Right;Upper Arm -CC at 04/19/16 2102
BP Method	Automatic -CC at 04/19/16 2102
Pulse	73 -CC at 04/19/16 2102
Resp	18 -CC at 04/19/16 2102
SpO2	94 % -CC at 04/19/16 2102
Orthostatics	Sitting -CC at 04/19/16 2102

Screening - Tue April 19, 2016

	2101
TB Screening	
Cough Noted?	No -CC at 04/19/16 2102
Domestic Violence Screening	
Have you ever been the victim of abuse or violence?	No -CC at 04/19/16 2102
SADPERSONS / Suicide Assessment	
Have you had any recent thoughts of harming youself or others?	No -CC at 04/19/16 2102
Legal Hold	
Legal Hold	No -CC at 04/19/16 2102
Tetanus	
Last Tetanus	< 5 Yrs. -CC at 04/19/16 2102

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Screening - Tue April 19, 2016 (continued)

	2101
Immunization	
Are you current on your Pneumococcal vaccine?	No -CC at 04/19/16 2102
Are you current on FLU vaccine?	Yes -CC at 04/19/16 2102
Triage Sepsis Screening Tool (ALL QUESTIONS MUST BE ANSWERED)	
Resp Rate > 20	0 -CC at 04/19/16 2102
Temp > 100.4 or <96.5 or complaining of rigors (shaking chills)	0 -CC at 04/19/16 2102
Heart Rate > 90	0 -CC at 04/19/16 2102
Altered Mental Status	0 -CC at 04/19/16 2102
O2 Sat < 90%	0 -CC at 04/19/16 2102
SBP < 90 mmHg	0 -CC at 04/19/16 2102
Suspected Infection	0 -CC at 04/19/16 2102
If 3 or more, contact charge nurse for immediate room assignment and initiate sepsis nursing protocol. If 5 or more, also page "Code Sepsis" with patient room number.	0 -CC at 04/19/16 2102
Aortic Screening Group	
Complains of Chest Pain, Abdominal Pain with Syncope, and/or hypertension and tachycardia	No -CC at 04/19/16 2102
OTHER	
Ambulatory or Self Mobile in Wheelchair	No -CC at 04/19/16 2102

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Triage Plan - Tue April 19, 2016

	2102
Triage Plan	
Acuity	4 -CC at 04/19/16 2102
Destination	Main ER -CC at 04/19/16 2102
Triage	Primary Assessment Complete -CC at 04/19/16 2102

Finance - Tue April 19, 2016

	2144
Finance	
Finance Complete?	Yes, Complete -MJ at 04/19/16 2144

Triage Start - Tue April 19, 2016

	2058
Triage Start	
Triage Start	Quick Look Start -CC at 04/19/16 2058
Escorted By...	Self -CC at 04/19/16 2058
Means of Arrival	Walk In -CC at 04/19/16 2058
Treatment Prior to Arrival	
Pre-Hospital EMS Treatments	N/A -CC at 04/19/16 2058
Treatment at Home	N/A -CC at 04/19/16 2058

Core Measure - Tue April 19, 2016

	2100
Core Measure	
Signs / Symptoms of Pneumonia?	-1 -CC at 04/19/16 2100
Signs / Symptoms of Stroke?	-1 -CC at 04/19/16 2100
Signs / Symptoms of Heart Failure?	-1 -CC at 04/19/16 2100

Workers Comp - Tue April 19, 2016

	2049
Workers Comp	
Is this a workers comp claim?	Yes -MJ at 04/19/16 2050

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Discharge Assessment - Tue April 19, 2016

	2207
Discharge Assessment	
Readiness to Learn	Yes -MH at 04/19/16 2207
Willingness to Learn	Yes -MH at 04/19/16 2207
Ability to Learn	Yes -MH at 04/19/16 2207
Cultural Barriers?	No -MH at 04/19/16 2207
Condition Upon Leaving ER	Good -MH at 04/19/16 2207
Discharge to:	Self -MH at 04/19/16 2207

NARxCheck - Tue April 19, 2016

	21:24:30
OTHER	
No Value Found	No Data Found. Value from NarxCheck System. -LS at 04/19/16 2124

Travel History - Tue April 19, 2016

	2044
Travel History	
WEST AFRICA--Are you a resident of or have you travelled to (within the last three weeks) any of the following countries in West Africa where Ebola is present? *Guinea *Liberia *Sierra Leone	No -MJ at 04/19/16 2044
Within the last three weeks, have you had contact with blood or other bodily fluids or human remains of a patient known to have or suspected to	No -MJ at 04/19/16 2044

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Travel History - Tue April 19, 2016 (continued)

	2044
have Ebola?	
Within the last three weeks, have you had close contact with someone who recently travelled to any of the West African areas listed above and was ill.	No -MJ at 04/19/16 2044
Within the last three weeks, have you had any direct handling of bats or non-human primates from any of the West African areas listed above?	No -MJ at 04/19/16 2044

LACE+ Score - Tue April 19, 2016

	2207	2231
OTHER		
LACE+ Score	27 -MH at 04/19/16 2207	27 -MH at 04/19/16 2231

(r) = User Recd, (t) = User Taken, (c) = Us
Cosign

User Key

Initials	Name	Effective Dates	Provider Type
MJ	Michelle Johnson	05/16/13 -	Patient Access Rep
CC	Corri Callahan, R.N.	11/16/09 -	Registered Nurse
LS	Leland T Sullivan, M.D.	08/14/06 -	Physician
MH	Michelle C Hampton, R.N.	05/13/13 -	Registered Nurse

Encounter-Level Documents - 04/19/2016:

Discharge Instruction - Scan on 4/21/2016 11:13 AM (below)

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C143-16-0976501

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 04/20/2016 1:45PM | **Chart:** TAVA000001

RADIOLOGY ORDERS:

SpecialtyHealth, 330 E. Liberty St. #100, Reno, NV 89501
Phone #: 775-398-3630, Fax #: 775-322-2663

Special instructions: Please send a copy of report to our office

Patient: Vance Taylor
Date: 04/20/2016
Date of injury if applicable: ,
claim # if applicable: ,
Insurer:
Insurance #:

Ordering physician/provider: Scott Hall, MD

Indication: left shoulder strain
concern for supraspinatous tear

Diagnosis / ICD 9 code: s43.402a

MRI: Left, Shoulder

Insurance adjuster for work related injury:
ASC
1755 E. Plumb Ln. #148
Reno, NV 89502

RENO DIAGNOSTIC CENTER
Please call (775) 323-5083
Locations:
590 Eureka Ave., Reno NV 89512
625 Sierra Rose Dr., Reno NV 89511

RECEIVED
By SHMCO at 4:37 pm, Apr 21, 2016

RADIOLOGY ORDERS 2:

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Taylor0021

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 04/20/2016 1:45PM | **Chart:** TAVA000001

SpecialtyHealth, 330 E. Liberty St. #100, Reno, NV 89501
Phone #: 775-398-3630, Fax #: 775-322-2663

Special Instructions: Please send a copy of report to our office

Patient: Vance Taylor
Date: 04/20/2016
Date of Injury if applicable: ,
claim # if applicable: ,
Insurer:
Insurance #:

Ordering physician/provider: Scott Hall, MD

Indication: left shoulder strain

Diagnosis / ICD code: s43.402a

Upper extremity radiograph(s) : Left, Shoulder - 3 view (AP, axillary, Y view)

Insurance adjuster for work related injury:
ASC
1755 E. Plumb Ln. #148
Reno, NV 89502

RENO DIAGNOSTIC CENTER
Please call (775) 323-5083
Locations:
590 Eureka Ave., Reno NV 89512
625 Sierra Rose Dr., Reno NV 89511

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Taylor0022

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AA000142

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 04/20/2016 1:45PM | **Chart:** TAVA000001

***RETURN TO WORK:

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 04/20/2016 01:45PM
BODY PART: SHOULDER left
EMPLOYER: TMFPD

Date of injury: 4/14/16

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

no use left arm

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 days

SIGNED: Scott Hall, MD

Taylor0023

Ordered an MRI - Hall.

[Page 1]

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By Karen Barbee at 11:16 am, Apr 21, 2016

Scanned: 04/22/2016

Reno Diagnostic Centers
When it has to be done right.

RDC SIERRA ROSE
625 Sierra Rose Drive
Reno, NV 89511
Phone: (775) 323-5083
Fax: (775) 333-2776

C 143-16-09765-01

Exam requested by:
Scott Hall MD
330 E Liberty St Ste 100
RENO NV 89501

Patient: Taylor, Vance
Date of Birth: 10-11-1970
Phone: (775) 674-8441
MRN: 585226 **Acc:** 6138663
Date of Exam: 04-20-2016

XR-Shoulder Left 3PlusV Internal Rotation, External Rotation, Scapular Y, Axillary [26840] - SHOULDER_L - L

CLINICAL INDICATION: Sprain. Severe pain. Work-related injury yesterday.

TECHNIQUE: Four views of the left shoulder.

COMPARISON: None.

FINDINGS:
There is no visible fracture. Glenohumeral and acromioclavicular alignment are within normal limits. There is severe glenohumeral osteoarthritis, with prominent marginal osteophyte formation at the inferior margin of the humeral head articular surface. There is a 5 mm soft tissue calcification along the greater tuberosity, presumably hydroxyapatite deposition.

IMPRESSION:
1. Severe glenohumeral osteoarthritis.
2. Hydroxyapatite deposition along the greater tuberosity.
3. No visible fracture or dislocation.

Thank you for referring your patient to RDC SIERRA ROSE
Electronically Signed by Hastings, Robert MD 04-20-2016 5:49 PM

Washoe

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Copies of this report and DICOM exam images may be available to participating Nevada Health Information Exchange members for a minimum of 12 months, based on the patient's health information access preferences.

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you!

KB

C143-16-09765-01

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 04/22/2016 2:45PM | **Chart:** TAVA000001

Chief Complaint: LEFT SHOULDER

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

Vance Taylor is a 45 male who presents for : LEFT SHOULDER .
Patient reports a left shoulder injury when he was attempting to assist with lifting and extracting the patient on April 19, 2016. The patient was assisting when there is an abrupt stop with the retrieval and his shoulder moved anteriorly with an associated pop. The patient felt immediate pain and weakness in his shoulder. He subsequently presented for evaluation in the emergency room and conservative care was recommended currently, patient reports left shoulder pain, posterior, moderate, worse with movement and lifting, associated stiffness.

Med / Fam / Social History:

MEDICAL HISTORY: HTN, Hyperlipidemia, OSA Tobacco use: Non-smoker.

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
Benicar HCT 40 mg-25 mg oral tablet	1	No	
omeprazole 40 mg oral delayed release capsule	1	No	
citalopram 20 mg oral tablet	1	No	

Allergy	Reaction
foods	
ACE Inhibitor	Cough

Physical Exam:

Pulse	Blood Pressure	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
66 bpm	118/58	14 rpm	96.00 %	8/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing

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 E-signed by Dr. Scott Hall, MD on 04/22/2016 4:19PM asc

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By SHMCO at 8:50 am, Apr 25, 2016

Taylor0025

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor **DOB:** 10/11/1970 **Sex:** M
Provider: Dr. Scott Hall, MD **Visit:** 04/22/2016 2:45PM **Chart:** TAVA000001

RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
Right shoulder -normal
Left shoulder-normal inspection, mild posterior tenderness to palpation, abduction 90, flexion 90, external rotation 50, internal rotation to the pelvis, decreased strength testing supraspinatus and external rotation, intact sensation distally, patient is unable to lift his arm above shoulder level either actively or passively

Assessment:

Type	Code	Description
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Plan:

Reviewed and discussed x-ray report and imaging, it documents severe osteoarthritis of the left glenohumeral joint, patient still has persistent weakness and suspected rotator cuff tear, recommend proceeding with MRI and an orthopedic opinion. Patient does have a history in the past of body building and the osteoarthritis is pre-existing.

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 04/22/2016 02:45PM
BODY PART: LEFT SHOULDER
EMPLOYER: TMFPD

Date of injury:04/19/2016

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

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 E-signed by Dr. Scott Hall, MD on 04/22/2016 4:19PM

Taylor0026

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no use left arm

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

Referral from:
SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501
Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: Vance Taylor
Home phone #:
Cell Phone #: 775-830-3873

Insurer:
Insurance #:

Date of injury if applicable: 04/19/2016
Claim # if applicable:

Referral to: Orthopedics
Notes: dr. Malcarney by pt preference
Left shoulder strain

Referral from: Dr. Scott Hall, MD

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AA000147

KB

C143-16-09745-01

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor
Provider: Dr. Scott Hall, MD
DOB: 10/11/1970
Visit: 04/22/2016 2:45PM
Sex: M
Chart: TAVA000001

*****RETURN TO WORK:**

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 04/22/2016 02:45PM
BODY PART: LEFT SHOULDER
EMPLOYER: TMFPD

Date of Injury:04/19/2016

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

no use left arm

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

F/U apt 05/06/16 @ 1pm

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[Page 1]

Taylor0028

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Alternative Service Concepts
Flexibility · Expertise · Integrity

TO:

VANCE TAYLOR
2919 ASPEN MEADOWS CT
RENO, NEVADA 89519

RE: Claim No: C1431609765 01
Employer: Truckee Meadows FPD
Insurer: PACT
TPA: Alternative Service Concepts, L.L.C.
Date of Injury: 4/19/2016
Date of Notice: 4/25/2016
Body Part: Left Shoulder Strain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.060)

Dear Mr. Taylor:

The above referenced claim has been accepted on your behalf by the Public Agency Compensation Trust. Liability is limited as stated per Body Part above. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

If you disagree with the above determination, you have the right to appeal by completing the enclosed appeal form and submitting it to the Hearing Officer, Department of Administration, at the address indicated on the form, within seventy (70) days from the date of this letter.

Sincerely,

KAREN BARBEE
Sr. Claims Adjuster

cc: File
Employer: Truckee Meadows FPD
Treating Physician: SHC

Form D-12, *Request for Hearing*
Form D-2, *Brief Description of Rights and Benefits*
Form D-52, *Alternative Choice of Physician or Chiropractor & Referral to a Specialist*

639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration Hearings Division, 1050 E. William Street, Ste. 400, Carson City, NV 89701, (775) 687-5966 OR Department of Administration Hearings Division, 2200 S. Rancho Drive, Suite 210, Las Vegas, NV 89102, (702) 486-2525

EMPLOYEE INFORMATION		
Employee's Name: VANCE TAYLOR		
Address: 2919 ASPEN MEADOWS CT		
City: RENO	State: NV	Zip: 89519
Employee's Telephone Number: (775) 830-3873		
Claim #: C1431609765 01	Date of Injury: 4/19/2016	

INSURER INFORMATION		
Insurer's Name: Public Agency Compensation Trust		
Address: 201 South Roop Street, Suite 102		
City: Carson City	State: NV	Zip: 89701-4790
Insurer's Telephone Number: 775-885-7475		

Employer Information		
Employer's Name: Truckee Meadows Fpd		
Address:		
City:	State:	Zip:
Employer's Telephone Number:		

THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION		
TPA's Name: Alternative Service Concepts, L.L.C.		
Address: 639 Isbell Rd., #390		
City: Reno	State: NV	Zip: 89509
TPA's Telephone Number: 775-329-1181		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal: [Acceptance Notice]

_____

_____

_____

This request for hearing is filed by, or on behalf of:

☐ The Injured Employee

☐ The Employer

and is dated this _____ day of _____, 20____.

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)

D-12a (Rev. 09/04)

Taylor0030

Scanned: 04/26/2016 KAREN BARBEE

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer,** by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer.** You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court.** You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 213, Carson City, NV 89701, (775) 687-4076, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues: you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Web site: http://govcha.state.nv.us, E-mail cha@govcha.state.nv.us.

D-2 (rev. 11/05)

State of Nevada Department of Business & Industry

Division of Industrial Relations

Workers' Compensation Section

ALTERNATIVE CHOICE OF PHYSICIAN or CHIROPRACTOR (NRS 616C.090)

A list of the Panel of Treating Physicians or Chiropractors, or those health care providers, with whom your insurer has contracted, can be obtained from your insurer or third-party administrator upon written request. Your insurer or third-party administrator has 3 working days to provide you the list pursuant to NAC 616C.030.

If within the **first 90 days after the date of injury,** you are not satisfied with the **first** treating physician or chiropractor and

> Your insurer **has entered** into a contract with a managed care organization or with health care providers; you must select an alternative physician or chiropractor according to the terms of the contract. This selection may be made without the prior approval of the insurer. If after choosing your physician or chiropractor, you move to a county not serviced by the contracted managed care organization or health care providers and the insurer deems it impractical for you to continue treating with the physician or chiropractor, you must choose a treating physician or chiropractor who has agreed to the to the terms of the contract unless the insurer authorizes you to choose another physician or chiropractor;

or

> Your insurer **has not entered** into a contract with an organization for managed care, or with health care providers, you may select an alternative physician or chiropractor from the Panel of Treating Physicians and Chiropractors.

NOTICE: Any further changes in your treating physician or chiropractor must be in writing and approved by the insurer. If, at any time, you are dissatisfied with a physician or chiropractor selected by yourself, the insurer, managed care organization, or health care provider, a change may be made by submitting a written request to the insurer indicating the name of the alternate physician or chiropractor. The insurer shall approve or deny this request within ten (10) days after receipt of the written request or it shall be deemed approved. You will receive written notification if the insurer denies this request which will include the reason for the denial and appeal rights.

EMPLOYER'S WAGE VERIFICATION FORM
(Pursuant to NRS 616C.045(2)(d))

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS

Date: 4-25-16 Injured Employee's Name (Last/First/M.I.): Taylor Vance A Social Security #: [redacted]

Claim No.: _____ Date of Injury: 4-19-16 Date of Hire: 1-26-97

Was employee hired to work 40 hours per week: [ ] Yes [X] No If no, # of hours per week: 56 # of days per week: varies

On the date of injury, the employee's wage was: $ 6,503 per [ ] Hour [ ] Day [ ] Week [X] Month Date the wage became effective: _____

Was vacation paid during the applicable twelve week period? Yes If so, during what pay period? See spreadsheet

Was sick leave paid during the applicable twelve week period? Yes Was the injured employee paid for any holidays during the applicable twelve week period? NO Did employee receive payment for overtime during the applicable twelve week period? Yes Did employee receive termination pay during the applicable twelve week period? NO

Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: $_____ per [ ] Hour [ ] Day [ ] Week [ ] Month

During this 12-week period did employee change to a job with different (1) duties, (2) hours of employment, (3) rate of pay? [ ] Yes [X] No

If so, date: _____ Explain: -

Does the employee receive commissions? [ ] Yes [X] No Period of commission earned - to -

Indicate the amount of commission received over the last 6 months, or since date of hire: $ -

Does the employee receive bonuses/incentive pay? [ ] Yes [ ] No Period of bonuses/incentive pay earned _____ to _____.

Indicate the amount of bonuses received over last 12 months, or since date of hire: $_____

Are the commission and bonus amounts included in GROSS EARNINGS below? [ ] Yes [X] No

Does the employee declare tips for the purpose of worker's compensation? [ ] Yes [X] No See payroll declaration below. Attach declaration forms.

Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? [X] Yes [ ] No (Do not include in gross earnings)

How many meals per day? 3 Monetary value of meals $_____ per [ ] Day [ ] Week [ ] Month

Lodging $_____ per [ ] Day [ ] Week [ ] Month

TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS. Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)

Give payroll information from _____ through _____. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.
1. Certified illness or disability; 2. Institutionalized in a hospital, or other institution; 3. Enrolled as full-time student, not employed on days of attendance; 4. In military service other than training duty conducted on weekends; 5. Absent because of officially sanctioned strike; 6. Absence because of leave approved pursuant to Family and Medical Leave Act.

