

1
2 **IN THE SUPREME COURT OF THE STATE OF NEVADA**

3 CITY OF HENDERSON, and CCMSI,
4 Appellants,

5 v.

6 BRIAN WOLFGRAM,
7 Respondent.
8
9

Supreme Court Case No. 80982
District Court Case No.: A-18-782711-J
Electronically Filed
Apr 12 2021 03:06 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

10 **APPELLANTS' APPENDIX VOLUME 1**

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17 *CCMSI*

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Brian Wolfgram

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CERTIFICATE OF MAILING

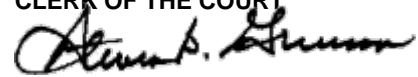
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the _____ day of April 2021, service of the attached **APPELLANTS’ APPENDIX VOLUME 1** was made this date by depositing a true copy of the same for mailing, first class mail, and/or electronic service as follows:

Jason Mills, Esq.
GGRM
2770 S Maryland Pkwy #100
Las Vegas, NV 89109

City of Henderson
240 South Water Street MSC 122
Henderson, NV 89015

CCMSI
P.O. Box 35350
Las Vegas, NV 89133

An employee of LEWIS, BRISBOIS,
BISGAARD & SMITH, LLP



1 TROA
2 APPEALS OFFICE
2200 S. Rancho Drive Suite 220
3 Las Vegas NV 89102
4 (702) 486-2527

5 DISTRICT COURT
6 CLARK COUNTY, NEVADA

7 CITY OF HENDERSON, and CCMSI,)

8 Petitioners,)

9 vs.)

10 BRIAN WOLFGRAM and THE)
DEPARTMENT OF ADMINISTRATION,)
11 HEARINGS DIVISION, APPEALS OFFICE,)
an Agency of the State of Nevada,)

12 Respondents.)

Case No.: A-18-782711-J

Dept. No.: 19

ROA No.: 1905348-CJY

Appeal No.: 1714500-CJY

13 TRANSMITTAL OF RECORD ON APPEAL


14 TO: STEVEN GRIERSON, Clerk of the above-captioned Court:

15
16 Pursuant to NRS 233B.131, the transmittal of the entire Record on Appeal, in
17 accordance with the Nevada Administrative Procedure Act (Chapter 233B of the Nevada
18 Revised Statutes), is hereby made as follows:

19 1. The entire Record herein, including each and every pleading, document, affidavit,
20 order, decision and exhibit now on file with the Appeal Office, at 2200 S. Rancho Drive Suite
21 220, Las Vegas, Nevada 89102, under the Nevada Industrial Insurance Act, in the above-
22 captioned action, including the court reporter's transcripts if available, of the testimony of the
23 Appeal Officer hearing.

24 2. This Transmittal.

25 DATED this 27th day of November, 2018.

26 
27 Zoe McGough, Legal Secretary
28 An Employee of the Hearings Division

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CLARK COUNTY, NEVADA

Case No.: A-18-782711-J
Dept. No.: 19
ROA No.: 1905348-CJY
Appeal No.: 1714500-CJY

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ROA NUMBER: 1905348-CJY
Appeal No.: 1714500-CJY

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ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

FILED

SEP 12 2018

APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.

Claim No.: 14C52E546827

Appeal No.: 1714500-CJY

DECISION AND ORDER

The above-entitled matter came on for hearing before Appeals Officer GREGORY A. KROHN, ESQ., on July 18, 2018 at the hour of 08:45 a.m. pursuant to Chapters 616A-D, 617, and 233B of the Nevada Revised Statutes. Claimant, BRIAN WOLFGRAM (hereinafter "Claimant") was represented by JASON D. MILLS, ESQ., of the law firm of JASON D. MILLS & ASSOCIATES, LTD. The Employer, CITY OF HENDERSON (hereinafter "Employer") and was represented by DANIEL L. SCHWARTZ, ESQ., of the law firm of LEWIS BRISBOIS BISGAARD & SMITH LLP. Having accepted and reviewed the evidence in the record and argument of counsel the Appeals Officer does hereby find, conclude and order as follows:

FINDINGS OF FACT

1. Claimant, BRIAN WOLFGRAM (hereinafter "Claimant") suffered an injury while in the course and scope of employment for the City of Henderson ("Employer") on October 18, 2014.
2. On November 25, 2014, CCMCI ("TPA") issued a notice of claim acceptance determination for bilateral elbows and hands cubital tunnel syndrome.

DOC 003

3. Claimant was treated for cervical strain, bilateral elbows and hands cubital tunnel syndrome.
4. Claimant was released from medical treatment by Dr. Colby Young on January 15, 2015 as stable and not ratable.
5. Prior to Dr. Young treating Claimant, Concentra treating physician, Bernard Hunwick, M.D., placed Claimant on light duty restrictions on an industrial basis between October 14, 2014 and November 3, 2014.
6. On January 26, 2015, the TPA issued a notice of intention to close claim determination.
7. On January 30, 2017, Dr. Colby Young indicated that he believed Claimant has recurrence of his previous symptoms and recommends reopening of his claim for evaluation and possible treatment if necessary.
8. On February 6, 2017, Claimant requested reopening of his claim to the TPA.
9. On February 15, 2017, the TPA denied Claimant's request for reopening.
10. Claimant timely appealed the TPA's determination denying his request for reopening and on May 19, 2017.
11. On May 19, 2017, the Hearing Officer's Decision and Order (1710311-SE) remanded the TPA to reopen Claimant's claim.
12. The Employer timely appealed the Hearing Officer's Decision and Order and submitted a Motion for Stay, which was granted. This is Appeal **1714500-CJY**.

CONCLUSIONS OF LAW

The Appeals Officer concludes as follows:

13. The issues presented before this Appeals Officer are: Does Claimant have

1 sufficient medical evidence to allow for his October 18, 2014 workers
2 compensation claim to be re-opened pursuant to NRS 616C.390 and did
3 Claimant have a qualifying period of disablement pursuant to NRS 616C.400.
4

5 14. As of January 1, 2016 "off work" is no longer the threshold as to whether a claim
6 may be reopened, as NRS 616C.390(5) was revised by the Nevada legislature.

7 15. At the present time, five days (or more) of incapacity from earning full wages
8 entitle a Claimant to lifetime reopening rights.
9

10 16. The record shows Claimant worked 96 hours of overtime in the 84 days prior to
11 his industrial injury, July 28, 2014 through October 19, 2014. Claimant's
12 significant amount of overtime pay contributed to his "full wages".

13 17. All of Claimant's earnings, which include his significant amount of overtime and
14 his base salary, constitute his "full wages".
15

16 18. Claimant, while incapacitated due to his injury for the period of October 20, 2014
17 to November 3, 2014, was exclusively precluded by his Employer from working
18 overtime. Claimant only worked his regular shifts, no overtime, during his over
19 two weeks of light duty.
20

21 19. Here, Claimant has met the statutory requirement of minimum duration of
22 incapacity because he was placed on light duty work restrictions from October 20,
23 2014 to November 3, 2014, due to an industrial injury for a period of more than 5
24 days in 20 and was unable to earn "full wages" during the light duty time period.
25 Claimant earned only base salary for the period of October 20, 2014 to November
26 3, 2014 and was therefore incapacitated pursuant to NRS 616C.400.
27

28 20. Claimant received no benefits pursuant to NRS 616C.490, as his industrial injury

claim of October 18, 2014 was closed without a Permanent Partial Disability evaluation rating.


21. This Appeals Officer has reviewed the medical reporting from Dr. Colby Young submitted by Claimant and does not find the medical evidence statutorily sufficient, pursuant to NRS 616C.390(1), to support Claimant's request for reopening at this time.

ORDER

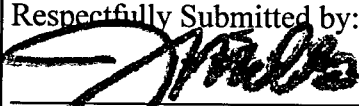
THEREFORE, IT IS HEREBY **ORDERED** that the Hearing Officer's Decision and Order 1710311-SE dated May 19, 2017 that Remanded the Insurer to reopen Claimant's claim is hereby **REVERSED** and Claimant's claim shall currently remain closed.

IT IS FURTHER **ORDERED** that Claimant is entitled to reapply for reopening one year from the date of this Decision and Order as he has shown a legal disablement period pursuant to NRS 616C.390 and accordingly is afforded lifetime reopening rights with regards to this claim.

Dated this 12th day of September, 2018.


CHARLES J YORK, ESQ.
Appeals Officer

Respectfully Submitted by:


JASON D. MILLS, ESQ.
Nevada Bar No. 7447
JASON D. MILLS & ASSOCIATES, LTD.
2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102
Attorney for Claimant

PURSUANT TO NRS 616C.370 and NRS 233B.130, should any party desire to appeal this final determination of the Appeals Officer, a Petition for Judicial Review must be filed with the District Court with thirty (30) days after service by mail of this Decision.

1 **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Hearings Division, Department of
3 Administration, does hereby certify that on the date shown below, a true and correct copy of the
4 foregoing **DECISION AND ORDER** was duly mailed, postage prepaid OR placed in the
5 appropriate addressee runner file at the Department of Administration Hearings Division, 2200
6 S. Rancho, #220, Las Vegas, Nevada, to the following:
7

8 Brian Wolfgram
9 221 Lookout Ave
10 Las Vegas, NV 89002

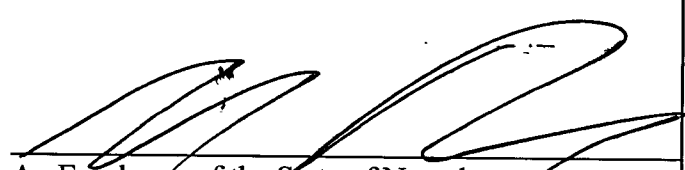
11 Jason D. Mills, Esq.
12 Jason D. Mills & Associates, Ltd.
13 2200 S. Rancho Dr., Ste 140
14 Las Vegas, NV 89102

15 City of Henderson
16 Attn: Sally Ihmels
17 240 S. Water St. SMC 122
18 Henderson, NV 89015

19 CCMSI
20 Attn: Susan Riccio
21 P.O. Box 35350
22 Las Vegas, NV 89133

23 Daniel L. Schwartz, Esq.
24 Lewis Brisbois Bisgaard & Smith LLP
25 2300 W. Sahara Ave., Ste. 300 Box 28
26 Las Vegas, NV 89102

27 Dated this 12th day September, 2018.
28


An Employee of the State of Nevada

ORIGINAL

Jason D. Mills & Associates, Ltd.

Attorneys at Law

Jason D. Mills, Esq.*

* Admitted in Nevada & Washington State

2200 S. Rancho Dr., Ste 140
Las Vegas, NV 89102
(702) 822-4444 – office
(702) 822-4440 – fax

August 24, 2018

Charles J. York, Esq., Appeals Officer
Department of Administration
2200 S. Rancho Dr., Ste. 220
Las Vegas, NV 89102

Re: Claimant: Brian Wolfgram
Employer: City of Henderson
Claim No.: 14C52E546827
Appeal No: 1714500-CJY

STATE OF NEVADA
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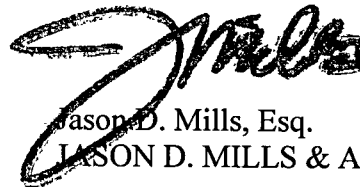
Dear Appeals Officer York:

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

Please withhold signing this Decision and Order for a period of five (5) days to allow opposing counsel the opportunity to review it.

Thank you for your time and attention to this matter. If you have any questions or comments regarding this letter, please feel free to contact me.

Very truly yours,



Jason D. Mills, Esq.

JASON D. MILLS & ASSOCIATES, LTD.

JDM:kc

Enclosure

cc: Daniel L. Schwartz, Esq. (via Hand delivery to Appeals box)

DOC004

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FILED

JUN 25 2018

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

WOLFGRAM, BRIAN K,

Claimant.

Claim No: 14C52E546827

Appeal No: 1714500-CJY

ORDER FOR IN COURT STATUS CHECK

TO ALL PARTIES-IN-INTEREST:

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

DATE: July 18, 2018

TIME: 8:45AM

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

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

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

IT IS SO ORDERED this 25th day of June, 2018.




CHARLES J YORK, ESQ.
APPEALS OFFICER

DOC005

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**JASON MILLS ESQ
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1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727**

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


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

ORIGINAL

STATE OF NEVADA

BEFORE THE DEPARTMENT OF ADMINISTRATION

APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.

Claim No.: 14C52E546827

Hearing No.: 1710311-SE

Appeal No.: 1714500-CJY

CLAIMANT'S CLOSING REPLY BRIEF

COMES NOW, BRIAN WOLFGRAM ("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ., of the law firm of JASON D. MILLS & ASSOCIATES, LTD., and hereby submits this CLAIMANT'S CLOSING REPLY BRIEF.

I. AFFIRMATION PURSUANT TO NRS 239B.030

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

II. ISSUE TO BE DECIDED BY THE APPEALS OFFICER

Does Claimant, BRIAN WOLFGRAM, have an entitlement to re-open his industrial injury claim from October 18, 2014?

III. REPLY ARGUMENT TO EMPLOYER'S CLOSING BRIEF

The true basis for the Appeal argument is: Are full wages equal to base pay? The term "full wages" as outlined in NRS 616C.400 is not defined. NRS 616C.400(1) states:

Temporary compensation benefits must not be paid under chapters 616A to 616D, inclusive, of NRS for an injury which does not incapacitate the employee for at least 5 consecutive days, or 5 cumulative days within a 20-day

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1 period, from earning full wages, but if the incapacity
2 extends for 5 or more consecutive days, or 5 cumulative
3 days within a 20-day period, compensation must then be
4 computed from the date of the injury.

5 Claimant asserts that the term "full wages" should be viewed as every dollar he earns
6 while working as a full duty firefighter. Claimant's Average Monthly Wage ("AMW"), was
7 calculated pursuant to NAC 616C.420, which states in pertinent part, "...the total gross value of
8 money, goods, and services received by an injured employee from his or her employment to
9 compensate for his or her time or services and is used as the base for calculating the rate of
10 compensation for the injured employee." Claimant's AMW was calculated using a period of 12
11 week of earnings, which is 84 days. A large portion of Claimant's full wages over that 84 day
12 period is earned working overtime (time code "OT"). The Employer's assertion that "the length
13 of the snapshot which counsel has selected is arbitrary and misleading" is patently false (See
14 Employer's Closing p. 6, lines 22-23). Claimant correctly analyzed the full wages received in the
15 84 day period preceding Claimant's industrial injury and the 84 day period after Claimant was
16 released from light duty restrictions. A complete one year of Claimant's full wages could have
17 been used for purposes of the analysis of Claimant's full wages and even more OT would be
18 represented in that full wages figure. The Employer picked an "arbitrary and misleading" period
19 of time in which to analyze Claimant's full wages, by analyzing only four weeks of Claimant's
20 pay history (See Employer's Closing p. 7, line 2). According to statute and regulation the 84
21 days prior to Claimant's injury is the preferred calculation and for purposes of this Appeal 84
22 days is the time period utilized.

23 Claimant worked 96 hours of OT in the 84 days prior to his industrial injury, July 28,
24 2014 through October 19, 2014, whether he chose to work OT or not is immaterial and irrelevant
25 to the facts. When you are on light duty assignment with the Employer you're precluded from
26
27
28

1 working OT, even if you volunteer. It is simply not allowed. Moreover, according to statute
2 when the Insurer is calculating a Claimant's AMW they cannot exclude wages earned from
3 voluntary overtime. All the money, full wages, Claimant earns is factored when calculating an
4 AMW.


5
6 The Employer's argument "...that something as voluntary and speculative as overtime
7 should never be considered full wages" would create an equal protection issue for those
8 Claimant's with a union contract (See Employer's Closing p. 8, lines 1-2). An identically
9 situated worker with the exact same injury and same fact pattern placed on light duty, who is not
10 in a union, and only receives 66 2/3 of their AMW would be able to re-open their claim, pursuant
11 to NRS 616C.400. Essentially, following the Employer's logic, a Claimant who is not a member
12 of a union can re-open their claim because they would be deemed to be incapacitated from
13 earning full wages by the light duty work restrictions. Whereas, Claimant in this matter is
14 prohibited from re-opening his claim because the Employer is equating "full wages" to base pay.
15 When deducing wages in the state of Nevada for purposes of a Claimant's AMW all of
16 Claimant's earned wages are taken into account. Claimant's full wage for the 84 day period
17 preceding his industrial injury were, \$33, 297.77, as a matter of fact (See Employer's Exhibits
18 pp. 70-75). Clearly Claimant's significant amount of OT pay contributed to his "full wages", as
19 shown in his AMW calculation. It is mere speculation on the Employer's part, that full wages
20 equals base pay. Claimant was exclusively precluded from working OT while on light duty
21 assignment for the period of October 20, 2014 to November 3, 2014. Therefore, Claimant meets
22 the statutory requirement of being incapacitated from earning his "full wages" while on light
23 duty assignment for a period of more than five consecutive days.
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1 Dr. Young has indicated that he believes Claimant "has recurrence of his previous
2 symptoms and recommended reopening of his claim for evaluation and possible treatment if
3 necessary." Therefore, pursuant to NRS 616C.390 Claimant made a timely request to re-open
4 his claim and the claim should be reopened based on Dr. Young's reporting.
5

6 **IV. CONCLUSION**

7 Based upon the foregoing, Claimant respectfully requests that this Appeals Officer
8 affirm the Hearing Officer's Decision and Order dated May 19, 2017 and remand the Insurer to
9 reopen Claimant's claim pursuant to NRS 616C.390.
10

11 Dated this 30th day of May, 2018

12 
13 JASON D. MILLS, ESQ.
14 Nevada Bar No.: 7447
15 JASON D. MILLS & ASSOCIATES, LTD.
16 1201 S. Maryland Pkwy.
17 Las Vegas, NV 89104
18 Attorney for Claimant
19
20
21
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23
24
25
26
27
28

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///

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1 CERTIFICATE OF MAILING

2 I hereby certify that on the 31st day of May, 2018 a true and correct copy of the
3 **CLAIMANT'S CLOSING REPLY BRIEF**, was deposited in the United States mail, proper
4 postage prepaid, and addressed to:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
Henderson, NV 89015

9 CCMSI
10 Attn: Susan Riccio
11 P.O. Box 35350
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12 Daniel L. Schwartz, Esq.
13 Lewis Brisbois Bisgaard & Smith LLP
14 2300 W. Sahara Ave., Ste. 300 Box 28
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15
16 
17 An Employee of Jason D. Mills & Associates, Ltd.
18
19
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ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No. : 14C52E546827

Hearing No. : 1710311-SE

Appeal No. : 1714500-CJY

Employer:
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015

EMPLOYER'S WRITTEN CLOSING ARGUMENT

COMES NOW the Employer, CITY OF HENDERSON (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and its Written Closing Argument, as requested by the Appeals Officer. In support of its position, the Employer states as follows:

STATEMENT OF THE CASE

On October 18, 2014, the claimant, BRIAN WOLFGRAM ("claimant"), alleged an injury to both arms/hands due to assisting with loading approximately 1000 feet of hose while training. The physician on the C-4 Form diagnosed bilateral wrist tenosynovitis, cervical strain r/o radiculopathy and bilateral elbow tenosynovitis. (Exhibit p. 1)

Employer completed a C-3 Form. (Exhibit p. 2)

An Incident Report was completed by claimant. (Exhibit p. 3)

A Witness Report was completed by Brandon Bowyer. He noted that on two occasions he witnessed Wolfgram grimace in pain. (Exhibit p. 4)

Claimant presented to Concentra on October 20, 2014. The history noted repetitive use of the hand and lifting fire hoses. The assessment noted sprains and strains of elbow and forearm, wrist tenosynovitis, and cervical strain r/o radiculopathy. Wrist braces were given. Restrictions were also given. (Exhibit pp. 5-7)

1 On October 21, 2014, Employer advised of claimant's modified duties. (Exhibit p.
2 8)

3 On October 21, 2014, claimant accepted a modified duty position. (Exhibit p. 9)

4 On October 22, 2014, claimant returned to Concentra. The assessment remained
5 the same. Restrictions continued. (Exhibit pp. 10-11)

6 Claimant completed a medical release and prior history noting no prior conditions.
7 (Exhibit pp. 12-15)

8 On October 29, 2014, claimant returned to Concentra reporting upper back pain.
9 Claimant was referred to a hand specialist. (Exhibit pp. 16-18) Same was approved. (Exhibit pp.
10 19-22)

11 On November 3, 2014, claimant presented for physical therapy. (Exhibit pp. 23-
12 24) Physical therapy continued. (Exhibit pp. 25-31)

13 On November 10, 2014, claimant presented to Dr. Young. Electrodiagnostic
14 studies were recommended. (Exhibit pp. 32-33)

15 On November 17, 2014, claimant presented to Dr. Germin for EMG/nerve
16 conduction studies. The results were negative. (Exhibit pp. 34-40)

17 On November 19, 2014, claimant was advised that his claim had been accepted for
18 a cervical strain. (Exhibit p. 41)

19 On November 20, 2014, claimant returned to Dr. Young. Claimant reported that
20 his symptoms had dissipated somewhat. Full duty was recommended. (Exhibit pp. 42-45)

21 On November 25, 2014, Administrator advised claimant that his claim was
22 amended to include bilateral elbows and hands cubital tunnel syndrome. (Exhibit p. 46)

23 On December 18, 2014, claimant returned to Dr. Young. A strengthening program
24 was recommended. (Exhibit pp. 47-51)

25 On December 23, 2014, claimant returned to Dr. Young indicating he overdid it the
26 prior day putting the top on his jeep. The assessment noted decreased muscle tightness along the
27 forearm extension. (Exhibit p. 52)

28 Claimant continued treatment with Dr. Young. (Exhibit pp. 53-55)

1 On January 15, 2015, claimant reported 100% improvement in the right upper
2 extremity and 95% in the contralateral left. Tingling had resolved. Claimant was found to have
3 reached maximum medical improvement, stable, not ratable. (Exhibit pp. 56-58)

4 On January 26, 2015, claimant was advised that his claim would close without a
5 rating. (Exhibit p. 59)

6 On January 30, 2017, claimant returned to Dr. Young. A recurrence of previous
7 symptoms was noted. A request for repeat EMG/NCV studies was made. Reopening was
8 recommended. (Exhibit pp. 60-61)

9 On February 6, 2017, claimant requested reopening of his industrial claim.
10 (Exhibit p. 62)

11 On February 15, 2017, claimant was advised that the request for reopening was
12 denied, as same needed to be requested within one year of closing, as he did not miss any time
13 from work, nor receive benefits for a permanent partial disability (PPD). (Exhibit p. 63)

14 On March 9, 2017, claimant's counsel sent notice of representation. 64-68)

15 On March 10, 2017, claimant appealed the February 15, 2017 denial of reopening.
16 (Exhibit p. 69)

17 On April 10, 2017, claimant was advised of his average monthly wage (AMW).
18 (Exhibit pp. 70-75)

19 A hearing was held on May 9, 2017 regarding reopening. In a written Decision and
20 Order dated May 19, 2017, the Hearing Officer reversed the denial of reopening. (Exhibit pp. 76-
21 77) Employer filed a timely appeal. (Exhibit p. 78) In addition, the Employer filed a Motion for a
22 Stay of the Hearing Officer's decision, which was granted. (Exhibit p. 79)

23 Employer has filed a copy of the claimant's time card from January 1, 2014
24 through January 29, 2015. (Exhibit pp. 80-85)

25 This appeal ensues.

26 ...

27 ...

28 ...

1 Claimant requested that his claim be reopened more than a year after the claim had
2 been closed. Therefore, NRS 616C.390 applies and states in pertinent part

3 **Reopening claim: General requirements and procedure;
4 limitations; applicability.**

5 Except as otherwise provided in NRS 616C.392:

6 1. If an application to reopen a claim to increase or rearrange
7 compensation is made in writing more than 1 year after the date on
8 which the claim was closed, the insurer shall reopen the claim if:

9 (a) A change of circumstances warrants an increase or
10 rearrangement of compensation during the life of the claimant;

11 (b) The primary cause of the change of circumstances is the
12 injury for which the claim was originally made; and

13 (c) The application is accompanied by the certificate of a
14 physician or a chiropractor showing a change of circumstances
15 which would warrant an increase or rearrangement of compensation.

16 ...
17 5. An application to reopen a claim must be made in writing
18 within 1 year after the date on which the claim was closed if:

19 (a) The claimant did not meet the minimum duration of
20 incapacity as set forth in NRS 616C.400 as a result of the injury; and

21 (b) The claimant did not receive benefits for a permanent
22 partial disability.

23 If an application to reopen a claim to increase or rearrange
24 compensation is made pursuant to this subsection, the insurer shall
25 reopen the claim if the requirements set forth in paragraphs (a), (b)
26 and (c) of subsection 1 are met....

27 Further, NRS 616C.400 states:

28 **Minimum duration of incapacity.**

1. Temporary compensation benefits must not be paid under
2 chapters 616A to 616D, inclusive, of NRS for an injury which does
3 not incapacitate the employee for at least 5 consecutive days, or 5
4 cumulative days within a 20-day period, from earning full wages,
5 but if the incapacity extends for 5 or more consecutive days, or 5
6 cumulative days within a 20-day period, compensation must then be
7 computed from the date of the injury.

2. The period prescribed in this section does not apply to:

(a) Accident benefits, whether they are furnished pursuant to
3 NRS 616C.255 or 616C.265, if the injured employee is otherwise
4 covered by the provisions of chapters 616A to 616D, inclusive, of
5 NRS and entitled to those benefits.

(b) Compensation paid to the injured employee pursuant to
6 subsection 1 of NRS 616C.477.

...

...

1 **1. Claimant Was Neither Incapacitated From Earning Full Wages During the**
2 **Administration of His Claim Nor Did He Receive A PPD Award Prior to**
3 **Claim Closure**

4 Claimant is requesting reopening but he did not meet the minimum duration of
5 incapacity as set forth in NRS 616C.400 nor did he receive a PPD award. As such, subsection (5)
6 of NRS 616C.390 applies. Because subsection (5) applies, claimant was required to request
7 reopening within one year of claim closure and he did not. By operation of statute, when the one
8 year of anniversary of his claim closure passed, claimant was then forever precluded from
9 requesting reopening.

10 In an attempt to get out of subsection (5) and get into subsection (1), claimant's
11 counsel argues that although claimant was paid his full base wages for the entire time that his
12 claim was active, during a two week period while on light duty claimant was precluded from
13 working overtime and therefore he was unable to earn his "full wages" for the purposes of NRS
14 616C.400. Though novel, claimant counsel's argument fails for two reasons.

15 To begin with, the pay period in question is October 20, 2014 through November 3,
16 2014.¹ (See Exhibit pp. 83-84 and key at pp. 86-87) During this pay period, claimant was
17 designated as light duty (time code "WC") and worked a modified schedule. However, he was
18 paid full wages just as he would if he were full duty. Claimant has admitted the same. What
19 claimant's counsel wants the Court to focus on is that during that period, claimant did not work
20 any overtime (time code "OT"). Then, claimant's counsel takes a figurative snapshot of the
21 overtime claimant worked between July 28, 2014 through October 19, 2014 to show that claimant
22 worked a whopping ninety-six (96) hours of overtime. "Two full weeks of regular duty" exclaims
23 claimant's counsel. However, the length of the snapshot which counsel has selected is arbitrary
24 and misleading.

25 ...

26 ...

27 ...

28

¹ Note that the pay periods are offset by seven (7) days, (i.e. the pay period for October 20, 2014 is listed as October 27, 2014).

1 Employer's counsel would ask the Court to look at the month of time prior to the
2 injury and light duty restrictions. From September 24, 2014 through October 26, 2017, claimant
3 worked exactly zero (0) hours of overtime. Going one more monthly period beyond that, from
4 August 31, 2014 through September 23, 2014, claimant worked less than a half shift (9 hours of a
5 24 hour shift) of overtime. However, in the months of July and August of 2014, claimant did
6 admittedly work quite a bit overtime (87 hours in total) which is why claimant's counsel would
7 like the Court to consider on such a long period of time prior to the injury. There is no logic or
8 rubric to claimant counsel's chosen snapshot of time. The only reason counsel chose the period
9 that he did was so he could include a period where claimant *chose* to work more overtime.

10 This leads into the second point: overtime is voluntary. Claimant's counsel has not
11 produced a single document which states that overtime is to be included in a fireman's full wages.
12 Counsel will not find that document even if he looks as overtime is simply not required as part of
13 the job duties of a firefighter. This is evident in claimant's own time card. Weeks will go by
14 without any overtime. However, sometimes claimant admittedly works quite a bit of overtime.
15 The fact is that claimant's overtime is strictly voluntary and subject to claimant's own whims.

16 The crux of this case comes down to whether claimant's industrial injury
17 "incapacitated" him from earning his "full wages" for more than five (5) days in a twenty (20) day
18 period. Claimant's counsel argues that claimant could not earn his "full wages" because he could
19 not work overtime for more than five (5) days. In making that argument, claimant's counsel wants
20 to give his own definition as to what constitutes "full wages" as contemplated in NRS 616.390
21 claiming that "full wages" is not the same as "base salary" or "regular wages." However, this
22 Court is bound to interpret statutes according to their plain meaning. (See NRS 616A.010(2)
23 supra; Banegas v SIIS, 117 Nev. 222 (2001) "Historically, this court liberally construed workers'
24 compensation laws to grant benefits rather than deny them. However, in 1993, the Legislature
25 adopted a new legislative declaration for the industrial insurance statutes that repudiates the
26 application of common law principles and requires statutes governing workers' compensation to be
27 interpreted according to their plain meaning.")

1 Employer would submit that something as voluntary and speculative as overtime
2 should never be considered full wages. Maybe claimant would have taken overtime during the two
3 weeks he was light duty, maybe he would not have. Its impossible to say. Without having some
4 definite showing that claimant actually lost wages, there is no way to prove that he did not earn his
5 "full wage." (See United Exposition Service Co. v. SIIS, 109 Nev. 421 (1993) "[a]n award of
6 compensation cannot be based solely upon possibilities and speculative testimony.")

7 Take for example the two week period prior to the injury. Claimant worked zero
8 overtime. Notwithstanding the fact that clamant worked zero overtime for the entire month prior to
9 the injury/light duty, if any time period were used to determine whether something should be
10 included in "full wages," it should be equivalent to the length of the period in question and
11 directly precede the period in question. Even then, the Court would need to see if that two week
12 period was representative of the wages that claimant actually earned in similar periods. Beyond
13 that, determining what constitutes "full wages" becomes extremely speculative.

14 Indeed, claimant is essentially asking this Court to speculate that claimant would
15 have worked some form of light duty during the two week period in question and determine that
16 the denial of that possibility "incapacitated" claimant from earning the full wages that he maybe
17 possibly would have earned if he had felt like it. Though creative, this argument is the very
18 definition of speculative and claimant has produced no evidence to show that his overtime pay was
19 anything other than voluntary. Absent some definite showing that claimant actually missed time
20 from work and actually earned less, claimant was not incapacitated from earning his full wages at
21 any point while his claim was open. As such, in conjunction with the fact that there was no PPD
22 award, NRS 616C.390(5) operates to disallow reopening of this claim as claimant waited more
23 than one year to request the same.

24 2. Claimant Does Not Even Satisfy Reopening Under NRS 616C.390(1)

25 Even if the court is willing to accept claimant's arbitrary definition of "full wages"
26 and conclude that claimant can make use of the reopening provisions under NRS 616C.390(1),
27 claimant fails to present sufficient medical reporting in support of the reopening request. Dr.
28 Young's reporting does *not* note a change in the claimant's circumstances, the primary cause of

1 which is the industrial injury. All Dr. Young's reporting states is that there was a "recurrence of
2 previous symptoms." (Exhibit p. 61) This is insufficient to establish that claimant had a change in
3 circumstances, the primary cause of which was claimant's industrial injury. Denial of reopening
4 on the medical evidence is proper.

5 **CONCLUSION**

6 Based upon the facts of this case and applicable law, the claimant has failed to meet
7 his burden of proof that he is entitled to have his claim reopened.

8 WHEREFORE, the Employer, CITY OF HENDERSON, respectfully requests that
9 the Appeals Officer provide the following relief:

10 1. That the Appeals Officer reverse the Hearing Officer's Decision and Order
11 dated May 19, 2017, which reversed Administrator's February 15, 2017 determination to deny
12 reopening.

13 2. That the Appeals Officer affirm the Administrator's February 15, 2017
14 determination to deny reopening.

15 DATED this d day of May, 2018.

16 Respectfully submitted,

17 LEWIS BRISBOIS BISGAARD & SMITH LLP

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19
20 By:

21 DANIEL L. SCHWARTZ, ESQ.

22 Nevada Bar No. 5125

23 2300 West Sahara Avenue, Suite 300, Box 28

24 Las Vegas, NV 89102

25 Phone: (702) 893-3383

26 Fax: (702) 366-9689

27 Attorneys for the Employer
28

CERTIFICATE OF MAILING

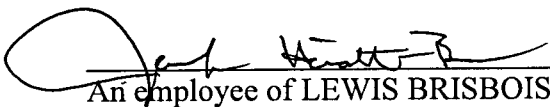
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S WRITTEN CLOSING ARGUMENT** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

Jason Mills, Esq.
JASON D. MILLS & ASSOCIATES LTD
1201 South Maryland Parkway
Las Vegas, NV 89104

Attn: Sally Ihmels
City of Henderson
240 South Water Street MSC 127
Henderson, NV 89015

Attn: Susan Riccio
Cannon Cochran Management Services, Inc.
P.O. Box 35350
Las Vegas, NV 89133

DATED this 9th day of May, 2018.


An employee of LEWIS BRISBOIS BISGAARD &
SMITH LLP

ORIGINAL

STATE OF NEVADA
BEFORE THE DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.

Claim No.: 14C52E546827

Hearing No.: 1710311-SE

Appeal No.: 1714500-CJY

RECEIVED
AND
FILED

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APR 19 PM 4:12

CLAIMANT'S CLOSING BRIEF

COMES NOW, BRIAN WOLFGRAM ("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ., of the law firm of JASON D. MILLS & ASSOCIATES, LTD., and hereby submits this CLAIMANT'S CLOSING BRIEF pursuant to the Order Setting Briefing Schedule set by the Appeals officer on April 5, 2018.

