

IN THE SUPREME COURT OF THE STATE OF NEVADA

-o0o-

KIMBERLY KLINE,

Appellant,

vs.

CITY OF RENO; CANNON COCHRAN
MANAGEMENT SERVICES, "CCMSI";
the STATE OF NEVADA DEPARTMENT
OF ADMINISTRATION, HEARINGS
DIVISION, an Agency of the State of
Nevada; the STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION, an Agency of the
State of Nevada; MICHELLE
MORGANDO,, ESQ., Sr. Appeals Officer;
RAJINDER NIELSEN, ESQ., Appeals
Officer; ATTORNEY GENERAL AARON
FORD, ESQ.,

Respondents.

Supreme Court No. 82608
Electronically Filed
Jan 19 2022 02:34 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

Injured Worker Appellant's Appeal of the

Second Judicial District Court,

The Honorable Connie Steinheimer's Order

of the Appeals Officer's Decision of the Department of Administration

APPELLANT'S APPENDIX

Volume III

Pages 0501 - 0750

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Nv Bar No 4376
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Reno, Nevada 89501
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herb@santoslawfirm.com
Attorney for the Appellant

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AFFIRMATION

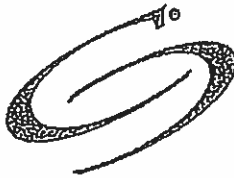
Pursuant to NRS 239B.030

The undersigned does hereby certify that the preceding documents,
APPELLANT'S APPENDIX VOLUMES I - IX, filed in Supreme Court case
number 82608, do not contain the social security number of any person.

DATED this 18 day of January, 2022.

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C
Reno, Nevada 89501

By 
HERB SANTOS, JR., Esq.
Attorney for Petitioner



C C M S I

To: Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 11/6/2015

From: Yesenia Martinez, Medical Only Claims Representative

YM
NOTICE OF INTENTION TO CLOSE CLAIM

[REDACTED]

have a total impairment as a result of your above-referenced claim.

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 and 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 not 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) 687-5966

OR

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

Reason for appeal: _____

Signature _____
I am attaching a copy of this notice for your records.
To: File, City of Reno, SMRMC, Specialty Health

Date _____

Closures

D-31 (rev. 10/10)



S.O.A.P. Notes

1005

Leading Edge Chiropractic, Ltd.

Kimberly Kline

305 Puma Dr

Washoe Valley, NV 89704

Patient	179019 - Kline, Kimberly - CDVL
Date of Birth	10/7/1979
Patient Gender	Female
Social Security	
Marital Status	Divorced
Occupation	
Illness	1/9/2016
Employed Status	Employed
Employer	

Friday, January 22, 2016

- Neck pain. (Pain Scale 10 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ObjectiveExamination

Musculoskeletal

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JAN 25 2016

CCMSI - RENO

AA 0502



S.O.A.P. Notes

1005

Leading Edge Chiropractic, Ltd.

Narrative Encounter • Exam • Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

- **Grip Strength.** Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger-Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
- **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.

upper extremity dermatomes are within normal limits. Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally.

- **Reflexes.** Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 30lbs with a 20 to 25 degree angle.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/RationalePrognosis

- Prognosis - guarded.

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Examination indicates manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

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Page 2 of 12

297 134

S.O.A.P. Notes
1005

Leading Edge Chiropractic, Ltd.

Narrative Encounter - Exam - Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

- Schedule of care - The patient will be treated with non-surgical spinal decompression coupled with Class IV deep tissue laser therapy using the LightForce EX laser four (4) times per week for four (4) weeks, undergo a re-exam, and continue with care at two (2) times a week for two (2) weeks pending no unforeseen issues or conditions to address the intervertebral disc space of C5, C6, and C7.

Hansen M.S., D.C., Bryan C.
Provider of RecordNarrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

The patient presents with neck pain.

CCMSI - RENO

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ObjectiveExaminationMusculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes**AA 0504**



**Reno
Diagnostic
Centers**

WHERE KNOWLEDGE MEETS CARE

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

15853E839641

Exam requested by:
Bryan Hansen DC
10635 Professional Circle Ste B
Reno NV 89521

Patient: Kline, Kimberly
Date of Birth: 10-07-1979
Phone: (775) 815-5790
MRN: 407766 Acc: 5111686
Date of Exam: 01-13-2016

MR-Spine Cervical without contrast [16265] - SPINE_C

CLINICAL INDICATION: Motor vehicle collision May 2015. Patient complains of neck pain which has since subsided. Neck pain started again 2 weeks ago with left arm pain, numbness and weakness down to the fingers.

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the cervical spine utilizing the

malformation. The cervical spine is otherwise unremarkable through the C3-C4 level.

C4-C5: There is a shallow disc osteophyte complex indenting upon the thecal sac causing mild canal stenosis (axial series 5 image 13). There is mild right-sided neural foraminal narrowing. There is no significant left-sided neural foraminal narrowing.

C5-C6: There is a large disc protrusion in the left paracentral to subarticular zones causing moderate to severe canal stenosis and left lateral recess stenosis (axial series 5 image 19). There is no significant neural foraminal narrowing bilaterally.

C6-C7: There is a disc protrusion exiting from the central to left subarticular zones (axial series 5 images 23 and 24) indenting upon the cord resulting in effacement of CSF from the ventral and dorsal aspects of the cord causing severe canal stenosis without cord compression. There is bilateral uncovertebral arthropathy causing mild bilateral neural foraminal narrowing.

C7-T1: Unremarkable.

IMPRESSION:

Disc degeneration with large disc protrusions at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

Thank you for referring your patient to RDC SIERRA ROSE

Electronically Signed by Swanger, Ronald MD 01-13-2016 8:50 PM

Washoe

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JAN 18 2016

CCMSI - RENO

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S.O.A.P. Notes
1005

Leading Edge Chiropractic, Ltd.

Narrative Encounter - Exam - Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

- Schedule of care - The patient will be treated with non-surgical spinal decompression coupled with Class IV deep tissue laser therapy using the LightForce EX laser four (4) times per week for four (4) weeks, undergo a re-exam, and continue with care at two (2) times a week for two (2) weeks pending no unforeseen issues or conditions to address the intervertebral disc space of C5, C6, and C7.

Hansen M.S., D.C., Bryan C.
Provider of RecordNarrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

CCMSI - RENO

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective**Examination****Musculoskeletal**

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

AA 0506

S.O.A.P. Notes
1005

Leading Edge Chiropractic, Ltd.

Narrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs with a 20 to 25 degree angle.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.
- Cold pack applied to: the muscles of the posterior neck.

Assessment

- The patient's response to conservative care - is marginal.

Prognosis

- Prognosis - guarded.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

- Schedule of care - As outlined in previous report.

Referrals

- Referred to Zollinger DO, Jeffery (012267) for evaluation, treatment, patient is in a significant amount of pain with numbness in the left UE. She has an MRI on file at RDC which reveals two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. If you can get this patient in immediately, I would greatly appreciate it. Meds and or an epidural for pain per your expertise would be terrific.

Thank you,

Printed DocumentsNarratives, Reports, and Letters

- Patient Referrals - New Full Page was printed by Hansen, Bryan C..

Hansen M.S., D.C., Bryan C.
Provider of RecordRECEIVED
JAN 25 2016
CCMSI - RENO

AA 0507



Kimberly Kline
Puma Dr
Washoe Valley, NV 89704

Patient Information	
Patient	179019 - Kline, Kimberly - CDVL
Date of Birth	10/7/1979
Patient Gender	Female
Social Security	- -2795
Marital Status	Divorced
Occupation	
Illness	1/9/2016
Employed Status	Employed
Employer	

Wednesday, April 27, 2016

Chief Complaint

- Neck pain. (Pain Scale 10 of 10.)

History of Present Illness

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Physical
Examination

Musculoskeletal

AA 0508



Narrative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

Wednesday, January 13, 2016 3:19 PM

- **Grip Strength.** Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar-spine-articular-fixation-bilaterally (moderate-severity), and SI joint articular fixation bilaterally (moderate severity). Hypertonic musculature is moderate to severe in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is moderate to severe in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm,

radiating pain on the left. Cervical distraction maneuver, alleviating neck pain or causing pain irritation is positive with pain relief.

- **Lumbar Orthopedic Tests.** Straight leg raise (positive need not imply neurologic dysfunction - must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. Braggard's test for sciatic pain elicitation is negative.

Neurological

- **Sensation.** Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally.
- **Reflexes.** Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally. The pathological reflexes are noted: Babinski's sign: normal and negative. Hoffmann's sign: negative and normal. Ankle clonus: negative and normal.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 30lbs with a 20 to 25 degree angle.

Electrical stimulation applied to: the muscles of the posterior neck.

- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Prognosis

- Prognosis - guarded.

AA 0509



Intake Encounter - Decompression

Kline, Kimberly

Thursday, January 14, 2016 11:06 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Shoulder pain: She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs with a 20 to 25 degree angle.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Discharge Plans/Rationale

Prognosis

Prognosis - guarded.

AA 0510



arrative Encounter - Exam - Initial (Auto-Recovered)

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Examination indicates manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. The MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NRS at each level and is consistent with a rear-end motor vehicle collision. We will attempt non-surgical spinal decompression at said areas of injury as well as refer her for pain management as she is tearful and cannot seem to find a comfortable position. Should NSSD not prove to eliminate her pain and resolve the numbness, we will refer to a neurosurgeon for a consultation and treatment.

- Schedule of care - As outlined in previous report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

arrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

Subjective

Chief Complaint

- Neck pain. (Pain Scale 10 of 10.)

History of Present Illness

AA 0511



ative Encounter - Decompression

rsday, January 14, 2016 11:06 AM

Kline, Kimberly

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As outlined in previous report.

Thank you,

ed Documents

arratives, Reports, and Letters

- Patient Referrals - New Full Page was printed by Hansen, Bryan C..

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finishing User

ative Encounter - Decompression

ay, January 15, 2016 2:16 PM

Kline, Kimberly

jective

f Complaint

Neck pain. (Pain Scale 9 of 10.)

ory of Present Illness

AA 0512



Irritative Encounter - Decompression

Kline, Kimberly

Friday, January 15, 2016 2:16 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today

AA 0513

307

144



ative Encounter - Decompression

Kline, Kimberly

lay, January 15, 2016 2:16 PM

Prognosis

- Prognosis - remains guarded.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As outlined in initial report.

Jerilyn Cox
Finalizing User

ve Encounter - Decompression

Kline, Kimberly

day, January 18, 2016 10:16 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 8 of 10.)

History of Present Illness

AA 0514



Irritative Encounter - Decompression

Kline, Kimberly

Monday, January 18, 2016 10:16 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Ms. Kline was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

x Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Examination

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

AA 0515



ative Encounter - Decompression

nday, January 18, 2016 10:16 AM

Kline, Kimberly

- The patient's response to conservative care - is marginal and Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to show improvement with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

uesday, January 19, 2016 3:41 PM

Kline, Kimberly

Subjective**Chief Complaint**

- Neck pain. (Pain Scale 8 of 10.)

History of Present Illness



Narrative Encounter - Decompression

Wednesday, January 19, 2016 3:41 PM

Kline, Kimberly

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

AA 0517



ative Encounter - Decompression

Kline, Kimberly

Monday, January 19, 2016 3:41 PM

- The patient's response to conservative care - is marginal.

Prognosis

- Prognosis - remains good.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

Jerilyn Cox
Finalizing User

ative Encounter - Decompression

Kline, Kimberly

Tuesday, January 20, 2016 10:24 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 7 of 10.)

History of Present Illness



Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, January 20, 2016 10:24 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

AA 0519

313 150



Narrative Encounter - Decompression

Wednesday, January 20, 2016 10:24 AM

Kline, Kimberly

Prognosis

- Prognosis - remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Thursday, January 21, 2016 2:37 PM

Kline, Kimberly

Subjective**Chief Complaint**

- Neck pain.. (Pain Scale 6 of 10.)

History of Present Illness

AA 0520

314 151

Narrative Encounter - Decompression

Kline, Kimberly

Thursday, January 21, 2016 2:37 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

SubjectiveExaminationMusculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/RationaleAssessment

The patient's response to conservative care - Patient responded well to treatment today.

AA 0521

315 152



ative Encounter - Decompression

Kline, Kimberly

rsday, January 21, 2016 2:37 PM

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

day, January 25, 2016 11:05 AM

Subjective**Chief Complaint**

Neck pain. (Pain Scale 6 of 10.)

History of Present Illness

AA 0522

316 153



ative Encounter - Decompression

Kline, Kimberly

Monday, January 25, 2016 11:05 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

The patient's response to conservative care - Patient responded well to treatment today.

AA 0523



ative Encounter - Decompression

nday, January 25, 2016 11:05 AM

Kline, Kimberly

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Jerilyn Cox
Finalizing User

e Encounter - Decompression

day, January 26, 2016 11:16 AM

Kline, Kimberly

Subjective**Chief Complaint**

- Neck pain. (Pain Scale 5 of 10.)

History of Present Illness

AA 0524

History of Present Illness - Decompression

Kline, Kimberly

Tuesday, January 26, 2016 11:16 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

SubjectiveExaminationMusculoskeletal

- Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
- Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/RationaleAssessment

The patient's response to conservative care - Patient responded well to treatment today.

AA 0525



ative Encounter - Decompression

Kline, Kimberly

Monday, January 26, 2016 11:16 AM

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Jerilyn Cox
Finalizing User

ve Encounter - Exam - Progress

Kline, Kimberly

Tuesday, January 27, 2016 11:23 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 5 of 10.)

History of Present Illness

AA 0526



Irritative Encounter - Exam - Progress

Wednesday, January 27, 2016 11:23 AM

Kline, Kimberly

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 10 days ago.

of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate indications). Hypertonic musculature is moderate in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is moderate in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate.
- **Grip Strength.** Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 10/40 degrees with pain, flexion of 20/45 degrees with pain, and extension of 15/55 degrees with pain.
- **Cervical Orthopedic Tests.** Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. (50% Improved.) Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. (50% Improved.)
- **Lumbar Orthopedic Tests.** Straight leg raise (positive need not imply neurologic dysfunction - must rule out constricting injury, lumbar facet injury, sacroiliac injury) is negative. (No Change.) Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. (No Change.) Braggard's test for sciatic pain elicitation is negative. (No Change.)

Neurological

AA 0527



ative Encounter - Exam - Progress

Kline, Kimberly

Wednesday, January 27, 2016 11:23 AM

- **Sensation.** Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. (No Change.) Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally. (No Change.)
- **Reflexes.** Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. (No Change.) Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally. (No Change.) The pathological reflexes are noted: Babinski's sign: normal and negative. Hoffmann's sign: negative and normal. Ankle clonus: negative and normal. (No Change.)

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/RationaleAssessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Re-examination shows that the patient continues to suffer from but is improving for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision. We will continue with the current treatment plan as patient seems to be improving as expected.

Plan of Care

Schedule of care - Continue current treatment plan as outlined in initial exam. Patient will have a re-examination in approximately 2 weeks provided no unexpected issue arise.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jertilyn Cox

Finalizing User

AA 0528

322

159



rrative Encounter - Decompression

ursday, January 28, 2016 1:56 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 5 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

AA 0529



ative Encounter - Decompression
rsday, January 28, 2016 1:56 PM

Kline, Kimberly

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression -Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As previously stated.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

ative Encounter - Decompression
nday, February 01, 2016 2:06 PM

Kline, Kimberly

Subjective

Chief Complaint

- Neck pain. (Pain Scale 5 of 10.)

History of Present Illness



rative Encounter - Decompression

Kline, Kimberly

Monday, February 01, 2016 2:06 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

SubjectiveExaminationMusculoskeletal

- Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate indications).
- Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Future Plans/RationaleAssessment

The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

AA 0531

Narrative Encounter - Decompression

Kline, Kimberly

Monday, February 01, 2016 2:06 PM

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Tuesday, February 02, 2016 10:16 AM

SubjectiveChief Complaint

- Neck pain. (Pain Scale 4 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

AA 0532

Subjective



Irritative Encounter - Decompression

Kline, Kimberly

Wednesday, February 02, 2016 10:16 AM

ExaminationMusculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Assessment Plans/RationaleAssessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Encounter - Decompression

Kline, Kimberly

Thursday, February 05, 2016 11:49 AM

AA 0533

SubjectiveChief Complaint

327

164



Subjective Encounter - Decompression

Kline, Kimberly

Day, February 05, 2016 11:49 AM

- Neck pain. (Pain Scale 4 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ObjectiveExamination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Codes

M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatment

Physical Modalities

Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Discharge Plans/Rationale

Recommendation

AA 0534

328 165



Narrative Encounter - Decompression

Kline, Kimberly

Friday, February 05, 2016 11:49 AM

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Friday, February 08, 2016 4:37 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 3 of 10.)

History of Present Illness

AA 0535



rative Encounter - Decompression

Kline, Kimberly

nday, February 08, 2016 4:37 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

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- Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

odes

M50.20 - Other cervical disc displacement, unspecified cervical region

assessment and Plan

ment

al Modalities

Cold pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Plans/Rationale

nent

re patient's response to conservative care - Patient responded well to treatment today.

is

AA 0536

Narrative Encounter - Decompression

Kline, Kimberly

Monday, February 08, 2016 4:37 PM

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 10, 2016 2:05 PM

SubjectiveChief Complaint

- Neck pain. (Pain Scale 3 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

AA 0537

Subjective

331 168



Encounter - Decompression

Kline, Kimberly

Wednesday, February 10, 2016 2:05 PM

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Assessment/Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression -Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Encounter - Decompression

Kline, Kimberly

Thursday, February 12, 2016 11:41 AM

AA 0538

Subjective

Complaint



Irritative Encounter - Decompression

Kline, Kimberly

Friday, February 12, 2016 11:41 AM

- Neck pain. (Pain Scale 3 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ObjectiveExaminationMusculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatmentPhysical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/RationaleAssessment

AA 0539



ative Encounter - Decompression

Kline, Kimberly

ay, February 12, 2016 11:41 AM

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression -Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ve Encounter - Decompression

Kline, Kimberly

day, February 16, 2016 10:33 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 2 of 10.)

History of Present Illness

AA 0540



rrative Encounter - Decompression

Kline, Kimberly

uesday, February 16, 2016 10:33 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild.

ICD Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Int Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

AA 0541



Active Encounter - Decompression

Kline, Kimberly

Friday, February 16, 2016 10:33 AM

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Active Encounter - Decompression

Kline, Kimberly

Friday, February 19, 2016 11:49 AM

Active

Chief Complaint

- Neck pain. (Pain Scale 4 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little effect on symptoms.

AA 0542



Narrative Encounter - Decompression

Kline, Kimberly

Friday, February 19, 2016 11:49 AM

Examination**Musculoskeletal**

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and PlanTreatment**Physical Modalities**

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 70lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Assessment Plans/Rationale**Assessment**

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

- Impression -Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Miscellaneous Notes

- Patient has flare up of pain today, we are increasing her to 70lbs.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerrilyn Cox

Finalizing User

AA 0543

Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

337 174



Chiropractic Encounter - Decompression

Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 4 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild to moderate bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild to moderate.

Diagnosis

M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Intervention

Physical Modalities

Ice pack applied to: the muscles of the posterior neck.

Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 70 lbs with a 20 to 25 degree scoop.

Electrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

AA 0544



Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As stated in initial report.

Hansen M.S., D.C., Bryan C.

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Exam - Final

Kline, Kimberly

Wednesday, March 16, 2016 5:12 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 2 of 10.)

History of Present Illness

AA 0545



Diagnostic Encounter - Exam - Final

Wednesday, March 16, 2016 5:12 PM

Kline, Kimberly

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Subjective

Examination

Musculoskeletal

- Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild indications). Hypertonic musculature is mild in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is mild in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.

Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild.

Range of Motion. Active cervical range of motion evaluation reveals left lateral flexion of 35/40 degrees with mild pain, flexion of 40/45 degrees with mild pain, and extension of 45/55 degrees with mild pain.

Cervical Orthopedic Tests. Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. (75% Improved.) Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. (75% Improved.)

Lumbar Orthopedic Tests. Straight leg raise (positive need not imply neurologic dysfunction - must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. (No Change.) Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. (No Change.) Braggard's test for sciatic pain elicitation is negative. (No Change.)

Neurological

Sensation. Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. (No Change.) Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally. (No Change.)

AA 0546



.rative Encounter - Exam - Final

Kline, Kimberly

Wednesday, March 16, 2016 5:12 PM

- **Reflexes.** Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. (Resolving.) Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally. (No Change.) The pathological reflexes are noted: Babinski's sign: normal and negative. Hoffmann's sign: negative and normal. Ankle clonus: negative and normal. (No Change.)

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan**Treatment Plans/Rationale****Assessment**

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

- **Impression** - Patient has completed the 20 visit series of non-surgical spinal decompression to address the disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. She has improved greatly and has only mild pain in the left arm with the ability to perform all of her routine daily activities. She has been instructed to do home care exercises to strengthen her cervical spine muscles. It is expected that the disc remodeling and repair phases of healing will continue for the next 12-18 months. During this time, it is also expected that these healing processes can cause minor flare ups. She has been asked to return for additional treatment should a flare up lasting longer than three days occur.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

AA 0547

Y

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 55487-JL
Claim Number: 15853E839641

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on January 19, 2016 and a Hearing was scheduled for February 17, 2016. The Hearing was held on February 17, 2016, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Employer was not present. The Insurer was represented by Yesenia Martinez of CCMSI, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated November 16, 2015. The issue before the Hearing Officer is claim closure without a permanent partial disability (PPD) evaluation.

DECISION AND ORDER

RECEIVED

FEB 29 2016

CCMSI - RENO

The determination of the Insurer is hereby **REMANDED**.

On June 25, 2015, this Claimant sustained a compensable industrial injury. The Claimant has treated conservatively under the claim and on October 28, 2015, Dr. Hall reported the industrial injury had reached maximum medical improvement (MMI) without a ratable impairment. On November 6, 2015, the Insurer noticed the Claimant of its intention to close her claim without a PPD evaluation, the instant appeal. At today's hearing, the Claimant testified that her condition has significantly worsened and that she has been going to a chiropractor for relief under her private insurance. Her chiropractor ordered an MRI which revealed disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds a medical question regarding the Claimant's MMI status as well as the disc degeneration with large disc protrusion as it relates to the industrial injury. As such, the Hearing Officer instructs the Insurer to provide Dr. Hall with the MRI results and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer shall render a new determination with appeal rights regarding the further disposition of the claim, i.e., medical treatment, claim closure, PPD, etc.

AA 0548

In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page two

KIMBERLY KLINE
55487-JL

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 25th day of February, 2016.



Jason Luis, Hearing Officer

RECEIVED
FEB 29 2016
CCMSI - RENO

AA 0549

343. 180

CERTIFICATE OF MAILING

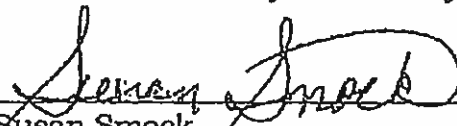
The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was deposited into the State of Nevada Interdepartmental mail system, OR with the State of Nevada mail system for mailing via United States Postal Service, OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

Dated this 25th day of February, 2016.


Susan Smock
Employee of the State of Nevada

RECEIVED

FEB 29 2016

CCMSI - RENO

AA 0550

**SpecialtyHealth**

SPECIALISTS IN WORKERS' COMPENSATION & PHYSICIAN

SPECIALTY HEALTH CLINIC**Patient:** KIMBERLY KLINE**DOB:** 10/07/1979**Sex:** F**Provider:** Dr. Scott Hall, MD**Visit:** 03/16/2016 2:15PM**Chart:** KLIK000001**letter:**

KIMBERLY KLINE was seen at SpecialtyHealth for a medical evaluation on 03/16/2016 02:15PM.

I received written communication from the administrator including medical records from a local chiropractor and an MRI of her cervical spine with questions.

Mrs. Kline was injured in June of 2015 during a motor vehicle accident with subsequent treatment for a cervical strain. Her treatment included conservative care with medications and physical therapy. The patient reported pain centralized in her neck without significant radiation into her arms. No neurologic symptoms were identified in her arms. The last visit with me was October 28, 2015 when she reported essentially no symptoms and minimal pain.

The medical records I received demonstrate a visit to a local chiropractor on January 13, 2016 with the acute onset of cervical pain, 7 days duration, pain rated 10/10 with radiation into the left arm and associated neurologic signs. An MRI done also on January 13, 2016 demonstrates findings of disc degeneration and protrusions at the C5-6 and C6-7 levels. A recommendation was made by the chiropractor to see to physiatry evaluation for further treatment.

Questions from the administrator included my opinion about the disc degeneration and protrusions and their relationship to the industrial injury. It is likely the patient had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury; however, there was no evidence of neurologic symptoms during treatment for the industrial injury noted by myself or her physical therapist. The patient responded to conservative care with resolution. The collective records from the industrial injury support appropriate treatment and resolution of the cervical strain. I find no objective evidence connecting the significant MRI findings from 1/13/16 and the industrial injury.

The medical records from the recent visit to the chiropractor demonstrate the acute onset of symptoms in her neck and left arm. Based on the most recent visit from the chiropractor, it would seem these symptoms started spontaneously without provocation. It is uncertain if there is a relation to the industrial injury. Prior to the industrial injury, the patient did seek treatment by an orthopedist and he noted degenerative changes in her lumbar spine. This suggests that the patient was having disc degeneration prior to the industrial injury in part of her spine.

The 2nd question is in regards to a maximum improvement after treatment for the industrial injury. As I outlined

RECEIVED

MAR 18 2016

CCMSI - RENO**AA 0551**

345 182



SpecialtyHealth
SPECIALTY HEALTH SERVICES - PHYSICIAN & NURSE PRACTITIONER

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DOB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 03/16/2016 2:15PM

Chart: KLIK000001

above, all indications were the patient had recovered completely from the Industrial Injury on June 25, 2015 by the end of october 2015.

Signed: Scott Hall, MD

RECEIVED

MAR 18 2016

CCMSI - RENO



SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DOB: 10/07/1979
Visit: 03/16/2016 2:15PM

Sex: F
Chart: KLKI000001

Chief Complaint: cervical issue

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Assessment:

Type	Code	Description
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter

Letter:

KIMBERLY KLINE was seen at SpecialtyHealth for a medical evaluation on 03/16/2016 02:15PM.

I received written communication from the administrator including medical records from a local chiropractor and an MRI of her cervical spine with questions.

Mrs. Kline was injured in June of 2015 during a motor vehicle accident with subsequent treatment for a cervical strain. Her treatment included conservative care with medications and physical therapy. The patient reported pain centralized in her neck without significant radiation into her arms. No neurologic symptoms were identified in her arms. The last visit with me was October 28, 2015 when she reported essentially no symptoms and minimal pain.

The medical records I received demonstrate a visit to a local chiropractor on January 13, 2016 with the acute onset of cervical pain, 7 days duration, pain rated 10/10 with radiation into the left arm and associated neurologic signs. An MRI done also on January 13, 2016 demonstrates findings of disc degeneration and protrusions at the C5-6 and C6-7 levels. A recommendation was made by the chiropractor to see to physiatry evaluation for further treatment.

Questions from the administrator included my opinion about the disc degeneration and protrusions and their relationship to the industrial injury. It is likely the patient had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury; however, there was no evidence of neurologic symptoms during treatment for the industrial injury noted by myself or her physical therapist. The patient responded to conservative care with resolution. The collective records from the industrial injury support

RECEIVED

By SHMCO at 4:23 pm, Mar 17, 2016



SpecialtyHealth
SPECIALTIES IN MANIPULATIVE PHYSICIAN & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DOB: 10/07/1979
Visit: 03/16/2016 2:15PM

Sex: F
Chart: KLKI000001

appropriate treatment and resolution of the cervical strain. I find no objective evidence connecting the significant MRI findings from 1/13/16 and the industrial injury.

The medical records from the recent visit to the chiropractor demonstrate the acute onset of symptoms in her neck and left arm. Based on the most recent visit from the chiropractor, it would seem these symptoms started spontaneously without provocation. It is uncertain if there is a relation to the industrial injury. Prior to the industrial injury, the patient did seek treatment by an orthopedist and he noted degenerative changes in her lumbar spine. This suggests that the patient was having disc degeneration prior to the industrial injury in part of her spine.

The 2nd question is in regards to a maximum improvement after treatment for the industrial injury. As I outlined above, all indications were the patient had recovered completely from the industrial injury on June 25, 2015 by the end of october 2015.

Signed: Scott Hall, MD

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1802130-SA
Claim Number: 15853E839641

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

CITY OF RENO
1 EAST FIRST ST 9TH FLOOR
RENO, NV 89501

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on January 18, 2018, and a Hearing was scheduled for February 13, 2018. The Hearing was held on February 13, 2018, in accordance with Chapter 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herb Santos, Jr., were present by telephone conference call. The Employer/Insurer was represented by Connie Wharton (Tim Rowe, Esquire) by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated January 10, 2018. The issue before the Hearing Officer is denial of an IME for the permanent partial disability per AB458.

DECISION AND ORDER

At the Hearing, the Hearing Officer dismissed the Hearing as the Claimant's counsel requested dismissal of the Hearing in consideration of the Decision and Order rendered under prior Hearing Number 1801761-JL wherein the Hearing Officer ordered a new permanent partial disability evaluation pursuant to NRS 616C.330.


This Hearing is hereby **DISMISSED**.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 15th day of February, 2018.

AA 0555



Sondra L Amodei, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
1 EAST FIRST ST 9TH FLOOR
RENO, NV 89501

CCMSI
PO BOX 20068
RENO, NV 89515-0068

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

Dated this 15th day of February, 2018.



Karen Dyer
Employee of the State of Nevada

AA 0556

THE LAW FIRM OF
HERB SANTOS, JR.



225 S. Arlington Ave, Suite C
Reno, Nevada 89501
(775) 323-5200
Fax: (775) 323-5211

FAX COVER SHEET

FAX NUMBER TRANSMITTED: 775-324-0453

To: Lisa Jones
Of: CCMSI
From: The Law Firm of Herb Santos, Jr.
Client/Matter: Kimberly Kline/15853E839641
Date: December 12, 2017

DOCUMENTS	NUMBER OF PAGES*
My letter dated December 12, 2017	2

COMMENTS:

Should you have any questions or concerns, please do not hesitate to contact this office at (775) 323-5200. Thank you.

cc: Tim Rowe, Esq. @ 788-2020

The information in this facsimile message is information protected by attorney-client and/or the attorney/work privilege. It is intended only for the use of the individual names above and the privileges are not waived by virtue of this having been sent by facsimile. If the persona actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.

* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (775) 323-5200.

AA 0557

351 188

Send Result Report

MFP

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Firmware Version 2K9_2F00.007.009 2013.11.27

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12/12/2017 14:02

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Job No.: 079030

Total Time: 0°02'01"

Page: 003

Complete

Document:

doc07903020171212135852

THE LAW FIRM OF

HERB SANTOS, JR.

225 S. Arlington Ave, Suite C
Reno, Nevada 89501
(775) 323-5200
Fax: (775) 323-5211

FAX COVER SHEET

FAX NUMBER TRANSMITTED: 775-324-0453

To: Lisa Jones
Of: CCMSI
From: The Law Firm of Herb Santos, Jr.
Client/Matter: Kimberly Kline/15853E839641
Date: December 12, 2017

REMARKS	NUMBER OF PAGES*
My letter dated December 12, 2017	2

COMMENTS:

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cc: Tim Rowe, Esq. @ 788-2020

This information is for the exclusive use of the addressee and may be confidential or otherwise subject to attorney-client privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person usually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.
* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (775) 323-5200.

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	12/12/17 13:59	3240453	0°00'46"	FAX	OK	200x100 Normal/On
002	12/12/17 14:01	7882020	0°01'15"	FAX	OK	200x100 Normal/Off

AA 0558

THE LAW FIRM OF
HERB SANTOS, JR.

December 12, 2017

SENT VIA FACSIMILE; HARD COPY WILL NOT FOLLOW

Lisa Jones
CCMSI
P.O. Box 200687
Reno, NV 89515

RE: Claimant: Kimberly Kline
Claim No.: 15853E839641
DOI: 6-25-15

Dear Ms. Martinez:

Due to the fact that we disagree with the recent PPD findings, please accept this letter as the Claimant's request for a PPD examination pursuant to AB 458, which states in part:

5. If the dispute concerns the rating of a permanent disability, an independent medical examination may be conducted by a rating physician or chiropractor. The injured employee must select the next rating physician or chiropractor in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and the injured employee otherwise agree to a rating physician or chiropractor.
6. The insurer shall:
 - (a) Pay the costs of any independent medical examination conducted pursuant to this section in accordance with NRS 616C.260; and
 - (b) Upon request, receive a copy of any report or other document that is generated as a result of the independent medical examination.

We would consider a pre-agreed rating physician/chiropractor. If you do not want to agree to one, please make a request to DIR for the next rater on rotation. Please note that on this day we also appealed the PPD determination letter to protect my client's appeal rights.

Thank you for your anticipated cooperation. Should you have any questions, please feel

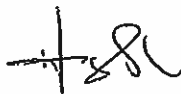
AA 0559

353 190

Page 2

free to contact me at (775) 323-5200.

Very truly yours,

A handwritten signature in black ink, appearing to read 'H Santos Jr'.

Herb Santos, Jr.

HJS:ks

cc: Timothy Rowe, Esq.

AA 0560

354 191



January 10, 2018

Herb Santos, Jr.
225 South Arlington Ave. Suite C
Reno, NV 89501

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno


Dear Mr. Santos:

CCMSI is in receipt of your request dated 12/12/2017, wherein you are requesting CCMSI to schedule a second PPD evaluation pursuant to AB 458. Please be advised your request is denied as AB 458 was not in effect on Ms. Kline's date of injury.

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**

If you have further questions or wish to discuss this case further, please contact me at the number noted below.

Sincerely,


Lisa Jones
Claims Representative
CCMSI - Reno, Nevada

cc: File
City of Reno
Kimberly Kline
Tim Rowe, Esq.

AA 0561

355 192

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

REPLY TO:

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR

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

Employee Information	
Employee's Name and Address KIMBERLY KLINE 305 Puma Dr WASHOE VALLEY, NV 89704	
Employee's Telephone Number 775-326-6637	Claim No. 15853E839641 Date of Injury 06/25/2015
Insurer Information	
Insurer's Name and Address	
Insurer's Telephone Number	

Employer Information
Employer's Name and Address CITY OF RENO 1 EAST FIRST STREET RENO, NV 89505
Employer's Telephone Number 775-326-6637
Third-Party Administrator Information
Third-Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

The Injured Employee

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

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

Signature of Injured Employee/Employer

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

D-12a (Rev. 12/07)

350 **AA 0562**



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

Re: Patient: Kimberly Kline
DOI: 6/25/2015
Claim Number: 15853E839641

Dear Dr. Lali Sekhon,
Thank you for your care of this patient. Please advise regarding the patient's anticipated medical discharge. Your response is appreciated and important for our management of the patient's medical care.

1. Is this patient stable and at maximum medical improvement pre-injury status?
Yes _____ No _____
2. If no, what is the additional treatment required and the anticipated time frame for reaching maximum medical improvement?

3. Is the patient released to full duty? Yes _____ No _____

If no, what are the restrictions?

Are these restrictions permanent? Yes _____ No _____

4. Is the patient ratable? Yes _____ No _____

Physician's signature

Date

AA 0563

357

194



Patient: Kimberly Kline
Page 2

Thank you and please fax this form back to 775-398-3681 as soon as possible. Should you have any questions or wish to discuss this case, please do not hesitate to contact Carrie, Account Manager at 775-398-3616 or myself.

Sincerely,



Scott Hall, M.D.
Medical Director
Specialty Health MCO
330 East Liberty, Suite 200
Reno, NV 89501-2221

cc: C.C.M.S.I.
File
Patient
Attorney

PLEASE NOTE: The State of Nevada has implemented a proactive Early Return to Work Program for their employees who are injured on the job. All State agencies are involved with this program and when possible will temporarily modify an employee's regular job requirements or provide alternative work while an employee is recovering from an injury. An interagency pool of temporary modified duty jobs has been established that will accommodate most temporary restrictions if an agency cannot provide alternative work.



CCMSI

September 27, 2017

Dr. Russell Anderson, D.C.
290 Southeast Court St.
Primeville, OR 97754

Re: Employee: Kimberly Kline
Employer: City of Reno
Insurer: City of Reno
D.O.I.: 06/25/2015
Claim #: 15853E839641
Ratable Body Part: Cervical

Dear Dr. Anderson:

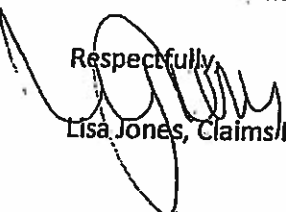
This letter is to confirm an appointment for PPD rating for the above captioned workers' compensation claimant. The appointment is scheduled 11/10/2017 at 8:30 a.m.

Enclosed are copies of all medical records (193 pages) that we have pertaining to the treatment of this worker, along with a copy of the notice of assignment from the Nevada Department of Business & Industry, Division of Industrial Relations.

Please apply apportionment if applicable regarding this case.

I would like to thank you in advance for your professional cooperation and courtesy regarding this matter. Please do not hesitate to contact me at (775) 324-9891 if you have any questions or need additional information.

Respectfully,


Lisa Jones, Claims Representative

Encl: Medical Records

cc: file
City of Reno
Herb Santos, Esq.
Tim Rowe, Esq.
Kimberly Kline

Cannon Cochran Management Services, Inc.

PO Box 20068 • Reno, NV 89515

866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0565

359 196



September 27, 2017

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

Re: Claim No.: 15853E839641
D.O.I.: 06/25/2015
Employer: City of Reno
Body part: Cervical

Dear Ms. Kline:

Based on recent medical reporting from your treating physician, you have reached maximum medical improvement for your injuries. As it appears you may have a permanent impairment, you have been scheduled for a Permanent Partial Disability evaluation with Dr. Russell Anderson on 11/10/17 at 8:30 a.m. Please check in at least 15 minutes early to your appointment. The physician's office is located at 1699 S. Virginia St. Ste. 100 Reno, NV 89502. Please call the physician's office at (541) 903-1444 to confirm this appointment.

If your injury involves your back or a lower extremity (i.e. knee, ankle, leg), please wear comfortable clothing and bring gym shorts or cut offs for your evaluation.

One of the necessary factors in computing a monetary award is the injured worker's age. Please bring a copy of your driver's license, birth certificate, or other official record that documents your exact age with you to the evaluation, or send a copy to CCMSI at the address below.

You are asked to hand carry any diagnostic films to this appointment, including but not limited to ALL MRI films taken for your injury. If you do not bring films to the evaluation the rating physician may not perform the evaluation.

As of the date of your scheduled evaluation, whether or not you are present, your claim will close for all benefits, except the right to request reopening and any ongoing rehabilitation programs.

Also, as of the date of this letter, CCMSI will not authorize payment of any further medical treatment. However, payments will be honored for any treatments and/or prescriptions authorized prior to the date of this letter up through the date of this evaluation.

AA 0566

360 197



Page 2

Re: Kimberly Kline

September 27, 2017

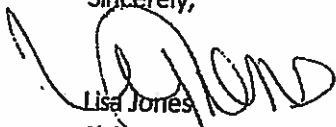
It is very important that you keep this appointment and cooperate fully with the physician. NRS 616C.140(5) states: "If the employee refuses to submit to an examination ordered or requested pursuant to subsection 1 or 2 or obstructs the examination, his right to compensation is suspended until the examination has taken place, and no compensation is payable during or for the period of suspension."

If you are a no call / no show for this appointment, or if you fail to cancel at least 24 hours prior to the examination, you will be responsible for any associated charges (NRS 616C.230).

If you disagree with this determination, you have the right to request a hearing by completing the bottom portion of the enclosed Request for Hearing form, and sending it to the State of Nevada, Department of Administration, Hearings Division, Carson City address, within seventy (70) days from the date of this letter.

If you have questions regarding this letter, you may contact me at (775) 324-9891.

Sincerely,


Lisa Jones
Claims Representative
CCMSI - Reno, Nevada

cc: file
City of Reno
Dr. Anderson
Herb Santos, Esq.
Tim Rowe, Esq.

Cannon Cochran Management Services, Inc.

PO Box 20068 • Reno, NV 89515

866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0567

361 198



December 5, 2017

KIMBERLY KLINE
305 Puma Dr
Washoe Valley, NV 89704-9739

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno

Dear Ms. Kline:

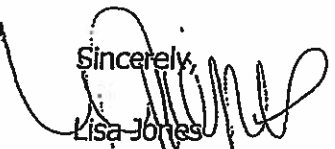
We are in receipt of Dr. Russell Anderson's Permanent Partial Disability (PPD) report dated November 10, 2017. As a result of your Permanent Partial Disability (PPD) evaluation, you have been granted a permanent partial disability award of six (6%) percent on a whole body basis for impairment of your cervical.

Please be advised the PPD award will be paid in monthly installments pursuant to NRS 616C.380.

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**

If you have further questions or wish to discuss this case further, please contact me at (775) 324-3301 x 1029.

Sincerely,


Lisa Jones
Claims Representative
CCMSI - Reno, Nevada

cc: File, City of Reno, Tim Rowe Esq., Herb Santos, Esq.

AA 0568

362 199

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

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

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

Employee Information	
Employee's Name and Address KIMBERLY KLINE 305 Puma Dr WASHOE VALLEY, NV 89704	
Employee's Telephone Number 775-326-6637	Claim No. 15853E839641 Date of Injury 06/25/2015
Insurer Information	
Insurer's Name and Address	
Insurer's Telephone Number	

Employer Information	
Employer's Name and Address CITY OF RENO 1 EAST FIRST STREET RENO, NV 89505	
Employer's Telephone Number 775-326-6637	
Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

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

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

Briefly explain the basis for this appeal:

The Injured Employee

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

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

Signature of Injured Employee/Employer

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

D-12a (Rev. 12/07)

AA 0569
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PERMANENT PARTIAL DISABILITY AWARD CALCULATION WORK SHEET

Injured Employee: Kimberly Kline DOB: 10/7/1979 Sex: Female
 SS# _____ D. O. I.: 6/25/2015 Claim # 15853E839641
 *Average Monthly Wage: \$4,846.48 * State Average Wage: \$5,356.23 Date of Rating: 11/10/2017
 Date Award Offered: 12/5/2017 Date Evaluation Report Received: 11/22/2017

Body Basis-Verification

Description: cervical 6.00 %
 _____ % Total: 6.00 % BB

Installment Calculation

**

*A.	\$4,846.48	0.0060	6.00 %BB	= \$	174.47	Year of Birth	Last TTD
	Monthly Wage				Monthly Rate	***	TPD, or DOI
B.	\$174.47 x 12			= \$	2,093.64	1979	2017
	Monthly Rate				Annual Rate	+ 70	+ 5
C.	\$2,093.64 / 365.25			= \$	5.73	2049	2022
	Annual Rate				Daily Rate		

Installment Calculation

(1)	Last Date TTD or TPD paid:	✓ 7/30/2017	First Payment Date:	12/1/2017
(2)	Time Covered by First Payment: (a)	7/31/2017	through (b)****	11/30/2017
*****DOI/date of claim reopening or day after last TTD/TPD				
(3)	First Payment:	\$5.73	+	\$697.88
	I Day(s)	4	Month(s)	0
			Year(s)	
(4)	Time Covered by Annual Payments:	12/1/2017	through	11/30/2048
(5)	Time Covered by Final Payment:	12/1/2048	through	10/6/2049
(6)	Final Payment:	\$1,744.70	+	\$34.38
	10 Month(s)	6	Day(s)	
	***** Monthly	X	Annual	
			Total of Installment Payments:	= \$67,385.53

Minimum Lump Sum Calculation

.5 % X 6.00 % BB X \$4,846.48 Monthly Wage from (A) above: \$14,539.44
 Minimum Lump Sum Amount

Lump Sum Calculation of Disability Up To and Including 30%

(Use form D-9b for disability greater 30%)

(7) Effective Date of Award (year, month following 2b) Per NAC 616C.502	2017	12
(8) Date of Birth (year, month)	1979	10
(9) Injured Employee Age at Award Effective Date = (7) minus (8) (years, months)	38	2
(10) Monthly Rate From (B)	\$174.47	
(11) Factor from Table for Present Value	X 240.32	=
(12) Insert Sum of (3). Add to sum of (11) only.		\$41,928.63
(13) Subtotal of (11) plus (12):		+ \$703.61
(14) Greater of (13) full Lump Sum or Minimum Lump Sum:		\$42,632.24
(15) Minus any applicable award payments previously paid:		\$0.00
(16) Net Amount Payable:		\$42,632.24

* Use the Average Monthly Wage or the State Average Wage, whichever is lower. If the average monthly wage (AMW) for TTD on this claim is subject to the frozen 1993 rate, recalculate the AMW for PPD purposes.

** Use .005 for injuries sustained before 07/01/81. Use .006 for injuries sustained after 07/01/81, through 06/17/93. Use .0054 for injuries sustained on or after 06/18/93. Use .006 for injuries sustained on or after 1/1/00.

*** Per NRS 616C.490(7), age at which entitlement ceases.

**** This must reflect the end of the month prior to election of the lump sum payment. Recalculation may be required to bring the award to present day value. If (2)(b) is December date, use caution on line (4) to assure correct number of years. (If subtracting dates, add one year)

***** Must pay monthly installments if monthly entitlement is \$100 or more. May pay annual installment if monthly entitlement is less than \$100.

***** Use date of claim reopening if TTD/TPD benefits were not paid after the claim was reopened (2)(a).

PREPARED BY:

CHECKED BY:

Date:

Date:

AA 0570

Russell N. Anderson, DC
290 SE Court Street
Prineville, OR 97754
(541) 903-1444 (541) 362-4090-FAX

PERMANENT PARTIAL DISABILITY EVALUATION

Claimant: ~~Kimberly Kline~~
Claim #: 15853E839641

CCMSI

Lisa Jones-Claims Representative

Date of Injury: 06\25\2015

Date of Evaluation: November 10th, 2017

Kimberly Kline presented to my Reno Office for a formal PPD evaluation on Friday, November 10th, 2017 at 8:30 AM. The insurance company approved the evaluation of her cervical spine.

Treatment History

5\11\2015: Brett Men-Muir, MD: She is here for BL lower back pain. This is not work related. She has been complaining of LBP for several months. It was exacerbated last month. It is 8\10 in severity. She takes diclofenac, Zoloft, and ibuprofen. A history of depression. X-rays show L4-5 disc DJD. DX: discogenic back pain. Plan: PT and voltaren.

6\25\2015: Richard Law, MD: Moderate pain in the upper lumbar spine, mid lumbar, and lower lumbar spine; radiates to the right thigh and left thigh. She had similar symptoms recently; had an MRI 1 month ago; hx of herniated disc at L3-4 and L4-5. She has had previous chronic LBP; intervertebral disc disease. Her meds include Zoloft. Exam show tenderness in the lumbar spine. Impression: acute lumbar radiculopathy, lumbar sprain, and acute lumbar pain. Plan: ice, limited activity, flexeril, norco, prednisone, follow up.

06\25\2015: This is a C-4 form that states "I was rear-ended". The claimant was seen at St. Mary's regional Medical Center ER. Her initial DX was acute lumbar sprain; MVA".

6\30\2015: Scott Hall, MD: She presents for her back after a (2nd) MVA on 6\25\15. She now reports: neck pain, lumbar and thoracic pain. Assessment: neck and back sprain. Plan: chiropractic care, full duty work, return in 2 weeks.

7\14\2015: Scott Hall, MD: She continues with neck and back issues. Plan: PT, full duty, conservative treatment.

8\20\2015: Scott Hall, MD: Her neck has improved and she describes only muscular tightness that is mild. She has no arm symptoms; PT has been helpful. Plan: complete her PT and monitor.

8\26\2015: Custom PT: She had a PT re-eval today; 12 more visits are recommended over the next 4 weeks.

9\23\2015: Scott Hall, MD: She reports improving NP; a 3\10. She is getting PT.

10\28\2015: Scott Hall, MD: Her neck has improved; no current significant symptoms and no arm symptoms.

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SCANNED

PAGE 2: Kim Kline continued

1\3\2016: MRI of the C-Spine: Impression: Disc degeneration with large protrusions at C5-6 and at C6-7; this results in complete effacement of the CSF from the dorsal and the ventral aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity to suggest cord edema or myelomalacia.

1\13\2016: Bryan Hansen, MS DC (Leading Edge Chiropractic): She presents with NP with associated weakness and numbness. Her symptoms started 7 days ago, but there is "high likelihood that her symptoms are related to the MVA she recently sustained". She was released from care for that several weeks ago. Her DX is disc displacement. Plan: cold pack to the neck; spinal decompression; E-stim; laser therapy.

1\14\2016: She reports symptoms of numbness and weakness. She was treated again with cold, decompression table, E-stim, and laser.

1\15\2016: She states NP, numbness, and weakness; same treatment.

01\18\2016: The notes are about the same today.

01\19\2016: Decompression treatment and therapies.

1\20\2016: She continues with chiropractic treatment.

1\21\2016: Nothing new.

1\25\2016: Same notes and treatment.

01\27\2016: A re-exam was done today. Continue treatment plan. There were further chiropractic, traction, and therapy modalities on: 1\28\16, 2\1\16, 2\2\16, 2\5\16, 2\8\16, 2\10\16, 2\12\16, 2\16\16, 2\19\16, 2\24\16, 3\16\2016: She has completed the 20 visits of prescribed treatment; non-surgical spinal decompression to address the C6-7 and C5-6 radiculitis to the left. She has improved greatly and has only mild pain in the left UE. She is to do HEP.

3\16\2016: Scott Hall, MD: There was no evidence of neurologic involvement after the MVA. She responded to conservative care with resolution of her symptoms. The new onset of quite severe symptoms started spontaneously and it is uncertain if there is any relation to the industrial injury. She had sought treatment from an orthopedist prior to the WC injury. All indication are that the claimant had completely recovered from the industrial injury by the end of October, 2015.

4\28\2016: Bryan Hansen, DC: She presents with NP, weakness, and numbness. She is to do HEP.

7\5\2016: Lali Sekhon, MD: Her CC is NP, stiffness, and left arm numbness and pain. She previously had neck and back issues that were manageable in the past until she was in the car accident in June, 2015. There were actually 2 accidents. She had physical therapy and chiropractic treatments. She had an epidural that really did not help. She rates her NP, HA and pressure feeling in the neck as 5\10 in severity. The left arm symptoms are in a C6 distribution. Her right arm is OK. She feels that she has plateaued. Assessment: cervicalgia, cervical spine stenosis, C4-5 spondylolisthesis, failed conservative therapy, minimal spondylosis at L3-4 to L5-S1. She has cord compression and weakness; Dr. Sekhon thinks that it is reasonable to offer her surgery; the accident probably exacerbated her underlying stenosis. She was offered C4-5 to C6-7 decompression and fusion.

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Page 3: Kim Kline continued

4\3\2017: Kurt Erickson, PA-C: Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following a C6 distribution. The left arm symptoms are rated as 9\10. She has trouble sleeping. The intensity is about the same as last July. She has cervical spondylosis with cord pressure at C5-6 and C6-7. She has failed conservative treatment. It is reasonable to offer her surgery. The plan is to repeat C-spine MRI and X-rays.

4\21\2017: C-Spine MRI: Impression: Moderate disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

C-Spine X-rays: Impression: mild disc narrowing and facet degenerative changes of the lower C-spine; development of retrolisthesis of 2mm, C4 on C5 and 1mm retro of C6 on C7 on extension of the C-spine.

4\25\2017: Lali Sekhon, MD: Her arm is worse. Her options were discussed, she wants surgery.

6\8\2017: Lali Sekhon, MD: She returns for review and all of her questions were answered. She again requests surgery.

6\12\2017: Lali Sekhon, MD: Operative Report: Procedures: C4-5, C5-6, and C6-7 anterior cervical decompression, interbody fusion using interbody cages and bone graft substitute; C4-C7 anterior fixation using a cervical locking plate. The X-ray shows "anterior cervical fusion and placement of disc devices"

6\26\2017: Curt Erickson, PA-C: She still has achiness in her neck; the left arm symptoms have improved. Follow in 4 weeks.

7\26\2017: Curt Erickson, PA-C (For Dr. Sekhon): The X-rays show no instability. She has ongoing numbness in the left hand and forearm; not as bad as before.

8\10\2017: Amanda Cowles, PT (Custom PT): She is having some trouble with ADLs. She can flex to 25 degrees, extend to 20, left bending to 20, right bending to 25, rotation to 60. She had about 7 PT follow ups. On the 9\14\17 visit, Kim could flex to 40, extend to 30, left rotation 55, right rotation 70, left bending 15, right bending to 20.

9\5\2017: Curt Erickson, PA-C: Her symptoms are much improved; there is slight numbness in her left hand; very manageable. She has occasional neck pain. She believes the PT is helping. Cervical spine X-rays today show fusion from C4 to C7 with no evidence of hardware complications.

9\11\2017: Dr. Sekhon fills out a questionnaire from Specialty Health. He says the claimant is stable and reached maximum medical improvement. She is released to full duty. Her restrictions are "common sense". She is ratable.

The above represents all of the medical records that were presented for my review.

PAST MEDICAL HISTORY

Prior to this work related injury\accident, Kimberly has previously received some chiropractic care. She tells me that this was mostly for lower back pain. She would get her neck (C-spine)

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adjusted sometimes, but denies any significant prior neck pain, disability, or radiation upper
Page 4 (Kimberly Kline cont)
extremity symptoms. She was treating in the months before this accident (2015) for LBP that
was not work related. Ms. Kline previously used Zoloft for depression. She denies any current
prescription medications. She currently takes OTC Advil.

Ms. Kline previously suffered a work-related right wrist injury and right shoulder injury. She did
not receive impairment ratings for this. Her surgical history includes an ankle surgery to re-
attach tendons.

CURRENT SYMPTOMS

Currently, Ms. Kline has a chief complaint of frequent, daily headaches and limited mobility in
her neck. She complains particularly of limitations with looking up to either side. She is also
complaining of numbness in the left wrist and hand affecting the ring and little fingers in a C6
and/or ulnar nerve pattern.

Kim is having some difficulty with looking up to rinse in the shower. When driving, it is difficult
for her to look into the back seat or behind her. Her neck seems to get tired quickly when
driving and when working on the computer. Her neck gets tired when reading.

Physical Examination

Cervical Spine

Inspection reveals no cervical antalgia. She is in no distress. I observe a surgical scar on the
anterior/left cervical region. It measures 7.2 CM.

Palpating the cervical spine soft tissue structures, I find the right splenius to be hypertonic. The
right SCM muscle is tight and tender.

Passive motion of the cervical spine is noticeably limited on right rotation. There is a tight end-
feel.

Measuring the muscle girth of the forearms, I find the right forearm to be 26.6 CM at the area
of greatest circumference. The left forearm measures 25.2 CM.

The claimant performed a brief warm-up of cervical spine motions, after which we measured
active ranges of motion using dual inclinometers. The claimant did appear to give her best
effort on all ROM measurements.

Cervical Spine Active Ranges of Motion

Flexion: Calvarium: 1. 48 2. 48 3. 46

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PAGE 5 (KIMBERLY KLINE)

T1: 1. 8 2. 4 3. 8

Max ROM = $48-4=44$ degrees (1% WPI)

Extension: Calvarium: 1. 38 2. 38 3. 38

T1: 1. 8 2. 10 3. 8

Max ROM = $38-8=30$ degrees (3% WPI)

Right Bending: Head: 1. 38 2. 40 3. 44 4. 40

T1: 1. 4 2. 6 3. 6

Max ROM = $44-6=38$ degrees (no impairment)

Left Bending: Calvarium: 1. 38 2. 36 3. 36

T1: 1. 4 2. 3. 4

Max ROM = $38-4=34$ degrees (1% WPI)

Right Rotation: 1. 64 2. 64 3. 62

Max ROM = 64 degrees (1% WPI)

Left Rotation: 1. 56 2. 58 3. 58

Max ROM = 56 degrees (1% PWI)

Whole person impairments from motion loss at various cervical spine motions are added:
 $1+3+1+1+1=7\%$ WPI from motion loss in the cervical spine.

I can elicit equal, +2 deep tendon reflexes at Right and Left biceps, brachioradialis, and triceps.

The claimant can demonstrate 5\5 strength, equal bilaterally at shoulder, elbow, wrist, and fingers.

She has some decreased sensibility to light touch over the C6 dermatome on the left. This includes partial loss of 2 point discrimination over the palmar left right and little fingers (2 point sense at 9mm). This is grade 3 sensory loss, 25% sensory deficit of the C6 nerve root (Table 15-15); we multiply this to the maximum upper extremity impairment for sensory loss at C6 (8%, Table 15-17) and we get 2% left upper extremity impairment, 1% WPI.

Impairment Calculation

If we are to use the diagnosis related estimate in this case (due to multi-level involvement and multilevel fusion), then; using Table 15-7, part IV, Ms. Kline has 10% WPI from spinal fusion with residual signs and symptoms. We add 1% for each additional level (2 additional) to get 12% whole person impairment from Specific Spine Disorder

As described above, this claimant has a cumulative total of 7% whole person impairment from motion loss in the cervical spine.

She has 1% WPI for sensory loss coming from the C6 nerve root.

Combining 12% with 7%, we get 18%; this is then combined with 1% to get a total of 19% whole person impairment from the cervical spine.

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FORM 10-1

PAGE 6 (KIMBERLY KLINE)

Using the DRE method, this claimant would be easily placed in Cervical Spine DRE category IV due to loss of motion segment integrity. This is *25% impairment of the whole person* and this method should be used since it results in a higher rating (AMA Guides, 5th Edition, page 380).

MIMI AND MEDICAL STABILITY

The claimant has reached a stable plateau of medical improvement. Her condition has not changed over the last 45 days. Her condition is not likely to change significantly over the next 12 months with or without treatment.
She has reached maximum medical improvement.

APPORTIONMENT

The claimant had underlying cervical spine issues that pre-date this work related car accident and injury. Namely, the MRI and radiographic reports show cervical spine degenerative discs with large protrusions at C5-6, C6-7; effacement of the CSF, and severe canal stenosis (MRI of 1\3\2016). It is not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier.

This claimant's 25% whole person impairment is based upon the surgery that was performed. The surgery was performed due to cervical spine spondylosis, stenosis, and cord pressure at C4-5 to C6-7.

75% of this claimant's whole person impairment (cervical spine) is apportioned as non-industrial

25% of her impairment is industrial and related to the work injury that occurred on 6\25\2015 because:

- The claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6\30\2015). After that, the cervical strain could be described as slight.
- The findings of cervical spine spondylosis, stenosis, and disc bulges cannot be logically attributable to this car accident/work injury. These findings provided the indication for fusion surgery in the cervical spine.
- The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December, 2015. She had no upper extremity symptoms at the time of release from care.

On the other hand, the claimant denies any prior upper extremity symptoms (radiculopathy) before this injury. This work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.

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PAGE 7 (KIMBERLY KLWE)

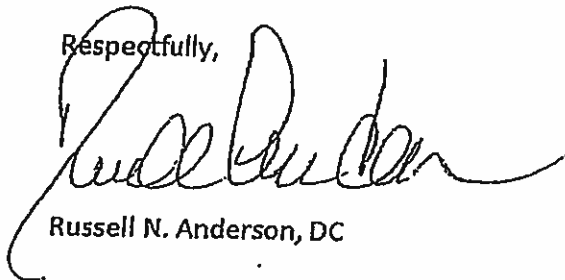
So, apportioning 75% of this claimant's impairment as non-industrial, we take 25% of this claimant's whole person impairment (which was 25% WPI), and we get 6% WPI related to this work injury (that occurred on 6/25/2015).

PERMANENT IMPAIRMENT SUMMARY

The claimant has 25% whole person impairment coming from the cervical spine. Of this, 6% WPI is related to the work related injury that occurred on 6/25/2015.

This is reasonable, should be awarded, and case closure should occur.