Payroll Period Beginning	Ending	Gross Salary (Excluding Tips)	Declared Tips	Payroll Period Beginning	Ending	Gross Salary (Excluding Tips)	Declared Tips
1-11-16	1-24-16	6,503.52					
1-25-16	2-7-16	3,213.48					
2-8-16	2-21-16	4,775.52					
2-22-16	3-6-16	4,255.80					
3-7-16	3-20-16	5,545.26					
3-21-16	4-3-16	3,620.12					

Dates of Absence Begin	End	Reason	Dates of Absence Begin	End	Reason	Dates of Absence Begin	End	Reason

Pay period ends on (check one) [ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday
Employee is paid: [ ] Weekly [ ] Bi-Weekly [ ] Semi-Monthly [ ] Monthly [ ] Other
Employee scheduled day(s) off: [ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Other
Explain "other":
Date the employee last worked AFTER injury occurred: _____ Date returned to work: _____

This information is true and correct as taken from the employee's payroll records.

Print Name: Celeste Wallick Signature: C Wallick

Date: 4-25-16 Employer: TMFP

Insurer: FOOL/PACT Third-Party Administrator: _____

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By Karen Barbee at 9:04 am, Apr 25, 2016

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WAGE VERIFICATION

Above Total hours are for: TAYLOR, VANCE A. EE# 7019
Time period requested: 12 Weeks prior to 4/19/2016

PP #			PP Dates	Regular	Overtime Callback	Holiday	Holiday Worked	Vacation	Sick	Comp	Personal
PP #	3	2016	1/11/16 - 1/24/16	112.32	76						
PP #	4	2016	1/25/16 - 2/07/16	112.32							
PP #	5	2016	2/08/16 - 2/21/16	112.32	36						
PP #	6	2016	2/22/16 - 3/06/16	112.32	24						
PP #	7	2016	3/07/16 - 3/20/16	96.32	48			24			
PP #	8	2016	3/21/16 - 4/03/16	0:32	5			64	48		
Total Hours:				545:92	189	0	0	88	48	0	0

870:92 should equal 480 hours

PP #	3	2016	$6,503.52
PP #	4	2016	$3,213.48
PP #	5	2016	$4,775.52
PP #	6	2016	$4,255.80
PP #	7	2016	$5,545.26
PP #	8	2016	$3,620.12
Total Wages:			$27,913.70

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By Karen Barbee at 9:05 am, Apr 25, 2016
KAREN BARBEE

4/2 /2016

Taylor0034

Alternative Service Concepts

Flexibility · Expertise · Integrity

April 26, 2016

VANCE TAYLOR
2919 ASPEN MEADOWS CT
RENO, NV 89519

RE: Claim #: C1431609765 01 Injured: 4/19/2016 Employer: TRUCKEE MEADOWS FPD

Dear Mr. Taylor:

We have been advised that you were off work for five (5) consecutive days or five (5) days within a twenty (20) day period and certified disabled, qualifying you for Temporary Total Disability (TTD) compensation, or determined that you are eligible for other compensation under this claim. Please take notice that returning to work with any employer, including self-employment, terminates your eligibility for TTD and must be reported immediately to our office. Please review the attached *IMPORTANT NOTICE ON YOUR WORKERS' COMPENSATION CHECK DISTRIBUTION* for further information. Initial payment has been processed and sent in C/O your employer for your endorsement to them in accordance with NRS 281.390 to reimburse your sick leave usage. Further payments require submission of a fully completed, signed D6 form [sent herewith] on receipt of this letter and every 14 days thereafter when disabled.

Please be advised that we have calculated your Average Monthly Wage (AMW) based on a twelve (12) week wage history provided by your employer. The AMW forms the basis for the amount of all disability compensation payable to you under this claim. It also forms the basis for allocation of supplemental hours (if provided by your employer to eligible employees), to make up the difference to your full wage. As a result of the calculation, your AMW is **$10,115.39** for a daily rate for TTD of **$118.84**. Your biweekly TTD compensation will be in the amount of **$1,663.76** during the period that you remain eligible. Enclosed are a computer calculation worksheet and a D-7 form explaining the wage calculation.

The maximum AMW allowed by statute, based upon your date of injury, is **$5,428.25**. If you were employed by two or more employers when you were injured, concurrent wages for employment may also apply to your entitlement up to the maximum allowed by statute. If you had concurrent employment, submit a written request for recalculation of your AMW to our office prior to the expiration of the appeal time referenced below, including contact information for your other employer(s) enabling us to obtain your payroll information. Please note that NRS 616A.066 excludes remuneration from employment not subject to the Nevada Industrial Insurance Act and employment for which coverage is elective but has not been elected.

If you disagree with the insurer determination, you have the right to appeal by completing and filing with the Hearing Officer, Department of Administration, the enclosed Request for Hearing form within seventy (70) days from the date of this letter.

For questions or further information about the AMW calculation or other aspects of your claim, please contact our office at the number below.

Sincerely,

KAREN BARBEE
Claims Adjuster

Enc.: Compensation Check Distribution Notice
Physician's Progress Report (Form D-39)
Request for Compensation (Form D-6)
Explanation of Wage Calculation (D-7 form)
Computer Calculation Worksheet
Request for Hearing (D-12a form)

cc: File TRUCKEE MEADOWS FPD

639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

Taylor0035

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Alternative Service Concepts
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To: VANCE TAYLOR Claim #: C1431609765 01 April 26, 2016

IMPORTANT NOTICE
ON YOUR WORKERS' COMPENSATION
CHECK DISTRIBUTION

The enclosed form (D-6) is your request for compensation and certification that you are not working while receiving disability benefits. Please complete all items 1-13, sign and date the form where indicated, and return it to our office, at the address below. Failure to complete and return the signed form each 14 day period, prior to your next payment due date, may result in delays in your payments while your work status is verified. A supply of forms is included for your use. Please contact our office to obtain more forms if your supply is depleted during your disability.

Please be advised that returning to work with any employer at any employment terminates your eligibility for Temporary Total Disability (TTD) and Rehabilitation Maintenance compensation and must be reported immediately to our office. Failure to disclose to our office your returning to work in any capacity while continuing to request and/or receive compensation may subject you to civil and criminal penalties.

At each physician office visit for follow up or treatment of your condition, you should request a current "work-note" with a disability statement verifying your ability or inability to return to work at full duty or light duty and specifying your current restrictions and limitations for work. Your physician should use the Industrial Insurance Regulation Section's (IIRS) Form D-39 (*Physician's and Chiropractor's Progress Report Certification of Disability*) as required by Nevada regulation.

ALL "off-work" notes you receive from your physician must be immediately submitted to your **Department Supervisor** who should deliver the form to your employer's workers' compensation liaison for forwarding to our office. Delays in our receiving these disability slips may result in delayed compensation checks while your work status is verified and documented.

If you are no longer employed by the employer at the time of the accident or onset of occupational disease, EACH work note must be immediately submitted to our office together with the next following Request for Compensation form after the physician visit. Retain a copy of the work note for your records.

TTD and Vocational Rehab Compensation are paid on a biweekly basis as long as you remain eligible. No compensation may be provided in advance of the date that it is required to be paid, i.e., on the last day of the payment period. (NRS 616C.155) No payments are available for pick up from our office due to central processing procedures.

Changes of your address must be provided as soon as possible to this office, in writing, to ensure you receive your compensation payments on time and other correspondence regarding your claim and benefits.

If you have questions about this notice, the form or about your claim status, please contact your claims adjuster at the **asc** office.

639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

Claim Number _____

INJURED EMPLOYEE'S REQUEST FOR COMPENSATION
(Pursuant to NRS 616C.475(6))

ANSWER ALL QUESTIONS, DATE, SIGN AND RETURN TO YOUR CLAIMS AGENT

1. Name: _____ Social Security # _____ Phone No: _____
2. Physical address: _____ (Street / City / State / Zip)
   Mailing address: _____ (Street/P.O.Box / City / State / Zip)
   Is this a change of address? ☐ Yes ☐ No
3. Employer at time of injury: _____
4. Supervisor's name: _____
5. Name of your attending physician or chiropractor: _____
6. Date on which you were last examined by attending physician or chiropractor: _____
7. Date of next appointment with physician or chiropractor: _____
8. a. Have you been released to return to work by your attending physician or chiropractor? ☐ Yes ☐ No
   b. If so, give the date of release: _____
9. a. Have you returned to work with another employer? ☐ Yes ☐ No
   b. Are you receiving payment from any employer? ☐ Yes ☐ No
   c. Date on which you returned to work: _____
   d. Name of employer for whom you returned to work: _____
   e. Address: _____
10. Have you been disabled and unable to work in <u>any occupation</u> for at least 5 consecutive days, or 5 cumulative days within a 20 day period? ☐ Yes ☐ No
11. Date on which you last worked: _____ For Whom: _____
12. When do you expect to be able to return to your regular occupation? _____
13. Would you be able to work at a light duty type job now? ☐ Yes ☐ No
    Comment: _____
14. Has your employer offered you a light duty type job? ☐ Yes ☐ No
    a. If yes, when was the light duty job offered? _____

Per NRS 616D.300, I understand that the reporting of false information may disqualify me from receiving workers' compensation benefits. Further, I understand falsification may subject me to civil and criminal penalties. I certify the above information is correct to the best of my knowledge.

Date _____ Signature _____

CITY _____ COUNTY _____ STATE _____

NOTE: An explanation of the methods used to calculate your average monthly wage and compensation benefits should accompany your first compensation check. If you did not receive this, please contact your claims agent.

FOR CLAIMS AGENT'S USE ONLY

PAY: From _____ To _____ Rev. date _____
From _____ To _____ TT Final TT TP

Date _____ Signature _____ D-6 (Rev. 7/09)

Taylor0037

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EXPLANATION OF WAGE CALCULATION
(Pursuant to NAC 616C.520(1))

The amount of disability compensation payable to an injured employee is based on his average monthly wage at the time of the accident. The compensation due is calculated on a calendar day basis, and paid at the rate of 66 2/3% of the average monthly wage, subject to the statutory limitation that creates a maximum average monthly wage benefit that is 150% of the state-calculated average monthly wage. If disabled for at least five consecutive days, or five cumulative days within a 20-day period, each day of disablement, including and following the five days, is compensable. When a doctor releases the injured employee to work or he returns to work on his own, the eligibility for disability ceases.

ITEMS INCLUDED IN THE AVERAGE MONTHLY WAGE
(Pursuant to NAC 616C.423)

The calculation of your average monthly wage includes the following: wages or salary; commissions which are prorated over the period used to calculate the AMW; incentive pay; payment for sick leave; bonuses which are prorated over the period used to calculate the average monthly wage; termination pay; tips which are collected and disbursed by the employer and are not paid at the discretion of the customer; tips you report pursuant to NRS 616B.227; payment for piecework, tool allowance, vacation, holidays, overtime, and travel time; and value of room
and/or board. Concurrent employment with another employer may be included.

Items which cannot be included are; employment not subject to coverage under NRS 616A to 616D, inclusive or chapter 617 of NRS, or elective employment which has not been elected; reimbursement for job related expenses, including per diem and travel, and allowances for laundry or uniforms.

In certain instances, wages are determined by statute. Compensation will be based on that wage.

If your average monthly wage exceeds the State Average Monthly Wage, compensation will be based on the State Average Monthly Wage.

CALCULATION OF THE AVERAGE MONTHLY WAGE

A wage history of a period of 12 weeks must be used to calculate the average monthly wage. If a 12-week period is not representative of your average monthly wage, the following methods are to be used.

A period of one year, or the full period of employment if less than one year, may be used. It must be used if the average monthly wage would be increased; or pursuant to NAC 616C.435(3), if employee is a member of a labor organization and regularly employed by referrals from that office, wages from all employers for one year must be used if the average monthly wage would be increased.

If employed less than 12 weeks, but for a period not less than four weeks, wages are averaged for the available period; or earnings based on piecework or a period of less than four weeks must be based on the rate of pay and projected working schedule, or on an average equal to other employees doing the same work.

The period used to calculate the AMW must consist of consecutive days immediately preceding your accident. Each day must be counted, with the following exceptions: A certified illness or disability; institutionalized in a hospital, or other; enrollment as a full-time student and not employed on days of attendance; military service other than weekend duty; an officially sanctioned strike; or absence due to approved leave pursuant to the Family and Medical Leave Act of 1993.

Concurrent wages for employment by two or more employers may also apply. NAC 616C.447 provides that the insurer shall advise an injured employee in writing of his eligibility for compensation for concurrent employment at time of the initial payment of compensation.

IF IT APPEARS THAT AN ERROR HAS BEEN MADE IN THE WAGE DETERMINATION, PLEASE CONTACT YOUR CLAIMS AGENT. AN EXPLANATION OF THE CALCULATION WILL BE PROVIDED. THE WAGE WILL BE REVISED UPON PRESENTATION OF DOCUMENTATION (CHECK STUBS, INCOME TAX FORM W-2, WAGE STATEMENT FROM THE EMPLOYER) WHICH SHOWS THE ORIGINAL WAGE DETERMINATION TO BE IN ERROR. A REVISED WAGE WILL BE USED TO RECALCULATE AND ADJUST COMPENSATION FOR PERIODS ALREADY PAID, AS WELL AS FUTURE COMPENSATION.

D-7 (rev. 7/99)

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

RE: Injured Employee: Vance Taylor — Date of Injury: 4/19/2016

Social Security No. [redacted] — Claim No. C1431699765_01

Employer: Truckee Meadows FPD — Insurer: PACT

Third- Party Administrator: NSO

Average Monthly Wage is defined in NAC 616C.420 through 616C.447.

The priorities for determining wage history will be:

1. A 12-week history of earnings (84 days)

2. If a 12-week period of earnings is not representative of the injured employee's average monthly wage , or upon injured employee's request, a period of one year or the full period of employment, if it is less than one year, may be used. Divide by the number of days in the period.

3. If period of employment is more than four weeks, but less than twelve weeks, earnings from the date of hire will be used. divide by the number of days in the period.

4. If period of employment is less than four weeks, average monthly wage will be calculated by multiplying rate of pay on the date of the accident or disease, by hours in employee's projected working schedule, divide by 7 and multiply by 30.44.

If other circumstances apply, see NAC 616c.435.

AVERAGE MONTHLY WAGE - Calculate AMW in the following manner:

Period of earnings: beginning date 01/11/2016 end date 04/03/2016

Gross earnings $ 27,913.70 plus tips 0 divide by number of days

to wage history 84 X 30.44 ..... equal Average Monthly Wage: $ 10,115.39

HOURLY RATE - Hourly rate of pay $ 0.00 x number of hours

projected to work per week 0 divide by 7 x 30.44..... equal Average Monthly Wage: $ 0.00

VALUE OF ROOM AND/OR BOARD

Room (Monthly Value) ..... $ 0.00

Board (Monthly Value) ..... $ 0.00

VALUE OF MEALS - If meals are provided by the employer, see NAC 616C.423(l)(p) and use the following formula:

Amount for meals per day x number of days hired

to work per week equals - divide by 7 x 30.44.....equal Meals per Month: $ 0.00

ADD applicable lines to obtain total ..... Average Monthly Wage: $ 10,115.39

DAILY RATE - is to be calculated in the following manner: the lesser of:

Average Monthly Wage $10,115.39 x 6 divide by 12 divide by 30.44.....Daily Rate: $ 221.54

X 7 = $1,550.76 X14= $ 3,101.52

Statutory Maximum Wage= $5,426.25 Statutory Maximum Daily Rate: $ 118.84 <<<<

7/1/2015 6/30/2016 x7 = $931.68 x14 1,663.76 <<<<

Date: April 26, 2016 Signature Karen Barbee Title Claims Adjuster

Taylor0039

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REQUEST FOR HEARING - CONTESTED CLAIM
(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-5966

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

EMPLOYEE INFORMATION			Employer Information		
Employee's Name: VANCE TAYLOR			Employer's Name: TRUCKEE MEADOWS FPD		
Address: 2919 ASPEN MEADOWS CT			Address:		
City: RENO	State: NV	Zip: 89519	City:	State:	Zip:
Employee's Telephone Number: (775) 830-3873			Employer's Telephone Number:		
Claim #: C1431609765 01	Date of Injury: 4/19/2016				
INSURER INFORMATION			**THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION**		
Insurer's Name: PACT			TPA's Name: Alternative Service Concepts, L.L.C.		
Address: 201 South Roop Street, Suite 102			Address: 639 Isbell Rd., Suite 390		
City: Carson City	State: NV	Zip: 89701	City: Reno	State: NV	Zip: 89502
Insurer's Telephone Number: 775-885-7475			TPA's Telephone Number: 775-329-1181		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal: [Average Monthly Wage Letter]

_____

_____

_____

This request for hearing is filed by, or on behalf of:

☐ **The Injured Employee**

☐ **The Employer**

and is dated this _____ day of _____, 20____.

_____ Signature of Injured Employee/Employer

_____ Injured Employee's/Employer's Rep. (Advisor)

D-12a (Rev. 09/04)

Taylor0040

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KB

C143-16-09765-01

ISO CLAIMSEARCH MATCH REPORT SUMMARY

A claim report identified by ClaimSearch identification number 5M004070680 was received by ISO ClaimSearch on 4/26/2016. Submission of this claim report initiated a search for similar claims. The claim(s) listed below appear(s) to be similar to the claim submitted. Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer Support at (800) 888-4476.