I. ISSUE TO BE HEARD

Denial of request for reopening of claim.

II. STATEMENT OF FACTS

The Claimant suffered an injury while in the course and scope of employment for the City of Henderson ("Employer") on October 18, 2014. His claim was accepted by CCMSI ("TPA") and was treated for cervical strain, bilateral elbows and hands cubital tunnel syndrome and released from medical treatment by Dr. Colby Young on January 15, 2015 as stable and not ratable. Claimant's First pp. 1-5. It is also noted that prior to Dr. Young treating Claimant, that Concentra treating physician, Bernard Hunwick, M.D., placed Claimant on light duty restrictions on an industrial basis between October 14, 2014 and November 3, 2014. Claimant's First pp. 12-14.

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1 On January 30, 2017, Dr. Colby Young indicated that he believed Claimant has
2 recurrence of his previous symptoms and recommends reopening of his claim for evaluation and
3 possible treatment if necessary. Claimant's First pp. 6-7.

4 On February 6, 2017, Claimant requested reopening of his claim to the TPA.
5 Claimant's First p. 8.

6 On February 15, 2017, the TPA denied Claimant's request for reopening. Claimant's
7 First p. 9.

8 Claimant timely appealed the TPA's determination denying his request for reopening and
9 on May 19, 2017, a Hearing Officer remanded the TPA to reopen his claim. Claimant's First pp.
10 15-16.

11 The Employer timely appealed the Hearing Officer's Decision and Order, this Appeal
12 follows.

13 III. ARGUMENT

14 The TPA based its denial to reopen Claimant's on an outdated statutory requirement in
15 NRS 616C.390(5), which previously contained an **off work** requirement. Claimant's First pp.
16 10-11. However, the off work requirement was stripped from the statute by the Nevada
17 legislature and effective since January, 2016, the statute reads as follows:

18 5. An application to reopen a claim must be made in
19 writing within 1 year after the date on which the claim was
20 closed if:

21 (a) The claimant did not meet the minimum duration of
22 incapacity as set forth in NRS 616C.400 as a result of the
23 injury; and

24 (b) The claimant did not receive benefits for a
25 permanent partial disability.

26 NRS 616C.400 states in pertinent parts as follows:
27
28

1 Temporary compensation benefits must not be paid
2 under chapters 616A to 616D, inclusive, of NRS for an
3 injury which does not incapacitate the employee for at least
4 5 consecutive days, or 5 cumulative days within a 20-day
5 period, from earning full wages, but if the incapacity
6 extends for 5 or more consecutive days, or 5 cumulative
7 days within a 20-day period, compensation must then be
8 computed from the date of the injury.

9 Accordingly, as of January 1, 2016 “off work” is no longer a threshold as to whether a
10 claim may be reopened (*See* pp. 10-11, SB 232 from the 78th Legislative Session in 2015 that
11 struck the “off work” component from the reopening statute). Rather, five days (or more) of
12 light duty restrictions (i.e., incapacity from full wages) entitle a claimant to lifetime reopening
13 rights. Here, Claimant met the statutory requirement of minimum duration of incapacity because
14 he was placed on light duty from October 20, 2014 to November 3, 2014 due to an industrial
15 injury for a period of more than 5 days in 20 and unable to earn “full wages” during the light
16 duty time period. Incapacity is not defined under NRS 616C.390, merely the duration of
17 incapacity is the question that the court must ask. NRS 616C.400 states that incapacity is that
18 which precludes the claimant from earning “full wages”; the statute does not use the phrase
19 “base salary” or “regular wages” but rather “full wages” which light duty assignments precluded
20 Claimant from receiving. Full wages are to be considered every dollar Claimant earns while
21 working as a full duty firefighter. A regular shift for a full duty firefighter is 48 hours in one
22 week. Examining Claimant’s full wages for a period of 12 weeks prior to the light duty work
23 restrictions placed on Claimant by Dr. Hunwick and the 12 week period following Claimant’s
24 light duty work restrictions illustrates that Claimant was unable to earn “full wages” while on
25 light duty restrictions and was therefore incapacitated pursuant to NRS 616C.400. Beginning
26 July 28, 2014 through October 19, 2014 Claimant worked 96 hours of overtime, equivalent to
27 two full weeks of regular duty. During the period Claimant was placed on light duty restrictions,
28

1 October 20, 2014 to November 3, 2014, he worked ZERO overtime hours. Then in the period
2 from November 4, 2014 to January 26, 2015 Claimant worked 149.8 hours of overtime,
3 equivalent to more than three full weeks of regular duty. Employer's Supplemental pp. 82-85.
4 Five weeks of overtime clearly constitute a significant portion of "full wages". Claimant, while
5 incapacitated due to his injury, was precluded from working overtime. Claimant only worked his
6 regular shifts, not one single hour of overtime during his over two weeks of light duty. Also, of
7 note, Claimant received no benefits pursuant to NRS 616C.490 as his industrial injury claim of
8 October 18, 2014 was closed with no PPD evaluation rating.
9

10
11 As such, Claimant is statutorily able to request reopening after one year of claim closure.
12 NRS 616C.390(1) applies, which states that:

13 Except as otherwise provided in NRS 616C.392:

14 1. If an application to reopen a claim to increase or
15 rearrange compensation is made in writing more than 1
16 year after the date on which the claim was closed, the
insurer shall reopen the claim if:

17 (a) A change of circumstances warrants an increase or
rearrangement of compensation during the life of the
claimant;

18 (b) The primary cause of the change of circumstances
is the injury for which the claim was originally made; and

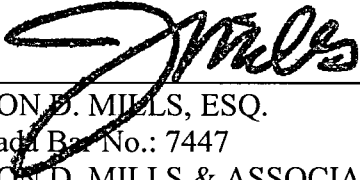
19 (c) The application is accompanied by the certificate of
20 a physician or a chiropractor showing a change of
21 circumstances which would warrant an increase or
rearrangement of compensation.

22 Dr. Young has indicated that he believes Claimant "has recurrence of his previous
23 symptoms and recommended reopening of his claim for evaluation and possible treatment if
24 necessary." Therefore, pursuant to NRS 616C.390 Claimant made a timely request to re-open
25 his claim and the claim should be reopened based on Dr. Young's reporting.
26
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1 **IV. CONCLUSION**

2 Based upon the foregoing, Claimant respectfully requests that this Appeals Officer
3 affirm the Hearing Officer's Decision and Order dated May 19, 2017 and remand the TPA to
4 reopen Claimant's claim pursuant to NRS 616C.390.
5

6 Dated this 18th day of April 2018

7 
8 JASON D. MILLS, ESQ.
9 Nevada Bar No.: 7447
10 JASON D. MILLS & ASSOCIATES, LTD.
11 1201 S. Maryland Pkwy.
12 Las Vegas, NV 89104
13 Attorney for Claimant

14 ///

15 ///

16 ///

1 **CERTIFICATE OF MAILING**

2 I hereby certify that on the 18th day of April, 2018 a true and correct copy of the
3 **CLAIMANT'S CLOSING BRIEF**, was deposited in the United States mail, proper postage
4 prepaid, and addressed to:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
9 Henderson, NV 89015

10 CCMSI
11 Attn: Susan Riccio
12 P.O. Box 35350
13 Las Vegas, NV 89133

14 Daniel L. Schwartz, Esq.
15 Lewis Brisbois Bisgaard & Smith LLP
16 2300 W. Sahara Ave., Ste. 300 Box 28
17 Las Vegas, NV 89102

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K Cannata

An Employee of Jason D. Mills & Associates, Ltd.

1 BEFORE THE APPEALS OFFICER

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

) Claim No: 14C52E546827

4 BRIAN K WOLFGRAM,

) Appeal No: 1714500-CJY

5 Claimant.
6

7 NOTICE OF RESETTING

8 **TO ALL PARTIES-IN-INTEREST:**

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

11 **DATE: April 5, 2018**

12 **TIME: 8:30AM**

13 **PLACE: DEPARTMENT OF ADMINISTRATION**
14 **2200 SOUTH RANCHO DRIVE #220**
15 **LAS VEGAS, NV 89102**

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

18 ###

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

21 ###

22 **IT IS SO ORDERED** this 24th day of January, 2018.

23 
24
25 **CHARLES J YORK, ESQ.**
26 **APPEALS OFFICER**
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DOC009

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BRIAN K WOLFGRAM
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HENDERSON NV 89002-3339

JASON MILLS ESQ
JASON D MILLS & ASSOCIATES LTD
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CITY OF HENDERSON
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HENDERSON NV 89015-7227

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CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

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

1 BEFORE THE APPEALS OFFICER

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

Claim No: 14C52E546827

4 Appeal No: 1714500-CJY

5 WOLFGRAM, BRIAN K,

6 Claimant.

FILED

DEC 06 2017

APPEALS OFFICE

7 ORDER FOR IN COURT STATUS CHECK

8 **TO ALL PARTIES-IN-INTEREST:**

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

11 **DATE: January 22, 2018**

12 **TIME: 8:45AM**

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

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

17 * * *

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

21 * * *

22
23 **IT IS SO ORDERED** this 6th day of December, 2017.

24 
25
26 _____
27 CHARLES J YORK, ESQ.
28 APPEALS OFFICER

DOC 010

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ORIGINAL

STATE OF NEVADA
BEFORE THE DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
OCT 26 PM 4:16
RECEIVED
FILED

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.

Claim No.: 14C52E546827

Appeal No.: 1714500-CJY

CLAIMANT'S SECOND LIST OF EXHIBITS

COMES NOW, BRIAN WOLFGRAM ("Claimant") by and through his attorney of
record, JASON D. MILLS, ESQ., of the law firm of NEEMAN & MILLS, PLLC, and hereby
submits his Second List of Exhibits for the hearing scheduled on October 25, 2017 at 10:30 a.m.

I. AFFIRMATION PURSUANT TO NRS 239B.030

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

II. LIST OF EXHIBITS

Page Nos.

Telesoft/ Peoplesoft Code Descriptions

17-20

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(2)

DOCO11

1 Claimant reserves the right to supplement this list as additional documentation becomes
2 available.

3
4 Dated this 26th day of October, 2017.



JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 89104
Attorney for Claimant


1 **CERTIFICATE OF MAILING**

2 I hereby certify that on the 26th day of October, 2017 a true and correct copy of the
3 **CLAIMANT'S SECOND LIST OF EXHIBITS** was deposited in the United States mail,
4 proper postage prepaid, and addressed to:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
9 Henderson, NV 89015

10 CCMSI
11 Attn: Susan Riccio
12 P.O. Box 35350
13 Las Vegas, NV 89133

14 Daniel L. Schwartz, Esq.
15 Lewis Brisbois Bisgaard & Smith
16 2300 W. Sahara Ave., Ste. 300 Box 28
17 Las Vegas, NV 89102

18 
19 _____
20 An Employee of Neeman & Mills, PLLC
21
22
23
24
25
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28



City of Henderson Fire Department

Telestaff / Peoplesoft Codes



April 18, 2017

Code Description	Telestaff Account	Telestaff Code	Peoplesoft TRC
_Signup		S	
_Signup Peak Load		SPL	
_Signup SMR for FF		_S	
_Signup SMR for FFPM		_S	
_Signup Special Event		S SE	
_Straight Pay		R	REGFT
38-hr @56-hr Rate OTMR		38OTMR	OT56
38-hr CBOT @ 56 Hour Rate - Mandatory		38	CB56
38-hr CBOT @ 56-hr Rate		CB56	CB56
38-hr CBOT OOC 15% @ 56-hr rate	CB561	CB561	CB561
38-Hr OT @ 56 rate - Mandatory		38	OT56
38-hr OT @ 56-hr Rate		OT56	OT56
38-hr OT @ 56-hr rate plus 10%	OT560	OT560	OT560
38-hr OT @ 56-hr rate plus 15%	OT561	OT561	OT561
38-hr OT @ 56-hr rate plus 5%	BC565	OT565	OT565
38-hr OT Short Term @ 56 hour rate		OTST56	OT56
BC FEMA	BFEMA.X1402.LABOR	BFEMA	FEMA
BC Fill-in		BCF	SWPON
BC Holiday Pay		BCHP	R
BC Signup		BCS	
Cadet Academy Instructor	CAI	CAI	REGFT
Comp Time Call Out Earned		CTCOE	CTCOE
Comp Time Earned		CTOTE	CTOTE
Comp Time Holiday Off Earned-Teamsters		CTHOE	CTHOE
Comp Time Holiday Worked Earned-Teams		CTHWE	CTHWE
Comp Time Taken		CTTKN	CTTKN
D 38 Hr Discretionary CBOT @ 56Hr Rate	CB56D.X1502.LABOR	CB56D	CB56D
D 38 Hr Discretionary OT @ 56 hr Rate	OT56D.X1501.LABOR	OT56D	OT56D
D Leave - Cadet Academy	LCA	LCA	REGFT
D Leave - Captains Promotional Exam	LCPE	LCPE	REGFT
D Leave - CPAT	LCPAT	LCPAT	REGFT
D Leave - Driver Operator Cert		LDOC	REGFT
D Leave - Eng's Promo Exam	LEPE	LEPE	REGFT
D Leave - Engineer Development School	LECS	LECS	REGFT
D Leave - FDIC	LFDIC	LFDIC	REGFT
D Leave - FEMA	LFEMA	LFEMA	REGFT
D Leave - Hazmat Training		LHZMTT	REGFT
D Leave - Incident Command Training	LICT	LICT	REGFT
D Leave - Nat. Fire Academy	LNFA	LNFA	REGFT
D Leave - New Hire/Promotional Process	LNHT	LNHT	REGFT
D Leave - ODS Officer Dev School	LODS	LODS	REGFT
D Leave - Other Agency Training	LOAT	LOAT	REGFT

Code Description	Telestaff Account	Telestaff Code	Peoplesoft TRC
D Leave - Paramedic School	LPMS	LPMS	REGFT
D Leave - Peer Fitness Evaluator		LPFE	REGFT
D Leave - Special Projects	LSPEC	LSPEC	REGFT
D Leave - TRT		LTRT	REGFT
D Leave - TRT Instructors	LTRTI	LTRTI	REGFT
D Leave - WRT Water Rescue Training	LWRT	LWRT	REGFT
D OT Administration Special Projects	OTADMSP.X1511.LABO	D	OTD
D OT Backfill w/Signup	OTBFS	OTBFS	OTD
D OT Battalion Chief Internship	OTBCI.X1101.LABOR	OTBCI	OTD
D OT Cadet Academy	OTCA.X1102.LABOR	OTCA	OTD
D OT Callback Discretionary	OTCBD.X1507.LABOR	OTCBD	CO15D
D OT Captains Promotional Exam	OTCPE.X1301.LABOR	OTCPE	OTD
D OT CPAT	OTCPAT.X1302.LABOR	OTCPAT	OTD
D OT Disaster Planning	OTDP.X1401.LABOR	OTDP	OTD
D OT Driver Operator Cert	OTDOC.X1114.LABOR	OTDOC	OTD
D OT EDS Engineer Dev School	OTECS.X1105.LABOR	OTECS	OTD
D OT EMS Special Projects	OTEMSSP.X1512.LABO	D	OTD
D OT Eng. Promotional Exam	OTEPE.X1303.LABOR	OTEPE	OTD
D OT Engine/Rescue Specs	OTVEHS.X1513.LABOR	D	OTD
D OT EVOC Training	OTEVOC.X1118.LABOR	OTEVOC	OTD
D OT FEMA	OTFEMA.X1402.LABOR	OTFEMA	OTD
D OT Grant Related	OTGR.X1120.LABOR	D	OTD
D OT Hazmat Training	OTHMT.X1121.LABOR	OTHMT	OTD
D OT Incident Command Training	OTICT.X1108.LABOR	OTICT	OTD
D OT Instructor/Trainer	OTTTT.X1112.LABOR	OTTTT	OTD
D OT Job Shadowing	OTSHD.X1119.LABOR	OTSHD	OTD
D OT Logistics Special Projects	OTLOGSP.X1516.LABO	D	OTD
D OT Mandatory CB Disc	OTMCBD.X1508.LABOF	OTMCBD	CO15D
D OT Mandatory Discretionary	OTMD.X1509.LABOR	OTMD	OTD
D OT Mandatory Replacement		DOTMR	OTD
D OT Mandatory Replacement @56hr rate		DOTMR38	OT56D
D OT Mandatory Replacement OOC 5%		DOTMROO5	OT5D
D OT MSO Instructors	OTMSOI.X1203.LABOR	OTMSOI	OTD
D OT MSO Planning	OTMSOP.X1204.LABOF	OTMSOP	OTD
D OT Multi-Co. Training	OTQMCT.X1111.LABOR	OTQMCT	OTD
D OT New Hire Process	OTNHT.X1304.LABOR	OTNHT	OTD
D OT ODS Officer Dev School	OTODS.X1109.LABOR	OTODS	OTD
D OT OOC 5%	OCOT5D.X1506.LABOR	OCOT5D	OT5D
D OT OOC 10%	OCOT10D.X1505.LABOI	OCOT10D	OT10D
D OT OOC 10% Mandatory	DOTOC10M.X1505.LAB	DOTOC10M	OT10D
D OT OOC 5% Mandatory	DOTOC05M.X1506.LAB	DOTOC05M	OT5D
D OT OOC Discretionary Callback 5%	OCCB5D.X1504.LABOR	OCCB5D	CO5D
D OT OOC Discretionary Callback 10%	OCCB10D.X1503.LABOI	OCCB10D	CO10D
D OT Other Agency Training	OTOAT.X1110.LABOR	OTOAT	OTD
D OT Other Promotional Process	OTOPP.X1305.LABOR	D	OTD
D OT Paramedic School	OTPMS.X1205.LABOR	OTPMS	OTD
D OT Peak Load Rescue	OTPLR.X1510.LABOR	OTPLR	OTD
D OT Peak Load Rescue 5%	OTPL5.X1510.LABOR	OTPL5	OT5D
D OT Peer Fitness Evaluator	OTPFE.X0008.LABOR	OTPFE	OTD
D OT Pump Testing	OTPUMP.X1515.LABOR	D	OTD
D OT Train Special Projects	OTSPEC.X1403.LABOR	OTSPEC	OTD
D OT TRT	OTTRT.X1117.LABOR	OTTRT	OTD
D OT TRT Instructors	OTTRTI.X1113.LABOR	OTTRTI	OTD
D OT WRT Water Rescue Training	OTWRT.X1115.LABOR	OTWRT	OTD
Dep Chief - FEMA	DE.X1402.LABOR	De	FEMA

Code Description	Telestaff Account	Telestaff Code	Peoplesoft TRC
Div Chief - FEMA	DI.X1402.LABOR	Di	FEMA
Fire Investigator's Standby		FISB	STDBY
Flex Off		FI	
FLS56		FLS56	FLS56
FMLA Restriction		FMLA-X	
FURLO-Voluntary		FUR	FURLO
Hol OT Tmstrs Only		HTTR	H2
Holiday 38-hr @ 56-hr rate		H56	H56
Holiday Bank Earned		HBE	HBE
Holiday Bank Taken		HBT	HBT
Holiday Premium - H1656 FRO wrkg REG-F		H1656	H1656
Holiday Premium - H856 FRO wrkg REG-PF		H856	H856
Holiday Premium - HC165 FRO wrkg OT-Nc		HC165	HC165
Holiday Premium - HC856 FRO wrkg OT-Nc		HC856	HC856
Holiday Premium-H16 FRO Wrkg REG-PEF		H16	H16
Holiday Premium-H8 FRO Wrkg REG-PERF		H8	H8
Holiday Premium-HC16 FRO Wrkg OT-NO		HC16	HC16
Holiday Premium-HC8 FRO Wrkg OT-NO P		HC8	HC8
Holiday-All FRO		FROH	HA
Holiday-Floating		HFL	HFL
Leave -	MLVE	Le	MILD
Leave - Admin Annual	ADVA	ADVA	VAC
Leave - Admin Special	SPADM	SPADM	SPADM
Leave - Anl Hol. Picks	HOL	#HOL	VAC
Leave - Annual	VAC	VAC	VAC
Leave - Annual Personal Leave	ADLV	ADLV	PRSNL
Leave - Annual Vac Picks	VAC	#VAC	VAC
Leave - Authorized by Chief	LABC	LABC	REGFT
Leave - Award Time Taken	ATTKN	ATTKN	REGFT
Leave - Cont. Med. Educ.	LCME	LCME	REGFT
Leave - FMLA Sick	FSCK	FSCK	SFAM
Leave - FMLA Vacation	FVAC	FVAC	VFMLA
Leave - Funeral	FRLV	FRLV	BER
Leave - Jury Duty	JURY	JURY	JURY
Leave - Military	MLTRY	MLTRY	MLTRY
Leave - Military Subsidy	MILD	MILD	MILD
Leave - PTO Scheduled	PTOS	PTOS	PTOS
Leave - PTO Unscheduled	PTOUN	PTOUN	PTOUN
Leave - Recovery Time		RVY	RVY
Leave - Replacement Vacation		RVAC	VAC
Leave - Short Term Vacation	VAC	SVAC	VAC
Leave - Sick	SCK	SCK	SICK
Leave - Sick 8+	SCK	SCK8	SICK
Leave - Strike Team	LSTTM.X0056.SALARY	LSTTM	REGFT
Leave - Union	ULVE	ULVE	UNLV
Leave - Workers Comp	COMP	COMP	WC
Leave Without Pay	LWOP	LWOP	LWOP
Leave Without Pay - Extended		LWOPX	
Leave without Pay-FMLA	LWOP	LWOPF	LWOPF
Light Duty/Non-industrial Injury		LITE	LD
Light Duty/Workers' Compensation Injury		WLIT	WD
Light Duty24/ Workers COMP		WLIT24	WD
No Pay - Student Asst		NPSA	
OOC 02% Paramedic FTO		OOC2	OOC02
OOC 05%		OOC5	OOC05

Code Description	Telestaff Account	Telestaff Code	Peoplesoft TRC
OOO 08% Paramedic FTO preceptor duties		OOO08	OOO08
OOO 10%		OOO10	OOO10
OOO 15 - Out of class 15% Captain to B/C		OOO15	OOO15
OOO 20 - Out of class 20% FF to Captain		OOO20	OOO20
OT	OT	OT	OT
OT CallBack		OTCB	CO15
OT Callback Mandatory		MCBOT	CO15
OT CallBack Mandatory OOO 5%		CBOC5M	C1OC5
OT Callback Mandatory OOO 10%		CBOC10M	C1OC1
OT Callback OOO 5%		CB05	C1OC5
OT Callback OOO 10%		CB10	C1OC1
OT Callback OOO 15%		OT	C1O15
OT Callback OOO 2%		OT	C1O2
OT Callback OOO 20%		OT	C1O20
OT Callback OOO 8%		OT	C1O8
OT Continuing Medical Education	OTCME	OTCME	OT
OT Mandatory		OT-M	OT
OT Mandatory OOO 5%		OTOC05M	OTO5
OT Mandatory OOO 10%		OTOC10M	OTO10
OT Mandatory Preceptor OOO 8%		OTOC08PM	OTO8
OT Mandatory Replacement		OTMR	OT
OT Mandatory Replacement 38-Hr @ 56-Hr		OTMR38	OT56
OT Mandatory Replacement OOO5%		OTMROOC5	OTO5
OT OOO 05%		OCOT05	OTO5
OT OOO 08%		OTOC8	OTO8
OT OOO 10%		OCOT10	OTO10
OT OOO 15%		OTOC15	OTO15
OT OOO 2%		OTOC2	OTO2
OT OOO 20%		OTOC20	OTO20
OT Short term	OT	OTST	OT
OT Short Term OOO 5%	OTO5	OTSTOC5	OTO5
OT Strike Team	OTSTTM.X0056.SALAR	OTSTTM	OT
OT Strike Team OOO 05%	OTSTTM05.X0056.SAL	OTSTTM05	OT
Penalty - Mandatory Refused		MREF	
Penalty - Mid Day OT		PMDOT	
Penalty - OT Returned <48		ROT48	
Penalty - OT Returned > 48		ROT	
Penalty - Promotion Mandatory		PePM	
Penalty - Promotion Signup		PePS	
Penalty - Signup Refused		SRef	
Signup ECS		S ECS	
Signup MSO		S MSO	
Signup ODS Officers Dev School		S ODS	
Signup ParaMedic Training		S PMT	
STAFF Holiday on workday		H	H
Staff Holiday - XMAS Eve on a Workday		SHXE	H
STAFF Holiday on Off Duty Day		STHP	HA
Teamster Meal Reimbursement		MEALS	MEALS
Teamsters Training Allowance		TTRG	OOO05
Tmstr wkg OT Call Back		TBOT	CB2
Trade - Not Working-Swap Off		TDNW	SWPOF
Trade - Working-Swap On		TDWG	SWPON
Training - Non Paid		TRNP	
Training Staff Meeting		TSTF	

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No.: 14C52E546827

Hearing No.: 1710311-SE

Appeal Nos.: 1714500-CJY

Employer:

ATTN: SALLY IHMETTS

CITY OF HENDERSON

240 SOUTH WATER STREET

HENDERSON, NV 89015

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HARDWARE DIVISION
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EMPLOYER'S SUPPLEMENTAL INDEX OF DOCUMENTS

COMES NOW the Employer, CITY OF HENDERSON, by and through its
counsel, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP,
and submits the attached Supplemental Index of Documents relating to the above-referenced
matter.

AFFIRMATION PURSUANT TO NRS 239B.030

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

DATED this 25 day of October, 2017.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 5125

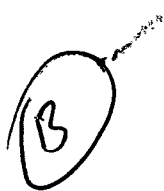
2300 W. Sahara Avenue, Ste. 300, Box 28

Las Vegas, NV 89102

(702) 893-3383

Fax: (702) 366-9563

Attorneys for Employer



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Timecard Detail Report 1/1/14 – 1/31/15 – dated 10/17/1780 – 87

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11056	Wolfgram,Brian K	REGFT	24.00	1/23/2015
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11056	Wolfgram,Brian K	REGFT	24.00	1/28/2015
11056	Wolfgram,Brian K	REGFT	24.00	1/29/2015

TRC Program ID	TRC	TRC Descr
FIR	ATTKN	Award Time Taken
FIR	BER	Bereavement Pay
FIR	C1015	Callback Pay Subj to PERS 15%
FIR	C102	Callback Pay Subj to PERS 2%
FIR	C1020	Callback Pay Subj to PERS 20%
FIR	C108	Callback Pay Subj to PERS 8%
FIR	C10C1	Callback Pay Subj to PERS
FIR	C10C5	Callback Pay Subj to PERS
FIR	CB56	Callback Pay Subj to PERS
FIR	CB561	CB for Fire @ 56 hours OOC15%
FIR	CB56D	Discr CAL - 38 hour firefigher
FIR	CO10D	Discr CAL - 10% outofclass
FIR	CO15	Callback Pay Subj to PERS
FIR	CO15D	Discr CAL - regular
FIR	CO5D	Discr CAL - 5%outofclass
FIR	FAJ	Fire Hours Adjustment
FIR	FEMA	FEMA
FIR	FLS56	FLSA 56 hr rate
FIR	H	Holiday Pay
FIR	H16	Holiday premium-PERS eligible
FIR	H1656	Holiday Premium 56-PERS elig
FIR	H56	Holiday Off
FIR	H8	Holiday premium-PERS eligible
FIR	H856	Holiday Premium 56-PERS elig
FIR	HA	Holiday Off
FIR	HBE	Holiday Banked Earned
FIR	HBT	Holiday Banked Taken
FIR	HC16	Holiday premium-Non PERS elig
FIR	HC165	Holiday prem 56-Non PERS elig
FIR	HC8	Holiday premium-Non PERS elig
FIR	HC856	Holiday prem 56-non PERS elig
FIR	HFL	Holiday Floating Leave
FIR	JURY	Jury Duty
FIR	LD	Light Duty
FIR	LWOP	Leave Without Pay
FIR	MILD	Military Differential Pay
FIR	MLTRY	Military Leave
FIR	OOC02	Out of Class Pay 2%
FIR	OOC05	Out of Class Pay
FIR	OOC08	Out of Class Pay 8%
FIR	OOC10	Out of Class Pay
FIR	OOC15	Out of Class Pay
FIR	OOC20	Out of Class Pay 20%
FIR	OT	Overtime Pay 1.5
FIR	OT10D	Discr OT - 10% outofclass
FIR	OT56	Overtime for Fire at 56 hours

FIR	OT560	OT for Fire @56 hrs OOC 10%
FIR	OT561	OT for Fire @ 56 hrs OOC 15%
FIR	OT565	OT for Fire @ 56 hrs OOC 5%
FIR	OT56D	Discr OT - 38 hour firefighter
FIR	OT5D	Discr OT - 5% outofclass
FIR	OTD	Discr OT - regular
FIR	OTO10	OT Out of Class Pay 10X
FIR	OTO15	OT Out of Class Pay 15%
FIR	OTO2	OT Out of Class Pay 2%
FIR	OTO20	OT Out of Class Pay 20%
FIR	OTO5	OT Out of Class Pay 5X
FIR	OTO8	OT Out of Class Pay 8%
FIR	PTOS	PTO Scheduled
FIR	PTOUN	PTO Unscheduled
FIR	REGFT	Regular Pay
FIR	SFAM	Sick Pay
FIR	SFMLA	Sick FMLA
FIR	SICK	Sick Pay
FIR	SPADM	Special Leave
FIR	STBYC	Standby Pay Bat Chief
FIR	SWPOF	Regular Pay
FIR	SWPON	Swap working but not paid
FIR	UNLV	Union Leave Paid
FIR	VAC	Vacation
FIR	VFMLA	Vacation FMLA
FIR	WC	Workman's Comp
FIR	WD	Light Duty-Workmen's Comp

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
RECEIVED
FILED
AUG 21 PM 4:42

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No. : 14C52E546827

Hearing No. : 1710311-SE

Appeal No. : 1714500-CJY

Employer:
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015
DOH: 08/25/17 at 10:00 A.M.

EMPLOYER'S APPEAL MEMORANDUM

COMES NOW the Employer, CITY OF HENDERSON (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and its Appeal Memorandum for the hearing on August 25, 2017, at 10:00 a.m. In support of its position, the Employer states as follows:

1. That there is no medical, legal or factual basis upon which to warrant an entitlement to reopening of the claim, as the claimant has failed to demonstrate an entitlement to reopening under the claim.

2. That there is no medical, legal or factual basis upon which to warrant an entitlement to reopening of the claim, as the claimant has failed to demonstrate there has been an objective change of circumstances to the claimant's condition or circumstances primarily related to the original industrial injury.

3. That there is no medical, legal or factual basis upon which to warrant an entitlement to reopening of the claim, as the claimant was required to request reopening of his claim *within one year*, because he did not meet the minimum duration of incapacity as provided in NRS 616C.400, and he did not receive a PPD rating.


WHEREFORE, the Employer, CITY OF HENDERSON, respectfully requests that the Appeals Officer provide the following relief:

1 1. That the Appeals Officer reverse the Hearing Officer's Decision and Order
2 dated May 19, 2017, which reversed Administrator's February 15, 2017 determination to deny
3 reopening.

4 2. That the Appeals Officer affirm the Administrator's February 15, 2017
5 determination to deny reopening.

6 DATED this 18 day of August, 2017.

7 LEWIS BRISBOIS BISGAARD & SMITH LLP

8 By:  For
9 DANIEL L. SCHWARTZ, ESQ.
10 Nevada Bar No. 5125
11 2300 W. Sahara Ave., Ste. 300
12 Las Vegas, Nevada 89102
13 Attorneys for the Employer

14 **DOCUMENTS TO BE INTRODUCED AT HEARING**

15 The Employer shall rely upon its Index of Documents, consisting of seventy-nine
16 (79) pages, filed separately herein. Further, the Employer shall rely upon any documents
17 produced by the claimant, subject to objection.

18 **STATEMENT OF THE ISSUES**

19 The following issue is before the Appeals Officer for review:

- 20 1. Whether the determination to deny reopening was proper.

21 **WITNESSES**

22 The Employer may call the following witnesses at the time of hearing:

- 23 1. Proper representatives of the Employer;

24 Further, the Employer does reserve the right to call the claimant himself, together
25 with any treating or examining physicians of the claimant, for rebuttal and other purposes at the
26 time of hearing.