Respectfully,



Russell N. Anderson, DC

Received

NOV 30 2017

CCMSI Recd

AA 0577

Russell N. Anderson, DC
290 SE Court Street
Prineville, OR 97754
(541) 903-1444 (541) 362-4090-fax

BILLING STATEMENT

November 21st, 2017

Claimant: Kimberly Kline

Claim #: 15853E839641

CCMSI-Lisa Jones-Claims Representative

Date of Evaluation: November 10th, 2017

Service Performed: NV01000: Records review, PPD Exam and Report \$804

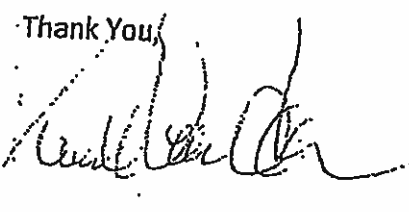
Service Performed at: 1699 S Virginia Street
Suite 100
Reno, NV 89502

Please send all payment and other correspondence to:

Russell N. Anderson, DC
290 SE Court Street
Prineville, OR 97754

A W-9 form is attached

Thank You,


Russell N. Anderson, DC
Chiropractor-Independent Rating Physician

Received

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CCMSI Reno

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1 CODE NO. 3370
2
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6 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF WASHOE
8

9 CITY OF RENO,

Case No. CV17-00351

10 Petitioner,

Dept. No. 6

11 vs.
12

13 KIMBERLY KLINE, and the NEVADA
14 DEPARTMENT OF ADMINISTRATION
15 APPEALS OFFICER,

16 Respondents.
17

18 ORDER RE PETITION FOR JUDICIAL REVIEW
19

20 Before this Court is a *Petition for Judicial Review* ("Petition") filed February 17, 2017
21 by Petitioner CITY OF RENO ("City"), by and through its counsel of record, Timothy E.
22 Rowe, Esq. of the law firm McDonald Carano. On March 31, 2017, the City filed the *Record*
23 *on Appeal* ("ROA") in accordance with the Nevada Administrative Procedure Act. In
24 addition, on May 5, 2017, the City filed *Petitioner's Opening Brief* ("Brief"). On June 5, 2017,
25 Respondents KIMBERLY KLINE ("Ms. Kline") and the NEVADA DEPARTMENT OF
26 ADMINISTRATION APPEALS OFFICER ("Appeals Officer") (collectively, "Respondents")
27 filed *Respondent's Reply Brief* ("Opposition") by and through its counsel of record, Herb
28 Santos, Jr., Esq. The City filed *Petitioner's Reply Brief* ("Reply") on July 5, 2017, and the

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1 matter was submitted for decision thereafter. On July 10, 2017, the City filed a *Request for*
2 *Oral Argument*, which this Court granted, and the parties appeared before this Court for oral
3 argument on September 21, 2017. See *Order Granting Request for Hearing*, filed July 26,
4 2017. This matter has been fully briefed, argued, and submitted for decision.

5
6 **I. FACTS AND PROCEDURAL HISTORY**

7 This *Petition* arises out of a contested industrial injury claim and is the result of a
8 January 18, 2017 *Decision and Order* from the Appeals Officer which reversed the insurer's
9 claim closure without a partial permanent disability ("PPD") evaluation or rating and ordered
10 the City provide all appropriate industrial benefits. See *Petition*, Exhibit 1, "Decision of the
11 Appeals Officer" ("Decision"). The following facts reflect the Findings of Fact made by the
12 Appeals Officer in the *Decision*.

13
14 **A. Appeals Officer's Findings of Fact**

15 Ms. Kline was employed as a parking enforcement officer for the City. On June 3,
16 2015 and again on June 25, 2015, Ms. Kline was rear ended in her work vehicle by another
17 vehicle.¹ On June 25, 2015, as a result of the accident, Ms. Kline was treated at St. Mary's
18 Regional medical Center and was diagnosed by Dr. Richard Law with "acute lumbar strain
19 status post motor vehicle accident." *Decision*, p. 2. Ms. Kline was released on
20 restricted/modified duty from June 25, 2015 until cleared by a workers' compensation
21 doctor. Id.

22
23
24 On June 30, 2015, Ms. Kline presented to Dr. Hall, a workers' compensation doctor
25 at Specialty Health, complaining of "neck discomfort that was described as moderate,
26 diffuse, radiating into the right shoulder with associated stiffness and lumbar and thoracic
27 pain described as diffuse, with no red flags, no numbness or weakness in the legs." Id., p.

28
¹ The June 25, 2015 accident and claim were the subject of Ms. Kline's appeal. See *Decision*, p. 2.

1 3. Dr. Hall diagnosed Ms. Kline with a sprain of the neck and lumbar region, recommended
2 chiropractic care, returned her to full work duty, and requested she return in two weeks. Id.

3
4 On July 1, 2015, Ms. Kline saw Dr. Brady for chiropractic care on July 1, 2015, July 7,
5 2015, and July 9, 2015 with complaints of worsening symptoms. Id. Dr. Brady noted Ms.
6 Kline had "spinal segment dysfunction" and provided chiropractic adjustments.

7 Ms. Kline returned to Dr. Hall on July 14, 2015 for "ongoing lumbar and neck pain,
8 that was moderate to severe, associated sleep disruption and stiffness, and had minimal
9 improvement with chiropractic care." Id. As a result, Dr. Hall recommended Ms. Kline
10 undergo six physical therapy sessions, and Ms. Kline underwent physical therapy with P.T.
11 Brusewitz on August 5, 2015, August 11, 2015, August 18, 2015, and August 20, 2015. Id.

12
13 On July 23, 2015, the Insurer accepted Ms. Kline's claim for a cervical strain. Id.

14
15 Ms. Kline returned to Dr. Hall on August 20, 2015, who noted "improvement in her
16 neck symptoms with only mild muscular tightness" and recommended Ms. Kline finish her
17 physical therapy.² Id.

18 On August 27, 2015, the Insurer issued a notice of intention to close Ms. Kline's
19 claim. Id., p. 4.

20
21 On September 23, 2015, Ms. Kline returned to Dr. Hall, reporting improvement in her
22 neck discomfort, and Dr. Hall recommended a follow-up appointment in two weeks. Ms.
23 Kline was then re-evaluated by P.T. Brusewitz on September 29, 2015, where she
24 complained of "increase pain, tightness and spasms in the right neck and upper trapezius
25 area." Id. P.T. Brusewitz noted Ms. Kline had "significant tightness with decreased right
26 rotation of the neck" and recommended additional physical therapy twice per week for five
27

28
² Ms. Kline had additional physical therapy sessions from August 25, 2015 through September 23,
2015 for her low back and neck problems. Id.

1 weeks. Id.

2 The Insurer then issued a letter rescinding claim closure on October 1, 2015. Id.

3 At Ms. Kline's October 5, 2015 physical therapy session, P.T. Brusewitz noted slight
4 improvement with continued tightness on her right side. Id. Ms. Kline underwent further
5 physical therapy from October 7, 2015 through October 26, 2015, after which she was
6 discharged from physical therapy to a home exercise program. Id.

7 On October 28, 2015, Ms. Kline was again seen by Dr. Hall, who noted Ms. Kline had
8 "no neck symptoms and...had completed treatment." Id. The Insurer then issued a notice
9 of intention to close Ms. Kline's claim on November 6, 2015, and Ms. Kline appealed.³

10 On January 13, 2015, Ms. Kline saw Dr. Hansen for chiropractic care for her neck
11 pain and was diagnosed with "cervical disc displacement, unspecified cervical region." Id.
12 Dr. Hansen felt "there was a high probability within a medical degree of certainty that the
13 Claimant's injuries were related to the rear-end collision she had recently sustained." Id.
14 Dr. Hansen ordered an MRI which revealed "disc degeneration with large disc
15 protrusions...resulting in complete effacement of CSF from the ventral and dorsal aspects of
16 the cord with severe canal stenosis without cord compression or abnormal signal
17 intensity...to suggest cord edema or myelomalacia." Id., p. 5. Ms. Kline had significant pain
18 and numbness in her left upper extremity. Id. Ms. Kline returned to Dr. Hansen for twenty
19 visits from January 15, 2016 through March 16, 2016 and underwent nonsurgical spinal
20 decompression and Class IV deep tissue laser therapy. Id.

21 On February 25, 2016, the Hearing Officer in hearing number 55487-JL remanded
22 the Insurer's notice of intention to close the claim with instructions to forward Ms. Kline's
23 MRI results to Dr. Hall for review and for a new determination to be issued regarding

24 ³ Hearing number 55487-JT was scheduled for February 17, 2015. Id., p. 4.

1 disposition of the claim. Id.

2 On March 26, 2016, Dr. Hall responded to the Insurer and opined "it was likely Ms.
3 Kline had disc degeneration prior to the industrial injury which may have been exacerbated
4 by the industrial injury" but noted no evidence of neurologic symptoms during any of her
5 visits. Id. Further, Dr. Hall found "no objective evidence connecting the MRI findings from
6 January 13, 2016 to the industrial injury." Id. In addition, Dr. Hall maintained Ms. Kline had
7 recovered completely from her industrial injury by the end of October 2015. Id., p. 6.
8

9 On March 24, 2016, the Insurer issued a determination letter advising all benefits had
10 been paid and Ms. Kline's claim had been closed. Id. The letter further advised Dr. Hall
11 indicated Ms. Kline did not suffer a ratable impairment and no disability evaluation would be
12 scheduled. Id. Ms. Kline appealed, and a Hearing Officer affirmed the Insurer's
13 determination on May 6, 2016. Ms. Kline again appealed.
14

15 On July 5, 2016, Ms. Kline was referred by Dr. Hansen to Dr. Sekhon, who noted,
16 "although [Ms. Kline] may have had preexisting spondylosis, the accident probably
17 exacerbated her underlying stenosis." Id. In addition, x-rays taken on July 5, 2016 revealed
18 "mild grad 1 anterolisthesis of C4 and C5 demonstrating...moderate degenerative disc
19 disease..." Id.
20

21 B. Appeals Officer's Conclusions of Law

22 A hearing was conducted on November 1, 2016 to determine whether or not the
23 Insurer's determination to close Ms. Kline's claim without a PPD rating was proper, and the
24 Appeals Officer issued its *Decision* on January 18, 2017. The Appeals Officer found
25 "substantial evidence supports a finding that the industrial accident aggravated [Ms. Kline's]
26 pre-existing condition." Id., p. 8. In so finding, the Appeals Officer found Dr. Hall's opinions
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AA 0583

1 to be inconsistent with the evidence, noted he "failed to state his opinion(s) within a
2 reasonable degree of medical probability," and, accordingly, gave his opinions "no weight."
3 Id.

4
5 In addition, the Appeals Officer found Ms. Kline met her burden of proof with
6 substantial evidence that she is not at maximum medical improvement ("MMI") and needs
7 further treatment. Id. Based on the medical evidence and the opinions of Dr. Hansen and
8 Dr. Sekhon, the Appeals Officer also found Ms. Kline's condition is causally related to her
9 industrial accident. Id. The Appeals Officer also found a determination of whether Ms. Kline
10 should receive a rating is premature, as she is not stable and requires ongoing treatment for
11 her industrial conditions. Id.

12
13 **C. Petitioner's Argument on Appeal**

14 The City timely filed the instant *Petition* challenging the *Decision* of the Appeals
15 Officer on the grounds the *Decision* is procedurally deficient under NRS 233B.125. The City
16 relies on the Nevada Supreme Court's decision in Dickinson v. Am. Med. Response, 124
17 Nev. 460, 469, 186 P.3d 878, 884 (2008), for the proposition that "[a]n appeals officer's
18 decision that summarily states its conclusions, without further legal or factual explanation,
19 cannot adequately be reviewed by an appellate court." *Brief*, p. 7. The City maintains the
20 Nevada Supreme Court recognizes in Dickinson the importance of factual findings "in a
21 case like this, where the record contains several medical reports, not addressed by the
22 appeals officer, that appear to conflict with the appeals officer's conclusion." Id., p. 8,
23 quoting Dickinson, 124 Nev. at 469, 186 P.3d at 884.

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1 The City argues the Appeals Officer's *Decision* discusses the opinions of Dr. Hall but
2 makes no factual findings to explain why the Appeals Officer found Dr. Hansen and Dr.
3 Sekhon's opinions more reliable and gave Dr. Hall's medical opinion no weight. *Id.*, p. 9.
4 The City further maintains, just as in Dickinson, the fact-finding function is particularly
5 important in this case, and the absence of factual findings on the arguments raised by the
6 Insurer⁴ renders the *Decision* procedurally deficient. *Id.*, pp. 9-10.
7

8 **D. Respondent's Argument in Response**
9

10 In its *Response*, Respondents argue the Appeals Officers' findings of fact support the
11 Appeals Officer's decision to give more weight to the opinions of Dr. Sekhon and Dr.
12 Hansen. *Response*, p. 12. Respondents contend both Dr. Sekhon and Dr. Hansen's
13 opinions were supported by physical examinations of Ms. Kline and objective diagnostic
14 findings. *Id.*, p. 13. In addition, Respondents emphasize Dr. Hansen specifically stated his
15 opinion "within a medical degree of certainty" that Ms. Kline's injuries are related to her
16 industrial accident, whereas Dr. Hall did not. *Id.* Further, Respondents reiterate the
17 Appeals Officer's finding that Dr. Hall's opinions were inconsistent with the medical records
18 and were not based on diagnostic studies. *Id.* As such, Respondents maintain the Findings
19 of Fact set forth in the Appeals Officer's *Decision* "clearly document the support for her
20 eventual conclusions of law." *Id.*, p. 16. Thus, Respondents conclude, the *Decision* clearly
21 sets forth the factual findings as required under NRS 233B.125. *Id.*
22
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26 ⁴ The Insurer argued Dr. Hall's report was more reliable because (1) neither Dr. Sekhon or Dr.
27 Hansen addressed Ms. Kline's absence of neurologic symptoms following her accident or the abrupt
28 onset of said symptoms six months after the accident, (2) neither doctor reviewed Ms. Kline's
medical records, (3) neither doctor treated Ms. Kline until months after the accident, and (4) Dr.
Sekhon saw Ms. Kline only once. *Brief*, pp. 8-9. In addition, the Insurer argued the difference in
medical opinions constituted a medical question that should be resolved by an independent medical
evaluation ("IME"). *Id.*

1 Respondents then argue the Appeals Officer's *Decision* is a result of the correct
2 application of Nevada law and is supported by substantial evidence as required under NRS
3 233B.135(3).
4

5 **E. Petitioner's Argument in Reply**

6 In its *Reply*, the City reiterates that the Appeals Officer's *Decision* is absent of factual
7 findings addressing the uncontested medical facts that serve as the basis for Dr. Hall's
8 opinion, namely the absence of neurological symptoms during Dr. Hall's treatment of Ms.
9 Kline and the sudden occurrence of neurological symptoms six months after the accident.
10 *Reply*, p. 1. Further, the City maintains the *Decision* contains no specific factual findings
11 identifying the "objective medical evidence" that supports Dr. Sekhon's and Dr. Hansen's
12 opinions to the exclusion of Dr. Hall's opinions. *Id.*, p. 2, citing *Decision*, p. 6. As such, the
13 City contends the Appeals Officer's conclusory findings do not comply with NRS 233B.125.
14

15 In addition, the City declines to address the remaining issues in Respondent's
16 *Response* as outside the scope of the relief requested. *Id.*, p. 3. Specifically, the City
17 maintains its *Petition* is based upon the Appeals Officer's failure to comply with the specific
18 factual finding requirement of NRS 233B.125, not based on the *Decision* being clearly
19 erroneous or arbitrary and capricious. *Id.*
20

21 **F. Oral Arguments**

22 On September 21, 2017, the parties appeared before this Court for oral argument,
23 during which the parties discussed the issues set forth in the City's *Brief* and reiterated their
24 respective arguments outlined in the aforementioned pleadings. The City emphasized Dr.
25 Hall's use of the language "a high probability within a medical degree of certainty" is
26 insignificant because Dr. Hansen is not an expert witness but rather a treating physician.
27
28

1 Therefore, Dr. Hall's failure to use such language has no bearing on the credibility of his
2 medical opinions. In addition, the City maintained while there is no case law specifically
3 requiring an Appeals Officer to explain his or her credibility determinations, the instant case
4 is analogous to Dickinson, and the Appeals Officer was required to provide further legal or
5 factual explanation to address Dr. Hall's opinions that conflicted with the Appeals Officer's
6 determination.
7

8 In response, Respondents emphasized that the Appeals Officer is not required to
9 regurgitate his or her Findings of Fact in stating Conclusions of Law.
10

11 Accordingly, after consideration, the Court enters its Order as set forth in the
12 following.

13 **II. STANDARD OF REVIEW; LAW AND ANALYSIS**

14 A court may set aside a final decision of an agency if the decision is arbitrary,
15 capricious, in violation of statute, characterized by abuse of discretion or affected by error of
16 law. NRS 233B.135(3); Ranieri v. Catholic Community Services, 111 Nev. 1057, 1061, 901
17 P.2d 158, 161 (1995). Generally, the reviewing court may not substitute its judgment for
18 that of an agency as to the weight of the evidence on a question of fact. See NRS
19 233B.135(3); Gandy v. State el rel. Div. of Investigation & Narcotics, 96 Nev. 281, 282, 607
20 P.2d 581, 583 (1980); City of North Las Vegas v. Public Service Commission, 83 Nev. 278,
21 281, 429 P.2d 66, 68 (1967) ("We should not pass upon the credibility of witnesses or weigh
22 the evidence, but limit the review to a determination that the board's decision is based upon
23 substantial evidence.") (emphasis supplied). However, an agency's factual determinations
24 that are not supported by "substantial evidence" are unsustainable and must be reversed.
25 See State Indus. Ins. Sys. v. Christensen, 106 Nev. 460, 469, 186 P.3d 878, 884 (2008)
26
27
28

1 (citing NRS 233B.125). The factual findings must be supported by substantial evidence
2 and, "if rendered in statutory language, supported by a 'concise and explicit statement of the
3 underlying facts supporting the findings.'" Dickinson, 124 Nev. at 469, 186 P.3d at 884
4 (citing NRS 233B.125).
5

6 In addition, NRS 233B.125 requires a final decision include "findings of fact and
7 conclusions of law, separately stated. Findings of fact and decision must be based upon a
8 preponderance of the evidence." NRS 233B.125.
9

10 Thus, when reviewing factual issues, the reviewing court must determine whether
11 there is "substantial evidence" in the record to support the agency's conclusion. Garcia v.
12 Scolari's Food & Drug, 125 Nev. 48, 56, 200 P.3d 514, 520 (2009). "Substantial evidence is
13 defined as "evidence that a reasonable mind might accept as adequate to support the
14 appeals officer's conclusion." Id. If there is no evidence in the record to support an
15 agency's conclusion, substantial evidence is obviously lacking. Ayala v. Caesars Palace,
16 119 Nev. 232, 240, 71 P.3d 490, 495 (2003) (abrogated on another point of law).
17

18 The Court reviews the Appeals Officer's legal conclusions *de novo*. Vredenburg v.
19 Sedgwick CMS, 124 Nev. 553, 557, 188 P.3d 1084, 1087-88 (2008).
20

21 Based on the foregoing standards and after careful review of the Nevada Supreme
22 Court's decision in Dickinson, the Court finds the Appeals Officer's *Decision* is not
23 procedurally deficient and includes the requisite factual findings.

24 In Dickinson, the Nevada Supreme Court found the Appeals Officer improperly failed
25 to provide explicit factual findings where "the appeals officer made no...factual findings with
26 respect to the industrial or nonindustrial nature of the claimant's current cervical condition.
27 Nor did the appeals officer indicate the statutory bases for her determination that the
28

1 claimant failed to meet her evidentiary burden." Dickinson, 124 Nev. at 469, 186 P.3d at
2 884. In contrast, the Appeals Officer made sufficient factual findings in the *Decision* at issue
3 with respect to the industrial nature of Ms. Kline's current condition and indicated the
4 statutory bases for finding the City failed to meet its burden. See Decision, generally. In
5 fact, the deficiencies alleged in the *Decision* are the Appeals Officer's failure to explain the
6 "objective medical evidence" supporting Dr. Hansen and Dr. Sekhon's opinions and
7 contradicting Dr. Hall's opinion and the Appeals Officer's finding that Dr. Hall was not
8 credible. Regardless of whether the Appeals Officer's factual findings support the
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Moreover, the Court finds the Appeals Officer did make sufficient factual findings to
support the Appeals Officer finding that Dr. Hansen and Dr. Sekhon's opinions were more
reliable and Dr. Hall's medical opinion should be given no weight. In Law Offices of Barry
Levinson, P.C. v. Milko, 124 Nev. 355, 370, 184 P.3d 378, 389 (2008), the Nevada
Supreme Court found the hearing officer's failure to make factual findings set forth in
statutory language as to credibility determinations regarding a claimant's varying impairment
ratings did not violate NRS 233B.125, where the appeals officer noted, in stating her factual
findings, she was relying on the fourth physician's report because it "most accurately
assess[ed] [the claimant's] impairment experienced as a result of [her] industrial injury." Id.
In so concluding, the Nevada Supreme Court noted as follows:

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AA 0589

1 The record demonstrates that, before making this determination, the appeals
2 officer thoroughly considered the varying evidence, as demonstrated by...her
3 order's recital of the relevant medical diagnoses and each PPD evaluation up
4 to that point. Accordingly, as we may neither reweigh the evidence nor pass
5 upon the appeals officer's credibility determinations when the record
6 demonstrates that the appeals officer made a reasoned decision after
7 considering all of the evidence, we will not disturb the appeals officer's
8 reliance on the fourth physician's report here.

9 Id.

10 Just as in Levinson, the Appeals Officer's Findings of Fact included a "recital of the
11 relevant medical diagnoses" Ms. Kline received from each physician and physical therapist
12 from the time of her accident through the date of the *Decision*, including those provided by
13 Dr. Hall, Dr. Hansen, and Dr. Sekhon. See Decision, pp. 2-6. In addition, with respect to
14 the Appeals Officer's reliance on the opinions of Dr. Sekhon and Dr. Hansen, the Appeals
15 Officer stated, "I specifically give more weight to the opinions of Dr. Sekhon and Dr. Hansen
16 as opposed to Dr. Hall as the objective medical evidence supports Dr. Sekhon's and Dr.
17 Hansen's medical expert opinions." Id., p. 6. Further, the Appeals Officer noted Ms. Kline
18 "continued to complain of neck pain but was released from Dr. Hall, notwithstanding her
19 complaints." Id., p. 7. In addition, the Appeals Officer highlighted that Dr. Hall did not order
20 any diagnostic studies to determine the extent of Ms. Kline's injuries. Id. Moreover, the
21 Appeals Officer concluded Dr. Hall's opinions were inconsistent with the medical evidence
22 which had been extensively detailed in the Findings of Fact. Id., p. 8.

23 While the appeals officer in Levinson requested a fourth PPD rating due to the
24 disparity in the first three ratings, which factored into the Nevada Supreme Court's decision,
25 the fact that the Appeals Officer in this case did not request an IME does not change the
26 analysis. In Levinson, there was significant disparity with respect to the various physicians'
27 ratings which were all based on PPD evaluations. Levinson, 124 Nev. at 361, 184 P.3d at
28

AA 0590

1 383. There is no indication in Levinson that the physicians' ratings were somehow based
2 on separate evidence but rather were the result of independent evaluations conducted after
3 the claimant had completed treatment and was declared stable and ratable. Id. In contrast,
4 there are only two conflicting opinions in this case, albeit from three doctors, the opinions of
5 Dr. Sekhon and Dr. Hansen and that of Dr. Hall. As the Appeals Officer stated, Dr.
6 Sekhon's and Dr. Hansen's opinions were based on diagnostic studies whereas Dr. Hall's
7 opinions were not. *Decision*, p. 7. Further, Ms. Kline continued to be treated and was not
8 stable and ratable, inevitably resulting in disparate medical opinions, as her condition
9 appeared to worsen. Id. Therefore, Levinson applies in this case despite the Appeals
10 Officer refraining from requesting a separate examination. Rather, the Appeals Officer
11 thoroughly considered the varying evidence.
12

13 Accordingly, "as we may neither reweigh the evidence nor pass upon the appeals
14 officer's credibility determinations" where the Appeals Officer made a reasoned decision
15 after considering all of the evidence, this Court will not disturb the Appeals Officer's reliance
16 on Dr. Sekhon and Dr. Hansen's medical opinions.
17

18 Thus, there is substantial evidence that a reasonable mind might accept as adequate
19 to support the appeals officer's conclusions that (1) the industrial accident aggravated Ms.
20 Kline's pre-existing condition, (2) the industrial accident was the substantial contributing
21 cause of the resulting condition, and (3) Ms. Kline met her burden of proof that she is not at
22 maximum medical improvement and requires further treatment.
23

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AA 0591

1 **III. CONCLUSION**

2 Based on the foregoing, this Court concludes the Appeals Officer's *Decision* satisfies
3 the requirements of NRS 233B.125. As such, the Court finds the City's *Petition* should be
4 DENIED.
5

6 Accordingly, and good cause appearing,

7 **IT IS HEREBY ORDERED** The City's *Petition for Judicial Review* is DENIED. The
8 Nevada Department of Administration Appeals Officer's *Decision* is AFFIRMED.
9

10 Dated this 17th day of December, 2017.

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13 DISTRICT JUDGE
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AA 0592

CERTIFICATE OF SERVICE

I certify that I am an employee of THE SECOND JUDICIAL DISTRICT COURT;
that on the 17th day of December, 2017, I electronically filed the foregoing with the
Clerk of the Court system which will send a notice of electronic filing to the following:

TIMOTHY ROWE, ESQ.

HERBERT SANTOS, JR., ESQ.

And, I deposited in the County mailing system for postage and mailing with the
United States Postal Service in Reno, Nevada, a true and correct copy of the attached
document addressed as follows

Hadi Rose

AA 0593

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim

Claim No: 15853E839641

of

Hearing No: 1801761-JL

KIMBERLY KLINE,

Appeal No:

Claimant.

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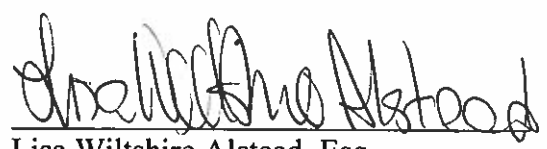
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AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **INSURER'S DOCUMENTARY EVIDENCE**, filed in Nevada Department of Administration Hearing No. 1801761-JL does not contain the social security number of any person.


Lisa Wiltshire Alstead, Esq.
Attorneys for Employer
CITY OF RENO
Administered by: CCMSI

2/14/18
Date

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1801761-JL
Claim Number: 15853E839641

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on December 13, 2017, and a Hearing was scheduled for January 10, 2018. The Hearing was held on January 10, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented by her attorney, Herbert Santos, Jr., by telephone conference call. The Employer was not present. The Insurer was represented by Lisa Wiltshire Alstead, Esquire, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated December 5, 2017. The issue before the Hearing Officer is the 6% permanent partial disability (PPD) evaluation.

DECISION AND ORDER

The determination of the Insurer is hereby **REMANDED**.

On November 10, 2017, this Claimant was evaluated for a PPD by Dr. Anderson wherein Dr. Anderson awarded a 6% PPD. Dr. Anderson concluded that the Claimant has a 25% whole person impairment. Dr. Anderson further determined that 75% of the impairment should be apportioned as non-industrial. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds a medical question regarding Dr. Anderson's 75% apportionment. As such, the Hearing Officer instructs the Insurer to schedule the Claimant for a second PPD evaluation pursuant to NRS 616C.330. Upon on completion of the second PPD evaluation, the Insurer shall render a new determination with appeal rights accordingly.

RECEIVED - LMWA

Time: _____

JAN 17 2018

McDONALD CARANO

001 **AA 0597**

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In the Matter of the Contested
Industrial Insurance Claim of
Hearing Number:
Page two


KIMBERLY KLINE
1801761-JL

NRS 616C.330(3) grants authority to the hearing officer to refer an employee to a physician or chiropractor chosen by the hearing officer to resolve a medical question. If the medical question concerns the Permanent Partial Disability rating, the rating physician or chiropractor must be selected pursuant to NRS 616C.490(2)(a), unless the insurer and injured employee otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs of any medical examinations requested by the hearing officer.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 16th day of January, 2018.



Jason Luis, Hearing Officer

002 AA 0598

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

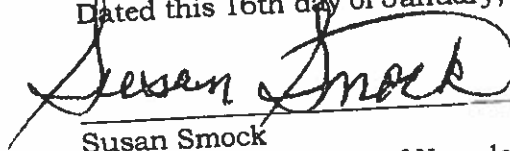
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RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 16th day of January, 2018.



Susan Smock
Employee of the State of Nevada

AA 0600

JUN/26/2015/FRI 09:44 AM

FAX No.

