

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 02:36 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 V

Pages 1001 - 1250

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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

1 the numbness and so forth, that was all brand new in  
2 January; right?

3 A Yes.

4 MR. SANTOS: Object to the form of the  
5 question. He said arm pain and nerve pain. I think  
6 she just said nerve pain. So I think he was misstating  
7 her testimony.

8 APPEALS OFFICER NIELSEN: Would you just  
9 restate your question, Mr. Rowe?

10 MR. ROWE: Yes.

11 BY MR. ROWE:

12 Q Ms. Kline, as I read the medical records, it  
13 appears that the first time arm pain was ever mentioned  
14 was January.

15 A Correct.

16 Q Okay.

17 MR. ROWE: That's all the questions I have,  
18 your Honor.

19 APPEALS OFFICER NIELSEN: All right. Thank  
20 you, Mr. Rowe. One minute.

21 All right. Mr. Santos, do you have any  
22 follow-up?

23 MR. SANTOS: Yes, your Honor.

24 ///

25 ///

AA 1001

1 REDIRECT EXAMINATION

2 BY MR. SANTOS:

3 Q Exhibit 4, Page 13, is a copy of the police  
4 report. Mr. Rowe asked you if this was a minor  
5 accident.

6 Can you tell me what the extent of damage was  
7 on the vehicle you were driving?

8 A Here it says moderate.

9 Q Okay. And there was visible physical damage  
10 to the vehicle you were in?

11 A Yes.

12 Q Can you describe it?

13 A They had to replace the whole back bumper and  
14 the -- I can't think of the term, but the side panels  
15 on the back of my truck. It pushed the bumper up  
16 underneath my truck. It wasn't visible from the back  
17 of the truck anymore.

18 Q Okay. Do you recall when you were getting  
19 your physical therapy whether or not you had -- my  
20 recollection was that you made -- did you make  
21 complaints of shoulder pain?

22 A Yes.

23 Q All right. Is that different than the arm  
24 pain you had?

25 A The arm pain went all the way down into my

AA 1002

1 fingers, but I guess -- the pain in my neck I could  
2 feel generating down my arm, but it's not -- it's not  
3 the nerve pain that sent me to the doctor that day.

4 Q It was different?

5 A It was different.

6 Q And you made complaints of your shoulders.  
7 Describe to me what "shoulder" means to you.

8 A The top of my -- the top of my shoulders, like  
9 from my neck out, I guess.

10 Q All right. How far down -- does it come down  
11 into your arm at all?

12 A Just, yes, below the joint of my shoulder.

13 Q Okay. So let the record reflect you're  
14 pointing about maybe four or five inches from the top  
15 of your shoulder down your arm.

16 MR. SANTOS: Is that fair?

17 MR. ROWE: No, that's not fair. That's not  
18 what she testified to. That's not what I understood  
19 what she said. You asked her where her shoulder was,  
20 not where the pain was.

21 MR. SANTOS: Well, no, where she was pointing.  
22 She says underneath where -- she was pointing to where  
23 the pain was that --

24 MR. ROWE: That was not in response to a  
25 question that asked her to point out where her pain in

1 her shoulders was. It was a different question.  
2 APPEALS OFFICER NIELSEN: Restate the  
3 question, Mr. Santos.  
4 MR. SANTOS: Sure.  
5 BY MR. SANTOS:  
6 Q The pain in your shoulder, where would that  
7 go?  
8 A Into the joint of my shoulder.  
9 Q Okay. Can you describe -- because, remember,  
10 this is being recorded.  
11 A Yes.  
12 Q Because we have to look at the transcript  
13 later.  
14 Can you describe how far down that would come  
15 from the top of your shoulder down your arm on your  
16 left?  
17 A From the --  
18 Q Describe it.  
19 A -- top of my shoulder?  
20 Q How many inches down would it go?  
21 A Two to three inches.  
22 Q Okay. And that was something that you  
23 consistently complained about during the course of your  
24 treatment?  
25 A Yes.

1 Q And did the physical therapist provide you  
2 with any type of exercises that addressed shoulder  
3 mobility?

4 A Yes.

5 Q Was there a name that you can recall or can  
6 you describe what he would have you do or she? I'm not  
7 sure if the physical therapist was a male or female.

8 A He was a male. And the most that I recall  
9 would be like the band exercises, the rubber band  
10 things that you would use as resistance.

11 Q Okay. So you would put one on a door or a  
12 doorknob, and you would put your arm through it and  
13 rotate your shoulders through various ranges of motion?

14 A Yes.

15 Q Okay.

16 MR. SANTOS: That's all I have, your Honor.

17 APPEALS OFFICER NIELSEN: Thank you,  
18 Mr. Santos. Ms. Kline, you can return to your seat.

19 Any additional witnesses, Mr. Santos?

20 MR. SANTOS: None, your Honor.

21 APPEALS OFFICER NIELSEN: Any witnesses,  
22 Mr. Rowe?

23 MR. ROWE: No, none, your Honor.

24 APPEALS OFFICER NIELSEN: All right. Let's go  
25 ahead and proceed to closing statements, and we'll

**QUESTIONNAIRE FOR EXAMINATION**

1. Name: Kimberly Kline
2. Address: 305 Puma Dr
- City: Washoe Valley State: NV Zip: 89704
3. Home Telephone: 775-815-5790 Work Telephone: 775-348-6930
4. Social Security Number: \_\_\_\_\_ Marital Status: S M ☒ DW
5. Date of Birth: 10-07-79 You are 38 years old.
6. How long have you lived in the following places:
- Reno: 38 yrs
7. Previous city and year moved: N/A
8. Education:
- a. Last year of school completed: 4yr College
- b. Other education (degrees, training): BA Criminal Justice
9. Military/served in (branch): N/A Dates served: \_\_\_\_\_
10. Any service connected disability? \_\_\_\_\_ Yes ☒ No
11. List your employer at the time of the injury: City of Reno
- Job title: Parking Enforcement Officer Date of hire (mo/yr): 04/05
12. Have you worked since the injury? ☒ Yes \_\_\_\_\_ No
13. Have you changed jobs since the injury? ☒ Yes \_\_\_\_\_ No
14. Prior to the above employer, where were you employed? Intuit Payroll

**AA 1006**



15. Are you currently working? ☒ Yes ☐ No. Doing what? Business License Compliance Officer  
Full or Part Time? Full

16. Please give an estimate of how many physical therapy sessions you have had, if any.  
approx 30

If you had surgery, approximately how many sessions of therapy did you have before the surgery? approx 30

17. Have you ever injured the accepted body part prior to this injury?  
Yes ☒ No ☒

If yes, please give dates and injuries: whiplash

18. Have you ever been involved in any motor vehicle accidents where you were injured?  
Yes ☒ No ☐

If yes, please give dates and injuries: June 3, 2015 and June 25, 2015  
unknown dates before that

19. Have you ever had a job injury? Yes ☒ No ☐

If yes, please give dates and injuries: left wrist slammed in car door  
right shoulder jammed, unkn dates

20. Have you ever had (or been advised to have) surgery other than for this injury?

Yes ☒ No ☐

When 2013 Where Right Ankle

21. Are you currently taking any medications? Yes ☐ No ☒

What _____	Why <u>Advil</u>
What _____	Why _____
What _____	Why _____
What _____	Why _____
What _____	Why _____

22. Do you have any allergies to medications? Yes \_\_\_\_\_ No X  
To anything else? Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

23. Do you have any other current health problems other than due to this injury?  
Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

24. Past Medical History: Have you had or do you have any medical problems which you are under a doctor's care for or for which you are taking medications other than for this injury such as cardiovascular, respiratory, gastrointestinal, genitourinary, neurological, head, eyes, ears, nose, throat, or hormonal related diseases?

Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

25. Do you smoke? Yes \_\_\_\_\_ No X

26. Do you have any limitation of any kind from prior illness, injury or surgery?

Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

27. Please list any of the problems that you are having today below. We will discuss these at your examination. Please indicate where your pain is, indicate where your weakness is and indicate whether you are having any numbness.

tight/sore neck  
tight/sore shoulders  
daily headaches

numbness down left arm to thumb

AA 1008  
202

a. Are you having any pain? yes Where? neck

b. Are you having any weakness? yes Where? neck

c. Are you having any numbness? yes Where? left arm/thumb

28. Sitting Tolerance (length in minutes/hours): 1 hr

29. Standing Tolerance (length in minutes/hours): 30 min

30. Walking Tolerance (length in minutes/hours): unkn

31. Continue on to the next two pages for activities of daily living.

- Bilateral Neck

- Neck Pains with

- Left Thumb

Prison MVA - work - 2010 - MS PPD

no problem 2010 - 2015

Name: Kimberly Kline Date: 5/8/18

Please describe your ability to perform these various tasks by placing a checkmark in the appropriate box. Complete both pages.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Can't Perform Without Help
<b>Self-care / Personal Hygiene</b>					
Bathing			X		
Dressing		X			
Brushing teeth	X				
Combing hair		X			
Eating	X				
Urinating	X				
Bowel movements	X				
<b>Communication</b>					
Speaking	X				
Hearing	X				
Writing	X				
<b>Physical Activity</b>					
Standing		X			
Sitting		X			
Changing positions: bed-chair-stand		X			
Walking	X				
Climbing Stairs	X				
<b>Sensory Function</b>					
Seeing	X				
Smelling	X				
Tasting	X				
Feeling: sharp vs. dull	X				
Feeling: hot vs. cold	X				
<b>Hand Activities</b>					
Grasping		X			
Lifting		X			
Co-ordination	X				

Name: Kimberly Klene

Date: 5/8/18

## Activities of Daily Living: Questionnaire

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Can't Perform Without Help
<b>Advanced Activities</b>					
Preparing meals	X				
Working around the house / housework		X			
Managing money / checkbook	X				
Taking medication	X				
Using the phone or writing letters		X			
Shopping / carrying groceries		X			
Driving a car			X		
Using public transportation	X				
Social activities		X			
Sexual Activities		X			
Vigorous physical activity		X			
Restful sleep				X	

-Turning  
head

-pain

# PAIN DIAGRAM

NAME: Kimberly Kline

DATE: 5/8/18

PLEASE MARK THE AREAS OF YOUR BODY WHERE YOU CURRENTLY FEEL THE DESCRIBED SENSATIONS. USE THE SYMBOLS PROVIDED BELOW

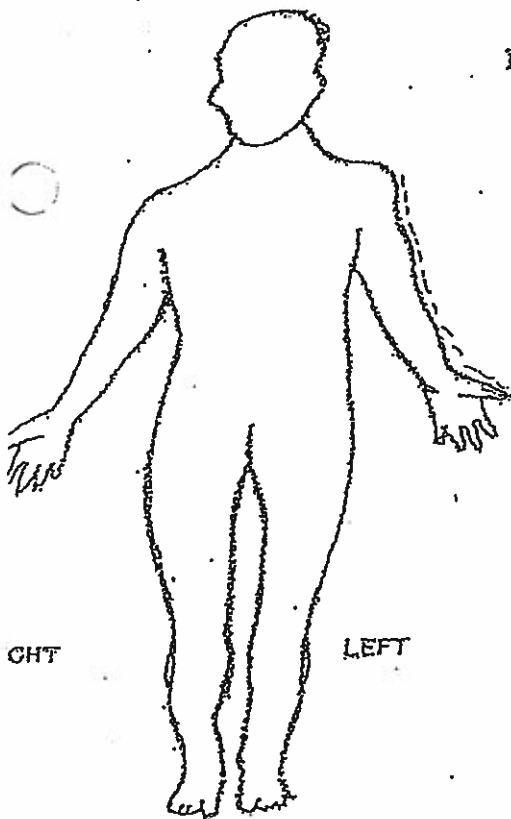
NUMBNESS -----

BURNING ~~~~~

PINS AND NEEDLES ~~~~~

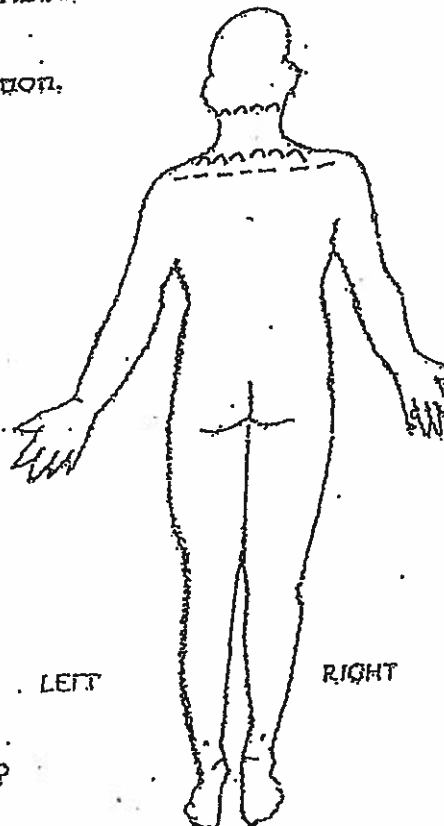
STABBING //////////////

Please draw in the location.



CHT

LEFT



LEFT

RIGHT

How bad is your pain?

0 = No Pain

10 = Extremely

Rate your pain

1. Right now
2. At its worst
3. At its best

0 1 2 3 4 5 6 7 8 9 10  
 0 1 2 3 4 5 6 7 8 9 10  
 0 1 2 3 4 5 6 7 8 9 10

→ AS Day goes on

AA 1012

NUMBNESS -----

BURNING XXXXXXXX

LEFT HAND

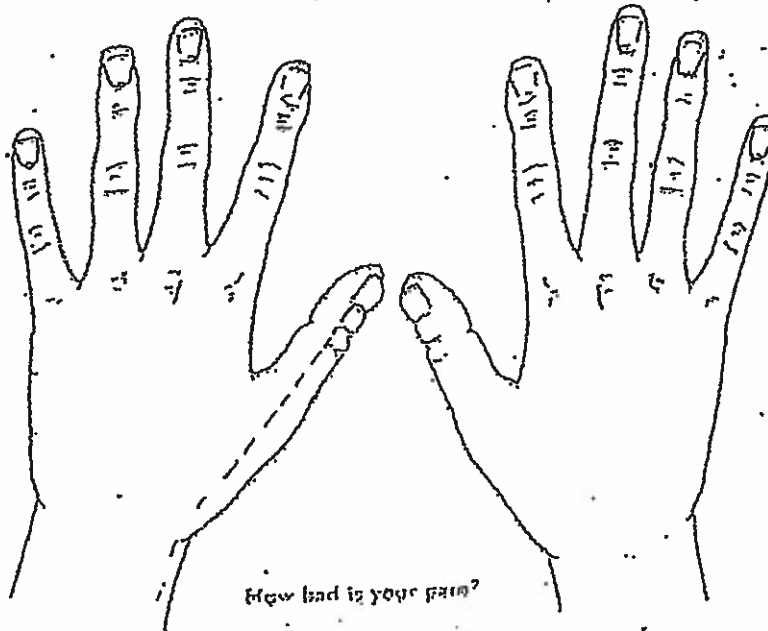
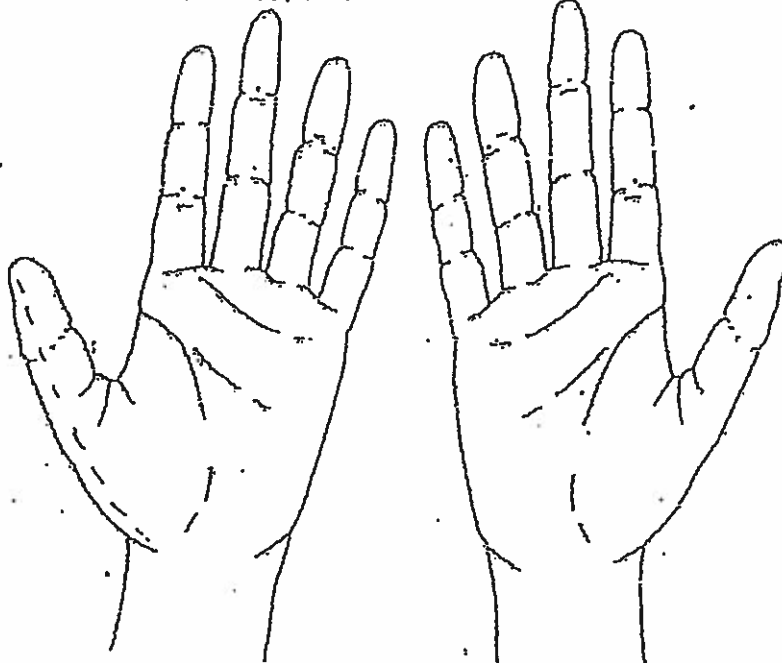
PINS AND NEEDLES oooooo

STABBING //////////////

RIGHT HAND

Please draw in the location.

PAIN DIAGRAM



How bad is your pain?

Rate your pain

0 = No pain

10 = Extremely

1. Right now
2. At its worst
3. At its best

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

AA 1013

NAME: Kimberly Klone

DATE: 5/8/18

807 207



I, Kimberly Kline attest that all the information contained in this document is true and accurate to the best of my knowledge. I hereby authorize James C. Jemsa, D.O. to obtain any additional information pertaining to, or in relation to, my current medical problem for which I am being evaluated. This will include all treating physicians and medical facilities.

Signature of Patient: Kimberly Kline

Date : 5/8/18

Fra's R0Cout2

Wed 01 Jul 2015 11:01:26 AM PDT

Page 1 of 7.

Reno Orthopaedic Clinic  
555 North Arlington Ave Reno, NV 89503  
(775) 788-3040

July 1, 2015  
Page 1  
Office Visit

KIMBERLY KLINE

Female DOB: 10/07/1979 AGE: 35 Years Old  
network  
PATIENT ID: 178038

Home: (775) 815-5790

INSURANCE: CDS-WGSD- PHCN Saint Mary's

05/11/2015 - Office Visit: Initial Office Visit  
Provider: Brett Men-Muir  
Location of Care: Reno Orthopaedic Clinic

Primary Care Physician: Leary, Jennifer M  
Chief Complaint: bilateral lower back

Patient indicated on intake form that this is not a work related injury.

**History of Present Illness:**

The patient is a pleasant 35-year-old female who has been complaining of back pain for the last several months. She reports that she has had a recent exacerbation over the last month. She reports that bending and sitting increase her symptoms. She rates her pain as about an 8 out of 10. She reports no leg pain. No numbness or tingling. No weakness. She reports that bending increases her symptomatology. She constantly has to shift around to get comfortable. She has not had any injections or any therapy. She has had no skin issues or psychological issues. No leg swelling. She does not smoke. She reports that her pain is about an 8 out of 10 when severe. She reports no mechanical symptoms. She reports no grinding, locking, or popping of her back.

**Medications**

ADVIL 200 MG ORAL TABS (IBUPROFEN) etc PRN  
MULTI FOR HER ORAL PACK (MULTIPLE VITAMINS-MINERALS) Prescribed by an outside physician.  
DAILY  
JUNEL 1/20 1-20 MG-MCG ORAL TABS (NORETHINDRONE ACET-ETHINYL EST) Prescribed by an outside physician. DAILY  
ZOLOFT 100 MG ORAL TABS (SERTRALINE HCL) Prescribed by an outside physician. DAILY  
DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) 1 TAB PO BID W/ FOOD

**Past Medical History (Responses from intake form)**

Patient indicates a past history of:  
None

**Family History (Responses from intake form)**

Patient indicates a family history of:  
Mother (biol.) - Family History of Anaesthetic Complications  
Father (biol.) - Family History of Arthritis

**Social History/PQRS Review**  
Never smoker

Pain assessment on a scale of 0 to 10 based on VRS: 7

Patient's use of anti-inflammatory/ OTC medications was reviewed.  
Patient states that their alcohol consumption is 0 drinks.  
Patient's current BMI is: 24.27

**Review of Systems (Responses from intake form)**

General: Indicates no symptoms of: sweats, chills, fevers, weight gain, weight loss, appetite loss.  
HEENT: Indicates no symptoms of: headaches, bloody nose, sore throat, blurring, decreased hearing.

Received

JUL 01 2015

CONS:Reno

AA 1015

809 209

From ROCout2.