27 **TIME ESTIMATED FOR HEARING**

28 It is estimated that the time for hearing of the Employer's case as petitioner will be
one (1) hour or less.

STATEMENT OF THE CASE

On October 18, 2014, the claimant, BRIAN WOLFGRAM ("claimant"), alleged an injury to both arms/hands due to assisting with loading approximately 1000 feet of hose while training. The physician on the C-4 Form diagnosed bilateral wrist tenosynovitis, cervical strain r/o radiculopathy and bilateral elbow tenosynovitis. (Exhibit p. 1)

Employer completed a C-3 Form. (Exhibit p. 2)

An Incident Report was completed by claimant. (Exhibit p. 3)

A Witness Report was completed by Brandon Bowyer. He noted that on two occasions he witnessed Wolfgram grimace in pain. (Exhibit p. 4)

Claimant presented to Concentra on October 20, 2014. The history noted repetitive use of the hand and lifting fire hoses. The assessment noted sprains and strains of elbow and forearm, wrist tenosynovitis, and cervical strain r/o radiculopathy. Wrist braces were given. Restrictions were also given. (Exhibit pp. 5-7)

On October 21, 2014, Employer advised of claimant's modified duties. (Exhibit p. 8)

On October 21, 2014, claimant accepted a modified duty position. (Exhibit p. 9)

On October 22, 2014, claimant returned to Concentra. The assessment remained the same. Restrictions continued. (Exhibit pp. 10-11)

Claimant completed a medical release and prior history noting no prior conditions. (Exhibit pp. 12-15)

On October 29, 2014, claimant returned to Concentra reporting upper back pain. Claimant was referred to a hand specialist. (Exhibit pp. 16-18) Same was approved. (Exhibit pp. 19-22)

On November 3, 2014, claimant presented for physical therapy. (Exhibit pp. 23-24) Physical therapy continued. (Exhibit pp. 25-31)

On November 10, 2014, claimant presented to Dr. Young. Electrodiagnostic studies were recommended. (Exhibit pp. 32-33)

1 On November 17, 2014, claimant presented to Dr. Germin for EMG/nerve
2 conduction studies. The results were negative. (Exhibit pp. 34-40)

3 On November 19, 2014, claimant was advised that his claim had been accepted for
4 a cervical strain. (Exhibit p. 41)

5 On November 20, 2014, claimant returned to Dr. Young. Claimant reported that
6 his symptoms had dissipated somewhat. Full duty was recommended. (Exhibit pp. 42-45)

7 On November 25, 2014, Administrator advised claimant that his claim was
8 amended to include bilateral elbows and hands cubital tunnel syndrome. (Exhibit p. 46)

9 On December 18, 2014, claimant returned to Dr. Young. A strengthening program
10 was recommended. (Exhibit pp. 47-51)

11 On December 23, 2014, claimant returned to Dr. Young indicating he overdid it the
12 prior day putting the top on his jeep. The assessment noted decreased muscle tightness along the
13 forearm extension. (Exhibit p. 52)

14 Claimant continued treatment with Dr. Young. (Exhibit pp. 53-55)

15 On January 15, 2015, claimant reported 100% improvement in the right upper
16 extremity and 95% in the contralateral left. Tingling had resolved. Claimant was found to have
17 reached maximum medical improvement, stable, not ratable. (Exhibit pp. 56-58)

18 On January 26, 2015, claimant was advised that his claim would close without a
19 rating. (Exhibit p. 59)

20 **On January 30, 2017, claimant returned to Dr. Young. A recurrence of**
21 **previous symptoms was noted. A request for repeat EMG/NCV studies was made.**
22 **Reopening was recommended. (Exhibit pp. 60-61)**

23 **On February 6, 2017, claimant requested reopening of his industrial claim.**
24 **(Exhibit p. 62)**

25 **On February 15, 2017, claimant was advised that the request for reopening**
26 **was denied, as same needed to be requested within one year of closing, as he did not miss any**
27 **time from work, nor receive benefits for a permanent partial disability (PPD). (Exhibit p. 63)**

28 On March 9, 2017, claimant's counsel sent notice of representation. 64-68)

On March 10, 2017, claimant appealed the February 15, 2017 denial of reopening. (Exhibit p. 69)

On April 10, 2017, claimant was advised of his average monthly wage (AMW).
(Exhibit pp. 70-75)

A hearing was held on May 9, 2017 regarding reopening. In a written Decision and Order dated May 19, 2017, the Hearing Officer reversed the denial of reopening. (Exhibit pp. 76-77) Employer filed a timely appeal. (Exhibit p. 78) In addition, the Employer filed a Motion for a Stay of the Hearing Officer's decision, which was granted. (Exhibit p. 79)

This appeal ensues.

ARGUMENT

A.

Claimant Bears the Burden

It is the claimant, not the Employer, who has the burden of proving his case by a preponderance of all the evidence. State Indus. Ins. Sys. v. Hicks, 100 Nev. 567, 688 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Comp. Div., 798 P.2d 323 (1990); Hagler v. Micron Tech., Inc., 118 Idaho 596, 798 P.2d 55 (1990).

In attempting to prove his case, the claimant has the burden of going beyond speculation and conjecture. That means that the claimant must establish all facets of the claim by a preponderance of all the evidence. To prevail, a claimant must present and prove more evidence than an amount which would make his case and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of Workmen's Compensation, §80.33(a).

NRS 616A.010(2) makes it clear that:

A claim for compensation filed pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must be decided on its merit and not according to the principle of common law that requires statutes governing workers' compensation to be liberally construed because they are remedial in nature.

...

1 Based upon the present information, the claimant has failed to meet his burden of
2 proof to disturb the Employer's determination to deny claim reopening.

3 B.

4 **DENIAL OF REOPENING IS PROPER**

5 The issue is whether the determination to deny reopening was proper, and/or
6 whether the Hearing Officer erred in reversing the denial of reopening. The Employer asserts that
7 the Hearing Officer did so err, as the claimant is not entitled to reopening under the facts
8 presented.

9 Claimant requested that his claim be reopened more than a year after the claim had
10 been closed. Therefore, NRS 616C.390 applies. This states as follows:

11 Reopening claim: General requirements and procedure; limitations;
12 applicability. Except as otherwise provided in NRS 616C.392:

13 1. If an application to reopen a claim to increase or rearrange
14 compensation is made in writing more than 1 year after the date on
15 which the claim was closed, the insurer shall reopen the claim if:

16 (a) A change of circumstances warrants an increase or
17 rearrangement of compensation during the life of the claimant;

18 (b) The primary cause of the change of circumstances is the injury
19 for which the claim was originally made; and

20 (c) The application is accompanied by the certificate of a physician
21 or a chiropractor showing a change of circumstances which would
22 warrant an increase or rearrangement of compensation.

23 2. After a claim has been closed, the insurer, upon receiving an
24 application and for good cause shown, may authorize the reopening
25 of the claim for medical investigation only. The application must be
26 accompanied by a written request for treatment from the physician
27 or chiropractor treating the claimant, certifying that the treatment is
28 indicated by a change in circumstances and is related to the
industrial injury sustained by the claimant.

3. If a claimant applies for a claim to be reopened pursuant to
subsection 1 or 2 and a final determination denying the reopening is
issued, the claimant shall not reapply to reopen the claim until at
least 1 year after the date on which the final determination is issued.

4. Except as otherwise provided in subsection 5, if an application
to reopen a claim is made in writing within 1 year after the date on
which the claim was closed, the insurer shall reopen the claim only
if:

(a) The application is supported by medical evidence demonstrating
an objective change in the medical condition of the claimant; and

1 (b) There is clear and convincing evidence that the primary cause of
2 the change of circumstances is the injury for which the claim was
3 originally made.
4 5. An application to reopen a claim must be made in writing
5 within 1 year after the date on which the claim was closed if:
6 (a) The claimant did not meet the minimum duration of
7 incapacity as set forth in NRS 616C.400 as a result of the injury;
8 and
9 (b) The claimant did not receive benefits for a permanent
10 partial disability.
11 If an application to reopen a claim to increase or rearrange
12 compensation is made pursuant to this subsection, the insurer shall
13 reopen the claim if the requirements set forth in paragraphs (a), (b)
14 and (c) of subsection 1 are met.
15 6. If an employee's claim is reopened pursuant to this section, the
16 employee is not entitled to vocational rehabilitation services or
17 benefits for a temporary total disability if, before the claim was
18 reopened, the employee:
19 (a) Retired; or
20 (b) Otherwise voluntarily removed himself or herself from the
21 workforce, for reasons unrelated to the injury for which the claim
22 was originally made.
23 7. One year after the date on which the claim was closed, an
24 insurer may dispose of the file of a claim authorized to be reopened
25 pursuant to subsection 5, unless an application to reopen the claim
26 has been filed pursuant to that subsection.
27 8. An increase or rearrangement of compensation is not effective
28 before an application for reopening a claim is made unless good
cause is shown. The insurer shall, upon good cause shown, allow the
cost of emergency treatment the necessity for which has been
certified by a physician or a chiropractor.
9. A claim that closes pursuant to subsection 2 of NRS 616C.235
and is not appealed or is unsuccessfully appealed pursuant to the
provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive,
may not be reopened pursuant to this section.
10. The provisions of this section apply to any claim for which an
application to reopen the claim or to increase or rearrange
compensation is made pursuant to this section, regardless of the date
of the injury or accident to the claimant. If a claim is reopened
pursuant to this section, the amount of any compensation or benefits
provided must be determined in accordance with the provisions of
NRS 616C.425.
[56:168:1947; 1943 NCL § 2680.56] + [57:168:1947; 1943 NCL §
2680.57] — (NRS A 1971, 770; 1981, 1198, 1831; 1983, 285, 1294;
1985, 1547; 1993, 741, 2441; 1995, 2152; 1999, 1787; 2005, 1491;
2015, 1140)
(Emphasis added)

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Further, NRS 616C.400 states:

Minimum duration of incapacity.

1. **Temporary compensation benefits must not be paid under chapters 616A to 616D, inclusive, of NRS for an injury which does not incapacitate the employee for at least 5 consecutive days, or 5 cumulative days within a 20-day period, from earning full wages, but if the incapacity extends for 5 or more consecutive days, or 5 cumulative days within a 20-day period, compensation must then be computed from the date of the injury.**

2. The period prescribed in this section does not apply to:

(a) Accident benefits, whether they are furnished pursuant to NRS 616C.255 or 616C.265, if the injured employee is otherwise covered by the provisions of chapters 616A to 616D, inclusive, of NRS and entitled to those benefits.

(b) Compensation paid to the injured employee pursuant to subsection 1 of NRS 616C.477.

Here, the claimant was required to request reopening of his claim *within one year*, because he did not meet the minimum duration of incapacity as provided in NRS 616C.400, and did not receive a PPD rating. Claimant requested reopening nearly *two* years after his claim had closed. Therefore, he cannot meet his burden of proving that this claim should be reopened, regardless of the medical reporting he has in support thereof. The denial of reopening was entirely legal and proper given these facts.

The Hearing Officer noted that Dr. Young “establishes propriety of claim reopening under the 2015 revisions of 616C.390.” This is incorrect. Dr. Young is not privy to the legal implications of NRS 616C.390, and the requirement that the claimant request reopening within one year because he was never taken off of work or “incapacitated” as outlined in NRS 616C.400. The 2016 amendment to NRS 616C.390 only changed the requirement that a claimant have a minimum duration of incapacity of five (5) days within a twenty (20) day period. This change only means that instead of five consecutive days, a claimant need only be incapacitated for five total days (consecutive or non-consecutive) within a twenty day period. The claimant did not satisfy this requirement, as the claimant was not incapacitated for five or more days within a

1 twenty day period. Therefore, he was indeed required to request reopening within one year of
2 claim closure. **The Hearing Officer erred as a matter of law.**

3 In addition to the above, the claimant failed to present sufficient medical reporting
4 in support of the reopening request. Dr. Young's reporting does not note a change in the
5 claimant's circumstances, the primary cause of which is the industrial injury. All Dr. Young's
6 reporting states is a "recurrence of previous symptoms." (Exhibit p. 61) This is insufficient to
7 establish entitlement to reopening.

8 Therefore, based upon the above facts and law, the determination to deny reopening
9 was proper.

10 CONCLUSION

11 Based upon the facts of this case and applicable law, the claimant has failed to meet
12 his burden of proof that he is entitled to have his claim reopened.

13 WHEREFORE, the Employer, CITY OF HENDERSON, respectfully requests that
14 the Appeals Officer provide the following relief:

15 1. That the Appeals Officer reverse the Hearing Officer's Decision and Order
16 dated May 19, 2017, which reversed Administrator's February 15, 2017 determination to deny
17 reopening.

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1 2. That the Appeals Officer affirm the Administrator's February 15, 2017
2 determination to deny reopening.

3 DATED this 18 day of August, 2017.

4 Respectfully submitted,

5 LEWIS BRISBOIS BISGAARD & SMITH LLP

6
7
8 By: 
9 DANIEL L. SCHWARTZ, ESQ.
10 Nevada Bar No. 5125
11 2300 West Sahara Avenue, Suite 300, Box 28
12 Las Vegas, NV 89102
13 Phone: (702) 893-3383
14 Fax: (702) 366-9689
15 Attorneys for the Employer
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CERTIFICATE OF MAILING

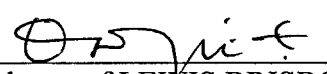
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S APPEAL MEMORANDUM** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

Jason Mills, Esq.
Neeman & Mills
1201 South Maryland Parkway
Las Vegas, NV 89104

Attn: Sally Ihmels
City of Henderson
240 South Water Street MSC 122
Henderson, NV 89015

Attn: Susan Riccio
Cannon Cochran Management Services, Inc.
P.O. Box 35350
Las Vegas, NV 89133

DATED this 21st day of August, 2017.


An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No.: 14C52E546827

Hearing No.: 1710311-SE

Appeal Nos. : 1714500-CJY

Employer:
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015
DOH: 08/25/17 at 10:00 A.M.

EMPLOYER'S INDEX OF DOCUMENTS

COMES NOW the Employer, CITY OF HENDERSON, by and through its
counsel, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP,
and submits the attached Index of Documents relating to the above-referenced matter.

AFFIRMATION PURSUANT TO NRS 239B.030

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

DATED this 18 day of August, 2017.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: [Signature] FOR
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 W. Sahara Avenue, Ste. 300, Box 28
Las Vegas, NV 89102
(702) 893-3383
Fax: (702) 366-9563
Attorneys for Employer's Administrator

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Attn: Susan Riccio
Cannon Cochran Management Services, Inc.
P.O. Box 35350
Las Vegas, NV 89133

DATED this 21st day of August, 2017.

Onyiah
An employee of LEWIS BRISBOIS
BISGAARD & SMITH LLP

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

PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name BRIAN		Last Name K. WOLFORD		Birthdate 10/10/1967	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)	
Home Address 221 LOOKOUT AVE		Age 47	Height 6	Weight 190	Social Security Number		
City HENDERSON	State NV	Zip 89002	Telephone 702 858-4823				
Physical Address 221 LOOKOUT AVE HENDERSON		City HENDERSON	State NV	Zip 89002	Primary Language Spoken ENGLISH		
INSURER		THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) FIRE CHIEF		When Injury or Occupational Disease Occurred	
Employer's Name/Company Name CITY OF HENDERSON FIRE DEPT.				Telephone 702 267-2222			
Office Mail Address (Number and Street) 240 WASH ST							
Date of Injury (if applicable) 10/18/2014	Hours Injury (if applicable) 3 am	Date Employer Notified 10/19/2014	Last Day of Work After Injury or Occupational Disease 10/19/14	Supervisor to Whom Injury Reported ARBONEN			
Address or Location of Accident (if applicable) GRANDVIEW PARKWAY AND HORIZON RIDGE MCD							
What were you doing at the time of the accident? (if applicable) LOADING HOSE AFTER TRAINING							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) ASSISTED WITH LOADING HOSE APPROX. 1000 FT OF HOSE WHILE TRAINING.							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?						Witnesses to the Accident (if applicable) FF BOWEN	
Nature of Injury or Occupational Disease BILATERAL ARM & HAND PAIN				Part(s) of Body Injured or Affected BOTH ARMS/HANDS			
<small>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 618A TO 618D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small>							
Date 10/20/14	Place	Employee's Signature [Signature]					
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Place CONCENTRA MEDICAL CENTERS	Name of Facility CMC-HENDERSON						
Date 10/20/14	Diagnosis and Description of Injury or Occupational Disease Bilateral wrist denosynovitis Cervical spine rheumatoid arthritis Bilateral elbow denosynovitis			Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour				Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
Treatment: PE FID 3cc PR Ance				If modified duty, specify any limitations/restrictions: _____			
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)							
Date 10/20/14	Print Doctor's Name B. HANWICK		I certify that the employer's copy of this form was mailed to the employer on:				
Address 149 N GIBSON RD STE H		Provider's Tax I.D. Number 75-2014828		Telephone (702) 558-6275		INSURER'S USE ONLY RECEIVED 10/21/2014 CCMSI	
HENDERSON, NV 89014		Degree MD					
Doctor's Signature [Signature]							

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYEE

Form C-4 (rev.01/03)

This communication is confidential; intended only for the person named above. No other recipient is authorized to use the information. If received in error, call 1-800-819-5571.

00068

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-3 FORM				Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE		
EMPLOYER	Employer's Name CITY OF HENDERSON			Nature of Business (mfg., etc.) Municipality		FEIN 886000720		
	Office Mail Address 240 WATER STREET MSC 137			Location . . . If different from mailing address		Telephone 702-267-1921		
	City HENDERSON State NV Zip 89015			INSURER City of Henderson		THIRD-PARTY ADMINISTRATOR CCMSI, Inc.		
EMPLOYEE	First Name Brian M.I. K Last Name Wolfram			Social Security		Birthdate 10/10/1967		
	Home Address (Number and Street) 221 Lookout Ave			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
	City Henderson State NV Zip 89002			Was the employee paid for the day of injury? (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 07/09/1990		
	In which state was employee hired? Nevada			Employee's occupation (job title) when hired or disabled Fire Captain		Department in which regularly employed: 2000 FIRE		
	Telephone 702-858-4823			Is the injured employee a corporate officer? . . . sole proprietor? . . . partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (O/D)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
ACCIDENT OR DISEASE	Date of injury (if applicable) 10/18/2014			Time of injury (Hours; Minute AM/PM) (if applicable) 15:00		Date employer notified of injury or O/D 10/19/2014		
	Address or location of accident (Also provide city, county, state) (if applicable) Green Valley & Horizon Ridge Henderson Clark Nevada					Supervisor to whom injury or O/D reported Arboreen		
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) Loading hose after trng/Bilateral Arm & Hand Pain					Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. While picking up and loading hose after manipulative drills felt pain and burning sensation in both arms. Noticed reduced grip strength in both hands							
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) unknown				Witness n/a		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Part of body injured or affected cervical; bilateral wrist/hand; bilateral elbows			If fatal, give date of death n/a		Witness		
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) Bilateral wrist tenosynovitis; Cervical strain; Bilateral elbow tenosynovitis				Witness			
	If validity of claim is doubted, state reason n/a				Location of Initial Treatment Concentra Medical Center, 149 N Gibson Ste H, Henderson, NV		Will you have light duty work available if necessary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Treating physician/chiropractor name Hunwick				Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	How many days per week does employee work? varies				From 08:00 To 08:00		Last day wages were earned 10/18/14	
	Scheduled days off <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S Rotating <input checked="" type="checkbox"/>				Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
IMPORTANT LOST TIME INFO	Date employee was hired 07/09/1990		Last day of work after injury or disability 10/18/2014		Date of return to work 10/19/14		Number of work days lost 0	
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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-3). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.							
	Pay period ends on: <input checked="" type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ 35.48 per Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo			
	<p>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</p>							
Insurer Use Only	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 <i>Mary [Signature]</i>		Date 10.21.14	
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party		Deemed Wage		Account No. 14CS02546827		Class Code	
	Claims Examiner's Signature		Date		Status Clerk RECEIVED		10/21/2014	

FIRST AID ☐ BBP ☐ W/C ☒

CITY OF HENDERSON

Human Resources

First Notice of Injury or Occupational Disease

SSN# <input type="text"/>	Employee # <input type="text" value="11056"/>
Name of employee <input type="text" value="Brian K. Wolfgram"/>	
Department <input type="text" value="Fire Captain"/>	Arboreen <input type="text" value="John Hlin"/>
Supervisor to whom reported <input type="text" value="Arboreen"/>	
Supervisor on duty at time of accident/injury <input type="text"/>	
Employee on overtime? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	No. of days worked per week <input type="text" value="56hr week"/>
Date of accident/injury <input type="text" value="10/18/2014"/>	Time <input type="text" value="03:00"/> p.m.
Did injury occur on employer premises? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Accident/injury location - address <input type="text" value="Parking lot behind Fresh and Easy GV PKWY/Horizon Ridge"/>	
Date/Time reported: (Explain if not reported immediately) <input type="text" value="10/19/2014 0645 Thought pain would subside"/>	
Witness(es) Name <input type="text" value="Brandon Bowyer"/>	
Firefighter Schedule <input type="text" value="0800"/>	Reg. Working Hours <input type="text" value="0800"/>
Scheduled days off: (Not # of days) <input type="text"/>	

Describe accident/injury in detail beginning with what you were doing when it occurred.*

While picking up and loading hose after manipulative drills I felt pain and a burning sensation in both of my arms. I also noticed reduced grip strength in both of my hands. I stretched and shook my arms and hands and felt some relieve and was able to continue work. Upon returning to the station Firefighter Bowyer said he noticed me shaking out my arms and asked if I was alright. I indicated to him that I was going to wait and see if they continued to get better and if not I may file a C1 and have him complete a witness statement. Several times as I slept through the night I awoke to pain, numbness and tingling in my arms and hands.

Equipment, tools furniture, etc., connected with accident/injury Unsafe conditions or practice involved What can be done to prevent recurrence? Did the accident happen in the normal course of work? YES ☒ NO ☐Was anyone else involved? YES ☐ NO ☒ Names

BODY PART INJURY (be specific)

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Face (explain) | <input type="checkbox"/> 09 Back | |
| <input type="checkbox"/> 02 Toe or foot | <input type="checkbox"/> 10 Eyes | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> 03 Internal organs (not lungs) | <input type="checkbox"/> 11 Leg | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> 04 Fingers | <input type="checkbox"/> 12 Knee | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input checked="" type="checkbox"/> 05 Hands | <input checked="" type="checkbox"/> 13 Ankles | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input checked="" type="checkbox"/> 06 Arms | <input checked="" type="checkbox"/> 14 Shoulders | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> 07 Trunk | <input type="checkbox"/> 15 Head | |
| <input type="checkbox"/> 08 Lungs | <input type="checkbox"/> 16 Neck | |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> 17 Groin | |

NATURE OF INJURY

- | |
|---|
| <input type="checkbox"/> 01 Wounds (cuts) |
| <input type="checkbox"/> 02 Hernia |
| <input type="checkbox"/> 03 Fracture |
| <input type="checkbox"/> 04 Dermatitis |
| <input checked="" type="checkbox"/> 05 Strain |
| <input type="checkbox"/> 06 Sprain |
| <input type="checkbox"/> 07 Contusion (bruise) |
| <input type="checkbox"/> 08 Burns |
| <input type="checkbox"/> 09 Foreign body |
| <input type="checkbox"/> 10 Infection |
| <input type="checkbox"/> 11 Dislocation |
| <input type="checkbox"/> 12 Chemical Exposure (Attach MSDS) |
| <input type="checkbox"/> 13 Infectious Exposure (explain) |
| <input type="checkbox"/> 14 Other <input type="text"/> |

ACTION TAKEN

- | |
|---|
| <input type="checkbox"/> Hospitalized |
| <input type="checkbox"/> Emergency hospital care |
| <input type="checkbox"/> First Aid Provided by whom: <input type="text"/> |
| <input type="checkbox"/> Doctor's care |
| <input type="checkbox"/> Time loss |
| <input type="checkbox"/> Same day time loss |
| <input type="checkbox"/> Time left work, <input type="text"/> |
| <input checked="" type="checkbox"/> No time loss |
| <input type="checkbox"/> Employee returned to work? |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Date <input type="text" value="10/19/14"/> |
| Time <input type="text"/> |

RECEIVED**OCT 20 2014**

Treating Physician Name <input type="text"/>	Hospital <input type="text"/>	City of Henderson Risk Management Division
Physician's Address <input type="text"/>	Doctor's instructions <input type="text"/>	Physician's Phone # <input type="text"/>
Any person who willfully makes a false statement or representation for the purpose of obtaining any benefit or payment under the provisions of this chapter, either for himself or any other person, shall be guilty of a felony. (N.R.S. §16.075)		
Supervisor's investigation <input type="text"/>	Employee's signature <input type="text" value="B. K. Wolfgram"/>	Date <input type="text" value="10/19/14"/>
	Supervisor's signature <input type="text"/>	Date <input type="text"/>
Safety Rep's comments <input type="text"/>	Safety Rep's signature <input type="text"/>	Date <input type="text"/>

*Use additional sheets if necessary.

Reports shall be completed and distributed in accordance to Safety & Health Procedures Manual, Chapter 1-Safety Administration, SHP-115 Occupational Injury/Illness Reporting.
My Employer/insurer may have made arrangements to direct me to a Health Care Provider for medical treatment of my industrial injuries. I have been notified of these arrangements. To file a claim for compensation, see "Claim for Compensation (Form C-4)" on reverse side.

For assistance with Workers' Compensation issues you may contact the Office of the Governor Consumer Health Assistance, a.
TOLL FREE: 1-888-333-1507 Website <http://govcha.state.nv.us> E-mail: cha@govcha.state.nv.us

Reset Form

3



City of Henderson
Witness Report
Occupational Injury or Illness

Instructions: Have all witnesses complete a witness report and forward to the City of Henderson, Human Resources Department, Risk Management Division, 240 Water Street, MSC #137, City Hall, 3rd Floor, Henderson NV 89015 within 3 working days from the date of the incident.

Name of Injured Party: BRIAN WOLFGRAM

Date of Injury: 10/18/14 Time: 3:00 AM or PM

Witness Name (Your Name)
<u>BRANDON BOWYER</u>
Address
<u>510 CARIAT LN HENDERSON NV 89014</u>
Phone Number(s)
<u>(609) 949-2921</u>

Where were you in relation to the accident? (List exact location)

ON TWO OCCASIONS ON 10/18/2014 I WITNESSED CAPT WOLFGRAM GRIMACE IN PAIN. ONCE IN THE APP BAY AT STATION 97 AND ONCE WHILE TRAINING LOADING HOSE.

Describe in DETAIL what happened, how the incident evolved, name(s) of person(s) involved, etc.:

WHILE IN THE APP BAY AT STATION 97, CAPT WOLFGRAM CLIMBED DOWN FROM THE ENGINE AND GRIMACED IN PAIN AND SHOOK BOTH OF HIS ARMS.

WHILE LOADING HOSE DURING A TRAINING EXERCISE HE DID IT AGAIN AND WAS UNABLE TO HELP DUE TO THE PAIN.

RECEIVED

OCT 20 2014

City of Henderson
Risk Management Division

Additional comments/observations:

I ASKED CAPT WOLFGRAM ABOUT THE INCIDENT AND HE SAID HE WAS HAVING SHARP SHOOTING PAIN IN BOTH ARMS W/ REDUCED GRIP STRENGTH

BRANDON BOWYER
Print Name

[Signature]
Signature

RECEIVED
10/21/2014
CCMSI

10-19-2014
Date

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient: Wolfgram, Brian K Service Date: 10/20/2014
Soc. Sec. # Injury Date: 10/18/2014
Date of Birth: 10/10/1967 Age: 47 Employer: City of Henderson-Non Regulated
Service Location: CMC - LVG Henderson 240 S Water St
Service ID #: 1201391363 MSC 137
Claim #: Henderson, NV 89015
Dictator: Bernard B Hunwick, MD
Diagnosis: 847.0 Cervical Strain

Notes: CHIEF COMPLAINT:
Patient is a 47 year old male employee of City of Henderson-Non Regulated who complains about his Arm which was injured on 10/18/2014.

PATIENT STATEMENT:

Patient states : "Assisted with loading hose about 100lbs and felt sharp pain in both hands"

Vital Signs: BP: 144/88. P: 72. R: 14. T: 98.6 degrees F orally. The patients height is 6 ft. 1 in. (185.4 cm)
The vitals were taken at: 12:15 PM by: J E H.

HISTORY OF PRESENT ILLNESS:

The mechanism of injury was repetetive use of the hand and lifting fire hoses. The pain began gradually. The pain is located on both wrists and both elbows. The pain is described as acute, moderate and aching. Pain Intensity Level: 4/10. Pain radiates down both artms to the hands and fingers. He complains of numbness and tingling in the fingers and hands as well as decreased grip strength.

PMHx: None

PSHx: None

Current Medications: None.

Allergies: Denies known medication allergies.

ROS: All review of systems negative per concentra comprehensive questionnaire except as above.

PE: APPEARANCE: Well nourished, well developed, in no acute distress.

VITAL SIGNS: See nurses notes.

SKIN: Normal. No lesions.

NEUROLOGIC: Neurologically intact.

PERIPHERAL VASCULAR: No cyanosis. No clubbing. Extremities warm. Circulation distal to injury intact. Good cap refill <2 seconds.

MUSCULOSKELETAL:

Bilateral Wrists: Mild to moderately decreased ROM with pain. No bruising. Tender to palpation over the dorsal wrists. Opposite side unremarkable.

Bilateral Hands: Decreased grip strength. FROM with pain. No bruising. Opposite side unremarkable.

Bilateral elbows: FROM with pain. Tender overlateral elbows. Increased pain with resisted flexion/extension. Opposite side unremarkable.

Cervical: Bilateral shoulder range of motion normal. Strength normal. Spurlings negative.

ASSESSMENT:

1. Sprains and strains of elbow and forearm. 841.
2. Wrist tenosynovitis. 727.05.
3. Cervical strain. 847.0. R/O cervical radiculopathy

PLAN:

It is more likely from his PE that the patient has tenosynovitis of the wrists and elbows 2ary to 25 years of lifting fire hoses; but cannot yet rule out cervical impingement

Dictated By: Bernard B Hunwick, MD

Dictated On: Oct 20 2014 2:22PM

Printed Date: 10/24/2014

Page: 1
00072

5

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram Brian K	Service Date:	10/20/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201391363		MSC 137
Claim #:			Henderson, NV 89015
Dictator:	Bernard B Hunwick, MD		
Diagnosis:	847.0 Cervical Strain		

Notes: as a root cause.

Bilateral wrist braces given
Biofreeze

Voltaren Gel 2-3g to affected areas QID prn pain.
Ibuprofen 600mg PO QID prn pain
Ice Q1 hours x 15 mins
Modified Work Activity
RTC in 2-3 days
Gel pack small x2

Return to clinic or ER if symptoms recur, worsen, new symptoms develop, any increase in pain or any signs of infection.

This patient has the above listed injuries for which a structured program of Physical Therapy is medically necessary due to Limited ROM, Decrease strength and Functional deficits. This condition limits the patient's ability to perform the essential functions of the job. Management will include in conjunction with therapeutic exercises, with a focus on functional outcomes and return to regular work.

The program is anticipated to require 6 visits, or less if recovery occurs earlier. The patient may require additional visits but only if objective improvement can be demonstrated.

Diagnosis, treatment plan and expectations were discussed with the patient. The patient was given an opportunity to ask questions regarding the diagnosis and treatment plan. The patient acknowledged understanding the diagnosis and treatment plan and had no further questions. Patient is instructed to return to the clinic immediately if symptoms worsen or new symptoms develop.

Dictated By: Bernard B Hunwick, MD

Dictated On: Oct 20 2014 2:22PM

Printed Date: 10/24/2014

Page: 2

00073

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/20/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN:

Address: 221 Lookout Ave
HENDERSON, NV 89002

Home: (702) 858-4823

Work:

Ext.:

Employer Location: City of Henderson-Non Regu Contact: Mary Sexton

Address: 240 S Water St, MSC 137 Role: Primary Contact

Henderson, NV 890157227 Phone: (702) 267-1922 Ext.:

Auth. by: Arbortan

Fax: (702) 267-1902

This Visit: Time In: 10:45 am

Time Out: 01:36 pm

Recordable: N/A

Visit Type: New

Treating Provider: Bernard B. Hunwick, MD

Medications:

Diagnosis: 847.0 Cervical Strain

727.05 Tenosynovitis, Wrist/Hand

727.09 Elbow Tenosynovitis

☐ Dispensed Prescription Medication to Patient

☐ Dispensed Over-The-Counter Prescription

☒ Written Prescription given to Patient

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/20/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday October 22, 2014 11:15 am

Provider/Facility: Bernard B. Hunwick, MD

RECEIVED
10/21/2014
CCMSI

Mary Sexton

From: Scott Vivier
Sent: Tuesday, October 21, 2014 7:09 AM
To: FD 6 BCs; FD CHIEFS
Cc: Brenda Sambol; Cheer McHardy; Mary Sexton; Brian Wolfram
Subject: Brian Wolfram - 56 Hour Modified Duty Assignment

Chiefs,

Brian saw the doctor yesterday for an injury that occurred on 10-19-14. The doctor has placed him on modified duty effective 10-20-14. Brian accepted the modified duty offer. Brian will be on a 56 LD assignment, however no changes to his T-staff will occur until he sees the doctor again on Wednesday the 22nd (he may be released to full duty prior to his next shift on the 24th). Thanks

Scott Vivier
Division Chief - EMS
City of Henderson Fire Department
702-267-2292 (Office)

RECEIVED
10/21/2014
CCMSI



CITY OF HENDERSON
240 Water Street
P. O. Box 95050
Henderson, NV 89009-5050

October 21, 2014

Brian Wolfgram
221 Lookout Ave
Henderson, NV 89002

RE: Light-Duty Offer for Workers' Compensation Injury Dated 10/18/14

Dear Brian,

This letter is being sent in compliance with NRS 616C.475, which requires the employer (the City of Henderson) confirm an offer of temporary light-duty employment in writing. Therefore, this letter will confirm that as of the date your physician released you to modified duty, October 20, 2014, temporary light-duty employment is immediately available and has been offered to you.

Your physician has indicated that you can return to work with restriction. You are responsible for notifying your physician of any discomfort or pain associated with your injury while performing your assigned duties. You are also responsible for notifying us immediately, if your treating physician makes changes to your restrictions or releases you to full-duty.

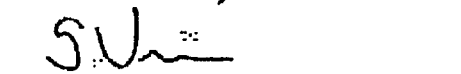
If your supervisor for your modified-duty assignment differs from your regular supervisor, you are required to notify both supervisors of any change in restrictions and/or any absence you may have due to illness, etc.

Please sign and date this letter, along with your supervisor, and return it to Mary Sexton via fax 267-1902, e-mail, or interoffice mail MSC 137. If you have any questions regarding this offer, please contact your HRBP, Amy Wong, at 267-1943.

Please code your light-duty *working time* to WD (hours worked under modified/restricted duty).


Injured Worker Signature

10/24/14
Date


Supervisor Signature

10-28-14
Date

RECEIVED

OCT 28 2014

Sincerely,


Mary Sexton
Risk Management Analyst

City of Henderson
Risk Management Division

cc: CCMSI
Brian Arboreen
Scott Vivier

Received
10/28/14
CCMSI

00076

9

Concentra Medical Centers149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-8275 Fax: (702) 856-3198**Transcription**

Patient:	Wolfgram, Brian K.	Service Date:	10/22/2014
Soc. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age:	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson	Dictated By:	Bernard B Hunwick, MD
Service ID #:	1201393049	Diagnosis:	847.0 Cervical Strain

Notes:

***** PROGRESS NOTE *****

Vital Signs: BP: 120/82. P: 68. R: 12. T: 98.1 degrees F orally.

The vitals were taken at: 11:47 AM by: T L R.

HISTORY OF PRESENT ILLNESS:

He feels the pattern of symptoms is stable. Patient has not been working normal days off. Patient has been taking their medications some improvement. Therapy is pending insurance approval. Pain is subsiding slowly. The pain is located on bilateral wrists and palms of both hands. The pain is described as acute, mild, aching and numbness and tingling. Pain Intensity Level: 3/10. The symptoms are exacerbated by grasping, lifting, pushing, pulling or activity.