P. 002/003

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

PLEASE TYPE OR PRINT

EMPLOYEE'S NAME (Last, First, Middle Initial)		Last Name		First Name		Middle Initial		Sex		Claim Number (Insurer's Use Only)	
Kline, M		Kline		M				M			
Home Address		Home Address		Home Address		Home Address		Home Address		Home Address	
305 Puma Drive		305 Puma Drive		305 Puma Drive		305 Puma Drive		305 Puma Drive		305 Puma Drive	
City		City		City		City		City		City	
Washoe Valley		Washoe Valley		Washoe Valley		Washoe Valley		Washoe Valley		Washoe Valley	
State		State		State		State		State		State	
NV		NV		NV		NV		NV		NV	
Zip		Zip		Zip		Zip		Zip		Zip	
89704		89704		89704		89704		89704		89704	
Telephone		Telephone		Telephone		Telephone		Telephone		Telephone	
775-815-5790		775-815-5790		775-815-5790		775-815-5790		775-815-5790		775-815-5790	
INSURER		INSURER		INSURER		INSURER		INSURER		INSURER	
THIRD-PARTY ADMINISTRATOR		THIRD-PARTY ADMINISTRATOR		THIRD-PARTY ADMINISTRATOR		THIRD-PARTY ADMINISTRATOR		THIRD-PARTY ADMINISTRATOR		THIRD-PARTY ADMINISTRATOR	
Employer's Name/Company Name		Employer's Name/Company Name		Employer's Name/Company Name		Employer's Name/Company Name		Employer's Name/Company Name		Employer's Name/Company Name	
City of Reno		City of Reno		City of Reno		City of Reno		City of Reno		City of Reno	
Office Mail Address (Number and Street)		Office Mail Address (Number and Street)		Office Mail Address (Number and Street)		Office Mail Address (Number and Street)		Office Mail Address (Number and Street)		Office Mail Address (Number and Street)	
1640 E Commercial Blvd		1640 E Commercial Blvd		1640 E Commercial Blvd		1640 E Commercial Blvd		1640 E Commercial Blvd		1640 E Commercial Blvd	
Date of Injury (if applicable)		Date of Injury (if applicable)		Date of Injury (if applicable)		Date of Injury (if applicable)		Date of Injury (if applicable)		Date of Injury (if applicable)	
6/25/15		6/25/15		6/25/15		6/25/15		6/25/15		6/25/15	
Hours Injury (if applicable)		Hours Injury (if applicable)		Hours Injury (if applicable)		Hours Injury (if applicable)		Hours Injury (if applicable)		Hours Injury (if applicable)	
3:30 am		3:30 am		3:30 am		3:30 am		3:30 am		3:30 am	
Date Employer Notified		Date Employer Notified		Date Employer Notified		Date Employer Notified		Date Employer Notified		Date Employer Notified	
6/25/15		6/25/15		6/25/15		6/25/15		6/25/15		6/25/15	
Last Day of Work After Injury or Occupational Disease		Last Day of Work After Injury or Occupational Disease		Last Day of Work After Injury or Occupational Disease		Last Day of Work After Injury or Occupational Disease		Last Day of Work After Injury or Occupational Disease		Last Day of Work After Injury or Occupational Disease	
Tim Hendricks		Tim Hendricks		Tim Hendricks		Tim Hendricks		Tim Hendricks		Tim Hendricks	
Address of Location of Accident (if applicable)		Address of Location of Accident (if applicable)		Address of Location of Accident (if applicable)		Address of Location of Accident (if applicable)		Address of Location of Accident (if applicable)		Address of Location of Accident (if applicable)	
W 16th St @ Virginia		W 16th St @ Virginia		W 16th St @ Virginia		W 16th St @ Virginia		W 16th St @ Virginia		W 16th St @ Virginia	
What were you doing at the time of the accident? (if applicable)		What were you doing at the time of the accident? (if applicable)		What were you doing at the time of the accident? (if applicable)		What were you doing at the time of the accident? (if applicable)		What were you doing at the time of the accident? (if applicable)		What were you doing at the time of the accident? (if applicable)	
in truck - stopped		in truck - stopped		in truck - stopped		in truck - stopped		in truck - stopped		in truck - stopped	
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)		How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)		How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)		How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)		How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)		How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)	
I was rear-ended		I was rear-ended		I was rear-ended		I was rear-ended		I was rear-ended		I was rear-ended	
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?		If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?		If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?		If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?		If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?		If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?	
Nature of Injury or Occupational Disease		Nature of Injury or Occupational Disease		Nature of Injury or Occupational Disease		Nature of Injury or Occupational Disease		Nature of Injury or Occupational Disease		Nature of Injury or Occupational Disease	
Car Accident		Car Accident		Car Accident		Car Accident		Car Accident		Car Accident	
Port(s) of Body Injured or Affected		Port(s) of Body Injured or Affected		Port(s) of Body Injured or Affected		Port(s) of Body Injured or Affected		Port(s) of Body Injured or Affected		Port(s) of Body Injured or Affected	
neck, back		neck, back		neck, back		neck, back		neck, back		neck, back	
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE FORWARDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INJURY AND OCCUPATIONAL DISEASES ACTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE NOT BEEN ADVISED BY ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, INCLUDING VETERANS ADMINISTRATION OR COVERED BY A MEDICAL SERVICE ORGANIZATION, ANY OTHER INFORMATION, INCLUDING EVIDENCE, THAT I AM NOT ELIGIBLE FOR SUCH BENEFITS. I HAVE NOT BEEN ADVISED BY ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, INCLUDING VETERANS ADMINISTRATION OR COVERED BY A MEDICAL SERVICE ORGANIZATION, ANY OTHER INFORMATION, INCLUDING EVIDENCE, THAT I AM NOT ELIGIBLE FOR SUCH BENEFITS. I HAVE NOT BEEN ADVISED BY ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, INCLUDING VETERANS ADMINISTRATION OR COVERED BY A MEDICAL SERVICE ORGANIZATION, ANY OTHER INFORMATION, INCLUDING EVIDENCE, THAT I AM NOT ELIGIBLE FOR SUCH BENEFITS.											
Date		Date		Date		Date		Date		Date	
6/25/15		6/25/15		6/25/15		6/25/15		6/25/15		6/25/15	
Place		Place		Place		Place		Place		Place	
Saint Mary Regional Medical Center ER		Saint Mary Regional Medical Center ER		Saint Mary Regional Medical Center ER		Saint Mary Regional Medical Center ER		Saint Mary Regional Medical Center ER		Saint Mary Regional Medical Center ER	
Date		Date		Date		Date		Date		Date	
6/25/15		6/25/15		6/25/15		6/25/15		6/25/15		6/25/15	
Hour		Hour		Hour		Hour		Hour		Hour	
20:00		20:00		20:00		20:00		20:00		20:00	
Diagnosis and Description of Injury or Occupational Disease		Diagnosis and Description of Injury or Occupational Disease		Diagnosis and Description of Injury or Occupational Disease		Diagnosis and Description of Injury or Occupational Disease		Diagnosis and Description of Injury or Occupational Disease		Diagnosis and Description of Injury or Occupational Disease	
acute lumbar strain		acute lumbar strain		acute lumbar strain		acute lumbar strain		acute lumbar strain		acute lumbar strain	
Treatment:		Treatment:		Treatment:		Treatment:		Treatment:		Treatment:	
Med, rest, ice, Rx w/ 2-3 m		Med, rest, ice, Rx w/ 2-3 m		Med, rest, ice, Rx w/ 2-3 m		Med, rest, ice, Rx w/ 2-3 m		Med, rest, ice, Rx w/ 2-3 m		Med, rest, ice, Rx w/ 2-3 m	
X-Ray Findings:		X-Ray Findings:		X-Ray Findings:		X-Ray Findings:		X-Ray Findings:		X-Ray Findings:	
L-spine: L4/5 DDD, intact alignment		L-spine: L4/5 DDD, intact alignment		L-spine: L4/5 DDD, intact alignment		L-spine: L4/5 DDD, intact alignment		L-spine: L4/5 DDD, intact alignment		L-spine: L4/5 DDD, intact alignment	
From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From information given by the employee, together with medical records, can you directly connect this injury or occupational disease to 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 (Explain if yes)		Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)	
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)		Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)	
Date		Date		Date		Date		Date		Date	
6/25/15		6/25/15		6/25/15		6/25/15		6/25/15		6/25/15	
Print Doctor's Name		Print Doctor's Name		Print Doctor's Name		Print Doctor's Name		Print Doctor's Name		Print Doctor's Name	
Lawrence		Lawrence		Lawrence		Lawrence		Lawrence		Lawrence	
Address		Address		Address		Address		Address		Address	
235 W. 6th St		235 W. 6th St		235 W. 6th St		235 W. 6th St		235 W. 6th St		235 W. 6th St	
City		City		City		City		City		City	
Reno NV		Reno NV		Reno NV		Reno NV		Reno NV		Reno NV	
State		State		State		State		State		State	
NV		NV		NV		NV		NV		NV	
Zip		Zip		Zip		Zip		Zip		Zip	
89503		89503		89503		89503		89503		89503	
Provider's Tax ID Number		Provider's Tax ID Number		Provider's Tax ID Number		Provider's Tax ID Number		Provider's Tax ID Number		Provider's Tax ID Number	
7703185		7703185		7703185		7703185		7703185		7703185	
Telephone		Telephone		Telephone		Telephone		Telephone		Telephone	
775-815-5790		775-815-5790		775-815-5790		775-815-5790		775-815-5790		775-815-5790	
Degree		Degree		Degree		Degree		Degree		Degree	
MD		MD		MD		MD		MD		MD	
INSURER'S USE ONLY		INSURER'S USE ONLY		INSURER'S USE ONLY		INSURER'S USE ONLY		INSURER'S USE ONLY		INSURER'S USE ONLY	
Received		Received		Received		Received		Received		Received	
JUN 26 2015		JUN 26 2015		JUN 26 2015		JUN 26 2015		JUN 26 2015		JUN 26 2015	
Signature		Signature		Signature		Signature		Signature		Signature	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYER

Form C-4 (rev 10/07)

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TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 45 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 RENO	Nature of Business (ind., etc.) Corporation	FEIN 886000201	OSHA Log #	
	Office Mail Address 1 EAST FIRST STREET	Location... if different from mailing address 1640 E COMMERCIAL ROW	Telephone 775-326-6637	THIRD-PARTY ADMINISTRATOR CCMSI, Inc.	
	City RENO State NV Zip 89505	INSURER Special Security	Birthdate 10/07/1979	Age 35	Primary Language spoken English
	First Name KIMBERLY Last Name KLINE	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	How long has this person been employed by you in Nevada? 04/08/2005	
EMPLOYEE	Home Address (Number and Street) 305 PUMA DRIVE	City WASHOE VALLEY State NV Zip 89704	Was the employee paid for the day of injury? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Department in which regularly employed. PUBLIC WORKS 1200	
	In which state was employee hired? NEVADA	Employee's occupation (job title) when hired or disabled Public Works	Was employee in your employ when injured or disabled by occupational disease (OSD)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was employee in your employ when injured or disabled by occupational disease (OSD)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Telephone 775-326-6637	Is the injured employee a corporate officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	... state proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Supervisor to whom injury or OSD reported TIM HENDRICKS	
	Date of injury (if applicable) 06/25/2015	Time of injury (approx.) 15:30	Date employee received injury or OSD 06/25/2015	Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACCIDENT OR DISEASE	Approximate location of accident (Also provide city, county, state) (if applicable) WASHOE COUNTY, NEVADA				
	What were you doing when the accident occurred (loading truck, working down stairs, etc.)? (if applicable) EMPLOYEE'S CAR GOT REAR ENDED				
	How did this injury or occupational disease occur? Include time employee began work. Do specific and answer in detail. Use addition of chest if necessary. EMPLOYEE JUST CLEARED THE INTERSECTION AND STOPPED WITH TRAFFIC WHEN THE CAR BEHIND HIT HER. IT DID NOT APPEAR HE HIT HIS BRAKES AT ALL.				
	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) CAR				
INJURY OR DISEASE	Part of body injured or affected MULTIPLE BODY PARTS - MULTIPLE BQS	Is fatal, give date of death	Witness	Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Nature of injury or occupational disease (sprain, cut, bruise, strain, etc.) SPECIFIC INJURY - SPRAIN/STRAIN	Witness	Did employee return to most scheduled shift after accident? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did you have light duty work available if necessary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If validity of claim is doubted, state reason	Location of initial treatment ST MARY'S REGIONAL MEDICAL CENTER, 235 W 6th	Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Treating physician's previous name RICHARD LAW	How many days per week does employee work? 4	From 08:00 To 18:00	Last day wages were earned 6/25/15	
IMPORTANT	Scheduled days off S M T W T F S	Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of return to work 6/25/15		
	Date employee was hired 04/08/2005	Last day of work after injury or disability 6/25/15	Did the employee receive unemployment compensation any time during the last 12 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not, for how many hours a week was the employee hired?	On the date of injury or disability the employee's wage was: \$ 26.30 per hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo		
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.				
★	Pay period ends on: SUN TUE THUR SAT MON WED FRI	Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> QUARTLY <input type="checkbox"/> SEMI-MONTHLY	On the date of injury or disability the employee's wage was: \$ 26.30 per hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo		
	For assistance with Workers' Compensation issues, you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597. Web site: http://govcha.state.nv.us E-mail: eha@govcha.state.nv.us				
	I declare that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.				
	Claim is: <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3rd Party	Desired Wage	Employee's Signature and Title Tim Hendricks	Date 7-1-15	Class Code
Claim Examiner's Signature		Date	Received		

Form C-3 (rev. 11/05)

ORIGINAL - EMPLOYER

PAGE 2 - INSURER/TPA

JUL 0-1 2015

CCMSI-Rend

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"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"
(Incident Report)
Pursuant to NRS 616C.015

Name of Employer City of Reno

Name of Employee <u>Kimberly Kline</u>		Social Security Number	Telephone Number <u>775-815-5790</u>
Date of Accident (if applicable) <u>6/25/15</u>	Time of Accident (if applicable) <u>1530</u>	Place where accident occurred (if applicable) <u>W 6th St @ Virginia St</u>	
What is the nature of the injury or occupational disease? <u>Car Accident</u>		List any body parts involved: <u>Neck / Mid-Lower Back</u>	
Briefly describe the accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment) <u>I had just cleared the intersection and stopped with traffic when the car behind me hit my car. He did not appear to hit his brakes at all.</u>			
Names of witnesses:			
Did the employee leave work because of the injury or occupational disease? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, when (date and time)?	Has the employee returned to work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?
Was first aid provided? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, by whom? <u>Rena responded no treatment</u>	Name and address of treating physician, if applicable or known <u>Saint Mary's Hospital W 6th St. Reno, NV</u>	
Did the accident happen in the normal course of work? (if applicable) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Was anyone else involved? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Names of others involved		

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

Supervisor's Signature [Signature] Date 6-30-15 Signature of Injured or Disabled Employee Kimberly Kline Date 6/30/15

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

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

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

JUL 01 2015

CCMSI-Reno

AA 0603
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O.E./Risk Management - Workers' Compensation
1 East First Street - P.O. Box 1900
Reno, Nevada 89505
(775) 326-6637 Fax (775) 321-8324

SUPERVISOR'S REPORT OF ACCIDENT INVESTIGATION

To be completed by employee's supervisor and submitted with 5 business days after accident.

1. NAME OF INJURED PERSON Kimberly Kline
2. ACCIDENT LOCATION & ADDRESS W 6th + VIRGINIA ST.
3. DEPARTMENT/DIVISION Public Works / Streets
4. OCCUPATION WHEN INJURED Parking Enforcement Officer
5. DESCRIPTION OF ACCIDENTS REAR ENDED

6. NATURE & EXTENT OF INJURY NECK / MID LOWER BACK

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Overuse | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Forearm |
| <input type="checkbox"/> Contacted | <input type="checkbox"/> Pull | <input type="checkbox"/> Ankle(s) | <input type="checkbox"/> Hand(s) |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Punctured | <input checked="" type="checkbox"/> Back | <input type="checkbox"/> Head |
| <input type="checkbox"/> Fall-Fell | <input type="checkbox"/> Push | <input type="checkbox"/> Chest | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Falling Object | <input type="checkbox"/> Slip-Fall | <input type="checkbox"/> Foot | <input type="checkbox"/> Wrist(s) |
| <input type="checkbox"/> Foreign Object | <input type="checkbox"/> Step Down | <input type="checkbox"/> Elbow(s) | <input checked="" type="checkbox"/> Neck |
| <input type="checkbox"/> General Work | <input type="checkbox"/> Struck | <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Rib(s) |
| <input type="checkbox"/> Jump | <input type="checkbox"/> Twisted | <input type="checkbox"/> Face | <input type="checkbox"/> Shoulder(s) |
| <input type="checkbox"/> Lift | <input type="checkbox"/> Unknown | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Move-Moving | | | |

7. DATE & TIME OF ACCIDENT 6-25-15 15:30
8. ESTIMATE OF DAYS LOST 0
9. WHAT PPE/SAFETY DEVICES WERE IN PLACE SEAT BELT

10. CONTRIBUTING CONDITIONS (refer to mechanical/environmental hazards)
HEAVY TRAFFIC DUE TO SPECIAL EVENT.

RECEIVED
JUL 01 2015

COMPLETION

11. CONTRIBUTING BEHAVIORIAL CONDITIONS (refers to violation of safe practices)

12. WHAT HAVE I DONE TO CORRECT THE SITUATION

13. WHAT I SUGGEST TO PREVENT A SIMILAR ACCIDENT

14. SIGNATURE OF SUPERVISOR

DATE 6-30-15

15. COMMENTS

16. SIGNATURE OF EMPLOYEE

DATE

17. COMMENTS

18. DO INVESTIGATIVE CONCLUSIONS SUPPORT REPORT OF ACCIDENT? yes ☒ no ☐

19. WITNESS STATEMENT (place on additional page(s) as attachment)

20. TIME STARTED WORK 8:00 am/pm (day of injury)

21. NUMBER OF DAYS SCHEDULED TO WORK 4

22. SCHEDULED DAYS OFF: S M T W Th F Sat

23. USUAL SCHEDULE: 8 am/pm - 6 am/pm

Received
JUL 01 2015
CCMSI-Reno

AA 0606

400



December 5, 2017

KIMBERLY KLINE
305 Puma Dr
Washoe Valley, NV 89704-9739

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno

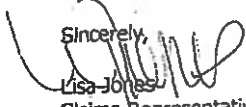
Dear Ms. Kline:

We are in receipt of Dr. Russell Anderson's Permanent Partial Disability (PPD) report dated November 10, 2017. As a result of your Permanent Partial Disability (PPD) evaluation, you have been granted a permanent partial disability award of six (6%) percent on a whole body basis for impairment of your cervical.

Please be advised the PPD award will be paid in monthly installments pursuant to NRS 616C.380.

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**

If you have further questions or wish to discuss this case further, please contact me at (775) 324-3301 x 1029.

Sincerely,

Lisa Jones
Claims Representative
CCMSI - Reno, Nevada

cc: File, City of Reno, Tim Rowe Esq., Herb Santos, Esq.

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-0459 www.ccmsi.com

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401

AA 0608

Kline K.

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>REVISED 11-1-04</small>	Accident Number: WASO15-0089
		Agency Name: WASHOE COUNTY SO
Description of Accident / Narrative Continuation		
<div data-bbox="337 1182 475 1318" data-label="Image"> </div> <div data-bbox="362 1350 459 1371" data-label="Text"> <p>Indicate North</p> </div>	THIS REPORT NOT TO BE REPRODUCED	
	Received JUL 20 2015 CCSI-Reno	
A.I.C.:	Page 2 of 8	
Scene Information		

011 AA 0610

404

Vehicle Information

CCMS4-Regio

405

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 01/04/04</small>		Accident Number: WAB018-6889 Agency Name: WASHOE COUNTY SO	
Name: East River, First Name, Middle Name, Suffix		Transported By: <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Police <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 Other _____			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1 NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Unknown DOB: / / <input type="checkbox"/> 3 Female	Phone Number:		Injury Severity:	Injury Location:	
		Airbag:	Airbag Switch:	Ejected:	Trapped:
Name: East River, First Name, Middle Name, Suffix		Transported By: <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Police <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 Other _____			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1 NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Unknown DOB: / / <input type="checkbox"/> 3 Female	Phone Number:		Injury Severity:	Injury Location:	
		Airbag:	Airbag Switch:	Ejected:	Trapped:
Name: East River, First Name, Middle Name, Suffix		Transported By: <input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Police <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 Other _____			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1 NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Unknown DOB: / / <input type="checkbox"/> 3 Female	Phone Number:		Injury Severity:	Injury Location:	
		Airbag:	Airbag Switch:	Ejected:	Trapped:
<input type="checkbox"/> 1 Trailing Unit 1 VIN: THIS REPORT NOT TO BE REPRODUCED <input type="checkbox"/> 1 Trailing Unit 2 VIN: <input type="checkbox"/> 1 Trailing Unit 3 VIN:		Plate: State: Type: Plate: State: Type: Plate: State: Type:			
Commercial Vehicle Configuration		<input type="checkbox"/> 1 Passenger Vehicle <input type="checkbox"/> 2 Other Bus			
<input type="checkbox"/> 1 Bus, 8 - 18 Occupants <input type="checkbox"/> 2 Tractor Only <input type="checkbox"/> 3 Tractor / Legal Trailer <input type="checkbox"/> 2 Bus, > 18 Occupants <input type="checkbox"/> 4 Tractor / Trailer <input type="checkbox"/> 10 Passenger Vehicle, (Van-Min) <input type="checkbox"/> 3 Single Axle and 6 Tire <input type="checkbox"/> 5 Tractor / Spreader <input type="checkbox"/> 11 Light Truck, (Van-Min) <input type="checkbox"/> 4 Single > 2 Axle <input type="checkbox"/> 6 Tractor / Tipper <input type="checkbox"/> 12 Other Heavy Vehicle <input type="checkbox"/> 5 Any 4 Tire Vehicle <input type="checkbox"/> 13 Truck with Trailer		Source <input type="checkbox"/> 1 Driver <input type="checkbox"/> 2 Log Book <input type="checkbox"/> 3 Time Rec. <input type="checkbox"/> 4 Side of Vehicle <input type="checkbox"/> 5 Other			
Carrier Name:		Power Unit GVWR		<input type="checkbox"/> 1 10,000 Lbs <input type="checkbox"/> 2 10,000 - 20,000 Lbs <input type="checkbox"/> 3 > 20,000 Lbs <input type="checkbox"/> 4 Unknown	
Carrier Street Address:		City:		State: <input type="checkbox"/> 1 NV <input type="checkbox"/> 2 Other	
Cargo Body Type		Hazard Classification		Type of Carrier <input type="checkbox"/> 1 Single Axle <input type="checkbox"/> 2 Single Axle <input type="checkbox"/> 3 Single Axle <input type="checkbox"/> 4 Single Axle <input type="checkbox"/> 5 Single Axle <input type="checkbox"/> 6 Single Axle	
<input type="checkbox"/> 1 Box <input type="checkbox"/> 2 Van / Box <input type="checkbox"/> 3 Spill, Gravel Churn <input type="checkbox"/> 4 Tank <input type="checkbox"/> 5 Concrete Mixer <input type="checkbox"/> 6 Van, 8 - 18 Occupants <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Other Carrier <input type="checkbox"/> 9 Bus, > 18 Occupants <input type="checkbox"/> 10 Dump <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Other <input type="checkbox"/> 13 Unknown <input type="checkbox"/> 14 Not Applicable		Hazard Material ID #:		HAS Safety Report Date: 2/20/2015 Center Number: CCMST-Reno	
Date: 2/20/2015 Page 4 of 6					

Vehicle Information

AA 0613
014
407

Patient: KLINE, KIMBERLY M Clinical Report - Physicians/Mid Levels
MRN: M001221557 Saint Mary's Regional Medical Center
VisitIO: V00008267251235 West Sixth Street, Reno, NV 89503 775-770-3188
35y, Registration Date/Time: 06/25/2015 14:11

Time Seen: 19:37 JUN 25 2015.
Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS
Chief Complaint: BACK INJURY and BACK PAIN. It is described as being moderate in degree (6) and in the area of the upper lumbar spine, mid lumbar spine and lower lumbar spine and radiating to the right thigh and to the left thigh (intermittant). Onset was today and it is still present. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.
Patient notes an injury. No other injury.

Similar symptoms previously: (had MRI 1 month ago, hx of herniated disc L3/4 and L4/5. was rear-ended, 1 month ago, sxs nearly resolved. immediate pain in low back after rear ended today while stopped, other car going about 20mph. no airbag deployment. intermittent radiation into B thighs. no radiation past knee. no incontinence. no saddle anesthetics.).

Recent medical care: (Sees chiropractor 2x per week for chronic low back pain).

REVIEW OF SYSTEMS
No fever, chills, difficulty with urination, urinary frequency or hematuria.
No skin rash, headache, sore throat, cough or difficulty breathing. No chest pain, abdominal pain, nausea, vomiting or diarrhea.

PAST HISTORY
The patient has had prior back pain. Has had intervertebral disc disease.
PCP: Jennifer Leary.

Problems:
Herniated Disk.

Surgeries: Breast augmentation. (R ankle ligament reconstruction).

Medications:
Birth Control Pills.
Zoloft Oral.
Allergies:
No Known Drug Allergy.

SOCIAL HISTORY
Never smoker. Occasional alcohol use. No drug use.

ADDITIONAL NOTES
The nursing notes have been reviewed.

PHYSICAL EXAM
Vital Signs: Have been reviewed.
Appearance: Alert. Patient in mild distress.
HEENT: Normal external inspection.
Neck: Normal inspection. Neck nontender. Painless ROM.
CVS: Pulses normal.

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KLINE, KIMBERLY M

M001221557

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409

Respiratory: No respiratory distress. Breath sounds normal.
Abdomen: No visible injury. Soft and nontender.
Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine (no stepoff or bony deformities). Mild soft tissue tenderness in the right upper, mid and lower, left upper, mid and lower and upper, mid and lower central lumbar area. No muscle spasm in the back or CVA tenderness.
Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.
Extremities: Extremities exhibit normal ROM. Extremities nontender.
Neuro: Oriented X 3. Mood/affect normal. No motor deficit. No sensory deficit. Reflexes normal.

LABS, X-RAYS, AND EKG

X-rays: LS spine series.

LS-spine X-rays: (CLINICAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are noted at L4-5.

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4-5 bdd.

DICTATED BY: NON, H.M.D.

Date & Time: 06/25/15 2013). The X-rays were interpreted by the radiologist.

PROGRESS AND PROCEDURES

Course of Care: toradol 60mg IM.

20:37 06/25/15. discussed results, tx options, precautions, work limitations, and return ASAP for worsening pain, numbness, weakness, incontinence, saddle anesthesia etc.

Differential Diagnosis:

I considered injury, musculo-skeletal strain; contusion, disk protrusion, vertebral fracture, sacroiliac joint strain, sciatica and other etiology as a possible cause of back pain in this patient. This is a partial list of diagnoses considered.

Disposition: Discharged. Condition: stable.

CLINICAL IMPRESSION

Acute lumbar radiculopathy.
Sprain of the lumbar spine.
Acute pain in the lower back.

INSTRUCTIONS

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KLINE, KIMBERLY M

M001221557

V00008267251

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Apply ice. No lifting greater than 10 lbs or no bending or stooping. No strenuous activity.

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. SPECIFICALLY, return if you develop weakness of the foot or leg, numbness, tingling, pain or incontinence of feces (loss of bowel control) or urine (loss of bladder control).

Prescription Medications:

Flexeril 10 mg: take 1 orally every 12 hours as needed for muscle spasm. Dispense fifteen (15). No refills. Substitution is permissible.

Norco 5 mg / 325 mg tablets: take 1 to 2 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Substitution is permissible.

Prednisone 20 mg: take 2 orally every day for 5 days. Dispense ten (10). No refills.

Follow-up:

Return to the emergency department if not better. Follow up with a worker's compensation doctor in two days.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by Jessica Starr, PA-C 06/25/2015 23:41)

Co-signature 6/25/2015 23:26
Agree with PA-C/mid-level finding and plans.
(Electronically signed by Richard Law M.D. - 6/25/2015 23:26)

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KLINE, KIMBERLY M

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AA 0617
018

411

SAINT MARY'S REGIONAL MEDICAL CENTER
235 W 6th St, Reno, NV 89503
Ph: (775) 770-3000

IMAGING REPORT

PATIENT: KLINE, KIMBERLY M ACCT: V00008267251 MRN: M001221557
DOB: 10/07/1979 LOC: ED ROOM / BED: /
AGE: 35 SEX: F STATUS: REG ER

ORDERING PHYSICIAN: STARR, JESSICA PA-C
ATTENDING PHYSICIAN:

CC: [rep ct name]

PROCEDURE(S): RADIOLOGY - LUMBAR SPINE

EXAM DATE/TIME: 06/25/15 1947

REASON: pain s/p MVC, hx HNP.

ORDER NUMBER(S): 0625-0249, ACCESSION NUMBER(S): 327322.001

CLINICAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are noted at L4-5.

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

DICTATED BY: NOH, H M.D.
Date Time: 06/25/15 2013

ELECTRONICALLY SIGNED BY: NOH, H M.D.
Date Time: 06/25/15 2017

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KLINE, KIMBERLY M

M001221557

V00008267251

019 AA 0618

JUN/26/2015/FRI 09:44 AM

FAX No.

P. 003/003

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY		Claim Number:
Patient's Name: <u>Kimberly Kline</u>		Social Security Number:
Employer: <u>City of Reno</u>	Name of MCO (if applicable):	Date of Injury: <u>6/25/15</u>
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition: <u>hx of herniated disc L3-4-5</u>		
Diagnosis: <u>acute lumbar strain</u>		
Related to the industrial injury? Explain: <u>yes, fear ended</u>		
Objective Medical Findings: <u>tenderness (mid) L1-2-3-4-5 = (3) mild paraparesis</u> <u>tenderness</u>		
<input type="checkbox"/> None - Discharged	Stable <input type="checkbox"/> Yes <input type="checkbox"/> No	Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Generally Improved	<input type="checkbox"/> Condition worsened	<input type="checkbox"/> Condition Same
<input type="checkbox"/> May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Plan: <u>rest, ice, medications, Per WL 2-3 day. Return to ER</u> <u>TRAP for any new concerns</u>		
<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working <input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued		
<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)		
<input type="checkbox"/> Released to FULL DUTY/No Restrictions on (Date): <input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To: <input checked="" type="checkbox"/> Released to RESTRICTED/Modified Duty on (Date): From: <u>6/25/15</u> To: <u>cleared by WL</u> Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: <u>JUN 28 2015</u> <input checked="" type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> Lifting Restricted to (lbs.): <u>10 lbs</u> <u>CONSIDER</u> <input checked="" type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input checked="" type="checkbox"/> No Reaching Above Shoulders <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing		
Date of Next Visit: <u>WL 2-3 day 6/25/15</u>	Date of this Exam: <u>6/25/15</u>	Physician/Chiropractor Name: <u>LAR, RICHARD</u> Physician/Chiropractor Signature: <u>[Signature]</u>



June 26, 2015

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

Claim No:
Injury Date: 6/25/2015
Employer: City of Reno

Dear Ms. Kline:


We have recently received the accident report from your employer, concerning your injury at work. CCMSI is the third party administrator that handles the claims for your employer. Our role is to work with you to ensure that you receive appropriate medical treatment, enjoy a quick and seamless recovery, and provide prompt payment of benefits for which you are entitled.

To ensure the best possible outcome, please be sure to: 1) Follow doctor's instructions, and keep all appointments; 2) Keep your employer informed of your status; and 3) Keep in close contact with your claims adjuster on your medical and work status.