INITIATING CLAIM INFORMATION

Claim Number: C143160976501 **Date of Loss:** 04/19/2016
Policy Number: EWC006453 **ISO File Number:** 5M004070680

SUMMARY FOR EACH SEARCHABLE PARTY

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT, INSURED
No matches for this party

VANCE TAYLOR, CLAIMANT

Coverage: WC Indemnity **Loss Type:** WC Indemnity

	SAME LOSS TYPE	SIU INVOLVEMENT	NAME	ADDRESS	SSN	PHONE	DRIVER'S LICENSE	VIN	LICENSE PLATE	KEY INDICATORS FO THIS PARTY
# of Matches			2		3					Show Key Indicators List
ISO File Number										• Prior Claims History
0Y002427275					X					
1Q002293539					X					
6C000421355			X							
6U002433711			X							
8U000426664					X					

ISO CLAIMSEARCH MATCH REPORT DETAILS

Initiating Claim **File Number:** 5M00407068 0

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Company:	W31200020
Claim Number:	C143160976501
Date/Time of Loss:	04/19/2016 00:00
Policy Number:	EWC006453
Policy Type:	Workers Compensation
ISO Received Date:	04/26/2016
Loss Description:	LEFT SHOULDER STRAIN
Location of Loss:	NV

Involved Party	**Insured**
Name:	TRUCKEE MEADOWS FIRE PROTECTION DISTRICT
Address:	P O BOX 11130 RENO, NV 89520
Business Phone:	(775) 328-2662
TIN:	88-6000138 was issued in Las Vegas NV

Involved Party	**Claimant**
Name:	VANCE TAYLOR
Address:	2919 ASPEN MEADOWS COURT RENO, NV 89519
DOB:	10/11/1970
Gender:	Male
Home Phone:	(775) 830-3873
SSN:	[redacted] was issued between 1986 and 1986 in NV

Casualty Coverage Information

Coverage Type:	WC Indemnity
Loss Type:	WC Indemnity
Claim Status:	Open
Adjuster Company:	ALTERNATIVE SERVICE CONCEPTS LLC (ASC)
Adjuster:	BARBEE, KAREN
Alleged Injury:	LEFT SHOULDER STRAIN

Go to Summary

Matching Claim **File Number:** 0Y002427275

Reason for Match:	SSN
Insuring Company:	GEICO INDEMNITY COMPANY
Claim Number:	0287421770105015
Date/Time of Loss:	09/30/2008 17:00
Policy Number:	4048186896
Policy Type:	Personal Automobile
Insuring Co. Address:	SAN DIEGO CLAIMS PO BOX 509090

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	SAN DIEGO, CA 92150
Insuring Co. Phone:	(800) 654-5896
Company Received Date:	10/01/2008
Loss Description:	POLICYHOLDER REAR ENDED CLAIMANT
Agency Notified:	CALIFORNIA HIGHWAY PATRO **Report Case No.:** 908-113
CAT Related?:	No
Location of Loss:	GRASS VALLEY HIGHWAY S/B AUBURN, CA

Involved Party	**Both Claimant & Insured**
Name:	VANCE A TAYLOR
Address:	6588 ASHON CIRCLE SPARKS, NV 98436
DOB:	10/11/1970
Home Phone:	(530) 889-1466 *** More matches on this Home Phone outside this report ***
Business Phone:	(775) 830-3873
SSN:	was issued between 1986 and 1986 in NV
Drivers License:	3200404489 **State:** NV

Casualty Coverage Information

Coverage Type:	Collision	
Loss Type:	Collision	
Claim Status:	Closed	**Date Claim Closed:** 07/15/2011
Adjuster Company:	GEICO INDEMNITY COMPANY	
Adjuster:	REBECCA CALDWELL,	
Adjuster Phone:	(000) 000-5630	
Alleged Injury:	FRACTURE/	

Vehicle Coverage Information

Coverage Type:	Other Auto (Vehicle Damage)	
Loss Type:	Other Auto (Vehicle Damage)	
Claim Status:	Closed	**Date Claim Closed:** 07/15/2011

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Adjuster Company:	GEICO INDEMNITY COMPANY
Adjuster:	REBECCA CALDWELL,
VIN:	1HD1FBW143Y709159 (Pass) *** More matches on this VIN outside this report ***
Non-Standard VIN Validation Indicator:	YES
Vehicle:	2003 HARLEY-DAVIDSON FLH SERIES
Vehicle Style:	Motorcycle
Vehicle Type:	Motorcycle
License Plate:	**License Plate State:** CA
Last Year Registered:	2000

Involved Party	**Claimant Passenger**
Name:	DIANA L TAYLOR
Address:	12235 DYER CT AUBURN, CA 95603-2821
Home Phone:	(530) 889-1466

Service Provider	**Claimant Lawyer**
Name:	ROBERT BELL
Address:	1911 MAIN AVE SUITE 103 DURANGO, CO 81302
Business Phone:	(775) 333-9977

Service Provider	**Law Office**
Name:	ROBERT BELL ATTORNEY AND COUNSELOR AT LAW
Address:	1911 MAIN AVE SUITE 103 DURANGO, CO 81302
Business Phone:	(775) 333-9977

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Casualty Coverage Information

Coverage Type:	Bodily Injury		
Loss Type:	Bodily Injury		
Claim Status:	Closed	**Date Claim Closed:**	07/15/2011
Adjuster Company:	GEICO INDEMNITY COMPANY		
Adjuster:	REBECCA CALDWELL,		
Adjuster Phone:	(000) 000-5630		
Alleged Injury:	TRANSPORTED VIA AIR LIFT/MODERATE/SEVERE BRAIN INJ		

Involved Party	**Claimant**
Name:	HEATHER LASHER
Address:	12344 SHAUNSETTA CT AUBURN, CA 95603
Home Phone:	(530) 305-1250

Vehicle Coverage Information

Coverage Type:	Property Damage		
Loss Type:	Property Damage		
Claim Status:	Closed	**Date Claim Closed:**	07/15/2011
Adjuster Company:	GEICO INDEMNITY COMPANY		
Adjuster:	REBECCA CALDWELL,		
Non-Standard VIN Validation Indicator:	YES		
Vehicle:	2004		
License Plate:	5VKB62	**License Plate State:**	CA
Last Year Registered:	2000		

Involved Party	**Claimant Driver**
Name:	HEATHER LASHER
Address:	12344 SHAUNSETTA CT AUBURN, CA 95603

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DOB:	08/20/1977
Home Phone:	(530) 305-1250
Business Phone:	(530) 886-6555

Service Provider **Medical Clinic/Hospital**

Name:	RADIOLOGICAL ASSOCIATES
Address:	PO BOX160008 SACRAMENTO, CA 95816

Casualty Coverage Information

Coverage Type:	Bodily Injury		
Loss Type:	Bodily Injury		
Claim Status:	Closed	**Date Claim Closed:**	07/15/2011
Adjuster Company:	GEICO INDEMNITY COMPANY		
Adjuster:	REBECCA CALDWELL,		
Adjuster Phone:	(000) 000-5630		
Alleged Injury:	CERVICAL INJURIES		

Go to Summary

Matching Claim

File Number: 10002293539

Reason for Match:	SSN
Insuring Company:	ALTERNATIVE SERVICE CONCEPTS LLC (ASC)
Claim Number:	C143080262101
Date/Time of Loss:	01/03/2008 00:00
Policy Number:	EWC006453
Policy Type:	Workers Compensation
Insuring Co. Address:	1755 E PLUMB LANE #267 RENO, NV 89502
Insuring Co. Phone:	(775) 329-1181

Hit & Run Accident: No

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Location of Loss: NV

Involved Party **Claimant**

Name: VANCE A TAYLOR
Address: 12235 DYER CT
AUBURN, CA 95603
DOB: 10/11/1970

Home Phone: (530) 889-1466
*** More matches on this Home Phone outside this report ***

SSN: [redacted] was issued between 1986 and 1986 in NV

Occupation: FIREFIGHTER ENGINEER

Casualty Coverage Information

Coverage Type: Indemnity
Loss Type: Comprehensive
Adjuster Company: ALTERNATIVE SERVICE CONCEPTS LLC (ASC)
Adjuster: VALDEZ, JILL
Alleged Injury: LEFT SHOULDER ROTATOR CUFF IMPINGEMENT

Involved Party **Insured**

Name: SIERRA FPD
Address: 4000 JOY LAKE RD
RENO, NV 89511

Go to Summary

Matching Claim **File Number:** 6C000421355

Reason for Match: Name
Insuring Company: ALLSTATE INSURANCE COMPANY
Claim Number: 463108868101

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Date/Time of Loss:	05/04/1997 00:00
Policy Type:	Personal Automobile
Insuring Co. Address:	NEVADA MCO (1970) PO BOX 98761 LAS VEGAS, NV 89193
Insuring Co. Phone:	(702) 837-7000
Hit & Run Accident:	No

Involved Party **Claimant**

Name:	VANCE TAYLOR
Address:	2875 IDLEWILD DR 89 RENO, NV 89509-1189
DOB:	10/11/1970

Casualty Coverage Information

Loss Type:	Bodily Injury
Adjuster Company:	ALLSTATE INSURANCE COMPANY
Alleged Injury:	LFT ELBOW FRACTURE

Involved Party **Insured**

Name:	VANCE TAYLOR

Go to Summary

Matching Claim

File Number: 6U002433711

Reason for Match:	Name
Insuring Company:	STATE FARM (R) AFFILIATE
Claim Number:	55J240058

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APR 27 2016
ASC

Date/Time of Loss:	09/30/2008 00:00
Policy Number:	187320155
Policy Type:	Personal Automobile
Insuring Co. Address:	CIOS - 00 ONE STATE FARM PLAZA BLOOMINGTON, IL 61710
Hit & Run Accident:	No
Location of Loss:	HIGHWAY 49 NEWCASTLE AUBURN, CA

Involved Party	**Claimant**
Name:	VANCE TAYLOR
Address:	12235 DYER COURT AUBURN, CA 95603-0000
DOB:	10/11/1970
Home Phone:	(530) 889-1466 *** More matches on this Home Phone outside this report ***
Drivers License:	E1827780

Casualty Coverage Information

Loss Type:	Bodily Injury
Adjuster Company:	STATE FARM (R) AFFILIATE
Adjuster:	GONZALEZ X, CHARLES P
Alleged Injury:	LACERATIONS AND ABRASIONS TO FEET AND KNEES

Involved Party	**Insured**
Name:	LASHER HEATHER
Address:	13031 LINCOLN WAY APT 108 AUBURN, CA 95603-4134
Drivers License:	B3415628

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asc Taylor0049

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Go to Summary

Matching Claim

File Number: 8U000426664

Reason for Match:	SSN
Insuring Company:	PROGRESSIVE GROUP OF INS COMPANIES
Claim Number:	0119970235924
Date/Time of Loss:	05/04/1997 00:00
Policy Type:	Personal Property Homeowners
Insuring Co. Address:	RENO CLMS (2254) 5340 KIETZKE LN #102 RENO, NV 89511-0000
Insuring Co. Phone:	(775) 689-6615
Hit & Run Accident:	No
Location of Loss:	HYW- 89 AND ROUTH A PORTULA, CA

Involved Party — Claimant

Name:	V ANTHONY TAYLOR
Address:	2875 IDLEWILD DR 89 RENO, NV 89509-0000
DOB:	10/11/1970
SSN:	[redacted] was issued between 1986 and 1986 in NV
Drivers License:	366030940170

Casualty Coverage Information

Coverage Type:	Medical Payments
Loss Type:	Medical Payments
Adjuster Company:	PROGRESSIVE GROUP OF INS COMPANIES
Alleged Injury:	MUSCLE DAMAGE, BOTH KNEES BRUSES

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Involved Party	Insured
Name:	TAYLOR
Address:	2875 IDLEWILD DR 89 RENO, NV 89509-0000

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Taylor0051

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Reno Diagnostic Centers

RDC SIERRA ROSE
625 Sierra Rose Drive
Reno, NV 89511
Phone: (775) 323-5083
Fax: (775) 333-2776

C148-16-097165-01 KB

Exam requested by:
Scott Hall MD
330 E Liberty St Ste 100
RENO NV 89501

Patient: Taylor, Vance
Date of Birth: 10-11-1970
Phone: (775) 674-8441
MRN: 685226 **Acc:** 5139642
Date of Exam: 04-29-2016

MR-Shoulder without contrast Left [16720] - SHOULDER_L - L

CLINICAL INDICATION: Severe left shoulder pain after injury, decreased range of motion.

TECHNIQUE: Multiple acquisition parameters to evaluate the left shoulder utilizing the Siemens Espree Wide Bore 1.5 T MRI.

COMPARISON: None.

FINDINGS:

Acromioclavicular joint: There is no os acromiale. Moderate capsular hypertrophy of the acromioclavicular joint. There is lateral downsloping of the acromion process with small subacromial osteophyte. Type 1 acromion process morphology. Minimal subacromial subdeltoid bursitis.

Rotator cuff: Low signal intensity lesion is noted at the supraspinatus tendon insertion (sagittal series 7 image 15; coronal series 101 image 12), consistent with calcific tendinitis. Calcification measures 9 mm in maximal diameter. Moderate insertional tendinopathy of the supraspinatus tendon without evidence tear. Mild insertional tendinopathy of the infraspinatus and subscapularis tendons without evidence of tear. The teres minor tendon is intact. There is no evidence of muscle atrophy.

Biceps, labrum and glenohumeral joint: There is a large loose body in the subcoracoid space (sagittal series 7 image 7; axial series 3 image 10). It measures 1.4 cm in maximal diameter. Severe degenerative changes are present at the glenohumeral joint with full-thickness large areas of chondromalacia along the posterior glenoid and posterior articular surface of the humeral head. Extensive subchondral cystic change is noted along the posterior aspect of the humeral head (axial series 2 image 12). There is a prominent tear of the posterior labrum with associated cartilage delamination (axial series 2 image 14). There is a degenerative type tear of the superior labrum, extending into the biceps anchor. Tendinopathy of the intra-articular biceps tendon (sagittal series 7 image 9; axial series 2 image 11). Moderate tenosynovitis of the extra-articular biceps tendon without evidence of tear.

Surrounding structures: No cystic or solid masses.

IMPRESSION:

1. Severe glenohumeral joint degenerative changes posteriorly with large areas of full-thickness chondromalacia, bulky osteophytes, and subchondral cysts.
2. Large tear of the posterior labrum with associated cartilage delamination.
3. Large loose body in the subcoracoid space.
4. Calcific tendinitis of the supraspinatus tendon insertion without evidence of rotator cuff tear.
5. Degenerative type tear of the superior labrum extending into the biceps anchor.

Thank you for referring your patient to RDC SIERRA ROSE

Electronically Signed by Sekhon, Vijay S MD 04-29-2016 1:08 PM

Washoe

Copies of this report and DICOM exam images may be available to participating Nevada Health Information Exchange members for a minimum of 12 months based on the patient's health information access preferences.

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The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you!

KB

C143-16-09765-01

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor **DOB:** 10/11/1970 **Sex:** M
Provider: Dr. Scott Hall, MD **Visit:** 05/02/2016 10:45AM **Chart:** TAVA000001

Chief Complaint: SHOULDER INJURY

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

Vance Taylor is a 45 male who presents for : SHOULDER INJURY.
Patient reports a left shoulder injury when he was attempting to assist with lifting and extracting the patient on April 19, 2016. The patient was assisting when there is an abrupt stop with the retrieval and his shoulder moved anteriorly with an associated pop. The patient felt immediate pain and weakness in his shoulder. He subsequently presented for evaluation in the emergency room and conservative care was recommended currently, patient reports left shoulder pain, posterior, severe, worse with movement and lifting, associated stiffness, transient improvement with pain meds but very limited mobility.

Med / Fam / Social History:

MEDICAL HISTORY: HTN, Hyperlipidemia, OSA Tobacco use: Non-smoker.

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
Benicar HCT 40 mg-25 mg oral tablet	1	No	
omeprazole 40 mg oral delayed release capsule	1	No	
citalopram 20 mg oral tablet	1	No	
Percocet 5/325 oral tablet	0	No	

Allergy	Reaction
foods	
ACE Inhibitor	Cough

Physical Exam:

Pulse	Blood Pressure	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
57 bpm	110/70	14 rpm	97.00 %	7/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva

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 E-signed by Dr. Scott Hall, MD on 05/02/2016 3:48PM

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By SHMCO at 3:00 pm, May 03, 2016

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor **DOB:** 10/11/1970 **Sex:** M
Provider: Dr. Scott Hall, MD **Visit:** 05/02/2016 10:45AM **Chart:** TAVA000001

EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

Assessment:

Type	Code	Description
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Plan:

Reviewed and discussed MRI findings and images with the patient, copy of radiology interpretation was provided, orthopedic referral pending on April 20th, patient has significant osteoarthritis requiring pain medications and a refill was provided, we had a long discussion about treatment options and a significant issue with his left shoulder, work restrictions were just to recommend against driving on pain medications, physical therapy referral was initiated with close follow-up in 2 weeks

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

Medications Prescribed	SIG	PRN?	Indication
Percocet 5/325 oral tablet	1 oral 2 times a day as needed	No	

***RETURN TO WORK:

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 05/02/2016 10:45AM
BODY PART: SHOULDER INJURY
EMPLOYER: TMFPD

Date of injury:04/18/2016

It is the injured worker's responsibility to inform the employer of current work status.

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 E-signed by Dr. Scott Hall, MD on 05/02/2016 3:48PM

Taylor0054

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor	**DOB:** 10/11/1970	**Sex:** M
Provider: Dr. Scott Hall, MD	**Visit:** 05/02/2016 10:45AM	**Chart:** TAVA000001

CURRENT RESTRICTIONS: Light duty with the following restrictions

no use left arm

MEDICATIONS PRESCRIBED: Pain medications
Driving not recommend while on pain meds

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

Referral from:
SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501
Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: Vance Taylor
Home phone #:
Cell Phone #: 775-830-3873

Insurer:
Insurance #:

Date of injury if applicable: 04/19/2016
Claim # if applicable:

Referral for: Physical therapy, evaluate and treat - 6 visits

Referred to: Premier physical therapy
Notes: left shoulder strain

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Taylor0055

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor	**DOB:** 10/11/1970	**Sex:** M
Provider: Dr. Scott Hall, MD	**Visit:** 05/02/2016 10:45AM	**Chart:** TAVA000001

Referral from: Dr. Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 05/02/2016 3:48PM

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor **DOB:** 10/11/1970 **Sex:** M
Provider: Dr. Scott Hall, MD **Visit:** 05/02/2016 10:45AM **Chart:** TAVA000001

*****RETURN TO WORK:**

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 05/02/2016 10:45AM
BODY PART: SHOULDER INJURY
EMPLOYER: TMFPD

Date of Injury:04/19/2016

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

no use left arm

MEDICATIONS PRESCRIBED: Pain medications
Driving not recommend while on pain meds

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

F/U 05/16/16 @ 10:45 am

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[Page 1] E-signed by Dr. Scott Hall, MD on 05/02/2016 3:48PM

Taylor0057

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PREMIER PHYSICAL THERAPY & SPORTS PERFORMANCE

Tim Kuhn, DPT, CSCS, CAFS Chris Amundson, DPT, CAFS Austin Aranda, DPT Megan Pieters, DPT Jared Pugmire, DPT

Now Offering Women's Health Services

Patient Name: TAYLOR, VANCE
DOB: 10/11/1970
Physician: Scott Hall, MD
Diagnosis: Shoulder pain.
Date: 05/10/16

Subjective Findings:

History: Mr. Taylor presents to Physical Therapy today with complaints of left shoulder pain. On 04/19/16, Vance was performing an activity at work in which he was working hazmat. He had a heavy suit on. He had to go into the building and remove the mannequin/dummy as quickly as possible. While extracting the dummy and coming down an exterior flight of stairs, he was on the downhill side and his partner was above. The partner went to move the mannequin/dummy, yanked Vance's shoulder. He has had significant increases in pain and complaints since that time.
Pain Profile: Pain is 7 out of 10 in severity and notes symptoms occur frequently.
Pre-Injury Status/Activity Level: Able to do all activities without limitations.
Functional Limitations/ADL deficiencies: He now has difficulty scoring an 8/10 for reaching behind his back, 7/10 for putting an object on a high shelf, 6/10 for washing his hair, 5/10 for reaching in his back pocket on the Shoulder Pain and Disability Index.
Prior Surgical History: Not relevant.
Quality of Overall Health: Good.
Comorbidities and Complexities: High blood pressure. MRI revealed severe glenohumeral joint degeneration changes posteriorly, full thickness chondromalacia, osteophytes and cysts, large tear of the posterior labrum, large loose body in the subcoracoid space, calcific tendonitis of the supraspinatus tendon without evidence of rotator cuff tear, degenerative type tear of superior labrum extending into the biceps anchor.
Patient Goals: To reduce the pain levels that he is having and increase strength to allow for improved range of motion, use and function.

Objective Findings:

Observation/Palpation: The patient presents to Physical Therapy exhibiting no outward signs of acute distress. With sitting, the patient was noted to have a slightly forward shoulder girdle complex and with movements he has anterior scapular elevation, which would appear to be secondary to reduced rotator cuff activation and strength. With palpation, he had pain over the insertional point of the supraspinatus tendon and the biceps tendon.
Range of Motion: Active range of motion 110 degrees forward flexion on the involved side. Full range of motion on the left side. Hand behind back was limited to T10 on the uninvolved side and L4 on the involved side. Passive range of motion was limited to external rotation 30 degrees, forward flexion 120 degrees.
Strength: Was reduced for abduction 4-/5 at 30 degrees, abduction at 80 degrees was 3+/5. External rotation 4-/5, periscapular musculature 4-/5.
Neurological: Sensation was intact.
Special Tests: Positive Hawkins-Kennedy impingement.
Functional Capacity: Scored 34/80 on the disability portion of the SPADI.

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5/13/16

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TAYLOR, VANCE

Significant Findings/Functional Limitations:

The patient presents to Physical Therapy today with signs and symptoms consistent with the aforementioned diagnosis. During examination, the patient was noted to have the above-mentioned deficits. In particular, elevated pain complaints, restrictions in available range of motion, both actively and passively, reductions in strength, leading to reduced functional capacities as noted above.

Justification Statement/Plan/Prognosis:

Therefore, physical therapy will need to address these issues in order to reduce patient's pain and increase function. We will go about doing so by increasing active and passive range of motion to tolerance. By increasing active and passive range of motion, this will allow for improvements in usage of the shoulder, increased reaching, pushing, pulling, reaching behind his back, and putting things on a high shelf. We will also work on increasing strength to the rotator cuff periscapular musculature. This will allow for increased glenohumeral mechanics and increased normalization of shoulder movements. All activities will focus on the reduction of pain and improvements in mobility.