Wed 01 Jul 2015 11:01:26 AM PDT

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Reno Orthopaedic Clinic  
555 North Arlington Ave Reno, NV 89503  
(775) 786-3040

July 1, 2015  
Page 2  
Office Visit

KIMBERLY KLINE

Female DOB: 10/07/1979 AGE 35 Years Old

INSURANCE: CDS-WCSD- PHQN/ Saint Mary's  
Home: (775) 816-5790

Network  
PATIENT ID: 176039

hoarseness, difficulty swallowing.  
Cardiovascular: Indicates no symptoms of: chest pain, swelling of feet, palpitations, fainting, difficulty breathing while lying down, skipping heart beats, shortness of breath.  
Respiratory: Indicates no symptoms of: wheezing, coughing, chest discomfort, coughing up blood or sputum.  
Gastrointestinal: Indicates no symptoms of: vomiting, constipation, diarrhea, nausea, cramps, abdominal pain.  
Genitourinary: Indicates no symptoms of: urinary urgency, urinary frequency, incontinence, blood in urine.  
Musculoskeletal: Complains of: back pain.  
Indicates no symptoms of: joint swelling, stiffness, joint pain, back pain, muscle weakness, neck pain.  
Skin: Indicates no symptoms of: lesions, rash, lumps.  
Neurologic: Indicates no symptoms of: headaches, brief paralysis, numbness, seizures, tremors, dizziness, fainting, weakness.  
Psychiatric: Complains of: depression.  
Indicates no symptoms of: drug abuse, anxiety, nervousness.  
Endocrine: Indicates no symptoms of: obesity, excessive thirst, weight change, excessive urination.  
Hematologic: Indicates no symptoms of: enlarged lymph nodes, bleeding, abnormal bruising.  
Allergic/Immunologic: Complains of: seasonal allergies.  
Indicates no symptoms of: persistent infections.

Lumbar Exam-Left Side  
Appearance Normal

Motor-Left Side

Hip Flexors 5  
Hip Extensors 5  
Hip Adductors 5  
Hip Abductors 5  
Quadriceps 5  
Hamstrings 5  
Anterior Tibialis 5  
Extensor Hallucis Longus 5  
Gastrocnemius 5

Straight Leg Raising

Sitting Negative  
Supine Negative  
Femoral Nerve Stretch Negative

Range of Motion and Stability-Left Side  
Lateral Bending Bend to knee  
Rotation 30

Reflexes

Babinski Negative  
Achilles 0  
Patellar 0  
Clonus 0

Received

JUL 01 2015

CCMSI-Reno

AA 1016  
210

810

From: ROEbut2

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Reno Orthopaedic Clinic  
555 North Arlington Ave Reno, NV 89503  
(775) 786-3040

July 1, 2015  
Page 3  
Office Visit

**KIMBERLY KLINE**  
Female DOB: 10/07/1979 AGE: 35 Years Old  
network  
PATIENT ID: 178039

Home: (775) 815-5790

INSURANCE: CDS-WCSD- PHON/ Saint Mary's

**Integument**  
Soars No  
Infection No  
Lesions No  
Rash No

**Vascular**  
Dorsalis Pedis Pulse 2+  
Posterior Tibialis 2+

**Sensory**  
L1 Light Touch: Normal  
L1 Pain: Normal  
L2 Light Touch: Normal  
L2 Pain: Normal  
L3 Light Touch: Normal  
L3 Pain: Normal  
L4 Light Touch: Normal  
L4 Pain: Normal  
L5 Light Touch: Normal  
L5 Pain: Normal  
S1 Light Touch: Normal  
S1 Pain: Normal  
Tenderness  
L5 Junction

**Provocative Testing**

Gait  
Antalgic Gait No  
Faber Test Negative  
Trendelenburg No

**Girth**  
Thigh Symmetric  
Calf Symmetric

**Lumbar Exam-Right Side**  
Appearance Normal

**Motor-Right Side**  
Hip Flexors 5  
Hip Extensors 5  
Hip Adductors 5  
Hip Abductors 5  
Quadriceps 5  
Hamstrings 5  
Anterior Tibialis 5  
Extensor Hallucis Longus 5

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(775) 786-3040

July 1, 2015  
Page 8  
Office Visit

**KIMBERLY KLINE**

Female DOB: 10/07/1979 AGE: 35 Years Old  
network  
PATIENT ID: 178038

Home: (775) 815-5790  
INSURANCE: CDS-WCSD- PHCN/ Saint Mary's

Gastrocervical 5

Straight Leg Raising

Sitting Negative

Supine Negative

Femoral Nerve Stretch Negative

Range of Motion and Stability-Right Side

Lateral Bending Bend to knee

Rotation 30

Reflexes

Babinski Negative

Achilles 0

Patellar 0

Clonus 0

Integument

Scars No

Infection No

Lesions No

Rash No

Vascular

Dorsalis Pedis Pulse 2+

Posterior Tibialis 2+

Sensory

L1 Light Touch: Normal

L1 Pain: Normal

L2 Light Touch: Normal

L2 Pain: Normal

L3 Light Touch: Normal

L3 Pain: Normal

L4 Light Touch: Normal

L4 Pain: Normal

L5 Light Touch: Normal

L5 Pain: Normal

S1 Light Touch: Normal

S1 Pain: Normal

Tenderness

L5 S Junction

Provocative Testing

Gait

Antalgic Gait No

Faber Test Negative

Trendelenburg No

Revised

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July 1, 2015  
Page 6  
Office Visit

KIMBERLY KLINE

Female DOB: 10/07/1979 AGE: 35 Years Old INSURANCE: CDS-WCSD- PHCN/ Saint Mary's  
network Home: (775) 815-5790  
PATIENT ID: 178039

Girth  
Thigh Symmetric  
Calf Symmetric

Range of Motion and Stability-Right Side  
Flexion Bend to touch toes  
Flexion Pain Painful  
Extension 10  
Extension Pain Painful  
Spinal Rhythm Normal

#### Provocative Testing

Gait  
Heel Walk Yes  
Toe Walk Yes  
Squat Yes  
Tandem Walk Yes

Waddlers  
Distraction No  
Overrotation No  
Rotation No  
Tenderness No  
Simulation No

#### Imaging Studies

AP and lateral as well as flexion and extension views show disc degeneration mostly at L4-L5. Some minor disc osteophyte complex is seen at L3-L4. No instability is noted.

#### Impression

1. Discogenic back pain.
2. Disc degeneration, L4-L5.

#### Plan

At this point in time, we would recommend a therapy program for Kimberly Kline. We would switch her to a Voltaren regimen instead of the Advil. She does not need any injections right now. If she wants to delve a little bit deeper into this and her therapy and the antiinflammatory does not help her, then I would recommend an MRI of which she does not want to pursue right now. For now she can come back to clinic as needed. She does not meet any criteria for any surgery.

Prescriptions:  
DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) 1 TAB PG BID W/ FOOD #60[Tablet] x

0 Entered by: Nichole Brooks

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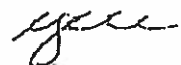
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July 1, 2015  
Page 6  
Office Visit

KIMBERLY KLINE Home: (775) 815-5790  
Female DOB: 10/07/1979 AGE: 35 Years Old INSURANCE: GDS-WCSD- PHCN/ Saint Mary's  
network  
PATIENT ID: 176039

Authorized by: Brett Merz-Muir  
Electronically signed by: Nichole Brooks on 05/11/2015  
Method used: Electronically to  
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Reno, NV. 89501  
Ph: (775) 337-8703  
Fax: (775) 337-8730  
RxID: 1746955991130940  
Handout requested.

Xray Spine: Lumbar  
4 view  
Xray Technologist: Karen alves, RT  
Xray Technologist Comments: patient states not pregnant. kla

  
Finalized and approved by  
Brett Merz-Muir, MD  
BM:ghs:fm  
MTID #: 5078578 D: 5/11/2015 T: 5/12/2015

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# FABER Test

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- 1 Definition/Description
- 2 Clinically Relevant Anatomy
- 3 Purpose
- 4 Technique
- 5 Interpretation
- 6 Evidence
- 7 Clinical relevance
- 8 Resources
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## Definition/Description

The FABER (Patrick's) Test stands for: Flexion, Abduction and External Rotation. These three movements combined result in a clinical pain provocation test to assist in diagnosis of pathologies at the hip, lumbar and sacroiliac region. [1]

## Clinically Relevant Anatomy

AA 1021

Hip articulation is true diarthroidal ball and-socket style joint.

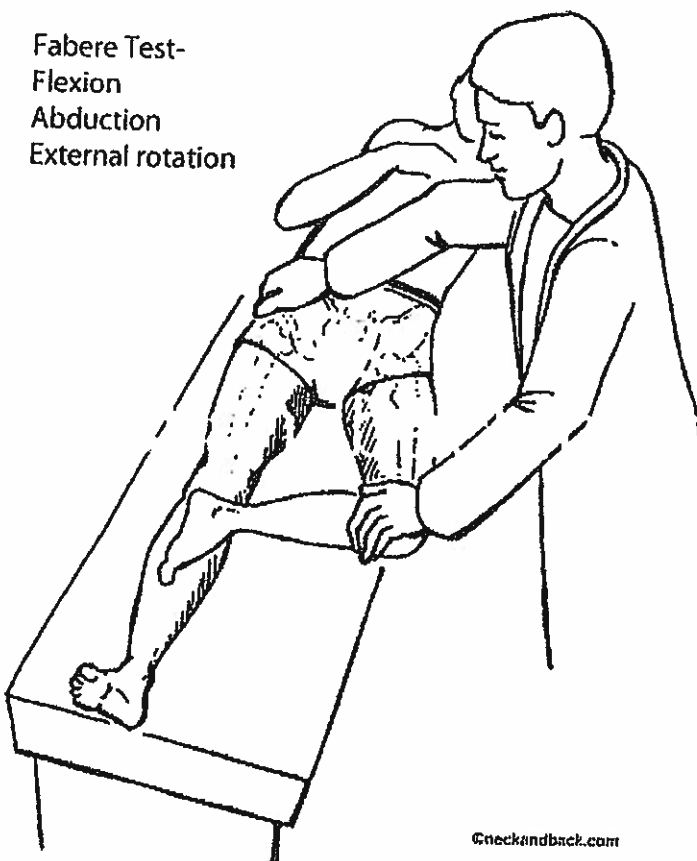
Formed from the head of the femur as it articulates with the acetabulum of the pelvis. This joint serves as the main connection between the lower extremity and the trunk, and typically works in a closed kinematic chain.<sup>[2]</sup> Thus is designed for stability and weight-bearing – rather than a large range of movement.

Movements available at the hip joint are flexion, extension, abduction, adduction, internal

rotation and external rotation. The ligaments of the hip joint act to increase stability. They can be divided into two groups – intracapsular and extracapsular.

For more detailed information on the anatomy of the hip (/Hip\_Anatomy), lumbar spine (/Lumbar) and sacroiliac joint (/Sacroiliac\_joint).

Fabere Test-  
Flexion  
Abduction  
External rotation



Cneckandback.com

(/File:FABERs\_test.jpg)

FABERs test. Attribution to "Dr. Donald Corenman, MD - Colorado Spine Doctor".

## Purpose

The FABER test is used to identify the presence of hip pathology by attempting to reproduce pain in the hip, lumbar spine or sacroiliac region. The test is a passive screening tool for musculoskeletal pathologies, such as hip, lumbar spine, or sacroiliac joint dysfunction, or an iliopsoas spasm.<sup>[3][1]</sup>

The test also assesses the hip, due to forces being transferred through the joint. The position of flexion, abduction, and external rotation, when combined with overpressure, stresses the femoral-acetabular joint and produces pain, if irritated.<sup>[4][5]</sup>

In conjunction with other tests such as range of movement and hip quadrant test (/Hip\_Quadrant\_Test), FABERs can be a useful tool to guide practitioners when to refer for further imaging in patients with persistent hip or groin pain.<sup>[6]</sup>

When the FABER test is clustered, it can provide highly useful information in identifying those suffering from sacroiliac joint dysfunction. This tests the sacroiliac joint, as the horizontal abduction force goes through the femur, the soft tissues under tension transfer the forces to the sacroiliac joint. Hence, this test can indicate pathology located in the hip or sacroiliac joint.

## Technique

The patient is positioned in supine. The leg is placed in a figure-4 position (hip flexed and abducted with the lateral ankle resting on the contralateral thigh proximal to the knee. <sup>[7]</sup> While stabilizing the opposite side of the pelvis at the anterior superior iliac spine, an external rotation, abduction and posterior force is then lightly applied to the ipsilateral knee until the end range of motion is achieved. A further few small-amplitude oscillations can be applied to check for pain provocation at the end range of motion. <sup>[8]</sup>

A positive test is one that reproduces the patient's pain or limits their range of movement. <sup>[7]</sup>

### Patrick's / Faber / Figure Four Test

[9]

## Interpretation

The following findings of a positive FABER test may help to guide your clinical diagnosis;

1. Sacroiliac Joint Pain on external hip rotation
  - Sacroiliac Joint Dysfunction
  - Sacroiliitis (/Sacroiliitis)
2. Groin Pain on external hip rotation
  - Iliopsoas Strain or Iliopsoas Bursitis (/Iliopsoas\_Bursitis)
  - Intraarticular Hip Disorder
    - Hip Impingement (femoral acetabular impingement (/Femoroacetabular\_Impingement))
    - Hip Labral Tear (/Hip\_Labral\_Tears)<sup>[8]</sup>
    - Hip loose bodies
    - Hip chondral lesion

AA 1023

- Hip Osteoarthritis (/Hip\_Osteoarthritis)<sup>[10]</sup>
- 3. Posterior Hip Pain on external hip rotation
  - Posterior Hip Impingement

## Evidence

- **Reliability:** FABER measured with a ruler, normalized FABER range of movement, and inclinometry all resulted in excellent intra-rater reliability, with the highest ICC being demonstrated for inclinometry (ICC 0.86, 0.86, and 0.91).<sup>[11]</sup> The use of an inclinometer may increase reliability when performed by an experienced clinician in comparison with height measurements.
- **Sensitivity** for identification of hip pathology identified with arthroscopy: 0.89<sup>[6]</sup>
- Correlation of positive test with OA on radiographs:  $r = 0.54$ <sup>[10]</sup>
- Kappa (95% Confidence interval): 0.63 (0.43-0.83), Kappa Maximum: 0.83, Percent agreement: 84%, Prevalence: 0.37, Bias: 0.07<sup>[1]</sup>
- Diagnostic value of FABER test compared to MR arthrography in labral tear diagnostics: sensitivity: 41%, specificity: 100%, positive predictive value: 100%, negative predictive value: 9%<sup>[8]</sup>
- The **validity** and **reliability** of the FABER test is very contradictory, some say it is an invalid and unreliable test<sup>[12]</sup>, while others disagree about the outcome and feel physical diagnostic tests do not have enough quality evidence to support the use of them for diagnosis purposes.<sup>[13] [14]</sup>

## Clinical relevance

The FABER test can be used in assessment of the hip, sacroiliac joint or lumbar spine as a pain provocation test alongside quality subject assessment and basic objective assessment.

The FABER test is quick to perform and can give a measure of range of movement as well as being a pain provocation test, although it may not give a clear diagnosis it may assist the user in clinically reasoning which further tests or exercises to perform.

The evidence supporting this test is varied and more studies are required to fully assess the value of this and other hip pathology tests<sup>[15]</sup>. Although more evidence is becoming apparent that physical tests are less reliable and subject to user error. <sup>[13]</sup>

## Resources

Image attribution to "Dr. Donald Corenman, MD - Colorado Spine Doctor" and link to <https://neckandback.com/> (<https://neckandback.com/>).

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# Trendelenburg Test

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## Contents

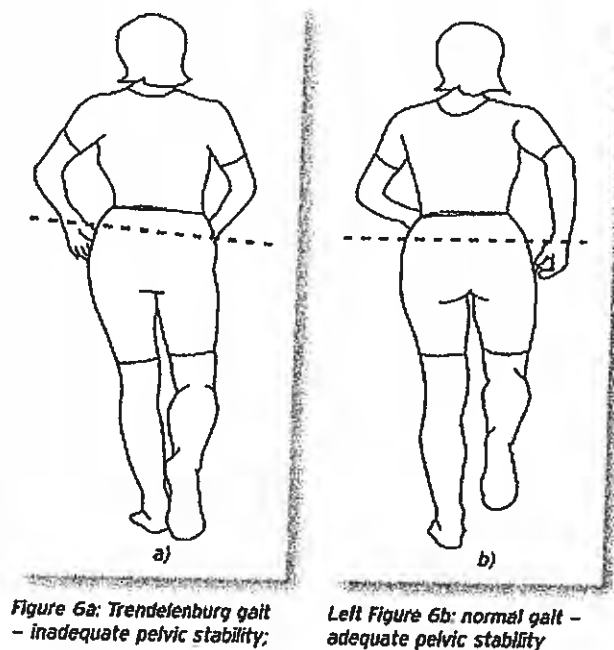
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- 2 Clinically relevant anatomy
- 3 Purpose
- 4 Technique
- 5 Clinical relevance
- 6 Clinical bottom line
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## Definition/Description

The Trendelenburg test is a quick physical examination that can assist the therapist to assess for any hip dysfunction.<sup>[1]</sup>

A positive Trendelenburg test usually indicates weakness in the hip abductor muscles: gluteus medius (/Gluteus\_Medius) and gluteus minimus (/Gluteus\_Minimus).<sup>[1]</sup> These findings can be associated with various hip abnormalities such as congenital hip dislocation, rheumatic arthritis, osteoarthritis (/Hip\_Disability\_and\_Osteoarthritis\_Outcome\_Score).<sup>[1][2]</sup>





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(/File:Trendelenburg\_gait.jpg)

Positive and negative Trendelenburg test

A positive test is one in which the pelvis drops on the contralateral side during a single leg stand on the affected side. This can also be identified during gait (/Gait\_Cycle): compensation occurs by side flexing the trunk towards the involved side during stance phase on the affected extremity.<sup>[3]</sup>

## Clinically relevant anatomy

Gluteus medius (/Gluteus\_Medius) and minimus (/Gluteus\_Minimus) are the primary abductors of the hip. When fully weight bearing they act to abduct the femur away from the mid-line of the body and provide stability of the hip and pelvis.<sup>[4]</sup>

## Purpose

The purpose of the Trendelenburg Test is to identify weakness of the hip abductors.<sup>[1]</sup>

Beside the identification of weakness in the hip abductors of the standing leg, the Trendelenburg test can be used to assess other mechanical, neurological or spinal disorders, such as the Congenital dislocation of the hip or hip subluxation.<sup>[1][2][5][6]</sup>

## Technique

## Trendelenburg Sign | Hip Abductors

[7]

The patient is asked to stand on one leg for 30 seconds without leaning to one side the patient can hold onto something if balance is an issue. The therapist observes the patient to see if the pelvis stays level during the single-leg stance. A positive Trendelenburg Test is indicated if during unilateral weight bearing the pelvis drops toward the unsupported side<sup>[8][1]</sup>.

## Clinical relevance

Several dysfunctions can produce a positive Trendelenburg Test:<sup>[8]</sup>

- Weakness of gluteus medius<sup>[1]</sup>
- Hip instability and subluxation<sup>[6]</sup>
- Hip osteoarthritis <sup>[9]</sup>
- Initially post Total Hip Replacement (/Total\_Hip\_Replacement)<sup>[10]</sup>
- Superior Gluteal Nerve Palsy
- Lower back pain<sup>[11]</sup>
- Legg-Calvé-Perthes Disease (/Legg-Calve-Perthes\_Disease)<sup>[2]</sup>
- Congenital hip dislocation<sup>[2]</sup>

A Trendelenburg gait (/Trendelenburg\_Gait) can also be observed caused by abductor insufficiency and is characterized by:

- Pelvic drop in swing phase
- Trunk side flexion towards the stance limb
- Hip adduction during stance phase.

## Clinical bottom line

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The Trendelenburg test alone cannot diagnose hip conditions such as osteoarthritis or hip instability<sup>[9]</sup>. It has been shown to be more effective when part of a battery of tests such as hand dynamometry and observation to help assess hip abductor strength<sup>[12]</sup>. It is a quick, easy test that can help identify functional weakness in standing position.

## See Also

Trendelenburg\_Gait (/Trendelenburg\_Gait)

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## THE LIMITED ORTHOPEDIC EXAMINATION WITH ORTHOPEDIC TESTS

The Orthopedic examination has basic portions:

1. History
2. Clinical Examination
3. Radiographic Imaging and Reading.

### HISTORY:

The history is the record of the patient's incident whether accidental or unplanned from the day the time and a step-by-step development until the time of history taking. This includes any doctors seen, medications taken, changes in pains or any thing relating to the injury. Generally find out what happened and what was injured, to whom, where it happened, why it happened, and how it happened and the mechanic of the injury or etiological events leading to the patient's condition (In this text I have included various examples of in-depth questions to ask specifically relative to the type of claim i.e., Workers Compensation or Industrial, Auto-accident and so forth).

Next ask about pain correlations. Where is your pain/are your pains? Have the patient point with their own fingertips to the spot in pain. Ask the patient to describe the characteristics of the pain such as "aching", "burning", "sharp", and "dull". These characteristics tell us what tissue injuries may be involved.

In cases of workers compensation or personal injury always have the patient write the history in their own words after the first visit. Of course you still take a complete history upon the initial visit. The history in their own words and writing provides insurance for you in the event of deposition and discovery, or actual court proceedings.