If you have not spoken to the undersigned by the time you have received this letter, and if you have lost five (5) days or more from work as a result of your injury, please call as soon as possible so that your claim can be reviewed for any additional benefits due.

Your attention and cooperation is appreciated and we look forward to working with you.

Sincerely,


Yesenia Martinez
Medical Only Claims Representative
Phone: 775-324-3301 ext. 1013
Fax: 775-324-9893

CC: File/City of Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax (775) 324-9893 www.ccmst.com

AA 0620
021

414



Date: 06/26/15
City of Reno

Attn: Cindy Walsh
Fax: 775-334-2491

From: Kaitlyn DeRosia
Phone: 775-324-3301 x 1022
Fax: 775-324-9893

Claimant: Kimberly Kline
SS#: 530-29-2795
DOI: 6/25/2015

C4 received by CCMSI: 6/26/2015
C3 information needed by: 7/2/2015

Thank you for your attention!

Kaitlyn DeRosia
Claims Associate
2 pages

- NRS 616C.043 Report of Industrial Injury or Occupational Disease: Duty of employer to file; electronic filing; form and contents; penalty.**
1. Except as otherwise provided in **NRS 616A.727**, within 5 working days after the receipt of a claim for compensation from a physician or chiropractor or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to **NRS 616C.019**, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease.
 2. The report must:
 - (a) Be filed on a form prescribed by the Administrator;
 - (b) Be signed by the employer or the employer's designee;
 - (c) Contain specific answers to all questions required by the regulations of the Administrator; and
 - (d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to **NRS 616C.019** indicates that the injured employee is expected to be off work for 5 days or more.
 3. An employer who files the report required by subsection 1 by electronic transmission shall, upon request, mail to the insurer or third-party administrator the form that contains the original signature of the employer or the employer's designee. The form must be mailed within 7 days after receiving such a request.
 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section.

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax (775) 324-9893 www.ccmsi.com

AA 0621
022

415

15853E839641

**SPECIALTY HEALTH CLINIC**

Patient: KIMBERLY KLINE
 Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
 Visit: 06/30/2015 11:15AM

Sex: F
 Chart: KLKic000001

Chief Complaint: back - 2nd mva 6-25-15

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for : back - 2nd mva 6-25-15.
 Patient was involved in a 2nd motor vehicle accident on June 25, 2015 when she was rear-ended at high speed. She was initially seen and treated in the emergency room with x-rays demonstrating degenerative changes in the lower lumbar spine but normal alignment.

Currently the patient reports

1. Neck discomfort - moderate, diffuse, radiation into the right shoulder, associated stiffness.
2. Lumbar and thoracic pain - diffuse, nonradiating, no red flags, no numbness or weakness reported in legs

Previously patient and responding to chiropractic treatment.

Review of Systems:

GENERAL: Negative
 MUSCULOSKELETAL: muscle pain, stiffness, spine pain
 NEUROLOGICAL: Negative

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CCMSI - RENO**Medical / Family / Social History:**

MEDICAL HISTORY: HEALTHY
 Marital Status: Single. Tobacco use: Non-smoker.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Pain	Smoking Status
67.00 in	155.00 lbs.	24.80	139/87	78 bpm	14 rpm	6/10	Never smoker

[Page 1]

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

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By SHMCO at 1:24 pm, Jun 30, 2015

AA 0622
023

416



SpecialtyHealth
SPECIALISTS IN MANAGING CHRONIC & PAINFUL CONDITIONS

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 06/30/2015 11:15AM

Sex: F
Chart: KLIK1000001

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
Cervical exam- mild diffuse muscular tenderness to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, range of motion, flexion 40 degrees, extension 50 degrees, lateral rotation 70 degrees bilaterally with pain at extremes
Lumbar exam - mild diffuse muscular tenderness to palpation, Ford flexion 80 degrees, extension to 10 degrees with pain, normal strength sensation and reflexes in both legs, negative straight-leg test

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

Imaging: Imaging reviewed and discussed with pt.
Chiropractic
Work status: Full duty
Return visit: 2, week(s)
Additional health information: Previous records reviewed as summarized above
Treatment plan: Conservative treatment

Type	Code	Modifiers	Quantity	Description
GPT	06214		1.00 UN	OFFICE/OUTPATIENT VISIT EST

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 06/30/2015 11:15AM
BODY PART: back - 2nd mva 6-25-15

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

[Page 2]

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JUL 02 2015

CCMSI - RENO

024 AA 0623

**SPECIALTY HEALTH CLINIC**

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 06/30/2015 11:15AM

Sex: F
Chart: KLIK000001

EMPLOYER: CITY OF RENO

Date of Injury: 06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE? NO

Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

REFERRAL SHEET:

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

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790
Cell Phone #: 775-815-5790

Insurer:
Insurance #:

Date of injury if applicable: 06/3/2015
Claim # if applicable:
Referral for: Chiropractor, evaluate and treat - 6 visits

Referral from: Dr. Scott Hall, MD

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JUL 02 2015

CCMSI - RENO

[Page 3]

E-signed by Dr. Scott Hall, MD on: 06/30/2015 11:32AM

025 AA 0624

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JUN. 30. 2015 5:00PM

SPECIALTY HEALTH CL

NO. 8178

15853E818001



SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DOB: 10/07/1979
Visit: 06/30/2015 11:15AM

Sex: F
Chart: KLIN000001

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 06/30/2015 11:15AM
BODY PART: back - 2nd mva 8-25-15
EMPLOYER: CITY OF RENO

Date of Injury: 06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE: NO

Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse.

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

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JUL 01 2015
CCMSI - RENO

[Page 1]

Signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

AA 0625
026

419

This form must be completed IN FULL and SIGNED to be processed.

State of Nevada
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
Workers' Compensation Section

Please use at least 12 point font when completing this form.

INDEX OF CLAIMS SYSTEM
CLAIM REGISTRATION/UPDATE/REQUEST DOCUMENT

REGISTRATION ☐ UPDATE ☐ REQUEST ☒

REQUESTOR IS: ☐ Association of Self-Insured Employer ☐ Self-Insured Employer
☐ Private Insurer ☒ Third-Party Administrator

Requestor Name CCMSI FEIN # 371057804

Contact Person KAITLYN DEROSIA Telephone # 775-324-3301

INJURED EMPLOYEE SSN: _____ Date Submitted: 7/1/15

Injured Employee Name: KLINE KIMBERLY
Last First Middle Initial

Sex: Male ☐ Female ☒ Birthdate: 10/07/1979 Claim Type: Lost Time ☐ Medical Only ☒

Claim Number: 15853E839641 Injury or Occupational Disease Date: 06/25/2015

Claim Closed ☐ Closure Pursuant To: ☐ NRS 616C.235(1) ☐ NRS 616C.235(2) Date ReOpened _____

Third-Party Administrator: <u>CCMSI</u>	FEIN #: <u>371057804</u>
Self-Insured Employer: _____	FEIN #: _____
Assoc. of Self-Insured Employer: <u>City of Reno</u>	FEIN #: <u>886000201</u>
Private Insurer: _____	FEIN #: _____
Private Insurer Address: _____	City State Zip
Policy Effective Date: <u>09/01/2014</u>	Policy Expiration Date: <u>08/31/2015</u>
Employer: <u>PUBLIC WORKS 1200</u>	FEIN #: <u>886000201</u>
Address: <u>1 EAST FIRST STREET</u>	City State Zip

BODY PART CODE	BODY PART DESCRIPTION	Left, Right or Bilateral	BODY PART CODE	BODY PART DESCRIPTION	Left, Right or Bilateral
<u>42</u>	<u>Low Back- Lumb</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby certify that the information contained on this form is true and correct. I also certify that I am a duly authorized representative of the requestor.

Signature [Signature] Date 07/01/2015


D-44 (Rev. 10/14)

027 AA 0626

420

ym

15853E839641

		555 N. ARLINGTON AVENUE RENO, NV 89503 775.786.3040 800.748.6861 FAX 775.786.1358 WWW.RENOORTHO.COM	
FAX			
To: Yesenia Martinez		From: Alpha	
Company/ Dept: CCMSI		Dept: Medical Records	
Phone:		Date: 07/01/15	
Fax: 824-8899		RE: Kimberly Kline	
Comments:		# of Pages: _____	
Received JUL 01 2015 CCMSIReno			

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07/06/2015, MON 11:00 FAX.

001/001



PO Box 20085, Reno, NV 89515

Total Pages Faxed (including cover sheet) 1

Date: 07/06/2015

From: City of Reno Records Dept.
Fax To: (775) 334-2157

Fax Number: Yesenia Martinez
Medical Only Claims Representative

Telephone Number: (775) 324-3301 Ext. 1013

Fax Number: (775) 324-9893

Description: re: Claim no. 15853B839641, Kimberly Kline

CCMSI is the workers compensation administrator for the City of Reno. We are in need of the complete police report for an incident that occurred on 06/25/2015; #RPD15-6669.

Please fax complete copy of report for our review. Should you need anything further, please contact me directly at phone number listed above.

This is a Washoe County Case #

Received

JUL 06 2015

CCMSI-Reno

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15 JUL 6 10:00

AA 0628
029

422



PO Box 20068, Reno, NV 89516

Total Pages Faxed (including cover sheet) 1

Date: 07/06/2015
Fax To: City of Reno Records Dept.
Fax Number: (775) 334-2137
From: Yesenia Martinez
Medical Only Claims Representative
Telephone Number: (775) 324-3301 Ext. 1013
Fax Number: (775) 324-9893

Description: re: Claim no. 15853E839641, Kimberly Kline

CCMSI is the workers compensation administrator for the City of Reno. We are in need of the complete police report for an incident that occurred on 06/25/2015; #RPD15-6669.

Please fax complete copy of report for our review. Should you need anything further, please contact me directly at phone number listed above.

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PO Box 20068..Reno, NV 89515

Total Pages Faxed (including cover sheet) 1

Date: 7/8/15
Fax To: Washoe County Sheriffs Office
Fax Number: (775) 328-3304
From: Yesenia Martinez
Medical Only Claims Representative
Telephone Number: (775) 324-3301 Ext. 1013
Fax Number: (775) 324-9893
Description: re: Claim no 15853E839641, Kimberly Kline

CCMSI is the workers compensation administrator for the City of Reno. We are in need of police report for an incident that occurred on 6/25/2015; WC# 15-6669.

Please fax copy of report for our review. Should you need anything further, please contact me directly at phone number listed above.

CONFIDENTIALITY NOTICE: Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication in error is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

031 AA 0630

422

Rpt No: DIRCI-001
Date: 7/9/2015

CANNON COCHRAN MANAGEMENT SERVICES, INC.
CLAIM HISTORY REPORT

C. MANT SSN	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
	KLINE	KIMBERLY	M	10/07/1979

Claim No: 13853C466726 Type: M Date Injured: 01/24/2013

Injuries	Side	
38	R	SHOULDER(S)
Company ID	FEIN	Name
88-6000201	886000201	RENO CITY OF
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC
		Type
		EMP
		TPA

Claim No: 15853E694665 Type: M Date Injured: 01/20/2015

Injuries	Side	
34	L	WRIST
37	L	THUMB
Company ID	FEIN	Name
88-6000201	886000201	RENO CITY OF
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC
		Type
		EMP
		TPA

Claim No: 15853EB18001 Type: M Date Injured: 06/03/2015

Injuries	Side	
42		LOWER BACK (INC. LUMBAR & LUMBO SACRAL)
Company ID	FEIN	Name
88-6000201	886000201	RENO CITY OF
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC
		Type
		EMP
		TPA

Claim No: 15853E839641 Type: M Date Injured: 06/25/2015

Injuries	Side	
42		LOWER BACK (INC. LUMBAR & LUMBO SACRAL)
Company ID	FEIN	Name
88-6000201	886000201	RENO CITY OF
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC
		Type
		EMP
		TPA

RECEIVED
JUL 14 2015
CCMSI ~ Las Vegas

032 AA 0631

425



CLAIMDIRECTOR RESULT REPORT

A claim identified by ClaimSearch identification number 82003890394 was received by ISO Claim Search on 07/01/2015. Submission of this claim report initiated a search for similar claims. The claim(s) listed below appear(s) to be similar to the claim submitted and were used to develop the ClaimDirector score.

To simplify your evaluation of these matches, ClaimDirector scores all prior non-duplicate claims and provides a total summary score. The ClaimDirector match report includes all scored claims up to a maximum of 25.

Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer support at (800) 695-4478.

Note: This claim has been scored 1 time.

Score Summary

ClaimDirector

Claim Rules

KIMBERLY KLINE

Score:

999

Raw	Adjusted
0	0
069	999
3 Cor.	999

Claim Characteristics

ID	Description
120	KIMBERLY KLINE has a total of 4 or more claims in the database
142	KIMBERLY KLINE has 2 or more Workers' Compensation claims in the database
407	KIMBERLY KLINE has a prior injury related loss in the ClaimSearch database

Score Details

Claim Rules: 0

No claim rules apply to this claim.

KIMBERLY KLINE : 999
Involved Party Rules : 2030

ID	Description	Weight
24	Including this loss, this involved party's SSN is linked to 2 or more involved parties in the ClaimSearch database	+50
55	Including this loss, this involved party is linked to 4 or more different addresses in the ClaimSearch database	+50
68	Including this loss, this involved party's telephone number (excluding toll-free phone numbers) is linked to 3 or more claimants or involved parties in the ClaimSearch database	+50
85	Including this loss, this involved party has 5 or more different home telephone numbers in the ClaimSearch database	+50
79	This involved party made a casualty loss within 30 days (pre or post) of the date of loss	+200
142	This involved party has 2 or more Workers' Compensation claims in the database	+100
491	The involved party reported soft tissue or repetitive injuries (sprains and strains)	+50
494	The involved party's injuries are subjective and hold date has more than 2 days to 30 days	+200
497	The claimant has a prior injury related loss in the ClaimSearch database	+50

Involved Party Combo Rules

ID	Description	Weight
2548	Rule 65 and Rule 58 were applied	+180
2553	Rule 55 and Rule 63 were applied	+80
4171	Rule 24 and Rule 85 were applied	+30
4172	Rule 24 and Rule 58 were applied	+180
4177	Rule 24 and Rule 63 were applied	+80
4178	Rule 71 and Rule 79 were applied	+100
4186	Rule 24 and Rule 494 were applied	+10
4480	Rule 55 and Rule 79 were applied	+100
4488	Rule 55 and Rule 494 were applied	+20
4503	Rule 58 and Rule 63 were applied	+80
4505	Rule 58 and Rule 79 were applied	+100
4596	Rule 82 and Rule 79 were applied	+50
4599	Rule 83 and Rule 494 were applied	

Final Claims Score: 177

is Searched: 3 (Name/Address/SSN/TEL/Phone)

The number of contributing Matching Claims for this Involved Party: 8

All-Claim ID	Date of Loss	Coverage Type	Loss Type	Reason for Match	Component Score
2553	06/01/2015	Medical	Medical	Name, Address, SSN, Phone	100

AA 0632
033



ISO CLAIMSEARCH MATCH REPORT SUMMARY

If you have any questions concerning your report, please contact Customer Support at (800) 885-4476.

INITIATING CLAIM INFORMATION

Claim Number: 15483858041
Policy Number: BP4061715

Date of Loss: 06/25/2015
ISO File Number: 8N003890284

SUMMARY FOR EACH SEARCHABLE PARTY

CITY OF RENO, INSURED
No matches for this party

KIMBERLY KLINE, CLAIMANT
Coverage: Medical

Loss Type: Medical

# of Matches	KEY INDICATORS FOR THIS PARTY							Prior Claims History
	Same Loss Type	File Involvement	Name	Address	SSN	Phone	Business License	
	3	4	7	7	2			
ISO File Number								
0H000054283			X					
2G00385400	X		X	X	X			
2O003842588			X	X	X			
3A001843747					X			
3A003227211	X					X		
3Y000745382				X				
4E000744312				X	X			
4E0007405141			X		X			
4E0007405141	X					X		
8N000533415					X			
7N000531127				X				
8S003371251			X		X			
8E000307172				X				

ISO CLAIMSEARCH RESEARCH MATCH REPORT DETAILS

File Number: 8N003890284

Initiating Claim

Company: D27100012
Claim Number: 15483858041
Date/Time of Loss: 06/25/2015 15:30
Policy Number: SP4061715
Policy Type: Workers Compensation
Inception Date: 06/01/2014 Expiration Date: 06/01/2016
Company Received Date: 06/25/2015
ISO Received Date: 07/09/2015
Loss Description: EMPLOYEE'S CAR GOT REAR ENDED
Of Fund Claim?: NO
Location of Loss: NV 88512

Involved Party:

INSURED
Business Name: CITY OF RENO
Address: 1 EAST FIRST STREET
RENO, NV 89505
Business Phone: (775) 335-0831
TIN: 88-0000231 WAS ISSUED in Las Vegas in NV

Involved Party:

CLAIMANT
Name: KIMBERLY KLINE
Address: 301 PUMA DRIVE
WASHOE VALLEY, NV 89704
US
DOB: 10/01/1978
Gender: Female

Home Phone: (775) 326-8637
SSN:
Occupation: MUNICIPAL EMPLOYEE, NOC

Casualty Coverage Information:

Coverage Type: Medical
L: 95:
Adjuster Company: CANNON COCHRAN MGMT SVCS - CCMG
Adjuster: MARTINEZ YESENIA
Adjuster Phone: (775) 324-3301
Alleged Injury: SPECIFIC INJURY - SPRAIN/STRAIN
Part of Body: Multiple Body Parts (including Body Systems & Body Parts) - Applies When More than one major body part has been affected, such as an Arm and Leg and Multiple Internal Organs

[back](#)

[back](#)

File Number: 0H000664265

Matching Claim

Reason(s) for match:
Insuring Company:
Claim Number:
Date/Time of Loss:
Policy Type:
Insuring Co. Address:
Insuring Co. Phone:
Location of Loss:

Address:
SAFECO INSURANCE COMPANY OF AMERICA
0013039950003
05/08/2000
Personal Automobile
14123 DENVER WEST PKWY
OULDEN, CU 80401
(800) 352-3226
MCCARRAN BLVD & TALBOT
RENO, NV

Involved Party:

Name:
Address:
DOB:
Driver's License:

CLAIMANT
KIMBERLY EVANS
306 PUMA CR
CARSON CITY, NV 89704
10/17/1979
371958013148 State: NV

Casualty Coverage Information:

L: 95:
Adjuster Company:
Alleged Injury/Damage:

Body Injury
SAFECO INSURANCE COMPANY OF AMERICA
WORKING AND PHONE IT HIT HER EAR

Involved Party:

Business Name:
Address:

INSURED
JOHN C & MICHELE A COWEE
13 CANYON LN
CARSON CITY, NV 89703-5532

[back](#)

File Number: 2G003866400

Matching Claim

Reason(s) for match:
Insuring Company:
Claim Number:
Date/Time of Loss:
Policy Number:
Policy Type:
Inception Date:
Insuring Co. Address:
Insuring Co. Phone:
Company Received Date:
Loss Description:
FF Fund Code:
Location of Loss:

SSN
Name
Address
CANNON COCHRAN MGMT SVCS - CCMG
(581) 3818001
06/03/2015 14:56
SP4051710
Workers Compensation
09/01/2014 Expiration Date: 06/30/2015
C/O OCEP HEALTHCARE MGT
1575 DELUCCHI LANE # 224
RENO, NV 89502
(775) 324-3302
06/03/2015
CAR ACCIDENT RESULTING IN LUMBAR/SHOULDER PAIN
NO
NV 88512

Involved Party:

Business Name:
Address:
Business Phone:
TIN:

INSURED
CITY OF RENO
1 EAST FIRST STREET
RENO, NV 89305
(775) 328-8537
96-0000201 WAS ISSUED in Las Vegas in NV

[back](#)

Matching Claim

File Number: 20003942588

Reason(s) for match:

Insuring Company:	Address
Claim Number:	SSN
Date/Time of Loss:	Name
Policy Number:	Name
Policy Type:	Address
Policy Renewed?:	ALLSTATE INSURANCE COMPANY
Insuring Co. Address:	0374749547
	08/25/2015
	000736829414
	Personal Automobile
	YES
	NEVADA MCO (1970)
	PO BOX 99761
	LAS VEGAS, NV 89193
	(702) 837-7000
Insuring Co. Phone:	REAR-END ACCIDENT - MULTIPLE CARS
Loss Description:	IKO
C. start:	RENO, NV
Location of Loss:	US

Involved Party:	CLAIMANT
Business Name:	CITY OF RENO
Address:	PO BOX 1900
	RENO, NV 89375-1900
	US
Business Phone:	(775) 334-3838

Also Known As (AKA):	
Business Name	CITY OF RENO

Also Known As (AKA):	
Address:	PO BOX 1900
	RENO, NV 89505-1900
	US

Also Known As (AKA):	
Address:	PO BOX 1900
	RENO, NV 89505-1900
	US

Also Known As (AKA):	
Address:	1640 E COMMERCIAL ROW
	RENO, NV 89512-3514
	US

Vehicle Coverage Information:

Coverage Type:	Other Auto
Loss:	Other Auto
At Company:	ALLSTATE INSURANCE COMPANY
Adjuster:	ARENCEBIA MERCEDDES
Claim Status:	OPEN
Adjuster Phone:	(702) 837-7167
Vehicle:	2006 CHEV
Last Year Registered:	2006

037 AA 0636

430

Address:
CARSON CITY, NV 89701-9738
US

Service Provider:
Medical Doctor
Business Name: RENO EMERGENCY PHYSICIANS ASSOC
TIN: 88-0178598 WAS ISSUED in Las Vegas in NV
Address: PO BOX 96728
016 ASHOMA CITY, OK 73143-5728
US

Service Provider:
Medical Doctor
Business Name: CUSTOM PHYSICAL THERAPY
TIN: 04-3708831 WAS ISSUED in Boston in MA
Address: 1450 E PRATER WAY STE 103
SPARKS, NV 89434-9073
US

Service Provider:
Medical Doctor
Business Name: RADIOLOGY CONSULTANTS LTD
TIN: 88-0947030 WAS ISSUED in Las Vegas in NV
Address: PO BOX 8700
RENO, NV 89515-5700
US
Business Phone: (702) 323-4185

Service Provider:
Medical Doctor
Business Name: SPECIALTY HEALTH CLINIC
TIN: 88-0383483 WAS ISSUED in Las Vegas in NV
Address: 330 E LOCKRIDGE BLVD STE 200
350 W 6TH ST STE D1
RENO, NV 89501-2221
US
Business Phone: (702) 322-7122

Service Provider:
Medical Doctor
Business Name: ST MARYS REGIONAL MEDICAL CENTER
TIN: 88-0058885 WAS ISSUED in Las Vegas in NV
Address: 645 N ARLINGTON AVE
RENO, NV 89503-4480
US

Casualty Coverage Information:

Coverage Type: Bodily Injury
Loss Type: Other Auto
Claim Status: OPEN
Adjuster Company: ALLSTATE INSURANCE COMPANY
Adjuster: ARENCIBIA MERCEDES
Adjuster Phone: (702) 837-7182
Alleged Injury/Damage: OORC

Vehicle Coverage Information:

Coverage Type: Other Auto
Loss Type: Other Auto
Adjuster Company: ALLSTATE INSURANCE COMPANY
Adjuster: ARENCIBIA MERCEDES
Claim Status: OPEN
Adjuster Phone: (702) 837-7182

Also Known As (AKA):
Name: DAVID M TSCHESKAR

Also Known As (AKA):
Address: 630 E PLUMB LN STE 104
RENO, NV 89602-4534
LN

Back

Matching Claim

File Number: 3A001843747

Reason(s) for match: SSN
Insuring Company: TRAVELERS INDEMNITY COMPANY
Claim Number: LVO4000003
Date/Time of Loss: 02/17/2008
Policy Number: OCBHS2878318871011
Policy Type: Personal Automobile
Inspection Date: 02/08/2008 Expiration Date: 08/08/2008
At : Risk? NO
Insured's Co. Address: RINCHO CORD PL CLM - A280
PO BOX 10459
SACRAMENTO, CA 95861-0459
Insuring Co. Phone: (800) 727-8805
Company Received Date: 02/17/2008
Loss Description: CV DROVE INTO THE PATH OF THE IV
Location of Loss: , NV

Involved Party: INSURED
Name: KIMBERLY EVANS
Address: 4415 PRIMAVERA AVE
RENO, NV 89502
Home Phone: (775) 827-3235

Involved Party: CLAIMANT
Name: KIMBERLY EVANS
Address: 4415 PRIMAVERA AVE
RENO, NV 89502
Home Phone: (775) 827-3235
*** More matches found on this Home Phone outside this report ***

SSN:

Casualty Coverage Information:

Coverage Type: Medical Payments
Loss Type: Medical Payments
Date Claim Closed: 10/29/2008
Adjuster Company: TRAVELERS INDEMNITY COMPANY
Adjuster: PENNY CLARK
Adjuster Phone: (818) 639-6388
All Injury Damage: CV DROVE INTO THE PATH OF THE IV

Back

Matching Claim

File Number: 3A003227211

Reason(s) for match: Phone

Business Phone: (775) 326-0537

Involved Party: CLAIMANT
Name: DEBORAH A. ABOS
Address: 984 6TH STREET
SPARKS, NV 89431
US
DOB: 10/20/1956
Gender: FEMALE
Home Phone: (775) 329-6937
Occupation: MUNICIPAL EMPLOYER, NOC

Casualty Coverage Information:
Coverage Type: Medical
Loss Type: Medical
Adjuster Company: CANNON COCHRAN MGMT SVCS - CCMF
Adjuster: JONES LISA
Ad rPhone: (775) 321-3301
Al lgey/ Damage: SPECIFIC INJURY - CONTUSION

Match
Matching Claim File Number: 3Y000746362

Reason(s) for match: Address
Insuring Company: LIBERTY MUTUAL INSURANCE COMPANY
Claim Number: ALB128534303
Date/Time of Loss: 01/07/2001
Policy Number: AD22880226151000
Policy Type: Personal Automobile
Insuring Co. Address: 1750 HOWE AVE
SUITE 400
SACRAMENTO, CA 95835
Insuring Co. Phone: (916) 504-1792
Location of Loss: PLUM
RENO, NV

Involved Party: CLAIMANT
Name: KIMBERLY CYANG
Address: 306 PUMALANE
CARSON CITY, NV 89704-0000
DOB: 10/11/1979

Service Provider: Medical Doctor
Business Name: HPR PRATONY
Address: 243 BRIDGEBY AVENUE
RENO, NV 89509-0000
Home Phone: (775) 331-0088

Cas Coverage Information:
Loss Type: Bodily Injury
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY
Alleged Injury/ Damage: STRAIN/STRAIN BACK.