Goals:

	GOALS FOR EPISODE OF CARE	CURRENT CAPABILITY
Goal #1	Independent with initiation and progression of a home exercise program.	At the current time, the patient is not doing a specific home exercise program. The initiation of one will allow for improvements in range of motion, strength and function.
Goal #2	Reduce pain down to 3 out of 10.	At the current time, it is 7 out of 10. This reduction in pain will allow for increased reaching, pushing, pulling, putting things on a high shelf and reaching in his back pocket.
Goal #3	Reduce SPADI down to 24 or less.	At the current time, it is 34/80. This reduction in score will translate into the patient's increased ability to reach behind his back, put objects on a high shelf, doing his hair, putting things in his back pocket.
Goal #4	Increase strength in the above mentioned deficit areas by 1/2 to 1 grade. By increasing strength, this will allow for increased glenohumeral mechanics, thus increasing reaching ability, pushing, pulling and carrying.	

FUNCTIONAL PLAN OF CARE

Frequency/Duration: Patient will be seen two to three times a week for four to six weeks.

Thank you,

Chris Amundson, DPT, MS, CMP

5/11/16
Date

CA/gpg
t. 05/12/16

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Claim Number C143169765-01

INJURED EMPLOYEE'S REQUEST FOR COMPENSATION
(Pursuant to NRS 616C.475(6))

ANSWER ALL QUESTIONS, DATE, SIGN AND RETURN TO YOUR CLAIMS AGENT

1. Name: Vance Taylor Social Security # [ ] Phone No: (775) 850-3573
2. Physical address: 2919 Aspen Meadows Ct. (Street) Reno (City) NV (State) 89519 (Zip)
   Mailing address: Same (Street/P.O.Box) (City) (State) (Zip)
   Is this a change of address? ☐ Yes ☒ No
3. Employer at time of injury: TMFPD
4. Supervisor's name: Albert Hyde
5. Name of your attending physician or chiropractor: Mal Carney
6. Date on which you were last examined by attending physician or chiropractor: 12 May 16 - PT.
7. Date of next appointment with physician or chiropractor: 20 May 16
8. a. Have you been released to return to work by your attending physician or chiropractor? ☐ Yes ☒ No
   b. If so, give the date of release: _____
9. a. Have you returned to work with another employer? ☐ Yes ☒ No
   b. Are you receiving payment from any employer? ☒ Yes ☐ No
   c. Date on which you returned to work: _____
   d. Name of employer for whom you returned to work: _____
   e. Address: _____
10. Have you been disabled and unable to work in any occupation for at least 5 consecutive days, or 5 cumulative days within a 20 day period? ☒ Yes ☐ No
11. Date on which you last worked: 19 Apr 16 . For Whom: TMFPD
12. When do you expect to be able to return to your regular occupation? Six weeks from Surgery
13. Would you be able to work at a light duty type job now? ☒ Yes ☐ No
    Comment: On Light Duty now.
14. Has your employer offered you a light duty type job? ☒ Yes ☐ No
    a. If yes, when was the light duty job offered? May 9, 2016

Per NRS 616D.300, I understand that the reporting of false information may disqualify me from receiving workers' compensation benefits. Further, I understand falsification may subject me to civil and criminal penalties. I certify the above information is correct to the best of my knowledge.

13 May 16
Date

Signature

Reno (CITY) WASHOE (COUNTY) NV (STATE)

NOTE: An explanation of the methods used to calculate your average monthly wage and compensation benefits should accompany your first compensation check. If you did not receive this, please contact your claims agent.

FOR CLAIMS AGENT'S USE ONLY

PAY: From _____ To _____ Rev. date _____
From _____ To _____ TT Final TT TP

Date Signature

D-6 (Rev. 7/99)

RECEIVED
By Karen Barbee at 11:40 am, May 20, 2016

Taylor0060

RECEIVED
By SHMCO at 2:18 pm, May 18, 2016

SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor **DOB:** 10/11/1970 **Sex:** M
Provider: Dr. Scott Hall, MD **Visit:** 05/17/2016 1:00PM **Chart:** TAVA000001

Chief Complaint: FOLLOW UP LEFT SHOULDER

History of Present illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

Vance Taylor is a 45 male who presents for : FOLLOW UP LEFT SHOULDER .
Patient reports a left shoulder injury when he was attempting to assist with lifting and extracting the patient on April 19, 2016. The patient was assisting when there is an abrupt stop with the retrieval and his shoulder moved anteriorly with an associated pop. The patient felt immediate pain and weakness in his shoulder. He subsequently presented for evaluation in the emergency room and conservative care was recommended currently, patient reports left shoulder pain, diffuse, worse with movement and lifting, associated stiffness, significant improvement in pain with physical therapy.

Med / Fam / Social History:

MEDICAL HISTORY: HTN, Hyperlipidemia, OSA Tobacco use: Non-smoker.

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
Benicar HCT 40 mg-25 mg oral tablet	1	No	
omeprazole 40 mg oral delayed release capsule	1	No	
citalopram 20 mg oral tablet	1	No	
Percocet 5/325 oral tablet	1 oral 2 times a day as needed	No	
Percocet 5/325 oral tablet	0	No	

Allergy	Reaction
foods	
ACE inhibitor	Cough

Physical Exam:

Pulse	Blood Pressure	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
61 bpm	100/64	14 rpm	97.00 %	2/10	Never smoker

CONST: well-appearing, NAD

 E-signed by Dr. Scott Hall, MD on 05/17/2016 1:14PM

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By Karen Barbee at 3:32 pm, May 18, 2016
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SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 05/17/2016 1:00PM | **Chart:** TAVA000001

EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
Left shoulder -normal inspection, nontender to palpation, flexion 90 degrees, abduction 90 degrees, IR strength 5/5 throughout

Assessment:

Type	Code	Description
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Plan:

Reviewed and discussed imaging and treatment options, it is very encouraging the patient has noticed reduction in pain with physical therapy, pending orthopedic opinion and transfer of care, follow up with us as needed

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 05/17/2016 01:00PM
BODY PART: FOLLOW UP LEFT SHOULDER
EMPLOYER: TMFPD

Date of injury:04/19/2016

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

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By Karen Barbee at 3:32 pm, May 18, 2016
Scanned: 05/19/2016

SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor | **DOB:** 10/11/1970 | **Sex:** M
Provider: Dr. Scott Hall, MD | **Visit:** 05/17/2016 1:00PM | **Chart:** TAVA000001

limit use of left arm

MEDICATIONS PRESCRIBED: Pain medications
Driving not recommend while on pain meds

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

Taylor0063

E-signed by Dr. Scott Hall, MD on 05/17/2016 1:14PM

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By Karen Barbee at 3:33 pm, May 18, 2016

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C143-16-09765-01

SPECIALTY HEALTH CLINIC

Patient: Vance Taylor	**DOB:** 10/11/1970	**Sex:** M
Provider: Dr. Scott Hall, MD	**Visit:** 05/17/2016 1:00PM	**Chart:** TAVA000001

*****RETURN TO WORK:**

RETURN TO WORK FOR: Vance Taylor
DATE OF APPOINTMENT: 05/17/2016 01:00PM
BODY PART: FOLLOW UP LEFT SHOULDER
EMPLOYER: TMFPD

Date of Injury:04/19/2016

It is the injured worker's responsibility to inform the employer of current work status.

CURRENT RESTRICTIONS: Light duty with the following restrictions

limit use of left arm

MEDICATIONS PRESCRIBED: Pain medications
Driving not recommend while on pain meds

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

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 E-signed by Dr. Scott Hall, MD on 05/17/2016 1:14PM

RECEIVED
By SHMCO at 3:00 pm, Jun 07, 2016

C143-16-09765-01
KB

Nevada Orthopedics
10835 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

June 7, 2016
Page 1
Office Visit

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

06/20/2016 - Office Visit: Office Visit
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

History of Present Illness:
Right-hand dominant, fire captain. Vance reports an injury to his left shoulder at work during a heavy physical training. Date of injury was April 19, 2016. He sustained a traction injury to his left shoulder, and subsequently felt a pop and has had more pain in his left shoulder since then. Notably, he has felt some stiffness and ache when he works out for the last few years, what he has felt over the last month with limited motion and more pain. He's been treated thus far with physical therapy. He denies any injury in the past.

Patient rates the pain at a 3/10 currently and patient rates the pain at a 9/10 at its worst.

Past Medical History:
Hypertension
Sleep Apnea

Past Surgical History:
Right Hand 1991

Family History Summary:
Other family member - Has Family History of Stroke - Entered On: 5/20/2016
Other family member - Has Family History of Hypertension - Entered On: 5/20/2016
Other family member - Has Family History of Heart Disease - Entered On: 5/20/2016

General Comments - FH:
FH High Cholesterol
FH Heart Attacks
FH Prostate Disease

Risk Factors:

Tobacco use: Never smoker
Alcohol use: yes

Vital Signs:

Patient Profile:	45 Years Old Male
Height:	72 inches
Weight:	220 pounds
BMI:	29.83

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Scanned: 06/08/2016 KAREN BARBEE

Nevada Orthopedics
10835 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

June 7, 2016
Page 2
Office Visit

Vance A Taylor
Male DOB: 10/11/1970 11605

Home: (775) 830-3873
Ins: WC Alt Service Concepts

BP sitting: 114 / 72 (right arm)

Vitals Entered By: Breanna Lehman (May 20, 2016 8:43 AM)

Review of Systems

General: Good general health lately, denies: recent weight change, fever, fatigue, headaches, loss of appetite
Eyes: denies blurring, diplopia, irritation, discharge
Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat
Cardiovascular: denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema
Respiratory: denies coughing, wheezing, dyspnea, hemoptysis
Gastrointestinal: denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation
Genitourinary: denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence
Musculoskeletal: denies back pain, joint swelling, joint stiffness, joint pain
Skin: denies rashes, itching, lumps, sores, lesions, color change
Neurologic: denies syncope, seizures, transient paralysis, weakness, paresthesias
Psychiatric: denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia
Endocrine: denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance
Heme/Lymphatic: denies easy or excessive bruising, history of blood transfusions, anemia, bleeding disorders, adenopathy, chills, sweats
Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Physical Exam

LEFT SHOULDER EXAM
Cervical spine - Gross inspection and range of motion are within normal limits given the patient's history.
Negative Spurling's sign bilaterally.
Contralateral shoulder exam is grossly within normal limits given the patient's history.
Inspection is grossly normal, without obvious atrophy. Skin intact without signs of infection.
PROM - FF 130, ER 10.
Rotator cuff strength testing is within normal limits.
Impingement signs are moderately positive.
No tenderness over AC joint.
Moderate tenderness over proximal biceps tendon.
Negative apprehension signs.

General
Alert, oriented, no acute distress. Cooperative.
HEENT: no evidence trauma, vision and hearing WNL.
Lungs: regular respiratory effort, no oxygen supplementation
CV: regular rate and rhythm

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

Vance A Taylor
Male DOB: 10/11/1970 11605

Home: (775) 830-3673
Ins: WC Alt Service Concepts

Neurologic: no movement disorder, no paralysis
Extremities: WNL except as above

Impression

Recommendation and Plan
Osteoarthritis, left shoulder.
Strain, left shoulder.
Labral tear, left shoulder.
Rotator cuff calcific tendinopathy, left shoulder.

Imaging:
XRAYS Left Shoulder reviewed from RDC-4/20/16
MRI Left Shoulder reviewed from RDC-4/20/16
Medications added:
VALCYTE 450 MG ORAL TABS (VALGANCICLOVIR HCL)
CITALOPRAM HYDROBROMIDE 20 MG ORAL TABS (CITALOPRAM HYDROBROMIDE)
BENICAR 40 MG ORAL TABS (OLMESARTAN MEDOXOMIL)

Orders:
99203-Ofc Vst-New Level III [CPT-99203]
Joint Injection, Major [CPT-20610]
Kenalog 10mg [CPT-J3301]

Medications Added to Medication List This Visit:
1) Valcyte 450 Mg Oral Tabs (Valganciclovir hcl)
2) Citalopram Hydrobromide 20 Mg Oral Tabs (Citalopram hydrobromide)
3) Benicar 40 Mg Oral Tabs (Olmesartan medoxomil)

Plan:
I had a long discussion today with Vance about his left shoulder. He has some underlying arthritis, which is moderate. He also has calcific tendinopathy of the rotator cuff as well as labral pathology evident on his recent MRI. Certainly, in this arthritic shoulder, I do not feel as if a labral repair is indicated as this will increase his stiffness and further limit his range of motion.

We decided to proceed with a left glenohumeral joint steroid injection today. He will continue in physical therapy for a stretching and strenghtening program. He is aware that he is a potential future candidate for arthroscopy, if today's steroid injection does not substantially improve his symptoms.

Follow up 1 month. Light duty restrictions given.

Procedure Note: LEFT
Glenohumeral Joint Injection: After explaining the risks and benefits, the shoulder was palpated the soft

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Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC All Service Concepts

spot at the posterior aspect of the shoulder in the region of the GH-joint articulation. This area was prepped with betadine and anesthetized with topical ethyl chloride spray. Next, a 20-gauge needle was used to inject a mixture of 4 ml of 0.5% Marcaine and 1 ml of Kenalog (40mg/ml) into the joint. The needle was withdrawn, and a sterile band-aid was applied. The patient tolerated the procedure well.

.....electronically signed by Hilary L Malcarney, MD May 20, 2016 2:04 PM

This note was generated using voice recognition software which has a small chance of producing errors of grammar and possibly content. I have made every reasonable attempt to find and correct any obvious errors, but expect that some may not be found prior to finalization of this note.

Electronically signed by Hilary Malcarney on 06/07/2016 at 2:07 PM

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 862-0505 Fax:

June 7, 2016
Page 1
Work Status

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

05/20/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

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By SHMCO at 3:00 pm, Jun 07, 2016

Physicians and Chiropractor's
Progress Report
Certificate of Disability

Claim Number: C143160076501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None – Discharged Stable ____ Yes _X_ No Ratable ____ Yes _X_ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability _X_ Yes ____ No

Treatment Plan:10 LB lifting restriction, no overhead use of arm

____ No Change in Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working
____ Case Management ____ PT/OT Discontinued
____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

____ Released to FULL DUTY/No Restrictions on (Date):_____
____ Certified TOTALLY TEMPORARILY DISABLED (Dates): From:_____ To: _____
_X_ Released to RESTRICTED/Modified Duty on (Date): From:_5/20/16_____ To:____6/27/2016_____
Restrictions Are: ___ Permanent _X_ Temporary

____ No Sitting ____ No Standing ____ No Pulling ____ Other:
____ No Bending at Waist ____ No Stooping ____ No Lifting
____ No Carrying ____ No Walking ____ Lifting Restricted to (10lbs.):
____ No Pushing ____ No Climbing ____ No Reaching Above Shoulders

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/ Signature:
6/27/16 @ 3:10 PM	May 20, 2016	Hilary L. Malcarney, MD	+ [illegible]

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Taylor0069

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RECEIVED
By SHMCO at 3:01 pm, Jun 07, 2016

Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

June 7, 2016
Page 1
Orders

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

05/20/2016 - Orders: Physical Therapy RX
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

PHYSICAL THERAPY

2 x's a week for 4 weeks

dx: LEFT shoulder labral tear and arthritis.

Progress ROM and strengthening as tolerated.

Hilary L. Malcarney, MD May 20, 2016 8:52 AM

Electronically signed by Breanna Lehman on 06/20/2016 at 8:52 AM

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0508 Fax:

C143160976501
KB

June 21, 2016
Page 1
Office Visit

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC All Service Concepts

06/13/2016 - Office Visit: Other F/U Office Visit
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics
Status: ON HOLD DOCUMENT. Contents are preliminary

History of Present Illness:
Right-hand dominant, fire captain. Vance reports an injury to his left shoulder at work during a heavy physical training. Date of injury was April 19, 2016. He sustained a traction injury to his left shoulder, and subsequently felt a pop and has had more pain in his left shoulder since then. Notably, he has felt some stiffness and ache when he works out for the last few years, what he has felt over the last month with limited motion and more pain. He's been treated thus far with physical therapy. He denies any injury in the past.

He was treated with a left glenohumeral joint steroid injection last visit, and has continued to participate in physical therapy. He has ongoing pain in the left shoulder and has developed some muscular stiffness. Working light duty.

Patient rates the pain at a 3/10 currently and patient rates the pain at a 9/10 at its worst.

Current Problems (prior to this update):
Other sprain of left shoulder joint, initial encounter (ICD-840.8) (ICD10-S43.492A)
Calcific tendinitis of left shoulder (ICD-726.11) (ICD10-M75.32)
OA of left shoulder (ICD-715.11) (ICD10-M19.012)

Current Medications (prior to this update):
MOBIC 15 MG TABS (MELOXICAM) 1 PO QD PRN
VALCYTE 450 MG ORAL TABS (VALGANCICLOVIR HCL)
CITALOPRAM HYDROBROMIDE 20 MG ORAL TABS (CITALOPRAM HYDROBROMIDE)
BENICAR 40 MG ORAL TABS (OLMESARTAN MEDOXOMIL)

Current Problems:

Medical Problems:
1) Dx of Other Sprain of Left Shoulder Joint, Initial Encounter (ICD-840.8)
2) Dx of Calcific Tendinitis of Left Shoulder (ICD-726.11)
3) Dx of Oa of Left Shoulder (ICD-715.11)

Current Medications:
1) Mobic 15 Mg Tabs (Meloxicam) .... 1 po qd prn
2) Valcyte 450 Mg Oral Tabs (Valganciclovir hcl)

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

3) Citalopram Hydrobromide 20 Mg Oral Tabs (Citalopram hydrobromide)
4) Benicar 40 Mg Oral Tabs (Olmesartan medoxomil)

Physical Exam

LEFT SHOULDER EXAM
Cervical spine - Gross inspection and range of motion are within normal limits given the patient's history.
Negative Spurling's sign bilaterally.
Contralateral shoulder exam is grossly within normal limits given the patient's history.
Inspection is grossly normal, without obvious atrophy. Skin intact without signs of infection.
PROM - FF 130, ER 10.
Rotator cuff strength testing is within normal limits.
Impingement signs are moderately positive.
No tenderness over AC joint.
Moderate tenderness over proximal biceps tendon.
Negative apprehension signs.

General
Alert, oriented, no acute distress. Cooperative.
HEENT: no evidence trauma, vision and hearing WNL.
Lungs: regular respiratory effort, no oxygen supplementation
CV: regular rate and rhythm
Neurologic: no movement disorder, no paralysis
Extremities: WNL except as above

Assessments & Plans:

Impression

Recommendation and Plan
Osteoarthritis, left shoulder.
Strain, left shoulder.
Labral tear, left shoulder.
Rotator cuff calcific tendinopathy, left shoulder.

Imaging:

XRAYS Left Shoulder reviewed from RDC-4/20/16
MRI Left Shoulder reviewed from RDC-4/29/16
Orders:
99214-Ofc Vst-Est Level IV [CPT-99214]

Plan:

I spoke with Vance and his wife at length today. He has significant osteoarthritis in the left sho

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

also has labral pathology as well as a small calcific deposit. The GH joint steroid injection and physical therapy helped to some degree, but he still has ongoing pain and feels unable to return to work full duty as a firefighter.

We have decided to proceed with arthroscopy. He is aware that he is unlikely to be pain-free with normal range of motion after an arthroscopic procedure, and may be a future candidate for arthroplasty.

The recommended procedure was discussed at length with the patient today. The details of the operative plan were reviewed. The anticipated preoperative and postoperative course was outlined, including timeline of activity restrictions following surgery. The patient understands the treatment plan and wishes to proceed.

Follow-up at preoperative appointment to discuss surgery in more detail and answer any remaining questions.

Left shoulder arthroscopy, subacromial decompression, decompression calcific deposit, labral debridement, chondroplasty, possible proximal biceps tenodesis

Flexeril and Mobic prescribed. He will maintain his current light duty work restrictions in anticipation of upcoming arthroscopy.