The next section is past medical history (Please review actual reports or audits I have included in the text) any unusual childhood illness. Any past surgeries or tumors benign or malignant. Any previous industrial or personal injuries.

Ask the following:

- Age – may determine treatment
- Present Occupation
- Previous occupation
- Hobbies or recreational activities
- Previous injuries
- History of any fractures or dislocations.
- History of any hospitalization for spinal or extremity injuries.
- Any past accidents whether industrial or non-industrial



### Awards





- Any allergies
- Any medications taken and the response

Again, always take the history in the patient's own words or at the least as related by the patient.

Taking the patients height, weight, blood pressure, respiration, and pulse follows the history. Note the patient's race, body build (ectomorphic, endomorphic, mesomorphic, obese) and attitude.



## THE BASIC CLINICAL EXAMINATION

The Clinical examination consists of three basic sections:

- Examination of the Part complained of
- Investigation of possible sources of pain and referred symptoms
- General Examination of the body as a whole



The area of examination must be exposed with the proper lighting. An Orthopedic inspection is performed checking the bones for alignment, deformities or shortening. This is followed by examination of the soft tissues for shape and contours making sure to make a bilateral comparison. Note any skin discolorations including cyanosis, pigmentations, etc. Ask and check for any signs of scars or sinuses, such as scars from previous surgeries. Palpate the part complained of checking the bones, skin, temperature, and soft tissues for signs of spasm, atrophy or wasting any areas of local tenderness fasciculation's or an abnormal tissue consistency. Measurement of the extremities (see examination sheets provided in this text) for any unusual differences in muscular girth is commenced. Exact knowledge of atrophied musculature will tell the level of nerve tissue damage.

Range of motion both active and passive is initiated with pain responses noted as to degree and occurrence of pain or manifestations. Note any creptations during the active and passive motion. In cervicothoracic injuries ROM for the cervicothoracic spine, shoulder, elbow, wrist and hand is commenced. In lumbosacral injuries, Lumbosacral rom as well as hip, knee, and ankle are commenced. Always note the degree of patient pains upon motion as mild, slight, moderate, and severe and note the motion eliciting the pain.

Measure the strength and power of the muscle that are responsible for each movement of the joint. This is classified into"

0=No contraction (zero)

1=Flicker of contraction (trace)

2=Slight power sufficient to move the joint (poor)

3=Power sufficient to move the joint against gravity (fair)

4=Power to move the joint against gravity plus added resistance (good)

5=Normal power full range of motion vs. gravity with full resistance. Investigation of any possible courses of referred symptoms is noted. For example, a patient has shoulder pain. Investigate the brachial plexus. A pain in the lower portion of the scapula could indicate a possible gall bladder disease especially on the right side. This is especially true in susceptible individuals (Obese female over forty).

Your localization and objective testing will reveal weakness and its level. You can elicit pain response with your muscle testing, which can reveal muscle, or joint (depending on were the pain is located) what is precluding an active contraction or work activity.

Oftentimes a forensic evaluation of muscle strength is not considered complete absent a functional analysis. Thus the patient should be asked to perform maneuvers. For example arising from a squatted position or stepping onto a chair gives a good indication of proximal leg strength. Minor's sign can be noted if the patient must use their arms on their legs when rising from the squat. Bouncing while in the Squat position or the "Bounce Home Test" will indicate the integrity of the feet, ankles, knees, hip joints as well as the low back. A patient that must push off a chair from a seat position to arise may have spasm quadriceps weakness. Handgrip strength or dynamometer testing (test of three). Patients with weakness about the pelvic girdle





may arise from the supine position by first turning prone, then kneeling and slowly pushing themselves erect by standing bent forward and using the arms to climb up the thighs (again a + Minor's sign).

Examine the spinal cord and peripheral nerve integrity with spinal level correlation through testing the deep tendon reflexes. Grade them into classifications:

0=No reflex activity

1=diminished activity

2=normal activity

3=quick activity

4=hyper active



#### Segmental Level Correlations

Biceps - 2+ Cervical 5, 6

Bra/rad - 2+ Cervical 5, 6

Triceps - 2+ Cervical 7, 8

Knee - 2+ Lumbar 2,3,4

Ankle - 2+ Sacral 1,2



If sensation is disturbed, its anatomic pattern should be recognized. For example it is well established that a stocking and glove distribution can be due to peripheral nerve where a radiating pain or radiculopathy is usually due to the nerve roots. In any event the finding of motor weakness and reflex change can determine the anatomic localization of disease or trauma. This occurs through your synthesis of the data noted and correlated with your knowledge of the afferent nerves, the synaptic connections within the spinal cord, and the motor nerves, as well as the descending motor pathways. Thus much like the EMG, you can determine much about the integrity of the disc, the motor neuron, the cord and tissue synaptic connections and the sensory pathway to the cord.

Examine the superficial reflexes when they correlate with appropriate level of investigation.

Abdominal	2+ Upper	Thoracic 8,9,10
	2+ Lower	Thoracic 10, 11, 12

Cremasteric 2+ Lumbar 2,3

Plantar 2+ Lumbar 4,5, Sacral 1,2



The following table will aid in the diagnosis of upper motor neuron lesions from lower motor neuron lesions through your finding from your reflex testing.

SYSTEMS	UMNL	LMNL
DT Reflexes	Hyperactive	Diminished or absent
Atrophy	Absent	Present
Fasciculation's	Absent	Present
Tonus	Increased	Decreased or absent

It must be noted that Fasciculation's (see Nerve Studies) are the most common extraneous movements seen. They come in the form of brief, fine and irregular twitches of the muscle visible under the skin. These



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Fasciculation's are indicative of disease of the lower motor neuron but sometimes can occur in normal muscle, particularly in the calf muscles of our geriatric populations.

In cervicothoracic or upper extremities injuries have the patient perform bilateral dynamometer testing for grip strength. The test is repeated three times by each hand. Note the injured hand and the handedness of the patient (right vs. left).

Have the patients walk away from you and towards you and watch their gait for abnormalities.

Ask them to demonstrate a squat for you. Note whether they are able to perform the squat or unable to perform. Note whether the squat was done well.



Ask them to heel walk and toe walk for you to determine L5/S1 integrity (*heel walk=dorsiflexion of the toes and ankle which is primarily L5 and minor L4 and toe walk is the calf muscles primarily the S1 nerve root*). Note whether the patient has done it well or done poor or not at all. Inability to walk on the toes indicates alterations in sacral first nerve root integrity as well as possible lumbar disc fifth involvement. Inability to walk on the heels indicates lumbar fifth nerve root integrity as well as the lumbar disc fourth.

Check the patient's extremity pulses and check for venous stasis.

Radial 4+/4+

Femoral 4+/4+

Popliteal 4+/4+

Dorsal Pedis 4+/4+

Posterior Tibial 4+/4+

4+ is considered normal for peripheral bilateral vascular pulses. Note any edema by area and check for tenderness of the extremity. Check homan's sign (see orthopedic tests) bilaterally.

Run the Waltenberg pinwheel down the dermatome patterns and note whether they are intact or not. Locate any areas of numbness. Often, a slow and careful assessment of the dermatomes using a Pin can be more accurate although more time consuming. It is said, "anything worth doing is worth doing well".

Segmental Level of peripheral Nerves.

C2 -- Area under the chin

C3 -- Area in the front and back of the neck

C4 -- Shoulder area

C6 -- Thumb area

C7 -- Chiropractic index finger

C8 -- Ring and little fingers

T4 -- Nipples line

T10 -- Umbilical line

L1 -- Inguinal area

L3 -- Knee area

L5 -- Anterior ankle and foot containing big toe plus two.

S1 -- Heal and little toe plus one.

In cases where you suspect possible head trauma run a ENT examination checking the ears, eyes, nose and throat for any possible bleeding (see Neurological Diagnostic Modalities). Of course check the pupils of the eyes for ipsilateral dilation, or bilateral dilation or constriction. Check the retina for any possible hemorrhage or internal cranial edema.

The general examination of the body as a whole includes a psychological make-up of the patient such as attitudes, etc. Perhaps the patient only dreamed the incident and their physical complaint would be better served by a psychologist or psychiatrist.

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Other specific orthopedic tests would be performed and depending on a cervical spine injury or lumbosacral injury specific orthopedic test would be correlated with other special testing.

Radiographic imaging would also be correlated with the subjective and objective reported thus far.

When you have taken the complete history, past medical history, review any past medical records and take a complete physical of areas of complaint, neurological, orthopedic and x-ray imaging you will be able to correlate all the know objective, subjectives, ad special tests with the history and conclude the correct diagnosis and subsequent treatments.

The following are orthopedic tests utilized for clarification and differential diagnosis of neuro-musculo-skeletal conditions.

#### 1. Adson's Test

**Procedure:** With the patient seated, establish the radial pulse. Have the patient extend their head and rotate to the side on which the pulse is being taken. Have the patient take a deep breath and bear down. Extend the arm 45 degrees.

**Significance:** Radial pulse diminished or obliterated indicates THORACIC OUTLET SYNDROME.

#### 2. Brudzinski's Sign

**Procedure:** Begin by gently flexing the patient's neck onto their chest. If the patient has a moderate disorder this may feel excruciating. In minimal to slight to moderate conditions forcibly flex the patient's neck onto their own chest.

**Significance:** If the patient's hips or legs demonstrate a flexion motion this indicates Meningitis or Disc Poliomyelitis, meningeal irritation or even subarachnoid hemorrhage.

#### 3. Compression Tests (a-also known as Cervical Compression Test, b-also known as Hammer Test)

**a. Procedure:** With the patient seated gently press down on the top of their head.

**Significance:** Pain indicates Intervertebral Encroachment.

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**b. Procedure:** With the patient seated barely press down on the top of their head with your little finger.

**Significance:** Malingering

#### 4. Depression Test (Also Known as Shoulder Depression Test)

**Procedure:** Have the seated patient laterally flex their neck. Depress their shoulder on the opposite side.

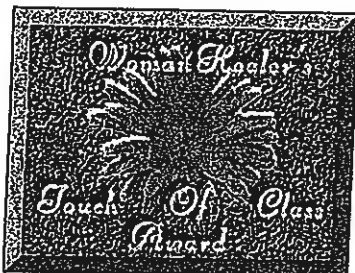
**Significance:** Pain Indicates Radicular Adhesion in the IVF's.

#### 5. Distraction Test (Also known as Cervical Distraction Test)

**Procedure:** With the patient seated gently lift cephalad the patient's head to remove its weight from their neck.



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Significance: 1. Relief of patient's pain indicates Intervertebral Foraminal Encroachment.

2. Pain indicates spasticity of the cervicothoracic para- spinal musculature.



#### 6. GSRT (Global Sustained Rotational Test, named the Neff Test by Rene' Calliet in 1982)

Procedure: With the patient seated or supine take your middle finger and make a contact with the atlas. Gently rotate the patient's head and neck to the full range of motion just entering the manipulative range but not in the interim or through it. Observe for nystagmus blood shoot eyes that were not there prior to the test, nausea, dizziness, or vertigo. If negative extend the head and hold thirty seconds and observe for manifestations i.e. nystagmus etc.

Significance: Potential for cervicobasilar infarction or Stroke via interfascial bands and kinks, bony exostoses with lateralization about the intervertebral artery, and possible plaque with thrombosis or embolism.

#### 7. Soto Hall Test

Procedure: Flex the neck of the supine patient while pressing gently on the upper sternum.

Significance: Pain indicates Fracture, Discopathy, Supraspinatous Ligament tear, or dural sleeve adhesions.

#### 8. Swallowing Test

Procedure: Have the seated patient swallow.

Significance: If the patient has pain or difficulty swallowing this indicates a possible Infection, Osteophytes, Hematoma or tumor in the anterior portion of the cervical spine.



#### 9. Valsalva Maneuver

Procedure: Have the patient in a seated position hold their breath and bear down.

Significance: Pain may indicate a Discopathy, Spinal Cord Tumor, or any Space Occupying Lesion.

### TESTS SPECIFIC FOR THE SHOULDER AND UPPER ARM

A shoulder examination must contain four tests; three for dislocation and instability as well as a soft tissue testing.

#### 10. Drawer tests – Anterior

Procedure: The shoulder to be tested is abducted between 80 and 120 forward flexed 0 and 20 and laterally rotated, 0 and 30. The examiner places one hand on the shoulder and the other on the relaxed upper arm and draws the humerus forward.

Significance: Movement may be accompanied by click and/or apprehension.

#### 11. Posterior:

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Procedure: Examiner pulls up on the arm at the wrist while pushing down on the Humerus with the other hand.

Significance: If more than 50% posterior translation @ patient is apprehensive patient has posterior instability.

## 12. Inferior

Procedure: Also known as the Sulcus Sign Test. The patient sits with the arm by the side. The Examiner grasps the patient's forearm below the elbow and pushes the arm distally.

Significance: Presence of Sulcus sign=Inferior instability.

## 13. A/C Shear

Procedure: Patient seated examiner cups hands over the deltoid muscle with one hand on the clavicle and one hand on the spine of the scapula then squeezes the heels of the hands together.

Significance: Pain or abnormal movement = acromioclavicular joint pathology.

## 14. Speed Test:

Procedure: Examiner resists shoulder forward shoulder flexion with the patient's forearm supinated and the elbow is completely extended.

Significance: Increased tenderness in the bicipital groove is indicative of bicipital tendonitis. ST is more effective than Yergason's because ST moves bone over the tendon during the test.

15. Supraspinatous Shoulder is abducted 90 with no rotation, and resistance to abduction is provided by the examiner. The shoulder is then medially rotated and angled forward 30 so that the patient's thumbs point toward the floor. Resistance to abduction is again given while the examiner looks for weakness or pain.

Significance: Supraspinatous muscle or tendon tear, neuropathy of the suprascapular nerve.

16. Brachial Plexus C5-C7 nerve roots and median nerve-Arm is abducted and laterally rotated behind the coronal plane with the shoulder girdle fixed in depression. The elbow is then passively extended with the wrist held in extension and the forearm in Supination.

Significance: Pain, ache, tingling in the thumb and first three fingers = median nerve tension or nerve root tension.

17. Codman's Arm Drop Patient to fully abduct arm and lower it slowly.

Significance: If arm drops to side (patient is unable to lower it slowly) it indicates ROTATOR CUFF TEAR.

18. Dugas Test Patient to touch opposite shoulder with hand. If patient is unable to touch opposite shoulder, it indicates DISLOCATION.

19. Apprehension Flex, abduct and externally rotate patient's arm.

Significance: As external rotation begins to exceed 90 a look of apprehension on the patient's face indicates CHRONIC TENDENCY TOWARDS DISLOCATION.

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## 20. Yergason's Test

Procedure: Gently flex the patient's elbow 90 degrees. With one hand pull down on the elbow and stabilize it while moving the patient's wrist laterally with the other hand (to externally rotate the patient's arm)

Significance: If the biceps tendon slips out of the bicipital groove, which at times is palpable, and/or the patient experiences pain in the region, it indicates a TEAR OF THE TRANSVERS HUMERAL LIGAMENT. Often time's pain alone indicates tendonitis of the long head of the biceps tendon.

## TESTS FOR THE ELBOW:

## 21. COZEN'S TEST

Procedure: Gently extend and pronate the arm of the patient and extend their wrist. Stabilize the elbow and attempt to flex the wrist while the patient resists.

Significance: Excessive motion indicates a TEAR OF THE COLLATERAL LIGAMENT (Valgus stress = medial collateral ligament; Varus stress = lateral collateral ligament)

## 22. TENNIS ELBOW TEST – MILL'S MANEUVER

Procedure: With the patient's arm pronate, have them flex the wrist. Then have the patient attempt to supinate the forearm against the doctor's resistance.

Significance: Pain at the lateral Epicondyle indicates LATERAL EPICONDYLITIS. Pain at the medial Epicondyle indicates MEDICAL EPICONDYLITIS AKA Golfers Elbow

## 23. STABILITY TESTS

Procedure: With the patient's elbow extended, grasp their wrist and distal Humerus. Apply first a Valgus stress, and then a Varus stress to the elbow.

Significance: Excessive motion indicates a TEAR OF THE COLLATERAL LIGAMENT (Valgus stress=medial collateral ligament; Varus stress=lateral collateral ligament.

## 24. TINEL'S ELBOW SIGN

Procedure: Tap ulnar nerve in groove between olecranon and medial Epicondyle.

Significance: Hypersensitivity indicates NEURITIS, NEUROMA OR A REGENERATING NERVE.

## TESTS FOR THE WRIST:

## 25. FINKELSTEIN'S TEST

Procedure: Have the patient make a fist with the thumb tucked inside. Gently force the wrist into ulnar deviation.

Significance: Pain in the anatomical snuffbox of the patient's hand indicates STENOSING TENOSYNOVITIS AKA DE QUERVAIN'S DISEASE.

**26. Ligamentous Instability tests.**

**Procedure:** The Patient's arm is stabilized with the examiners hand on the elbow and the wrist. The elbow is Slightly flexed 30-30. An adduction or Varus Forces is applied to test the lateral collateral ligament. Then the examiner places an abduction or Valgus force to test the medial collateral ligament. Some advocate Varus done with arm in full medial rotation and Valgus done in full lateral rotation.

**Significance:** Pain upon stress indicates collateral ligament tear .

**27. Pronator Teres Syndrome Test**

**Procedure:** Elbow flexed to 90 degrees. Examiner resists pronation as the elbow is extended.

**Significance:** Tingling or Paresthesia in median nerve distribution indicates median nerve entrapment.

**28. PINCH GRIP TEST**

**Procedure:** Thumb and first finger should touch tip to tip.

**Significance:** If pads of finger and thumb touch then pathology to the anterior interosseous nerve brach of the median nerve. Thus entrapment of the anterior interosseous nerve as it passes between the two heads of the Pronator Teres muscle.

**29. PHALEN'S TEST**

**Procedure:** Flex the wrist of the patient to the maximum degree possible and hold there for a minute.

**Significance:** Pain and Paresthesia in the hand indicates CARPAL TUNNEL SYNDROME:

**30. TINEL'S WRIST SIGN**

**Procedure:** Tap the median nerve of the patient at their flexor Retinaculum.

**Significance:** Pain and Paresthesia in the wrist and/or hand indicates CARPAL TUNNEL SYNDROME.

**31. UNCLES TEST**

**Procedure:** Extend the wrist of the patient to the maximum degree possible and hold there for a minute.

**Significance:** Pain and Paresthesia in the wrist and/or hand indicates CARPAL TUNNEL SYNDROME

**TESTS FOR THE HAND****32. ALLEN'S TEST**

**Procedure:** Hold the metacarpophalangeal joint of the patient in a few degrees of extension and try to move the proximal interphalangeal joint into flexion. If this cannot be done, flex the metacarpophalangeal joint a few degrees and try again to flex the PIP joint.

**Significance:** Delay in the appearance of the "flush" indicates PARTIAL OR COMPLETE OBSTRUCTION OF ONE OF THE ARTERIES.

### 33. BUNNEL-LITTLE TEST

**Procedure:** Hold the metacarpophalangeal joint of the patient in a few degrees of extension and try to move the proximal interphalangeal joint into flexion. If this cannot be done, flex the metacarpophalangeal joint a few degrees and try again to flex the PIP joint.

**Significance:** If the PIP can be flexed in the second position, it indicates **TIGHTNESS OF THE INTRINSIC MUSCLES** of the patients HAND. If the PIP cannot be flexed in either situation it indicates **PIP JOINT CAPSULE CONTRACTION**.

### 34. RETINACULAR TEST

**Procedure:** Hold the PIP joint of the patient in a neutral position and try to flex the DIP joint. If this cannot be done, flex the PIP joint a few degrees and repeat.

**Significance:** If the DIP joint can be flexed in the second position only, it indicates **TIGHTNESS OF THE INTRINSIC MUSCLES OF THE HAND OR THE RETINACULAR LIGAMENTS**. If the DIP joint cannot be flexed in either position, it indicates the patient has **DIP JOINT CAPSULE CONTRACTURE**.

### TEST FOR THE LUMBOACRAL, SACROILIAC, ILIOFEMORAL JOINTS

### 35. LEWIN'S TEST

**Procedure:** Stabilize the supine patient's thighs upon the table and ask the patient to sit up.

**Significance:** Pain and/or inability to perform may indicate SCIATICA or LUMBAR ARTHRITIS

### 36. MINOR'S SIGN

**Procedure:** Observe the patient rising from the sitting position.

**Significance:** This may indicate sciatica if the patient supports Themselves on one side, keeping the affected side Bent over.

### 37. NERI'S BOWING SIGN

**Procedure:** The standing patient is bent forward. Flexion of The knee on the affected side indicates pain in the leg due to pull on the hamstrings and the pelvis.

**Significance:** This may indicate sciatica if the patient supports themselves on one side, keeping the affected side bent over.