Involved Party: INSURED

AA 0639

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433

(Mr. J Party
 Business Name:
 Address:
 INSURED
 GREEN LAWSUSAN
 PO BOX 3262
 SPARKS, NV 89432-3262

back	File Number: 4P003406141
Matching Claim	
Reason(s) for Match:	SSN Name
Insuring Company:	ALLSTATE INSURANCE COMPANY
Claim Number:	0286814488
Date/Time of Loss:	05/01/00 13
Policy Number:	000000036187
Policy Type:	Personal Automobile
Policy Renewed?:	YES
Insuring Co. Address:	DIAMOND BAR EXP (8780) 21850 E COPLEY DR DIAMOND BAR, CA 91765 (800) 622-7266
Insuring Co. Phone:	NO
CAT Releifed:	, NY
Location of Loss:	110

Involved Party:
Name: KIMBERLY M KLINE
Address: 2650 FALCON ST
CAMDEN CR. T, NY 11604-0054
US
10071/1979
Female
DOB: (1/6) 815-6/100
SSN:

Vehicle Coverage Information:

Coverage Type:	Comprehensive
Loss Type:	Other Auto

1818 DORR ST
RENO, NV 89502
(775) 324-3302
OR 18/2011
Loss Description: CONTUCTIONS L-HIP/SHOULDER, TRITE OF BELL ON BAND
Is Fund Claim?: NO
Location of Loss: , NV 89512

Involved Party: INSURED
Business Name: CITY OF RENO
Address: 1 EASH HIGGS STREET
RENO, NV 89502
Business Phone: (775) 326 6637

Involved Party: CLAIMANT
Name: JACK A HIRSH
Address: 488 MEASAN DRIVE
SPARKS, NV 89426
DOB: 08/15/1950
Gender: Male
Home Phone: (775) 325-0151
Occupation: MUNICIPAL EMPLOYEES, WOC

Casualty Coverage Information:

Coverage Type: Medical
Loss Type: Medical
Adjuster Company: CASHION COCHRAN MCMINT BVCS - CCMBH
Adjuster: JONES LISA
Adjuster Phone: (775) 324-3301
Alleged Injury/ Damage: MULTIPLE INJURED - MULTIPLE INJURIES

Match

File Number: 5N00063518

Matching Claim

Insured(s) Name(s): SON
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 262278888
Date/Time of Loss: 10/25/1996
Policy Number: 617168628C
Policy Type: Personal Automobile
Insuring Co. Address: CSTR - 80
ONE STATE FARM PLAZA
DULUTH STON, L 61716
Location of Loss: 80. VINTAGE BY PIONEER THEATRE
RENO, NV

Involved Party: CLAIMANT
Name: KIMBERLY M EVANS
Address: 305 PUMA DRIVE
CARSON CITY, NV 89704-0000
DOB: 10/07/1970
Home Phone: (707) 866-1387
SON: *** More matches found on this Home Phone outside this report ***

AA 0641

042

435

Date/Time of Loss: 10/26/1988
Policy Number: 8F08446
Policy Type: Personal Automobile
Insuring Co. Address: 188 E MOANALIN
RENO, NV 89502-0000
Insuring Co. Phone: (702) 825-8500
Location of Loss: 258 VIRBANA AT MILL
RENO, WASHOE, NV

Involved Party: CLAIMANT
Name: KIM EVANS
Address: 305 PUMA DR
CARSON CITY, NV 89704-0000
DOB: 10/07/1979
Occupation: SALONMAID JUNIOR

Service Provider: Medical Doctor
Dr. Name: RILEY MICHAEL J
94-1037773 WAS ISSUED in San Francisco in CA
TL: 894 E MUGGER ST
Address: CARSON CITY, NV 89701-0000

Service Provider: Body Shop
Business Name: CONCOURS BODY SHOP
TL: 88-0207314 WAS ISSUED in Las Vegas in NV
Address: 230 TELEGRAPH ST
RENO, NV 89502-0000

Casualty Coverage Information:
Loss Type: Medical Payments
Adjuster Company: CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)
Adjuster: COBENGA JOHN P
Alleged Injury/ Damage: NECK HURT

Involved Party: INSURED
Business Name: WELAND JUNE E OR WILLIAM PUZE
Address: 89502-0000 State: NV
Driver License: 30912310

Service Provider: Body Shop
Business Name: CONCOURS BODY SHOP
TL: 88-0207314 WAS ISSUED in Las Vegas in NV
Address: 230 TELEGRAPH ST
RENO, NV 89502-0000

back
Mat' 'ng Claim
Re) format:
Insuring Company:
Claim Number:
Date/Time of Loss:
Policy Number:
Policy Type:

File Number: 88009371351

Name:
SSN:
ALL STATE INSURANCE COMPANY
925173253
93012310
000896928187
Personal Automobile

Vehicle Coverage Information:

Coverage Type: Comprehensive
Loss Type: Other Auto
Adjuster Company: ALLSTATE INSURANCE COMPANY
Adjuster Phone: (800) 380-8982
VIN: JTEBLJ11F070080180 (Pass)
*** More matches found on this VIN outside this report ***
Vehicle: 2007 TOYOTA FJ CRUISER
Vehicle Odometer Reading: 003000012
Last Year Registered: 2000

back

File Number: 9E000307172

Matching Claim

Reason(s) for match: Address
Insuring Company: LIBERTY MUTUAL INSURANCE COMPANY
Claim Number: AL82108774101
Date of Loss: 03/03/1999
Policy Number: AD22614309010180
Policy Type: Personal Automobile
Insuring Co. Address: 1750 HOWE AVE
STE 400
SACRAMENTO, CA 95835
Insuring Co. Phone: (916) 844-1782
Location of Loss: HWY 385
CARSON CITY, NV

Involved Party:

CLAIMANT
Name: KIMBERLY EVANS
Address: 308 PUMA DRIVE
CARSON CITY, NV 89704-0000
DOB: 10/07/1979
Home Phone: (775) 948-1302
*** More matches found on this Home Phone outside this report ***

Casualty Coverage Information:

Loss Type: Bodily Injury
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY
Alleged Injury/Damage: STRAIN NECK/UNKNOWN INJURY TO OTHER TO HOER FROM

Involved Party:

INSURED
Business Name: EVANS CHARLES PERRY
Address: 308 PUMA DR
CARSON CITY, NV 89704-9738
State: NV
Drivers License: 380065389178

11/11/2011 11:01:01 AM 02/04/2010

back

File Number: 2G003865400

Matching Claim

Reason(s) for match:

Insuring Company: CANNON COCHRAN MGMT SVCS - CCM81
Claim Number: 168532818001
Date/Time of Loss: 06/03/2015 14:50
Policy Number: SP4031715
Policy Type: Workers Compensation
Inception Date: 08/01/2014 Expiration Date: 08/31/2015
Insuring Co. Address: C/O OCCUPATIONAL CARE MGT
1575 DELUCCHILANE # 324
RENO, NV 89502
(775) 324-3303
Insuring Co. Phone: 06/03/2015
Company Received Date: CAR ACCIDENT RESULTING IN LUMBAR/SHOULDER PAIN
Loss Description: NO
Is it a First Claim?: NO
Type of Loss: NV 89512

Involved Party:

Business Name:

Address:

Business Phone:

TIN:

INSURED

CITY OF RENO

1 EAST FIRST STREET

RENO, NV 89505

(775) 328-8037

98-8000201 WAS ISSUED in Las Vegas in NV

Involved Party:

Name:

Address:

DOB:

Gender:

Home Phone:

SSN:

Occupation:

CLAIMANT

KIMBERLY KLINE

305 PUMA DRIVE

WADSWORTH VALLEY, NV 89704

MR

10/01/1979

Female

(775) 815 6790

MUNICIPAL EMPLOYEE, NOC

Casualty Coverage Information:

Coverage Type:

Loss Type:

Adjuster Company:

Adjuster:

Adjuster Phone:

Alleged Injury/ Damage:

Medical:

Medical

CANNON COCHRAN MGMT SVCS - CCM81

MARTINEZ YESENIA

(775) 324 3301

SPECIFIC INJURY - SPRAIN/STRAIN

back

Matching Claim

Reason(s) for match:

Insuring Company:

Claim Number:

Date/Time of Loss:

Policy Number:

File Number: 3A001943747

SSN

TRAVELERS INDEMNITY COMPANY

WV04505033

02/17/2006

OCBHS26783139371011

Involved Party:
Name: KRISTENLY EVANS
Address: 4410 PRIMAVERA AVE
RENO, NV 89502
(775) 877-3735
Home Phone: *** More matches found on this Home Phone outside this report ***
SSN:

Casualty Coverage Information:
Coverage Type: Medical Payments
Loss Type: Medical Payments
Date Claim Closed: 10/01/2008
Adjuster Company: TRAVELERS INDEMNITY COMPANY
Adjuster: PENNY CLARK
Adjuster Phone: (916) 638-8389
Alleged Injury Damage: QUADRUPE INTO THE PAINT OF THE W

Ms. ing Claim
Reason(s) for Filing:
Insuring Company:
Claim Number:
Date/Time of Loss:
Policy Number:
Policy Type:
Inception Date:
Insuring Co. Address:
Insuring Co. Phone:
Company Received Date:
Loss Description:
Is F Fume Claim?:
Location of Loss:

File Number: 3A003227211
Phone:
CANNON COCHRAN MGMT SVCS - CCMSP
1285 SC284301
07/18/2012 11:00
DP4044033
Workers Compensation
08/01/2011 Expiration Date: 08/01/2012
C/O OCCUP HEALTHCARE MGT
1270 DELUCCHI LANE # 224
RENO, NV 89502
(775) 324-3302
07/19/2012
MISSED STEP AND FELL
NO
NV 89502

Involved Party:
Business Name:
Address:
Business Phone:

INSURED
CITY OF RENO
1 EAST FIRST STREET
RENO, NV 89505
(775) 320-0037

Involved Party:
Name:
Address:

CLARANT
DEBORAH A. ASOG
984 6TH STREET
SPARKS, NV 89431
US
10/20/1955
Female
(775) 328-4837
MUNICIPAL EMPLOYEES, NUC

Casualty Coverage Information:
Coverage Type:
Loss Type:
Adjuster Company:

Medical
Medical
CANNON COCHRAN MGMT SVCS - CCMSP

Involved Party: CLAIMANT
Name: KIMBERLY EVANS
Address: 305 PUMA LANE
CARSON CITY, NV 89704-0000
DOB: 10/17/1978
Service Provider: Medical Doctor
Business Name: HERRERA, TONY
Address: 243 BRINKS AVENUE
RENO, NV 89509 0000
Home Phone: (775) 331-8688
Casualty Coverage Information:
Loss Type: Bodily Injury
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY
Alleged Injury/Damage: SPRAIN/STRAIN BACK

Involved Party: INSURED
Business Name: EDOELL MICHELE
Address: 2200 OFFENHAUSER DR NO 136E
RENO, NV 89511-1710
State: NV
Driver License: 40007028780

back

File Number: 4E000744313

Matching Claim

Reason(s) for match: BEN
Address
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 283073057
Date/Time of Loss: 01/05/2001
Policy Number: T34500828
Policy Type: Commercial Automobile
Insuring Co. Address: CIOB - 00
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710
Location of Loss: PLUMB & US 390 OVERPASS
RENO, NV

Involved Party: CLAIMANT
Name: KIMBERLY EVANS
Address: 305 PUMA DRIVE
CARSON CITY, NV 89704-0000
DOB: 10/17/1978
Home Phone: (775) 331-3202
Home Phone: *** More matches found on this Home Phone outside this report ***
SI
Occupation: none

Casualty Coverage Information:
Loss Type: Bodily Injury
Adjuster Company: STATE FARM (R) AFFILIATE
Adjuster: Jenby J. Ray A

047 AA 0646

440

Insuring Co. Address: 21850 E COPLEY DR
DIAMOND BAR, CA 91768
(800) 832 7208
Insuring Co. Phone: NO
CAT Related?: NV
Location of Loss: US

Involved Party: INSURED
Name: KIMBERLY M KLINE
Address: 2950 FALCON ST
CARSON CITY, NV 89704-0064
DOB: US
Gender: Female
Home Phone: (775) 815-5790
SSN:

Vehicle Coverage Information:
Coverage Type: Comprehensive
Loss Type: Other Auto
Adjuster Company: ALLSTATE INSURANCE COMPANY
Adjuster Phone: (800) 395-3282
VIN: JEST17R83024831 (Pass)
Vehicle: 2003 TOYOTA 4RUNNER
Vehicle Odometer Reading: 000000000
Last Year Registered: 2000

File Number: 6E003038320

Task

Matching Claim

Reason(s) for match:
Insuring Company: CASSION COCHRAN MGMT SVCS - COMB
Claim Number: 116536948019
Date/Time of Loss: 09/18/2011 10:29
Policy Number: 6P4044833
Policy Type: Workers Compensation
Inception Date: 09/01/2011 Expiration Date: 09/31/2012
Insuring Co. Address: CO COOP HEALTHCARE MGT
1575 DELUCCHI LANE # 224
RENO, NV 89502
Insuring Co. Phone: (775) 326-3302
Company Received Date: 09/19/2011
Loss Description: CONTUSSION L-11 P811 SOULDER, TRIPPE DITELL ON HAND
Is F Fung Claim?: NO
Location of Loss: NV 89512

Involved Party: INSURED
Name: CITY OF RENO
Address: 1 EAST HIGHLAND
RENO, NV 89505
Business Phone: (775) 326-8537

Involved Party: CLAIMANT
Name: JACK A. HIREB

AA 0647
048
441

Matching Claim
Reason(s) for match: SSN
Insuring Company: STATE FARM (R) AFFILIATE
Claim Number: 282218888
Date/Time of Loss: 10/28/1998
Policy Number: 817188928C
Policy Type: Personal Automobile
Insuring Co. Address: CDR - 00
ONE STATE FARM PLAZA
DODDINGTON, IL 61710
90 VIRGINIA BY PIONEER THEATRE
RENO, NV
Location of Loss:

Involved Party: CLAIMANT
Name: KIMBERLY M. EVANS
Address: 305 PUMA DRIVE
CARSON CITY, NV 89704-0000
DOB: 10/07/1978
He was: (703) 849-1882
*** More matches found on this Home Phone outside this report ***
SSN:

Casualty Coverage Information:
Loss Type: Bodily Injury
Adjuster Company: STATE FARM (R) AFFILIATE
Adjuster: Barker, Judy D
Alleged Injury/Damage: NECK

Involved Party: INSURED
Business Name: MUNIZ PAMELA
Address: 3035 VIRGINIA WAY
RENO, NV 89502-4245

Back

Matching Claim

File Number: 7N000531127

Reason(s) for match: Address
Insuring Company: CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)
Claim Number: AD18FD8485FX04
Date/Time of Loss: 10/28/1998
Policy Number: 0F08448
Policy Type: Personal Automobile
Insuring Co. Address: 180 E MOANA LN
RENO, NV 89502-0009
Insuring Co. Phone: (702) 826-8800
Location of Loss: 818 VIRGINIA AT MILL
RENO, WASHOE, NV

Involved Party: CLAIMANT
Name: KM EVANS
Address: 305 PUMA DR
CARSON CITY, NV 89704-0000
DOB: 10/07/1978
Occupation: GALCONA IG JUNIOR

Business Name:
Address:
City:
State:
Zip:
Phone:
Fax:
E-Mail:
Web Site:
Service Provider:
Business Name:
Address:
City:
State:
Zip:
Phone:
Fax:
E-Mail:
Web Site:

WELAND JUNE E OR WILLIAM E
8050-0000
300 123110
State: NV
Body Shop
ON NATION RAMP SHOP
08-0207314 WAS ISSUED in Las Vegas in NV
250 TELEGRAPH ST
RENO NV 89502-0000

Back
Matching Claim

File Number: 86003371351

Reason(s) for match:
Insuring Company:
Claim Number:
Date of Loss:
Policy Type:
Policy Renewed?
Insuring Co. Address:
Insuring Co. Phone:
CAT Related?
Location of Loss:

Name
BEN
ALLSTATE INSURANCE COMPANY
0261752643
08/01/2013
000000000000000000
Personal Automobile
YES
DIAMOND BAR EXP (6280)
21060 S COPLEY DR
DIAMOND BAR CA 91785
(866) 622-7298
NO
NV
IIR

Involved Party:

Name:
Address:
DOB:
Gender:
Home Phone:
SSN:

INSURED
KIMBERLY KLINE
2850 PALCO N ST
CARSON CITY, NV 89704-9064
US
10/07/1978
Female
(775) 915-5790

Vehicle Coverage Information:

Coverage Type:
Loss Type:
Adjuster Company:
Adjuster Phone:
VIN:

Comprehensive
Other Auto
ALLSTATE INSURANCE COMPANY
(800) 368-6862
JTEBU1P8T0068156 (P288)
*** More matches found on this VIN outside this report ***
2007 TOYOTA FJ CRUISER
0000000017
2000

Vehicle:
Vehicle Odometer Reading:
L
17 Registered:

Back

Matching Claim

Reason(s) for match:
Insuring Company:

Address
1 PARTY MUTUAL INSURANCE COMPANY

File Number: 8E000307172

Liability Coverage Summary

Loss Type: Bodily Injury
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY
Alleged Injury/Damage: STRAIN NECK, UNKNOWN INSD TOOK HER TO HOSP FROM

Involved Party: INSURED
Business Name: PUANA CHARL PR PERRY
Address: 305 PUMA DR
CARSON CITY, NV 89704-5738
State: NV
Drivers License: 36803898178

REGISTRATION INFORMATION: 36803898178

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for : BACK2 WEEK FOLLOW UP .
Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness.

Review of Systems:

GENERAL: trouble sleeping
MUSCULOSKELETAL: muscle pain, Stiffness, spine pain
NEUROLOGICAL: Negative

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

Height	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	112/84	88 bpm	14 rpm	97.00 %	5/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck- normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

[Page 1]

RECEIVED
By SHMCO at 2:46 pm, Jul 14, 2015

052 AA 0651

445

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

Imaging: Imaging reviewed and discussed with pt, images reviewed with pt.
Physical therapy, Evaluate and Treat - 6 visits

Education: Patient informed about treatment plan and instructions

Work status: Full duty

Return visit: 2 week(s)

Treatment plan: Conservative treatment

Patient continues to have back and neck, minimal improvement with chiropractic care, recommendation to try physical therapy, records reviewed and discussed with the patient from her orthopedic evaluation prior to the work injury

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

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 07/14/2015 10:45AM
BODY PART: BACK 2 WEEK FOLLOW UP
EMPLOYER: CITY OF RENO

Date of Injury: 06/3/2015

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE: NO

[Page 2]

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

053 AA 0652

446

SIGNED: Scott Hall, MD

[Page 3]

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

AA 0653
054

447

[REDACTED]

Date Request Received: 07/21/2015
Date of Decision: 07/21/2015
Date Decision Sent: 07/21/2015
Record Number: 114771

Requesting Physician: Scott Hall, MD

Request(s): Initial physical therapy, evaluate and treat – 6 visits

Date of Birth: 10/7/1979
Height (inches) / Weight (pounds):
Current Medications:

Request(s): Initial physical therapy, evaluate and treat – 6 visits is APPROVED WITH A PANEL PROVIDER under medical necessity on a rule out basis only.

Decisions and Comments:

Comments: We are in receipt of all medical reporting served upon this claim file.

We have everything needed to approve this.

The most current medical reporting by Scott Hall, MD dated 07/14/15 has been reviewed along with all the additional pertinent medical records.

I have reviewed the request and in accordance with Evidence Based Medicine Literature and the clinical documentation received the request for initial physical therapy, evaluate and treat – 6 visits is APPROVED WITH A PANEL PROVIDER under medical necessity on a rule out basis only.

If this decision is an approval or modification please notify us if there is a change in the scheduled service date, the procedure is cancelled or hospital admission becomes necessary.

If this decision is an approval or modification, authorization for the above-noted service expires 60 days after the date of this letter. Approvals do not necessarily guarantee payment since authorizations are based on medical appropriateness.



055 AA 0654

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(TPA), C.C.M.S.I. at P.O. Box 20000, Albany

A request for copies of the referenced evidence-based medical literature noted may be obtained by written request to SpecialtyHealth MCO.

Discussion regarding this review can be made to a physician reviewer Monday through Friday between the hours of 8:00 a.m. and 5:30 p.m. PST at 888-442-2230.

If any party disagrees with this decision regarding the requested medical benefits, they may request a review by a peer physician. If you disagree with the above determination, sign, date, and briefly explain on the bottom of this notice the reason for your appeal and return this notice within 14 days after the date on which this notice was mailed (NRS616C.305).

NRS 616C.305 Procedure for appeal of final determination of organization for managed care which has contracted with insurer.

1. Except as otherwise provided in subsection 3, any person who is aggrieved by a final determination concerning accident benefits made by an organization for managed care which has contracted with an insurer must, within 14 days of the determination and before requesting a resolution of the dispute pursuant to NRS 616C.345 to 616C.385, inclusive, appeal that determination in accordance with the procedure for resolving complaints established by the organization for managed care.

2. The procedure for resolving complaints established by the organization for managed care must be informal and must include, but is not limited to, a review of the appeal by a qualified physician or chiropractor who did not make or otherwise participate in making the determination.

3. If a person appeals a final determination pursuant to a procedure for resolving complaints established by an organization for managed care and the dispute is not resolved within 14 days after it is submitted, the person may request a resolution of the dispute pursuant to NRS 616C.345 to 616C.385, inclusive.
(Added to NRS by 1993, 691; A 1993, 2452; 1995, 2149; 1999, 2216)

NAC 616C.2745 Hearing on decision concerning accident benefits made by organization for managed care. (NRS 616C.310) An appeals officer shall not convene a hearing on a dispute that is required to be submitted to a procedure for resolving

it was submitted.

This appeal request for a peer physician review must be sent to:

SpecialtyHealth MCO
Attention: Director of UR/QA
330 East Liberty, Suite 200
Reno, NV 89501

I have reviewed the provided documents, including medical reports, x-rays, and diagnostic studies, if available. The recommendation is based on the ACOEM Guidelines and other evidence-based literature if applicable.

Please note: Current workers' compensation law mandates that utilization review decisions be made on the basis of evidence-based treatment guidelines. The ACOEM Guidelines are utilized pursuant to Nevada law when possible.

Declaration: These evaluations were performed at SpecialtyHealth MCO, Inc. The review of medical records and/or reading of x-ray studies and/or medical evaluation were performed entirely by me or another panel physician at my direction. The composing of these reports was performed by my staff and me. All reports that have been prepared with the assistance of my staff are reviewed and signed entirely by me.

The above recommendation is based upon the reasonable medical necessity of treatment requested. Such recommendation may not be construed to waive or relinquish any legal basis for denial of liability of other issues that may or may not arise on the underlying claim.

I declare under penalty of perjury that the information and opinions contained in this report and its attachments are true and correct to the best of my knowledge and belief, except as to information I have indicated that I have received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, I believe to be true. This report is in compliance with the Nevada workers' compensation regulations (NAC 616C.123)

The content of the report is true and correct to the best of my knowledge. This statement is made under penalty of perjury.

individual or entity to which it is addressed. If you are not the intended recipient, you are notified that disclosing, distributing, or acting on the information in the message is strictly prohibited. If you are not the intended addressee/recipient, please notify us at 775-398-3620 or vriviera@specialtyhealth.com of the error and immediately destroy/delete this information and any accompanying documents.

Signed in: Reno, Nevada



Patricia Morales, MD
Physician Reviewer/Medical Director
Board Certified – Orthopedic Surgery
SpecialtyHealth MCO, Inc.
NV License: 5570

Cc: City of Reno – TPA
Patient
Attorney (if applicable)
File

058 AA 0657

451

Reason for appeal/peer physician review:

SIGNATURE

NAME-PRINTED

DATED

059 AA 0658

452

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 618C.065)

Dear Ms. Kline:

The above referenced claim has been accepted on your behalf by CCMSI. Please be advised the diagnosed lumbar strain will not be covered under this claim as you are currently treating under claim number 15853E618001. Please check the information contained in this notice. If you find any of the information to be incorrect, please promptly notify this office.

If you 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
Hearing Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-5966

OR Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 488-2525

Very truly yours,


Yesenia Martinez
Medical Only Claim Representative

REASON FOR APPEAL:

Signature

Date

D-30 (rev. 5/10)

Retain a copy for your records
Cc: File, City of Reno, Specialty Health

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9893 www.ccmsi.com

AA 0659

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453

City:	State:	Zip:
Employee's Telephone Number:		
Claim No.:	Date of Injury:	
INSURER INFORMATION		
Insurer's Name:		
Address:		
City:	State:	Zip:
Insurer's Telephone Number:		

City:	State:	Zip:
Employer's Telephone Number:		
THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION		
TPA's Name: CCMSI		
Address: P.O. Box 20068		
City: Reno	State: NV	Zip: 89515-0068
TPA's Telephone Number: 775-324-3301		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.
 YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED
 PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

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

☐ The Injured Employee

☐ The Employer

and is dated this _____ day of _____, 20__

 Signature of Injured Employee/Employer

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

(D-13a) (Rev. 12-97)

you may select a physician or chiropractor from the panel. If you are not on the panel, your Temporary Total Disability (TTD) will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 3 consecutive days, TTD will be paid by your insurer.

Temporary Partial Disability (TPD): If your doctor has certified that you are unable to work for a period of at least 3 consecutive days, TPD will be paid by your insurer. TPD is paid for a maximum of 24 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TPD compensation.

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

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

The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

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

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

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

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

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701. (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

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

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

D-2 (rev. 10/07)

It is your responsibility, and no one else's, to provide the disability certificate. If you do not provide a certificate, you will not be paid any TTD benefits. Therefore, please obtain a certificate of disability each time you are evaluated by a physician. Do not rely on the physician to provide one because they do not automatically send a certificate to this office after they evaluate you.

In addition, you should be turning in a copy of the disability certificate to your employer. It is your responsibility to keep your employer informed of your work status especially if you are released to return to work at light duty. Your employer may be able to provide light duty for you. You cannot be paid TTD benefits if you are released to light duty but you have not given your employer an opportunity to accommodate the restrictions.

Please advise this office if you have ever had any prior medical treatment for the body parts covered under your claim. If so, please supply a list of all physicians, hospitals, physical therapy institutes, etc. that you have treated with previously, along with their complete addresses and phone numbers.

3. Under certain specified circumstances you may be eligible for reimbursement for travel to and from receiving medical care. The basic requirement is that you must travel 20 miles or more, one way, from your residence or employment, if during working hours, to the place of medical treatment. If you do not meet this requirement, but you travel 40 miles or more total in any one week for medical care, you may be eligible for mileage reimbursement. If you think you may qualify, please contact this office and we will send you the proper form for submitting your request for mileage reimbursement.

AA 0662

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2. If, during the first 12 months after a claim is opened, the medical benefits for a claim are less than \$300.00, the insurer may close the claim at any time after he sends, by first-class mail addressed to the last known address of the claimant, written notice that:

(a) The claim is being closed pursuant to this section;

(b) The injured employee may appeal the closure of the claim pursuant to the provisions of NRS 616C.305 and 616C.315 to 616C.385, inclusive; and

(c) If the injured employee does not appeal the closure of the claim or appeals the closure of the claim but is not successful, the claim cannot be reopened.

3. In addition to the notice described in subsection 2, an insurer shall send to each claimant who receives less than \$300.00 in medical benefits within 6 months after the claim is opened a written notice that explains the circumstances under which a claim may be closed pursuant to subsection

2. The written notice provided pursuant to this subsection does not create any right to appeal the contents of that notice. The written notice must be:

(a) Sent by first-class mail addressed to the last known address of the claimant; and

(b) A document that is separate from any other document or form that is used by the insurer.

4. The closure of the claim pursuant to subsection 2 is not effective unless notice is given as required by subsections 2 and 3.

If you have any questions, please feel free to contact this office.

you are not satisfied with the first treating physician or chiropractor and

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

or

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

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

D-52 (Rev. 07/09)

PO Box 660636
Dallas, TX 75266

Re: Our Claim No.: 15853E839641
D.O.I.: 06/25/2015
Employer: City of Reno
Your Policy No.: 036869414

To Whom It May Concern:


CCMSI is the worker's compensation Third Party Administrator for the City of Reno. Our office has been notified that one of your insured's was involved in an accident on 6/25/2015 with a City of Reno employee.

This is to notify you that we believe you are liable for any costs related to this injury.

This is our first notice of lien.

Please contact our office to discuss reimbursement.

Sincerely,


Yesenia Martinez
Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File
City of Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-0453 www.ccmsi.com

AA 0665
066
459

305 Puma Dr.
Washoe Valley, NV 89704

Re: Claim No.: 15853E839641
DOI: 06/25/2015
Employer: City of Reno

Dear Ms. Kline:

It has come to our attention that you missed your medical appointment on 08/12/2015 at Specialty Health with Dr. Hall. At this time, we ask that you reschedule this appointment within 7 days of the date of this letter and notify us of the date and time of your appointment. Failure to reschedule and attend this appointment may result in closure of your claim as well as a suspension of your benefits until such time as you keep this appointment.

This determination is based on Nevada Revised Statute 616C.230(4), which states,

"If any employee persists in an unsanitary or injurious practice that imperils or retards his recovery, or refuses to submit to such medical or surgical treatment as is necessary to promote his recovery, his compensation may be reduced or suspended."

If you have any questions please contact me at #324-3301 x1013.

Should 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 Hearings Division Office within seventy (70) days of the date of this determination.

Sincerely,


Yesenia Martinez
Medical Only Claims Representative

cc: File, City of Reno & Specialty Health
Encl. D-12

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-0153 www.ccmsi.com

067

AA 0666

460

Employee's Name and Address		Employer's Telephone Number
Employee's Telephone Number	Claim No.	
Insurer Information		Third-Party Administrator Information
Insurer's Name and Address		Third-Party Administrator's Name and Address
Insurer's Telephone Number		Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

The Injured Employee

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

The Employer

and is dated this _____ day of _____, 20____

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)
D-12a (Rev. 1)

068 AA 0667

461

Washoe Valley, NV 89707

Claim Number : 15853E839841
Date of Injury : 06/25/2015
Insurer : City of Reno

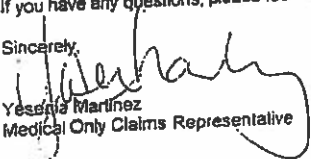
Dear Ms. Kline:

Enclosed you will find the form D-36, relative treatment history forms, and a Declaration of Medical Providers form. Please sign, date, and return the forms to this office within ten (10) days of the date of this letter. Your signature on these forms acts as a release to acquire information related to your claim.

NAC 616C.079 states in part, "an injured employee must sign all medical releases necessary for the insurer to obtain appropriate information and documentation to determine the nature and amount of benefits to which he is entitled. If the injured employee fails to do so, the insurer may withhold compensation from him."

If you have any questions, please feel free to contact me.

Sincerely,


Yesenia Martinez
Medical Only Claims Representative

cc: File
City of Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9893 www.ccmst.com

069 AA 0668

462

Injury/Occupational Disease Date: _____

Date this Notice Printed: _____

Insurer's Name: _____

Employer: _____

Insurer's Address: _____

Employer's Address: _____

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This releases the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.

- ☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)
- ☐ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

I certify that the above is true and correct in the best of my knowledge and that I have provided this information in order to obtain the benefits of Nevada's industrial insurance and occupational diseases acts (NRS 616A to 616J, 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 in 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 this psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A photocopy of this authorization shall be as valid as the original.

Signature _____

Date _____

☐ 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 _____ Date _____

If yes, have you ever received

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)

Dates of Treatment

Dates of Treatment

AA 0672
073
466

073

466

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 08/20/2015 09:15AM
BODY PART: CERVICAL STRAIN
EMPLOYER: CITY OF RENO

Date of injury: 6-25-15

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

RECEIVED
AUG 26 2015
CCMSI - RENO

History of Present Illness:

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

KIMBERLY KLINE is a 35 female who presents for : CERVICAL STRAIN.
Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Oxygen Saturation	Pain	Smoking Status
67.00 in	165.00 lbs	24.30	118/64	72 bpm	97.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, mild muscular tenderness to palpation over the trapezius, full motion with grossly normal strength and sensation in the arms

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK

[Page 1]

E-signed by Dr. Scott Hill, MD on 08/20/2015 10:25AM

RECEIVED

By SHMCO at 1:47 pm, Aug 20, 2015

AA 0674

075

463

Education: [REDACTED]

Work status: Full duty, MMI

Return visit: Pt to call with questions/problems

Treatment plan: Supportive treatment with recheck if not better

I believe she has done very well with physical therapy and recommend she simply complete her currently approved therapy for her neck, we will monitor her and I have asked her to let me know how her neck does and notify me if there are significant issues.

Type	Code	Modifiers	Quantity	Description
CPT	98213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 08/20/2015 09:15AM
BODY PART: CERVICAL STRAIN
EMPLOYER: CITY OF RENO

Date of Injury: 06/3/2015

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES

CONDITION RATABLE: NO

RETURN VISIT: MMI

SIGNED: Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 08/20/2015 10:25AM

[Page 2]

AA 0675

076

469

Date of Notice: 8/27/2013

From: Yesenia Martinez, Medical Only Claims Representative



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

After 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.

Your file reflects that you are not presently undergoing any medical treatment, however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a rateable impairment as a result of your above-referenced claim.

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) 687-5966

OR

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

Reason for appeal: _____

Date

Signature

Retain a copy of this notice for your records.
cc: File, City of Reno, SMC, Specialty Health

Enclosures

D-31 (rev. 10/10)

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9893 www.ccmsi.com

AA 0676
077

470

[REDACTED]

type of benefits associated with this claim, including treatment, diagnostic testing or prescription medication. Any medical benefit you receive after the date of your claim closing will be your financial responsibility. If you disagree with the closure of your claim you may appeal the determination made by CCMSI **within seventy (70) days after the date on which the determination was mailed.** Failure to file an appeal within this time period may result in a dismissal of your appeal by the Department of Administration.