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C143-16-09765-01 LB

Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

June 13, 2016
Page 1
Work Status

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC All Service Concepts

06/13/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

Physicians and Chiropractor's
Progress Report
Certificate of Disability

Claim Number: C143160976501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None – Discharged Stable ____ Yes __x__ No Rateable ____ Yes __x__ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability __x__ Yes ____ No

Treatment Plan:

____ No Change in Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working
____ Case Management ____ PT/OT Discontinued
____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

10 LB LIFTING RESTRICITON. NO OVERHEAD.

____ Released to FULL DUTY/No Restrictions on (Date):
____ Certified TOTALLY TEMPORARILY DISABLED (Dates): From: ____ To: ____
__x__ Released to RESTRICTED/Modified Duty on (Date): From: 6-13-16 To: PENDING SURGERY

Restrictions Are: ____ Permanent ____ Temporary

____ No Sitting ____ No Standing ____ No Pulling ____ Other:
____ No Bending at Waist ____ No Stooping ____ No Lifting
____ No Carrying ____ No Walking ____ Lifting Restricted to (lbs.):
____ No Pushing ____ No Climbing ____ No Reaching Above Shoulders

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/ Signature:
PENDING SURGERY	June 13, 2016	Hilary L. Malcarney, MD	

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Taylor0074

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June 16, 2016

Hillary Malcarney, M.D.
10635 A Professional Cir
Reno, NV 89521

RE: Employee: Vance Taylor
Claim No: C143-16-09765 -01
Employer: Truckee Meadows FPD
Date of Injury: 4/19/2016

Dear Dr. Malcarney:

Thank you for your reports regarding Vance Taylor.

Mr. Taylor's workers compensation claim was accepted for a left shoulder strain. We note the additional diagnoses of osteoarthritis, left shoulder; labral tear, left shoulder; rotator cuff calcific tendinopathy, left shoulder. Are any of these three additional diagnoses causally related to the work injury of 4/19/16? If so, please explain.

Thank you for your additional time given to this matter. We look forward to receiving your reply.

If you have questions or need further information or assistance, please contact our office at the number below.

Sincerely,

KAREN BARBEE
Sr. Claims Adjuster

cc: File
Employer: Truckee Meadows FPD
Employee: Vance Taylor

639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

alternative Service Concepts, L.L.C.

A PROGRESSIVE RISK SOLUTIONS FIRM

June 23, 2016

Telephone: 775-329-1181
Fax: 775-329-7418

Celeste Wallick
CWallick@washoecounty.us

Sandy Francis
sfrancis@tmfpd.us

RE: Employee: Vance Taylor
Claim No: C1431609765 01
Employer: TMFPD
Date of Injury: 4/19/16

Dear Celeste and Sandy:

On 5/12/16 we issued a check for TTD compensation for the period of 4/27/16 thru 5/10/16. We have now received information which indicates Mr. Taylor returned to work 5/9/16. This has resulted in an overpayment of 2 days at $118.84 per day for a total of $237.68.

If you have already credited those 2 days of TTD to Mr. Taylor's payroll, please send us a check for reimbursement of $237.68. If the TTD check has not been processed, please return it to us so we can re-issue the TTD for the correct amount.

If you have questions or if I can be of further assistance, please contact me at my direct number above.

Sincerely,

Karen Barbee
Sr. Claims Adjuster

Cc: File Employer

asc
1755 East Plumb Lane
Suite No. 148
Reno, NV 89502

Scanned: 06/23/2016 KAREN BARBEE

nevada orthopedics

10635A Professional Circle, Reno, NV 89521 ° Phone (775) 852-0505 ° Fax (775) 852-0508

AUTHORIZATION REQUEST FOR SURGERY

Today's Date: 06/29/2016 **Adjuster:** Deanna Butler

Insurance carrier: Alt. Service Concepts **Adjuster Fax:** 775-398-3681

Patient: Vance Taylor

DOI: 04/19/2016 **Claim #:**C143160976501

Requesting Authorization: Stephanie Spencer **Telephone:** 775-852-0505 x11

Diagnosis: Strain of muscle, Fascia & Tendon @ shoulder, and upper arm level of left arm

ICD-10 Code: S46.921A

Procedure Requested: Left shoulder scope, SAD, decompression calcific deposit, labral deb't, Chondroplasty, possible proximal BT

CPT codes: 29828, 29826, 29822

"Provider" Facility: Surgery Center of Reno OR Renown South Meadows

Date of Procedure (If Known): To be scheduled

In Patient: _____ **Outpatient:** __X__ **Surgical Assist:** John Brophy

Authorized:_____ Denied: PENDING RESPONSE TO ADJUSTER'S LETTER OF 6-16-16

Name of person authorizing: _____ (Please Print)

Signature of ~~person authorizing~~ ADJUSTER: Karen Barbee Date: 6/29/16

Taylor0077

* Please complete authorization information above and FAX to 775-852-0508 Attn: Stephanie*

RECEIVED
By Karen Barbee at 10:03 am, Jun 29, 2016

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By SHMCO at 9:45 am, Jun 29, 2016

Scanned: 06/29/2016

KAREN BARBEE

Transmission Report

Date/Time	06-29-2016	09:44:32	Transmit Header Text	
Local ID 1	775-329-7418		Local Name 1	Alternative SVC Concepts

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

From:Nevada Orthopedics 775 852 0508 06/29/2016 08:55 #049 P.001/006

nevada orthopedics

10635A Professional Circle, Reno, NV 89521 * Phone (775) 852-0505 * Fax (775) 852-0508

AUTHORIZATION REQUEST FOR SURGERY

Today's Date: 06/29/2016 Adjuster: Deanna Butler

Insurance carrier: Alt. Service Concepts Adjuster Fax: 775-398-3681

Patient: Vance Taylor

DOI: 04/19/2016 Claim #: C143160976501

Requesting Authorization: Stephanie Spencer Telephone: 775-852-0505 x11

Diagnosis: Strain of muscle, Fascia & Tendon @ shoulder, and upper arm level of left arm

ICD-10 Code: S46.921A

Procedure Requested: Left shoulder scope, SAD, decompression calcific deposit, labral deb'r, Chondroplasty, possible proximal BT

CPT codes: 29828, 29826, 29822

"Provider" Facility: Surgery Center of Reno OR Renown South Meadows

Date of Procedure (If Known): To be scheduled

In Patient: ____ Outpatient: X Surgical Assist: John Brophy

Authorized: ____ Denied: PENDING RESPONSE TO ADJUSTER'S LETTER OF 6-16-16

Name of person authorizing: ____ (Please Print)

Signature of person authorizing: Karen Barbee Date: 6/29/16

* Please complete authorization information above and FAX to 775-852-0508 Attn: Stephanie *

RECEIVED
By Karen Barbee at 10:03 am, Jun 28, 2016

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By SHMCO at 9:45 am, Jun 29, 2016

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Abbreviations:
HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
RP: Report
FF: Fax Forward
CP: Completed
FA: Fail
TU: Terminated by user
TS: Terminated by system
G3: Group 3
EC: Error Correct

Taylor0078

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KB

Alternative Service Concepts

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June 16, 2016

Hillary Malcarney, M.D.
10635 A Professional Cir
Reno, NV 89521

RE: Employee: Vance Taylor
Claim No: C143-16-09765 -01
Employer: Truckee Meadows FPD
Date of Injury: 4/19/2016

Dear Dr. Malcarney:

Thank you for your reports regarding Vance Taylor.

Mr. Taylor's workers compensation claim was accepted for a left shoulder strain. We note the additional diagnoses of osteoarthritis, left shoulder; labral tear, left shoulder; rotator cuff calcific tendinopathy, left shoulder. Are any of these three additional diagnoses causally related to the work injury of 4/19/16? If so, please explain.

Thank you for your additional time given to this matter. We look forward to receiving your reply.

If you have questions or need further information or assistance, please contact our office at the number below.

Sincerely,

KAREN BARBEE
Sr. Claims Adjuster

cc: File
Employer: Truckee Meadows FPD
Employee: Vance Taylor

Yes, exacerbation of pre-existing osteoarthritis and calcific tendinopathy. Also, exacerbation + likely extension of labral tear.

6/29/16
Malcarney

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639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

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Scanned: 06/30/2016 KAREN BARBEE 06/29/2016 10:15PM (GMT-07:00)

Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

C1431609765-0 1

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC All Service Concepts

07/18/2016 - Office Visit: Office Visit
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

History of Present Illness:
Right-hand dominant, fire captain. Vance reports an injury to his left shoulder at work during a heavy physical training. Date of injury was April 19, 2016. He sustained a traction injury to his left shoulder, and subsequently felt a pop and has had more pain in his left shoulder since then. Notably, he has felt some stiffness and ache when he works out for the last few years, what he has felt over the last month with limited motion and more pain. He's been treated thus far with physical therapy. He denies any injury in the past.

He was treated with a left glenohumeral joint steroid injection last visit, and has continued to participate in physical therapy. He has ongoing pain in the left shoulder and has developed some muscular stiffness. Working light duty.

Patient rates the pain at a 3/10 currently and patient rates the pain at a 9/10 at its worst.

Past Medical History:
Reviewed history from 05/20/2016 and no changes required:
Hypertension
Sleep Apnea

Past Surgical History:
Reviewed history from 05/20/2016 and no changes required:
Right Hand 1991

Family History Summary:
Reviewed history and no changes required: 07/20/2016
Other family member - Has Family History of Heart Disease - Entered On: 5/20/2016
Other family member - Has Family History of Hypertension - Entered On: 5/20/2016
Other family member - Has Family History of Stroke - Entered On: 5/20/2016

General Comments - FH:
FH High Cholesterol
FH Heart Attacks
FH Prostate Disease

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Social History:
Reviewed history and no changes required:

Risk Factors:

Tobacco use: Never smoker
Alcohol use: yes

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Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

Vital Signs:

Patient Profile: 45 Years Old Male
Height: 72 inches
BP sitting: 129 / 89 (left arm)

Vitals Entered By: Kaitlin Shonnard (July 19, 2016 9:16 AM)

Current Problems:

Medical Problems:
1) Dx of Strain of Unspecified Muscle, Fascia and Tendon At Shoulder and Upper Arm Level, Left Arm, Initial Encounter (ICD-840.9)
2) Dx of Other Sprain of Left Shoulder Joint, Initial Encounter (ICD-840.8)
3) Dx of Calcific Tendinitis of Left Shoulder (ICD-726.11)
4) Dx of Oa of Left Shoulder (ICD-715.11)

Current Medications:
1) Mobic 15 Mg Tabs (Meloxicam) .... 1 po qd prn
2) Valcyte 450 Mg Oral Tabs (Valganciclovir hcl)
3) Citalopram Hydrobromide 20 Mg Oral Tabs (Citalopram hydrobromide)
4) Benicar 40 Mg Oral Tabs (Olmesartan medoxomil)

Allergies:
1) Ace Inhibitors (critical)

Review of Systems
General: Good general health lately, denies: recent weight change, fever, fatigue, headaches, loss of appetite
Eyes: denies blurring, diplopia, irritation, discharge
Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat
Cardiovascular: denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema
Respiratory: denies coughing, wheezing, dyspnea, hemoptysis
Gastrointestinal: denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation
Genitourinary: denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence
Musculoskeletal: denies back pain, joint swelling, joint stiffness, joint pain
Skin: denies rashes, itching, lumps, sores, lesions, color change
Neurologic: denies syncope, seizures, transient paralysis, weakness, paresthesias
Psychiatric: denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia
Endocrine: denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance
Heme/Lymphatic: denies easy or excessive bruising, history of blood transfusions, anemia, bleeding

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disorders, adenopathy, chills, sweats
Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Radiograph Intereptation
AP views IR/ER show moderate degenerative change in the glenohumeral joint with a small calcific deposit. Moderate AC joint arthrosis.

Physical Exam
LEFT SHOULDER EXAM
Cervical spine - Gross inspection and range of motion are within normal limits given the patient's history.
Negative Spurling's sign bilaterally.
Contralateral shoulder exam is grossly within normal limits given the patient's history.
Inspection is grossly normal, without obvious atrophy. Skin intact without signs of infection.
PROM - FF 130, ER 10.
Rotator cuff strength testing is within normal limits.
Impingement signs are moderately positive.
No tenderness over AC joint.
Moderate tenderness over proximal biceps tendon.
Negative apprehension signs.

General
Alert, oriented, no acute distress. Cooperative.
HEENT: no evidence trauma, vision and hearing WNL.
Lungs: regular respiratory effort, no oxygen supplementation
CV: regular rate and rhythm
Neurologic: no movement disorder, no paralysis
Extremities: WNL except as above

Impression

Recommendation and Plan
Osteoarthritis, left shoulder.
Strain, left shoulder.
Labral tear, left shoulder.
Rotator cuff calcific tendinopathy, left shoulder.

RECEIVED
JUL 25 2016
asc

Imaging:
XRAYS Left Shoulder reviewed from RDC-4/20/16
MRI Left Shoulder reviewed from RDC-4/29/16
Orders:
Pre-Op Exam [CPT-0000001]
RADEX SHO COMPL MINIMUM 2 VIEWS [CPT-73030]

Plan:

The planned surgical procedure was explained in detail. The expected postoperative course was reviewed. The risks and benefits of surgery were discussed, which may include but are not limited to, cardiopulmonary problems associated with anesthesia, adverse medication reactions, blood clots, death, infection, nerve or vessel injury, failure of hardware/implants, recurrent tear/fracture/dislocation, malunion/nonunion, persistent pain and/or swelling, poor skin healing and/or scar formation.

The patient/guardian understands the proposed surgical treatment plan, as well as its risks and benefits, and wishes to proceed. All questions were answered. I will see the patient next on the day of surgery in the preoperative holding are, at which time I will briefly review the surgical plan and answer any remaining questions.

LEFT shoulder arthroscopy, SAD, labral debridement, chondroplasty, possible biceps tenodesis - DOS 7/21/16, SCOR

.....electronically signed by Hilary L Malcarney, MD July 18, 2016 8:49 AM

This note was generated using voice recognition software which has a small chance of producing errors of grammer and possibly content. I have made every reasonable attempt to find and correct any obvious errors, but expect that some may not be found prior to finalization of this note.

Electronically signed by Hilary Malcarney on 07/20/2016 at 8:50 AM

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC All Service Concepts

07/18/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

Physicians and Chiropractor's
Progress Report
Certificate of Disability

Claim Number: C143160976501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO:

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgories Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None – Discharged Stable ____ Yes _X_ No Ratable ____ Yes _X_ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability _X_ Yes ____ No

Treatment Plan:

____ No Change In Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working
____ Case Management ____ PT/OT Discontinued
____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

completely off of work until 8/3/16

____ Released to FULL DUTY/No Restrictions on (Date):
_X_ Certified TOTALLY TEMPORARILY DISABLED (Dates): From: 7/18/16 To: 8/3/16
____ Released to RESTRICTED/Modified Duty on (Date): From: ____ To: ____
Restrictions Are: ____ Permanent ____ Temporary

____ No Sitting	____ No Standing	____ No Pulling	____ Other:
____ No Bending at Waist	____ No Stooping	____ No Lifting	
____ No Carrying	____ No Walking	____ Lifting Restricted to (lbs.):	
____ No Pushing	____ No Climbing	____ No Reaching Above Shoulders	

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/ Signature:
8/3/16	July 18, 2016	Hilary L. Malcarney, MD	

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By Karen Barbee at 7:56 am, Jul 20, 2016

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Taylor0084

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689 Sierra Rose Drive, Suite B
Reno, Nevada 89511
(775) 786-2100 Fax: (775) 786-7706

PRESCRIPTION USE ONLY
DURABLE MEDICAL EQUIPMENT

PATIENT: VANCE TAYLOR DATE: 07/21/2016

DIAGNOSIS: S46.912D SURGERY DATE: 7/21/2016

- [ ] CPM Guidelines: _____
- [x] Cold Therapy Unit Guidelines: E0218, E1399
- [ ] Crutches Guidelines: _____
- [ ] Post-Op Brace Guidelines: _____
- [ ] Functional Knee Brace. Guidelines: _____
  - [ ] Ligament Knee Brace – Custom
  - [ ] Ligament Knee Brace – Off-The-Shelf
  - [ ] Osteoarthritis Knee Brace – Custom
  - [ ] Osteoarthritis Knee Brace – Off-The-Shelf
- [ ] Muscle Stimulator Guidelines: _____
- [ ] TENS Unit Guidelines: _____
- [ ] OTHER _____

Guidelines: PURCHASE

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Hillary Mulcarney, M.D.

Taylor0085

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Reno, NV 89502

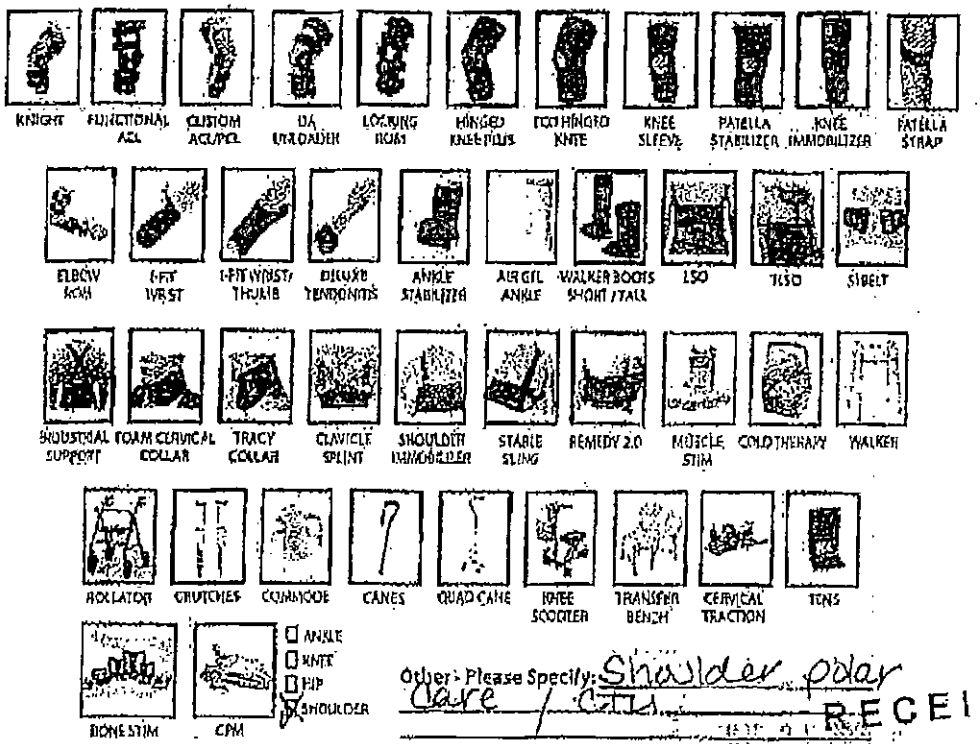
680 W. Nye Lane Ste. 201
Carson City, NV 89703

PACIFIC MEDICAL, INC.

Please call for appointment.

Celina Krukow: (775) 741-8682
Jennifer Wadhams (775) 303-5277
Jena Coombs (775) 842-1755
Erik Reynolds (775) 813-1455
Fax: (775) 324-2918

Prescription Pad



Other - Please Specify: Shoulder polar Care / CPM

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Dispense as written. DO NOT Substitute

Order Date: 7/21/16

Patient Name: Vance Taylor DOB: 10/11/70

Location: Date of Surgery: 7/21/16

DX Code: S46.912A L ☒ R ☐

Physician Signature: Hilary Malcarney MD Date: 7/21/16

Physician Name (Printed): Hilary Malcarney NPI #: 1457301938

Taylor0086

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C143160976501

SURGERY CENTER OF RENO, L.L.C.
343 Elm Street, Suite 100 - Reno, Nevada 89503
(775) 336-6900 - FAX (775) 336-6920

OPERATIVE REPORT

PATIENT NAME: TAYLOR, VANCE A.
DATE OF OPERATION: 07/21/16
MEDICAL RECORD NUMBER: 139027
SURGEON: HILARY MALCARNEY, M.D.