### 38. LASEQUE TEST

**Procedure:** With the patient in the supine position, raise their ' leg.

**Significance:** Sciatic pain at 0-30 degrees indicates Altered Sacroiliac joint Dynamics due to a hot disc assaulting the nerve. Sciatic pain at 30-60 degrees indicates Altered Lumbosacral Joint Dynamics due to a Sprain. Sciatic pain at 60-90 degrees indicates Altered L1-L4 joint dynamics.

### 39. Well Leg Raising Test

**Procedure:** With the same patient supine, raise the uninvolved leg. 835 235

Significance: Sciatic distribution in the opposite leg Differentiates and demonstrates a Discopathy.

#### 40. GOLDTHWAIT TEST

Procedure: With the patient supine place one hand under their lumbar spine and raise their leg.

Significance: Pain BEFORE vertebral motion indicates altered sacroiliac joint Dynamics of SI Strain/Sprain.

Pain AFTER vertebral movement begins indicates Altered Lumbosacral or Lumbar joint dynamics of Strain/Sprain.

#### 41. BECHTEREW'S CHECK TEST

Procedure: Ask your patient to be seated and extend their legs.

Significance: If the Patient can extend only one leg at a time, and the ill leg from a Laseque test has difficulty being Raised this indicates a TRUE SCIATIC CONDITION. If low back pain occurs during extension, this indicates a possible LUMBAR DISCOPATHY. If the patient had a positive Laseque test but has no difficulty sitting and raising the ill leg suspect an alleged case of MALINGERING.

#### 42. LEG LOWERING TEST

Procedure: With your patient in a supine position, flex their thigh 90 degrees and extend their leg. Ask them to lower their leg and stop half way down.

Significance: If the patient's leg drops or the patient is unable to stop, it indicates Discopathy.

#### 43. GILLET TEST II

Procedure: With the patient standing, place one thumb on the 2<sup>nd</sup> sacral tubercle and other thumb on the ilium at the same level. Ask the patient to flex the thigh.

Significance: If the ilium fails to move inferior it indicates a SACROILAC RESTRICTION-STRAIN/SPRAIN.

#### 44. HIBB'S TEST

Procedure: With the patient prone and their knee flexed 90 Degrees internally rotate the femur.

Significance: Increased pain indicates Altered Sacroiliac joint dynamics due to minimally a strain or sprain.

#### 45. FAJERSZTAN TEST-WELL LEG RAISING TEST

Procedure: Perform the Braggard Test on the Uninvolved Leg.

Significance: Sciatic pain on the opposite side indicates DISCOPATHY

#### 46. PATRICK'S FABERE

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Procedure: With the patient supine, place their lateral Malleolus on the opposite knee and depress the flexed knee.

Significance: Pain in the Hip indicates OSTEOARTHRITIS OR INFLAMMATION OF THE INVOLVED HIP.

#### 47. HIBB'S TEST

Procedure: With the patient prone, extend and abduct the thigh and push the femur directly into the Acetabulum.

Significance: Pain indicates OSTEOARTHRITIS OF THE HIP OR SYNOVITIS.

#### 48. YEOMAN'S TEST

Procedure: With the patient prone, extend the thigh and push the femur directly into the Acetabulum.

Significance: Pain indicates OSTEOARTHRITIS OF THE HIP OR SINOVITES.

#### 49. ELY'S TEST

Procedure: With the patient prone, grasp both ankles and flex the knees upon the thighs.

Significance: If the patient reports pain in the lumbar or lumbosacral area indicates ALTERED LUMBAR OR LUMBOCARL JOINT DYNAMICS due to spastic internal and external rotator of the leg.

#### 50. GAENSLEN'S TEST-SI SPECIFIC TEST

Procedure: With the patient supine, flex on thigh onto the abdomen and hold it there. Next, hyperextend the other hip by slowly lowering the femur ff the table. Gently apply downward pressure on the hyperextended thigh.

Significance: Pain indicates ALTERED SCROIAC JOINT DYNAMICS AND SPRAIN.

#### 51. MILGRAM'S TEST

Procedure: Have the supine patient raise their extended legs two inches and hold for 30 seconds.

Significance: Pain or inability to hold position indicates INCREASED INTRATHECAL PRESSURE AND/OR DISCOPATHY.

#### 52. NAFFZIGER'S TEST

Procedure: With the patient in the supine posture, compress the jugular veins for 30 seconds and then ask the patient to cough.

Significance: Pain indicates INCREASED INTRATHECAL PRESSURE AND/OR DISCOPATHY, DISCOGENIC DIESEASE.

#### 53. KERNIG'S TEST

Procedure: With the patient supine, flex their thing on their hip 90 degrees with the knee flexed 90 degree. Ask the patient to extend their knee.



Significance: Inability to extend the knee past 135 degrees indicates MENIGEAL IRRITATION OR MENINGITIS AND POLIOMYELITIS.

#### 54. BURN'S BENCH TEST

Procedure: Have the patient kneel on a bench. Grasp the ankles and ask the patient to touch the floor.

Significance: A claim that pain prevents this motion indicates MALINGERING.

#### 55. FFEN TEST

Procedure: Palpate a given area and ask the patient if this is painful. Come back to it later and run a pin wheel down the dermatome over the area and ask the patient what they can feel or are they numb?

Significance: Coached patients know they have pains and have numbness. Oftentimes if the patient is not truly experiencing the problem they get confused and forget what part is numb and which part is painful. However it is not consistent for a patient to have severe palpable muscular pain and numbness of the same tissues at the same time.

### TESTS FOR THE HIP AND PELVIC JOINTS

#### 56. LEG LENGTH DISCREPANCY-TRUE LEG LENGTH

Procedure: Measure from the patient's ASIS to their medial malleolus. If discrepancy in length exists, flex hip and knees. Observe whether the knee of one leg is higher or more anterior than the other.

Significance: One knee HIGHER indicates discrepancy in TIBIA LENGTH. One knee ANTERIOR indicates discrepancy in FEMUR LENGTH.

#### 57. LEG LENGTH DISCREPANCY - APPARENT LEG LENGTH

Procedure: Measure from the umbilicus to the medial malleolus.

Significance: If this differs from leg to leg, and ASIS to malleolus measurements are equal, the discrepancy indicates PELVIC OBLIQUITY.

#### 58. DEARFILED TEST

Procedure: With the patient in the prone position, check their leg length at the medial malleoli. If discrepancy exists, flex their knees and gently stretch by Dorsiflexion the feet and recheck. Have the patient turn their head to the side and recheck.

Significance: If the short leg becomes the long leg on knee flexion, it indicates an ALTERED SACROILIAC JOINT. If turning the head alters the leg length, it indicates ALTERED CERVICAL JOINT DYNAMICS.

#### 59. OBER'S TEST

Procedure: With the patient on their side, abduct and extend their thigh and then drop it.

Significance: If their leg fails to descend or descends in clonic manner, it indicates CONTRACTURE OF THE TENSOR FASCIA LATA

## 60. THOMAS TEST

Procedure: With the patient supine, flex one knee onto their abdomen.

Significance: Involuntary flexion of the opposite hip indicates HIP JOINT FLEXION CONTRACTURE.

## 61. TRENDLENBERG SIGN

Procedure: With the physicians hands on the patient's iliac rests, have the standing patient flex on hip.

Significance: If their hip on the flexed side fails to raise, or if it falls, this indicates a WEAKNESS OF THE OPPOSITE GLUTEUS MEDIUS OR SACROILIAC JOINT SPRAIN.

## 62. ANVIL TEST

Procedure: With the patient in the supine position, tap their inferior Calcaneus.

Significance: Pain indicates FEMORAL FRACTURE:

## TEST FOR THE KNEE

## 63. GRINDING TEST FOR THE PATELLA

Procedure: With the patient supine, push the patella distally. Ask the patient to contract the quadriceps against resistance to the patella's upward movement.

Significance: Palpable crepitus as the patella moves upward indicates ROUGHENING OF THE ARTICULAR SURFACE.

## 64. REDUCTION CLICK TEST

Procedure: With the patient supine, flex their knee while rotating it both internally and externally. Then extend the knee while continuing to rotate it.

Significance: A clicking sound during extension and rotation indicates that the damaged MENISCUS HAS SLIPPED BACK INTO PLACE.

## 65. EFFUSION TEST-MAJOR

Procedure: With the patient supine, push the patella down into the Trochlear groove and quickly release it.

Significance: If the patella rebounds (a blottable patella) this indicates JOINT EFFUSION.

## 66. EFFUSION TEST-MINOR

Procedure: With the patient supine, push the patella from the Suprapatellar pouch to the infrapatellar area then from lateral to medial. Next tap the medial side of the knee just posterior to the patella

Significance: If a fluid wave causes fullness on the lateral side of the joint, it indicates MINOR EFFUSION.

#### 67. APPREHENSION TEST

Procedure: With the patient supine, push their patella laterally.

Significance: A look of apprehension on the patient's face indicates a CHRONIC TENDENCY TOWARDS FREQUENT LATERAL DISLOCATION.

#### 68. TINEL'S KNEE SIGN

Procedure: Tap the infrapatellar branch of the saphenous nerve at the medial side of the Tibial tubercle.

Significance: Hypersensitivity indicates NEURITIS, NEUROMA OR A REGENERATING NERVE.

#### 69. DRAWER SIGN

Procedure: With the patient's knee flexed and foot stabilized Flat upon the table, move the patient's proximal Tibia anterior and posterior.

Significance: Abnormal anterior movement indicates RUPTURE OF THE ANTERIOR CRUCIATE LIGAMENT. abnormal posterior movement indicates RUPTURE OF THE POSTERIOR CRUCIATE LIGAMENT.

#### 70. APLEY'S COMPRESSION TEST

Procedure: With the patient prone and their knee flexed 90 degrees, stabilize the leg and place direct pressure firmly on the heel directed through the tibia. As the menisci are compressed between the tibia and femur, rotate the leg internally and externally.

Significance: Pain on the medial side of the knee indicates MEDIAL MINISCUS DAMAGE. Pain on the lateral side of the knee is indicative of LATERAL MENISCUS DAMAGE.

#### 71. APLEY'S DISTRACTION TEST

Procedure: With the patient in the same position as for the compression test, traction the patient's leg upwards while at the same time gently rotating it internally and externally.

Significance: Pain indicates COLLATERAL LIGAMENT DAMAGE

#### 72. McMURRAY'S TEST

Procedure: With the patient supine, fully flex and externally Rotate their leg, while maintaining the rotation, Slowly extend the leg while palpating the joint space and applying posterior force to the knee. Repeat with internal rotation.

Significance: A painful click on extension with EXTERNAL ROTATION indicates MEDIAL MENISCUS TEAR, with INTERNAL ROTATION, LATERAL MENISCUS TEAR.

#### 73. STABILITY KNEE TEST

Procedure: With the patient seated, slightly flex their knee and push laterally on the ankle and medially on their knee (Valgus stress). Repeat

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while pushing medially on the ankle and laterally on the knee (Varus stress).

Significance: Palpable gapping on the medial side of the knee under VALGUS STRESS indicates MEDIAL COLLATERAL LIGAMENT TEAR. Gapping on the lateral side of the knee under VARUS STRESS indicates LATERAL COLLATERAL LIGAMENT TEAR.

### TESTS FOR THE ANKLE AND FOOT

#### 74. DORSIFLEXION TEST

Procedure: With the patient seated extend the leg and try to dorsiflex their ankle. If Dorsiflexion is limited, flex their knee and repeat.

Significance: Limitation of motion in both positions indicates SOLEUS MUSCLE TIGHTNESS. LOM on knee extension only indicates GASTROCNEMIUS TIGHTNESS.

#### 75. ACHILLES CONTINUITY TEST

Procedure: Squeeze the patient's calf muscles posterior to anterior.

Significance: Lack of slight plantar flexion indicates ACHILLES TENDON RUPTURE.

#### 76. STABILITY TESTS-DRAWER SIGN

Procedure: With the patient's foot hanging free, pull their Calcaneus forward while pushing their distal tibia posteriorly.

Significance: Abnormal forward motion indicates ANTERIOR TALOFIBULAR LIGAMENT TEAR.

#### 77. STABILITY TESTS-LATERAL SIGN

Procedure: Passively invert the patient's Calcaneus.

Significance: Gapping and rocking of the Talus indicates TEAR of the ANTERIOR TALOFIBULAR and/or CALCANEOFIBULAR LIGAMENT.

#### 78. HOMAN'S SIGN

Procedure: With the patient supine dorsiflex the patient's ankle.

Significance: Calf tenderness indicates deep vein THROMBOPHLEBITIS.

#### 79. BOUNCE HOME TEST

Procedure: With the patient supine, flex the knee. Holding their ankle passively extend their knee.

Significance: If the patient's knee fails to fully extend and offers a rubbery resistance to further extension and ending in a sharp end point this indicates MENISCUS DAMAGE.

#### 80. TOE-HEAL WALKING TEST

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Procedure: Have the patient first walk on his heels and then on his toes.

Significance: An inability to walk on the toes indicates a first sacral nerve root involvement (5th Lumbar Disc). Whereas an inability to walk on the heels is indicative of a 5th lumbar nerve root involvement (4th lumbar disc).

by Dr. Scott D. Neff, DC DABCO MPS-BT CFE DABFE FFABS FFAAJS, 2010  
Graduate Antigua School of Medicine, West Indies made for the medical students of our times and as a dedication to the people of America and our world. ©

**University of Health Sciences Antigua**  
**School of Medicine, West Indies**  
hereby confers upon

**Scott D. Neff**

**Doctor of Medicine**

together with all the rights, privileges and honors appertaining thereto in consideration of the satisfactory completion of the course prescribed in

**The School of Medicine**

**In Testimony Whereof**, the seal of the University and the signatures as authorized by the board of Trustees are herewith affixed  
Given at Antigua on the twelfth day of June,  
in the year of our Lord two thousand ten.



*Robert D. Neff*  
Chairman of the Board of Trustees

*Robert D. Neff*  
President of the University

*Robert D. Neff*  
Dean of the School of Medicine

*"Why does this magnificent applied science which saves work and makes life easier, bring us little happiness? The simple answer runs, because we have not yet learned to make sensible use of it."*  
Albert Einstein 1931

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## Gait

[Back to article](#)

A patient's gait can be difficult to describe in a reproducible fashion. Observe the patient walking toward you and away from you in an open area with plenty of room. Note *stance* (how far apart the feet are), posture, stability, how high the feet are raised off the floor, trajectory of leg swing and whether there is *circumduction* (an arced trajectory in the medial to lateral direction), leg stiffness and degree of knee bending, arm swing, tendency to fall or swerve in any particular direction, rate and speed, difficulty initiating or stopping gait, and any involuntary movements that are brought out by walking. Turns should also be observed closely. When following a patient over several visits, it may be useful to time him walking a fixed distance, and to count the number of steps he took and the number of steps he required to turn around. The patient's ability to rise from a chair with or without assistance should also be recorded.

To bring out abnormalities in gait and balance, ask the patient to do more difficult maneuvers. Test *tandem gait* by asking the patient to walk a straight line while touching the heel of one foot to the toe of the other with each step. Patients with *truncal ataxia* caused by damage to the cerebellar vermis or associated pathways will have particular difficulty with this task, since they tend to have a wide-based, unsteady gait, and become more unsteady when attempting to keep their feet close together. To bring out subtle gait abnormalities or asymmetries, it may be appropriate in some cases to ask the patient to walk on their heels, their toes, or the insides or outsides of their feet, to stand or hop on one leg, or to walk up stairs.

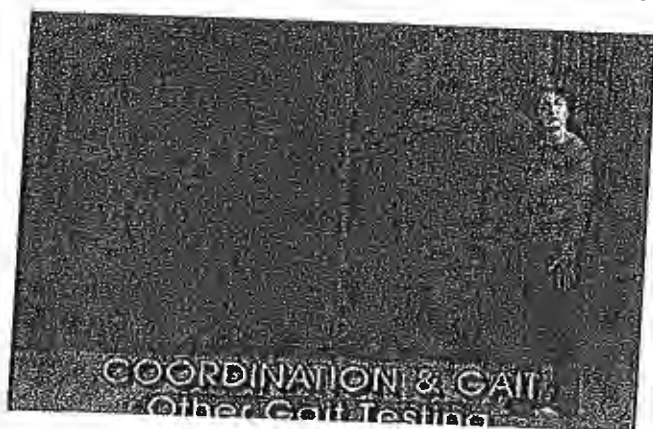
*Gait apraxia* is a perplexing (and somewhat controversial) abnormality in which the patient is able to carry out all of the movements required for gait normally when lying down, but is unable to walk in the standing position, thought to be associated with frontal disorders or normal pressure hydrocephalus (KCC 5.7).

### 68. Ordinary Gait, Tandem Gait



Sequence

### 69. Forced Gait



Sequence

### What is Being Tested?

As with tests of appendicular coordination, gait involves multiple sensory and motor systems. These include vision, proprioception, lower motor neurons, upper motor neurons, basal ganglia, the cerebellum, and higher-order motor planning systems in the association cortex. Once again, it is important to test each of these systems for normal function before concluding that a gait disturbance is caused by a cerebellar lesion. Localization and diagnosis of gait disorders is described further in Neuroanatomy Through Clinical Cases, Key Clinical Concept 6.5, and Table 6.6.

ORIGINAL

STATE OF NEVADA  
DEPT OF ADMINISTRATION  
HEARINGS DIVISION  
CLAIMS OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

2018 JUN 11 PM 3: 05

RECEIVED  
AND  
FILED

In the Matter of the  
Industrial Claim of:

Claim No.: 15853E839641  
Hearing No.: 1801761-JL  
Appeal No.: 1802418-RKN

KIMBERLY KLINE,

Claimant.

CLAIMANT'S FIRST SUPPLEMENTAL INDEX OF DOCUMENTS

Insurer letter dated May 24, 2018	001
PPD Report of Dr. James Jempsa dated May 14, 2018	003-014
PPD Adendum of Dr. James Jempsa dated May 18, 2018	015
Questionnaire for Examination dated May 8, 2018	016-024
Claimant Counsel's letter dated May 25, 2018	025-027

**AFFIRMATION**

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in appeal number 56832-RKN does not contain the social security number of any person.  
Dated this 8 day of June, 2018.

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

By: [Signature]  
HERB SANTOS, JR., Esq.

Attorney for Claimant

ENTERED INTO  
EVIDENCE AS EXHIBIT

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**CERTIFICATE OF MAILING**

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

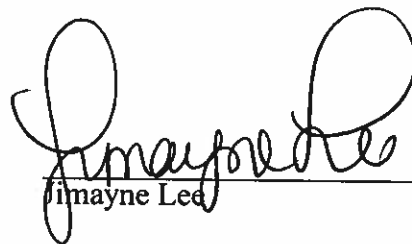
City of Reno  
Attn: Andrena Arrygue  
P. O. Box 1900  
Reno, NV 89505

CCMSI  
P.O. Box 20068  
Reno, NV 89515

Lisa Alstead, Esq.  
P.O. Box 2670  
Reno, NV 89505

and that a copy was e-mailed to Ms. Alstead,

Dated this 8 day of June, 2018.

  
Jimayne Lee



May 24, 2018

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

Re: Claim No.: 15853E839641  
D.O.I.: 6/25/2015  
Employer: City of Reno  
Body Parts: cervical

Dear Ms. Kline;

We are in receipt of Dr. Jempsa's PPD rating dated 5/14/2018. We have asked Dr. Betz to review Dr. Anderson's and Dr. Jempsa's PPD report and provide an opinion regarding apportionment.

Please be advised that we are holding the Permanent Partial Disability award in abeyance pursuant to NAC 616C.103. Upon receipt of Dr. Betz response, a new determination will be rendered regarding the permanent partial disability award.

If you disagree with this determination, you may request a hearing before a Hearing officer by completing the enclosed "Request For Hearing:" form within seventy (70) days after the date on which this notice was mailed and sending it to the State of Nevada, Department of Hearings, Carson City.

Sincerely,  
CCMSI

  
Lisa Jones  
Claims Representative

cc: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc: D-12a (Appeal Rights) PPD report, addendum report

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

REPLY TO:

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

OR

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

<b>Employee Information</b>	
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
<b>Insurer Information</b>	
Insurer's Name and Address	
Insurer's Telephone Number	

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

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**The Injured Employee**

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

and is dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Signature of Injured Employee/Employer

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

D-12a (Rev. 12/07)

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# JAMES C. JEMPSA, DO

Reno, Nevada

Telephone: 775-786-9072

Fax: 775-787-6430

Lisa Jones

CCMSI

PO Box 20068

Reno, NV 89515

Telephone: 775-324-3301

Fax: 775-324-9893

## PERMANENT PARTIAL DISABILITY EVALUATION

RE:	CLAIMANT:	Kimberly Kline
	SSN:	XXX-XX-2795
	CLAIM NO.:	15853E839641
	DOI:	06/25/2015
	EMPLOYER:	City of Reno
	DATE OF EXAM:	05/08/2018
	DATE OF REPORT:	05/14/2018
	BODY PARTS:	1. Cervical.