You do have the right to reopen your claim if your claim meets certain criteria. Please see attached the Form D-13 **"Injured Employee's Right To Reopen A Claim Which Has Been Closed"**.

If you have any questions regarding the closure of your claim please contact your adjuster at (775) 324-3301.

If you did not lose time from work as a result of your industrial injury and you have not received a permanent partial disability award, you may not request reopening of your claim more than one (1) year after the date on which your claim was closed.

Except as otherwise provided in NRS 616C.390(4), if the request for reopening is denied, the injured employee shall not request reopening of the claim until at least one (1) year after the date on which the final determination of an insurer is issued.

Reopening of a claim is not effective, and thus no benefits or compensation is available, before the date on which an application for reopening is made unless good cause is shown (NRS 616C.390(8)). If your claim closes under NRS 616C.235(2), then you may not reopen your claim (NRS 616C.390(6)).

PPD OFFSET

Nevada Revised Statutes (NRS) 616C.405 prohibits an injured employee from receiving a permanent partial disability (PPD) benefit at the same time you are receiving temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD).

Further, if you have received a PPD on a claim and you were paid the award in a lump sum, future TTD, TPD, or PTD you receive on the same claim must be reduced by a portion of the PPD lump sum; or, if you are receiving installment payments for PPD, those payments will be suspended while TTD, TPD, or PTD is being paid.

The rate at which the PPD offset is deducted is the same as the daily/monthly rate of the PPD award. Except for minimum lump sum awards, for each day/month you receive TTD, TPD, or PTD on the claim, the daily/monthly PPD rate is deducted based on the time period used to calculate the lump sum PPD award. (See NRS 616C.440 for specific information regarding offsets to PTD).

Your PPD lump sum was computed through the day before your 70th* birthday. In other words, the lump sum represents permanent partial disability payments due you from the effective date of your initial PPD payment until you turn 70* years old (unless otherwise entitled to the minimum lump sum). Although you received just one lump sum payment(s), this payment represents the present value of all your future PPD payments.

* PPD awards are calculated using the maximum age established by law which, depending on the date of the injury or occupational disease, may be less than 70 years.

D-13 Rev. 199

AA 0678

079

472

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

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790
Cell Phone #: 7758155790

Insurer:
Insurance #:

Date of injury if applicable: 6-25-15
Claim # if applicable:
Referral for: evaluate and treat - 6 visits
FOR NECK

Referral from: Dr. Scott Hall, MD

RECEIVED
By SHMCO at 11:57 am, Sep 29, 2015

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 09/23/2015 08:45AM
BODY PART: NECK CLAIM
EMPLOYER: CITY OF RENO

Date of Injury: 08/03/2015

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

RECEIVED
SEP 24 2015
CCMSI - RENO

(Page 1)

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

AA 0680

081

474

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

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790
Cell Phone #: 7758155790

Insurer:
Insurance #:

Date of Injury if applicable: 08/03/2015
Claim # If applicable:
Referral for: Physical therapy, evaluate and treat - 6 visits
Neck and back strain

Referral from: Dr. Scott Hall, MD

RECEIVED
By SHMCO at 4:58 pm, Sep 24, 2015

History of Present Illness:

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

KIMBERLY KLINE is a 35 female who presents for : NECK CLAIM .
Patient reports improving neck discomfort, rated 3/10, central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	100/70	86 bpm	14 rpm	98.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, minimal muscular tenderness to palpation, full motion, normal strength and sensation in both arms

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

{Page 1}

RECEIVED
By SHMCO at 3:06 pm, Sep 23, 2015

AA 0682

083

476

Referral: Physical therapy, Evaluate and treat
Work status: Full duty
Return visit: 2, week(s)
Treatment plan: Conservative treatment

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

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 09/23/2015 08:45AM
BODY PART: NECK CLAIM
EMPLOYER: CITY OF RENO

Date of injury: 08/03/2016

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

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


Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

[Page 2]

084 AA 0683

477



Insurer:
Insurance #:

Date of injury if applicable: 08/03/2015

Claim # if applicable:

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

Referral from: Dr. Scott Hall, MD

[Page 3]

E-signed by Dr. Scott Hall, MD on 08/23/2015 8:00AM

AA 0684
085
478

3054 Elm
Washoe Valley, NV 89704

Re: Claim No.: 15853E839641
D.O.I.: 06/25/2015
Employer: City of Reno

Dear Ms. Kline:

We are in receipt of further medical reporting from your physician that indicates you require additional medical treatment for your industrial injury. This letter serves to rescind the previously issued closure notice. Your claim will remain open until such time as your physician discharges you from care.

If you disagree with this determination, you have the right to request a hearing by completing the bottom portion of the enclosed Request for Hearing form, and sending it to the State of Nevada, Department of Administration, Hearings Division, Carson City address, within seventy (70) days from the date of this letter.

If you have questions or wish to discuss this case further, please contact me at the number noted below at extension 1013.

Sincerely,



Yesenia Martinez
Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File
City of Reno
Specialty Health

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9393 www.ccmsi.com

AA 0685

086

479

Employee's Name and Address			
Employee's Telephone Number	Claims No.	Employer's Telephone Number	
	Date of Injury		
Insurer Information		Third-Party Administrator Information	
Insurer's Name and Address		Third-Party Administrator's Name and Address	
Insurer's Telephone Number		Third-Party Administrator's Telephone Number	

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

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

Briefly explain the basis for this appeal:

The Injured Employee

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

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

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)
D-12a:

AA 0686

087

480

[REDACTED]

Date of Injury: 09/29/2015
Date Request Received: 10/01/2015
Date of Decision: 10/01/2015
Date Decision Sent: 115499
Record Number:

Requesting Physician: Scott Hall, M.D.

Request(s): 6 additional physical therapy visits, for the neck at Custom Physical Therapy

Date of Birth: 10/07/1979
Height (inches) / Weight (pounds):
Current Medications:

Request(s): 6 additional physical therapy visits, for the neck, at Custom Physical Therapy is APPROVED. See discussion below.

Decisions and Comments:

Comments: We are in receipt of all medical reporting served upon this claim file.

We have everything needed to approve this.

The most current medical reporting by Scott Hall, MD dated 09/23/15 has been reviewed along with all the additional pertinent medical records.

Regarding the request for additional physical therapy visits, evidence based guidelines recommend a total of ten (10) physical therapy visits for cervical spine conditions such as the patient has been diagnosed with. The patient has been authorized six (6) initial sessions of physical therapy to date with reported functional improvements having been obtained thus far. However, some remaining functional deficits reportedly continue to persist of which necessitate additional ongoing physical therapy visits at this time. It is of note that evidence based guidelines also state that when treatment duration and/or number of visits exceeds the guideline, exceptional factors, as noted above, should be evident. Also, in addition to a "six-visit clinical trial", every six (6) visits thereafter the treating physical or occupational therapist should validate improvement in function as it relates to the patient's essential job functions, hours working, health related quality of

AA 0687

088

481

Home programs should be initiated with the first therapy session and include ongoing assessments of compliance as well as upgrades to the program. Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end. Based on the above, an additional six (6) visit course of physical therapy is supported by evidence based medicine at this time, and which includes a two (2) visit variance from guideline recommendations to ensure adequate time for the instruction and complete transition of the patient into an independent home exercise program.

I have reviewed the request and in accordance with Evidence Based Medicine Literature and the clinical documentation received the request for 6 additional physical therapy visits, for the neck, at Custom Physical Therapy is APPROVED.

The most current online version of ACOEM is silent in regard to the number of physical therapy visits recommended.

The 2016 online Official Disability Guidelines state:

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Sprains and strains of neck (ICD9 847.0):
10 visits over 8 weeks

The 2016 online Official Disability Guidelines - Preface states:

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end;

Case Name: Kimberly Kline
Employer: City of Reno
Claim Number: 15853E839641
Date of Injury: 06/25/2015
Date Request Received: 09/29/2015
Date of Decision: 10/01/2015
Date Decision Sent: 10/01/2015
Record Number: 115499
Requesting Physician: Scott Hall, M.D.

(5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

In addition to a "six-visit clinical trial", every six visits thereafter the treating physical or occupational therapist/chiropractor should validate improvement in function as it relates to the patient's essential job functions, hours working, health related quality of life indicators (e.g. Oswestry) or a standard pain scale in order for treatment to continue. Pain reduction should be accompanied by improved function and/or reduced medication use.

If this decision is an approval or modification please notify us if there is a change in the scheduled service date, the procedure is cancelled or hospital admission becomes necessary.

If this decision is an approval or modification, authorization for the above-noted service expires 60 days after the date of this letter. Approvals do not necessarily guarantee payment since authorizations are based on medical appropriateness. Claim compensability is a TPA (third party administrator) role. Any questions and billing for this approved service(s) should be sent to the third party administrator (TPA), C.C.M.S.I. at P.O. Box 20068, Reno, NV 89515.

A request for copies of the referenced evidence-based medical literature noted may be obtained by written request to SpecialtyHealth MCO.

Discussion regarding this review can be made to a physician reviewer Monday through Friday between the hours of 8:00 a.m. and 5:30 p.m. PST at 888-442-2230.

If any party disagrees with this decision regarding the requested medical benefits, they may request a review by a peer physician. If you disagree with the above determination, sign, date, and briefly explain on the bottom of this notice the reason for your appeal and return this notice within 14 days after the date on which this notice was mailed (NRS616C.305).

NRS 616C.305 Procedure for appeal of final determination of organization for managed care which has contracted with insurer.

Case Name: Kimberly Kline
Employer: City of Reno
Claim Number: 15853E839641
Date of Injury: 06/25/2015
Date Request Received: 09/29/2015
Date of Decision: 10/01/2015
Date Decision Sent: 10/01/2015
Record Number: 115499
Requesting Physician: Scott Hall, M.D.

1. Except as otherwise provided in subsection 3, any person who is aggrieved by a final determination concerning accident benefits made by an organization for managed care which has contracted with an insurer must, within 14 days of the determination and before requesting a resolution of the dispute pursuant to NRS 616C.345 to 616C.385, inclusive, appeal that determination in accordance with the procedure for resolving complaints established by the organization for managed care.

2. The procedure for resolving complaints established by the organization for managed care must be informal and must include, but is not limited to, a review of the appeal by a qualified physician or chiropractor who did not make or otherwise participate in making the determination.

3. If a person appeals a final determination pursuant to a procedure for resolving complaints established by an organization for managed care and the dispute is not resolved within 14 days after it is submitted, the person may request a resolution of the dispute pursuant to NRS 616C.345 to 616C.385, inclusive.
(Added to NRS by 1993, 691; A 1993, 2452; 1995, 2149; 1999, 2216)

NAC 616C.2745 Hearing on decision concerning accident benefits made by organization for managed care. (NRS 616C.310) An appeals officer shall not convene a hearing on a dispute that is required to be submitted to a procedure for resolving disputes pursuant to NRS 616C.305 until a final decision is rendered pursuant to that procedure or the dispute is not resolved pursuant to that procedure within 14 days after it was submitted.

This appeal request for a peer physician review must be sent to:

SpecialtyHealth MCO
Attention: Director of UR/QA
330 East Liberty, Suite 200
Reno, NV 89501

I have reviewed the provided documents, including medical reports, x-rays, and diagnostic studies, if available. The recommendation is based on the ACOEM Guidelines and other evidence-based literature if applicable.

Please note: Current workers' compensation law mandates that utilization review decisions be made on the basis of evidence-based treatment guidelines. The ACOEM Guidelines are utilized pursuant to Nevada law when possible.

AA 0690

091

484

Case Name: Kimberly Kline
Employer: City of Reno
Claim Number: 15853E839641
Date of Injury: 06/25/2015
Date Request Received: 09/29/2015
Date of Decision: 10/01/2015
Date Decision Sent: 10/01/2015
Record Number: 115499
Requesting Physician: Scott Hall, M.D.

Declaration: These evaluations were performed at SpecialtyHealth MCO, Inc. The review of medical records and/or reading of x-ray studies and/or medical evaluation were performed entirely by me or another panel physician at my direction. The composing of these reports was performed by my staff and me. All reports that have been prepared with the assistance of my staff are reviewed and signed entirely by me.

The above recommendation is based upon the reasonable medical necessity of treatment requested. Such recommendation may not be construed to waive or relinquish any legal basis for denial of liability of other issues that may or may not arise on the underlying claim.

I declare under penalty of perjury that the information and opinions contained in this report and its attachments are true and correct to the best of my knowledge and belief, except as to information I have indicated that I have received from others. As to the information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, I believe to be true. This report is in compliance with the Nevada workers' compensation regulations (NAC 616C.123)

The content of the report is true and correct to the best of my knowledge. This statement is made under penalty of perjury.

In compliance with HIPAA standards, this decision and any related documentations have been transmitted in a secure fashion and are intended solely for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and except from disclosure under the applicable law. If the receiver of this message is not the intended recipient or the agent responsible, you are hereby notified that any dissemination, distribution, use or copying of this communication is strictly prohibited. If you are not the intended addressee/recipient, please notify us at 775-398-3620 or vriviera@specialtyhealth.com of the error and immediately destroy/delete this information and any accompanying documents.

Case Name: Kimberly Kline
Employer: City of Reno
Claim Number: 15853E839641
Date of Injury: 06/25/2015
Date Request Received: 09/29/2015
Date of Decision: 10/01/2015
Date Decision Sent: 10/01/2015
Record Number: 115499
Requesting Physician: Scott Hall, M.D.

Signed in: Reno, Nevada



Patricia Morales, MD
Physician Reviewer/Medical Director
Board Certified – Orthopedic Surgery
SpecialtyHealth MCO, Inc.
NV License: 5570

Cc: City of Reno – TPA
Patient
Attorney (if applicable)
File

093 AA 0692

486

Case Name: Kimberly Kline
Employer: City of Reno
Claim Number: 15853E839641
Date of Injury: 06/25/2015
Date Request Received: 09/29/2015
Date of Decision: 10/01/2015
Date Decision Sent: 10/01/2015
Record Number: 115499
Requesting Physician: Scott Hall, M.D.

REQUEST FOR APPEAL/PEER PHYSICIAN REVIEW

Reason for appeal/peer physician review:

SIGNATURE

NAME-PRINTED

DATED

094 AA 0693

487

OCT 7 2015 7:44AM

SPECIALTY HEALTH CL

NO. 2224

15853E839641



SpecialtyHealth
SPECIALTY HEALTH CLINIC

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DOB: 10/07/1978
Visit: 10/08/2015 4:00PM

Sex: F
Chart: KLIK000001

****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/08/2015 04:00PM
BODY PART: LUMBAR FOLLOW UP
EMPLOYER: CITY OF RENO

Date of injury: 6-26-15

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

CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO

RETURN VISIT: 4 weeks
SIGNED: Scott Hall, MD

RECEIVED

OCT 07 2015

CCMSI - RENO

[Page 1]

E-signed by Dr. Scott Hall, MD on 10/08/2015 4:17PM

095 **AA 0694**

488



SpecialtyHealth
1111 N 165th Avenue, Suite 100, Aurora, CO 80012

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 10/28/2015 2:15PM

Sex: F
Chart: KLIK000001

Chief Complaint: CERVICAL CLAIM

History of Present Illness:

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

KIMBERLY KLINE is a 36 female who presents for : CERVICAL CLAIM .
Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported.
She has completed treatment.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure
67.00 in	155.00 lbs	24.30	120/68
Pulse	Respiratory Rate	Oxygen Saturation	Smoking Status
67 bpm	14 rpm	97.00 %	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck exam -normal inspection, nontender to palpation, full motion with grossly normal strength

Assessment:

Type	Code	Description
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter

E-signed by Dr. Scott Hall, MD on 10/28/2015 3:14PM

[Page 1]

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By SHMCO at 1:36 pm, Oct 29, 2015

096 AA 0695

489



SpecialtyHealth
SPECIALTIES IN MEDICINE - QUALITY CARE & PATIENTS

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 10/28/2015 2:15PM

Sex: F
Chart: KLIK000001

Plan:

Work status: Full duty, MMI

Type	Code	Modifiers	Quantity	Description
CPT	99212		1.00 UN	OFFICE/OUTPATIENT VISIT EST

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/28/2015 02:15PM
BODY PART: CERVICAL CLAIM
EMPLOYER: CITY OF RENO

Date of injury: 6-25-15

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

OCT. 29. 2015 8:01AM

SPECIALTY HEALTH CL

NO. 3135

15853E83964



SpecialtyHealth
OFFERING A NEW WAY TO PROVIDE HEALTH CARE

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 10/28/2015 2:16PM

Sex: F
Chart: KLIK000001

RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/28/2015 02:15PM
BODY PART: CERVICAL CLAIM
EMPLOYER: CITY OF RENO

Date of Injury: 8-25-16

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

CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMH
SIGNED: Scott Hall, MD

RECEIVED

OCT 28 2015

CCMSI - RENO

[Page 1]

E-signed by Dr. Scott Hall, MD on 10/28/2015 2:14PM

AA 0697
098

491



To: Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 11/6/2015

From: Yesenia Martinez, Medical Only Claims Representative

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

After 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.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

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 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) 687-5966

OR

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

Reason for appeal: _____

Date

Signature
Retain a copy of this notice for your records.
cc: File, City of Reno, SMRMC, Specialty Health

Enclosures

D-31 (rev. 10/10)

CANNON COCHILAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 524-9893 www.ccmst.com

AA 0698

099

492



~ THE EFFECTS OF CLOSING YOUR CLAIM ~

By closing your claim you will no longer be eligible for any type of benefits associated with this claim, including medical treatment, diagnostic testing or prescription medication. Any medical benefit you receive after the date of your claim closing will be your financial responsibility. If you disagree with the closure of your claim you may appeal the determination made by CCMSI **within seventy (70) days after the date on which the determination was mailed.** Failure to file an appeal within this time period may result in dismissal of your appeal by the Department of Administration.

You do have the right to reopen your claim if your claim meets certain criteria. Please see attached the Form D-13 **"Injured Employee's Right To Reopen A Claim Which Has Been Closed"**.

If you have any questions regarding the closure of your claim please contact your adjuster at (775) 324-3301.

INJURED EMPLOYEE'S RIGHT TO REOPEN A CLAIM WHICH HAS BEEN CLOSED

Nevada Revised Statutes 616C.390 defines your right to reopen your worker's compensation claim after it has been determined that all benefits have been paid and your claim has been closed.

An application to reopen a claim must be in writing and accompanied by a certificate from a physician or chiropractor showing a change in medical condition.

If you did not lose time from work as a result of your industrial injury or occupational disease and you did not receive a permanent partial disability award, you may not request reopening of your claim more than one (1) year after the date on which your claim was closed.

Except as otherwise provided in NRS 616C.390(4), if the request for reopening is denied, the injured employee shall not request reopening of the claim until at least one (1) year after the date on which the final determination of an insurer is issued.

Reopening of a claim is not effective, and thus no benefits or compensation is available, before the date on which an application for reopening is made unless good cause is shown (NRS 616C.390(8)). If your claim closes under NRS 616C.235(2), then you may not reopen your claim (NRS 616C.390(6)).

PPD OFFSET

Nevada Revised Statutes (NRS) 616C.405 prohibits an injured employee from receiving a permanent partial disability (PPD) benefit at the same time you are receiving temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD).

Further, if you have received a PPD on a claim and you were paid the award in a lump sum, future TTD, TPD, or PTD you receive on the same claim must be reduced by a portion of the PPD lump sum; or, if you are receiving installment payments for PPD, those payments will be suspended while TTD, TPD, or PTD is being paid.

The rate at which the PPD offset is deducted is the same as the daily/monthly rate of the PPD award. Except for minimum lump sum awards, for each day/month you receive TTD, TPD, or PTD on the claim, the daily/monthly PPD rate is deducted based on the time period used to calculate the lump sum PPD award. (See NRS 616C.440 for specific information regarding offsets to PTD).

Your PPD lump sum was computed through the day before your 70th* birthday. In other words, the lump sum represents permanent partial disability payments due you from the effective date of your initial PPD payment until you turn 70* years old (unless otherwise entitled to the minimum lump sum). Although you received just one lump sum payment(s), this payment represents the present value of all your future PPD payments.

* PPD awards are calculated using the maximum age established by law which, depending on the date of the injury or occupational disease, may be less than 70 years.

D-13 (Rev. 1997)

AA 0700

101

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GlobalOptions
5955 T.G. Lee Blvd.
Suite 600
Orlando, FL 32822
UNITED STATES
Office: (888) 550-4211
Fax: (407) 859-0942
www.globaloptions.com

November 23, 2015

Ms. Yesenia Martinez
CCMSI
1575 Delucchi Lane, Suite 224
Reno, Nevada 89502

RECEIVED

DEC 02 2015

CCMSI - RENO

CLAIMANT: Kimberly Kline
CLAIM NO: 15853E818001, 15853E839641
DOL: June 3, 2015 and June 25, 2015
INSURED: City of Reno, Nevada
CARRIER: Self Insured
GO FILE NO: 248-382410

The above claim was reviewed by GlobalOptions SIU. The claim was referred for SIU review based on the following red flags: the claimant filed two claims for two separate motor vehicle accident occurring within weeks of one another. The claimant has a history of motor vehicle claims.

CLAIM SYNOPSIS:

Claim number 15853E818001 filed on June 3, 2015 is a Work Comp claim for a sprain of the neck and lumbar region when she was allegedly involved in a motor vehicle accident on this date during the course of her normal duties while working for the insured as a Parking Enforcement Officer. The claim was accepted. The claimant treated in network.

Claim number 15853E839641 filed on June 25, 2015 is a Work Comp claim for a sprain of the neck and lumbar region when she was allegedly involved in a motor vehicle accident on this date during the course of her normal duties while working for the insured as a Parking Enforcement Officer. The claim was accepted. The claimant treated in network.

The claimant has an extensive claims history, including neck and back injuries sustained in motor vehicle accidents.

For the June 3rd claim, a total of \$4,876.53 was paid and for the June 29th claim, a total of \$2,559.22. The claimant has reached maximum medical improvement on both claims with no ratable impairments. No TTD was paid on either claim.

PRIVILEGED AND CONFIDENTIAL: ATTORNEY-CLIENT WORK PRODUCT

FL License: A1000233 | CA License: PI22731 | NV License: 1187 | License: 6491 | IL License: 117.001421

The Claimant is not represented by legal counsel as the claim is closed.

ISO / OFAC SEARCHES:

An ISO Index search of previously filed claims by the claimant produced the following results:

Claim Number: 0130399500003
Type: Personal Auto
Date of Loss: 05/08/2000
Insured/Insurer: Safeco Ins.
Injury: Bodily injury/ear

Claim Number: UVG4505003
Type: Personal Auto
Date of Loss: 02/17/2008
Insured/Insurer: Travelers
Injury: Unspecified

Claim Number: AL63109554803
Type: Personal Auto
Date of Loss: 01/07/2001
Insured/Insurer: Liberty Mutual
Injury: Back

Claim Number: 283073057
Type: Commercial Auto
Date of Loss: 01/06/2001
Insured/Insurer: State Farm
Injury: Whiplash

Claim Number: 0286914486
Type: Personal Auto
Date of Loss: 05/01/2013
Insured/Insurer: Allstate
Injury: Not available

Claim Number: 202270890
Type: Personal Auto
Date of Loss: 10/26/1996
Insured/Insurer: State Farm
Injury: Neck

Claim Number: A018F08448SFX04
Type: Personal Auto
Date of Loss: 10/26/1996

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GlobalOptions 2

AA 0702

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- We recommend obtaining the statement from the driver of the vehicle that rear ended the claimant in June 3, 2015 to determine the facts and circumstances surrounding the accident and determine if there may have been fraudulent activity by ways of a staged accident by the claimant.
- We recommend obtaining the statement from the driver of the vehicle that rear ended the claimant in June 25, 2015 to determine the facts and circumstances surrounding the accident and determine if there may have been fraudulent activity by ways of a staged accident by the claimant.
- We recommend obtaining the claim files and medical records associated with the claimants prior motor vehicle accidents in which the claimant sustained neck and back injury in order to further document the claimants prior non industrial injuries
- We recommend that the client pursue a deposition of the claimant and asking him specifically about his non-industrial activities, medical history, claims, and treatment history. This will provide the claimant an opportunity to be forthcoming about his history, employment, and limitations, which would freeze the facts with regard to causation, apportionment and true abilities. It will also serve to strengthen the SIU case, if the claimant further misrepresents himself/herself.

Please contact SIU Investigator James Murphy with any questions or to discuss above recommendations. If there are any other significant developments on claim please notify handling SIU Investigator.

Sincerely,

James Murphy
SIU Investigator
GlobalOptions
Office: (916) 848-9594
james.murphy@globaloptions.com

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DEC 02 2015

CCMSI - RENO

"PRIVILEGED COMMUNICATIONS"

This report is confidential and is intended solely for the use and information of the client to whom it is addressed.

This report is intended solely for the purposes of evaluating a claim. This information should not be used for any employment-related purposes. Client agrees and certifies the ordering of and the use of this report is in strict compliance with the Fair Credit Reporting Act.

DISCLAIMER

The public record information contained in this report has been obtained through online public record sources or by personal visits to sources of such documents, such as the court of jurisdiction, deemed by us to generally be

GlobalOptions 4

AA 0703

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Insured/Insurer: GSAA Ins Group

Date of Loss: 03/02/1999
Insured/Insurer: Liberty Mutual
Injury: Neck

Claim Number: 0201752603
Type: Personal Auto
Date of Loss: 03/01/2013
Insured/Insurer: Allstate
Injury: Unknown

INVESTIGATION SUMMARY:

On June 3, 2015 while during the normal course of her duties while working for the insured, the claimant's work vehicle was struck from behind by a second vehicle. The claimant reported the accident, was treated and diagnosed with shoulder and lower back pain on the date of loss.

On June 25, 2015 while during the normal course of her duties while working for the insured, the claimant's work vehicle was struck from behind by a second vehicle. The police report states the driver of the vehicle that struck the claimant's vehicle was issued a traffic citation. The claimant reported the accident, was treated and diagnosed with a lumbar strain on the date of loss.

On July 9, 2015 an ISO Index search of the claimant produced a history of prior motor vehicle accidents and injury to her neck and back.

The claimant has reached maximum medical improvement on both claims with no ratable impairments.

OFFICIAL FILINGS / STATE NOTIFICATION:

Based on our initial review of the claim file, we have determined there is insufficient evidence to trigger state mandated reporting of suspect activity.

INVESTIGATIVE RECOMMENDATIONS:

We would make the following recommendations for continued investigation of claim and/or additional records that will need to be obtained and provided for review - should further SIU investigation be warranted.

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DEC 02 2015

GlobalOptions 3

CCMSI - RENO

AA 0704

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[REDACTED]

reliable. However, the client is on notice that these records are not always complete. The public agencies and other providers of public records can and have missed recording some records and mislaid others. The above should be understood that there should be independent verification. It should also be understood that there should be independent verification and only

[REDACTED]

with any opportunity laws and regulations.

GlobalOptions Regional Offices
Los Angeles | Sacramento | Orlando | Chicago | Philadelphia

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DEC 02 2015
CCMSI - RENO

GlobalOptions 5

106 AA 0705

499



Allstate
You're in good hands.

NOV 18 1993
PO BOX 98763
LAS VEGAS NV 89193

RENO NV 895150068

December 09, 2015

INSURED: DAVID TSCHBEKAR
DATE OF LOSS: June 25, 2015
CLAIM NUMBER: 0374749547-PTB

PHONE NUMBER: 800-898-9623
FAX NUMBER: 866-357-9317
OFFICE HOURS:

CLAIMANT: KIMBERLY M. KLINE

Dear Yesenia Martinez,

Please send us a copy of your updated lien for Kimberly M. Kline. Her date of birth is 10/07/1979.
Our date of loss is 6/25/2015. Your claim number is 15853E839641.

Can you please also, send us the medical records for the prior injury dated 6/3/2015 as well as a copy of the estimate and photos of the vehicles involved? Your claim number is 15853E818001.

I've included an authorization signed by Kimberly M. Kline.

If you have any questions or concerns please contact the handling claim owner Mercedes Arencibia at (702) 837-7162.

Sincerely,

TAMI BRITTON

TAMI BRITTON
800-898-9623 Ext. 8377038
Allstate Insurance Company

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DEC 14 2015

CCMSI - RENO

GEN001

0374749547 PTB

AA 0706

107

500

AA 0707
108
501

Medical: ☐ Yes ☒ No Medicaid #: _____



Reno, NV 89511
Phone: (775) 323-5083
Fax: (775) 333-2776

15853E839641

Bryan Hansen DC
10635 Professional Circle Ste B
Reno NV 89521

Phone: (775) 815-5790
MRN: 407766 Acc: 5111686
Date of Exam: 01-13-2016

MR-Spine Cervical without contrast [16265] - SPINE_C

CLINICAL INDICATION: Motor vehicle collision May 2015. Patient complains of neck pain which has since subsided. Neck pain started again 2 weeks ago with left arm pain, numbness and weakness down to the fingers.

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the cervical spine utilizing the Siemens Espree Wide Bore 1.5 T MRI.

COMPARISON: None.

FINDINGS:
There is straightening of the normal cervical lordosis. There is no malalignment. The vertebral body heights are maintained with degenerative changes at the C5-C6 and C6-C7 levels. The bone marrow signal intensity is preserved. The spinal cord appears normal in caliber and signal intensity. There is no Chiari 1 malformation. The cervical spine is otherwise unremarkable through the C3-C4 level.
C4-C5: There is a shallow disc osteophyte complex indenting upon the thecal sac causing mild canal stenosis (axial series 5 image 13). There is mild right-sided neural foraminal narrowing. There is no significant left-sided neural foraminal narrowing.

C5-C6: There is a large disc protrusion in the left paracentral to subarticular zones causing moderate to severe canal stenosis and left lateral recess stenosis (axial series 5 image 19). There is no significant neural foraminal narrowing bilaterally.