PREOPERATIVE DIAGNOSES: Left shoulder impingement syndrome, labral tear, and arthritis.

POSTOPERATIVE DIAGNOSES: Left shoulder impingement syndrome, acromioclavicular joint arthritis, global labral tear, moderate-to-severe glenohumeral joint arthritis, proximal biceps tendinopathy, and loose bodies.

PROCEDURES PERFORMED: Left shoulder arthroscopy, subacromial decompression, arthroscopic distal clavicle excision, labral debridement, chondroplasty, proximal biceps tenodesis (arthroscopic) removal of loose bodies.

ASSISTANT: John Brophy, CFA

ANESTHESIA: General with preoperative interscalene block.

ANESTHESIOLOGIST: Eric John Mortensen, M.D.

IV FLUIDS: 1 liter of crystalloid.

ESTIMATED BLOOD LOSS: Minimal.

DRAINS: None.

SPECIMENS: None.

COMPLICATIONS: None.

IMPLANTS: Arthrex FiberTak anchors x2.

REASON FOR PROCEDURE: The patient is a 45-year-old firefighter who injured his shoulder at work and had persistent symptoms despite nonoperative treatment measures. He decided to proceed with arthroscopy.

DESCRIPTION OF PROCEDURE: The patient was given a left interscalene block by the anesthesiologist before surgery. Once back in the operating room, a breathing tube was placed.

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He was given 2 grams of IV Ancef. He was then placed in the lateral decubitus position. Care was taken to pad his axilla as well as all bony prominences. The left upper extremity was then prepped with ChloraPrep and draped in a standard sterile fashion. The posterior portal was established. The arthroscope was then inserted. An anterosuperior cannula was then placed into the rotator interval, just beneath the biceps tendon. There were significant degenerative changes noted in the glenohumeral joint. There was a large labral tear. This appeared to involve most of the circumferential labrum as well as most significantly the biceps anchor. There were just a few remaining fibers of the proximal biceps tendon with some mild irritation noted to the tendon. The decision was made at that point to perform a global labral debridement as well as a proximal biceps tenodesis in the suprapectoral region. The 4.0 aggressive shaver was then used to perform a labral debridement as well as chondroplasty. There were grade 4 changes noted in locations on the glenoid fossa as well as humeral head. The undersurface of the rotator cuff was inspected and noted to be normal. Interestingly, there were two large loose bodies. One of the bodies was 15 mm in length and the other was 5 mm in length. These were removed from the glenohumeral joint with a grasper. The arthroscope was then placed into the subacromial space. It was noted to be quite tight. Borders of the acromion were defined. The 5.5-mm resector was used to remove the anterior curve as well as lateral edge. The portals were switched. Using a standard cutting-block technique from posterior to anterior a subacromial decompression was completed. It was nicely smoothed of the undersurface of the acromion.

Attention was then turned to the distal clavicle. The previously established anterior portal was noted to be an excellent position to allow for removal of approximately 8 mm of bone off of the distal clavicle. There were significant degenerative changes here noted and a distal clavulectomy was felt to treat and alleviate the AC joint discomfort. Next, the lateral edge of the acromioplasty was completed. The rotator cuff was inspected below. There was mild scuffing, but no obvious calcific deposit on the superficial surface or rotator cuff tear. The arthroscope was then placed into the anterosuperior portal. The lateral humerus was visualized. The upper border of the pectoralis major tendon was visualized. The Bovie was then used and layer-by-layer the lateral aspect of the transverse humeral ligament securing the biceps tendon was incised.

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RE: TAYLOR, VANCE A.
OPERATIVE REPORT
PAGE 3

The biceps tendon was then identified. An Arthrex FiberTak anchor was filled and tapped into place with the tendon on the lateral aspect of the sutures. Suture was grasped. The Scorpion needle punch device was then used to pass a suture with a Cinch stitch. This was held free out of the anterior portal. A second Arthrex FiberTak anchor was drilled and tapped into place. A single strand of FiberWire from the anchor was then grasped out of the lateral cannula. Again, the Scorpion needle punch device was used to pierce through the tendon. These were tied down sequentially using arthroscopic knot. This nicely secured the proximal biceps tendon in the suprapectoral region. The tendon was then removed from the superior glenoid tubercle. There were only a few remaining fibers and this was done with scissors. The long Bovie tip was then used to release it from just superior to the tenodesis site. Next, a kingfisher was used to go in and remove segment of biceps tendon. It was degenerated. All instruments were then removed. The portals were closed with 3-0 nylon suture. A sterile dressing was applied and all drapes were removed. The arm was carefully placed into a shoulder abduction sling. The patient was then placed supine on a stretcher and taken to the recovery room, in stable condition.

HILARY MALCARNEY, M.D.
HM/SN/sndovmt122/FST-19385834
D: 07/21/16 01:48 P
T: 07/22/16 04:08 A

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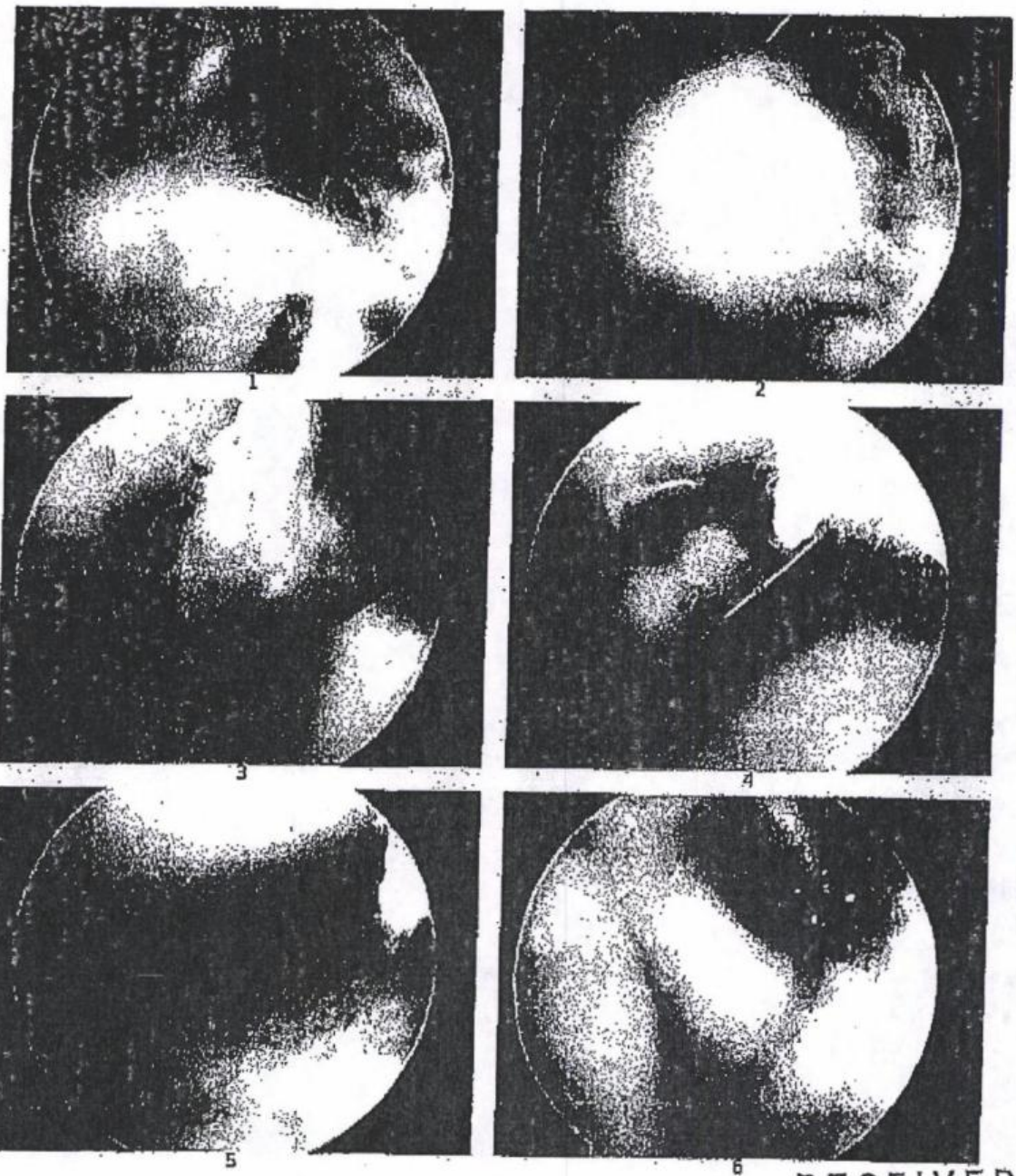
Surgery Center Of Reno
Surgeon: Hillary Malcarney

07/21/2016



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Patient: Vance Taylor
Procedure: Shoulder Arthroscopy

Taylor0090

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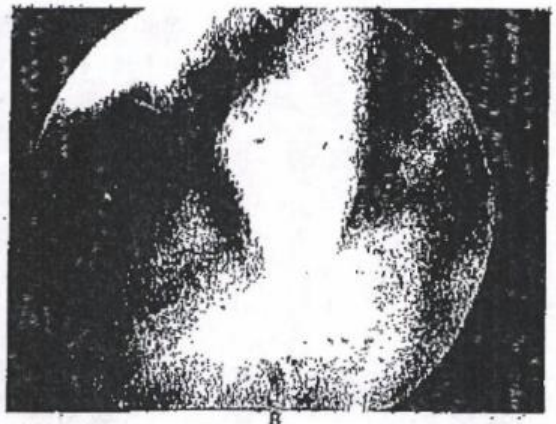

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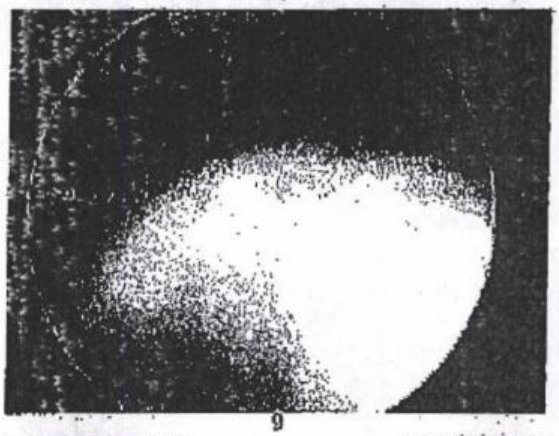

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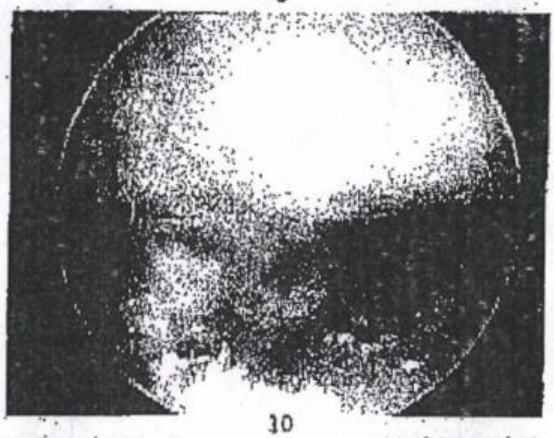

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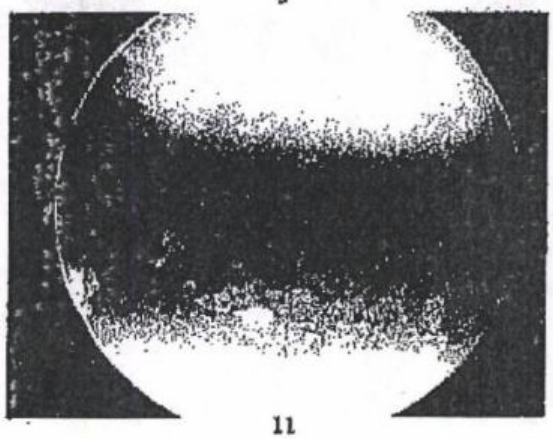

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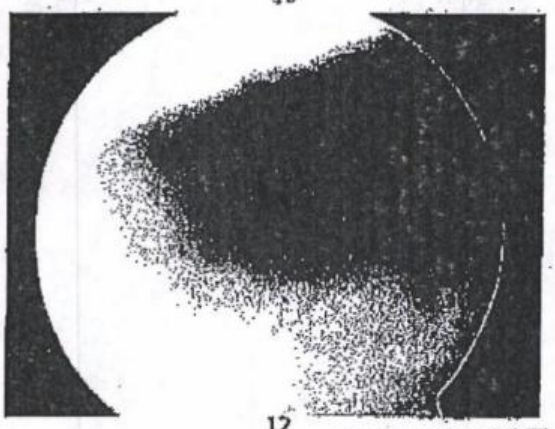

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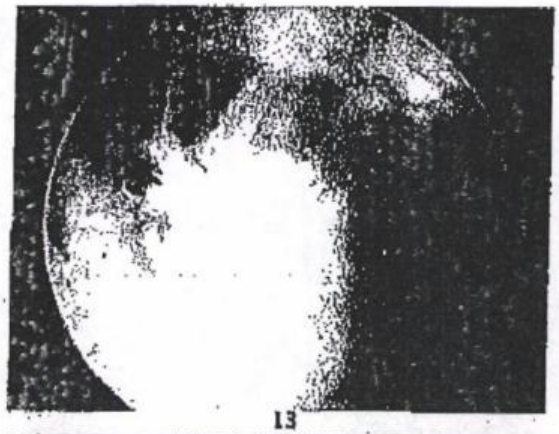

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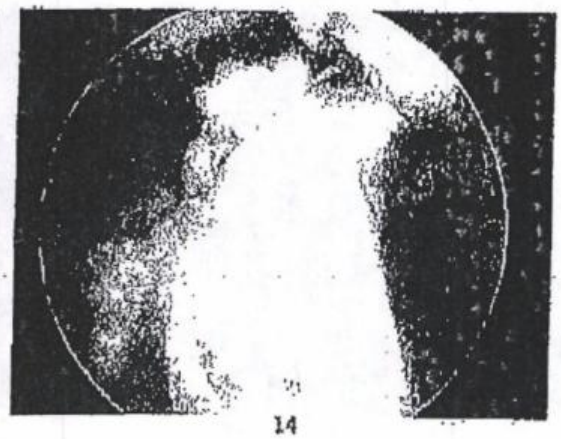

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689 Sierra Rose Drive, Suite B
Reno, Nevada 89511
(775) 786-2100 Fax: (775) 786-7706

PRESCRIPTION USE ONLY
DURABLE MEDICAL EQUIPMENT

PATIENT: VANCE TAYLOR **DATE:** 07/21/2016

DIAGNOSIS: S46.912S, S43.492S, M75.32, M19.012 **SURGERY DATE:** _____

- [ ] **CPM** Guidelines: _____
- [ ] **Cold Therapy Unit** Guidelines: _____
- [ ] **Crutches** Guidelines: _____
- [ ] **Post-Op Brace** Guidelines: _____
- [ ] **Functional Knee Brace.** Guidelines: _____
  - [ ] **Ligament Knee Brace – Custom**
  - [ ] **Ligament Knee Brace – Off-The-Shelf**
  - [ ] **Osteoarthritis Knee Brace – Custom**
  - [ ] **Osteoarthritis Knee Brace – Off-The-Shelf**
- [ ] **Muscle Stimulator** Guidelines: _____
- [ ] **TENS Unit** Guidelines: _____
- [x] **OTHER** L3670 STABLE SLING
  Guidelines: PURCHASE

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Hilary Malcorney, M.D.

Taylor0093

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Billing ID
REN

Pacific Medical Inc. Tax Id# 943170060
1700 North Chrisman Road, Tracy, CA 95304
P.O. Box 149, Tracy, CA 95378
Office: 800-726-9180
Fax: 800-861-5950

Surgery Center of Reno

TAYLOR, VANCE A
ID / Visit: 139027 / 1
DOB: 10/11/1970
Phys: Malcarney, Hilary L.
DOS: 7/21/2016

Gender: M
Age: 45

Cash Pay ☐ ☐
Cash Pay Price: $

Pacific Medical Inc. is providing you with the Durable Medical Equipment (DME) item(s) that you received at this facility. Subject to your obligations to pay any required co-payments directly, and subject to the terms set forth below, Pacific Medical, Inc. will bill your product(s) to your Insurance Carrier or Medicare. If you have any questions regarding your bill, please contact Pacific Medical Inc. directly (NOT your Doctor's office) at 1-800-726-9180.

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BY

STABLE SLING2
MEDIUM
502074
MD
DOOR

Diagnosis: (circle) Right / Left ICD-10 Code S43.125

Date of Surgery 7/21/16 Date of Injury S43.125

Provider Name H. Malcarney NPI# M15332

Provider Signature Date 7/21/16 M19.012

Patient Name SS# DOB

Address Phone #

I hereby authorize payment of medical benefits directly to Pacific Medical Inc. for services rendered. I further authorize the release of any medical information necessary for determining the extent of third party coverage and for processing an insurance claim on my behalf. I agree to use all products only in the manner for which they were intended and not attempt to make any modifications or changes of any kind to the product.

ALL PATIENTS ARE HEREBY NOTIFIED THAT THIS FACILITY MAKES AVAILABLE TO YOU THE IMMEDIATE PURCHASE OF THE PRODUCT(S) PRESCRIBED FOR YOUR TREATMENT. SAID PRODUCTS ARE NOT OWNED BY THE FACILITY OR OTHERWISE AFFILIATED WITH THE FACILITY. YOU ARE INFORMED THAT YOU ARE FREE TO PURCHASE THE PRODUCT(S) FROM ANY AND ALL OTHER SOURCES. YOU ARE NOT OBLIGATED IN ANY WAY TO PURCHASE THE PRODUCT(S) FROM THIS FACILITY.

I understand that all costs of device and supplies not paid by my insurance carrier will become my responsibility. Assignment of insurance benefits does not guarantee that my insurance company will provide coverage. By your signature below you authorize Pacific Medical, Inc. to charge your credit card referenced below for the cost of the device and/or supplies provided to you in connection with this Agreement. We will only charge your credit card to the extent that your insurance company does not cover the device and/or supplies in question.

Non-Covered Release:

Pacific Medical Inc. has informed me that the Durable Medical Equipment (DME) shown on this request form may be denied by my insurance as **NOT MEDICALLY NECESSARY** or **NOT A COVERED BENEFIT**. I agree to be fully responsible for payments of the product costs. I also understand that my insurance company may not reimburse either Pacific Medical, Inc. or me for this equipment. I further understand that if my insurance covers some but not all of the above referenced amount, Pacific Medical, Inc. will bill me for the difference between the amount paid by my insurance and the charges referenced in this paragraph.

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JUL 20 2016

Hygiene products which relate to personal hygiene and self care are generally non-returnable. Hygiene products, toileting products, bathroom products, body brace foam cushions, wheelchair cushions, stockings, splints and products that come in contact with the body; cannot be returned – they are single use patient items. No hygiene product can be returned if the package has been opened per Public Health Policy and per Rehabilitant Policy.

I acknowledge that I have read and understand all of the terms above, and have received the product(s) mentioned above.

Patient Signature: Date: 20 July 16

Credit Card (circle one): Visa / Mastercard / American Express

Account Number: Exp. / 3-Digit Security Code

Billing Address:

Name on Card (please print):

Signature: Today's Date:

(patient or financially responsible person)

PM #025 (Rev. 10/15)

Taylor0094

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Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

August 3, 2016
Page 1
Orders

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

08/02/2016 - Orders: Physical Therapy RX
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

PHYSICAL THERAPY

2 x's a week for 4 weeks

S/P Biceps Tenodesis

dx: S/p Lt SH Scope, SAD, DCE, LD, chondrplasty, PB Tenodesis, Rmvl loose bodies - DOS 07/21/16 (ICD-V54.9) (ICD10-Z51.89)

Week 0-6 : Sling, Full AAROM/PROM.