Past Medical Hx Reviewed, No changes.

PE: APPEARANCE: Well nourished, well developed, in no acute distress.

VITAL SIGNS: See nurses notes.

SKIN: Normal. No lesions.

NEUROLOGIC: Neurologically intact.

PERIPHERAL VASCULAR: No cyanosis. No clubbing. Extremities warm. Circulation distal to injury intact. Good cap refill <2 seconds. Bilateral Wrists: Mild to moderately decreased ROM with pain. No bruising. Tender to palpation over the dorsal wrists. Opposite side unremarkable.

Bilateral Hands: Decreased grip strength. FROM with pain. No bruising. Opposite side unremarkable.

Bilateral elbows: FROM with pain. Tender over lateral elbows. Increased pain with resisted flexion/extension. Opposite side unremarkable.

Cervical: Bilateral shoulder range of motion normal. Strength normal.

ASSESSMENT:

1. Sprains and strains of elbow and forearm. 841.
2. Wrist tenosynovitis. 727.05.
3. Cervical strain. 847.0. R/O cervical radiculopathy

PLAN:**MEDICATIONS:** Patient instructed to continue their previous medications as prescribed.

Home Exercise program as instructed.

ACTIVITY STATUS: Modified activity

Return if symptoms recur, worsen, new symptoms develop, any increase in pain or any signs of infection.

RETURN FOR EVALUATION: In 1 week

Diagnosis, treatment plan and expectations were discussed with the patient. The patient was given an opportunity to ask questions regarding the diagnosis and treatment plan. The patient acknowledged understanding the diagnosis and treatment plan and had no further questions. Patient is instructed to return to the clinic immediately if symptoms worsen or new symptoms develop.

Dictated By: Bernard B Hunwick, MD

Dictated On: 10/22/2014 1:27 PM

Last Update: 10/22/2014 13:27:05

Last Updated By: hunwicjb

Transcription Printed Date: 10/22/2014

r_transcription Page 1 of 1

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Form Revision Date: 11/17/2009

16
00077

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/22/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN:

Address: 221 Lookout Ave
HENDERSON, NV 89002

Home: (702) 858-4823

Work: Ext.:

Employer Location: City of Henderson-Non Regul Contact: Mary Sexton

Address: 240 S Water St, MSC 137 Role: Primary Contact
Henderson, NV 890157227 Phone: (702) 267-1922 Ext.:
Auth. by: Arbortan Fax: (702) 267-1902

This Visit: Time In: 10:57 am Time Out: 12:48 pm Recordable: N/A Visit Type: Recheck

Treating Provider: Bernard B. Hunwick, MD

Diagnosis: 847.0 Cervical Strain
727.05 Tenosynovitis, Wrist/Hand
727.09 Elbow Tenosynovitis

Medications:

- ☐ Dispensed Prescription Medication to Patient
- ☐ Dispensed Over-The-Counter Prescription
- ☐ Written Prescription given to Patient

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/22/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

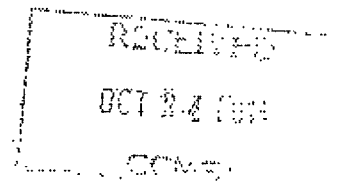
Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday October 29, 2014 1:00 pm

Provider/Facility: Bernard B. Hunwick, MD



(Pursuant to NRS 616C.490(3))

COMET - LAS VEGAS

Injured Worker Name

Claim Number

Page 3 of 5

Brian Wolfson

14C526546827

LIST ALL PRIOR RELATIVE CLAIMS FILED FOR ACCIDENTS/INJURIES -- WHETHER INDUSTRIAL OR NON-INDUSTRIAL, WHICH YOU HAVE FILED THROUGHOUT YOUR LIFETIME.

Claim No: _____ Date of Injury: _____

Employer: _____ Body Part(s) : _____

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

Attending Physician's Name/Address for above-captioned Injury

Claim No: _____ Date of Injury: _____

Employer: _____ Body Part(s) : _____

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

Attending Physician's Name/Address for above-captioned Injury

Claim No: _____ Date of Injury: _____

Employer: _____ Body Part(s) : _____

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

Attending Physician's Name/Address for above-captioned injury

Claim No: _____ Date of Injury: _____

Employer: _____ Body Part(s) : _____

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ _____

Attending Physician's Name/Address for above-captioned injury

Signature

[Signature]

Date

10/27/14

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OCT 28 2014

CCMSI ~ LAS VEGAS

00080

B

Injured Worker Name

Randy Urban

Claim Number

MC52ES46P27

Page 4 of 5

Have you ever filed a workers' compensation claim in this state or any other before?

Yes ☐ No ☒

If yes, have you ever received a settlement or buyout for the claim?

Yes ☐ No ☐

Please list the body part(s) and the amount of the settlement or buyout and the employer under whom the award was received.

Thank you for your cooperation.


(Injured Worker's Signature)

11/27/14
(Date)

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OCT 28 2014

CCMSI - LAS VEGAS

00081

14

Injured Worker Name _____
Claim Number _____
Page 5 of 5

DECLARATION OF MEDICAL PROVIDERS

I, Brian Wilson, have received treatment, had medication prescribed, or
Print Your Name

been evaluated by the following doctors, chiropractors, dentists or other practitioners during the last five (5)
years.

List names and addresses and phone

Dates of Treatment

Dr. Peter Tran
1776 W Horizon Ridge Pkwy
(702) 313-3288

unknown

Dr. Boardman
9165 S. Vegas
(702) 254-7200

annual physicals

Dr. Pearson DDS
2421 W Horizon Ridge Pkwy
702 456-1147

last 20 years

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OCT 28 2014

CCMSI - LAS VEGAS

Concentra Medical Centers
148 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 858-3198

Transcription

Patient:	Wolfgram, Brian K.	Service Date:	10/29/2014
Soc. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson	Dictated By:	BERNARD HUNWICK
Service ID #:	1201397572	Diagnosis:	847.0 Cervical Strain

Notes:

Reason For Visit

Chief Complaint: The patient presents today with Upper back pain. Self reported.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Smith, Sherry at 29Oct2014 01:57PM

Temperature: 97.6 F, Tympanic

Blood Pressure: 120 mm Hg

Blood Pressure: 88 mm Hg

Heart Rate: 62

Respiration: 14

Height: 6 ft.

Weight: 190 lb

BMI Calculated: 25.77 kg/m²

BSA Calculated: 2.08 m²

Pain Scale: 3

Review of Systems

Constitutional: Reviewed and found to be negative.

Head and Face: Reviewed and found to be negative.

Eyes: Reviewed and found to be negative.

ENT: Reviewed and found to be negative.

Cardiovascular: Reviewed and found to be negative.

Respiratory: Reviewed and found to be negative.

Gastrointestinal: Reviewed and found to be negative.

Genitourinary: Reviewed and found to be negative.

Musculoskeletal: back pain, neck pain and night pain, but no joint pain, no muscle pain, no joint swelling, no joint stiffness, no muscle weakness and no limping.

Integumentary and Breasts: Reviewed and found to be negative.

Neurological: Reviewed and found to be negative.

Psychiatric: Reviewed and found to be negative.

Endocrine: Reviewed and found to be negative.

Hematologic and Lymphatic: Reviewed and found to be negative.

History of Present Illness

Patient is returning for a recheck of injuries stated below:

Complaint of neck pain.

Complaint of elbow pain: Symptoms are located in the elbows bilaterally and ulnar

Dictated By: BERNARD HUNWICK

Dictated On: 10/29/2014 3:11 PM

Last Update: 10/29/2014 15:11:05

Last Updated By: hunwicjb

Transcription Printed Date: 10/30/2014

r_transcription Page 1 of 3

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Form Revision Date: 11/17/2009

Concentra Medical Centers
149 N Glosor HENDERSON, NV 89014
Phone: (702) 858-6275 Fax: (702) 858-3188

Transcription

Patient:	Wolfgram, Brian K.	Service Date:	10/29/2014
Spec. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson	Dictated By:	BERNARD HUNWICK
Service ID #:	1201397572	Diagnosis:	847.0 Cervical Strain

Notes:

aspects of the elbows. The symptoms occur present with activity. The patient describes the pain as tingling and numbness. He describes this as moderate in severity. The pain radiates to the forearms bilaterally and wrists bilaterally. unchanged Associated symptoms include arm/hand numbness and elbow tenderness, but no bruising in the elbow area, no elbow deformity and no elbow instability. Exacerbating factors include motion at the elbow and Lifting. Relieving factors include arm rest.

Complaint of wrist pain. The pain is located in both wrists. The symptoms occur with activity. He describes his pain as tingling and numbness in hands and fingers in nature. He describes this as moderate in severity, a current pain level of 3/10. Symptoms are unchanged. Associated symptoms include numbness in the hand, but no grip weakness.

Complaint of back pain. The pain is located in the mid back bilaterally. The pain is intermittent. He describes his pain as dull and aching in nature. He describes this as mild, a current pain level of 2/10. Symptoms are unchanged. Associated symptoms include back stiffness.

Patient is taking the medication(s) as prescribed and is tolerating well
Patient has been referred to physical therapy. And has attended 1 number of therapy visits since the last visit.

Physical Exam

Constitutional: Well appearing and well nourished.

Head/Face: Normocephalic, atraumatic, and no tenderness.

Eyes: Conjunctiva and lids with no swelling, erythema or discharge.

Pulmonary: No increased work of breathing or signs of respiratory distress.

Musculoskeletal: Normal gait.

Skin: Normal without rashes or lesions. Normal turgor.

Psychiatric: Oriented to person, place, and time. Speech is appropriate in content and delivery.

ASSESSMENT

1. Tenosynovitis of hand or wrist (727.05)
2. Elbow tendinitis (727.09)
3. Cervical strain (847.0)

Plan

1. Hand Specialist Referral Physician Referral Consult. Tingling and numbness in the

Dictated By: BERNARD HUNWICK

Dictated On: 10/29/2014 3:11 PM

Concentra Medical Centers

149 N Gibson HENDERSON, NY 13014
Phone: (702) 558-6275 Fax: (702) 850-3198

Transcription

Patient:	Wolfgram, Brian K.	Service Date:	10/29/2014
Spec. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson	Dictated By:	BERNARD HUNWICK
Service ID #:	1201397572	Diagnosis:	847.0 Cervical Strain

Notes:

hands, forearms and elbows with activity, worsening over last 2 years. Status: Complete

Done: 29Oct2014 03:10PM

Ordered For: Elbow tendinitis, Tenosynovitis of hand or wrist; Ordered By: HUNWICK, BERNARD Performed: Due: 12Nov2014 Marked Important

1. Amended By: HUNWICK, BERNARD; Oct 29 2014 5:10 PM CST

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra as needed.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 1 week

Activity Status

Return to modified work/activity today.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

May lift up to 15 lbs.

May push/pull up to 15 lbs. Avoid combat or fire fighting situations.

Signatures

Electronically signed by: BERNARD HUNWICK, M.D.; Oct 29 2014 5:05PM CST - Author

Electronically signed by: BERNARD HUNWICK, M.D.; Oct 29 2014 5:10PM CST - Author

Dictated By: BERNARD HUNWICK

Dictated On: 10/29/2014 3:11 PM

Last Update: 10/29/2014 15:11:05

r_transcription Page 3 of 3

Last Updated By: hunwicjb

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Transcription Printed Date: 10/30/2014

Form Revision Date: 11/17/2009

FAX**Concentra**

To: Sue Riccio
Company: CCMSI
Fax: (217) 477-8034
Phone:

From: Carol Gonzales
Fax: (702) 515-6657
Phone: (702) 677-3544

NOTES:

RE: Wolfgang, Brian, REFERRAL: Ortho Hand
Requesting Dr. Vahey/ Dr. Grabow. Thank You, Carol

Approved 11/3/14
Sue Riccio

CCMSI WIL
SCHEDULE APPT
Thank you

*******CONFIDENTIALITY NOTICE*******

NOTICE: This facsimile and all attachments transmitted with it may contain legally privileged and confidential information intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this facsimile or its attachments is strictly prohibited. If you have received this fax in error, please notify the sender immediately and dispose the entire facsimile. Thank you.

Date and time of transmission: Thursday, October 30, 2014 7:48:50 PM
Number of pages including this cover sheet: 06

TRANSACTION REPORT

P. 01

NOV-03-2014 MON 11:32 AM

FOR:

SEND

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	MP	DP
NOV-03	11:31 AM	95156857	27"	1	FAX TX	OK		024

TOTAL : 275 PAGES

Fax Server

10/30/2014 7:49:08 PM PAGE 1/006 Fax Server

FAX

Concentra

To: Sue Riccio
Company: CCMSE
Fax: (217) 475-3934
Phone:

From: Carol Gonzales
Fax: (702) 515-6857
Phone: (702) 517-3544

NOTES:

RE: William, Brian REFERRAL, Ortho Hand.
Requesting Dr. Vanev/ Dr. Grabow. Thank You, Carol. :)

Concentra Medical Centers
148 N Gibson HENDERSON, NV 89014
Phone: (702) 553-0275 Fax: (702) 856-3188

Service Date: 10/29/2014

Patient Referral**Patient Information:**

Patient: Wolfgram, Brian K. Home Phone: (702) 858-4823
SSN: Work Phone: Ext:
Address: 221 Lookout Ave DOI: 10/18/2014
HENDERSON, NV 89002 DOB: 10/10/1967

Employer Contact:

Employer Location: City of Henderson, Non Regul Contact: Mary Sexton
Address: 240 S Water St, MSC 137 Role: Primary Contact
Henderson, NV 890157227 Phone: (702) 267-1922 Ext.:
Auth. by: Arbutan Fax: (702) 267-1902

Program:**Billing Information:**

Carrier: CCMSI Billing: CCMSI
Address: PO Box 35350 Address: PO Box 35350
Las Vegas, NV 891335350 Las Vegas, NV 891335350

Phone: (702) 933-4800
Fax: (702) 933-4861

Claim #: 14C52E546827

Notes:

NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

r_referral

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AA/EEO Employer Revision: 05/23/2010

Page 1 of 2

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Concentra Medical Centers
140 N CHASE HENDERSON, NV 89014
Phone: (702) 555 8275 Fax: (702) 556 3198

Service Date: 10/29/2014

Patient Referral**Patient Information:**

Patient: Wolfgram, Brian K. Home Phone: (702) 850-4823
SSN: Work Phone: Ext:
Address: 221 Lookout Ave DOI: 10/18/2014
HENDERSON, NV 89002 DOB: 10/10/1967

Provider Referral Information:

Referral Status: Pending
Evaluation: Referral for Treatment
Priority: Routine

REFERRAL PRESCRIPTION**Recommended Provider:**

Provider Type: Specialist
Specialty: Hand Surgeon

Referral Purpose

Referral Focus Hemisphere
Other - arm Bilateral

Diagnosis

Code	Description
727.05	Tenosynovitis, Wrist/Hand
727.09	Elbow Tenosynovitis

Additional Notes:

Date: 10/29/2014

Referring Provider: Bernard Hunwick, MD

*** Provider Signature on File ***

THIS SECTION TO BE COMPLETED BY THE AUTHORIZING PARTIES**Authorization Details:**

Authorized By:

Other - arm

☐ Approve ☐ Decline

Name: _____ Initials: _____ Date: _____

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

149 N. Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K	Service Date:	11/03/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201400013		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Visit History

Total visit(s) (cumulative total): 6
Current episode visit #: 2
Missed Previous Appointments: 0

Current Meds

1. IBU 600 MG TABS;
Therapy: (Recorded: 29 Oct 2014) to Recorded

History of Present Condition

Patient Status: Pt reports feeling better.

Activity Status and Restrictions

Treatment Status: Not Applicable

Activity Status

Return to modified work/activity today.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 15 lbs.

May push/pull up to 15 lbs.

Tests and Measures

Left Elbow: WNL

Right Elbow: WNL

Left Wrist/Hand:

Wrist flexion: Muscle performance 5/5.

Wrist extension: Muscle performance 5-/5.

Grip Strength (Dynamometer): Grip Position - II

Trial 1 Left: 94.

Trial 1 Right: 106.

Ligament/Tendon Comment: DeQuarvain s: Neg

Impairment Goals

PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL

Right Wrist/Hand:

Wrist flexion: Muscle performance 5/5.

Wrist extension: Muscle performance 5/5.

Ligament/Tendon Comment: DeQuarvain s: Neg.

Impairment Goals

PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL

Cervical Spine:

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K.	Service Date:	11/03/2014
Soc. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201400013		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: SPECIAL TESTS:

Spurling Test: Negative.

Essential Function/ADL Goals

Lift : Initial Value: Unable Goal: 100 lbs Current Value: Unable Goal Status:

Not measured in this visit

Push/Pull : Initial Value: Unable Goal: 200 lbs Current Value: Unable Goal Status:

Not measured in this visit

Evaluation

1. Cervical strain (847.0)

2. Elbow tendinitis (727.09)

3. Tenosynovitis of hand or wrist (727.05)

Therapy Assessment

Overall Progress: As Expected

Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges**Wrist/Hand Procedures****Therapeutic Exercises:**

Wrist Extension Stretch:

Wrist Flexion Stretch:

Foam roll

Tricep curls 3x15, 20 lbs.

Rows, 3x15, 20 lbs

Bench press, stand. 3x15 blue.

Therapeutic Activities:

Dynamic UE multidirectional pull, plum

Bean bucket 3 items, (B).

Neuromuscular Reeducation:

WB on ball 4x15 sec.

* included as: Home Exercise Program

Modalities:

Moist Hot Pack

Visit Type:**Procedure Charges:**

Therapeutic Exercises: 3 units , 45 minutes

Therapeutic Activities: 1 units , 15 minutes

Neuromuscular Reeducation: 1 units , 5 minutes

Signatures

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram Brian K	Service Date:	11/04/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St.
Service ID #:	1201400654		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Visit History

Total visit(s) (cumulative total): 6
Current episode visit #: 3
Missed Previous Appointments: 0

Current Meds
1. IBU 600 MG TABS;
Therapy: (Recorded: 29 Oct 2014) to Recorded

History of Present Condition

Patient Status: Today feeling good w/o the meds..

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Activity Status
Return to modified work/activity today.
Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly.
= up to 8 hours or greater per day

May lift up to 15 lbs.
May push/pull up to 15 lbs.

Tests and Measures

Left Elbow: WNL
Right Elbow: WNL
Left Wrist/Hand:
Wrist flexion: Muscle performance 5/5.
Wrist extension: Muscle performance 5/5.
Grip Strength (Dynamometer): Grip Position - II
Trial 1 Left: 94.
Trial 1 Right: 106.
Ligament/Tendon Comment: DeQuarvain s: Neg
Impairment Goals
PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL
Right Wrist/Hand:
Wrist flexion: Muscle performance 5/5.
Wrist extension: Muscle performance 5/5.
Ligament/Tendon Comment: DeQuarvain s: Neg.
Impairment Goals
PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram Brian K	Service Date:	11/04/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201400654		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Cervical Spine:

SPECIAL TESTS:

Spurling Test: Negative., Spurling s Test: Neg.

Essential Function/ADL Goals

Lift : Initial Value: Unable Goal: 100 lbs Current Value: Unable Goal Status:

Not measured in this visit

Push/Pull : Initial Value: Unable Goal: 200 lbs Current Value: Unable Goal Status:

Not measured in this visit

Evaluation

1. Cervical strain (847.0)

2. Elbow tendinitis (727.09)

3. Tenosynovitis of hand or wrist (727.05)

Therapy Assessment

Overall Progress: As Expected

Response to current treatment: The patient tolerated the current treatment well with no adverse reaction. Mild sx's after bicep curls.

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Visit Type:

Procedure Charges:

Therapeutic Exercises: 3 units , 45 minutes

Therapeutic Activities: 1 units , 15 minutes

Neuromuscular Reeducation: 1 units , 5 minutes

Wrist/Hand Procedures

Therapeutic Exercises:

Recumbent stationary bike: UE s. 10 min.

Wrist Extension Stretch:

Wrist Flexion Stretch:

Foam roll

Pectoral, bicep stretch, (B).

Tricep curls 3x15 25 lbs.

Rows, 3x15, 25 lbs

Bench press, stand. 3x15 plum

Bicep curls, 3x15, 20 lbs

Therapeutic Activities:

Dynamic UE multidirectional pull, plum

Bean bucket 4 items, (B).

Neuromuscular Reeducation:

WB on ball 4x15 sec.

* included as Home Exercise Program

Signatures

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K	Service Date:	11/05/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID#:	1201401604		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Visit History

Total visit(s) (cumulative total): 6
Current episode visit #: 4
Missed Previous Appointments: 0

Current Meds

1. IBU 600 MG TABS:
Therapy: (Recorded: 29 Oct 2014) to Recorded

History of Present Condition

Patient Status: Continues to feel good.

Activity Status and Restrictions**Treatment Status:**

Returning for follow-up:

Activity Status

Return to modified work/activity today.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 15 lbs.

May push/pull up to 15 lbs.

Tests and Measures

Left Elbow: WNL

Right Elbow: WNL

Left Wrist/Hand:

Wrist flexion: Muscle performance 5/5.

Wrist extension: Muscle performance 5/5.

Grip Strength (Dynamometer): Grip Position - II

Trial 1 Left: 94.

Trial 1 Right: 106.

Ligament/Tendon Comment: DeQuarvains: Neg

Impairment Goals

PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL

Right Wrist/Hand:

Wrist flexion: Muscle performance 5/5.

Wrist extension: Muscle performance 5/5.

Ligament/Tendon Comment: DeQuarvains: Neg.

Impairment Goals

PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free. , WNL

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K	Service Date:	11/05/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non. Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201401604		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Cervical Spine:

SPECIAL TESTS:

Spurling Test: Negative., Spurling's Test: Neg.

Essential Function/ADL Goals

Lift : Initial Value: Unable Goal: 100 lbs Current Value: Unable Goal Status:

Not making progress toward goal

Push/Pull : Initial Value: Unable Goal: 200 lbs Current Value: Unable Goal Status:

Not making progress toward goal

Evaluation

1. Cervical strain (847.0)

2. Elbow tendinitis (727.09)

3. Tenosynovitis of hand or wrist (727.05)

Therapy Assessment

Overall Progress: Slower than Expected

Response to current treatment: No change.

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Visit Type:

Procedure Charges:

Therapeutic Exercises: 3 units , 45 minutes

Therapeutic Activities: 1 units , 15 minutes

Neuromuscular Reeducation: 1 units , 5 minutes

Wrist/Hand Procedures

Therapeutic Exercises:

Recumbent stationary bike: UE s. 10 min.

Wrist Extension Stretch:

Wrist Flexion Stretch:

Foam roll

Pectoral, bicep stretch, (B).

Tricep curls 3x15 30 lbs.

Rows, 3x15, 30 lbs

Bench press, stand. 3x15 plum

Bicep curls, 3x15, 15 lbs

Therapeutic Activities:

Dynamic UE multidirectional pull, plum

Bean bucket 4 items, (B).

Neuromuscular Reeducation:

WB on ball 4x15 sec.

* included as Home Exercise Program

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Docket 80982 Document 2021-10537.

149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K	Service Date:	11/06/2014
Soc. Sec. #:		Injury Date:	10/18/2014
Date of Birth:	10/10/1967	Age:	47
Service Location:	CMC - LVG Henderson	Employer:	City of Henderson-Non Regulated
Service ID #:	1201402204		240 S Water St
Claim #:	14C52E546827		MSC 137
Dictator:	JAMES HORROCKS		Henderson, NV 89015
Diagnosis:	847.0 Cervical Strain		

Notes: Visit History

Total visit(s) (cumulative total): 6
Current episode visit #: 5
Missed Previous Appointments: 0

Current Meds

1. IBU 600 MG TABS;

Therapy: (Recorded: 29 Oct 2014) to Recorded

History of Present Condition

Patient Status: Pt reports he awoke with tingling in the (B) wrists.

Activity Status and Restrictions**Treatment Status:**

Returning for follow-up:

Activity Status:

Return to modified work/activity today.

Restrictions: Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day, Constantly = up to 8 hours or greater per day

May lift up to 15 lbs.

May push/pull up to 15 lbs.

Tests and Measures

Left Elbow: WNL

Right Elbow: WNL

Left Wrist/Hand:

PAIN:

Pain Rating: 2/10

Wrist flexion: Muscle performance 5/5.

Wrist extension: Muscle performance 5-/5.

Grip Strength (Dynamometer): Grip Position - II

Trial 1 Left: 94.

Trial 1 Right: 106.

Ligament/Tendon Comment: DeQuarvains: Neg

Impairment Goals

PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free., WNL

Right Wrist/Hand:

PAIN:

Pain Rating: 2/10

Wrist flexion: Muscle performance 5/5.

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Wolfgram, Brian K	Service Date:	11/06/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201402204		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: Wrist extension: Muscle performance 5/5.
 Ligament/Tendon Comment: DeQuarvains: Neg.
 Impairment Goals
 PAIN: Initial Value: 2/10. Goal: 1/10. Current Value: Pain Free., WNL
 Cervical Spine:
 PAIN:
 Pain Rating: /10
SPECIAL TESTS:
 Spurling Test: Negative., Spurling s Test: Neg.
 Essential Function/ADL Goals
 Lift : Initial Value: Unable Goal: 100 lbs Current Value: Unable Goal Status:
 Not making progress toward goal
 Push/Pull : Initial Value: Unable Goal: 200 lbs Current Value: Unable Goal Status:
 Not making progress toward goal

Evaluation

1. Cervical strain (847.0)
2. Elbow tendinitis (727.09)
3. Tenosynovitis of hand or wrist (727.05)

Therapy Assessment

Overall Progress: Slower than Expected

Response to current treatment: The patient reported benefit from the current treatment as noted by a reduction in symptoms. Min/no tingling/pain in the (B) hands/wrists or elbows.

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges**Visit Type:****Procedure Charges:**

Therapeutic Exercises: 3 units , 40 minutes
 Therapeutic Activities: 1 units , 15 minutes
 Neuromuscular Reeducation: 1 units , 5 minutes

Wrist/Hand Procedures**Therapeutic Exercises:**

Recumbent Stationary bike: UE s. 10 min:

Wrist Extension Stretch:**Wrist Flexion Stretch:**

Foam roll

Pectoral, bicep stretch, (B).

Tricep curls 3x15 30 lbs.

Rows, 3x15, 30 lbs

Bench press, stand. 3x15 plum

Bicep curls, 3x15, 15 lbs

Therapeutic Activities:

Dynamic UE multidirectional pull, plum

Bean bucket 4 items, (B).

Neuromuscular Reeducation:

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149 N Gibson HENDERSON, NV 89014 (702) 558-6275

Patient:	Program. Brian K	Service Date:	11/06/2014
Soc. Sec. #		Injury Date:	10/18/2014
Date of Birth:	10/10/1967 Age: 47	Employer:	City of Henderson-Non Regulated
Service Location:	CMC - LVG Henderson		240 S Water St
Service ID #:	1201402204		MSC 137
Claim #:	14C52E546827		Henderson, NV 89015
Dictator:	JAMES HORROCKS		
Diagnosis:	847.0 Cervical Strain		

Notes: WB on ball 4x15 sec.

* included as Home Exercise Program

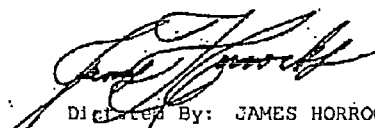
Signatures

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00098



Hand Surgery Specialists of Nevada

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

Date of Service:	11/10/2014
Patient Name:	Brian Wolfram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 1 Month
Referral Name:	NCM Sally

REASON FOR VISIT:	Loading 1000ft hose onto fire truck, instant pain, numbness and tingling to bilateral elbows and hand
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Prescriptions:			
Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History:		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Surgical History		NONE PROVIDED	
Spine		Family History	
		None listed	
Smoking Status	Hand Dominance	Height:	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

HISTORY OF PRESENT ILLNESS: Brian Wolfram is a 47-year-old right-hand-dominant male who is a fire captain with the City of Henderson. He presents to the office with progressive numbness and tingling involving the bilateral hands. He reports that this is also associated with some tenderness radiating from the elbow. He describes all of the fingers having had these symptoms. He reports that his symptoms have been present for over a year but most recently he was loading a 1000 foot hose onto a truck when he began to notice instant pain, numbness and tingling in the hand.

With further questioning, he reports that this is an activity that he has been doing for several years and his symptoms have been present but have gotten progressively worse. He describes the last episode of moving 1000 foot hose as essentially his body moving to fatigue. He reports that he was seen at Concentra Medical Center where he was given a course of Ibuprofen, as well as Occupational Therapy. He was given a wrist brace. These did not alleviate his symptoms. He describes nocturnal, as well as intermittent paresthesias for which he is presenting to the office today. In addition, he is also describing some hand cramping.

PHYSICAL EXAMINATION

GENERAL: Age appropriate and in no apparent distress.

SKIN: No abnormal markings, swelling, wounds or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis or any signs to suggest infection.

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

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NEUROLOGIC: Sensation is normal. No signs of atrophy, anhidrosis or trophic changes.

Musculoskeletal: Clinically he has the ability to flex and extend the digits, as well as the elbow. I do not appreciate any findings of positive elbow flexion test of Tinell's at the level of the elbow. He has equivocal findings for carpal tunnel syndrome today. His 2-point discrimination is 5 mm throughout.

Diagnosis	354.0 CARPAL TUNNEL SYNDROME 354.2 Cubital Tunnel Syndrome
99203 76000	OFFICE OUTPT NEW 30 MIN FLUOR SPX <1 HR PHYS TM OTH/THN 71023/71034

PLAN: Today I have recommended that he proceed with electrodiagnostic studies. I do believe that as his symptoms of numbness and tingling are associated with his occupation, as he does utilize vibratory objects, as well as the repetitive pulling, lifting and grasping on a constant and consistent basis.

I will see him in the office after his studies have been completed so we can discuss treatment options at that time. We will, again, perform a clinical examination. I have recommended that he participate in limitations in his repetitive motion until he returns to see me after the electrodiagnostic studies.



Colby P. Young MD

**CLINICAL NEUROLOGY
SPECIALISTS**

Leo Germin, M.D., FAANEM
Medical Director

Tera Beaird, PA-C

Henderson Location:

1691 W. Horizon Ridge Pkwy. Ste. 100
Henderson, NV 89012
Phone: 702-804-1212
Fax: 702-804-1273

Las Vegas Location:

7751 W. Flamingo Rd., Ste. A-100
Las Vegas, NV 89147
Phone: 702-804-6555
Fax: 702-804-1273

Services:

Consulting Services
Legal and Worker's Compensation
Case Evaluations
Electrodiagnostic Lab
Neurophysiology Lab
Neurosonology Lab
Outpatient Hyperbaric Oxygen Therapy
Inpatient Services at Spring Valley Hospital

Helping Adults With:

Dizziness
Headaches
Numbness/Tingling
Memory/Concentration Loss
Blackouts/Seizures
Muscle Weakness/Pain
Unsteadiness
Tremor/Twitches
Slurred Speech
Neck and Back Pain
Carpal Tunnel Syndrome
Neuralgias
TIAs and Strokes
Traumatic Brain Injury

DATE: November 17, 2014

PATIENT: Wolfgram, Brian

DOB: 10/10/1967

REFERRED BY: Dr. Colby Young

Date of injury: 10/18/2014

IMPRESSION:

1. No electrodiagnostic evidence for overt axonal loss C5 through T1 radiculopathy bilaterally.
2. No electrodiagnostic evidence for carpal tunnel syndrome bilaterally.
3. No electrodiagnostic evidence for ulnar neuropathy at the elbow bilaterally.
4. No electrodiagnostic evidence for axonal or demyelinating sensory or motor peripheral neuropathy.
5. The results of these tests are based on the electrophysiological study only. Please correlate with the clinical examination and the results of the imaging studies.

REASON FOR VISIT: EMG/Nerve Conduction Study.

At your kind request, I had the privilege of seeing Mr. Brian Wolfgram on November 17, 2014, for the neurophysiological consultation for the assessment of pain in both arms.

UPPER EXTREMITIES:

REPORT:

Median and ulnar motor distal latencies, CMAP amplitudes, and nerve conduction velocities are within the range of normal bilaterally.

Median, radial, and ulnar sensory nerve responses are within the range of normal bilaterally.

Median and ulnar minimal F-wave latencies are within the range of normal bilaterally.

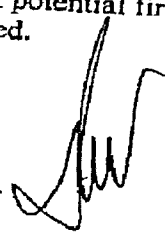
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11/19/14
CCMSI

PATIENT: Wolfgram, Brian
DATE: November 17, 2014
Page 2

EMG:

Monopolar needle examination was performed sampling C5 through T1 innervated muscles and paraspinals bilaterally. Following muscles have been tested: Deltoid, biceps brachii, brachioradialis, triceps, extensor digitorum communis, extensor indicis proprius, first dorsal interosseous, abductor pollicis brevis, and cervical paraspinal muscles bilaterally. Motor unit action potential firing pattern and configuration is within range of normal in all the muscles tested.

Leo Germin, M.D., FAANEM.



Received
11/19/14
CCMSI

Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy, #100
Leo Germin, M.D., FAANEM

Patient: Wolfgram, Brian
 Sex: Male
 Age: 47
 Height: 72 inches
 Weight: 195 lbs
 Temperature:
 I.D.#:
 Ref. M.D.: Colby Young, M.D.

Address: 221 LookOut Ave
 Address:
 City: Henderson
 State: NV
 ZIP: 89002
 Phone:
 Physician: Leo Germin, M.D.
 Test Date: 11/17/14

EMG Study

Name	Ins	Act	Fibs	PSW	Fascics	Polyph	MU Amp	MU Dur	Config	Pattern	Recruit
L. Biceps Brachi.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Brachialis	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Brachioradialis	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Triceps	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Ext.Dig.Com	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Ext.Ind.Pro.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Abd.Pol.Br.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Dors.Int.1	norm	none	none	none	none	none	norm	norm	norm	norm	norm
L. Paraspinals	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Biceps Brachi.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Brachialis	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Brachioradialis	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Triceps	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Ext.Dig.Com	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Ext.Ind.Pro.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Dors.Int.1	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Abd.Pol.Br.	norm	none	none	none	none	none	norm	norm	norm	norm	norm
R. Paraspinals	norm	none	none	none	none	none	norm	norm	norm	norm	norm

Received
 11/19/14
 CCMSI

Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy
Leo Germin, M.D., FAANEM

Patient: Wolfgram, Brian
 Sex: Male
 Age: 47
 Height: 72 inches
 Weight: 195 lbs
 Temperature 33.0 C
 I.D.#: Myra
 Ref. M.D.: Colby Young, M.D.