### DIAGNOSIS:

1. Multilevel cervical fusion.

PLACE OF EXAMINATION: Reno, Nevada.

**INTRODUCTION:** The claimant presents to our office today for a Permanent Partial Disability rating performed in accordance with the Fifth Edition, Sixth Printing, AMA Guides to the evaluation of Permanent Impairment. The claimant was informed with regards to the purpose of this examination. It is understood that there is no patient/treating physician relationship established on the basis of today's examination. It was explained that the evaluation was requested by the referral source and the report will be sent to the referral source upon completion.

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Kimberly Kline  
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Dear Lisa Jones:

Kimberly Kline sustained industrial injury to her neck on June 25, 2015. She subsequently went on to have a multilevel fusion of her cervical spine. She presents today for a PPD evaluation of the cervical spine.

**PERSONAL DATA:**

The claimant was identified by her picture on a Nevada Driver's License #0701144556. She gives a birth date of 10/07/1979 making the claimant 38 years of age at the time of this evaluation.

The claimant has lived in Reno for approximately the last 38 years.

She has completed school greater than 16 years.

The claimant has not served in the military.

**REVIEW OF MEDICAL RECORDS:**

All significant medical records provided were reviewed.

On June 25, 2015 initial evaluation at St. Mary's Regional Medical Center. History of Present Illness: Chief Complaint: Back injury and back pain. It is described as being moderate degree of pain in the upper lumbar mid lumbar and lower lumbar spine radiating into the right thigh and the left thigh. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Past History: The patient had prior back pain. Physical Exam: Neck: Normal inspection. Neck nontender. Painless range of motion. Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. Neuro: No motor deficit. No sensory deficit. Reflexes normal. Impression: Acute lumbar radiculopathy. Sprain of lumbar spine. Acute pain in the lower back. Prescription Medications: Flexeril, Norco and prednisone.

On June 30, 2015 evaluation at Specialty Health Clinic. Chief Complaint: Back-2nd MVA 6-25-15. History of Present Illness: Patient was involved in a second motor vehicle accident on June 25, 2015 when she was rear-ended at high-speed. 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 and legs. Physical Exam: 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°, extension 50°, lateral rotation 70° bilaterally with pain at extremes. Assessment: Sprain of neck. Plan: Chiropractic, full duty, return in two weeks.

On May 11, 2015 initial evaluation by Dr. Men-Muir. He evaluated her low back.

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On July 14, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness. Physical Exam: Musculoskeletal: Neck-normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On August 20, 2015 follow-up visit at Specialty Health Clinic. Chief Complaint: Cervical strain. History of Present Illness: 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. Physical Exam: Musculoskeletal: Exam-normal inspection, mild muscular tenderness palpation over the trapezius, full motion with grossly normal strength and sensation in arms. Assessment: Sprain of neck. Plan: Full duty, MMI.

On September 23, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: 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. Physical Exam: Musculoskeletal: Neck exam-normal inspection, minimal muscle tenderness to palpation, full motion, normal strength and sensation in both arms. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On October 28, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. Patient has completed treatment. Physical Exam: Musculoskeletal: Neck exam-normal inspection, nontender to palpation, full motion with grossly normal strength. Assessment: Sprain of ligament of the cervical spine Plan: Full duty, MMI.

On January 13, 2016 MRI of the cervical spine without contrast impression: Disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspect of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

On January 13, 2016 chiropractic treatment by Dr. Hansen.

On January 14, 2016 chiropractic treatment by Dr. Hansen.

On January 15, 2016 chiropractic treatment by Dr. Hansen.

On January 18, 2016 chiropractic treatment by Dr. Hansen.

On January 19, 2016 chiropractic treatment by Dr. Hansen.

On January 20, 2016 chiropractic treatment by Dr. Hansen.

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On January 21, 2016 chiropractic treatment by Dr. Hansen.  
On January 25, 2016 chiropractic treatment by Dr. Hansen.  
On January 26, 2016 chiropractic treatment by Dr. Hansen.  
On January 27, 2016 chiropractic treatment by Dr. Hansen.  
On January 28, 2016 chiropractic treatment by Dr. Hansen.  
On February 1, 2016 chiropractic treatment by Dr. Hansen.  
On February 2, 2016 chiropractic treatment by Dr. Hansen  
On February 5, 2016 chiropractic treatment by Dr. Hansen  
On February 8, 2016 chiropractic treatment by Dr. Hansen  
On February 10, 2016 chiropractic treatment by Dr. Hansen  
On February 12, 2016 chiropractic treatment by Dr. Hansen  
On February 16, 2016 chiropractic treatment by Dr. Hansen  
On February 19, 2016 chiropractic treatment by Dr. Hansen  
On February 24, 2016 chiropractic treatment by Dr. Hansen  
On March 16, 2016 follow-up visit at Specialty Health Clinic.  
On April 28, 2016 chiropractic treatment by Dr. Hansen

On July 5, 2016 neurosurgical evaluation. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She is done extensive physical therapy. Physical Examination: Cervical: Neck, shoulders and low back have normal range of motion with no scars. Palpation for tenderness. Arms have normal range of motion with no scars. She has a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators in the left, biceps and triceps on the left. She has diminished reflexes in the upper extremities. Impression/Plan: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord

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compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery. She states she never had these arm symptoms before the accident and although she may have had pre-existing spondylosis, the accident had probably exacerbated her underlined stenosis. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On April 3, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following the left C-6 distribution. Most of his symptoms are in the left arm and rated at times at a 9/10. Continues to limit her ability to sleep at night the symptoms may be slightly improved but overall are very similar to the intensity she had the last allied. Physical Exam: She had a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the upper extremity. Assessment and Plan: 1. Neck pain. 2. Cervical spondylosis. 3. Spinal stenosis and cervical region. Plan: 1. Repeat MRI and C-spine x-rays. 2. Follow-up in 2-4 weeks.

On April 21, 2017 x-rays of the cervical spine. Impression: 1. Mild disc space narrowing and facet degenerative change of the lower cervical spine. 2. Development of retrolisthesis of 2 mm of retrolisthesis C4 on 5 and 1 mm retrolisthesis of C6 on 7 upon extension.

On April 21, 2017 MRI of the cervical spine without contrast. Impression: Moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

On April 25, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: Returns. Arm worse. Options discussed. Wants surgery. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left forearm and the C6 distribution. Physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the left upper extremity. Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-worsening symptoms and stenosis on MR. 6. Cord compression and failed conservative therapy. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 8, 2017 follow-up neurosurgical visit chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work first six weeks as was discussed. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness

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in external rotators on the left, brought biceps and triceps on the left. She has depressed reflexes in the upper extremity. Impression: 1. Cervical spine bond low doses, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. She was offered C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 12, 2017 operative report by Dr. Sekhon. Preoperative Diagnosis: Cervical stenosis. Postoperative Diagnosis: Cervical stenosis. Title of the Procedure: 1. C4/5, C5/6, and C6/7 Anterior cervical decompression using a left-sided approach and the microscope. 2. C4/5, C5/6 and C6/7 interbody fusion using peak interbody cages and bone graft substitute. 3. C4-7 anterior segment fusion using a cervical locking plate. 4. Microscopic microdissection. 5. Fluoroscopic guidance for placement of the screws.

On June 26, 2017 postop neurosurgical visit. Chief Complaint: 1. Two weeks status post C4-C 7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphasia that slowly seems to be improving. She has been wearing her soft collar when she is up and about, but she states that she is actually feeling quite well for two weeks after surgery. The strength in her arms is good. Overall, she takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. There is minor superficial edema and swelling that is non-concerning. Upper extremity motor strength is 5/5 throughout bilaterally. Sensation is grossly intact. The equivalent and normal bilaterally. Impression: 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan: 1. Follow-up in four weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes in her condition.

On July 24, 2017 x-rays of the cervical spine with flexion and extension. Impression: Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

On July 26, 2017 follow-up postoperative neurosurgical visit. Chief Complaint: 1. Two week status post C4-C7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: Today, she presents to six weeks postoperative review. She continues to notice improvement to the left upper extremity symptoms. Left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 6 weeks status post C4-C7 ACDF. 2. Improvement in postoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan:

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1. Follow-up in 6 weeks with static and dynamic cervical x-rays. Physical therapy. Release to work without restrictions on 7/31/17.

On September 5, 2017 x-rays of the cervical spine with flexion-extension views. Impression: ACDF C 4-C7 without evidence of hardware complication.

On September 6, 2017 follow-up postop neurosurgical visit. Chief Complaint: 1. 12 weeks status post C4-C7 ACDF. History of Present Illness: Today, she presents 12-weeks postoperative. Her symptoms continue to much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pain. She is not having the shooting pains that she once did. She has done physical therapy which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage. Physical exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.

On September 11, 2017. She was placed at maximum medical improvement. She was returned to full duty. She had a ratable impairment.

**PRESENT SYMPTOMS AND COMPLAINTS:**

The claimant states that she has a tight/sore neck, tight/sore shoulders, daily headaches, weak neck, and numbness down her left arm to her left thumb. She states that her current neck pain is a 4/10 and at its worse 8/10 and at its best 2/10.

As far as activities of daily living are concerned:

As far as self-care/personal hygiene is concerned: She states no difficulty with brushing teeth, eating, urinating and bowel movements. She states mild difficulty with dressing and combing hair. She states moderate difficulty with bathing.

As far as communication is concerned: She states no difficulty with speaking, hearing and writing.

As far as physical activity is concerned: She states no difficulty walking and climbing stairs. She states mild difficulty with standing, sitting, changing positions.

As far as sensory function is concerned: She states no diff code was seeing, smelling, tasting, feeling sharp versus dull and feeling hot versus cold except for her left thumb.

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CCMCT-Done

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AA 1061

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Kimberly Kline  
Page 8

As far as hand activities are concerned: She states no difficulty with coordination. She states mild difficulty with grasping and lifting.

As far as advanced activities are concerned: She states no difficulty with preparing meals, managing money/checkbook, taking medications, and using public transportation. She states mild difficulty with working around the house/housework, using the phone or writing letters, shopping/carrying groceries, social activities, sexual activities and vigorous physical activity. She states moderate difficulty with driving a car. She states severe difficulty with restful sleep secondary to pain.

**PAST MEDICAL HISTORY:**

Past Medical History: She has no history of chronic illnesses. She states that she had no problems with her neck prior to her industrial injury of June 25, 2015.

Past Surgical History: Right ankle surgery 2013.

Medications: Advil.

Allergies to Medications: No known drug allergies.

**PHYSICAL EXAMINATION:**

On May 8, 2018 the claimant stood 67" tall and weighed 178 pounds. The claimant is right hand dominant.

This person's general appearance is that of a well-hydrated, well-nourished adult female in no acute distress. Her mood and manner were appropriate. She was well oriented and cooperative throughout the examination. She was not wearing an orthotic device.

On visual inspection of the cervical spine there was normal development. There was a 7 cm surgical scar located over the left anterior inferior aspect of the neck. The scar was generally straight in appearance and normal in color. On palpation of the neck there was muscle tightness along the paravertebral musculature. On strength testing, motor strength was 5/5 in all muscle groups of the right and left upper extremities. On sensory testing there was intact sensation to light and sharp touch except for the left thumb which was 4.56 on monofilament testing. Deep tendon reflexes at the biceps and triceps were +2/+4 bilaterally. The right and left upper extremities have normal temperature color and pulses. There was no evidence of atrophy, upper arm and forearm circumferences were equal bilaterally.

Range of motion of the cervical spine:

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Kimberly Kline  
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The claimant was informed not to perform any motions that were painful or that she was uncomfortable performing or that might cause her harm. The claimant was also informed that she can take a rest break during any part of the examination.

Warm-up exercise were performed as described on page 399.

Range of motion of the cervical spine was performed according to Section 15.11 Range of Motion: Cervical Spine. Starting on page 417.

Movement	Description	Range					
Cervical Flexion	Calvarium angle	40	40	40			
	T1 ROM	20	20	20			
	Maximum cervical flexion angle	20	20	20			
	+10% or 5°	*Yes	No				
	Maximum cervical flexion angle	20					
	% Impairment	3					

Movement	Description	Range					
Cervical Extension	Calvarium angle	20	20	20			
	T1 ROM	5	5	5			
	Cervical extension angle	15	15	15			
	+10% or 5°	*Yes	No				
	Maximum cervical extension angle	15					
	% Impairment	5					

Movement	Description	Range					
Cervical Left Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical left lateral flexion angle	20	20	20			
	+10% or 5°	*Yes	No				
	Maximum cervical left lateral flexion angle	20					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical right lateral flexion angle	20	20	20			
	+10% or 5°	*Yes	No				
	Maximum cervical right lateral flexion angle	20					
	% Impairment	2					

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Movement	Description	Range					
Cervical Left Rotation	Cervical left rotation angle	40	40	40			
	+10% or 5°	*Yes	No				
	Maximum cervical left rotation angle	40					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Rotation	Cervical right rotation angle	40	40	40			
	+10% or 5°	*Yes	No				
	Maximum cervical right rotation angle	40					
	% Impairment	2					

#### SUMMARY AND DISCUSSION:

**STABILITY OF MEDICAL CONDITION:** The claimant was placed at maximum medical improvement on September 11, 2017 permanent and stationary, stable and ratable by Dr. Sekhon.

**APPORTIONMENT:** There is no prior history of disease, injury, or impairment to the affected body part necessitating apportionment consideration.

#### IMPAIRMENT EVALUATION ACCORDING TO THE GUIDES:

Impairment rating was done according to the Fifth Edition, Sixth Printing AMA Guides to the Evaluation of Permanent Impairment. The examination, measurements, and impairment percentages were compiled by me. The history and medical records provided were reviewed by me and any discrepancies were discussed with the claimant.

**Body Part:** The claimant is rated according to the cervical spine.

On page 380 right hand column. Range of motion method if: b. there is radiculopathy bilaterally or at multiple levels in the same spinal region.

In this case, there was multiple levels in the same spinal region. Therefore, the claimant will be rated by range of motion.

On page 398 Section 13.8 Range-of-Motion Method. Although called the range of motion method, this evaluation method action consists of three elements that need to be assessed: (1) the range of motion of the impaired spinal region; (2) accompanying diagnosis (Table 15-7); and (3)

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Kimberly Kline

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any spinal nerve deficit, which is described in this chapter and in chapter 13. The whole person impairment rating is obtained by combining ratings from all three components, using the combined values chart (p. 604).

On page 404, Table 15-7, Criteria for Rating Whole Person Impairment Percentage Due to Specific Spine Disorders to Be Used As Part of the Range of Motion Method. The claimant fits into the Category IV D. Single-level spinal fusion with or without decompression with residual signs and symptoms. Also Category IV E. multiple levels, operated on, with residual, medically documented pain and rigidity. Add 1% per level. Therefore, an additional 2% will be added for the additional levels. Therefore, the total equals 12% whole person impairment from Table 15-7.

On page 418, Table 15-12, Cervical Region Impairment from Abnormal Flexion or Extension or Ankylosis. Therefore, flexion of 20° equals 3% whole person impairment. Extension of 15° equals 5% whole person impairment. Total impairment due to abnormal flexion and extension equals 8% whole person impairment.

On page 420 Table 15-13, Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Lateral Bending. Right lateral bending of 20° equals 2% whole person impairment. Left lateral bending of 20° equals 2% whole person impairment. Therefore, total impairment due to lateral bending equals 4% whole person impairment.

On page 421 Table 15-14 Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Rotation. Right rotation of 40° equals 2% whole person impairment. Left rotation of 40° equals 2% whole person impairment. Therefore, total impairment due to abnormal rotation equals 4% whole person impairment.

Therefore 16% whole person impairment for abnormal motion.

On page 423 Section 15.12 Nerve Root and/or Spinal Cord. The claimant has decreased sensation along the C6 nerve root on the left. She best fits into grade 3 30% Sensory Deficit. On page 424, Table 15-17 Maximum % Loss of Function Due to Sensory Deficit or Pain is 8% for the C6 nerve root. Therefore, multiplying 30% times 8% equals 2.4% upper extremity impairment rounded to 2% upper extremity impairment. On page 439 Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole person. Therefore, 2% upper extremity impairment equals 1% whole person impairment.

The total whole person impairment for accompanying diagnoses from Table 15-7 equals 12%.

The total whole person impairment for loss of motion equals 16%.

The total whole person impairment for sensory loss equals 1%.

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Kimberly Kline

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Therefore, combining the whole person impairment for accompanying diagnoses from Table 15-7 12% with impairment for loss of motion 16% with impairment for sensory loss of 1% equals 27% whole person impairment from the combined values chart on page 604.

**ESTIMATED WHOLE PERSON IMPAIRMENT:** Upon review of the available medical records and after examining the claimant, apportionment does not appear to be an issue with regards to this claim. It is my recommendation that the claim be closed with 27% whole person impairment.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,



James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

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MAY 14 2018

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AA 1066

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# JAMES C. JEMPSA, DO

Reno, Nevada

Telephone: 775-786-9072

Fax: 775-787-6430

Lisa Jones

CCMSI

PO Box 20068

Reno, NV 89515

Telephone: 775-324-3301

Fax: 775-324-9893

## PERMANENT PARTIAL DISABILITY EVALUATION ADDENDUM

RE: CLAIMANT: Kimberly Kline  
SSN: XXX-XX-2795  
CLAIM NO.: 15853E839641  
DOI: 06/25/2015  
EMPLOYER: City of Reno  
DATE OF EXAM: 05/08/2018  
DATE OF REPORT: 05/18/2018  
BODY PARTS: 1. Cervical.

In regards to your letter dated May 15, 2018. You will need to contact Dr. Anderson concerning his rationale for apportionment of Ms. Kline. I will provide you my opinion as far as apportionment is concerned with Ms. Kline. The claimant stated that she had no problems with her neck prior to her industrial injury of June 25, 2015. I have not received any medical records prior to the industrial injury of June 25, 2015. In accordance with NAC 616C.490 it is my opinion that apportionment is not necessary in this case. Therefore, 0% whole person impairment for apportionment. I recommend that the case should be closed with 27% whole person impairment for her cervical spine.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,



SCANNED

James C. Jempsa, DO

Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

Received

MAY 18 2018

AA 1067

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**QUESTIONNAIRE FOR EXAMINATION**

1. Name: Kimberly Kline
2. Address: 305 Puma Dr
- City: Washoe Valley State: NV Zip: 89704
3. Home Telephone: 775-815-5790 Work Telephone: 775-348-6930
4. Social Security Number: \_\_\_\_\_ Marital Status: S M ☒ W
5. Date of Birth: 10-07-79 You are 38 years old.
6. How long have you lived in the following places:  
Reno: 38 yrs
7. Previous city and year moved: N/A
8. Education:
  - a. Last year of school completed: 4yr College
  - b. Other education (degrees, training): BA Criminal Justice
9. Military/served in (branch): N/A Dates served: \_\_\_\_\_
10. Any service connected disability? \_\_\_\_\_ Yes ☒ No
11. List your employer at the time of the injury: City of Reno  
\_\_\_\_\_  
Job title: Parking Enforcement Officer Date of hire (mo/yr): 04/05
12. Have you worked since the injury? ☒ Yes \_\_\_\_\_ No
13. Have you changed jobs since the injury? ☒ Yes \_\_\_\_\_ No
14. Prior to the above employer, where were you employed? Intuit Payroll  
\_\_\_\_\_

AA 1068

15. Are you currently working? ☒ Yes ☐ No. Doing what? Business License Compliance Officer  
Full or Part Time? Full

16. Please give an estimate of how many physical therapy sessions you have had, if any.

approx 36

If you had surgery, approximately how many sessions of therapy did you have before the surgery? approx 30

17. Have you ever injured the accepted body part prior to this injury?

Yes ☒ No ☒

If yes, please give dates and injuries: whiplash

18. Have you ever been involved in any motor vehicle accidents where you were injured?

Yes ☒ No ☐

If yes, please give dates and injuries: June 3, 2015 and June 25, 2015  
unknown dates before that

19. Have you ever had a job injury? Yes ☒ No ☐

If yes, please give dates and injuries: left wrist slammed in car door,  
right shoulder jammed, unkn dates

20. Have you ever had (or been advised to have) surgery other than for this injury?

Yes ☒ No ☐

When 2013 Where Right Ankle

21. Are you currently taking any medications? Yes ☐ No ☒

What \_\_\_\_\_  
What \_\_\_\_\_  
What \_\_\_\_\_  
What \_\_\_\_\_  
What \_\_\_\_\_

Why Acet  
Why \_\_\_\_\_  
Why \_\_\_\_\_  
Why \_\_\_\_\_  
Why \_\_\_\_\_

AA 1069

22. Do you have any allergies to medications? Yes \_\_\_\_\_ No X  
To anything else? Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

23. Do you have any other current health problems other than due to this injury?

Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

24. Past Medical History: Have you had or do you have any medical problems which you are under a doctor's care for or for which you are taking medications other than for this injury such as cardiovascular, respiratory, gastrointestinal, genitourinary, neurological, head, eyes, ears, nose, throat, or hormonal related diseases?

Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

25. Do you smoke? Yes \_\_\_\_\_ No X

26. Do you have any limitation of any kind from prior illness, injury or surgery?

Yes \_\_\_\_\_ No X

If yes, please describe: \_\_\_\_\_

27. Please list any of the problems that you are having today below. We will discuss these at your examination. Please indicate where your pain is, indicate where your weakness is and indicate whether you are having any numbness.

tight/sore neck  
tight/sore shoulders  
daily headaches  
wrenk no pl.

numbness down left arm to thumb

AA 1070

a. Are you having any pain? yes Where? neck

b. Are you having any weakness? yes Where? neck

c. Are you having any numbness? yes Where? left arm/thumb

28. Sitting Tolerance (length in minutes/hours): 1 hr

29. Standing Tolerance (length in minutes/hours): 30 min

30. Walking Tolerance (length in minutes/hours): unkn

31. Continue on to the next two pages for activities of daily living.

- Bilateral Neck
- Neck Feels weak
- Left Thumb

Prior MVA - work - 2010 - MS PPD  
no problem 2010 - 2015

Name: Kimberly Kline Date: 5/8/18

Please describe your ability to perform these various tasks by placing a checkmark in the appropriate box. Complete both pages.

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Can't Perform Without Help
<b>Self-care / Personal Hygiene</b>					
Bathing		X	X		
Dressing		X			
Brushing teeth	X				
Combing hair	X	X			
Eating	X				
Urinating	X				
Bowel movements	X				
<b>Communication</b>					
Speaking	X				
Hearing	X				
Writing	X				
<b>Physical Activity</b>					
Standing		X			
Sitting		X			
Changing positions: bed-chair-stand		X			
Walking	X				
Climbing Stairs	X				
<b>Sensory Function</b>					
Seeing	X				
Smelling	X				
Tasting	X				
Feeling: sharp vs. dull	X				
Feeling: hot vs. cold	X				
<b>Hand Activities</b>					
Grasping		X			
Lifting		X			
Co-ordination	X				

- slow

AA 1072

Name: Kimberly Klone

Date: 5/8/18

## Activities of Daily Living: Questionnaire

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Can't Perform Without Help
<b>Advanced Activities</b>					
Preparing meals	X				
Working around the house / housework		X			
Managing money / checkbook	X				
Taking medication	X				
Using the phone or writing letters		X			
Shopping / carrying groceries		X			
Driving a car			X		
Using public transportation	X				
Social activities		X			
Sexual Activities		X			
Vigorous physical activity		X			
Restful sleep				X	

-Turning  
head

-pain

AA 1073

# PAIN DIAGRAM

NAME: Kimberly Kline

DATE: 5/8/18

PLEASE MARK THE AREAS OF YOUR BODY WHERE YOU CURRENTLY FEEL THE DESCRIBED SENSATIONS. USE THE SYMBOLS PROVIDED BELOW

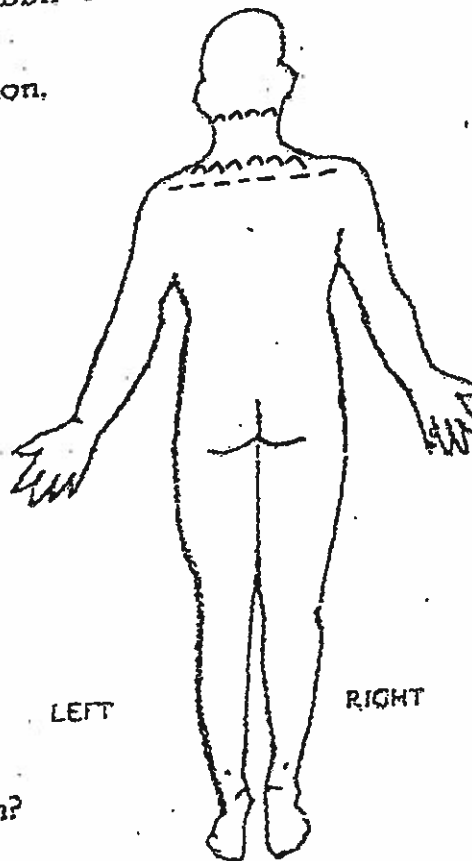
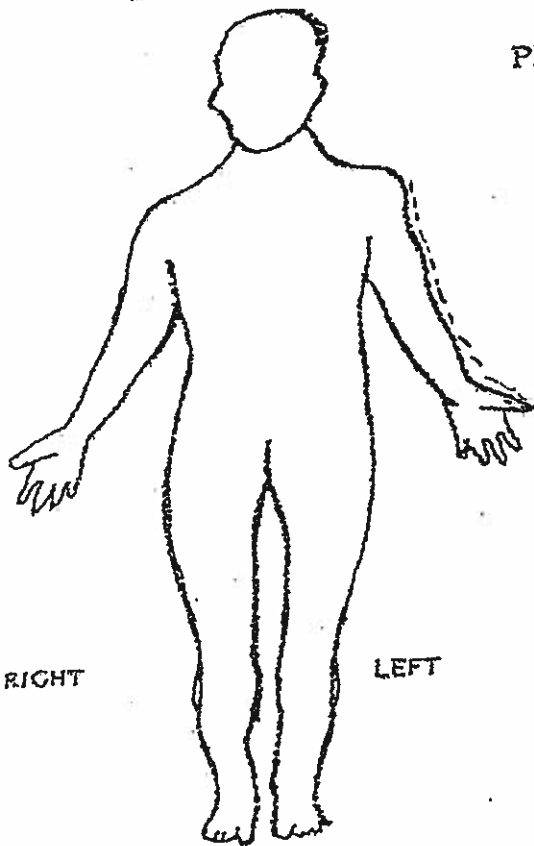
NUMBNESS -----

BURNING ~~~~~

PINS AND NEEDLES ~~~~~

STABBING //////////////

Please draw in the location.



How bad is your pain?

0 = No Pain

10 = Extremely

Rate your pain

1. Right now
2. At its worst
3. At its best

0 1 2 3 4 5 6 7 8 9 10  
 0 1 2 3 4 5 6 7 8 9 10  
 0 1 2 3 4 5 6 7 8 9 10

→ As Day goes on

AA 1074

NUMBNESS -----

BURNING x x x x x x x

LEFT HAND

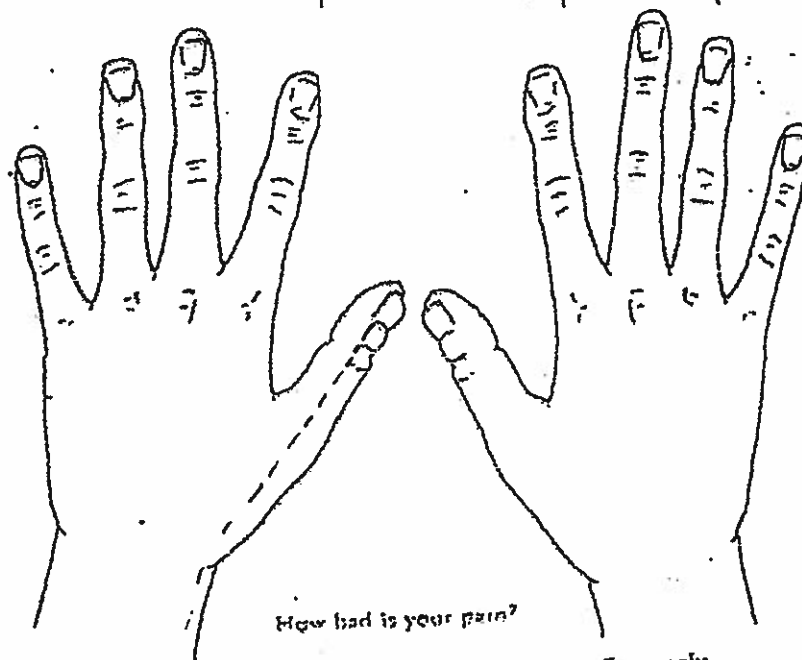
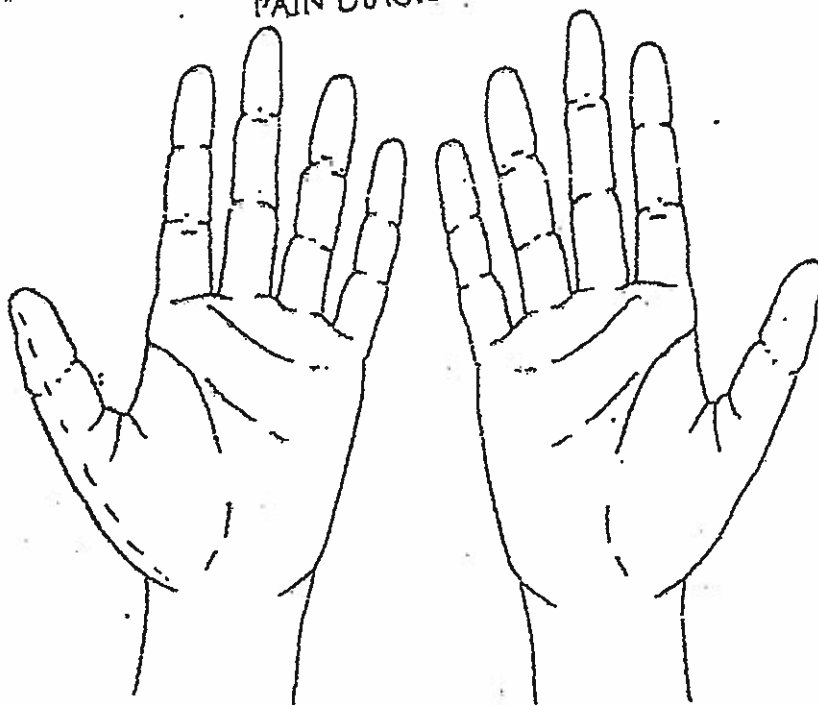
PINS AND NEEDLES o o o o o o o

STABBING / / / / / / / / / /

RIGHT HAND

Please draw in the location.

PAIN DIAGRAM



How bad is your pain?

Rate your pain

0 = No pain

10 = Extremely

1. Right now
2. At its worst
3. At its best

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

NAME: Kimberly Kline

DATE: 5/8/18

AA 1075

(9)



I, Kimberly Kline attest that all the information contained in this document is true and accurate to the best of my knowledge. I hereby authorize James C. Jempsa, D.O. to obtain any additional information pertaining to, or in relation to, my current medical problem for which I am being evaluated. This will include all treating physicians and medical facilities.

Signature of Patient: Kimberly Kline

Date : 5/8/18

THE LAW FIRM OF  
**HERB SANTOS, JR.**

May 25, 2018

SENT VIA FACSIMILE; HARD COPY WILL NOT FOLLOW

Lisa Wiltshire Alstead, Esq.  
McDonald Carano  
P.O. Box 2670  
Reno, NV 89505

RE: Claimant: Kimberly Kline  
Claim No.: 15853E839641  
DOI: 6-25-15  
AO No.: 56832-RKN

Dear Ms. Alstead:

I am in receipt of a letter dated May 24, 2018 from CCMSI regarding my client. Attached to the letter is the PPD report and PPD Addendum for my client. In the Addendum, Dr. Jempsa states that he is replying to a letter from Ms. Jones dated May 15, 2018. I have gone through my file and I have confirmed that I was not copied on the letter with whatever attachments were included. Since this matter is in litigation, I am reaching out to you as opposed to directly contacting the Insurer. I would kindly ask that your client forward a copy of the letter to my office as soon as possible. I would also ask that you instruct your client to copy my office on all correspondence which is required by Nevada law to be copied to the claimant and their counsel.

Thank you for your anticipated prompt attention to this request. Should you have any questions, please feel free to contact me at (775) 323-5200.

Very truly yours,



Herb Santos, Jr.

HJS:ks

AA 1077

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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 TO: 788-2020

To: Lisa Wiltshire Alstead, Esq.  
Of: McDonald Carano Wilson LLP  
From: The Law Firm of Herb Santos, Jr.  
Client/Matter: Kimberly Kline  
Date: May 25, 2018

DESCRIPTION	NUMBER OF PAGES*
My letter dated May 25, 2018	1

**COMMENTS:**

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

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**AA 1078**

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[2K9\_1000.009.001] [2K9\_1100.002.001] [2LC\_7000.012.003]

Job No.: 089192

Total Time: 0'00'56"

Page: 002

## Complete

Document:

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### THE LAW FIRM OF HERB SANTOS, JR.

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

#### FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: 788-2020

To: Lisa Wiltshire Alstead, Esq.  
Of: McDonald Carann Wilson LLP  
From: The Law Firm of Herb Santos, Jr.  
Client/Matter: Kimberly Kline  
Date: May 25, 2018

DESCRIPTION	NUMBER OF PAGES*
My letter dated May 25, 2018	1

COMMENTS:

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

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AA 1079

873

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**ORIGINAL**  
NEVADA DEPARTMENT OF ADMINISTRATION  
BEFORE THE APPEALS OFFICER

In the Matter of the  
Industrial Claim of:

Claim No.: 15853E839641  
Hearing No.: 1801761-JL  
Appeal No.: 1802418-RKN

KIMBERLY KLINE,

Claimant.

**CLAIMANT'S SECOND SUPPLEMENTAL INDEX OF DOCUMENTS**

Employer's responses to Claimant's first set of interrogatories	001-009
Employer's responses to Claimant's first request for production of documents	010-023
Employer's first supplement to Claimant's first request for production of documents	024-031

**AFFIRMATION**

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in the above referenced  
appeal number, does not contain the social security number of any person.

DATED this 5 day of November, 2018.

**FILED**

NOV 5 2018

DEPT. OF ADMINISTRATION  
APPEALS OFFICER

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

By: 

HERB SANTOS, JR., Esq.  
Attorney for Claimant

ENTERED INTO

INDEX AS SUBMIT

C

AA 1080

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

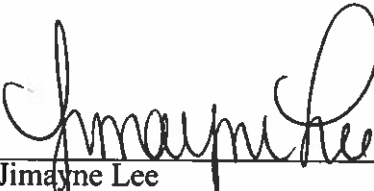
CITY OF RENO  
ATTN: ANDRENA ARRYGUE  
P. O. BOX 1900  
RENO, NV 89505

CCMSI  
P.O. BOX 20068  
RENO, NV 89515

LISA ALSTEAD, ESQ.  
P.O. BOX 2670  
RENO, NV 89505

A copy was also emailed to lwiltshire@mcdonaldcarano.com

DATED this 5 day of November, 2018.

  
Jimayne Lee

AA 1081

NEVADA DEPARTMENT OF ADMINISTRATION  
BEFORE THE APPEALS OFFICER

\* \* \* \* \*

In the Matter of the Contested Claim No: 15853E839641  
Industrial Insurance Claim of: Hearing No: 1801761-JL  
Appeal No: 1802418-RKN

KIMBERLY KLINE  
Claimant.  
\_\_\_\_\_ /

**SELF-INSURED EMPLOYER CITY OF RENO'S RESPONSES TO CLAIMANT'S  
FIRST SET OF INTERROGATORIES**

The employer City of Reno ("City"), by and through its third party administrator Cannon Cochran Management Services, Inc. ("CCMSI"), and by and through its attorney of record at the law firm of McDonald Carano LLP, hereby submits its response to Claimant's First Set of Interrogatories as follows:

**GENERAL OBJECTION**

CCMSI as a third party administrator is not a party to this action. Rather, the City is a self-insured employer. For that reason, discovery requests to third party administrator CCMSI are improper and a subpoena is required. Notwithstanding this objection and without waiving the right to object to future requests for discovery from CCMSI, the following responses are provided.

**INTERROGATORY NO. 1:**

Please identify all persons (other than individuals who merely typed your answers) who assisted you in answering these Interrogatories.

**ANSWER TO INTERROGATORY NO. 1:**

Lisa Jones, Claims Representative and Sharon Wilde, Branch Manager.

1 **INTERROGATORY NO. 2:**

2 How many times have you retained Dr. Jay Betz to perform PPD reviews within the last  
3 five (5) years?

4 **ANSWER TO INTERROGATORY NO. 2:**

5 Objection. This interrogatory is overly broad, unduly burdensome, seeks information that  
6 is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking  
7 information for every workers' compensation claim that the City has had Dr. Betz work on in the  
8 last five years. The information sought in this interrogatory is not kept in the normal course of  
9 business and in order to obtain such a response it would require the City and/or its third party  
10 administrator to review hundreds if not thousands of individual claim files in order to determine if  
11 a PPD evaluation and subsequent review had occurred, and who was the reviewing physician.  
12 This interrogatory is not narrowly tailored to the issues in this case and is not reasonably  
13 calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev.  
14 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44;  
15 *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968).  
16 Finally, this interrogatory is unreasonable, unduly burdensome, and expensive given the issue at  
17 stake which is solely the credibility of a physician who conducted a records review. The  
18 information sought does not have any relevance to the substantive issues on appeal and therefore  
19 the burden of the request heavily outweighs the minimal importance of the issue of credibility.  
20 No response can be provided as the requested information is unknown for the reasons stated in  
21 this objection.

22 **INTERROGATORY NO. 3:**

23 How many times have you retained Dr. Jay Betz to perform PPDs within the last five (5)  
24 years?

25 **ANSWER TO INTERROGATORY NO. 3:**

26 Objection. This interrogatory is overly broad, unduly burdensome, seeks information that  
27 is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking  
28 information for every workers' compensation claim that the City has had Dr. Betz work on. AA1083



1 last five years. The information sought in this interrogatory is not kept in the normal course of  
2 business and in order to obtain such a response it would require the City and/or its third party  
3 administrator to review hundreds if not thousands of individual claim files in order to determine if  
4 a PPD evaluation had occurred, and who was the reviewing physician. This interrogatory is not  
5 narrowly tailored to the issues in this case and is not reasonably calculated to lead to the  
6 discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762  
7 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County*  
8 *Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this  
9 interrogatory is unreasonable, unduly burdensome, and expensive given the issue at stake which  
10 is solely the credibility of a physician who conducted a records review. The information sought  
11 does not have any relevance to the substantive issues on appeal and therefore the burden of the  
12 request heavily outweighs the minimal importance of the issue of credibility. No response can be  
13 provided as the requested information is unknown for the reasons stated in this objection.

14 **INTERROGATORY NO. 4:**

15 How many times have you retained Dr. Jay Betz to perform consulting services other than  
16 PPD record reviews and PPD examinations within the last five (5) years?

17 **ANSWER TO INTERROGATORY NO. 4:**

18 Objection. This interrogatory is overly broad, unduly burdensome, seeks information that  
19 is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking  
20 information for every workers' compensation claim that the City has had Dr. Betz work on in the  
21 last five years. The information sought in this interrogatory is not kept in the normal course of  
22 business and in order to obtain such a response it would require the City and/or its third party  
23 administrator to review hundreds if not thousands of individual claim files in order to determine if  
24 a consultation occurred and who was the consulting physician. This interrogatory is not narrowly  
25 tailored to the issues in this case and is not reasonably calculated to lead to the discovery of  
26 admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter*  
27 *v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School*  
28 *Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this interrogatory is

unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility. No response can be provided as the requested information is unknown for the reasons stated in this objection.

**INTERROGATORY NO. 5:**

For the PPD reviews requested by you to Dr. Jay Betz within the last five (5) years, what percentage of the PPDs resulted in a decrease of the PPD rating?

**ANSWER TO INTERROGATORY NO. 5:**

Objection. This interrogatory is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking information for every workers' compensation claim that the City has had Dr. Betz work on in the last five years. The information sought in this interrogatory is not kept in the normal course of business and in order to obtain such a response it would require the City and/or its third party administrator to review hundreds if not thousands of individual claim files in order to determine if a PPD evaluation and subsequent review had occurred, if the PPD rating changed, and who was the reviewing physician. This interrogatory is not narrowly tailored to the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this interrogatory is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility. No response can be provided as the requested information is unknown for the reasons stated in this objection.

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AA 1085

1 **INTERROGATORY NO. 6:**

2 Has Dr. Betz ever been retained by you as your medical director? If you used a different  
3 title, please identify the title and confirm his retention with an affirmative response.

4 **ANSWER TO INTERROGATORY NO. 6:**

5 No.

6 **INTERROGATORY NO. 7:**

7 If the answer to Interrogatory number 6 is in the affirmative, what is the period of time Dr.  
8 Betz was retained as your medical director or other job title?

9 **ANSWER TO INTERROGATORY NO. 7:**

10 No response required. See Answer to Interrogatory No. 6.

11 **INTERROGATORY NO. 8:**

12 If the answer to Interrogatory number 6 is in the affirmative, how much money did you  
13 pay him annually for each year he was retained as your medical director or other job title?