C6-C7: There is a disc protrusion exiting from the central to left subarticular zones (axial series 5 images 23 and 24) indenting upon the cord resulting in effacement of CSF from the ventral and dorsal aspects of the cord causing severe canal stenosis without cord compression. There is bilateral uncovertebral arthropathy causing mild bilateral neural foraminal narrowing.

C7-T1: Unremarkable.

IMPRESSION:
Disc degeneration with large disc protrusions at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

Thank you for referring your patient to RDC SIERRA ROSE
Electronically Signed by Swanger, Ronald MD 01-13-2016 8:50 PM

Washoe

RECEIVED

JAN 18 2016

CCMSI - RENO

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

Printed: 01-18-2016 2:08 PM

Kline, Kimberly (Exam: 01-13-2016 2:10 PM)

Page 1 of 1

AA 0709

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503

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION

2016 JAN 19 PM 2:57

To: Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 158530839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 11/6/2015

From: Yessenia Martinez, Medical Only Claims Representative

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

After 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.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

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) 687-5966

OR

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

Reason for appeal: Symptoms never completely went away and they
have gotten to the point where I cannot hear them
on my own. Discs in my neck are so inflamed
I have lost use of my left arm
Roughley 11/1/16

Date January

Signature

Retain a copy of this notice for your records.
cc: File, City of Reno, SMRM/C, Specialty Health

Enclosures

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JAN 27 2016
D-31 (rev. 10/10)

CCMSI - RENO

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-9301 Fax: (775) 324-9893 www.ccmcsi.com

WED,
2-17-16 @ 10:10
JL

AA 0710

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~ THE EFFECTS OF CLOSING YOUR CLAIM ~

By closing your claim you will no longer be eligible for any type of benefits associated with this claim, including medical treatment, diagnostic testing or prescription medication. Any medical benefit you receive after the date of your claim closing will be your financial responsibility. If you disagree with the closure of your claim you may appeal the determination made by CCMSI within seventy (70) days after the date on which the determination was mailed. Failure to file an appeal within this time period may result in a dismissal of your appeal by the Department of Administration.

You do have the right to reopen your claim if your claim meets certain criteria. Please see attached the Form D-13 "Injured Employee's Right To Reopen A Claim Which Has Been Closed".

If you have any questions regarding the closure of your claim please contact your adjuster at (775) 324-3301.

RECEIVED
JAN 27 2016
CCMSI - RENC

NEVADA REVISED STATUTES 616C.390(4) state that your claim has been determined that all benefits have been paid and your claim has been closed.

An application to reopen a claim must be in writing and accompanied by a certificate from a physician or chiropractor showing a change in medical condition.

If you did not lose time from work as a result of your industrial injury or occupational disease and you did not receive a permanent partial disability award, you may not request reopening of your claim more than one (1) year after the date on which your claim was closed.

Except as otherwise provided in NRS 616C.390(4), if the request for reopening is denied, the injured employee shall not request reopening of the claim until at least one (1) year after the date on which the final determination of an insurer is issued.

Reopening of a claim is not effective, and thus no benefits or compensation is available, before the date on which an application for reopening is made unless good cause is shown (NRS 616C.390(8)). If your claim closes under NRS 616C.235(2), then you may not reopen your claim (NRS 616C.390(6)).

PPD OFFSET

Nevada Revised Statutes (NRS) 616C.405 prohibits an injured employee from receiving a permanent partial disability (PPD) benefit at the same time you are receiving temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD).

Further, if you have received a PPD on a claim and you were paid the award in a lump sum, future TTD, TPD, or PTD you receive on the same claim must be reduced by a portion of the PPD lump sum; or, if you are receiving installment payments for PPD, those payments will be suspended while TTD, TPD, or PTD is being paid.

The rate at which the PPD offset is deducted is the same as the daily/monthly rate of the PPD award. Except for minimum lump sum awards, for each day/month you receive TTD, TPD, or PTD on the claim, the daily/monthly PPD rate is deducted based on the time period used to calculate the lump sum PPD award. (See NRS 616C.440 for specific information regarding offsets to PTD).

Your PPD lump sum was computed through the day before your 70th* birthday. In other words, the lump sum represents permanent partial disability payments due you from the effective date of your initial PPD payment until you turn 70* years old (unless otherwise entitled to the minimum lump sum). Although you received just one lump sum payment(s), this payment represents the present value of all your future PPD payments.

* PPD awards are calculated using the maximum age established by law which, depending on the date of the injury or occupational disease, may be less than 70 years.

D-13 (rev. 1/04)

RECEIVED

JAN 27 2016

C.CMSI - RENC

AA 0712

113

506

January 15, 2016

Reno Diagnostic Center

Attn: Medical Records

Sent via fax to: 775-333-2776 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/7/1979
Employer: City of Reno

Urgent Request

Dear Medical Records Department:

Enclosed is a Medical Release form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of the January 2016 Cervical MRI to the address noted below.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

Yesenia Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

CONFIDENTIALITY NOTICE: Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the below address via the U.S. Postal Service.

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3303 Fax: (775) 324-9893 www.ccmsi.com

AA 0713

114

507

(Pursuant to NRB 616C.177 & 616C.490(4))

Please provide the information requested below, sign and date this form, and return it to your insurer. Your signature on this form also acts as a request to acquire information affecting your claim from other entities. This request is the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your insurer could result in a timely manner could affect your benefits or delay the resolution of your claim.

Please check the appropriate box below and provide the information requested.

- A few weeks prior to the accident I was having lower back pain. Went to doctor a few times. After the accident the pain is much worse, and doesn't go away as before.

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JUN 10 2015

CCMSI - RENO

AA 0714

115

508

Sent via email



January 18, 2016

Dr. Hansen

Attn: Medical Records

Sent via fax to: 775-284-4902 Pages: 2 (including cover)

Re: Claimant: Kimberly Kiine
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/11/1979
Employer: City of Reno

Urgent Request

Dear Medical Records Department:

Enclosed is a Medical Release form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for *any* condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

Yesenia Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

CONFIDENTIALITY NOTICE: Important. This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the below address via the U.S. Postal Service.

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3901 Fax: (775) 324-9893 www.ccmsi.com

AA 0715

116

509

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to require information affecting your claim from other sources. This covers the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claim agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information
Please check the appropriate box below and provide the information requested.

- ☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)
- ☒ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This may include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition.)

A few weeks prior to the accident I was having lower back pain. Went to doctor a few times. After the accident the pain is much worse, and doesn't go away as it had before.

[illegible]

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JUN 10 2015
CCMSI - RENO

TRANSMISSION REPORT
TIME : 01/18/2016 13:21
NAME :
FAX :
TEL :
SERIAL : BRDCK31469769

DATE, TIME : 2844902
FAX NO. /NAME : 00:00:00
DURATION : 00
PAGE(S) : BUSY
RESULT : STANDARD
MODE :

BUSY: BUSY/NO RESPONSE



January 18, 2016

Dr. Hansen

Attn: Medical Records

Sent via fax to: 775-284-4902 Pages: 2 (including cover)

Re: Claimant: Kiroberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/7/1979
Employer: City of Reno

Urgent Request

Dear Medical Records Department:

Enclosed is a Medical Release form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting to the address noted below. This includes all treatment provided for *any* condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

AA 0717

118

511



Kimberly Kline
305 Puma Dr

Patient Gender	FEMALE
Social Security	
Marital Status	Divorced
Occupation	
Birth	1/9/1966
Employed Status	Employed
Employer	

Friday, January 22, 2016

Kline, Kimberly

Narrative Encounter - Exam - Initial
Wednesday, January 13, 2016 3:19 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 10 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little effect on symptoms.

Objective

Examination

Musculoskeletal

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1/22/2016 10:25:21 AM

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Page 1 of 12

AA 0718

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512



1005

Narrative Encounter - Exam - Initial
Wednesday, January 13, 2016 3:15 PM

Kline, Kimberly

- average for left hand is 39.3333 pounds of force.
- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
 - **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
 - **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.
 - **Cervical Orthopedic Tests.** Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. Bakody's sign for pain relief is positive with pain relief.

Neurological

- **Sensation.** Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally.
- **Reflexes.** Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the 2-Grav decompression table was applied to: C5 and C6 at 30lbs with a 20 to 25 degree angle.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Prognosis

- Prognosis - guarded.

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Examination indicates manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

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AA 0719

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S.O.A.P. Notes
1005

Narrative Encounter - Exam - Initial

Kline, Kimberly

the intervertebral disc space of C5, C6, and C7.

Hansen Ph.D., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression
Thursday, January 14, 2016 11:05 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 10 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Ox Codes

1/22/2016 10:29:21 AM

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JAN 25 2016

CCMSI - RENO

AA 0720

121

514



1005

Kline, Kimberly

Narrative Encounter - Decompression
Thursday, January 14, 2016 11:06 AM

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs with a 20 to 25 degree angle.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.
- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - is marginal.

Prognosis

- Prognosis - guarded.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

- Schedule of care - As outlined in previous report.

Referrals

- Referred to Zollinger DO, Jeffery (012267) for evaluation, treatment, patient is in a significant amount of pain with numbness in the left UE. She has an MRI on file at RDC which reveals two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. If you can get this patient in immediately, I would greatly appreciate it. Meds and or an epidural for pain per your expertise would be terrific.

Thank you,

Printed Documents

Narratives, Reports, and Letters

- Patient Referrals - New Full Page was printed by Hansen, Bryan C.

Hansen M.S., D.C., Bryan C.
Provider of Record

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AA 0721
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1005

Narrative Encounter - Decompression
Friday, January 25, 2016 2:16 PM

Kline, Kimberly

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

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AA 0722

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1003

Kline, Kimberly

Narrative Encounter - Decompression

Monday, January 18, 2016 2:16 PM

- The patient's response to treatment.

Prognosis

- Prognosis - remains good.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

- Schedule of care - As outlined in initial exam.

Hansen M.S., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression

Monday, January 18, 2016 10:16 AM

Subjective**Chief Complaint**

- Neck pain. (Pain Scale 8 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective**Examination****RECEIVED**
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1/22/2016 10:25:21 AM

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AA 0723

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S.O.A.P. Notes

7005

Kline, Kimberly

Narrative Encounter - Decompression

- fixation bilaterally (severe).
• **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50/lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - is marginal and Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to show improvement with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

- Schedule of care - As previously stated in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression
Tuesday, January 19, 2016 3:41 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 8 of 10.)

History of Present Illness

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1/22/2016 10:25:21 AM

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AA 0724
125
518

Narrative Encounter - Decompression

Tuesday, January 19, 2016 3:41 PM

Quality: The patient characterizes the pain as burning (neck, shoulder, forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective**Examination****Musculoskeletal**

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan**Treatment****Physical Modalities**

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the 2-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale**Assessment**

- The patient's response to conservative care - is marginal.

Prognosis**RECEIVED**

JAN 26 2016

CCMSI - RENO

AA 0725

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2005

Kline, Kimberly

Narrative Encounter - Decompression

Wednesday, January 13, 2016 3:41 PM

Impression - Cervical
C5, C6, and C7.**Schedule of Care**

- Schedule of care - Continue as outlined in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression
Wednesday, January 20, 2016 10:24 AM**Subjective****Chief Complaint**

- Neck pain. (Pain Scale 7 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective**Examination****Musculoskeletal**

- **Palpations:** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications).

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JAN 26 2016

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1/22/2016 10:25:21 AM

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AA 0726
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1005

Kline, Kimberly

Narrative Encounter - Decompression
Tuesday, January 19, 2016 3:41 PM

CS, C6, and C7.
Schedule of Care
• Schedule of care - Continue as outlined in Initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression
Wednesday, January 20, 2016 10:24 AM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 7 of 10.)

History of Present Illness

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations:** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications).

1/22/2016 10:25:21 AM

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JAN 25 2016

CCMSI - RENO



1005

Kline, Kimberly

Narrative Encounter - Decompression
Wednesday, January 20, 2016 10:24 AM

Physical musculature reveal: upper trapezius spasm.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

- Prognosis - remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Discussion Subjects:

- Patients reports numbness in her left bicep is gone but continues in her left forearm and thumb.

Hansen M.S., D.C., Bryan C.
Provider of Record

Kline, Kimberly

Narrative Encounter - Decompression
Thursday, January 21, 2016 2:37 PM

Subjective

Chief Complaint

- Neck pain. (Pain Scale 6 of 10.)

History of Present Illness

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JAN 28 2016

CCMSI - RENO

1/22/2016 10:25:21 AM

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AA 0728

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1005

Kline, Kimberly

Narrative Encounter - Decompression
Thursday, January 21, 2016 2:37 PM

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to the forearm, the left thumb, and the left index finger. The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little effect on symptoms.

Objective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is moderate to severe.

Dx Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

Assessment and Plan

Treatment

Physical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale

Assessment

- The patient's response to conservative care - Patient responded well to treatment today.

Prognosis

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JAN 25 2018

CCMSI - RENO

1/22/2016 10:25:21 AM

Leading Edge Chiropractic Ltd • 10635 Professional Circle • Suite B • Reno, NV

Page 11 of 12

AA 0729

130

523



1003

Narrative Encounter - Decompression
Thursday, January 21, 2016 2:37 PM

Kline, Kimberly

C5, C6, and C7.

Schedule of Care

- Schedule of care - Continue as stated in initial report.

Discussion Subjects:

- Patients reports numbness in her left forearm has subsided, however there is some numbness in her left thumb.

Hansen M.S., D.C., Bryan C.
Provider of Record

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1/22/2016 10:25:21 AM

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Page 12 of 12

AA 0730

131

524

LEADING EDGE

CHIROPRACTIC

Bryan C. Hansen, M.S.M.E., D.C.

Re: Patient: [redacted]
Claim #: 15853E839641
SSN: [redacted]
DOB: 10/07/1979
Employer: City of Reno

Dear Yesenia;

Please find attached the above patient's clinical notes along with the billing up to this point. Be advised, that Ms. Kline has only completed a portion of her treatment plan so there will be more notes and billing to follow as she progresses with treatment.

Feel free to contact me at the office if you have any questions or need any further information.

Cordially,



Jeryllyn Cox
Office Manager
Leading Edge Chiropractic
10635 Professional Circle Ste. B
Reno, NV 89521
775-284-4900 (P)
775-284-4902 (F)

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JAN 26 2016

CCMSI - RENO

10635 Professional Circle, Suite B, Reno, Nevada 89521 • 775-284-4900 office • 775-284-4902 fax
www.LeadngEdgeChiro.com

AA 0731

132

525



Health Information Services

Patient Name: KLINE, KIMBERLY

RECEIVED

Dear Requester:

HealthPort is under agreement with the medical facility to release all authorized copies of medical records. Federal and other law protects the confidentiality of the records.

Therefore, HealthPort employees will not forward confidential records without the proper authorization. We have checked the patient's file and regret that we cannot respond to your requests for records at this time due to the following reason(s):

- ☐ A Death Certificate and "Letter of Administrator/Testament", or an appropriate court order, must accompany the request for records of a deceased individual.
- ☐ Inadequate Authorization. A signed authorization from the patient or their agent must accompany the request or be on file.
*Note. Legal documents must be provided to confirm the legitimacy of the patient's agent and their relationship to the patient if the authorization is not signed by the patient themselves. This would apply to the legal guardian of a minor, unless the parent, and the power of attorney.
- ☐ Not able to identify the patient. Date of Birth or Social Security Number must be included to identify the patient.
- ☐ Authorization not HIPAA-Compliant. Patient authorization must contain all of the core elements and statements of notification to the patient. One or more of the following is missing from your authorization.
 - ☐ The name of the individual and an identifier.
 - ☐ A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - ☐ The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - ☐ The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
 - ☐ The purpose for each disclosure of information.
 - ☐ An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
 - ☐ A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization.
 - ☐ A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by HIPAA.
 - ☐ Signature of the individual and the date signed.
- ☐ Special Authorization Required. Chart contains sensitive information. Release must specify that permission has been given to disclose such information.
- ☐ A letter of representation from the authorized recipient naming the requester as their agent must be included with the request.
- ☐ HealthPort does not release records via FAX. Please include a mailing address with your request.
- ☐ Patient has not been treated by the physician listed on the authorization.
- ☒ Patient was not treated at this facility. Please submit your request to the facility where patient was treated.
- ☒ The date(s) of service or the records requested are not available or are not part of the patient's chart.
- ☐ Original Request was not received. Please resend original request with authorization.
- ☐ Authorization is illegible; please resubmit your request with an authorization that is legible.
- ☐ No medical records are kept at the address provided. Please submit your request to the facility where the patient was treated.
- ☒ Other: PATIENT WAS NOT SEEN ON THE DOS YOUR REQUESTING.

AA 0732

133

526

TIME : 02/22/2015 16:07
NAME :
FAX :
TO :

DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
RESULT
MODE

9823759
00:00:56
02
OK
STANDARD
ECM



February 22, 2016

Renown

Attn: Medical Records

Sent via fax to: 775-982-9759 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

AA 0733

134

527

February 22, 2016

Reno, NV

Attn: Medical Records

Sent via fax to: 775-882-3759 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15053E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

RECEIVED
FEB 29 2016
CCMSI - RENO

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-0890.

Sincerely,

COA YK

Yasenia Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

No notes for
DOS. - Renown Health.
Forwarded to wrong
facility.

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Cannon Custom Management Services, Inc.
PO Box 20048 • Reno, NV 89515

Received on 2/22/2016 4:07:27 PM (Pacific Standard Time) • 775-824-3301 • Fax: 775-324-0890 • www.ccmsi.com

AA 0734

135

528



Renown

Attn: Medical Records

Sent via fax to: 775-982-3759 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

Yesenia Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

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Cannon Cochran Management Services, Inc.
PO Box 20068 • Reno, NV 89515
866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0735
136

529

TRANSMISSION VERIFICATION REPORT

TIME : 02/22/2016 16:16
NAME :
FAX :

DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
RESULT
MODE

02/22 16:15
3568357
08:00:56
02
OK
STANDARD
ECM



February 22, 2016

Northern Nevada Medical

Attn: Medical Records

Sent via fax to: 775-356-0357 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

ccmsi

AA 0736

137

530



February 22, 2020

Northern Nevada Medical

Attn: Medical Records

Sent via fax to: 775-356-0357 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

Yessenia Martinez, Medical Only Claims Representative
CCMSI – Reno, Nevada

cc: File

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PO Box 20068 • Reno, NV 89515
866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0737
138
531

TRANSMISSION VERIFICATION REPORT

TIME : 02/22/2016 16:03
NAME :
FAX :

DATE, TIME	02/22 16:02
FAX NO./NAME	2844902
DURATION	00:01:07
PAGE(S)	02
RESULT	OK
MODE	STANDARD



February 22, 2016

Leading Edge Chiropractic

Attn: Medical Records

Sent via fax to: 775-284-4902 Pages: 2 (including cover)

Re: Claimant: Kimberly Klime
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting prior to 6/25/2015 and any medical reporting after 6/25/2015 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

AA 0738

139
532



February 25, 2016

Leading Edge Chiropractic

Attn: Medical Records

Sent via fax to: 775-284-4902 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting prior to 6/25/2015 and any medical reporting after 6/25/2015 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-9890.

Sincerely,

Yesenia Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

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Cannon Cochran Management Services, Inc.
PO Box 20068 • Reno, NV 89515
866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0739

140

533

DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

Hearing Number: S5487-JL

305 PUMA DR
WASHOE VALLEY, NV 89704

PO BOX 1900
RENO, NV 89505

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on January 19, 2016 and a Hearing was scheduled for February 17, 2016. The Hearing was held on February 17, 2016, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Employer was not present. The Insurer was represented by Yesenia Martinez of CCMIS, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated November 16, 2015. The issue before the Hearing Officer is claim closure without a permanent partial disability (PPD) evaluation.

RECEIVED

DECISION AND ORDER

FEB 29 2016

The determination of the Insurer is hereby **REMANDED**.

CCMSI - RENO

On June 25, 2015, this Claimant sustained a compensable industrial injury. The Claimant has treated conservatively under the claim and on October 28, 2015, Dr. Hall reported the industrial injury had reached maximum medical improvement (MMI) without a ratable impairment. On November 6, 2015, the Insurer noticed the Claimant of its intention to close her claim without a PPD evaluation, the instant appeal. At today's hearing, the Claimant testified that her condition has significantly worsened and that she has been going to a chiropractor for relief under her private insurance. Her chiropractor ordered an MRI which revealed disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds a medical question regarding the Claimant's MMI status as well as the disc degeneration with large disc protrusion as it relates to the industrial injury. As such, the Hearing Officer instructs the Insurer to provide Dr. Hall with the MRI results and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer shall render a new determination with appeal rights regarding the further disposition of the claim, i.e., medical treatment, claim closure, PPD, etc.

AA 0740

141

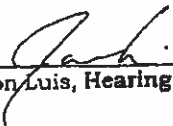
534

Industrial Insurance Claim of
Hearing Number:
Page two

KIMBERLY KLINE
55487-JL

Pursuant to NRS 516C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 25th day of February, 2016.



Jason Luis, Hearing Officer

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FEB 29 2016
CCMSI - RENO

AA 0741
142
535

[REDACTED]

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, true and correct copy of the foregoing DECISION AND ORDER was

[REDACTED]

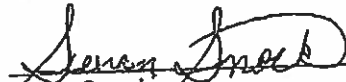
Administration, Hearings Division, 1000 [REDACTED]
City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

Dated this 25th day of February, 2016.


Susan Smock
Employee of the State of Nevada

RECEIVED
FEB 29 2016
CCMSI - RENO

AA 0742
143
536

02/28/2016 1:15:17 PM -0500 FAXCOM

FAX

TO: Records Dept.
ORGANIZATION: CCMSI
FAX NUMBER: 17753240453
DATE / TIME: 02/29/2016 01:14:PM
SUBJECT: KIMBERLY KLINE(#12546853)
FROM: The Valley Health System/NV
RETURN FAX: (610) 962-8421
COMPANY: MRO Corporation
CONTACT EMAIL: roihelp@mrocorp.com

RECEIVED
FEB 29 2016
CCMSI - RENO

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material.

Any review, transmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited.

If you have received this in error, please contact MRO at (888)252-4146, and destroy the material.

AA 0743

144

537

NO RECORDS FOR DATE REQUESTED STATEMENT

files, carried out under my direction revealed no documents, records or other materials called for in the request for medical records identified below.

Request for medical records for: KIMBERLY KLINE
Patient Name

10/07/1979
Patient date of birth

Records requested by: CCMSI
Name of requesting party or organization

Date of request: 2/25/16
Date

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: DP
Signature

Name: DP
Print name

Signed On: 2/29/16
Date

**NORTHERN NEVADA MEDICAL CENTER
2375 E PRATER WAY
SPARKS, NV 89434**

**RECEIVED
FEB 29 2016
CCMSI - RENO**

AA 0744

145

538



Northern Nevada Medical

Attn: Medical Records

Sent via fax to: 775-356-0957 Pages: 2 (including cover)

Re: Claimant: Kimberly Kline
Claim No.: 158538839641
S.S.N.:
D.O.B.: 10/07/1979
Employer: City of Reno

Dear Medical Records Department:

Enclosed is a C-4 form signed by the injured worker allowing this office to obtain prior medical records. Please forward copies of any and all medical reporting between 10/1/2015 and 1/30/2016 to the address noted below. This includes all treatment provided for any condition for the above referenced injured worker.

If there is a charge for the copies, please forward an invoice with the requested copies. If payment is required prior to shipment, please fax the invoice to my attention at the number noted below.

If you have further questions or wish to discuss this case further, please contact me at 775-324-8890.

Sincerely,

Yessie Martinez, Medical Only Claims Representative
CCMSI - Reno, Nevada

cc: File

RECEIVED
FEB 29 2016
CCMSI - RENO

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Cannon Cochran Management Services, Inc.
PO Box 20068 • Reno, NV 89515
866-601-6165 • 775-324-3301 • Fax: 775-324-8899 • www.ccmal.com

02/24/2016 2:08PM (GMT-05:00)

AA 0745
146
539

MRO
P.O. Box 61607
King of Prussia, PA 19406

 **MRO**
Fax: (610) 962-8421

CCMSI
P.O. Box 20068
Reno, NV 89515

Track your request at www.RQILOG.com.
Enter your Tracking # and Request Number.

Date: 2/26/2016
Phone: 775-324-3301
Fax: 775-324-0453

Confirmation of Receipt of Medical Records Information Request

The Medical Facility below is in the process of searching for and retrieving a copy of the requested records. You will be notified of any issues with your request. If there are no issues, you will receive a pre-payment invoice. The records will be mailed to you upon receipt of your payment.

Should you have any questions, send an e-mail to: RequestInformation@MROCorp.com. Please be sure to enter your Request Number in the subject field of the e-mail. **PLEASE DO NOT CONTACT THE MEDICAL FACILITY ABOUT THIS REQUEST.**

Thank you,
MRO

Patient Name: **KIMBERLY KLINE**
Date of Birth:

Your Request Date: **2/22/2016**
Your Reference Number: **15853E839641**
Date Received at Facility: **2/25/2016**

Your request is being processed by MRO on behalf of the following facility:

Northern Nevada Medical Center
2375 E Prater Way
Sparks, NV 89434

RECEIVED
FEB 26 2016
CCMSI - RENO

AA 0746
147
540



Specialty Health Clinic
Attn: Scott Hall, M.D.
330 East Liberty Street, Suite 200
Reno, NV 89501

Claim No: 15853E839641
Claimant: Kimberly Kline
DOI: 6/25/2015
Employer: City of Reno
Body Part: Cervical Strain

Dear Dr. Hall,

Ms. Kline treated with you for a cervical strain and reached MMI on 8/20/2015. Due to continued symptoms, she followed up at Leading Edge Chiropractic, at which time an MRI was ordered and obtained on 1/13/2016. Enclosed you will find copy of chiropractic notes, as well as a copy of the MRI report.

At this time we need further clarification. Can you please answer the following?:

1. Is the diagnosed disc degeneration with large disc protrusion related to the industrial injury of 6/25/2015, or is it non-industrial/pre-existing? Please explain.
2. Is Ms. Kline at MMI for the industrial injury of 6/25/2015?

Dr. Hall, I would like to thank you in advance for your professional cooperation and courtesy regarding this matter. I will be looking forwarding to your prompt reply.

Sincerely,

Yesenia Martinez
Medical Only Claims Representative

Cc: File, City of Reno-Kimberly Kline
Enc. Reporting from Leading Edge Chiropractic and 1/13/2016 MRI

Cannon Cochran Management Services, Inc.
PO Box 20068 • Reno, NV 89515
866-601-6165 • 775-324-3301 • Fax: 775-324-9893 • www.ccmsi.com

AA 0747

148

541



letter:

KIMBERLY KLINE was seen at SpecialtyHealth for a medical evaluation on 03/16/2016 02:15PM.

I received written communication from the administrator including medical records from a local chiropractor and an MRI of her cervical spine with questions.

Mrs. Kline was injured in June of 2016 during a motor vehicle accident with subsequent treatment for a cervical strain. Her treatment included conservative care with medications and physical therapy. The patient reported pain centralized in her neck without significant radiation into her arms. No neurologic symptoms were identified in her arms. The last visit with me was October 28, 2015 when she reported essentially no symptoms and minimal pain.

The medical records I received demonstrate a visit to a local chiropractor on January 13, 2016 with the acute onset of cervical pain, 7 days duration, pain rated 10/10 with radiation into the left arm and associated neurologic signs. An MRI done also on January 13, 2016 demonstrates findings of disc degeneration and protrusions at the C5-6 and C6-7 levels. A recommendation was made by the chiropractor to see to physiatry evaluation for further treatment.

Questions from the administrator included my opinion about the disc degeneration and protrusions and their relationship to the industrial injury. It is likely the patient had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury; however, there was no evidence of neurologic symptoms during treatment for the industrial injury noted by myself or her physical therapist. The patient responded to conservative care with resolution. The collective records from the industrial injury support appropriate treatment and resolution of the cervical strain. I find no objective evidence connecting the significant MRI findings from 1/13/16 and the industrial injury.

The medical records from the recent visit to the chiropractor demonstrate the acute onset of symptoms in her neck and left arm. Based on the most recent visit from the chiropractor, it would seem these symptoms started spontaneously without provocation. It is uncertain if there is a relation to the industrial injury. Prior to the industrial injury, the patient did seek treatment by an orthopediat and he noted degenerative changes in her lumbar spine. This suggests that the patient was having disc degeneration prior to the industrial injury in part of her spine.

The 2nd question is in regards to a maximum improvement after treatment for the industrial injury. As I outlined

[Page 1]

Pending e-signature

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MAR 18 2016

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above, all indications were the patient had recovered completely from the Industrial Injury on June 25, 2015 by the end of October 2015.

Signed: Scott Hall, MD

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Pending e-signature

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SpecialtyHealth CLINIC

Sex: F

Chief Complaint: cervical issue

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Assessment:

Type	Code	Description
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter

letter:

KIMBERLY KLINE was seen at SpecialtyHealth for a medical evaluation on 03/16/2016 02:15PM.

I received written communication from the administrator including medical records from a local chiropractor and an MRI of her cervical spine with questions.

Mrs. Kline was injured in June of 2015 during a motor vehicle accident with subsequent treatment for a cervical strain. Her treatment included conservative care with medications and physical therapy. The patient reported pain centralized in her neck without significant radiation into her arms. No neurologic symptoms were identified in her arms. The last visit with me was October 28, 2015 when she reported essentially no symptoms and minimal pain.

The medical records I received demonstrate a visit to a local chiropractor on January 13, 2016 with the acute onset of cervical pain, 7 days duration, pain rated 10/10 with radiation into the left arm and associated neurologic signs. An MRI done also on January 13, 2016 demonstrates findings of disc degeneration and protrusions at the C5-6 and C6-7 levels. A recommendation was made by the chiropractor to see to physiatry evaluation for further treatment.

Questions from the administrator included my opinion about the disc degeneration and protrusions and their relationship to the industrial injury. It is likely the patient had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury; however, there was no evidence of neurologic symptoms during treatment for the industrial injury noted by myself or her physical therapist. The patient responded to conservative care with resolution. The collective records from the industrial injury support

E-signed by Dr. Scott Hall, MD on 03/16/2016 2:25PM

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By SHMCO at 4:23 pm, Mar 17, 2016

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