Address: 221 LookOut Ave
 Address:
 City: Henderson
 State: NV
 ZIP: 89002
 Phone:
 Physician: Leo Germin, M.D.
 Test Date: 11/17/14

Motor Nerve Study

Median Nerve

Rec Site: APB

Stim Site

Wrist

Elbow

Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		C.V. (m/s)	
L	R	L	R	L	R	L	R	L	R	L	R
3.8	3.9	6.1	5.8	9.0	6.7	30.1	20.3				
8.0	8.6	6.3	6.1	8.3	6.2	27.9	19.8	230	240	54.1	51.4

Ulnar Nerve

Rec Site: ADM

Stim Site

Wrist

B.Elbow

A.Elbow

Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		C.V. (m/s)	
L	R	L	R	L	R	L	R	L	R	L	R
2.8	2.7	5.8	4.9	9.6	10.1	28.1	27.7				
6.6	6.4	6.3	5.1	9.4	9.9	27.7	26.5	220	220	58.7	58.7
8.6	8.3	6.8	5.5	8.8	9.2	25.4	24.3	100	100	50.0	52.2

Sensory Nerve Study

Med/Uln/Rad Nerve

Stim Site: Wrist

Rec Site

R Thumb

Index

5th dig

Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		C.V. (m/s)	
L	R	L	R	L	R	L	R	L	R
2.0	2.0	2.8	2.6	11.7	9.7	100	100	50.0	50.8
2.8	2.8	3.9	4.2	19.0	12.3	140	140	50.0	50.0
2.8	2.5	3.5	3.5	9.3	13.7	140	140	50.3	56.0

F-Wave Study

Median Nerve

Rec Site: APB

Stim Site: Wrist

M wave

F wave

F-M

Latency ms		Amplitude mV	
L	R	L	R
4.17	4.58	11.833	9.333
29.00	29.50	1.497	1.497
24.83	24.92		

Received
 11/19/14
 CCMSI

Patient: Wolfgram, Brian

Test Date: 11/17/14

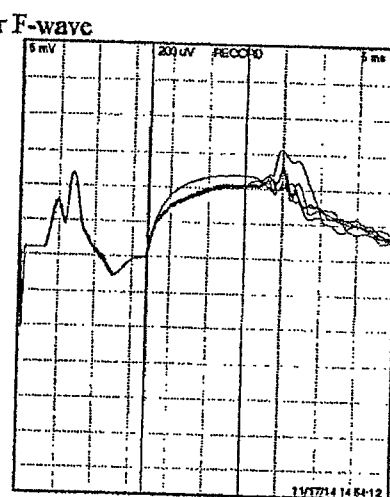
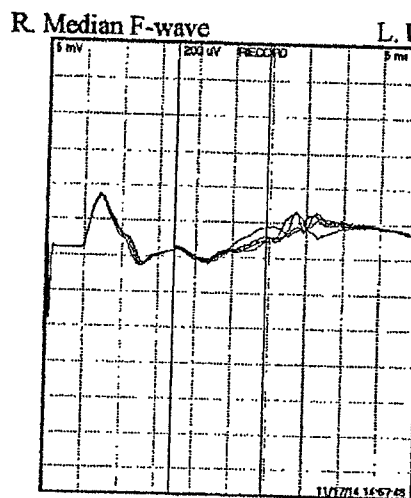
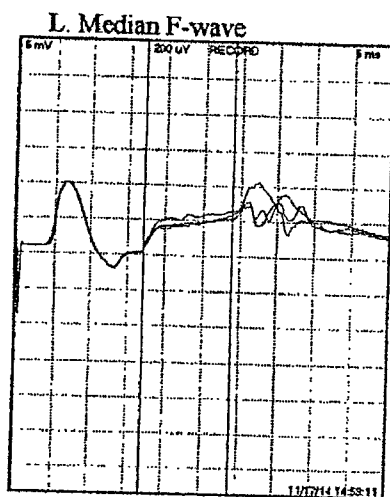
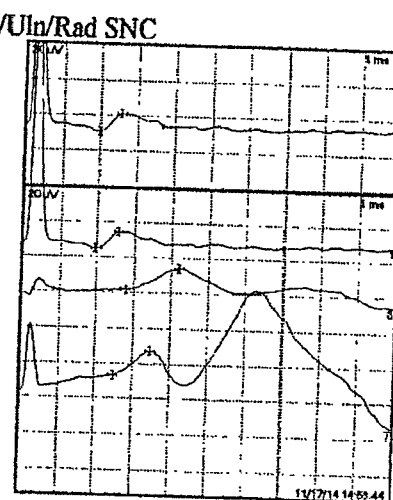
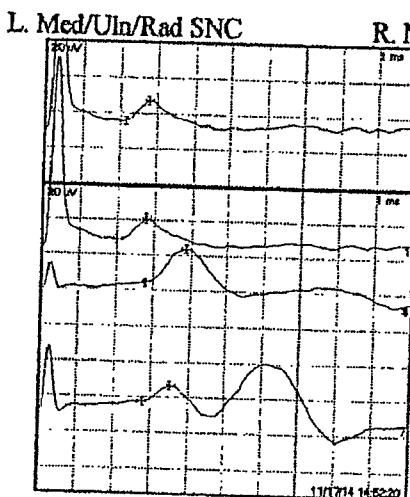
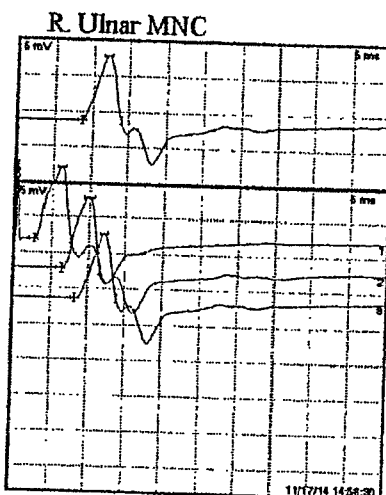
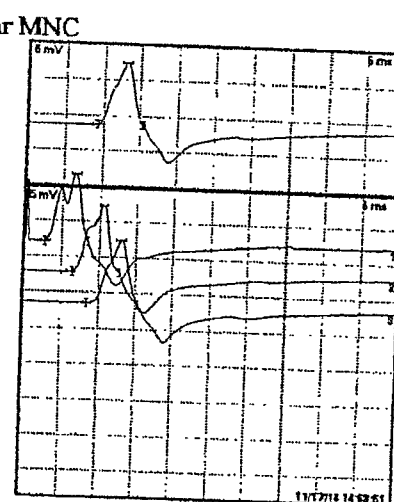
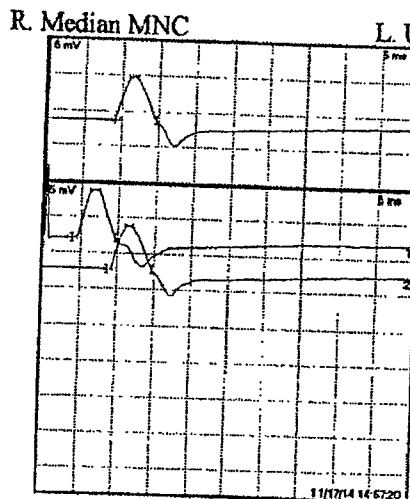
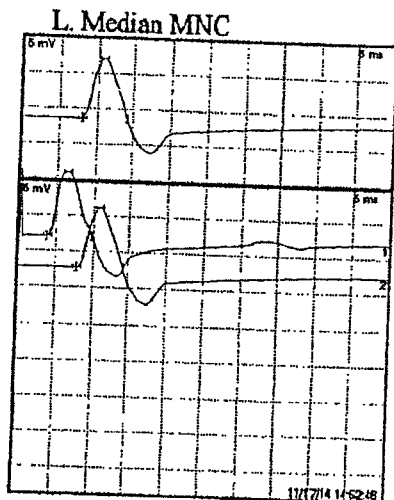
F-Wave Study

Ulnar Nerve
Rec Site: ADM
Stim Site: Wrist

	Latency		Amplitude	
	ms		mV	
	L	R	L	R
M wave	3.00	2.67	14.167	13.583
F wave	29.92	29.75	1.497	1.500
F-M	26.92	27.08		

Received
11/19/14
CCMSI

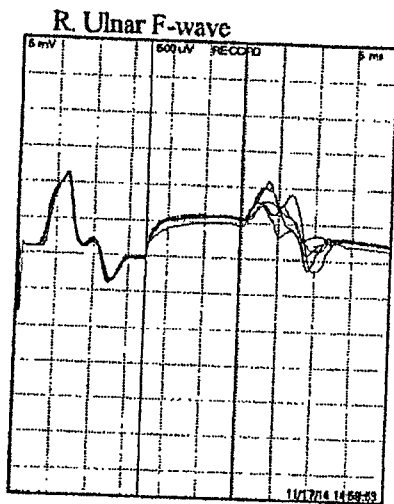
38



Patient: Wolfgram, Brian

page 2

Test Date: 11/17/14



Received
11/19/14
CCMSI

Brian Wolfram
221 Lookout Ave.
Henderson, NV 89002

Re:

Claim No: 14C52E546827
Employer: City of Henderson
TPA: CCMSI
Date of Injury: 10/18/2014
Date of Notice: 11/19/2014
Body Part: Cervical strain

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

Dear Mr. Wolfram:

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

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

OR

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

Very truly yours,

Susan Riccio
Susan Riccio
Claims Representative

Reason for
appeal:

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MAY 09 2017

CCMSI - LAS VEGAS

Signature

Date

Retain a copy for your records
cc: File/Employer
(rev. 05/10)

0:30

EMPLOYEE TO COMPLETE

Employee Number: 11156

Date of Current Visit 11/20/14

CURRENT WORK STATUS: ☐ Full Duty ☒ Modified Duty ☐ Off Work

Diagnosis ICD9 Code (No Narrative): 354.0

• Released to Full-Duty on 11/20/14

* Released to Modified-Duty on 11/11 with the following restrictions (check all applicable):

2. No Fire Suppression, Rescue or Paramedic Activities (Firefighters)

E No Combat Situations

6 Medication May be used while Working

E No Operating a Motor Vehicle or Machinery

☐ No Lifting over: 5 lbs. 10 lbs. 20 lbs. 35 lbs. 50 lbs. # lbs.

Temporary

G Permanent

• Employee is OFF WORK (TTD) from ____/____/____ to ____/____/____
(These dates should not start before this treatment date or extend past next appointment date.)

Medically Stable? 1: Yes ☒ No

Rateable? : Yes ☒ No ☐ DEC

Condition: 1: Same 2: Improved 3: Worsened

Request Referral? ☒ Yes ☐ No

Referral For/To:

Objective Findings/Treatment/Prognosis:

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☒ No Employee is: ☐ Improving ☒ Maintaining ☐ Regressing ☐ PILOT Complete

TIME IN: 08:30 TIME OUT: 10:30

NEXT APPOINTMENT: Date 12/9/10

Time 8:50 AM

Physician of Choice Signatures

Date: _____

Physician or Certified Pediatric Nurse

Place

Address

CityState=ZIP

Employee Signature _____

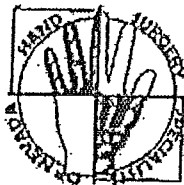
Supervisor Signature _____

ORIGINAL: HR-Peak Management Division, MSC 137 (Fax 702-257-1651)

PLEASE RETAIN A COPY: Department Employee File

HERM-0177, RYLER, (Rev. 03/2014)

00109



Hand Surgery Specialists of Nevada

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

Date of Service:	11/20/2014
Patient Name:	Brian Wolfram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 1 Month
Referral Name:	NCM Sally Dr. Colby Young

REASON FOR VISIT:	NCV EMG results
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Current Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Past Surgical History:		NONE PROVIDED	
Spine		Previous Diagnosis	
Family History		354.0, 354.2, 719.43	
None listed			
Smoking Status	Hand Dominance	Height:	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

SUBJECTIVE: Mr. Wolfram returns to the office for follow up. He reports that his symptoms have dissipated somewhat. He has completed his electrodiagnostic studies and he is presenting for evaluation.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL: Clinically he has the ability to fully flex and extend the arms. He has equivocal provocative findings for cubital tunnel syndrome today.

Diagnosis	364.0 CARPAL TUNNEL SYNDROME 354.2 Cubital Tunnel Syndrome
-----------	---

	719.43 PAIN IN JOINT FOREARM
99213	OFFICE OUTPT EST 15 MIN
E0191	Protector heel or elbow

PLAN: We discussed the electrodiagnostic studies which did not demonstrate evidence of cubital tunnel syndrome. We also discussed that electrodiagnostics of the cubital tunnel are less sensitive than those of the carpal tunnel. There is a 75% correlation with clinical findings with cubital electrodiagnostic studies. We discussed that we would place him in an elbow pad for nighttime use and have him follow up in one month. He will participate in full duty activity. At that time, we will have a conversation regarding the treatment options which would consist of continued observation versus discussion regarding in situ decompression.



Colby P. Young MD
Board Certified Orthopaedic Hand and Upper Extremity Specialist
Certified Independent Medical Examiner

Brian Wolfgram, DOB : 10/10/1967

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE
Employee's Name: Brian Wallgren Employee Number: 11056
Date of Injury: 10/18/14 Date of Current Visit: 11/20/14
Is this a scheduled work day? ☒ Yes ☐ No
CURRENT WORK STATUS: ☒ Full Duty ☐ Modified Duty ☐ Off Work
PHYSICIAN'S FINDINGS (to be completed by treating Physician only)
Diagnosis ICD9 Code (No Narrative): 354.2

• Released to Full-Duty on 12/18/14 Original release 11/20/14
• Released to Modified-Duty on 1/1/15 with the following restrictions (check all applicable):
☐ No: ☐ Bending ☐ Pushing ☐ Pulling ☐ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)
☐ No Repetitive Motion to Injured Part: ☐ No Combat Situations
Body Part: ☐ Medication May be used while Working
☐ No Reaching/Working above Shoulder ☐ No Operating a Motor Vehicle or Machinery
☐ No Climbing: ☐ Ladders ☐ Stairs ☐ Steep Terrain ☐ Other: ☐ Eye Patch ☐ Keep Injury Clean ☐ Must Wear Splint/Cast
☐ No Lifting over: ☐ 5 lbs. ☐ 10 lbs. ☐ 20 lbs. ☐ 35 lbs. ☐ 50 lbs. ☐ # ☐ lbs.
Comments/Other: _____
Employee's restrictions are: ☐ Temporary ☐ Permanent
• Employee is OFF WORK (TTD) from 10/18/14 to 11/20/14
(These dates should not start before this treatment date or extend past next appointment date.)

Discharged? ☐ Yes ☐ No Medically Stable? ☐ Yes ☐ No Retable? ☐ Yes ☐ No ☒ TBD
Condition: ☐ Same ☒ Improved ☐ Worsened
Request Referral? ☒ Yes ☐ No Referral For/To: OT 1x4
Objective Findings/Treatment/Prognosis: _____

REHABILITATION (Physical Therapist / Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.
Job Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete

SIGNATURES (Provider, Employee, Supervisor)
TIME IN: 8:30 TIME OUT: 9:30 NEXT APPOINTMENT: Date 1/15/15 Time 9:40am
Physician or Clinician Signature: [Signature] Date: 12/18/14
Physician or Clinician Print Name: Colby Young Phone: 702 645-7800
Address: 4530 S. Eastern City/State/ZIP: LV, NV

Employee Signature: [Signature] Supervisor Signature: _____

ORIGINAL: HR-Risk Management Division, MSC 137 (Fax: 702-287-1061) PLEASE RETAIN A COPY: Department Employee Physician

HRRM-0103, RM&EB, (Rev. 03/2014)

Received
12/18/14
CCMSI

November 25, 2014

Brian K. Wolfram
221 Lookout Ave
Henderson, NV 89002

Re: Claim Number 14C52E546827
Date of Loss 10/18/2014
Employer City of Henderson
Accepted body parts Bilateral elbows and hands cubital tunnel syndrome

Dear Mr. Wolfram:

This letter is to inform you that the scope of your claim acceptance has been amended as stated above. Please check the information in this letter. If you feel that anything is incorrect, please contact this office.

If you disagree with this determination you have the right to appeal by completing the enclosed "Request for Hearing" form and returning it to the Nevada Department of Administration within seventy (70) days of the date of this determination.

Sincerely,

Susan Riccio
Claim Representative

Enclosure

cc: employer
File

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MAY 09 2017

CCMSI - LAS VEGAS



Hand Surgery Specialists of Nevada

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

Date of Service:	12/18/2014
Patient Name:	Brian Wolgram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 2 Months
Referral Name:	NCM Solly Dr. Colby Young

REASON FOR VISIT:	4wk follow up
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Current Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Past Surgical History		NONE PROVIDED	
Spine		Previous Diagnosis	
Family History		354.0, 354.2, 719.43	
None listed			
Smoking Status	Hand Dominance	Height	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

SUBJECTIVE: Mr. Wolgram returns to the office for follow up. He reports continued improvement in the arm and diminished numbness and tingling. He reports that he still has some mild weakness in the right upper extremity. He describes this as occurring with 25 pounds of lifting remaining.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL: Clinically I have evaluated the bilateral arms with full flexion and extension, as well as pronation and supination. I do not appreciate any abnormalities. He has the ability to flex and extend the arm. There does not appear to be a Tinell's and there is not a positive elbow flexion test.

Diagnosis	354.2 Cubital Tunnel Syndrome
99213	OFFICE OUTPAT EST 15 MIN

PLAN: Today I have discussed options. I believe a short strengthening program would be beneficial. This would include one time per week for the next four weeks. He may resume his normal activities. We will assess him in one month.



Colby P. Young MD
Board Certified Orthopaedic Hand and Upper Extremity Specialist
Certified Independent Medical Examiner

Adjuster: Sue Riccio
Case Manager:
Claim: 1452E540827
D.O.I.:
Fax: 10-18-14
Next Appt: 217-477-3034
From: Danosha

Adjuster: Nem: Sall
Case Manager: Choskiewicz
Claim:
D.O.I.:
Fax:
Next Appt: 816-728-8277
From:



Initial Evaluation

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

Patient: Brian Wolfgram
Acct #: 10003724
DOB: 10/10/1967
SSN:

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

Phone / Fax: 702-645-7800 702-216-3146
Therapist: Jody Walt
Date of Service: 12/18/2014
Referred By: Colby Young
PCP:
Diagnosis: 354.20 - Cubital Tunnel, 354.0 - CARPAL TUNNEL SYNDROME, 719.43 - PAIN IN JOINT FOREARM
Injured Date: 10/18/2014
Init Eval Date: 12/18/2014
Total Visits/CXL/NS: 0/0/0

Assessment

Pt is a 47 year old, RHD, male with left cubital tunnel syndrome. He works as a fireman and was pulling a large hose at work on 10/18/14 when he felt a sudden loss of grip strength. He returned to work the next day, but continued to have a significant strength deficit and tingling sensation to both arms. He sent to Concentra by his work and started therapy. He also had an EMG test which came back normal. He had no injections and wore an elbow brace that provided no relief. He has been working full duty for the last month.

Social History

Primary Language: English
Occupation: Fireman
Work Status: Full Time/ Full Duty

History of Injury/Illness

Mechanism of Injury/Illness: Work Injury
Comment: Pulling a long hose

Symptoms(s) / Pain Assessment - Area 1

Area: Left arm
Best: 1/10
Worst: 4/10
Nature of symptom(s) / pain: tingling, muscle tightness
Symptom(s) / pain worsens: sleep with elbow in flexed position
Symptom(s) / pain reduction: Ibuprofen as needed

Functional Activity Index

Sleeping: 0 No pain at night
Personal Care: 0 Independent
Lifting: 1 Can lift heavy weights but it causes extra pain

Patient Goals

Decrease pain. Return to prior function.

Rehab Potential

Patient is likely to achieve goals provided that the patient follows the plan of care prescribed by the doctor.

ROM / MMT - Hand

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DEC. 24 2014

CCMSI ~ LAS VEGAS

	Left	ROM degrees Right	MMT Left	Right
Grip strength, Jamar:	107.9#	123.2#		
Comment:	Jamar with arm extended: R: 133.6# L:108.8#			

Assessment Narrative

Pt is approximately 9 weeks post left cubital tunnel injury. His elbow ROM is WFL. However, grip strength is mildly limited with outstretched arm. He presents with pain when gripping and complains of pain along extensor and flexor origins with heavy lifting and palpation. He has increased pain with resisted wrist extension. Plan to tx 1x a week for 4 weeks for pain management.

Problem List	Comments
Decreased functional activity tolerance	
Activities are limited due to pain	
Difficulty carrying and moving objects	heavy objects
Pt has minimal strength deficit	

Short Term Goals	Time Frame
Independent with HEP	1 day
Decrease pain by 1-2 grades during functional activities	3 weeks
Increase strength by 5-10lbs	3 weeks
Long Term Goals	Time Frame
Independent management of pain:	4 weeks
Independent with carrying, moving and handling objects	4 weeks

Treatment Plan	Comments
Evaluation	
MHP/CP(circulation/healing)	
Ultrasound(scar tissu/promote healing)	
Manual therapy(ROM,edema,jt mobilization)	
TE for grip(func.activity,tool use)	
Instructed in and reviewed HEP	forearm stretches, use of heat and massage

Today's Treatment

Evaluation. MHPx10. US, Soft tissue mobilization and icing over lateral epicondyle. Instruction on HEP.

Next Session

Schedule next session with Therapist:

MD Certification

- ☐ I agree with the above plan of care and certify that it is medically necessary.
☐ I disagree with the above plan of care and request it be modified as follows.

Dr. Colby Young

Date

Jody E. Wait, OTR/L, CHT (electronically signed: 12/18/2014)

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DEC. 24 2014

CCMSI ~ LAS VEGAS



HAND SURGERY SPECIALISTS OF NEVADA
COLBY P. YOUNG, MD • JEDEDIAH W. JONES, MD
DAVID M. FADELL, DO

9321 WEST SUNSET ROAD
LAS VEGAS, NV 89148

4530 SOUTH EASTERN AVE #1
LAS VEGAS, NEVADA 89119

(702) 645-7800 • FAX (702) 650-0865

Name: Brian W. Hoffman Date: 12/18/14
Dx: 354.2 DOS: DOI: 10/18/14

Rx: ☒ Evaluate and Treat (Determine appropriate exercise, splinting & wound care program based on evaluation)

EXERCISE

- ☐ AROM ☐ AAROM ☐ PROM
☐ Strengthening Program
☐

SPLINTING

Splint(s)

DRESSINGS/WOUND CARE

- ☐ Dressing Change(s)
☐ Sterile dry dressing
☐ Wet → dry dressing
☐ Non-adherent dressing
☐ Soaks
☐ Debridement
☐ Desensitization
☐

EDEMA CONTROL

- ☐ Edema Control Techniques
☐ Coban ☐ Jobst Sleeve
☐ Isotoner ☐ DigiSleeve
☐

EVALUATIONS

- ☐ ROM ☐ Dexterity
☐ Sensory ☐ ADL's
☐ Strength ☐ MMT

EQUIPMENT/SUPPLIES

- ☐ Scar Remodeling
☐ Putty ☐ Hand helper
☐ AVG ☐ Elbow pad
☐ Gel sleeve ☐ Elastomer
☐ TheraBand ☐ Pulleys
☐ Aircast armband

MODALITIES

- ☐ Hot/Cold packs ☐ NMES
☐ Iontophoresis ☐ TENS
☐ Phonophoresis ☐ Whirlpool
☐ Ultrasound

Work Conditioning Program

- 2 wks 3 wks 4 wks
Functional Capacity Evaluation
PPI rating
Determine ability to return to former job
Determine appropriate job skills
Job site analysis
Ergonomic instruction/Patient education
Upper extremity strength building

Therapy for 4 times a week
Yes No 4 weeks
Social/Vocational Assessment Needed

Comments/Precautions

Received
12/18/14
CCMSI



Progress/Daily Notes

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

Patient: Brian Wolfgram
Acct #: 10003724
DOB: 10/10/1967
SSN:

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

Phone / Fax: 702-645-7800 702-216-3146
Therapist: Jody Wait
Date of Service: 12/23/2014
Referred By: Colby Young
PCP:
Diagnosis: 354.20 - Cubital Tunnel, 354.0 - CARPAL TUNNEL SYNDROME, 719.43 - PAIN IN JOINT FOREARM
Injured Date: 10/18/2014
Init Eval Date: 12/18/2014
Total Visits/CXL/NS: 0/0/0

Subjective

Pt states that he thinks that he overdid it yesterday because he is sore today. He states that he put the top on his Jeep.

Objective

MHP, US along lateral epicondyle area at 1.0, 1 mhz, 100%. Soft tissue mobilization along extensor wad. Ice massage x 8'

Assessment

Decreased muscle tightness along the forearm extensors today.

Plan

Continue 1x a week.

Jody E. Wait, OTR/L, CHT (electronically signed: 12/23/2014)

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Progress/Daily Notes

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

Patient: Brian Wolfgram
Acct #: 10003724
DOB: 10/10/1967
SSN:

Phone:
Insurance: 68222 - CCMSI
Authorization/Claim #:

Phone / Fax: 702-645-7800 702-216-3146
Therapist: Jody Wait
Date of Service: 12/30/2014
Referred By: Colby Young
PCP:
Diagnosis: 354.20 - Cubital Tunnel, 354.0 - CARPAL TUNNEL SYNDROME, 719.43 - PAIN IN JOINT FOREARM
Injured Date: 10/18/2014
Init Eval Date: 12/18/2014
Total Visits/CXL/NS: 0/0/0

Subjective

Pt reports decreased pain of the elbow.

Objective

MHP to left elbow. US to lateral epicondyle area. Soft tissue mobilization and forearm stretches. Cold pack.

Assessment

Decreased tightness noted along the forearm musculature. Decreased frequency of pain throughout the day.

Plan

Continue with current tx to manage pain.

Jody E. Wait, OTR/L, CHT (electronically signed: 12/30/2014)

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Re-Evaluation

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

Patient: Brian Wolfram
Acct #: 10003724
DOB: 10/10/1967
SSN:

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

Phone / Fax: 702-645-7800 702-216-3146

Therapist: Jody Walt

Date of Service: 01/06/2015

Referred By: Colby Young

PCP:

Diagnosis: 354.20 - Cubital Tunnel, 354.0 - CARPAL TUNNEL SYNDROME, 719.43 - PAIN IN JOINT FOREARM ✓

Injured Date: 10/18/2014

Init Eval Date: 12/18/2014

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

Pain Status - Area 1

Area:	On Initial Evaluation (12/18/2014)
Best:	Left arm
Worst:	1/10
Nature of symptom(s) / pain:	4/10
Symptom(s) / pain worsens:	tingling, muscle tightness
Symptom(s) / pain reduction:	sleep with elbow in flexed position
	Ibuprofen as needed

On Re-Evaluation

L arm
0/10
0/10

No meds

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Functional Activity Index

Sleeping:	0 No pain at night	On Re-Evaluation
Personal Care:	0 Independent	0 No pain at night
Lifting:	1 Can lift heavy weights but it causes extra pain	0 Independent
		0 Can lift heavy weights without extra pain

Rehab Potential

Patient is likely to achieve goals provided that the patient follows the plan of care prescribed by the doctor.

On Initial Evaluation			On Re-Evaluation		
Left	Right	Centimeters	Left	Right	Centimeters

ROM / MMT - Hand

	IE ROM		degrees		Re-Eval ROM		IE MMT		Re-Eval MMT	
	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
Grip strength, Jamar:	107.9#	123.2#	110#	124.4#						
Comment:	Initial: Jamar with arm extended: R: 133.6# L: 108.8#; Re-eval: Jamar with arm extended R: 136.8#, L: 112.8#									

Assessment Narrative

Pt is approximately 11.5 weeks post left cubital tunnel injury. His pain has decreased moderately and he is able to perform work duties with no complaints of pain. There is less muscle tightness along the forearm extensor wad. Pt is independent with managing the pain and HEP. Recommend discharge.

Problem Status

On Initial Evaluation (12/18/2014)

Decreased functional activity tolerance

Activities are limited due to pain

Difficulty carrying and moving objects

Pt has minimal strength deficit

On Re-Evaluation

Resolved

Resolved

Goals met.

Partially Resolved

Treatment Plan

Re-evaluation

Comments

MHP/CP(circulation/healing)

Ultrasound(scar tissue/promote healing)

Manual therapy(ROM,edema,jt mobilization)

TE for grip(func.activity,tool use)

Instructed in and reviewed HEP

Today's Treatment

ReEvaluation. MHPx10. US along extensor origin, Soft tissue mobilization and long extensor stretch. Instruction on body mechanics. Cold pack.

Next Session

Schedule next session with Therapist:

MD Certification

- ☐ I agree with the above plan of care and certify that it is medically necessary.
☐ I disagree with the above plan of care and request it be modified as follows.

Dr. Colby Young

Date

Jody E. Walt, OTR/L, CHT (electronically signed: 01/06/2015)

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Hand Surgery Specialists of Nevada

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

Date of Service:	01/15/2015
Patient Name:	Brian Wolfgram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 3 Months
Referral Name:	NCM Sally Dr. Colby Young

REASON FOR VISIT:	4wk follow up
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Current Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Past Surgical History		NONE PROVIDED	
Spine		Previous Diagnosis	
Family History		354.0, 354.2, 719.43	
None listed			
Smoking Status	Hand Dominance	Height:	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

SUBJECTIVE: Mr. Wolfgram returns to the office for follow up. He reports 100 percent improvement in the right upper extremity and 95 percent in the contralateral left. Clinically he has full rule out bilaterally. He has no tenderness to palpation over the medial or lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the left elbow. He has full flexion and extension, as well as pronation and supination. The fingering is now near completely resolved.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, embiosis or trophic changes.

MUSCULOSKELETAL:

Diagnosis	354.0 CARPAL TUNNEL SYNDROME 354.2 LESION OF ULNAR NERVE 719.43 PAIN IN JOINT FOREARM
99213	OFFICE OUTPAT EST 15 MIN

PLAN: Today I have recommended that he resume activities as tolerated. I did discuss for him to follow up if need be if any of his symptoms recur. At this point, he has reached maximum medical improvement. He is stable. There is no residual rating or PPI.



Coby P. Young MD
Board Certified Orthopaedic Hand and Upper Extremity Specialist
Certified Independent Medical Examiner

Adjuster: Sue Riccio
Case Manager:
Claim: K152E540827
D.O.I.:
Fax: 10-18-14
Next Appt: 217-477-3034
From: Danasna

Adjuster: NCM: Salli Chaskawicz
Case Manager:
Claim:
D.O.I.:
Fax:
Next Appt: 866-728-8277
From:

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE

Employee's Name: Brian Wolfram Employee Number: 11056
Date of Injury: 10-18-14 Date of Current Visit: 1-15-15
Is this a scheduled work day? ☒ Yes ☐ No CURRENT WORK STATUS: ☒ Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS (to be completed by Treating Physician Only)

Diagnosis ICD9 Code (No Narrative): 1954.2

• Released to Full-Duty on 1/15/15

• Released to Modified-Duty on 1/1/15 with the following restrictions (check all applicable):

- ☐ No: ☐ Backing ☐ Pushing ☐ Pulling ☐ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)
☐ No Repetitive Motion to Injured Part: ☐ No Combat Situations
Body Part: ☐ Medication May be used while Working
☐ No Reaching/Working above Shoulder ☐ No Operating a Motor Vehicle or Machinery
☐ No Climbing: ☐ Ladders ☐ Stairs ☐ Sleep Tetrain ☐ Other: ☐ Eye Patch ☐ Keep Injury Clean ☐ Must Wear Splint/Sling
☐ No Lifting over: ☐ 5 lbs. ☐ 10 lbs. ☐ 20 lbs. ☐ 35 lbs. ☐ 50 lbs. ☐ # ☐ lbs.
Comments/Other: _____

Employee's restrictions are: ☐ Temporary ☒ Permanent

• Employee is OFF WORK (TTD) from 1/1/15 to 1/1/15
(These dates should not start before this treatment date or extend past next appointment date.)

Discharged? ☒ Yes ☐ No Medically Stable? ☒ Yes ☐ No Rateable? ☐ Yes ☒ No ☐ TBD
Condition: ☐ Same ☐ Improved ☐ Worsened
Request Referral? ☐ Yes ☐ No Referral For/To: _____
Objective Findings/Treatment/Prognosis: _____

REHABILITATION (Physical Therapist/Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/TOT Complete

SIGNATURES (Provider, Employee, Supervisor)

TIME IN: 10:30 TIME OUT: 10:30 NEXT APPOINTMENT: Date N/A Time per Time

Physician or Chiropractor Signature

Colby Jones MD
9321 W. Sunset Road

Address

City/State/ZIP

Las Vegas, NV 89148

Phone

Employee Signature

Supervisor Signature

ORIGINAL: HR Risk Management Division, MSC 137 (Fax: 702-257-1991)

PLEASE RETAIN A COPY: Department Employee Physician

HRM-6100, R03/09, Rev. 03/2014

Ad: Sue Ricci
202-1100-2621

Non Salic
Fax: 800-728-8277

00125

58

January 26, 2015

Brian K Wolfram
221 Lookout Ave
Henderson, NV 89002

Re Claim No: 14C52E546827
Employer: City of Henderson
TPA: CCMSI
Date of Injury: 10/18/2014

NOTICE OF INTENTION TO CLOSE CLAIM
(Pursuant to NRS 616C.235)

After a careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice. Based on the available medical information, the claim will be closed without a Permanent Partial Disability (PPD) evaluation as there is no possibility of a permanent impairment of any kind.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments, please advise this office immediately.

Nevada Revised Statute (NRS) 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for reopening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

If you disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment or supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

If your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom portion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

OR

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

From: Susan Riccio, Claims Representative

Susan Riccio

Reason for appeal:

Signature

Retain a copy of this notice for your records.