14 **ANSWER TO INTERROGATORY NO. 8:**

15 No response required. See Answer to Interrogatory No. 6.

16 **INTERROGATORY NO. 9:**

17 Please identify all other rating doctors you retained to perform PPD reviews within the  
18 last five (5) years in Nevada.

19 **ANSWER TO INTERROGATORY NO. 9:**

20 Objection. This interrogatory is overly broad, unduly burdensome, seeks information that  
21 is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking  
22 information for every workers' compensation claim that the City has had in the last five years.  
23 The information sought in this interrogatory is not kept in the normal course of business and in  
24 order to obtain such a response it would require the City and/or its third party administrator to  
25 review hundreds if not thousands of individual claim files in order to determine if a PPD  
26 evaluation and subsequent review had occurred, and who was the reviewing physician. This  
27 interrogatory is not narrowly tailored to the issues in this case and is not reasonably calculated to  
28 lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 844 P.2d 1086

1 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe*  
2 *County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this  
3 interrogatory is unreasonable, unduly burdensome, and expensive given the issue at stake which  
4 is solely the credibility of a physician who conducted a records review. The information sought  
5 does not have any relevance to the substantive issues on appeal and therefore the burden of the  
6 request heavily outweighs the minimal importance of the issue of credibility. No response can be  
7 provided as the requested information is unknown for the reasons stated in this objection.

8 **INTERROGATORY NO. 19 [sic]:**

9 In the present case, did you provide Dr. Jay Betz with a copy of the AO decision in  
10 Appeal No. 56832-RKN?

11 **ANSWER TO INTERROGATORY NO. 19 [sic]:**

12 No. The Appeals Officer Decision is not a medical record. Dr. Betz is not required under  
13 a statute or regulation to review any legal decisions or make legal conclusions based on any  
14 judicial orders. This document is irrelevant to his review. Please see the copy of the claim file  
15 provided to Dr. Betz as disclosed in the Insurer's Fifth Supplemental Documentary Evidence.

16 **INTERROGATORY NO. 11:**

17 Did you provide Dr. Jay Betz with all medical records of all treatment Kimberly Kline  
18 received from June 25, 2015 to the date you sent the letter to Dr. Betz requesting a records  
19 review?

20 **ANSWER TO INTERROGATORY NO. 11:**

21 Yes. Please see the copy of the claim file provided to Dr. Betz as disclosed in the  
22 Insurer's Fifth Supplemental Documentary Evidence.

23 **INTERROGATORY NO. 12:**

24 If the answer to Interrogatory number 11 is anything other than an unqualified yes, please  
25 identify each record you did not provide to Dr. Betz.

26 **ANSWER TO INTERROGATORY NO. 12:**

27 No response required.  
28

**INTERROGATORY NO. 13:**

For each record identified in Interrogatory number 13, please explain why you did not provide the document to Dr. Betz.

**ANSWER TO INTERROGATORY NO. 13:**

No response required.

**INTERROGATORY NO. 14:**

What did you tell Dr. Betz was the accepted body parts/conditions under claim 15853E839641?

**ANSWER TO INTERROGATORY NO. 14:**

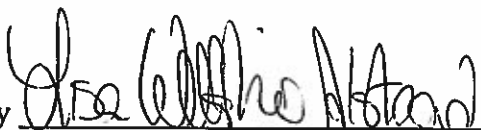
Dr. Betz was asked to provide an opinion regarding apportionment and the body part was identified as "cervical."

**AFFIRMATION**

The undersigned does hereby affirm pursuant to NRS 239B.030, that the foregoing document does not contain the social security number of any person.

DATED this 21<sup>st</sup> day of September, 2018.

MCDONALD CARANO LLP

By 


LISA WILTSHIRE ALSTEAD  
Nevada State Bar No. 1490  
100 West Liberty Street, 10<sup>th</sup> Floor  
Reno, Nevada 89501

*Attorney for Employer City of Reno  
Administered by CCMSI*

VERIFICATION

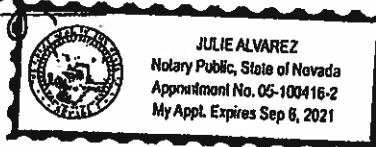
STATE OF NEVADA     }  
COUNTY OF WASHOE   } ss:

I am a Claims Representative for Cannon Cochran Management Services, Inc. which is the administrator for the City of Reno who is the Employer in the foregoing action; I have read the foregoing **ANSWERS TO CLAIMANT'S FIRST SET OF INTERROGATORIES** and know the contents thereof; that the same is true of my own knowledge, except as to those matters which are therein stated on information and belief and as to those matters, I believe them to be true.

  
\_\_\_\_\_  
Lisa Jones

SUBSCRIBED and SWORN to before  
me this 21<sup>st</sup> day of September 2018.

  
\_\_\_\_\_  
NOTARY PUBLIC



**CERTIFICATE OF SERVICE**

Pursuant to NRCP 5(b), I hereby certify that I am an employee of MCDONALD CARANO LLP, and that on this 21<sup>st</sup> day of September, 2018, a true and correct copy of the foregoing **SELF-INSURED EMPLOYER CITY OF RENO'S RESPONSES TO CLAIMANT'S FIRST SET OF INTERROGATORIES** was served upon the following parties via U.S. Mail at Reno, Nevada, at the address referenced below:

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile


Herbert Santos Jr, Esq.  
225 S Arlington Ave Ste. C  
Reno, NV 89501

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

Cannon Cochran Mgmt. Services, Inc.  
Attn: Lisa Jones  
P.O. Box 20068  
Reno, NV 89515-0068

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

City of Reno  
Attn: Andrena Arreygue  
P.O. Box 1900  
Reno, NV 89505

  
Employee of McDonald Carano LLP

4853-2557-3740, v. 1

**MCDONALD CARANO**  
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501  
PHONE 775.788.2000 • FAX 775.788.2020

NEVADA DEPARTMENT OF ADMINISTRATION  
BEFORE THE APPEALS OFFICER

\* \* \* \* \*

In the Matter of the Contested  
Industrial Insurance Claim of:

Claim No: 15853E839641  
Hearing No: 1801761-JL  
Appeal No: 1802418-RKN

KIMBERLY KLINE

Claimant.

**SELF-INSURED EMPLOYER CITY OF RENO'S RESPONSES TO CLAIMANT'S  
FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS**

The employer City of Reno ("City"), by and through its third party administrator Cannon Cochran Management Services, Inc. ("CCMSI"), and by and through its attorney of record at the law firm of McDonald Carano LLP, hereby submits its response to Claimant's First Set of Requests for Production of Documents as follows:

**GENERAL OBJECTION**

CCMSI as a third party administrator is not a party to this action. Rather, the City is a self-insured employer. For that reason, discovery requests to third party administrator CCMSI are improper and a subpoena is required. Notwithstanding this objection and without waiving the right to object to future requests for discovery from CCMSI, the following responses are provided.

**REQUEST NO. 1:**

A copy of any and all written agreements between the TPA with Jay Betz, MD or any affiliate of Dr. Betz.

**RESPONSE TO REQUEST NO. 1:**

Objection. This request is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking



information for every workers' compensation claim that the City has ever had Dr. Betz, or an affiliate of Dr. Betz, work on. Neither CCMSI or Dr. Betz are parties to this action. The information sought is not kept in the normal course of business by the City's third party administrator CCMSI and in order to obtain such a response it would require the City and/or its third party administrator to review hundreds if not thousands of individual claim files in order to determine if an agreement was ever made between Dr. Betz, or any affiliate of Dr. Betz. This request is not narrowly tailored to the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility.

Notwithstanding this objection, there are no written agreements between the City, CCMSI and Dr. Betz.

**REQUEST NO. 2:**

A copy of all records that were provided to Dr. Betz to provide any opinions relevant to the industrial claim of Kimberly Kline, claim no. 15853E839641.

**RESPONSE TO REQUEST NO. 2:**

See Insurer's Fifth Supplemental Documentary Evidence filed on June 20, 2018, pages 1 through 176, containing therein a copy of the claim file provided to Dr. Betz for this matter.

**REQUEST NO. 3:**

Any and all experts' reports which have been prepared in connection with this claim, if the expert is expected to or may testify in this cause as an expert.

**RESPONSE TO REQUEST NO. 3:**

See the two PPD evaluations and records review contained in Insurer's Documentary Evidence filed on February 14, 2018, pages 165 through 171; Insurer's Third Supplemental

Documentary Evidence filed on May 29, 2018, pages 2 through 13, and page 23; and Insurer's Fourth Supplemental Documentary Evidence filed June 11, 2018, pages 1 through 6. This workers' compensation appeal is ongoing and the City reserves the right to supplement this response.

**REQUEST NO. 4:**

Any and all expert reports that were or will be relied upon in whole or in part by any testifying expert in this case.

**RESPONSE TO REQUEST NO. 4:**

See Response to Request No. 3 which is incorporated herein by reference. This workers' compensation appeal is ongoing and the City reserves the right to supplement this response.

**REQUEST NO. 5:**

Any and all work papers, notes and documents in the file of Dr. Betz concerning the Claimant, Kimberly Kline.

**RESPONSE TO REQUEST NO. 5:**

See Insurer's Fifth Supplemental Documentary Evidence filed on June 20, 2018, pages 1 through 176, containing therein a copy of the claim file provided to Dr. Betz for this matter. The City will supplement this response when additional documentation is obtained from Dr. Betz.

**REQUEST NO. 6:**

A curriculum vitae or resume for Dr. Jay Betz.

**RESPONSE TO REQUEST NO. 6:**

The City does not have this document in its possession. The City will supplement its response when additional documentation is obtained from Dr. Betz.

**REQUEST NO. 7:**

All documents or tangible things prepared by any expert whom you expect to call as a witness, including but not limited to those which would include his report, factual observations, opinions, conclusions, photographs, field notes, calculations, models and exhibits.

**RESPONSE TO REQUEST NO. 7:**

Please see the records review produced in Insurer's Fourth Supplemental Documentary Evidence filed June 11, 2018, pages 1 through 6. The City will supplement its response when additional documentation is obtained from Dr. Betz.

**REQUEST NO. 8:**

A print out of all payments made to Dr. Jay Betz for consulting on workers' compensations claims in Nevada for the TPA within the last five (5) years.

**RESPONSE TO REQUEST NO. 8:**

Objection. This request is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking information for every workers' compensation claim that the City's third party administrator CCMSI has had in the last five years. The information sought in this request is not kept in the normal course of business and in order to obtain such a response it would require the City and/or CCMSI to review hundreds if not thousands of individual claim files in order to determine if any payments were made to Dr. Betz for consulting work. This request is not narrowly tailored to the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility.

Notwithstanding the foregoing objections, no responsive document exists.

**REQUEST NO. 9:**

A print out of all payments made to Dr. Betz for providing PPD records reviews in Nevada for the TPA within the last five (5) years.

**AA 1094**

**RESPONSE TO REQUEST NO. 9:**

Objection. This request is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking information for every workers' compensation claim that the City's third party administrator CCMSI has had in the last five years. The information sought in this request is not kept in the normal course of business and in order to obtain such a response it would require the City and/or CCMSI to review hundreds if not thousands of individual claim files in order to determine if any payments were made to Dr. Betz for PPD records reviews. This request is not narrowly tailored to the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility.

Notwithstanding the foregoing objections, no responsive document exists.

**REQUEST NO. 10:**

A print out of all payments made to Dr. Betz for providing PPD examinations on workers' compensation claims in Nevada for the TPA within the last five (5) years.

**RESPONSE TO REQUEST NO. 10:**

Objection. This request is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking information for every workers' compensation claim that the City's third party administrator CCMSI has had in the last five years. The information sought in this request is not kept in the normal course of business and in order to obtain such a response it would require the City and/or CCMSI to review hundreds if not thousands of individual claim files in order to determine if any payments were made to Dr. Betz for PPD examinations. This request is not narrowly tailored to

the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility.

Notwithstanding the foregoing objections, no responsive document exists.

**REQUEST NO. 11:**

A print out of all Nevada workers' compensation claims that Dr. Betz has provided an expert opinion for the TPA within the last five (5) years.

**RESPONSE TO REQUEST NO. 11:**

Objection. This request is overly broad, unduly burdensome, seeks information that is not relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking information for every workers' compensation claim that the City's third party administrator CCMSI has had in the last five years. The information sought in this request is not kept in the normal course of business and in order to obtain such a response it would require the City and/or CCMSI to review hundreds if not thousands of individual claim files in order to determine if Dr. Betz has provided an expert opinion. This request is not narrowly tailored to the issues in this case and is not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given the issue at stake which is solely the credibility of a physician who conducted a records review. The information sought does not have any relevance to the substantive issues on appeal and therefore the burden of the request heavily outweighs the minimal importance of the issue of credibility.

1 Notwithstanding the foregoing objections, no responsive document exists.

2 **REQUEST NO. 12:**

3 A print out of all file notes regarding all communications you or your affiliates had with  
4 Dr. Jay Betz in regards to the industrial claim of Kimberly Kline, claim no. 15853E839641.

5 **RESPONSE TO REQUEST NO. 12:**

6 Objection. This request is overly broad, unduly burdensome, seeks information that is not  
7 relevant to this claim, and exceeds the scope of discovery under NRCP 26(b) by seeking  
8 information for every workers' compensation claim that the City's third party administrator  
9 CCMSI has had in the last five years. The information sought in this request is not kept in the  
10 normal course of business and in order to obtain such a response it would require CCMSI to  
11 review hundreds if not thousands of individual claim files in order to determine if Dr. Betz has  
12 provided an expert opinion. This request is not narrowly tailored to the issues in this case and is  
13 not reasonably calculated to lead to the discovery of admissible evidence. *See Hetter v. District*  
14 *Court*, 110 Nev. 513, 874 P.2d 762 (1994); *Schlatter v. District Court*, 93 Nev. 189, 192, 561  
15 P.2d 1342, 1343-44; *Washoe County Board of School Trustees v. Pirhala*, 84 Nev. 1, 5, 435 P.2d  
16 756, 758 (1968). Finally, this request is unreasonable, unduly burdensome, and expensive given  
17 the issue at stake which is solely the credibility of a physician who conducted a records review.  
18 The information sought does not have any relevance to the substantive issues on appeal and  
19 therefore the burden of the request heavily outweighs the minimal importance of the issue of  
20 credibility.

21 Notwithstanding the foregoing objections, please see the Fourth Supplemental  
22 Documentary Evidence filed June 11, 2018, pages 1 through 6; Insurer's Fifth Supplemental  
23 Documentary Evidence filed on June 20, 2018, pages 1 through 176. See also Betz0001-0005  
24 produced herewith. Discovery is ongoing and the City reserves the right to supplement this  
25 response.

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AA 1097

1 **REQUEST NO. 13:**

2 A print out of all file notes regarding all communications you or your affiliates had with  
3 any health care provider in regards to the industrial claim of Kimberly Kline, claim no.  
4 15853E839641.

5 **RESPONSE TO REQUEST NO. 13:**

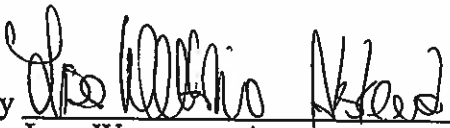
6 See Response to Request No. 12 which is incorporated herein by reference. This workers'  
7 compensation appeal is ongoing and the City reserves the right to supplement this response

8 **AFFIRMATION**

9 The undersigned does hereby affirm pursuant to NRS 239B.030, that the foregoing  
10 document does not contain the social security number of any person.

11 DATED this 9<sup>th</sup> day of September, 2018.

12 MCDONALD CARANO LLP

13  
14 By   
15 LISA WILTSHIRE ALSTEAD  
16 Nevada State Bar No. 10470  
17 100 West Liberty Street, 10<sup>th</sup> Floor  
18 Reno, Nevada 89501

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27  
28  
*Attorney for Employer City of Reno  
Administered by CCMSI*

**CERTIFICATE OF SERVICE**

Pursuant to NRCP 5(b), I hereby certify that I am an employee of MCDONALD CARANO LLP, and that on this 21<sup>st</sup> day of September, 2018, a true and correct copy of the foregoing **SELF-INSURED EMPLOYER CITY OF RENO'S RESPONSES TO CLAIMANT'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS** was served upon the following parties via U.S. Mail at Reno, Nevada, at the address referenced below:

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

Herbert Santos Jr, Esq.  
225 S Arlington Ave Ste. C  
Reno, NV 89501

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

Cannon Cochran Mgmt. Services, Inc.  
Attn: Lisa Jones  
P.O. Box 20068  
Reno, NV 89515-0068

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

City of Reno  
Attn: Andrena Arreygue  
P.O. Box 1900  
Reno, NV 89505

  
An employee of McDonald Carano LLP





May 29, 2018

Nevada Occupational Health  
Attn: Dr. Jay Betz  
3488 Goni Road  
Carson City, NV 89706

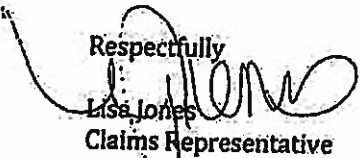
RE: Claimant: Kimberly Kline  
Re: Claim No.: 15853E839641  
D.O.I.: 6/25/2015  
Body Part: Cervical  
Employer: City of Reno

Dear Dr. Betz

Enclosed please find a copy of the complete medical file. After review please provide your opinion on apportionment.

Thank you for your time and consideration regarding this matter. Please fax your report to (775) 324-9893.

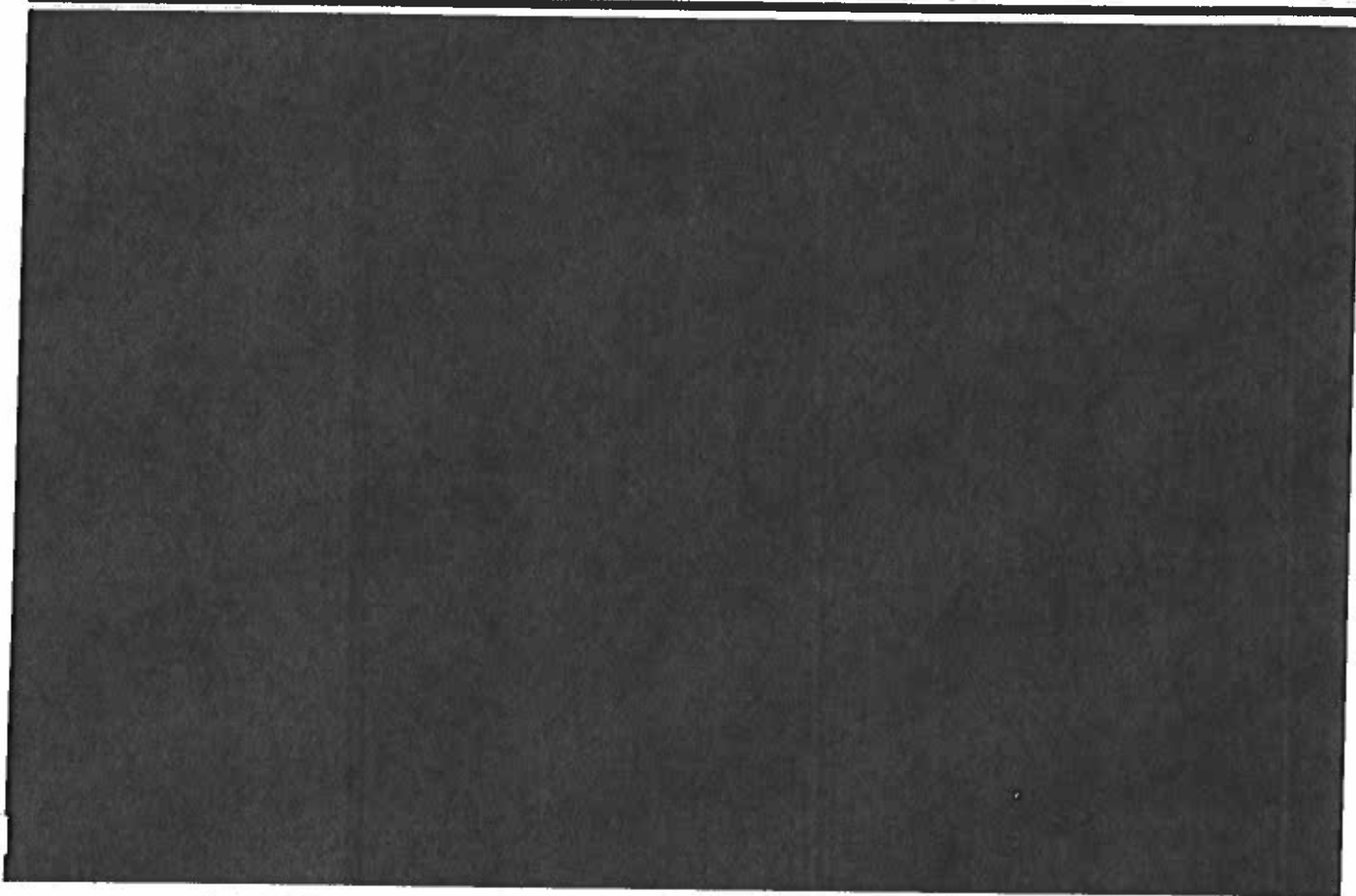
Respectfully

  
Lisa Jones  
Claims Representative

CC: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc. Medical records

**Lisa Wiltshire Alstead**



**From:** Lisa Jones  
**Sent:** Tuesday, June 05, 2018 8:10 AM  
**To:** 'Jay Betz'  
**Subject:** RE: PPD review

Thank you Dr. Betz

**Lisa Jones | CCMSI | Claims Representative**

PO Box 20068

Reno, NV 89515

775.324.9891 phone

775.324.9893 fax

CCMSI delivering what matters most...