Weeks 6-12 : Progress AROM, full. Light RC strengthening ok, with no active biceps against resistance.

Hilary L. Malcarney, MD August 2, 2016 9:57 AM

Electronically signed by Kendell Oliver on 08/02/2016 at 9:59 AM

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Nevada Orthopedics
10835 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

August 8, 2016
Page 1
Office Visit

Vance A Taylor
Male DOB: 10/11/1970 11605

Home: (775) 830-3873
Ins: WC Alt Service Concepts

03/03/2016 - Office Visit: Other F/U Office Visit
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics
Status: ON HOLD DOCUMENT. Contents are preliminary

Here for first post-op visit following shoulder surgery. Some expected discomfort. No new complaints. Doing pendulums and elbow/wrist/hand ROM exercises on own, in anticipation of physical therapy.

Current Problems (prior to this update):
S/p Lt SH Scope, SAD, DCE, LD, chondrplasty, PB Tenodesis, Rmvl loose bodies - DOS 07/21/16 (ICD-V54.9) (ICD10-Z51.89)
Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter (ICD-840.9) (ICD10-S46.912A)
Other sprain of left shoulder joint, initial encounter (ICD-840.8) (ICD10-S43.492A)
Calcific tendinitis of left shoulder (ICD-726.11) (ICD10-M75.32)
OA of left shoulder (ICD-715.11) (ICD10-M19.012)

Current Medications (prior to this update):
PERCOCET 10-325 MG ORAL TABS (OXYCODONE-ACETAMINOPHEN) 1-2 PO Q 4-6 HRS PRN PAIN
MOBIC 15 MG TABS (MELOXICAM) 1 PO QD PRN
VALCYTE 450 MG ORAL TABS (VALGANCICLOVIR HCL)
CITALOPRAM HYDROBROMIDE 20 MG ORAL TABS (CITALOPRAM HYDROBROMIDE)
BENICAR 40 MG ORAL TABS (OLMESARTAN MEDOXOMIL)

Current Problems:

Medical Problems:
1) Dx of S/p Lt Sh Scope, Sad, Dce, Ld, Chondrplasty, Pb Tenodesis, Rmvl Loose Bodies - Dos 07/21/16 (ICD-V54.9)
2) Dx of Strain of Unspecified Muscle, Fascia and Tendon At Shoulder and Upper Arm Level, Left Arm, Initial Encounter (ICD-840.9)
3) Dx of Other Sprain of Left Shoulder Joint, Initial Encounter (ICD-840.8)
4) Dx of Calcific Tendinitis of Left Shoulder (ICD-726.11)
5) Dx of Oa of Left Shoulder (ICD-715.11)

Current Medications:
1) Percocet 10-325 Mg Oral Tabs (Oxycodone-acetaminophen) .... 1-2 po q 4-6 hrs prn pain
2) Mobic 15 Mg Tabs (Meloxicam) .... 1 po qd prn
3) Valcyte 450 Mg Oral Tabs (Valganciclovir hcl)
4) Citalopram Hydrobromide 20 Mg Oral Tabs (Citalopram hydrobromide)
5) Benicar 40 Mg Oral Tabs (Olmesartan medoxomil)

Taylor0096

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By Karen Barbee at 8:14 am, Aug 09, 2016

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10635 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

Vance A Taylor
Male DOB: 10/11/1970 11505 Home: (775) 830-3873
Ins: WC Alt Service Concepts

Allergies:
1) Ace inhibitors (critical)

Operative shoulder - mild diffuse swelling. Portals/incisions dcl. Sutures removed. Good sensation in axillary nerve distribution. Good grip strength.

General
Alert, oriented, no acute distress. Cooperative.
HEENT: no evidence trauma, vision and hearing WNL.
Lungs: regular respiratory effort, no oxygen supplementation
CV: regular rate and rhythm
Neurologic: no movement disorder, no paralysis
Extremities: WNL except as above

Assessments & Plans:

Impression
S/p Lt SH Scope; SAD; DCE; LD; chondrplasty; PB Tenodesis; Rmvl loose bodies - DOS 07/21/16

Imaging:
Orders:
Post-op Exam [CPT-99024]

Plan:

The procedure was explained as were the operative findings. Wound care was discussed. Sutures removed. Arthroscopy photos / x-rays reviewed. Continue shoulder sling / immobilizer which should be removed at least twice daily for pendulum exercises and active range-of-motion exercises to elbow/wrist/hand. Physical therapy was prescribed, with immobilization and specific range-of-motion restrictions specified.

We talked about his arthritic change and potential need for a total shoulder replacement at some point in the future.

Follow-up one month.

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By Karen Barbee at 8:14 am, Aug 09, 2016

K-B

C143160976501 329-7418

Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0506 Fax:

August 3, 2016
Page 1
Work Status

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

08/03/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

Physicians and Chiropractor's
Progress Report
Certificate of Disability

Claim Number: C143160976501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None – Discharged Stable ____ Yes __X__ No Ratable ____ Yes __X__ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability __X__ Yes ____ No

Treatment Plan:Follow up one month, patient must wear sling, no use of left arm, cannot work on pain meds.

____ No Change In Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working

____ Case Management ____ PT/OT Discontinued

____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

____ Released to FULL DUTY/No Restrictions on (Date):
____ Certified TOTALLY TEMPORARILY DISABLED (Dates): From: To:
__X__ Released to RESTRICTED/Modified Duty on (Date): From: 8/3/16 To: 9/7/16
Restrictions Are: Permanent __X__ Temporary

____ No Sitting ____ No Standing ____ No Pulling ____ Other:
____ No Bending at Waist ____ No Stooping ____ No Lifting
____ No Carrying ____ No Walking ____ Lifting Restricted to (lbs.):
____ No Pushing ____ No Climbing ____ No Reaching Above Shoulders

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/ Signature:
09/07/2016, 3:40	August 3, 2016	Hilary L. Malcarney, MD	

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AUG 04 2016
aso

Taylor0098

Scanned: 08/05/2016 KAREN BARBEE

Nevada Orthopedics
10635 A Professional Cir Reno, NV 89521
(775) 852-0506 Fax:

August 10, 2016
Page 1
Work Status

Vance A Taylor
Male DOB: 10/11/1970 11606

Home: (775) 830-3873
Ins: WC All Service Concepts

08/10/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

Physicians and Chiropractor's
Progress Report
Certificate of Disability

Claim Number: 0143160976501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None – Discharged Stable ____ Yes _X_ No Reliable ____ Yes _X_ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability _X_ Yes ____ No

Treatment Plan:

____ No Change in Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working
____ Case Management ____ PT/OT Discontinued
____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

PATIENT IS TO WORK 4 HOURS A DAY BEGINNING 9-22-2016 MUST WEAR SLING, NO USE LEFT ARM.
PATIENT WILL BE OFF WORK UNTIL 9-22-16.
PATIENT MAY RETURN 9-5-16 8 HOURS A DAY. NO USE LEFT ARM. MUST WEAR SLING.

____ Released to FULL DUTY/No Restrictions on (Date):
_X_ Certified TOTALLY TEMPORARILY DISABLED (Dates) From 7/21/16 to 9/22/16
_X_ Released to RESTRICTED/Modified Duty 8H (Date) From 9/22/16 to 9/5/16
Restrictions Are: Permanent Temporary

____ No Sitting ____ No Standing ____ No Pulling ____ Other:
____ No Bending at Waist ____ No Stooping ____ No Lifting
____ No Carrying ____ No Walking ____ Lifting Restricted to (lbs.):
____ No Pushing ____ No Climbing ____ No Reaching Above Shoulders

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/ Signature:
09/07/2016, 3:40 PM	August 10, 2016	Hilary L Malcarney, MD	

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By Karen Barbee at 2:38 pm, Aug 16, 2016

Taylor0099

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329-7418

C143-16-09765-01

KB

Nevada Orthopedics
10636 A Professional Cir Reno, NV 89521
(775) 852-0505 Fax:

August 15, 2016
Page 1
Work Status

Vance A Taylor
Male DOB: 10/11/1970 11505

Home: (775) 830-3873
Ins: WC Alt Service Concepts

08/15/2016 - Work Status: PPR
Provider: Hilary Malcarney
Location of Care: Nevada Orthopedics

Physicians and Chiropractor's Progress Report
Certificate of Disability

Claim Number: C143160976501
Social Security Number:

Patient's Name: Taylor,Vance	Date of Injury:
Employer:	Name of MCO

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

____ None - Discharged Stable ____ Yes __X__ No Ratable ____ Yes __X__ No
____ Generally Improved ____ Condition Worsened ____ Condition Same
May Have Suffered a Permanent Disability __X__ Yes ____ No

Treatment Plan:

____ No Change in Therapy ____ PT/OT Prescribed ____ Medication May be Used While Working
____ Case Management ____ PT/OT Discontinued
____ Consultation ____ Further Diagnostic Studies ____ Prescription(s)

No Use Left arm. Must wear sling. May not work on narcotics

____ Released to FULL DUTY/No Restrictions on (Date):_____
____ Certified TOTALLY TEMPORARILY DISABLED (Dates): From:_____ To:_____
__X__ Released to RESTRICTED/Modified Duty on (Date): From: 8-3-16 To: 9-5-16
Restrictions Are: ____ Permanent ____ Temporary

____ No Sitting ____ No Standing ____ No Pulling ____ Other:
____ No Bending at Waist ____ No Stooping ____ No Lifting
____ No Carrying ____ No Walking ____ Lifting Restricted to (lbs.):
____ No Pushing ____ No Climbing ____ No Reaching Above Shoulders

Date of Next Visit: 09/07/2016, 3:40 PM, WC Post op, NO (NEW), Malcarney MD, Hilary	Date of this Exam: August 15, 2016	Physician/Chiropractor Name: Hilary L. Malcarney, MD	Physician/ Signature:

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AUG 16 2016
asc

Taylor0100

Scanned: 08/16/2016 KAREN BARBEE

ORIGINAL

Jason D. Guinasso, Esq.
Nevada Bar No. 8478
Reese Kintz Guinasso
190 W. Huffaker Lane, Suite 402
Reno, NV 89511
Attorney for Vance Taylor

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2017 JAN 25 AM 11:35
RECEIVED
AND
FILED

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEAL OFFICER

In the Matter of the Industrial Insurance Claim of VANCE TAYLOR 2919 ASPEN MEADOWS CT RENO, NV 89519	Claim No.: C143-16-09765-01 Hearing No.: 1700937-SA Appeal No.: 1701567-SYM Employer: TRUCKEE MEADOWS FPD PO BOX 11130 RENO, NV 89520 TPA: ALTERNATIVE SERVICE CONCEPTS 639 ISBELL ROAD, #390 RENO, NV 89509

VANCE TAYLOR'S

DOCUMENTARY EXHIBIT #2

ENTERED INTO
EVIDENCE AS EXHIBIT 2

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

AFFIRMATION

The undersigned does hereby affirm that the **VANCE TAYLOR'S DOCUMENTARY EXHIBIT #2** filed under Appeal No. 1701567-SYM:

☑ Does not contain the social security number of any person.

-OR-

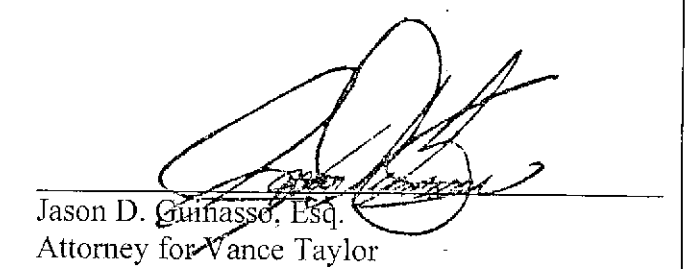
☐ Contains the social security number of a person as required by:

A. A specific state or federal law, to wit: _____

-or-

B. For the administration of a public program or for an application for a federal or state grant.

DATED this 23rd day of January, 2017



Jason D. Guinasso, Esq.
Attorney for Vance Taylor

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

CERTIFICATE OF SERVICE

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

On January 23rd, 2017, I served the following:

VANCE TAYLOR'S

DOCUMENTARY EXHIBIT #2

on the following in said cause as indicated below:

VANCE TAYLOR 2919 ASPEN MEADOWS CT RENO, NV 89519 (VIA U.S. MAIL)	TRUCKEE MEADOWS FPD PO BOX 11130 RENO, NV 89520 (VIA U.S. MAIL)
ROBERT BALKENBUSH, ESQ. THORNDAL ARMSTRONG, ET AL 6590 S MCCARRAN BLVD., SUITE B RENO, NV 89509 (VIA U.S. MAIL)	ALTERNATIVE SERVICE CONCEPTS 639 ISBELL ROAD SUITE 390 RENO, NV 89520 (VIA U.S. MAIL)
NEVADA DEPARTMENT OF ADMIN. APPEALS DIVISION 1050 E WILLIAM ST., SUITE 450 CARSON CITY, NV 89701 (VIA U.S. MAIL)	

I declare under penalty of perjury that the foregoing is true and correct. Executed on January 27th, 2017, at Reno, Nevada.

KATRINA A. TORRES

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

INDEX TO VANCE TAYLOR'S
DOCUMENTARY EXHIBIT #2
Appeal No. 1701567-SYM

DATE	SUMMARY	PAGE
09/09/16	Sandy Francis, Administrative Assistant; Truckee Meadows Fire Protection District; Offer of Temporary Light Duty Employment Pursuant to NRS 616C.475 (8).	Taylor0101-102
09/26/16	Karen Barbee, Claims Adjuster; Alternative Service Concepts; Letter to Mr. Taylor informing him that TTD benefits have been discontinued.	Taylor0103-104

Reese Kintz, Guinasso
190 W Huffaker Ln
Suite 402
Reno, NV 89511
(775) 853-8746

Amy Ray
Fire Marshal

Tim Leighton
Deputy Fire Chief

Charles A. Moore
Fire Chief

September 9, 2016

Vance Taylor
2919 Aspen Meadows Court
Reno, NV 89519

Re: Offer of Temporary Light Duty Employment Pursuant to NRS 616C.475 (8)

Dear Vance,

Your treating physician/medical facility has released you to light duty employment. The purpose of this communication is to document an offer of temporary light duty employment immediately available that is compatible with the physical limitations imposed by your treating physician or chiropractor.

Light duty may be performed with a modification of your current duties and current work location. Your gross wage will either be equal to the gross wage you were earning at the time of your injury, or substantially similar to the gross wage you were earning at the time of your injury, should you be working in a different classification of employment. This position has the same employment benefits as the position you held at the time of your injury.

You will be assigned to the administrative office and your scheduled hours will be Monday Through Friday 8am to 5pm with an hour lunch. To align the schedule change with the beginning of the FLSA cycle, you will report to the administrative offices on Monday, September 12, 2016 at 8am.

You remain subject to all of Truckee Meadows Fire Protection District's terms and conditions of employment and are to follow procedures and policies related to your employment as you would if you were not working a light duty assignment.

Please complete the Acknowledgement by Workers' Compensation Claimant attached to this letter and return to me no later than.

Sincerely,

Sandy Francis

Sandy Francis
Administrative Assistant
Human Resources Representative

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT
1001 E. Ninth St. Bldg D 2nd Floor • Reno, Nevada 89512 • PO Box 11130 • Reno, Nevada 89520
Office 775.326.6000 *Fax* 775.326.6003

ACKNOWLEDGEMENT BY WORKERS' COMPENSATION CLAIMANT

I acknowledge that my employer is providing temporary administrative light duty employment within the physical restrictions outlined by my treating physician or chiropractor.

I understand my physical restrictions and acknowledge that I will work within those restrictions, at all times.

I acknowledge that my doctor may change my physical restrictions and this may affect the ability of Truckee Meadows fire Protection District to provide a temporary light duty assignment.

I acknowledge it is my responsibility to advise the District of my restrictions following each doctor's visit and that my failure to do so could affect my workers compensation claim adversely and could result in disciplinary action.

I understand this offer of temporary light duty employment is not a guarantee of continued employment, nor does it constitute an employment contact. Assignments may be changed or terminated based on employer needs. The offer of temporary light duty employment may also be terminated when the treating physician or chiropractor determines I have reached maximal medical improvement, determines a change in work ability status, or determines I may return to unrestricted duty.

I understand that declining this offer of temporary light duty employment may affect my Workers' Compensation benefits.

Please indicate below if you are accepting or declining this offer of temporary light duty employment.

ACCEPTED ____ DECLINED _____

Signed_____ Dated _____

Print Name _____

Alternative Service Concepts
Flexibility · Expertise · Integrity

September 26, 2016

RECEIVED
SEP 27 2016
BY:

VANCE TAYLOR
2919 ASPEN MEADOWS CT
RENO, NV 89519

RE: Claim No: C143-16-09765-01
Employer: Truckee Meadows FPD
Date of Injury: 4/19/2016

Dear Mr. Taylor:

We have been informed that you were offered light duty work consistent with the restrictions imposed by Dr. Malcarney, and to begin 9/12/2016. At the present time, no further payments of temporary total disability (TTD) will be paid beyond 9/11/2016.

If you disagree with the above determination, you have the right to appeal by completing the enclosed appeal form and submitting it to the Hearing Officer, Department of Administration, at the address indicated on the form, within seventy (70) days from the date of this letter.

If you have questions or need further information or assistance, please contact our office at the number below.

Sincerely,

KAREN BARBEE
Sr. Claims Adjuster

cc: File
Employer: Truckee Meadows FPD
Attorney: Jason Guinasso ✓

639 Isbell Road, Suite 390, Reno, NV 89509
Phone: (775) 329-1181 Toll Free: (800) 291-6826 Fax: (775) 329-7418

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-5966

OR

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

EMPLOYEE INFORMATION		
Employee's Name: VANCE TAYLOR		
Address: 2919 ASPEN MEADOWS CT		
City: RENO	State: NV	Zip: 89519
Employee's Telephone Number: 775-830-3873		
Claim #: C143-16-09765 -01	Date of Injury: 4/19/2016	

Employer Information		
Employer's Name: Truckee Meadows Fpd		
Address:		
City: «»	State:	Zip:
Employer's Telephone Number: «»		

INSURER INFORMATION		
Insurer's Name: Public Agency Compensation Trust		
Address: 201 South Roop Street, Suite 102		
City: Carson City	State: NV	Zip: 89701-4790
Insurer's Telephone Number: 775-885-7475		

THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION		
TPA's Name: Alternative Service Concepts, L.L.C.		
Address: 639 Isbell Rd., #390		
City: Reno	State: NV	Zip: 89509
TPA's Telephone Number: 775-329-1181		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal: []

_____

_____

_____

This request for hearing is filed by, or on behalf of:

☐ **The Injured Employee**

☐ **The Employer**

and is dated this _____ day of _____, 20 _____.