Cc: File/Employer

Enclosure

Date

D-31 (rev. 10/10)

14C52E546827



Hand Surgery Specialists of Nevada

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

Date of Service:	01/30/2017		
Patient Name:	Brian Wolfram		
Gender:	Male		
Date of Birth:	10/10/1967	49 Years 3 Months	
Referral Name:	NCM Sally Dr. Colby Young		
REASON FOR VISIT:			
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14		
Prescriptions			
Medications			
Ibuprofen 200MG Tablet, Ref: 0			
Social History			
Alcohol: Occasionally			
Tobacco: Non Smoker			
Surgical History			
Spine			
Allergies			
.No Known Drug Allergies			
Past Medical History			
.NONE PROVIDED			
Family History			
.None listed			
Smoking Status	Hand Dominance	Height	Weight in lbs
Unknown if ever smoked	Right	6'0"	200

SUBJECTIVE: Brian Wolfram returns to the office for followup. He returns as a previous patient that was last seen approximately two years ago. He, on last evaluation, was diagnosed with cubital tunnel, as well as carpal tunnel syndrome and we had treated him with expectant management. He reports that during the course of participating in his normal work-related activities over the last two years, he began having progressive numbness and tingling that has recurred in the hand.

He has not changed any of his outside activities. He states that he had observed this after our conversation on his last evaluation, however subsequently began having worsening symptoms. He states that his symptoms are worse with elbow flexion for a period of time or pressure along the elbow. Computer use, bike riding and sleeping makes his symptoms worse. He states that he had taken a short course of prednisone for unrelated injury and this improved his symptoms temporarily however after he had been taken off the prednisone, his symptoms recurred. He is here to discuss reopening of his claim.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

VASCULAR: Brisk capillary refill, normal turgor, digits warm, no signs of Raynaud's phenomenon.

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NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL: He has full flexion and extension of the elbows. There is no clicking or catching. He has sensation that is intact to light touch with 2-point discrimination being 5 mm over the radial and ulnar aspect of the thumb and small finger. He has a equivocal Tinel's. He has negative Froment's, Earl's or Wartenberg's tests today.

Diagnosis	G56.21 Lesion of ulnar nerve, right upper limb G56.22 Lesion of ulnar nerve, left upper limb
99203	OFFICE OUTPT NEW 30 MIN

PLAN: I believe he has recurrence of his previous symptoms. I would like to obtain repeat electrodiagnostic studies to evaluate. I do recommend reopening of his claim for evaluation and possible treatment if necessary. I recommended that he have elbow pads during the day and recommended rotating these at night to minimize pressure on the ulnar nerve.



Colby P. Young MD

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14052E546827

Brian K Wolfgram
221 Lookout Avenue
Henderson, NV 89002

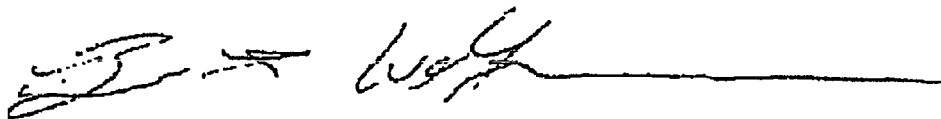
February 6, 2017

Attn: Candice Egan

This letter is to request reopening of my 2014 claim where I was diagnosed with bi-lateral cubital tunnel syndrome. Since 2014, I have had reoccurring symptoms, most recently the beginning of December 2016 to present. Because the symptoms continue to worsen, I scheduled an appointment with Dr. Young for evaluation. I had an appointment with Dr. Young on January 30th and he indicated that since my symptoms had worsened he would assist me with reopening the claim and order a nerve study to assist with the evaluation.

I have not been schedule as of yet for the nerve study but I am scheduled for another appointment with Dr. Young, March 9th. Please let me know if there are any further steps I need to take to expedite this process.

Thank you,



Brian K. Wolfgram

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CCMSI - LAS VEGAS



February 15, 2017

Brian K Wolfram
221 Lookout Ave
Henderson, NV 89002-3339

Re: Claim Number : 14C52E546827
Date of Injury : 10/18/2014
Insurer : City of Henderson

Dear Mr. Wolfram:

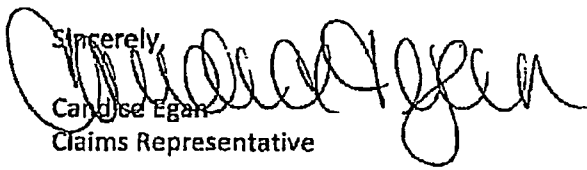
This letter is to inform you that CCMSI has received your request to reopen your above-referenced claim. Please be aware that NRS 616C.390 (5) states:

5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:
- (a) The claimant was not off work as a result of the injury; and
 - (b) The claimant did not receive benefits for a permanent partial disability.

Based on the fact that your claim was closed more than one year prior to your request to reopen, you did not lose time from work, and you did not sustain a permanent disability as a result of your claim our office is unable to consider your request for reopening. A copy of NRS 616C.390 is enclosed for your review.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Candice Egan
Claims Representative

Enclosures: NRS 616C.390
"Request for Hearing" form

cc: City of Henderson
File

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MAR 16 2017

CCMSI - LAS VEGAS

Neeman & Mills, PLLC

Attorneys at Law

Jeffrey S. Neeman, Esq.*
Jason D. Mills, Esq.

1201 South Maryland Pkwy.
Las Vegas, NV 89104
Office: (702) 822-4444
Fax: (702) 822-4440

*Also Admitted in California

March 9, 2017

VIA FACSIMILE/ (702) 933-4861
AND REGULAR MAIL

CCMSI
PO Box 35350
Las Vegas, NV 89133

Attn: Candice Egan

Re: Claimant: WOLFGRAM, Brian
Claim No.: 14C52E546827
DOI: 10/18/2014
Employer: City of Henderson

Dear Ms. Egan:

Please be advised that law office of Neeman & Mills, PLLC, has been retained in association with the industrial insurance claim of the above-referenced claimant. Accordingly, please do not have any *ex parte* communication with my client regarding this industrial insurance claim regardless of who initiates the contact. Also at this time I formally request that your office:

1. Issue and provide a copy of the compensability determination pursuant to NRS 616C.065.
2. Provide a complete, current, and unredacted copy of your entire provider list for the State of Nevada; and that such list is to be provided within 3 days as required by NAC 616C.030.
3. Provide a complete, current, and unredacted copy of my client's *file of employee's claim* as defined by NAC 616C.088. Prompt submission of the entire file is imperative, as it is my intent to appeal any/all adverse determinations that may have been issued without my knowledge.
4. Provide an average monthly wage calculation, along with supporting documentation used to make the calculations, for both 84 days and 12 months (or the entire period of employment if less than 12 months) as required by NAC 616C.435.
5. Provide a copy of the call log of all oral communication with my client's treating physician(s)/chiropractor(s) pursuant to NRS 616D.330; if a copy is not provided this office will assume that no such communication has taken place.

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00131

6. Provide a copy of any/all light duty job offer(s) extended to my client by the employer pursuant to NRS 616C.475; if a copy is not provided this office will assume that no light duty job offer has been extended by the employer.

Please consider the above mentioned requests to be ongoing in nature throughout the entire period of this claim and continue to supplement the above mentioned requests as the information and/or documentation becomes available.

Also, please be advised that I do not allow any contact between nurse case managers and my client and I do not allow nurse case managers to enter the examination rooms with my client during visits with any physician. Rather, the nurse case manager is to contact my office with any questions and the scheduling of any future appointments. Additionally, pursuant to NAC 616C.109, notice is hereby given that at the time of the PPD examination a member, employee, or representative of this firm will be present at the time of the examination.

Attached hereto is a copy of an Authorization and a Special Power of Attorney signed by my client allowing the release of the above requested information.

Your prompt response is appreciated.

Best Regards,

NEEMAN & MILLS, PLLC



Jason D. Mills, Esq.
Fictitious but not read.

JDM:vs
Enclosures

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MAR 13 2017

CCMSI ~ Las Vegas

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Neeman & Mills, PLLC
Attorneys at Law

Jeffrey S. Neeman, Esq.*
Jason D. Mills, Esq.

1201 South Maryland Pkwy.
Las Vegas, NV 89104
Office: (702) 822-4444
Fax: (702) 822-4440

*Also Admitted in California

HIPAA AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

PATIENT NAME: BRIAN WOLFGRAM Date of Loss: 10/18/2014
DATE OF BIRTH 10/10/1967 SS# _____

1. I authorize the use or disclosure of my health information as described below:

2. The following individual or organization is authorized to make the disclosure:

CCMSI & All medical providers

3. The type and amount of information to be used or disclosed is as follows:

☒ ENTIRE RECORD

From (date) _____ To (date) _____

☐ Other _____

4. This Information may be disclosed to and used by the following individual or organization:

NEEMAN & MILLS, PLLC, 1201 South Maryland Pkwy., Las Vegas, NV 89104

For the purpose of: PERSONAL INJURY AND/OR WORKMAN'S COMPENSATION CASE.

5. I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol or drug abuse.

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health provider and/or this law firm. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

7. Unless otherwise revoked this authorization will expire on the following date, event or condition: Claim Closure. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

8. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to insure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.


Signature of Patient or Legal Representative

3/2/17
Date

Under N.R.S. 629.061 you are REQUIRED, BY LAW, to furnish all applicable records within THIRTY (30) DAYS. Please forward all correspondence to our office as soon as possible. We are preparing the file for settlement.

Regards,

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MAR 13 2017

Neeman & Mills, PLLC

CCMSI ~ Las Vegas

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Brian Wolfgram
a resident of the State of Nevada, desiring to execute a Special Power of Attorney, have made,
constitute and appointed, and be these presents do make, constitute and appoint NEEMAN &
MILLS, PLLC, my attorneys-in-fact, to act as follows:

GIVING AND GRANTING unto my said attorney full power to execute any and all
documents necessary for the pursuit and protection in my workman's compensation case and to
receive and endorse my name on my behalf to all check which are due from the Employers
Insurance Company of Nevada or the self-insured employer.

FURTHER, I do authorize my aforesaid attorney-in-fact to receipt, reaffirmation of lump
sum and other documents necessary to obtain said checks and accept any and all checks which
are due the private insurer, and/or the self-insured employer.

PROVIDED HOWEVER, that all business transacted hereunder for me or for my
account shall be transacted in my name, and that all endorsements and instruments executed by
my said attorney for the purposes of carrying out the foregoing powers shall contain my name
followed by that of said attorney and the designation "Attorney-in-Fact".

FURTHER, that this Special Power of Attorney shall be carried out in accordance with
the Retainer Agreement execute by the parties herein.

///

///

///

///

///

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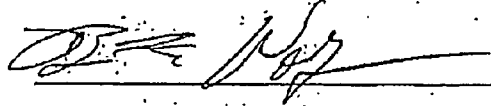
MAR 13 2017

CCMSI ~ Las Vegas

00134

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3 day of

March, 2017.



STATE OF NEVADA)

) ss:

COUNTY OF CLARK)


On this 3 day of March, 2017 then and there personally

appearing before me, the undersigned, a Notary Public in and for said County and State

BRIAN WOLFGAM known to me to be the person described in and who

executed the foregoing instrument and who acknowledge to me that s/he executed the same
freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.


NOTARY PUBLIC, in and of said county
and State.



M. DIAZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-20-18
Certificate No: 14-13831-1

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MAR 13 2017

CCMSI ~ Las Vegas

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ORIGINAL

Nevada Department of Administration
Hearings Division
2200 S. Rancho Drive, Ste. 210 & 220
Las Vegas, NV 89102
(702) 486-2525
(702) 486-2527

REQUEST FOR HEARING

FILED
MAR 10 2017
HEARINGS OFFICE

CLAIMANT INFORMATION:

Claimant: Brian K. Wolfgram
Address: 221 Lookout Ave.
Henderson, NV 89002
Telephone No.: n/a

EMPLOYER INFORMATION:

Claim No: 14C52E546827
Employer: City of Henderson
Address: 240 Water St. MSC 127
Henderson, NV 89009
Telephone No.: (702) 267-7914

PERSON REQUESTING APPEAL: CLAIMANT

I WISH TO APPEAL THE DETERMINATION DATED: February 15, 2017

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
PER NRS 616C.315(a)(b)**

BRIEFLY EXPLAIN THE REASON FOR YOUR APPEAL: Denial of reopening.

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

ATTORNEY/REPRESENTATIVE:

Jason D. Mills, Esq.
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy
Las Vegas, NV 89104
702-822-4444

INSURANCE COMPANY:

CCMSI
PO Box 35350
Las Vegas, NV 89133
(702) 933-4800

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MAR 16 2017

Signature

March 09, 2017 CCMSI - LAS VEGAS
Date

A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED

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

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

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

SCHEDULED ON

MAR 10 2017

1710311-SE 69



April 10, 2017

Brian Wolfgram
221 Lookout Ave
Henderson, NV 89002

Re: Claim Number : 14C52E546827
Date of Injury : 10/18/2014
Employer : City of Henderson

Dear Mr. Wolfgram:

We are in receipt of your requested wages and have verified calculations in the amount of \$33,297.77 for the time period of 07/21/2014 through 10/12/2014. Pursuant to state calculations the allowable average monthly maximum rate which is \$5,356.23 and a daily rate of \$117.31.

We have enclosed a copy of the Explanation of Wage Calculation Form for your review. Compensation benefits are based on 66-2/3 percent of your average monthly wage, subject to a maximum limit set by the state.

Nevada Revised Statute (NRS) 616C.425, paragraph 1 states:

"The amount of compensation and benefits and the person or persons entitled thereto must be determined as of the date of the accident or injury to the employee, and their rights thereto become fixed as of that date."

The Nevada Administrative Code requires that the following be included in computing the average monthly wage: All wages and salaries, including overtime, commissions, incentive pay, all leave and holiday pay, bonuses, termination pay, tips (under special circumstances), tool allowances, piecework, and travel pay. Any contribution made by your employer toward the cost of health insurance is not included. If you have additional income which has not been included in the verified amount, please submit documentation to this office as soon as possible. Following a review of the information, you will be notified whether there is an adjustment to your benefits.

If you disagree with this decision, you may appeal by completing the attached "Request for Hearing" Form and submitting it to the Department of Administration, Hearing Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Susan Riccio".

Susan Riccio
Claims Representative

Encl: D-7, D-8, D-12a
cc: COH/Jason Mills, Esq.

P.O. Box 35350
Las Vegas, NV 89133-5350
702-933-4800 phone
702-933-4861 fax

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: Brian Wolfram Date of Injury: 10/18/14
 Social Security No.: _____ Claim No.: 14C52E546827
 Employer: City of Henderson Insurer: Self-Insured
 Third-Party Administrator: CCMSI

Average Monthly Wage is defined in NAC 616C.420 through 616C.447.
 The priorities for determining wage history are:

1. A 12-week history of earnings (84 days).
2. If a 12-week period of earnings is not representative of the injured employee's average monthly wage, a period of one year or the full period of employment, if it is less than one year, may be used. A period of one year or the full period of employment must be used if the average monthly wage would be increased. Divide by the number of days in the period.
3. If period of employment is more than four weeks, but less than twelve weeks, earnings from the date of hire will be used. Divide by the number of days in the period.
4. If period of employment is less than four weeks, average monthly wage will be calculated by multiplying rate of pay on the date of the accident or disease, by hours in employee's projected working schedule, divide by 7 and multiply by 30.44.

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

AVERAGE MONTHLY WAGE - Calculate AMW in the following manner:

Period of earnings: beginning date 07/21/14 through end date 10/12/14
 Gross earning \$33,297.71 + tips \$0.00 / by number of days
 In wage history 84 x 30.44 = Average Monthly Wage: \$12,066.48

HOURLY RATE - Hourly rate of pay _____ X number of hours _____
 projected to work per week _____ / 7 x 30.44 = Average Monthly Wage: \$0.00

VALUE FOR ROOM AND/OR BOARD

Room (Monthly Value) _____ \$0.00
 Board (Monthly Value) _____ \$0.00

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

Amount for meals per day \$0.00 x number of days hired _____
 to work per week _____ = \$0.00 / 7 x 30.44 = Meals per Month: \$0.00

ADD applicable lines to obtain total _____ = Average Monthly Wage: \$12,066.48

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

Calculated Average Monthly Wage \$12,066.48 x 8 / 12 / 30.44 = Daily Rate: \$264.27
 Maximum Average Monthly Wage \$5,356.23 x 8 / 12 / 30.44 = Daily Rate: \$117.31
 Average Monthly Wage \$5,356.23 x 8 / 12 / 30.44 = Daily Rate: \$117.31

Date 04/07/17

Signature Susan Riccio

Date 4/7/17

Signature [Signature]

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

Claimant:	Brian Wolfgram	DOI:	10/18/14
Claim No.:	14C52E546827		
PERIOD BEGIN	PERIOD END	CHECK DATE	GROSS PAY
7/21/14	8/3/14		\$6,803.56
8/4/14	8/17/14		\$5,250.59
8/18/14	8/31/14		\$6,527.76
9/1/14	9/14/14		\$5,491.84
9/15/14	9/28/14		\$5,250.60
9/29/14	10/12/14		\$3,973.42
			\$33,297.77

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: 4/3/17 Injured Employee's Name (Last/First/M.I.): Woffgram, Brian K Social Security # _____
 Claim No.: E546827 Date of Injury: 10/18/14 Date of Hire: 7/9/90
 Was employee hired to work 40 hours per week: ☐ Yes ☒ No If no, # of hours per week: 56 # of days per week: varies
 On the date of injury, the employee's wage was: \$ 35.48 per ☒ Hour ☐ Day ☐ Week ☐ Month Date the wage became effective: 6/23/14
 Was vacation paid during the applicable twelve week period? Yes If so, during what pay period? 8/3, 8/17, 9/14, 9/28, 10/12
 Was sick leave paid during the applicable twelve week period? No Was the injured employee paid for any holidays during the applicable twelve week period? Yes 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 ☐ No
 If so, date: _____ Explain: _____
 Does the employee receive commissions? ☐ Yes ☒ 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 ☒ No
 Does the employee declare tips for the purpose of worker's compensation? ☐ Yes ☒ No See payroll declaration below. Attach declaration forms.
 Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? ☐ Yes ☒ No (Do not include in gross earnings)
 How many meals per day? _____ 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 7/21/14 through 10/12/14. 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
7/21 - 8/3/14	6,803.56				
8/4 - 8/17/14	5,250.59				
8/18 - 8/31/14	6,527.76				
9/1 - 9/14/14	5,491.84				
9/15 - 9/28/14	5,250.60				
9/29 - 10/12/14	3,973.42				

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: Mary Sexton

Signature: Mary Sexton

Date: 4/3/17

Employer: City of Henderson

Insurer: City of Henderson

Third-Party Administrator: CCMSI

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04/03/2017

CCMSI

D-8-0010/14

Report ID: COMPAY14
Company: COH City of Henderson

PeopleSoft
GROSS PAY ANALYSIS
From: 21-JUL-2014 To: 12-OCT-2014

Page No. 1
Run Date: 04/03/2017
Run Time: 06:54:54

Emp#	Pay End	Employee Name	DEPTID	TYPE	HOURS	RATE	EARNING
11056	03-AUG-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	03-AUG-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	-8	35.48	-283.82
11056	03-AUG-2014	Wolfgram, Brian K	2003	Regular Pay	24	35.48	851.45
11056	03-AUG-2014	Wolfgram, Brian K	2003	Vacation	96	35.48	3,405.79
11056	03-AUG-2014	Wolfgram, Brian K	2003	Bonus	0	0.00	2,830.14
				Pay Period Totals	112		6,076.06
11056	17-AUG-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	17-AUG-2014	Wolfgram, Brian K	2003	Overtime Pay	24	53.22	1,277.17
11056	17-AUG-2014	Wolfgram, Brian K	2003	Vacation	19	35.48	674.05
11056	17-AUG-2014	Wolfgram, Brian K	2003	Regular Pay	77	35.48	2,731.73
11056	17-AUG-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	16	35.48	567.63
				Pay Period Totals	136		5,323.09
11056	31-AUG-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	31-AUG-2014	Wolfgram, Brian K	2003	Overtime Pay	48	53.22	2,554.34
11056	31-AUG-2014	Wolfgram, Brian K	2003	Union Leave Paid	6	35.48	212.86
11056	31-AUG-2014	Wolfgram, Brian K	2003	Regular Pay	114	35.48	4,044.38
11056	31-AUG-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	-8	35.48	-283.82
				Pay Period Totals	160		6,600.26
11056	14-SEP-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	14-SEP-2014	Wolfgram, Brian K	2003	Vacation	24	35.48	851.45
11056	14-SEP-2014	Wolfgram, Brian K	2003	Regular Pay	96	35.48	3,405.79
11056	14-SEP-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	-8	35.48	-283.82
11056	14-SEP-2014	Wolfgram, Brian K	2003	Holiday Off	16	35.48	567.63
11056	14-SEP-2014	Wolfgram, Brian K	2003	Holiday Contract 1x PERS	16	30.16	482.49
11056	14-SEP-2014	Wolfgram, Brian K	2003	Holiday Contract 1x PERS	8	58.54	468.30
				Pay Period Totals	152		5,564.34
11056	28-SEP-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	16	35.48	567.63
11056	28-SEP-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	28-SEP-2014	Wolfgram, Brian K	2003	Overtime Pay	24	53.22	1,277.17
11056	28-SEP-2014	Wolfgram, Brian K	2003	Vacation	48	35.48	1,702.90
11056	28-SEP-2014	Wolfgram, Brian K	2003	Regular Pay	48	35.48	1,702.90
				Pay Period Totals	136		5,323.10
11056	12-OCT-2014	Wolfgram, Brian K	2003	Uniform Allowance	0	0.00	72.50
11056	12-OCT-2014	Wolfgram, Brian K	2003	Fire Hours Adjustment	-8	35.48	-283.82
11056	12-OCT-2014	Wolfgram, Brian K	2003	Regular Pay	108	35.48	3,831.52
11056	12-OCT-2014	Wolfgram, Brian K	2003	Vacation	12	35.48	425.72
				Pay Period Totals	112		4,045.92
				Employee TOTAL	808		33,732.77
				Grand TOTAL	808		33,732.77
				Grand Total By Earnings			
				Regular Pay	467		15,567.77
				Overtime Pay	96		5,108.68
				Fire Hours Adjustment	0		-0.02
				Union Leave Paid	6		212.86
				Uniform Allowance	0		435.00
				Bonus	0		2,830.14
				Vacation	199		7,059.92
				Holiday Off	16		567.63
				Holiday Contract 1x PERS	24		950.79

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04/03/2017
CCMSI

End of Report

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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1710311-SE
Claim Number: 14C52E546827

BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON, NV 89002-3339

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

_____ /

The Claimant's request for hearing was filed on March 10, 2017 and a hearing was scheduled for May 9, 2017. The hearing was held on May 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by Jason Mills, Esq., for Neeman & Mills, Ltd. The Administrator was represented by Julie Vacca, Claim Supervisor for CCMSI.

ISSUE

The Claimant appealed the determination of CCMSI dated February 15, 2017.


The issue before the Hearing Officer is INSURER'S DENIAL OF CLAIM REOPENING.

DECISION AND ORDER

The burden-of-proof to reopen the claim has been met. Dr. Colby Young establishes propriety of claim reopening under the 2015 revisions of 616C.390. Accordingly, the claim shall be reopened as recommended by the physician.

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

IT IS SO ORDERED this 19 day of May, 2017.


Steven Evans
Hearing Officer

RECEIVED

MAY 22 2017

APPEAL RIGHTS

CCMSI - LAS VEGAS

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

CERTIFICATE OF MAILING

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

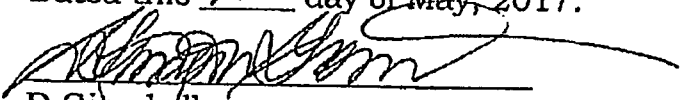
BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON NV 89002-3339

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2017.


D Giambelluca
Employee of the State of Nevada

RECEIVED

MAY 22 2017

CCMSI - LAS VEGAS

Nevada Department of Administration Hearings Division
Appeals Office, 2200 South Rancho Drive, Suite 220
Las Vegas, Nevada 89102
(702) 486-2527

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

CLAIMANT INFORMATION:

Claimant: BRIAN WOLFGRAM
Address: 221 LOOKOUT AVENUE
HENDERSON, NV 89002
Telephone: ()
Hearing Number: 1710311-SE

EMPLOYER INFORMATION:

Claim Number: 14C52E546827
Employer: ATTN: SALLY IHMEES
CITY OF HENDERSON
Address: 240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015
Telephone:

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER TPA INSURER

WISH TO APPEAL THE DETERMINATION DATED: 05-19-17

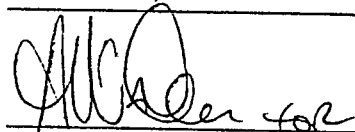
YOU MUST ATTACH A COPY OF THE DETERMINATION.

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with the Hearing Officer's Decision and Order dated 05-19-17.

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

ATTORNEY/REPRESENTATIVE:

Name: DANIEL L. SCHWARTZ, ESQ. LEWIS BRISBOIS BISGAARD & SMITH LLP
Address: 2300 WEST SAHARA AVENUE, SUITE 300, BOX 28
LAS VEGAS, NV 89102
Telephone: (702) 893-3383
Facsimile: (702) 366-9689


Signature

TPA/INSURANCE COMPANY:

Name: CANNON COCHRAN MANAGEMENT SERVICES, INC.
ATTN: SUSAN RICCIO
P. O. BOX 35350
LAS VEGAS, NV 89133
Telephone: (702)

6/21/17
Date

NOTICE:

If the Hearing Officer's decision is appealed, Claimants are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

Signature

Telephone Number

If you are appealing the Hearing Officer's Decision, file this form and a copy of the Decision no later than thirty (30) days after the date of the Hearing Officer's Decision.

FILED

JUL 13 2017

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No. : 14C52E546827

Hearing No. : 1710311-SE

Appeal No. : 1714500-054

Employer :
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015

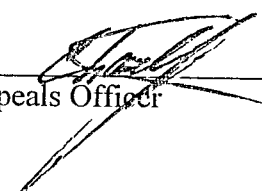
ORDER GRANTING MOTION FOR STAY PENDING APPEAL

After consideration and review of Employer's Motion for Stay Pending Appeal,

IT IS HEREBY ORDERED that the Motion for Stay Pending Appeal is hereby

GRANTED.

DATED this 13th day of July, 2017.



Appeals Officer

Submitted by:

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 005125
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, NV 89102
Phone: (702) 893-3383
Fax: (702) 366-9689
Attorneys for Employer

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 14C52E546827

Appeal No: 1714500-CJY

BRIAN K WOLFGRAM,

Claimant.

NOTICE OF RESETTING

TO ALL PARTIES-IN-INTEREST:

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

DATE: October 24, 2017

TIME: 10:30AM

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

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

###

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

###

IT IS SO ORDERED this 21st day of August, 2017.



CHARLES J YORK, ESQ.
APPEALS OFFICER


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BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON NV 89002-3339

CITY OF HENDERSON
ATTN SALLY IHMELS
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350


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

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of
BRIAN WOLFGRAM,
Claimant.

DOC 016

1 On January 30, 2017, Dr. Colby Young indicated that he believed Claimant has
2 recurrence of his previous symptoms and recommends reopening of his claim for evaluation and
3 possible treatment if necessary. See pp. 6-7.

4 On February 6, 2017, Claimant requested reopening of his claim to the TPA. See p. 8.

5 On February 15, 2017, the TPA denied Claimant's request for reopening. See p. 9.

6 Claimant timely appealed the TPA's determination denying his request for reopening and
7 on May 19, 2017, a Hearing Officer remanded the TPA to reopen his claim. See pp. 15-16.

8 The Employer timely appealed the Hearing Officer's Decision and Order and submitted a
9 Motion for Stay, which was granted.

10 This appeal follows.

11 III. ARGUMENT

12 The TPA based its denial to reopen Claimant's on an outdated statutory requirement in
13 NRS 616C.390(5), which previously contained an **off work** requirement (See pp. 10-11).
14 However, the off work requirement was stripped from the statute by the Nevada legislature and
15 effective since January, 2016, the statute reads as follows:

16 5. An application to reopen a claim must be made in
17 writing within 1 year after the date on which the claim was
18 closed if:

19 (a) The claimant did not meet the minimum duration of
20 incapacity as set forth in NRS 616C.400 as a result of the
21 injury; and

22 (b) The claimant did not receive benefits for a
23 permanent partial disability.

24 NRS 616C.400 states in pertinent parts as follows:

25 Temporary compensation benefits must not be paid
26 under chapters 616A to 616D, inclusive, of NRS for an
27 injury which does not incapacitate the employee for at least
28 5 consecutive days, or 5 cumulative days within a 20-day
period, from earning full wages, but if the incapacity

1 extends for 5 or more consecutive days, or 5 cumulative
2 days within a 20-day period, compensation must then be
3 computed from the date of the injury.

4 Accordingly, as of January 1, 2016 “off work” is no longer a threshold as to whether a
5 claim may be reopened (*See* pp. 10-11, SB 232 from the 78th Legislative Session in 20015 that
6 struck the “off work” component from the reopening statute). Rather, five days (or more) of
7 light duty restrictions (i.e., incapacity from full wages) entitle a claimant to lifetime reopening
8 rights. Here, Claimant met the statutory requirement of minimum duration of incapacity because
9 he was placed on light duty from October 20, 2014 o November 3, 2014 due to an industrial
10 injury for a period of more than 5 days in 20 and unable to earn “full wages” during the light
11 duty time period. Incapacity is not defined under NRS 616C.390, merely the duration of
12 incapacity is the question that the court must ask. NRS 616C.400 states that incapacity is that
13 which precludes the claimant from earning “full wages”; the statute does not use the phrase
14 “base salary” or “regular wages” but rather “full wages” which light duty assignments precluded
15 Claimant from receiving.
16
17

18 As such, Claimant is statutorily able to request reopening after one year of claim closure.
19 NRS 616C.390(1) applies, which states that:

20 Except as otherwise provided in NRS 616C.392:

21 1. If an application to reopen a claim to increase or
22 rearrange compensation is made in writing more than 1
23 year after the date on which the claim was closed, the
insurer shall reopen the claim if:

24 (a) A change of circumstances warrants an increase or
rearrangement of compensation during the life of the
25 claimant;

26 (b) The primary cause of the change of circumstances
is the injury for which the claim was originally made; and


27 (c) The application is accompanied by the certificate of
a physician or a chiropractor showing a change of
28 circumstances which would warrant an increase or
rearrangement of compensation.

1 Dr. Young has indicated that he believes Claimant "has recurrence of his previous
2 symptoms and recommended reopening of his claim for evaluation and possible treatment if
3 necessary." Therefore, pursuant to NRS 616C.390 Claimant made a timely request to re-open
4 his claim and the claim should be reopened based on Dr. Young's reporting.
5

6 **IV. CONCLUSION**
7

8 Based upon the foregoing, claimant respectfully requests that this Appeals Officer affirm
9 the Hearing Officer's Decision and Order dated May 19, 2017 and remand the TPA to reopen
10 Claimant's claim.

11 Dated this 15 day of August, 2017.

12 
13 JASON D. MILLS, ESQ.
14 Nevada Bar No.: 7447
15 NEEMAN & MILLS, PLLC
16 1201 S. Maryland Pkwy.
17 Las Vegas, NV 89104
18 Attorney for Claim
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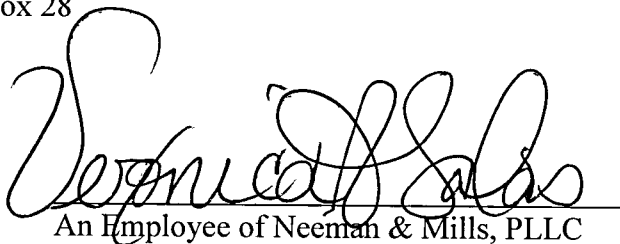
1 **CERTIFICATE OF MAILING**

2 I hereby certify that on the 15 day of August, 2017 a true and correct copy of the
3 **Claimant's Appeal Memorandum**, was deposited in the United States mail, proper postage
4 prepaid to the following:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
9 Henderson, NV 89015

10 CCMSI
11 Attn: Susan Riccio
12 P.O. Box 35350
13 Las Vegas, NV 89133

14 Daniel L. Schwartz, Esq.
15 Lewis Brisbois Bisgaard & Smith
16 2300 W. Sahara Ave., Ste. 300 Box 28
17 Las Vegas, NV 89102

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28

An Employee of Neeman & Mills, PLLC

ORIGINAL

STATE OF NEVADA
BEFORE THE DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

RECEIVED
FILED
JAN 15 PM 4:00

In the Matter of the Contested
Industrial Insurance Claim

Claim No.: 14C52E546827

Appeal No.: 1714500-CJY

of

BRIAN WOLFGRAM,

Claimant.

CLAIMANT'S FIRST LIST OF EXHIBITS AND WITNESS LIST

COMES NOW, BRIAN WOLFGRAM ("Claimant") by and through his attorney of record, JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC, and hereby submits his First List of Exhibits and Witness List for the hearing scheduled on August 25, 2017 at 10:00 a.m.

I. AFFIRMATION PURSUANT TO NRS 239B.030

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

II. LIST OF EXHIBITS

	Page No.
Notice of Claim Acceptance dated 11/19/2014	1
Letter from the TPA dated 11/25/2014 amending the scope of claim	2
Medical records from Dr. Colby Young dated 1/15/2015	3-5
Medical report from Dr. Young dated 1/30/2017	6-7
Claimant's request for reopening dated 2/6/2017	8
The TPA's denial of his request dated 2/15/2017	9

DOCO17
-1-

00154

Chapter 240, SB 232 10-11

PPRs from Concentra Medical Centers dated 10/10/2014 to 10/22/2014 12-14

Hearing Officer's Decision and Order dated 5/19/2017 15-16

Claimant reserves the right to supplement this list as additional documentation becomes available.

III. LIST OF WITNESSES

1. Brian Wolfrgram c/o Jason D. Mills, Esq. of Neeman & Mills, PLLC, 1201 S. Maryland Parkway, Las Vegas, NV 89104.

Mr. Wolfrgram may testify regarding the facts and circumstances surrounding his industrial injury.

2. Person most knowledgeable for the employer c/o Daniel Schwartz, Esq. w/ Lewis, Brisbois, Bisgaard & Smith, LLP, 2300 W. Sahara Ave., Ste. 300 Box 28, Las Vegas, NV 89102.

Person most knowledgeable for the employer shall testify regarding Claimant's industrial injury.

3. Susan Riccio, the claims specialists or the person most knowledgeable for the Insurer/TPA c/o Daniel Schwartz, Esq. w/ Lewis, Brisbois, Bisgaard & Smith, LLP, 2300 W. Sahara Ave., Ste. 300 Box 28, Las Vegas, NV 89102.

Ms. Riccio, the claims specialists or the person most knowledgeable for the Insurer/TPA shall testify regarding Claimant's industrial injury.

4. Any and all witnesses listed by the employer and the employer's representatives.

Witnesses are anticipated to testify regarding Claimant's industrial injury.

5. Claimant reserves the right to call all witnesses listed by the employer.

///

///

1 6. Claimant reserves the right to amend this list as additional information becomes
2 available.

3 Dated this 15 day of August, 2017.



JASON D. MILLS, ESQ.
Nevada Bar No.: 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, NV 8910


1 CERTIFICATE OF MAILING

2 I hereby certify that on the 15 day of August, 2017 a true and correct copy of the
3 **CLAIMANT'S FIRST LIST OF EXHIBITS AND WITNESS LIST** was deposited in the
4 United States mail, proper postage prepaid, and addressed to:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
9 Henderson, NV 89015

10 CCMSI
11 Attn: Susan Riccio
12 P.O. Box 35350
13 Las Vegas, NV 89133

14 Daniel L. Schwartz, Esq.
15 Lewis Brisbois Bisgaard & Smith
16 2300 W. Sahara Ave., Ste. 300 Box 28
17 Las Vegas, NV 89102


An Employee of Neeman & Mills, PLLC

Brian Wolfram
221 Lookout Ave
Henderson, NV 89002

Re: Claim No: 14C52E546827
Employer: City of Henderson
TPA: CCMSI
Date of Injury: 10/18/2014
Date of Notice: 11/19/2014
Body Part: Cervical strain

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

Dear Mr. Wolfram:

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

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

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

Very truly yours,

Susan Riccio

Susan Riccio
Claims Representative

Reason for
appeal: _____

Signature

Date

Retain a copy for your records
cc: File/ Employer
(rev. 05/10)

D-30

00158

000001

November 25, 2014

Brian K Wolfgram
221 Lookout Ave
Henderson, NV 89002

Re: Claim Number : 14C52E546827
 Date of Loss : 10/18/2014
 Employer : City of Henderson
 Accepted body parts : Bilateral elbows and hands cubital tunnel syndrome

Dear Mr. Wolfgram:

This letter is to inform you that the scope of your claim acceptance has been amended as stated above. Please check the information in this letter. If you feel that anything is incorrect, please contact this office.

If you disagree with this determination you have the right to appeal by completing the enclosed "Request for Hearing" form and returning it to the Nevada Department of Administration within seventy (70) days of the date of this determination.

Sincerely,

Susan Riccio
Claim Representative

Enclosure

cc: employer
 File

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE

Employee's Name: Brian Wolfram Employee Number: 11056
Date of Injury: 10-18-14 Date of Current Visit: 1-15-15

Is this a scheduled work day? If Yes ☒ No ☐ CURRENT WORK STATUS: Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS (to be completed by Treating Physician Only)

Diagnosis (ICD9 Code (No Narrative)): 1954.2

Released to Full Duty on 1/15/15

Released to Modified Duty on 1/1/15 with the following restrictions (check all applicable):

☐ No: Bending Pushing Pulling ☐ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)
☐ No Repetitive Motion to Injured Part: ☐ No Combat Situations
Body Part: Hand ☐ Medication may be used while Working
☐ No Reaching/Working above Shoulder ☐ No Operating a Motor Vehicle or Machinery
☐ No Climbing: Ladders Stairs Sleep Trench or Other: Eye Patch Keep Injury Clean Must Wear Splint/Sling
☐ No Lifting over: 5 lbs. 10 lbs. 20 lbs. 35 lbs. 55 lbs. 8 lbs.
Comments/Other: _____

Employee's restrictions are: ☐ Temporary ☒ Permanent

Employee is OFF WORK (TTD) from 1/1/15 to 1/1/15
(These dates should not start before this treatment date or extend past next appointment date.)

Discharged? ☒ Yes ☐ No Medically Stable? ☒ Yes ☐ No Retable? ☐ Yes ☒ No TTD
Condition: ☐ Same ☐ Improved ☐ Worsened

Request Referral? ☐ Yes ☒ No Referral For/To: _____

Objective Findings/Treatment/Prognosis: _____

REHABILITATION (Physical Therapist / Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☒ No Employee's: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete

SIGNATURES (Provider, Employee, Supervisor)

TIME IN: 10:30 TIME OUT: 10:30 NEXT APPOINTMENT: Date: 1/15/15 Time: 11:00

Physician or Chiropractor

Colby J. Jones MD

Physician or Chiropractor

9321 W. Sunset Road

Address

Las Vegas, NV 89119

City/State/ZIP

Employee Signature

Supervisor Signature

ORIGINAL: Retain in Personnel File (ISO 111) (Rev. 10-27-14)

RE-RETAIN A COPY: Department Employee Physician

00160

000003



Hand Surgery Specialists of Nevada

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

Date of Service:	01/15/2015
Patient Name:	Brian VioGram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 3 Months
Referral Name:	NOM Sally Dr. Colby Young

REASON FOR VISIT:	4wk follow up
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/10/14

Current Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker			
Past Surgical History		Past Medical History	
Spine		NONE PROVIDED	
Family History		Previous Diagnosis	
None listed		354.0, 354.2, 719.43	
Smoking Status	Hand Dominance	Height:	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

SUBJECTIVE: Mr. VioGram returns to the office for follow up. He reports 100 percent improvement in the right upper extremity and 95 percent in the contralateral left. Clinically he has full range of motion bilaterally. He has no tenderness to palpation over the medial or lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the left elbow. He has full flexion and extension, as well as pronation and supination. The tingling is now near completely resolved.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, numbness or trophic changes.

MUSCULOSKELETAL:

Jan. 21, 5:55 PM Harbor West Therapy

As. 0033 1/2

Diagnosis	354.0 CARPAL TUNNEL SYNDROME
	354.2 LESION OF ULNAR NERVE
	719.43 PAIN IN JOINT FOREARM
99213	OFFICE OUTPATIENT 15 MIN

PLAN: Today I have recommended that he resume activities as tolerated. I did discuss for him to follow up if need be if any of his symptoms recur. At this point, he has reached maximum medical improvement. He is stable. There is no residual rating or PPI.

Cory P. Young MD
Board Certified Orthopaedic Hand and Upper Extremity Specialist
Certified Independent Medical Examiner

Adjuster: Sue Riccio
Case Manager:
Claim: 14C52E540827
D.O.B.: 10-18-74
Fax:
Next Appt: 217-477-3034
From: Danosha

Adjuster: NCM: Salli Chaskovitz
Case Manager:
Claim:
D.O.B.:
Fax:
Next Appt: Suele 728-8277
From:



Hand Surgery Specialists of Nevada

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

Date of Service:	01/30/2017
Patient Name:	Brian Wolfgram
Gender:	Male
Date of Birth	10/10/1967 49 Years 3 Months
Referral Name:	NCM Sally Dr. Colby Young

REASON FOR VISIT:	
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Prescriptions			
Medications			
Ibuprofen 200MG Tablet, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		.No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Surgical History		.NONE PROVIDED	
Spine		Family History	
		.None listed	
Smoking Status	Hand Dominance	Height	Weight in lbs.
Unknown if ever smoked	Right	6'0"	200

SUBJECTIVE: Brian Wolfgram returns to the office for followup. He returns as a previous patient that was last seen approximately two years ago. He, on last evaluation, was diagnosed with cubital tunnel, as well as carpal tunnel syndrome and we had treated him with expectant management. He reports that during the course of participating in his normal work-related activities over the last two years, he began having progressive numbness and tingling that has recurred in the hand.

He has not changed any of his outside activities. He states that he had observed this after our conversation on his last evaluation, however subsequently began having worsening symptoms. He states that his symptoms are worse with elbow flexion for a period of time or pressure along the elbow. Computer use, bike riding and sleeping makes his symptoms worse. He states that he had taken a short course of prednisone for unrelated injury and this improved his symptoms temporarily however after he had been taken off the prednisone, his symptoms recurred. He is here to discuss reopening of his claim.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL: He has full flexion and extension of the elbows. There is no clicking or catching. He has sensation that is intact to light touch with 2-point discrimination being 5 mm over the radial and ulnar aspect of the thumb and small finger. He has a equivocal Tinel's. He has negative Froment's, Earl's or Wartenberg's tests today.

Diagnosis	G56.21 Lesion of ulnar nerve, right upper limb G56.22 Lesion of ulnar nerve, left upper limb
99203	OFFICE OUTPT NEW 30 MIN

PLAN: I believe he has recurrence of his previous symptoms. I would like to obtain repeat electrodiagnostic studies to evaluate. I do recommend reopening of his claim for evaluation and possible treatment if necessary. I recommended that he have elbow pads during the day and recommended rotating these at night to minimize pressure on the ulnar nerve.



Colby P. Young MD

Brian K Wolfgram
221 Lookout Avenue
Henderson, NV 89002

February 6, 2017

Attn: Candice Egan

This letter is to request reopening of my 2014 claim where I was diagnosed with bi-lateral cubital tunnel syndrome. Since 2014, I have had reoccurring symptoms, most recently the beginning of December 2016 to present. Because the symptoms continue to worsen, I scheduled an appointment with Dr. Young for evaluation. I had an appointment with Dr. Young on January 30th and he indicated that since my symptoms had worsened he would assist me with reopening the claim and order a nerve study to assist with the evaluation.

I have not been scheduled as of yet for the nerve study but I am scheduled for another appointment with Dr. Young, March 9th. Please let me know if there are any further steps I need to take to expedite this process.

Thank you,



Brian K. Wolfgram

RECEIVED

FEB 06 2017

CCMSI ~ LAS VEGAS



February 15, 2017

Brian K Wolfgram
221 Lookout Ave
Henderson, NV 89002-3339

Re: Claim Number : 14C52E546827
Date of Injury : 10/18/2014
Insurer : City of Henderson

Dear Mr. Wolfgram:

This letter is to inform you that CCMSI has received your request to reopen your above-referenced claim. Please be aware that NRS 616C.390 (5) states:

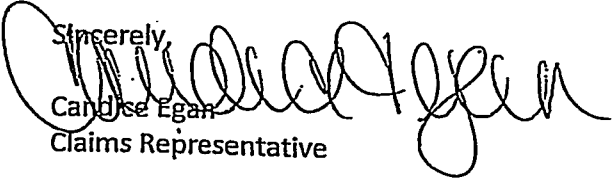
5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:
 - (a) The claimant was not off work as a result of the injury; and
 - (b) The claimant did not receive benefits for a permanent partial disability.

Based on the fact that your claim was closed more than one year prior to your request to reopen, you did not lose time from work, and you did not sustain a permanent disability as a result of your claim our office is unable to consider your request for reopening. A copy of NRS 616C.390 is enclosed for your review.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,


Candice Egan
Claims Representative

Enclosures: NRS 616C.390
"Request for Hearing" form

cc: City of Henderson
File

3. If a claimant applies for a claim to be reopened pursuant to subsection 1 or 2 and a final determination denying the reopening is issued, the claimant shall not reapply to reopen the claim until at least 1 year after the date on which the final determination is issued.

4. Except as otherwise provided in subsection 5, if an application to reopen a claim is made in writing within 1 year after the date on which the claim was closed, the insurer shall reopen the claim only if:

(a) The application is supported by medical evidence demonstrating an objective change in the medical condition of the claimant; and

(b) There is clear and convincing evidence that the primary cause of the change of circumstances is the injury for which the claim was originally made.

5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:

(a) The claimant ~~[was not off work]~~ *did not meet the minimum duration of incapacity as set forth in NRS 616C.400* as a result of the injury; and

(b) The claimant did not receive benefits for a permanent partial disability.

↪ If an application to reopen a claim to increase or rearrange compensation is made pursuant to this subsection, the insurer shall reopen the claim if the requirements set forth in paragraphs (a), (b) and (c) of subsection 1 are met.

6. If an employee's claim is reopened pursuant to this section, the employee is not entitled to vocational rehabilitation services or benefits for a temporary total disability if, before the claim was reopened, the employee:

(a) Retired; or

(b) Otherwise voluntarily removed himself or herself from the workforce,

↪ for reasons unrelated to the injury for which the claim was originally made.

7. One year after the date on which the claim was closed, an insurer may dispose of the file of a claim authorized to be reopened pursuant to subsection 5, unless an application to reopen the claim has been filed pursuant to that subsection.

8. An increase or rearrangement of compensation is not effective before an application for reopening a claim is made unless good cause is shown. The insurer shall, upon good cause shown, allow the cost of emergency treatment the necessity for which has been certified by a physician or a chiropractor.

9. A claim that closes pursuant to subsection 2 of NRS 616C.235 and is not appealed or is unsuccessfully appealed pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive, may not be reopened pursuant to this section.

10. The provisions of this section apply to any claim for which an application to reopen the claim or to increase or rearrange compensation is made pursuant to this section, regardless of the date of the injury or accident to the claimant. If a claim is reopened pursuant to this section, the amount of any compensation or benefits provided must be determined in accordance with the provisions of NRS 616C.425.

Sec. 2. NRS 616C.390 is hereby amended to read as follows:

616C.390 . Except as otherwise provided in NRS 616C.392:

1. If an application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date on which the claim was closed, the insurer shall reopen the claim if:

(a) A change of circumstances warrants an increase or rearrangement of compensation during the life of the claimant;

(b) The primary cause of the change of circumstances is the injury for which the claim was originally made; and

(c) The application is accompanied by the certificate of a physician or a chiropractor showing a change of circumstances which would warrant an increase or rearrangement of compensation.

2. After a claim has been closed, the insurer, upon receiving an application and for good cause shown, may authorize the reopening of the claim for medical investigation only. The application must be accompanied by a written request for treatment from the physician or chiropractor treating the claimant, certifying that the treatment is indicated by a change in circumstances and is related to the industrial injury sustained by the claimant.

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/20/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave

HENDERSON, NV 89002

Home: (702) 858-4823

Work:

Ext.:

Employer Location: City of Henderson-Non RegulContact: Mary Sexton

Address:

240 S Water St, MSC 137

Henderson, NV 890157227

Arbortan

Role: Primary Contact

Phone: (702) 267-1922 Ext.:

Fax: (702) 267-1902

This Visit: Time In: 10:45 am

Time Out: 01:36 pm

Recordable: N/A

Visit Type: New

Treating Provider: Bernard B. Hunwick, MD

Medications:

Diagnosis: 847.0 Cervical Strain
727.05 Tenosynovitis, Wrist/Hand
727.09 Elbow Tenosynovitis

- ☐ Dispensed Prescription Medication to Patient
- ☐ Dispensed Over-The-Counter Prescription
- ☒ Written Prescription given to Patient

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/20/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday October 22, 2014 11:15 am

Provider/Facility: Bernard B. Hunwick, MD

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/22/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave

HENDERSON, NV 89002

Home: (702) 858-4823

Work:

Ext.:

Employer Location: City of Henderson-Non Regul Contact: Mary Sexton

Address: 240 S Water St, MSC 137

Role: Primary Contact

Henderson, NV 890157227 Phone: (702) 267-1922 Ext.:

Arbortan

Fax: (702) 267-1902

This Visit: Time In: 10:57 am

Time Out: 12:48 pm

Recordable: N/A

Visit Type: Recheck

Treating Provider: Bernard B. Hunwick, MD

Medications:

Diagnosis: 847.0 Cervical Strain

727.05 Tenosynovitis, Wrist/Hand

727.09 Elbow Tenosynovitis

☐ Dispensed Prescription Medication to Patient

☐ Dispensed Over-The-Counter Prescription

☐ Written Prescription given to Patient

Patient Status:

Modified Activity: - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/22/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday, October 29, 2014 1:00 pm

Provider/Facility: Bernard B. Hunwick, MD

Claim Number: 14C52E546827

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/29/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave
HENDERSON, NV 89002

Home: (702) 858-4823

Work: Ext.:

Employer Location: City of Henderson-Non Regul

Address: 240 S Water St, MSC 137
Henderson, NV 890157227

Auth. by: Arbotan

Contact: Mary Sexton

Role: Primary Contact

Phone: (702) 267-1922 Ext.:

Fax: (702) 267-1902

This Visit: Time In: 12:53 pm

Time Out: 03:25 pm

Recordable: N/A

Visit Type: Recheck

Treating Provider: Bernard B. Hunwick, MD

Medications:

- ☐ Dispensed Prescription Medication to Patient
- ☐ Dispensed Over-The-Counter Prescription
- ☐ Written Prescription given to Patient

Diagnosis: 847.0 Cervical Strain
727.05 Tenosynovitis, Wrist/Hand
727.09 Elbow Tenosynovitis

Patient Status:

Modified Activity - Referred, but returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/29/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks: Avoid combat or fire fighting situations..ph

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday November 3, 2014 10:30 am

Provider/Facility: James S. Horrocks, PT

Visit Date: Wednesday November 5, 2014 2:15 pm

Provider/Facility: Bernard B. Hunwick, MD

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1710311-SE
Claim Number: 14C52E546827

BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON, NV 89002-3339

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

The Claimant's request for hearing was filed on March 10, 2017 and a hearing was scheduled for May 9, 2017. The hearing was held on May 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by Jason Mills, Esq., for Neeman & Mills, Ltd. The Administrator was represented by Julie Vacca, Claim Supervisor for CCMSI.

ISSUE

The Claimant appealed the determination of CCMSI dated February 15, 2017.

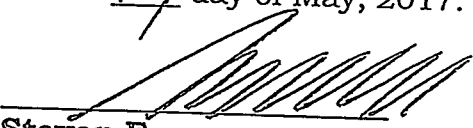
The issue before the Hearing Officer is INSURER'S DENIAL OF CLAIM REOPENING.

DECISION AND ORDER

The burden-of-proof to reopen the claim has been met. Dr. Colby Young establishes propriety of claim reopening under the 2015 revisions of 616C.390. Accordingly, the claim shall be reopened as recommended by the physician.

The determination of the Insurer is hereby REMANDED.

IT IS SO ORDERED this 19 day of May, 2017.


Steven Evans
Hearing Officer

APPEAL RIGHTS

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

CERTIFICATE OF MAILING

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

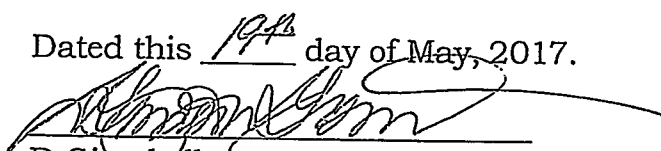
BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON NV 89002-3339

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2017.



D Giambelluca
Employee of the State of Nevada

ORIGINAL

STATE OF NEVADA
BEFORE THE DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.


Claim No.: 14C52E546827

Appeal No.: 1714500-CJY

NOTICE OF REQUEST TO CROSS-EXAMINE PURSUANT TO NRS 616C.355

PLEASE TAKE NOTICE THAT CLAIMANT hereby invokes the right under NRS 616C.355 and formally requests to cross-examine any and all person(s) whose affidavit and/or declaration is offered by the opposing parties to be entered into evidence in the above-referenced proceeding.

Dated this 15 day of August, 2017.



JASON D. MILLS, ESQ.
Nevada Bar No. 7447
NEEMAN & MILLS, PLLC
1201 S. Maryland Pkwy.
Las Vegas, Nevada 89104
Attorney for Claimant

000018

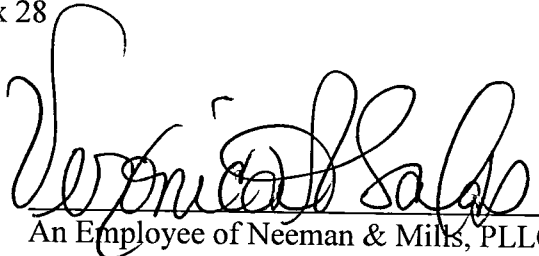
1 **CERTIFICATE OF MAILING**

2 I hereby certify that on the 15 day of August, 2017 a true and correct copy of the
3 **NOTICE OF REQUEST TO CROSS-EXAMINE PURSUANT TO NRS 616C.355** was
4 deposited in the United States mail, proper postage prepaid to the following:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
Henderson, NV 89015

9 CCMSI
10 Attn: Susan Riccio
11 P.O. Box 35350
Las Vegas, NV 89133

12 Daniel L. Schwartz, Esq.
13 Lewis Brisbois Bisgaard & Smith
14 2300 W. Sahara Ave., Ste. 300 Box 28
Las Vegas, NV 89102

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16 
17 An Employee of Neeman & Mills, PLLC
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FILED

JUL 13 2017

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

APPEALS OFFICE

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No. : 14C52E546827

Hearing No. : 1710311-SE

Appeal No. : 171 4500-054

Employer :
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015

ORDER GRANTING MOTION FOR STAY PENDING APPEAL

After consideration and review of Employer's Motion for Stay Pending Appeal,

IT IS HEREBY ORDERED that the Motion for Stay Pending Appeal is hereby

GRANTED.

DATED this 13th day of July, 2017.



Appeals Officer

Submitted by:

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 005125
2300 West Sahara Avenue, Suite 300, Box 28
Las Vegas, NV 89102
Phone: (702) 893-3383
Fax: (702) 366-9689
Attorneys for Employer

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1 **CERTIFICATE OF MAILING**

2 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of
3 the foregoing **ORDER GRANTING MOTION FOR STAY PENDING APPEAL** was made
4 this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada,
5 addressed as follows:

6 Brian Wolfgram
7 221 Lookout Avenue
8 Henderson, NV 89002


9 Jason Mills, Esq.
10 Neeman & Mills
11 1201 South Maryland Parkway
12 Las Vegas, NV 89104

13 Attn: Sally Ihmels
14 City of Henderson
15 240 South Water Street MSC 122
16 Henderson, NV 89015

17 Attn: Susan Riccio
18 Cannon Cochran Management Services, Inc.
19 P.O. Box 35350
20 Las Vegas, NV 89133

21 Daniel L. Schwartz, Esq.
22 Lewis Brisbois Bisgaard & Smith LLP
23 2300 West Sahara Avenue, Suite 300, Box 28
24 Las Vegas, NV 89102

25 DATED this 13th day of July, 2017.

26 
27 _____
28 An employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

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CLERK OF THE COURT
JUL 11 2017

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM
221 LOOKOUT AVENUE
HENDERSON, NV 89002,

Claimant.

Claim No. : 14C52E546827

Hearing No. : 1710311-SE

Appeal No. : 1714500-CJY

Employer :
ATTN: SALLY IHMELS
CITY OF HENDERSON
240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015

EMPLOYER'S REPLY BRIEF IN SUPPORT OF ITS MOTION FOR STAY PENDING
APPEAL


COMES NOW the Employer, CITY OF HENDERSON (hereinafter referred to as
"Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS
BISGAARD & SMITH LLP, and files this Reply Brief in support of its Motion for a Stay of the
execution of the Hearing Officer's Decision and Order, dated May 19, 2017, pending decision on the
merits of the appeal by the Employer to this Appeals Officer, filed separately.

This Reply Brief is made and based upon the attached Points and Authorities and any
arguments of counsel on this matter, requested by the Appeals Officer.

DATED this 10 day of July, 2017.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 
DANIEL L. SCHWARTZ, ESQ.
Nevada Bar No. 5125
2300 W. Sahara Avenue, Ste. 300, Box 28
Las Vegas, NV 89102
Attorneys for the Employer

STATEMENT OF THE CASE

The present appeal stems from a May 19, 2017, Hearing Officer's Decision and Order, Hearing No. 1710311-SE, which reversed Administrator's February 15, 2017 determination to deny reopening. (Exhibit pp. 76-77.)

On October 18, 2014, the claimant, BRIAN WOLFGRAM ("claimant"), alleged an injury to both arms/hands due to assisting with loading approximately 1000 feet of hose while training. The physician on the C-4 Form diagnosed bilateral wrist tenosynovitis, cervical strain r/o radiculopathy and bilateral elbow tenosynovitis. (Exhibit p. 1)

Employer completed a C-3 Form. (Exhibit p. 2)

An Incident Report was completed by claimant. (Exhibit p. 3)

A Witness Report was completed by Brandon Bowyer. He noted that on two occasions he witnessed Wolfgram grimace in pain. (Exhibit p. 4)

Claimant presented to Concentra on October 20, 2014. The history noted repetitive use of the hand and lifting fire hoses. The assessment noted sprains and strains of elbow and forearm, wrist tenosynovitis, and cervical strain r/o radiculopathy. Wrist braces were given. Restrictions were also given. (Exhibit pp. 5-7)

On October 21, 2014, Employer advised of claimant's modified duties. (Exhibit p. 8)

On October 21, 2014, claimant accepted a modified duty position. (Exhibit p. 9)

On October 22, 2014, claimant returned to Concentra. The assessment remained the same. Restrictions continued. (Exhibit pp. 10-11)

Claimant completed a medical release and prior history noting no prior conditions. (Exhibit pp. 12-15)

On October 29, 2014, claimant returned to Concentra reporting upper back pain. Claimant was referred to a hand specialist. (Exhibit pp. 16-18) Same was approved. (Exhibit pp. 19-22)

On November 3, 2014, claimant presented for physical therapy. (Exhibit pp. 23-24) Physical therapy continued. (Exhibit pp. 25-31)

On November 10, 2014, claimant presented to Dr. Young. Electrodiagnostic studies

1 were recommended. (Exhibit pp. 32-33)

2 On November 17, 2014, claimant presented to Dr. Germin for EMG/nerve conduction
3 studies. The results were negative. (Exhibit pp. 34-40)

4 On November 19, 2014, claimant was advised that his claim had been accepted for a
5 cervical strain. (Exhibit p. 41)

6 On November 20, 2014, claimant returned to Dr. Young. Claimant reported that his
7 symptoms had dissipated somewhat. Full duty was recommended. (Exhibit pp. 42-45)

8 On November 25, 2014, Administrator advised claimant that his claim was amended to
9 include bilateral elbows and hands cubital tunnel syndrome. (Exhibit p. 46)

10 On December 18, 2014, claimant returned to Dr. Young. A strengthening program was
11 recommended. (Exhibit pp. 47-51)

12 On December 23, 2014, claimant returned to Dr. Young indicating he overdid it the
13 prior day putting the top on his jeep. The assessment noted decreased muscle tightness along the
14 forearm extension. (Exhibit p. 52)

15 Claimant continued treatment with Dr. Young. (Exhibit pp. 53-55)

16 On January 15, 2015, claimant reported 100% improvement in the right upper
17 extremity and 95% in the contralateral left. Tingling had resolved. Claimant was found to have
18 reached maximum medical improvement, stable, not ratable. (Exhibit pp. 56-58)

19 On January 26, 2015, claimant was advised that his claim would close without a rating.
20 (Exhibit p. 59)

21 On January 30, 2017, claimant returned to Dr. Young. A recurrence of previous
22 symptoms was noted. A request for repeat EMG/NCV studies was made. Reopening was
23 recommended. (Exhibit pp. 60-61)

24 On February 6, 2017, claimant requested reopening of his industrial claim.
25 (Exhibit p. 62)

26 On February 15, 2017, claimant was advised that the request for reopening was
27 denied, as same needed to be requested within one year of closing, as he did not miss any time
28 from work, nor receive benefits for a permanent partial disability (PPD). (Exhibit p. 63)

1 On March 9, 2017, claimant's counsel sent notice of representation. 64-68)
2 On March 10, 2017, claimant appealed the February 15, 2017 denial of reopening.
3 (Exhibit p. 69)
4 On April 10, 2017, claimant was advised of his average monthly wage (AMW).
5 (Exhibit pp. 70-75)
6 A hearing was held on May 9, 2017 regarding reopening. In a written Decision and
7 Order dated May 19, 2017, the Hearing Officer reversed the denial of reopening. (Exhibit pp. 76-77)
8 The Employer has filed a timely appeal along with a Motion for Stay. An Opposition
9 was filed by the claimant. This Reply Brief follows.

10 **POINTS & AUTHORITIES**

11 **ARGUMENT**

12 **The Employer Has Proven A Strong Likelihood of Success on the Merits of its Appeal**

13 First and foremost, the 2016 amendment to NRS 616C.390 only changed the
14 requirement that a claimant have a minimum duration of incapacity of five (5) days within a twenty
15 (20) day period. This change only means that instead of five consecutive days, a claimant need only
16 be incapacitated for five total days, consecutive or non-consecutive, within a twenty day period. The
17 claimant did not satisfy this requirement, as the claimant was not incapacitated for five or more days
18 within a twenty day period. Claimant actually accepted a modified duty position just three days after
19 the injury and never missed any time from work. Therefore, he was indeed required to request
20 reopening within one year of claim closure.

21 In addition to the above, the claimant failed to present sufficient medical reporting in
22 support of the reopening request. Dr. Young's reporting does not note a change in the claimant's
23 circumstances, the primary cause of which is the industrial injury. All Dr. Young's reporting states is
24 a "recurrence of previous symptoms." (Exhibit p. 61) This is insufficient to establish entitlement to
25 reopening.

26 The Hearing Officer did err as a matter of law. The claimant has clearly not established
27 entitlement to reopening and a Stay is needed while the Employer's appeal proceeds on the merits.
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CERTIFICATE OF MAILING

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S REPLY BRIEF IN SUPPORT OF ITS MOTION FOR STAY PENDING APPEAL** was made this date by depositing a true copy of the same for mailing, first class mail, at Las Vegas, Nevada, addressed as follows:

Jason Mills, Esq.
Neeman & Mills
1201 South Maryland Parkway
Las Vegas, NV 89104

Attn: Sally Ihmels
City of Henderson
240 South Water Street MSC 122
Henderson, NV 89015

Attn: Susan Riccio
Cannon Cochran Management Services, Inc.
P.O. Box 35350
Las Vegas, NV 89133

DATED this 10 day of July, 2017.



An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

ORIGINAL

NEVADA ADMINISTRATION
BEFORE THE APPEALS OFFICER

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JUN 30 11 35 55

In the Matter of the Contested
Industrial Insurance Claim

of

BRIAN WOLFGRAM,

Claimant.

Claim No.: 14C52E546827

Hearing No.: 1710311-SE

Appeal No.: 1714500-CJY

**CLAIMANT'S OPPOSITION TO THE
EMPLOYER'S MOTION FOR STAY**

COMES NOW, BRIAN WOLFGRAM ("Claimant") by and through his attorney of
record, JASON D. MILLS, ESQ. of the law firm of NEEMAN & MILLS, PLLC, and hereby
submits his Opposition to the Employer's Motion for Stay.

I. AFFIRMATION PURSUANT TO NRS 239B.030

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

II. ISSUE

*Issue before the Appeals Officer: Is the Employer entitled to a stay from the Hearing
Officer's order dated May 19, 2017 reversing the TPA's determination to deny
Claimant's request for reopening?*

*Claimant's position on the issue before the court: No, they are not entitled to a stay, as
the Claimant has met his burden of proof to reopen his claim pursuant to NRS 616C.390.*

II. STATEMENT OF FACTS

The Claimant suffered an injury while in the course and scope of employment for

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1 the City of Henderson ("Employer") on October 18, 2014. His claim was accepted by CCMSI
2 ("TPA") and was treated for cervical strain, bilateral elbows and hands cubital tunnel syndrome
3 and released from medical treatment by Dr. Colby Young on January 15, 2015 as stable and not
4 ratable. See pp. 1-5. It is also noted that prior to Dr. Young treating Claimant, that Concentra
5 treating physician, Bernard Hunwick, M.D., placed Claimant on light duty restrictions on an
6 industrial basis between October 14, 2014 and November 3, 2014. See p. 12-14.

8 On January 30, 2017, Dr. Colby Young indicated that he believed Claimant has
9 recurrence of his previous symptoms and recommends reopening of his claim for evaluation and
10 possible treatment if necessary. See pp. 6-7.

12 On February 6, 2017, Claimant requested reopening of his claimant to the TPA. See p. 8.

13 On February 15, 2017, the TPA denied Claimant's request for reopening. See p. 9.

14 Claimant timely appealed the TPA's determination denying his request for reopening and
15 on May 19, 2017, a Hearing Officer remanded the TPA to reopen his claim.

17 The Employer timely appealed the Hearing Officer's Decision and Order and submitted a
18 Motion for Stay.

19 This Opposition follows:

20 **III. ARGUMENT**

21 **A. The Employer's Motion for Stay should not be granted as the Hearing Officer's** 22 **Decision was correct under Nevada law.**

23 Under Nevada law, the Employer's request for a stay should not be granted because the
24 Employer has failed to prove that a Stay is appropriate. NRS 616C.345(3) unambiguously states
25 that "the filing of a notice of appeal does not automatically stay the enforcement of the decision
26 of a hearing officer...". Further, it states that an appeals officer can "order a stay, **when**
27 **appropriate**, upon the application of a party." Id. (Emphasis added.) When read together it is
28 essential to note that the granting of a Stay by an appeals officer is not automatic nor is it

1 mandatory. Rather, a reasonable reading of the statute shows that a party asking for the Stay,
2 here, the Employer must carry the burden of proving their case for a Stay.

3 However, “when appropriate” is not defined by any statute, regulation or Nevada case
4 law, and the closest available guidance regarding the burden the moving party must meet to
5 obtain a stay in an administrative law setting is found at NRS 233B.140(2) which states that “[i]n
6 determining whether to grant a stay, the court shall consider the same factors as are considered
7 for a preliminary injunction under Rule 65 of the Nevada Rules of Civil Procedure.”. And the
8 basis for obtaining a preliminary injunction are set forth in Dangberg Holdings Nevada, L.L.C. v.
9 Douglas County and its Bd. of County Com'rs, 978 P.2d 311 (Nev., 1999). In particular,
10 according to Dangberg, the relevant factors when considering an injunction are:

11 *1. Whether the Employer is likely to prevail on the merits; and*

12 *2. Whether the Employer will suffer irreparable harm.*

13 *See Id at 319.*

14 Each factor is analyzed below and as indicated, the Employer has not met its burden to
15 obtain a stay pending its appeal.