_____ Signature of Injured Employee/Employer

_____ Injured Employee's/Employer's Rep. (Advisor)

D-12a (Rev. 09/04)

Taylor0104

ORIGINAL

Robert F. Balkenbush, Esq.
State Bar No. 1246
Thorndal Armstrong Delk Balkenbush & Eisinger
6590 S. McCarran, Suite B
Reno, Nevada 89509
T: (775) 786-2882
F: (775) 786-8004
Attorneys for: Truckee Meadows Fire Protection District, Employer and Public Agency Compensation Trust, Insurer

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Insurance Claim Of VANCE TAYLOR	Claim No. C143-16-09765-01 Hearing No. 1700937-SA Appeal No. 1701567-SYM

INSURER'S AND EMPLOYER'S FIRST DOCUMENTARY EXHIBIT

ENTERED INTO EVIDENCE AS EXHIBIT 3

INDEX TO INSURER'S AND EMPLOYER'S FIRST DOCUMENTARY EXHIBIT

PAGE(S)	DATE	DESCRIPTION
1	04/19/16	Form C-1
2-3	04/19/16	Supervisor's Report of Injury
4-16	04/19/16	Emergency Room Record from Renown South Meadows Medical Center
17-19	04/19/16	Form C-4 and Form D-2
20-25	04/20/16	Medical Record by Scott Hall, MD, with Specialty Health; to include, Return to Work Form
26	04/20/16	X-ray of left shoulder from Reno Diagnostic Centers
27	04/21/16	Form C-3
28-32	04/22/16	Medical Record by Scott Hall, MD, with Specialty Health; to include, Return to Work Form
33-34	04/25/16	Form D-8 with Wage Verification spreadsheet
35	04/25/16	Notice of Claim Acceptance from TPA to Claimant
36-37	04/26/16	Determination letter from TPA to Claimant regarding average monthly wage calculation; to include, Wage Calculation Form
38	04/29/16	MRI of left shoulder from Reno Diagnostic Centers
39-43	05/02/16	Medical Record by Scott Hall, MD, with Specialty Health; to include, Return to Work Form
44-45	05/10/16	Physical Therapy Evaluation by Chris Amundson, DPT, with Premier Physical Therapy & Sports Performance
46	05/13/16	Form D-6
47-50	05/17/16	Medical Record by Scott Hall, MD, with Specialty Health; to include, Return to Work Form
51-55	05/20/16	Medical Record by Hilary Malcarney, MD, with Nevada Orthopedics; to include, Physician's Progress Report (PPR)

56-59	06/13/16	Medical Record by Hilary Malcarney, MD, with Nevada Orthopedics; to include, PPR
60	06/16/16	Letter from TPA to Hilary Malcarney, MD regarding three additional diagnoses
61	06/29/16	TPA Denial of surgical authorization pending response to 06/16/16 letter
62	06/29/16	Note from Hilary Malcarney, MD to TPA in response to 06/16/16 letter
63-67	07/18/16	Medical Record by Hilary Malcarney, MD, with Nevada Orthopedics; to include, PPR
68-73	07/21/16	Operative Report by Hilary Malcarney, MD
74-76	08/03/16	Medical Record by Hilary Malcarney, MD, with Nevada Orthopedics; to include, PPR
77-78	08/08/16	Physical Therapy Record by Chris Amundson, DPT, with Premier Physical Therapy
79	08/09/16	Form D-6
80	08/10/16	PPR by Hilary Malcarney, MD, with Nevada Orthopedics
81	08/16/16	Letter from Claimant's Counsel to TPA advising retained by Claimant
82	08/18/16	Letter from TPA to Claimant's Counsel with requested documents and clarification regarding work statuses
83	08/21/16	Form D-6
84	09/04/16	Form D-6
85-87	09/07/16	Medical Record by Hilary Malcarney, MD, with Nevada Orthopedics; to include, PPR
88-89	09/09/16	Offer of Temporary Light Duty Employment from Employer to Claimant
90-92	09/09/16	Claimant's email response to Employer regarding Temporary Light Duty position

93	09/12/16	Physical Therapy Progress Note by Chris Amundson, DPT, with Premier Physical Therapy
94	09/26/16	Determination letter from TPA to Claimant discontinuing temporary total disability (TTD) after 09/11/16 due to light duty position offered
95	09/26/16	Letter from TPA to Hilary Malcarney, MD regarding distal clavicle excision
96	09/28/16	Form D-6
97	10/24/16	Physical Therapy Progress Note by Chris Amundson, DPT, with Premier Physical Therapy
98	10/24/16	Second Request from TPA to Dr. Malcarney of 09/26/16 letter
99	11/09/16	Response from Dr. Malcarney to TPA's 09/26/16 letter
100	11/16/16	Determination letter from TPA to Claimant approving payment of distal clavicle excision as part of best treatment practices only and excluding the distal clavicle as a body part

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am an employee of Thorndal, Armstrong, Delk, Balkenbush & Eisinger, and that on this day I deposited for mailing at Reno, Nevada, a true and correct copy of the foregoing document, addressed to:

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

DATED this 4 day of January, 2017.

Natalie L. Steinhardt
NATALIE L. STEINHARDT

AFFIRMATION
Pursuant to NRS 239B.030(4)

The undersigned hereby affirms that the preceding document filed with the Appeals Officer does not contain the social security number of any person.

DATED this 4 day of January, 2017.

By: _____

Print Form

Reset Form

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer Truckee Meadows Fire Protection District

Name of Employee	Social Security Number	Telephone Number
Vance A. Taylor		775-830-3873

Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)
Apr 19, 2016	1630 hrs.	Regional Training Center- Training Tower

What is the nature of the occupational disease?

Left shoulder injury while participating in a training exercise.

List any body parts involved:

Left Shoulder

Briefly describe accident or circumstances of occupational disease:

(Note: If you are claiming an occupational disease, indicate the date of which the employee first became aware of the connection between the condition and employment)

While in a mandatory monthly Triad Haz Mat training, I injured my left shoulder during the evolution. Drill: While in turnouts and SCBA rescue a downed firefighter (Haz-Mat Tech Level A suit) located on the second floor of the tower using a SKED device. Downed firefighter was simulated by using a 160 pound mannequin in SCBA and Level A suit. (Approximately 200 pounds). My partner and I were lowering the mannequin down the staircase I was in the lower position holding onto the SKED with my left hand and the railing with my right. I felt a "pop" in my left shoulder then followed by intense pain. I immediately placed the mannequin on the ground. Pain did not ease with rest and ice.

Name of witnesses:

Captain Brian Bunn (TMFPD) Partner in training scenario

Did the employee leave work because of the injury or occupational disease? ☒ Yes ☐ No

If yes, when (date and time) 19Apr16 at 1930 hrs.

Has the employee returned to work? ☐ Yes ☐ No

If yes, when (date and time)?

Was first aid Provided? ☒ Yes ☐ No

If yes, by whom? Todd Hovenden

Name and address of treating physician if applicable or known:

Did the accident happen in the normal Course of work? ☒ Yes ☐ No

Was anyone else involved? ☐ Yes ☒ No

Names of other involved:

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGES 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.

Chris Helms — Supervisor's Signature — Date 4-19-16

Signature of Injured or Disabled Employee — Date 19Apr16

For assistance with Workers' Compensation Issues, you may contact the Office of the Governor's Consumer Health Assistance
Toll Free: 1-888-333-1597 - Web site: http://govcha.state.nv.us - E-mail: cha@govcha.state.nv.us

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

C-1 (Rev. 10/05)

RECEIVED
By Karen Barbee at 11:16 am, Apr 21, 2016

Scanned: 04/22/2016 KAREN BARBEE

WASHOE COUNTY RISK MANAGEMENT
1001 E. Ninth Street – Post Office Box 11130
Reno, Nevada 89520 – (775) 328-2071
Fax (775) 328-2094
Insurance *Safety*

SUPERVISOR'S REPORT OF INJURY

Department: TMFPD Division: TMFPD Supervisor: Chris Ketring

Injured employee: Vance Taylor Job title: Fire Captain

Date: 4-19-16 Time: 16:30 PM Location: RPSTC

DESCRIBE ACCIDENT IN DETAIL: Employee stated while completing training and performing duties related to firefighting during a simulated rescue he felt a pop in his left shoulder followed by intense pain.

WHY DID IT OCCUR? UNSAFE ACT OR CONDITION? Describe in detail: From the statement and witnesses it did not appear to be an unsafe act or condition.

Conditions or equipment involved: Equipment involved was in good operable condition per the individuals that were using it during training.

Unsafe conditions needing correction: At this time it does not appear that there were any unsafe conditions that need to be corrected.

Equipment other than employer's involved: Equipment involved was a combination of the Reno, Sparks, and TMFPD Triad team.

What specific physical activity was the injured worker doing? Fire Captain Taylor was performing strenous activity in a level A Haz-Mat suit, lifting and carrying a 160 lb manikin down a stairwell. with another Firefighter.

Personal factors that could have contributed to the accident:

☐ Improper attitude ☐ Bodily defects (eyesight, hearing, fatigue, etc.)

☐ Lack of knowledge or skill ☒ No unsafe personal factor ☐ Other

Employee training needed? No If yes, describe: _____

Nature of injury: Left should pain and a popping noise at the time of the injury.

Name of witnesses: Captain Brian Bunn

207

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By Karen Barbee at 11:16 am, Apr 21, 2016

Scanned: 04/22/2

What are you doing to prevent his type of accident from occurring again? Discuss with employee if there were any potential different techniques for lowering a patient down a stairwell in a similar situation.

Date action taken: Will occur when employee returns to work.

Doubt validity or accident? No If yes, explain: _____

Chris Reing
Supervisor's Signature

4-19-16
Date Completed

RECEIVED
By Karen Barbee at 11:16 am, Apr 21, 2016

208

Scanned: 04/22/2016 KAREN BARBEE

Taylor, Vance #3052191
Admission Info: **Emergency (Adm: 04/19/16)**
Billing Number: **8884470**

Description: **45 y.o. M**
Primary Service: **EMERGENCY**
Unit Info: **EDSM**

Patient Information

Patient Name	Sex
Taylor, Vance	Male

Admission Information

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
		Emergency	04/19/16 2117
Discharge Date	**Hospital Service**	**Auth/Cert Status**	**Service Area**
04/19/16	EMERGENCY	Incomplete	RENOWN HEALTH

Unit	Room/Bed	Admission Status
ED SMMC	SM-ROOM 3/03	Discharged (Confirmed)

Allergies as of 4/19/2016 Reviewed on: 4/19/201

Allergen	Noted	Reactions
Ace Inhibitors	04/19/2016	Swelling [11]
Throat swelling		

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By
-	4/19/2016 20:44	Acuity 4	Walk-In	Self

Arrival Complaint
lft shoulder injury

ED Chief Complaint

Shoulder Injury
Shoulder Pain

Diagnosis

Shoulder strain, left, initial encounter

ED Disposition

Discharg
e

ED Report

ED Provider Notes by Leland T Sullivan, M.D. at 4/19/2016 9:25 PM

Author: Leland T Sullivan, M.D.	Service: (none)	Author Type: Physician
Filed: 4/19/2016 9:28 PM	Note Time: 4/19/2016 9:25 PM	Status: Signed

Editor: Leland T Sullivan, M.D. (Physician)

ED Provider Note

CHIEF COMPLAINT
Chief Complaint
Patient presents with
- Shoulder Injury
- Shoulder Pain

RECEIVED
JUN 15 2016
asc

ED Report (continued)

ED Provider Notes by Leland T Sullivan, M.D. at 4/19/2016 9:25 PM (continued)

HPI
Vance Taylor is a 45 y.o. male who presents with left shoulder discomfort. The patient is a firefighter and he was doing a drill where he lifted a 200 pound mannequin. The patient felt a pop in his left lateral aspect of his shoulder and since that time as had significant discomfort with passive range of motion to the left upper extremity. The patient denies elbow or wrist discomfort. He does not have any distal paresthesias. He does have loss of function secondary to pain.

REVIEW OF SYSTEMS
No other musculoskeletal complaints

PHYSICAL EXAM
VITAL SIGNS: BP 126/78 mmHg | Pulse 73 | Temp(Src) 37.1 °C (98.7 °F) | Resp 18 | Ht 1.829 m (6') | Wt 102.059 kg (225 lb) | BMI 30.51 kg/m2 | SpO2 94%
In general the patient does not appear toxic
Extremities the patient has point tenderness over the lateral aspect of the left shoulder. The patient does not have any obvious deformities. He does have full range of motion but significant discomfort with passive range of motion. He also has severe pain with abduction.
Skin no erythema nor induration
Neurovascular examination is intact to the left upper extremity

COURSE & MEDICAL DECISION MAKING
Pertinent Labs & Imaging studies reviewed. (See chart for details)
This a 45-year-old gentleman who presents with signs and symptoms consistent with tendinitis of the rotator cuff. The patient will be treated with anti-inflammatories and ice. He will receive restrictions for work for lifting no greater than 5 pounds. He will follow up with his occupational health clinic in 3-5 days.

FINAL IMPRESSION
1. Left shoulder strain

Disposition
The pain will be discharged in stable condition.

Electronically signed by: Leland T Sullivan, 4/19/2016 9:25 PM

ED Clinician Notes

ED Notes by Michelle C Hampton, R.N. at 4/19/2016 10:06 PM

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ED Clinician Notes (continued)

ED Notes by Michelle C Hampton, R.N. at 4/19/2016 10:06 PM (continued)

Author: Michelle C Hampton, R.N. Service: (none) Author Type: Registered Nurse
Filed 4/19/2016 10:07 PM Note Time. 4/19/2016 10:06 PM Status: Signed
Editor: Michelle C Hampton, R.N. (Registered Nurse)

Assisted w/ discharge, first encounter. Pt given discharge instructions and prescription for Percocet, verbalized understanding to information provided including follow up w/ Occ Health and no drinking/driving while taking Percocet. Pt ambulated from ER.

ED Notes by Corri Callahan, R.N. at 4/19/2016 8:58 PM

Author: Corri Callahan, R.N. Service: (none) Author Type Registered Nurse
Filed. 4/19/2016 9:00 PM Note Time. 4/19/2016 8:58 PM Status: Signed
Editor: Corri Callahan, R.N. (Registered Nurse)

Pt c/o L shoulder pain and injury that happened at 1630. Pt is a fire fighter, and was doing a hazardous drill, p had mannequin in L arm and was going backwards down a staircase and felt a pop in L shoulder.

Medication Administration Record 4/19/16 2044–4/19/16 22:31:00

(There are no med orders for this encounter)

Location: EDSM-SM-ROOM 3-03 Admission Dx: None DOB: 10/11/1970 Sex: M
Attending Provider: (none) Wt. 102.1 kg Ht: 1.83 m

Medication Documentation Review Audit

Reviewed by Corri Callahan, R.N. (Registered Nurse) on 04/19/16 at 2101

Medication	Order	Sig	Documenting Provider	Last Dose	Status
citalopram (CELEXA) 20 MG Tab	124659 756	Take 20 mg by mouth every day.	Er Triage Protocol, M.D.	4/19/2016 Unknown time	Active

8517131172

All Results

No Results For This Encounter

Flowsheet Data by Day (4/19/16 2044–4/19/16 22:31:00)

Custom Formula Data - Tue April 19, 2016

	2100	2102
OTHER		
Nose-earlobe-xyphoid (NEX) Distance (< 6 mos)	417.67 cm -CC at 04/19/16 2100	

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Custom Formula Data - Tue April 19, 2016 (continued)

	2100	2102
Weight % change since last entry.	0 % -CC at 04/19/16 2100	
Cuff BP MAP (Calculated)		94 MM HG -CC at 04/19/16 2102
SIRS Heart Rate		0 -CC at 04/19/16 2102
SIRS Temperature		0 -CC at 04/19/16 2102
SIRS Respiratory Rate		0 -CC at 04/19/16 2102
WBC (Within 24 hrs of screening)		0 -CC at 04/19/16 2102
Total Score		0 -CC at 04/19/16 2102
Most Recent HR Type		Pulse (Entered) -CC at 04/19/16 2102
Vitals Calculations		
Most Recent BP (Any)		126/78 -CC at 04/19/16 2102
Most Recent SBP (ANY)		126 -CC at 04/19/16 2102
Most Recent BP Type		Entered BP -CC at 04/19/16 2102
Most Recent HR (ANY)		73 -CC at 04/19/16 2102
Most Recent Temp (ANY)		98.7 -CC at 04/19/16 2102
Most Recent Temp Source		Temporal -CC at 04/19/16 2102
Most Recent HR (ANY)		73 -CC at 04/19/16 2102
Sepsis Screening Tool		
SIRS Temperature		0 -CC at 04/19/16 2102
SIRS Heart Rate		0 -CC at 04/19/16 2102
SIRS Respiratory Rate		0 -CC at 04/19/16 2102

Height and Weight - Tue April 19, 2016

	2100
Height and Weight	
Height	1.829 m (6') -CC at 04/19/16 2100
Weight	102.059 kg (225 lb)

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Height and Weight - Tue April 19, 2016 (continued)

	2100
	-CC at 04/19/16 2100
BSA (Calculated)	2.3 -CC at 04/19/16 2100
BMI (Calculated)	30.52 -CC at 04/19/16 2100

Vitals - Tue April 19, 2016

	2102
Vitals	
Temp	37.1 °C (98.7 °F) -CC at 04/19/16 2102
Temp Source	Temporal -CC at 04/19/16 2102
BP	126/78 mmHg -CC at 04/19/16 2102
Patient BP Position	Sitting -CC at 04/19/16 2102
BP Location	Right;Upper Arm -CC at 04/19/16 2102
BP Method	Automatic -CC at 04/19/16 2102
Pulse	73 -CC at 04/19/16 2102
Resp	18 -CC at 04/19/16 2102
SpO2	94 % -CC at 04/19/16 2102
Orthostatics	Sitting -CC at 04/19/16 2102

Screening - Tue April 19, 2016

	2101
TB Screening	
Cough Noted?	No -CC at 04/19/16 2102
Domestic Violence Screening	
Have you ever been the victim of abuse or violence?	No -CC at 04/19/16 2102
SADPERSONS / Suicide Assessment	
Have you had any recent thoughts of harming youself or others?	No -CC at 04/19/16 2102
Legal Hold	
Legal Hold	No -CC at 04/19/16 2102
Tetanus	
Last Tetanus	< 5 Yrs. -CC at 04/19/16 2102

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Screening - Tue April 19, 2016 (continued)

	2101
Immunization	
Are you current on your Pneumococcal vaccine?	No -CC at 04/19/16 2102
Are you current on FLU vaccine?	Yes -CC at 04/19/16 2102
Triage Sepsis Screening Tool (ALL QUESTIONS MUST BE ANSWERED)	
Resp Rate > 20	0 -CC at 04/19/16 2102
Temp > 100.4 or <96.5 or complaining of rigors (shaking chills)	0 -CC at 04/19/16 2102
Heart Rate > 90	0 -CC at 04/19/16 2102
Altered Mental Status	0 -CC at 04/19/16 2102
O2 Sat < 90%	0 -CC at 04/19/16 2102
SBP < 90 mmHg	0 -CC at 04/19/16 2102
Suspected Infection	0 -CC at 04/19/16 2102
If 3 or more, contact charge nurse for immediate room assignment and initiate sepsis nursing protocol. If 5 or more, also page "Code Sepsis" with patient room number.	0 -CC at 04/19/16 2102
Aortic Screening Group	
Complains of Chest Pain, Abdominal Pain with Syncope, and/or hypertension and tachycardia	No -CC at 04/19/16 2102
OTHER	
Ambulatory or Self Mobile in Wheelchair	No -CC at 04/19/16 2102

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Flowsheet Data by Day (4/19/16 2044--4/19/16 22:31:00) (continued)

Triage Plan - Tue April 19, 2016

	2102
Triage Plan	
Acuity	4 -CC at 04/19/16 2102
Destination	Main ER -CC at 04/19/16 2102
Triage	Primary Assessment Complete -CC at 04/19/16 2102

Finance - Tue April 19, 2016

	2144
Finance	
Finance Complete?	Yes, Complete -MJ at 04/19/16 2144

Triage Start - Tue April 19, 2016

	2058
Triage Start	
Triage Start	Quick Look Start -CC at 04/19/16 2058
Escorted By...	Self -CC at 04/19/16 2058
Means of Arrival	Walk In -CC at 04/19/16 2058
Treatment Prior to Arrival	
Pre-Hospital EMS Treatments	N/A -CC at 04/19/16 2058
Treatment at Home	N/A -CC at 04/19/16 2058

Core Measure - Tue April 19, 2016

	2100
Core Measure	
Signs / Symptoms of Pneumonia?	-1 -CC at 04/19/16 2100
Signs / Symptoms of Stroke?	-1 -CC at 04/19/16 2100
Signs / Symptoms of Heart Failure?	-1 -CC at 04/19/16 2100

Workers Comp - Tue April 19, 2016

	2049
Workers Comp	
Is this a workers comp claim?	Yes -MJ at 04/19/16 2050

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