16
17 **1. The Employer has not demonstrated it is likely to prevail on the merits.**

18 As to the factor of *whether the Employer is likely to prevail on the merits of the appeal* is
19 answered in the negative. In this case, they will not likely prevail in its appeal as they failed to
20 prove that the Hearing Officer has erred as a matter of law, thus not meeting its burden to obtain
21 a stay, as further set forth below.

22 Specifically, here, the TPA’s denial of his claim for reopening was based on an outdated
23 statutory requirement in NRS 616C.390(5), which previously contained an **off work** requirement
24 (See pp. 10-11). However, the off work requirement was stripped from the statute by the
25 Nevada legislature and effective since January, 2016, the statute reads as follows:
26
27

28 **5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:**

1 (a) The claimant did not meet the minimum duration of
2 incapacity as set forth in NRS 616C.400 as a result of the
3 injury; and

4 (b) The claimant did not receive benefits for a
5 permanent partial disability.

6 NRS 616C.400 states in pertinent parts as follows:

7 Temporary compensation benefits must not be paid
8 under chapters 616A to 616D, inclusive, of NRS for an
9 injury which does not incapacitate the employee for at least
10 5 consecutive days, or 5 cumulative days within a 20-day
11 period, from earning full wages, but if the incapacity
12 extends for 5 or more consecutive days, or 5 cumulative
13 days within a 20-day period, compensation must then be
14 computed from the date of the injury.

15 Accordingly, as of January 1, 2016 “off work” is no longer a threshold as to whether a
16 claim may be reopened. Rather, five days (or more) of light duty restrictions entitle a claimant to
17 lifetime reopening rights. Here, Claimant was placed on **light duty** restrictions from October 20,
18 2014 to November 3, 2014 (*See* pp.12-14). Therefore, notwithstanding the Employer’s argument
19 to the contrary (*See* Employer’s Motion for Stay, p. 7, lines 14-15), the light duty restrictions
20 show that Claimant did meet the statutory requirement of minimum duration of incapacity
21 because he was **not full duty** due to an industrial injury for a period of more than 5 days in 20.

22 Furthermore, as Claimant did meet the statutory requirement of minimum duration of
23 incapacity, he did not have to have a PPD evaluation when his claim initially closed. As such,
24 Claimant is statutorily able to request reopening after one year of claim closure. Therefore, NRS
25 616C.390(1) applies, which states that:

26 Except as otherwise provided in NRS 616C.392:

27 1. If an application to reopen a claim to increase or
28 rearrange compensation is made in writing more than 1
year after the date on which the claim was closed, the
insurer shall reopen the claim if:

1 (a) A change of circumstances warrants an increase or
2 rearrangement of compensation during the life of the
3 claimant;

4 (b) The primary cause of the change of circumstances
5 is the injury for which the claim was originally made; and

6 (c) The application is accompanied by the certificate of
7 a physician or a chiropractor showing a change of
8 circumstances which would warrant an increase or
9 rearrangement of compensation.

10 Dr. Young has indicated that he believes Claimant "has recurrence of his previous
11 symptoms and recommended reopening of his claim for evaluation and possible treatment if
12 necessary." Therefore, pursuant to NRS 616C.390 Claimant made a timely request to re-open
13 his claim and the claim should be reopened based on Dr. Young's reporting.

14 Therefore, the Employer cannot be granted a stay as they are not likely to prevail on the
15 merits as the Hearing Officer did not err as a matter of law.

16 **2. The Employer will not suffer irreparable harm if the stay is denied**

17 As to the factor of *whether the Employer will suffer irreparable if the stay is denied* the
18 answer is no.

19 The benefits sought by Claimant, from the Employer's perspective, are economic in
20 nature. And monetary damages are generally **not** recognized as a form of irreparable or serious
21 injury. *See, Wisconsin Gas Co. v. F.E.R.C.*, 758 F.2d 669, 674 (D.C.Cir.1985) (noting that "
22 '[m]ere injuries, however substantial, in terms of money, time and energy necessarily expended
23 in the absence of a stay are not enough...to show irreparable harm") (quoting *Virginia Petroleum*
24 *Job. Ass'n v. Federal Power Com'n*, 104 U.S.App.D.C. 106, 259 F.2d 921, 925 (D.C.Cir.1958).
25 *See also Dixon v. Thatcher*, 103 Nev. 414, 415, 742 P.2d 1029, 1029-30 (1987) (noting that, with
26 respect to injunctive relief, irreparable harm is harm for which compensatory damages would be
27
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1 inadequate, such as the sale of a home at a trustee's sale would meet irreparable harm because
2 real property is unique).

3 Additionally the Nevada legislature specifically did not grant a right of reimbursement
4 for benefits that are even **incorrectly paid**. This was made clear by the Nevada Supreme Court
5 in Ransier v. SIIS, 104 Nev. 742, 766 P.2d 274 (1988), where the court held that SIIS cannot
6 recoup funds properly paid to Respondent pending appeal when the payments are later found to
7 be unwarranted. In the more recent case of Wyphoski v. Sparks Nugget, Inc., 112 Nev. 413, 915
8 P.2d 261 (1996), the Supreme Court refused to carve out an exception to the rule enunciated in
9 Ransier when the employer is self-insured. In fact, the Wyphoski court affirmed the earlier
10 holding in Ransier. The Supreme Court noted that one of the key legislative purposes of the
11 industrial insurance laws is to favor the payment of benefits to the employee even in **uncertain**
12 **cases**. In Wyphoski the Nevada Supreme Court held that this circumstance was clearly a policy
13 consideration that must be changed by legislative, not judicial action.
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17 In this case, the their stay, if granted would serve to warp Ransier by claiming that
18 because it is responsible to pay benefits (medical treatment) pending the appeal regardless of the
19 outcome, and in so doing it will suffer irreparable harm precisely because it will be required to
20 follow the law as written by the Nevada Legislature and previously interpreted by the Nevada
21 Supreme Court. Essentially, if the stay is granted the Employer's request would serve to turn
22 Nevada law, the Ransier and Wyphoski holdings, and Nevada public policy considerations on
23 their head.
24

25 Moreover, the cost of medical treatment at (or below) the Nevada fee schedule during the
26 pendency of the action is likely to run several hundred dollars to at most a couple thousand
27 dollars;; which certainly does **not** amount to an **irreparable harm** which the Employer and the
28


1 TPA must prove in order to receive their requested relief. Yet the failure to provide Claimant
2 medical benefits while the matter is pending is detrimental to the Claimant's ability to recover
3 from this industrial injury when compared to the loss of a small amount of pecuniary interest by
4 the Employer.
5

6 Accordingly, the Employer has not proven irreparable harm such that it may obtain a
7 stay.
8

9 V. CONCLUSION

10 Based upon these reasons, the Hearing Officer correctly remanded the TPA to reopen
11 Claimant's claim and the Employer has not shown a likelihood of success on the merits nor has it
12 shown that it will suffer irreparable harm as monetary damages are generally not a form of
13 irreparable harm. And because the Employer cannot prove either, let alone both (as is required to
14 obtain such a stay) its Motion for Stay should be denied.
15

16 Dated June 29, 2017.

17 
18 JASON D. MILLS, ESQ.
19 Nevada Bar No.: 7447
20 Newman & Mills, PLLC
21 1201 S. Maryland Pkwy.
22 Las Vegas, NV 89104
23
24
25
26
27
28

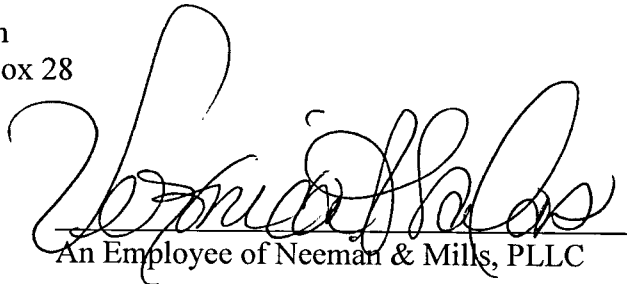
1 CERTIFICATE OF MAILING

2 The undersigned hereby certifies that on the 29 day of June, 2017 a true and correct
3 copy of CLAIMANT'S OPPOSITION TO THE EMPLOYER'S MOTION FOR STAY was
4 deposited in the United States mail, proper postage prepaid, and addressed to the following:
5

6 City of Henderson
7 Attn: Sally Ihmels
8 240 S. Water St. SMC 122
9 Henderson, NV 89015

10 CCMSI
11 Attn: Susan Riccio
12 P.O. Box 35350
13 Las Vegas, NV 89133

14 Daniel L. Schwartz, Esq.
15 Lewis Brisbois Bisgaard & Smith
16 2300 W. Sahara Ave., Ste. 300 Box 28
17 Las Vegas, NV 89102

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28

An Employee of Neeman & Mills, PLLC

Brian Wolfgram
221 Lookout Ave
Henderson, NV 89002

Re: Claim No: 14C52E546827
Employer: City of Henderson
TPA: CCMSI
Date of Injury: 10/18/2014
Date of Notice: 11/19/2014
Body Part: Cervical strain

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

Dear Mr. Wolfgram:

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

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

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

Very truly yours,

Susan Riccio

Susan Riccio
Claims Representative

Reason for
appeal: _____

Signature

Date

Retain a copy for your records

cc: File/ Employer
(rev. 05/10)

D-30

00192

000001

November 25, 2014

Brian K Wolfgram
221 Lookout Ave
Henderson, NV 89002

Re: Claim Number : 14C52E546827
 Date of Loss : 10/18/2014
 Employer : City of Henderson
 Accepted body parts : Bilateral elbows and hands cubital tunnel syndrome

Dear Mr. Wolfgram:

This letter is to inform you that the scope of your claim acceptance has been amended as stated above. Please check the information in this letter. If you feel that anything is incorrect, please contact this office.

If you disagree with this determination you have the right to appeal by completing the enclosed "Request for Hearing" form and returning it to the Nevada Department of Administration within seventy (70) days of the date of this determination.

Sincerely,

Susan Riccio
Claim Representative

Enclosure

cc: employer
 File

Workers' Compensation Accident/Injury Treatment Report (T-1)

EMPLOYEE TO COMPLETE

Employee's Name: Brian Wolfram Employee Number: 11056
Date of Injury: 10-18-14 Date of Current Visit: 1-15-15
Is this a scheduled work day? ☒ Yes ☐ No CURRENT WORK STATUS: ☒ Full Duty ☐ Modified Duty ☐ Off Work

PHYSICIAN'S FINDINGS (to be completed by Treating Physician Only)

Diagnosis ICD9 Code (No Narrative): 1954.2

• Released to Full-Duty on 1/15/15

• Released to Modified-Duty on 1/1 with the following restrictions (check all applicable):

- ☐ No: ☐ Bending ☐ Pushing ☐ Pulling ☐ No Fire Suppression, Rescue or Paramedic Activities (Firefighters)
☐ No Repetitive Motion to Injured Part: ☐ No Combat Situations
Body Part: _____ ☐ Medication May be used while Working
☐ No Reaching/Working above Shoulder ☐ No Operating a Motor Vehicle or Machinery
☐ No Climbing: Ladders, Stairs, Sleep Trench ☐ Other: ☐ Eye Patch ☐ Keep Injury Clean ☐ Must Wear Spinal/Sling
☐ No Lifting over: ☐ 5 lbs. ☐ 10 lbs. ☐ 20 lbs. ☐ 35 lbs. ☐ 50 lbs. ☐ lbs.
Comments/Other: _____

Employee's restrictions are: ☐ Temporary ☐ Permanent

• Employee is OFF WORK (TTD) from 1/1 to 1/1
(These dates should not start before this treatment date or extend past next appointment date.)

Discharged? ☒ Yes ☐ No Medically Stable? ☒ Yes ☐ No Rateable? ☐ Yes ☒ No TTD
Condition: ☐ Same ☐ Improved ☐ Worsened

Request Referral? ☐ Yes ☐ No Referral For/To: _____

Objective Findings/Treatment/Prognosis: _____

REHABILITATION (Physical Therapist / Occupational Therapist)

NOTE FOR PT APPOINTMENTS: Therapist may complete and sign only the portions below.

Job Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing ☐ PT/OT Complete

SIGNATURES (Provider, Employee, Supervisor)

TIME IN: 10:30 TIME OUT: 10:30 NEXT APPOINTMENT: Date 1/15 PT/OT Time _____

Physician or Chiropractor Signature: Colton Jones MD Date: 1/15/15
Physician or Chiropractor Print Name: 9321 W. Sunset Road Address: Las Vegas, NV 89148
City/State/ZIP: _____ Phone: _____

Employee Signature: _____ Supervisor Signature: _____

ORIGINAL: HR Risk Management Division, HSC 137 (Rev. 10-25-14) PLEASE RETAIN A COPY: Department Employee Physician

10/13/100, 1/15/15, 5/17/15
ndc - Sullivan
nem Sullivan



Hand Surgery Specialists of Nevada

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

Date of Service:	01/15/2015
Patient Name:	Brian Wofgram
Gender:	Male
Date of Birth:	10/10/1967 47 Years 3 Months
Referral Name:	NCM Sally Dr. Colby Young

REASON FOR VISIT:	4wk follow up
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/10/14

Current Medications			
Ibuprofen 200MG Tablet Oral, Ref: 0			
Social History		Allergies	
Alcohol - Occasionally		No Known Drug Allergies	
Tobacco: Non Smoker		Past Medical History	
Past Surgical History		NONE PROVIDED	
Spine		Previous Diagnosis	
Family History		354.0, 354.2, 719.43	
None listed			
Smoking Status	Hand Dominance	Height:	Weight in lbs:
Unknown if ever smoked	Right	6'0"	190

SUBJECTIVE: Mr. Wofgram returns to the office for follow up. He reports 100 percent improvement in the right upper extremity and 95 percent in the contralateral left. Clinically he has full rule out bilaterally. He has no tenderness to palpation over the medial or lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the right elbow. He has some mild tenderness over the lateral aspect of the left elbow. He has full flexion and extension, as well as pronation and supination. The tingling is now near completely resolved.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL:

Diagnosis	354.0 CARPAL TUNNEL SYNDROME
	354.2 LESION OF ULNAR NERVE
	719.43 PAIN IN JOINT FOREARM
99213	OFFICE OUTPT ESTY 15 MIN

PLAN: Today I have recommended that he resume activities as tolerated. I did discuss for him to follow up if need be if any of his symptoms recur. At this point, he has reached maximum medical improvement. He is stable. There is no residual rating or PPI.



Coby P. Young MD
Board Certified Orthopaedic Hand and Upper Extremity Specialist
Certified Independent Medical Examiner

Adjuster: Sue Riccio
Case Manager:
Claim: K052E540827
D.O.I.:
Fax: 10-18-74
Next App: 217-477-3034
From: Danasha

Adjuster: NCM: Salli Chaskowicz
Case Manager:
Claim:
D.O.I.:
Fax:
Next App: Sue. 728-8277
From:



Hand Surgery Specialists of Nevada

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

Date of Service:	01/30/2017		
Patient Name:	Brian Wolfram		
Gender:	Male		
Date of Birth	10/10/1967	49 Years 3 Months	
Referral Name:	NCM Sally Dr. Colby Young		

REASON FOR VISIT:	
HISTORY OF INJURY:	Affected body part: bilateral arm and hand Date of Injury: 10/18/14

Prescriptions			
Medications			
Ibuprofen 200MG Tablet, Ref: 0			
Social History		Allergies*	
Alcohol - Occasionally Tobacco: Non Smoker		.No Known Drug Allergies	
Surgical History		Past Medical History	
Spine		.NONE PROVIDED	
		Family History	
		.None listed	
Smoking Status	Hand Dominance	Height	Weight in lbs.
Unknown if ever smoked	Right	6'0"	200

SUBJECTIVE: Brian Wolfram returns to the office for followup. He returns as a previous patient that was last seen approximately two years ago. He, on last evaluation, was diagnosed with cubital tunnel, as well as carpal tunnel syndrome and we had treated him with expectant management. He reports that during the course of participating in his normal work-related activities over the last two years, he began having progressive numbness and tingling that has recurred in the hand. ?

He has not changed any of his outside activities. He states that he had observed this after our conversation on his last evaluation, however subsequently began having worsening symptoms. He states that his symptoms are worse with elbow flexion for a period of time or pressure along the elbow. Computer use, bike riding and sleeping makes his symptoms worse. He states that he had taken a short course of prednisone for unrelated injury and this improved his symptoms temporarily however after he had been taken off the prednisone, his symptoms recurred. He is here to discuss reopening of his claim.

GENERAL: Age appropriate Male in no apparent distress.

SKIN: The skin is clean and dry. There are no abnormal markings, swelling, or discoloration.

LYMPHATIC: No erythema, cellulitis, abscesses, lymphangitis nor any signs to suggest infection.

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

NEUROLOGIC: Sensation is normal and intact to light touch. No signs of atrophy, anhidrosis or trophic changes.

MUSCULOSKELETAL: He has full flexion and extension of the elbows. There is no clicking or catching. He has sensation that is intact to light touch with 2-point discrimination being 5 mm over the radial and ulnar aspect of the thumb and small finger. He has a equivocal Tinel's. He has negative Froment's, Earl's or Wartenberg's tests today.

Diagnosis	G56.21 Lesion of ulnar nerve, right upper limb G56.22 Lesion of ulnar nerve, left upper limb
99203	OFFICE OUTPT NEW 30 MIN

PLAN: I believe he has recurrence of his previous symptoms. I would like to obtain repeat electrodiagnostic studies to evaluate. I do recommend reopening of his claim for evaluation and possible treatment if necessary. I recommended that he have elbow pads during the day and recommended rotating these at night to minimize pressure on the ulnar nerve.



Colby P. Young MD

Brian K Wolfgram
221 Lookout Avenue
Henderson, NV 89002

February 6, 2017

Attn: Candice Egan

This letter is to request reopening of my 2014 claim where I was diagnosed with bi-lateral cubital tunnel syndrome. Since 2014, I have had reoccurring symptoms, most recently the beginning of December 2016 to present. Because the symptoms continue to worsen, I scheduled an appointment with Dr. Young for evaluation. I had an appointment with Dr. Young on January 30th and he indicated that since my symptoms had worsened he would assist me with reopening the claim and order a nerve study to assist with the evaluation.

I have not been scheduled as of yet for the nerve study but I am scheduled for another appointment with Dr. Young, March 9th. Please let me know if there are any further steps I need to take to expedite this process.

Thank you,

A handwritten signature in dark ink, appearing to read 'Brian K. Wolfgram', followed by a long horizontal line.

Brian K. Wolfgram

RECEIVED

FEB 06 2017

CCMSI ~ LAS VEGAS



February 15, 2017

Brian K Wolfgram
221 Lookout Ave
Henderson, NV 89002-3339

Re: Claim Number : 14C52E546827
Date of Injury : 10/18/2014
Insurer : City of Henderson

Dear Mr. Wolfgram:

This letter is to inform you that CCMSI has received your request to reopen your above-referenced claim. Please be aware that NRS 616C.390 (5) states:

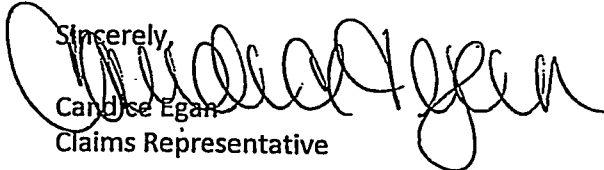
5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:
 - (a) The claimant was not off work as a result of the injury; and
 - (b) The claimant did not receive benefits for a permanent partial disability.

Based on the fact that your claim was closed more than one year prior to your request to reopen, you did not lose time from work, and you did not sustain a permanent disability as a result of your claim our office is unable to consider your request for reopening. A copy of NRS 616C.390 is enclosed for your review.

If you disagree with this decision, you may appeal by completing and submitting the attached "Request for Hearing" form to the Department of Administration, Hearings Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,


Candice Egan
Claims Representative

Enclosures: NRS 616C.390
"Request for Hearing" form

cc: City of Henderson
File

3. If a claimant applies for a claim to be reopened pursuant to subsection 1 or 2 and a final determination denying the reopening is issued, the claimant shall not reapply to reopen the claim until at least 1 year after the date on which the final determination is issued.

4. Except as otherwise provided in subsection 5, if an application to reopen a claim is made in writing within 1 year after the date on which the claim was closed, the insurer shall reopen the claim only if:

(a) The application is supported by medical evidence demonstrating an objective change in the medical condition of the claimant; and

(b) There is clear and convincing evidence that the primary cause of the change of circumstances is the injury for which the claim was originally made.

5. An application to reopen a claim must be made in writing within 1 year after the date on which the claim was closed if:

(a) The claimant ~~[was not off work]~~ *did not meet the minimum duration of incapacity as set forth in NRS 616C.400* as a result of the injury; and

(b) The claimant did not receive benefits for a permanent partial disability.

→ If an application to reopen a claim to increase or rearrange compensation is made pursuant to this subsection, the insurer shall reopen the claim if the requirements set forth in paragraphs (a), (b) and (c) of subsection 1 are met.

6. If an employee's claim is reopened pursuant to this section, the employee is not entitled to vocational rehabilitation services or benefits for a temporary total disability if, before the claim was reopened, the employee:

(a) Retired; or

(b) Otherwise voluntarily removed himself or herself from the workforce,

→ for reasons unrelated to the injury for which the claim was originally made.

7. One year after the date on which the claim was closed, an insurer may dispose of the file of a claim authorized to be reopened pursuant to subsection 5, unless an application to reopen the claim has been filed pursuant to that subsection.

8. An increase or rearrangement of compensation is not effective before an application for reopening a claim is made unless good cause is shown. The insurer shall, upon good cause shown, allow the cost of emergency treatment the necessity for which has been certified by a physician or a chiropractor.

9. A claim that closes pursuant to subsection 2 of NRS 616C.235 and is not appealed or is unsuccessfully appealed pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive, may not be reopened pursuant to this section.

10. The provisions of this section apply to any claim for which an application to reopen the claim or to increase or rearrange compensation is made pursuant to this section, regardless of the date of the injury or accident to the claimant. If a claim is reopened pursuant to this section, the amount of any compensation or benefits provided must be determined in accordance with the provisions of NRS 616C.425.

Sec. 2. NRS 616C.390 is hereby amended to read as follows:

616C.390 . Except as otherwise provided in NRS 616C.392:

1. If an application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date on which the claim was closed, the insurer shall reopen the claim if:

(a) A change of circumstances warrants an increase or rearrangement of compensation during the life of the claimant;

(b) The primary cause of the change of circumstances is the injury for which the claim was originally made; and

(c) The application is accompanied by the certificate of a physician or a chiropractor showing a change of circumstances which would warrant an increase or rearrangement of compensation.

2. After a claim has been closed, the insurer, upon receiving an application and for good cause shown, may authorize the reopening of the claim for medical investigation only. The application must be accompanied by a written request for treatment from the physician or chiropractor treating the claimant, certifying that the treatment is indicated by a change in circumstances and is related to the industrial injury sustained by the claimant.

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/20/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave

HENDERSON, NV 89002

Home: (702) 858-4823

Work:

Ext.:

Employer Location: City of Henderson-Non RegulContact: Mary Sexton

Address:

240 S Water St, MSC 137

Henderson, NV 890157227

Auth. by:

Arbortan

Role: Primary Contact

Phone: (702) 267-1922 Ext.:

Fax: (702) 267-1902

This Visit: Time In: 10:45 am

Time Out: 01:36 pm

Recordable: N/A

Visit Type: New

Treating Provider: Bernard B. Hunwick, MD

Medications:

Diagnosis: 847.0

Cervical Strain

727.05

Tenosynovitis, Wrist/Hand

727.09

Elbow Tenosynovitis

☐ Dispensed Prescription Medication to Patient

☐ Dispensed Over-The-Counter Prescription

☒ Written Prescription given to Patient

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/20/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday October 22, 2014 11:15 am

Provider/Facility: Bernard B. Hunwick, MD

Claim Number:

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/22/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave

HENDERSON, NV 89002

Home: (702) 858-4823

Work: Ext.:

Employer Location: City of Henderson-Non Regul Contact: Mary Sexton

Address: 240 S Water St, MSC 137

Henderson, NV 890157227

Auth. by: Arbortan

Role: Primary Contact

Phone: (702) 267-1922 Ext.:

Fax: (702) 267-1902

This Visit: Time In: 10:57 am

Time Out: 12:48 pm

Recordable: N/A

Visit Type: Recheck

Treating Provider: Bernard B. Hunwick, MD

Medications:

☐ Dispensed Prescription Medication to Patient

☐ Dispensed Over-The-Counter Prescription

☐ Written Prescription given to Patient

Diagnosis: 847.0 Cervical Strain

727.05 Tenosynovitis, Wrist/Hand

727.09 Elbow Tenosynovitis

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/22/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks:

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday, October 29, 2014 1:00 pm

Provider/Facility: Bernard B. Hunwick, MD

Claim Number: 14C52E546827

Concentra Medical Centers

149 N Gibson HENDERSON, NV 89014
Phone: (702) 558-6275 Fax: (702) 856-3198

Service Date: 10/29/2014

Case Date: 10/18/2014

Physician Work Activity Status Report

Patient: Wolfgram, Brian K.

SSN: XXX-XX-7004

Address: 221 Lookout Ave
HENDERSON, NV 89002

Home: (702) 858-4823

Work: Ext.:

Employer Location: City of Henderson-Non Regul Contact: Mary Sexton

Address: 240 S Water St, MSC 137 Role: Primary Contact

Henderson, NV 890157227 Phone: (702) 267-1922 Ext.:

Auth. by: Arbortan Fax: (702) 267-1902

This Visit: Time In: 12:53 pm Time Out: 03:25 pm Recordable: N/A Visit Type: Recheck

Treating Provider: Bernard B. Hunwick, MD

Medications:

Diagnosis: 847.0 Cervical Strain
727.05 Tenosynovitis, Wrist/Hand
727.09 Elbow Tenosynovitis

- ☐ Dispensed Prescription Medication to Patient
☐ Dispensed Over-The-Counter Prescription
☐ Written Prescription given to Patient

Patient Status:

Modified Activity - Referred, but returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 10/29/2014 with the following restrictions

No lifting over 15 lbs.

No pushing and/or pulling over 15 lbs. of force

Remarks: Avoid combat or fire fighting situations..ph

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement:

Actual Date of Maximum Medical Improvement:

Next Visit(s): Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday November 3, 2014 10:30 am

Provider/Facility: James S. Horrocks, PT

Visit Date: Wednesday November 5, 2014 2:15 pm

Provider/Facility: Bernard B. Hunwick, MD

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1710311-SE
Claim Number: 14C52E546827

BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON, NV 89002-3339

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

_____ /
The Claimant's request for hearing was filed on March 10, 2017 and a hearing was scheduled for May 9, 2017. The hearing was held on May 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by Jason Mills, Esq., for Neeman & Mills, Ltd. The Administrator was represented by Julie Vacca, Claim Supervisor for CCMSI.

ISSUE

The Claimant appealed the determination of CCMSI dated February 15, 2017.

The issue before the Hearing Officer is INSURER'S DENIAL OF CLAIM REOPENING.

DECISION AND ORDER

The burden-of-proof to reopen the claim has been met. Dr. Colby Young establishes propriety of claim reopening under the 2015 revisions of 616C.390. Accordingly, the claim shall be reopened as recommended by the physician.

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

IT IS SO ORDERED this 17 day of May, 2017.


Steven Evans
Hearing Officer

APPEAL RIGHTS

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

CERTIFICATE OF MAILING

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

BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON NV 89002-3339

JASON MILLS ESQ
NEEMAN & MILLS LTD
1201 S MARYLAND PKWY
LAS VEGAS NV 89104-1727

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2017.



D Giambelluca
Employee of the State of Nevada

1 BEFORE THE APPEALS OFFICER

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

4 BRIAN K WOLFGRAM,

5 Claimant.
6

) Claim No: 14C52E546827

) Appeal No: 1714500-CJY
7

7 NOTICE OF APPEAL AND ORDER TO APPEAR

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


10 **DATE:** AUGUST 25, 2017

11 **TIME:** 10:00AM STACKED

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

- 15 2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the
16 Claimant's file relating to the matter on appeal.
- 17 3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of
18 information to be considered on appeal.
- 19 4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all
20 social security numbers redacted or otherwise removed and an affirmation to this
21 effect must be attached. The documents otherwise may be rejected by the Hearings
22 Division.
- 23 5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be
24 subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.
- 25 6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND
26 SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT
27 LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted
28 by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all
parties to the action have agreed to remove the action from the Stacked Calendar. A
continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The
matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME
AVAILABLE BASIS.
7. The injured employee may be represented by a private attorney or seek assistance and
advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED this 29th day of June, 2017.


CHARLES YORK, ESQ.
APPEALS OFFICER

DOC022

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1 **CERTIFICATE OF MAILING**

2
3 The undersigned, an employee of the State of Nevada, Department of Administration,
4 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
5 the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage
6 prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration,
7 Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

8 BRIAN K WOLFGRAM
9 221 LOOKOUT AVE
10 HENDERSON NV 89002-3339

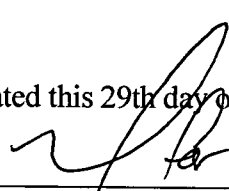
11 JASON MILLS ESQ
12 NEEMAN & MILLS LTD
13 1201 S MARYLAND PKWY
14 LAS VEGAS NV 89104-1727

15 CITY OF HENDERSON
16 ATTN SALLY IHMELS
17 240 S WATER ST MSC 122
18 HENDERSON NV 89015-7227

19 DANIEL SCHWARTZ ESQ
20 LEWIS BRISBOIS BISGAARD & SMITH LLP
21 2300 W SAHARA AVE STE 300 BOX 28
22 LAS VEGAS NV 89102-4375

23 CCMSI
24 JULIE VACCA CLAIMS SUPERVISOR
25 P O BOX 35350
26 LAS VEGAS NV 89133-5350

27 Dated this 29th day of June, 2017.

28 

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

Nevada Department of Administration Hearings Division
Appeals Office, 2200 South Rancho Drive, Suite 220
Las Vegas, Nevada 89102
(702) 486-2527

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

CLAIMANT INFORMATION:

Claimant: BRIAN WOLFGRAM
Address: 221 LOOKOUT AVENUE
HENDERSON, NV 89002
Telephone: ()
Hearing Number: 1710311-SE

EMPLOYER INFORMATION:

Claim Number: 14C52E546827
Employer: ATTN: SALLY IHMEL CITY OF HENDERSON
Address: 240 SOUTH WATER STREET MSC 122
HENDERSON, NV 89015
Telephone:

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER TPA INSURER

I WISH TO APPEAL THE DETERMINATION DATED: 05-19-17

YOU MUST ATTACH A COPY OF THE DETERMINATION.

BRIEFLY EXPLAIN REASON FOR APPEAL: Disagree with the Hearing Officer's Decision and Order dated 05-19-17.

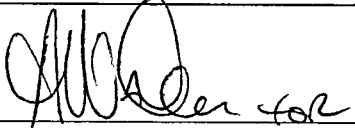
If you are represented by an attorney or other agent, please print the name and address below.

ATTORNEY/REPRESENTATIVE:

Name: DANIEL L. SCHWARTZ, ESQ. LEWIS BRISBOIS BISGAARD & SMITH LLP
Address: 2300 WEST SAHARA AVENUE, SUITE 300, BOX 28
LAS VEGAS, NV 89102
Telephone: (702) 893-3383 Facsimile: (702) 366-9689

TPA/INSURANCE COMPANY:

Name: CANNON COCHRAN MANAGEMENT SERVICES, INC.
ATTN: SUSAN RICCIO
P. O. BOX 35350
LAS VEGAS, NV 89133
Telephone: (702)


Signature

6/21/17
Date

NOTICE:

If the Hearing Officer decision is appealed, Claimants are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

Signature

Telephone Number

If you are appealing the Hearing Officer's Decision, file this form and a copy of the Decision no later than thirty (30) days after the date of the Hearing Officer's Decision.

ce
9
f

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1710311-SE
Claim Number: 14C52E546827

BRIAN K WOLFGRAM
221 LOOKOUT AVE
HENDERSON, NV 89002-3339

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON, NV 89015-7227

The Claimant's request for hearing was filed on March 10, 2017 and a hearing was scheduled for May 9, 2017. The hearing was held on May 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by Jason Mills, Esq., for Neeman & Mills, Ltd. The Administrator was represented by Julie Vacca, Claim Supervisor for CCMSI.

ISSUE

The Claimant appealed the determination of CCMSI dated February 15, 2017.

The issue before the Hearing Officer is INSURER'S DENIAL OF CLAIM REOPENING.

DECISION AND ORDER

The burden-of-proof to reopen the claim has been met. Dr. Colby Young establishes propriety of claim reopening under the 2015 revisions of 616C.390. Accordingly, the claim shall be reopened as recommended by the physician.

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

IT IS SO ORDERED this 17 day of May, 2017.


Steven Evans
Hearing Officer

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APPEAL RIGHTS

CCMSI - LAS VEGAS

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

CERTIFICATE OF MAILING

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

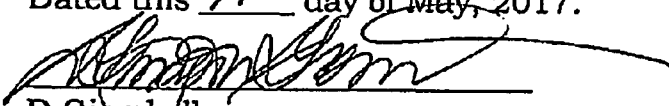
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LAS VEGAS NV 89104-1727

ATTN SALLY IHMELS
CITY OF HENDERSON
240 S WATER ST MSC 122
HENDERSON NV 89015-7227

CCMSI
JULIE VACCA CLAIMS SUPERVISOR
P O BOX 35350
LAS VEGAS NV 89133-5350

Dated this 19th day of May, 2017.


D Giambelluca
Employee of the State of Nevada

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MAY 22 2017

CCMSI - LAS VEGAS