[ljones@ccmsi.com](mailto:ljones@ccmsi.com) email

[www.ccmsi.com](http://www.ccmsi.com)



---

**From:** Jay Betz [mailto:JayBetzMD@NVOHC.com]  
**Sent:** Monday, June 04, 2018 10:11 AM

**To:** Lisa Jones  
**Subject:** RE: PPD review

Lisa,

I received the file on Kline and worked on it over the weekend. Should have the report for you later today or tomorrow.

*Jay E. Betz, MD*  
*Medical Director*  
*Nevada Occupational Health Center*  
*(775) 887-5030*  
*(530) 277-7485 C*

**From:** Lisa Jones <ljones@ccmsi.com>  
**Sent:** Tuesday, May 29, 2018 10:37 AM  
**To:** Jay Betz <JayBetzMD@NVOHC.com>  
**Subject:** RE: PPD review

Thank you, I will put the file in the mail today.

**Lisa Jones | CCMSI | Claims Representative**  
PO Box 20068  
Reno, NV 89515  
775.324.9891 phone  
775.324.9893 fax  
CCMSI delivering what matters most...  
[ljones@ccmsi.com](mailto:ljones@ccmsi.com) email  
[www.ccmsi.com](http://www.ccmsi.com)



---

**From:** Jay Betz [<mailto:JayBetzMD@NVOHC.com>]  
**Sent:** Thursday, May 24, 2018 3:11 PM  
**To:** Lisa Jones  
**Subject:** RE: PPD review

Sure.

Nevada Occupational Health  
3488 Goni Rd.  
Carson City, NV 89706

*Jay E. Betz, MD*  
*Medical Director*  
*Nevada Occupational Health & Injury Care Center*  
*775 887-5030 O*  
*775 887-5040 Fax*

**From:** Lisa Jones <[ljones@ccmsi.com](mailto:ljones@ccmsi.com)>  
**Sent:** Thursday, May 24, 2018 3:00 PM  
**To:** Jay Betz <[JayBetzMD@NVOHC.com](mailto:JayBetzMD@NVOHC.com)>  
**Subject:** PPD review

Hi Dr. Betz,

We would like you to review a two different PPD reports along with the medical file on a City of Reno Employee, Kimberly Kline, and give us your opinion on apportionment. The file is too large to email. Can you please provide your mailing address so I can mail you the file?

Thank you

**Lisa Jones | CCMSI | Claims Representative**

PO Box 20068

Reno, NV 89515

775.324.9891 phone

775.324.9893 fax

CCMSI delivering what matters most...

[ljones@ccmsi.com](mailto:ljones@ccmsi.com) email

[www.ccmsi.com](http://www.ccmsi.com)



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**MCDONALD CARANO**  
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501  
PHONE 775.788.2000 • FAX 775.788.2020

NEVADA DEPARTMENT OF ADMINISTRATION  
BEFORE THE APPEALS OFFICER

\* \* \* \* \*

In the Matter of the Contested Industrial Insurance Claim of: Claim No: 15853E839641  
Hearing No: 1801761-JL  
Appeal No: 1802418-RKN

KIMBERLY KLINE  
Claimant.

**SELF-INSURED EMPLOYER CITY OF RENO'S FIRST SUPPLEMENT TO  
RESPONSES TO CLAIMANT'S FIRST SET OF REQUESTS FOR PRODUCTION OF  
DOCUMENTS**

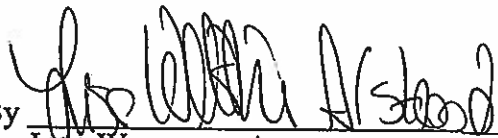
The self-insured employer City of Reno ("City"), by and through its third-party administrator Cannon Cochran Management Services, Inc. ("CCMSI"), hereby supplements its initial document production with documents bates labeled **BETZ0006 through BETZ0012**, responding to Claimant's Request for Production, Request No. 6.

**AFFIRMATION**

The undersigned does hereby affirm pursuant to NRS 239B.030, that the foregoing document does not contain the social security number of any person.

DATED this 5<sup>th</sup> day of October, 2018.

MCDONALD CARANO LLP

By 

LISA WILTSHIRE ALSTEAD  
Nevada State Bar No. 10470  
100 West Liberty Street, 10<sup>th</sup> Floor  
Reno, Nevada 89501

*Attorney for Employer City of Reno  
Administered by CCMSI*

**CERTIFICATE OF SERVICE**

Pursuant to NRCP 5(b), I hereby certify that I am an employee of MCDONALD CARANO LLP, and that on this 5<sup>th</sup> day of October, 2018, a true and correct copy of the foregoing SELF-INSURED EMPLOYER CITY OF RENO'S FIRST SUPPLEMENT TO RESPONSES TO CLAIMANT'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS was served upon the following parties via U.S. Mail at Reno, Nevada, at the address referenced below:

- ☒ U.S. Mail
- ☐ Email
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Herbert Santos Jr, Esq.  
225 S Arlington Ave Ste. C  
Reno, NV 89501

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

Cannon Cochran Mgmt. Services, Inc.  
Attn: Lisa Jones  
P.O. Box 20068  
Reno, NV 89515-0068

- ☒ U.S. Mail
- ☐ Email
- ☐ FedEx
- ☐ Hand Delivered
- ☐ Facsimile

City of Reno  
Attn: Andrena Arreygue  
P.O. Box 1900  
Reno, NV 89505

  
An employee of McDonald Carano LLP

**JAY E. BETZ, MD, CIME, CHCQM, FABQAURP**

3488 Goni Rd.  
Carson City, NV 89721  
(775) 887-5030  
(530) 277-7485 C  
[jayebetzmd@nvohc.com](mailto:jayebetzmd@nvohc.com)

Revised: 12/1/17

D.O.B. 1/17/56

**CURRENT POSITIONS:**

- Owner/Medical Director - Nevada Occupational Health & Injury Care Center, Carson City, NV.
- Independent Occupational Medicine Case & Utilization Review Consultant  
Expert Opinion/Testimony regarding Causation, Case Management, UR,  
Permanent Partial Impairment, Apportionment, Subsequent Injury Fund Analysis

**CAREER HIGHLIGHTS:**

- Center Medical Director, Concentra Medical Center - Reno, NV
- Over 20 years of Occupational Medicine experience.
- Past owner and Medical Director of Nevada Occupational Health Clinics, Reno, Sparks, and Carson City, NV. Managed 10 physicians and 70 support staff.
- Past Medical Director, Senior V.P., Care Network, Inc., Reno, NV. (Managed Care Division of Employer's Insurance Company of Nevada). Supervised Statewide Panel of Providers; Oversaw Medical Policy and Quality Administration; Chairman, Credentialing Committee; Chairman, Quality Improvement Committee.
- Past Medical Director/Assistant Medical Director for several Occupational Managed Care Organizations in Northern Nevada

**LICENSURE:**

- California G51134
- Nevada 4631

No restrictions or history of disciplinary action



### **EDUCATIONAL/CERTIFICATION HISTORY:**

- '77 B.S. with High Distinction, University of Nevada-Reno
- '77 Officers Training School, USAF, Lackland AFB, TX
- '78 Medical Flight Officer Training, Brooks AFB, TX
- '79 Surgical Externship, Travis Medical Center, Travis AFB, CA
- '81 M.D. with Honors, University of Nevada-Reno, School of Medicine,
- '81-82 University of Nevada-Reno affiliated Surgical Internship, VA Medical Center, Reno, NV
- '93, '97 AAMRO - Certified Medical Review Officer
- '97- Pres Certified Independent Medical Examiner, Diplomat, American Board of Independent Medical Examiners
- '02- Pres Certified Health Care Quality Manager (Managed Care Certification for Occupational Medicine) – Diplomat, American Board of Quality Assurance and Utilization Review Physicians
- '09- Pres Fellow, American Institute for Healthcare Quality

### **ACADEMIC HONORS:**

- '74 UNR Freshman Scholarship
- '74 Eldorado Matched Scholarship
- '75 Max C. Fleischman Scholarship
- '76 Alan Ladd Johnston Memorial Scholarship
- '76 Phi Kappa Phi Merit Award for Highest Undergraduate GPA (sophomore year)
- '77 Selected for early matriculation (Junior year) to UNR Medical School
- '77-'78 Vice President, Phi Kappa Phi Honor Society
- '77 Armed Forces Health Professionals Scholarship
- '77-'78 Air Force Institute of Technology, Liaison Officer
- '81 Award for Outstanding Knowledge in Basic Surgical Science

### **EMPLOYMENT HISTORY:**

- '81-'85 Staff Physician, Washoe County Clinic, Reno, NV

- '86-'89 Staff Physician, Readicare - Nevada Industrial Medical Clinic, Sparks, NV
- '89-'91 Medical Director, St. Mary's Industrial Medical Clinic, Sparks, NV
- '91-'94 Medical Director, Owner - Nevada Occupational Health Clinics; Reno, Sparks, and Carson City, NV
- '93-'98 Medical Director, Cofounder - Qual-Care Occupational Managed Care Organization (clients included most major self-funded employers and municipalities in Northern Nevada)
- '94-'95 Nevada Medical Director, Concentra Medical Centers
- '95-'98 Assistant Medical Director, Pacific Care Managed Care Organization
- '96-'99 Assistant Medical Director, St. Mary's CompFirst Managed Care Organization
- '99-'10 Consultant, Concentra Medical Centers; Reno, Sparks, Carson City, Las Vegas, NV
- '00 Associate Medical Director, Sr. V.P. of Medical Policy and Quality Administration, Care Network, Inc. Reno, NV
- '00-'01 Medical Director, Sr. V.P. of Medical Policy and Quality Administration, Care Network, Inc., Reno, NV
- '10-'13 Center Medical Director, Concentra Medical Center, Reno, NV
- '99-Pres. Independent Occupational Medicine Case & Utilization Review Consultant, NV & CA
- '13-Pres Owner/Medical Director, Nevada Occupational Health & Injury Care Center, Carson City NV

#### **APPOINTMENTS:**

##### **Northern Nevada Occupational Medical Director:**

- '89-'99 John Ascuaga's Nugget
- '91-'99 J.C. Penney
- '92-'95 Harrahs
- '93-'99 Cal Neva
- '94-'95 El Dorado
- '95-'99 Kmart
- '10-'13 Washoe County School District
- '11-'13 International Game Technologies (IGT)
- '11-'13 MV Transportation

- '88-Pres DIR Rating Physician for State of Nevada
- '95-'98 Peer Review Committee, Pacific Care Managed Care Organization
- '96-'99 Peer Review Committee, St. Mary's CompFirst Managed Care Organization
- '97-'98 Inaugural Member, Nevada State PPD Peer Review Committee
- '95-'03 Assistant Clinical Professor, University of Nevada, Reno, School of Medicine
- '09-'11 Board of Directors, Northern Chapter of the Nevada Self Insurers Association

**TESTIMONY/DEPOSITIONS:**

- 11/'10 Testify - Subsequent Injury Fund Board on behalf of attorney Robert Balkenbush
- 4/'11 Testify - Subsequent Injury Fund Board on behalf of Associated Risk Management
- 8/'12 Testify - Subsequent Injury Fund Board on behalf of attorney Robert Balkenbush
- 9/'12 Testify - Washoe County District Court on behalf of attorney Brent Harsh
- 6/'13 Testify - Washoe County District Court on behalf of attorney Brent Harsh
- 11/'13 Deposition - Galloway & Jensen office on behalf of attorney David Zaniel
- 1/'14 Deposition - Tolbert v. Newmont Mining Company, on behalf of Michael Pintar, esq.
- 1/'14 Testify - Arbitration Hearing on behalf of David Zaniel, esq.
- 4/'14 Video Testimony - on behalf of Michael Pintar, esq.
- 11/'17 Phone Testimony - on behalf of Robert Balkenbush

**ATTORNEY CLIENTS FOR EXPERT REVIEWS/OPINIONS:**

Jason Guinasso - Guinasso Law  
 Kimberly Fenner - Piscevich & Fenner  
 Robert Balkenbush - Thorndal, Armstrong, Delk, Balkenbush, Eisinger  
 Brent Harsh - David L. Riddle & Associates  
 Michael Pintar - Burton, Bartlett & Glovovac  
 Timothy Rowe - McDonald, Carano, Wilson  
 David Zaniel - Ranalli & Zaniel

**EXPERT REPORTS/EXAMS:**

1995 - Present: >2000 Permanent Partial Impairment (Disability) Evaluations performed

2011 – Present: >500 Chart/ PPD Reviews performed

2005 – Present: >80 Fitness for Duty/Independent Medical Evaluations performed.

**PRESENTATIONS:**

- '86 "Entrepreneurship", UNR, Business School
- '91 "Occupational Medicine", Business Coalition, Reno, NV
- '92 "Americans with Disability Act", Governors Safety Conference, Reno, NV
- '93 "Developing and Managing a Successful Business", UNR, Business School
- '93 "Urine Drug Testing", DOT Coalition and KOLO News, Reno
- '97 "Medical Review of Drug Test Results", Carson City, NV
- '97 Discussion panel member "Drug Testing in the Work Place", Governor's Safety Conference, Reno
- '98 "Rating Evaluations Utilizing the Fourth Edition", DIR Training Presentation, Carson City
- '99 Forensic Medical Testing", National Judicial College, Reno
- '00 "An Introduction to Care Network", panel participant, Care Network Spring Forum, Las Vegas & Reno
- '00 Physician's Role and Responsibility in Managed Care", Care Network Fall Forum, Las Vegas & Reno
- '01 "The use of the ACOEM Guidelines in Nevada", moderator, Care Network Spring Forum, Las Vegas & Reno
- '01 "Emerging Medical Technologies" Moderator, Care Network Fall Forum, Las Vegas & Reno
- '01 "Tracking and Trends in Nevada Managed Care" Nevada Association of Occupational Health Nurses, Las Vegas
- '03 "Impact of the Fifth Edition of the AMA Guides on Nevada Workers' Compensation", Self Insured's Association, Sparks, NV
- '03 "Comparing the Fourth Edition with the Fifth Edition of the AMA Guides", Nevada CompFirst, Las Vegas, NV
- '10 "Challenging Impairment Evaluations in Nevada", Northern Nevada Chapter of the Self Insurers Association.
- '12 "Understanding the 5<sup>th</sup> Edition of the AMA Guides", CCMSI/State of Nevada Claims Administrators, Carson City, NV

'12 "Bloodborne Pathogens", City of Reno Employees, Reno, NV

**PUBLICATIONS:**

"Attention to Nonmedical Factors Can Facilitate Return-to Work for Workers' Comp Claimants" *Employee Benefit Plan Review* (June, 2001)

"Market Challenges to Reimbursement Innovation in Workers' Compensation", *Group Practice Journal* (May, 2001)

"Getting Rid of a Pain in the Back", *Managed Healthcare News* (June 2001)

**HOLDER U.S. PATENTS:**

#4,617,013 – Surgical aspirators with integral light and irrigation

#4,639,945 – Orthopedic appliance protectors

**MISCELLANEOUS:**

'02 Elected Trustee, Pleasant Ridge Unified School District

'03-'04 Member, Budget Committee, Pleasant Ridge Unified School District

'03-'06 Chairperson, Pleasant Ridge Education Foundation

**HOBBIES:**

Cycling

Hunting/Fishing

4847-8940-1719, v. 1

FILED

NEVADA DEPARTMENT OF ADMINISTRATION AUG 14 2018

BEFORE THE APPEALS OFFICER

DEPT. OF ADMINISTRATION  
APPEALS OFFICER

In the Matter of the contested Industrial  
Insurance Claim

Claim No.: 15853E839641

Hearing Nos.: 1803717-JL  
1803718-JL

of

KIMBERLY KLINE

Appeal No.: \_\_\_\_\_

Claimant.

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AA 1113

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**AFFIRMATION**  
**Pursuant to NRS 239B.030**

The undersigned does hereby affirm that the preceding **INSURER'S DOCUMENTARY EVIDENCE**, filed with the Nevada Department of Administration does not contain the social security number of any person.



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

  
Date



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**HEARINGS DIVISION**

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 1803717/1803718-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 requests for Hearings were filed on June 19, 2018, and a Hearings were scheduled for July 12, 2018. The Hearings were held on July 12, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herbert Santos, Jr., were present by telephone conference call. The Employer/Insurer were represented by Lisa Wiltshire Alstead, Esquire, by telephone conference call.

**ISSUE**

The Claimant appealed the Insurer's determinations dated June 13, 2018 and May 24, 2018. The issues before the Hearing Officer are the 6% permanent partial disability (PPD) award and the 27% PPD held in abeyance.

**DECISION AND ORDER**

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

Under Decision and Order Number 1801761-JL, the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and instructed the Insurer to schedule the Claimant for a second PPD evaluation pursuant to NRS 616C.330. On May 8, 2018, the Claimant was evaluated for a second PPD by Dr. Jempsa wherein Dr. Jempsa awarded a 27% PPD. On May 24, 2018, the Claimant was noticed that the 27% PPD would be held in abeyance pending the results of a PPD review by Dr. Betz. On June 13, 2018, the Insurer noticed the Claimant that Dr. Betz agreed with Dr. Anderson's PPD evaluation and offered him the original 6% PPD, the instant appeals. A review of Dr. Jempsa's PPD evaluation establishes that said evaluation was conducted in accordance with the AMA Guides. As such, the Hearing Officer finds that no medical evidence has been presented to justify the 75% apportionment and the Claimant is entitled to the 27% PPD award determined by Dr. Jempsa.

In the Matter of the Co. listed  
Industrial Insurance Claim of  
Hearing Number:  
Page two

KIMBERLY KLINE  
1803717/1803718-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 19th day of July, 2018.

  
\_\_\_\_\_  
Jason Luis, Hearing Officer

002 AA 1117

911

**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

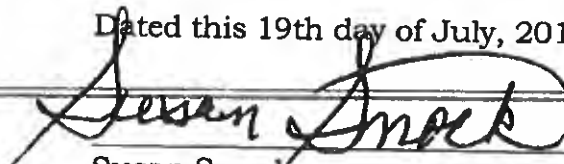
CITY OF RENO  
ATTN ANDRENA ARREYGUE  
PO BOX 1900  
RENO, NV 89505

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

CCMSI  
PO BOX 20068  
RENO, NV 89515-0068

DIR  
WORKERS COMP SECTION  
INTERDEPARTMENTAL MAIL  
400 W KING ST  
CARSON CITY NV

Dated this 19th day of July, 2018.



Susan Smock  
Employee of the State of Nevada

003 AA 1118

912

**AA 1119**

913

STATE OF TEXAS / FOR COMPENSATION REPORT OF A CLAIMANT  
FORM 01

PLEASE PRINT

NAME: [illegible]  
 ADDRESS: [illegible]  
 CITY: [illegible] STATE: [illegible] ZIP: [illegible]  
 DATE OF BIRTH: [illegible]  
 SOCIAL SECURITY NUMBER: [illegible]  
 EMPLOYER'S NAME: [illegible]  
 EMPLOYER'S ADDRESS: [illegible]  
 EMPLOYER'S CITY: [illegible] STATE: [illegible] ZIP: [illegible]  
 DATE OF EMPLOYMENT: [illegible]  
 DATE OF INJURY: [illegible]  
 DATE OF REPORT: [illegible]  
 SIGNATURE: [illegible]  
 TITLE: [illegible]  
 DATE: [illegible]



# **"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"**

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer: City of Reno

Name of Employee	State Agency Number	Truckee Number
<u>Kimberly Kline</u>		<u>7758155790</u>

Date of Accident (month/day)	Time of Accident (approximate)	Place where accident occurred (street address)
<u>6/25/15</u>	<u>1930</u>	<u>W 6th St @ Virginia St</u>

Other persons present at the scene at time of accident: Car Henderson

Witness Name: Debra Henderson

Describe briefly in your own words the nature of the accident or occupational disease, including the cause, the injury or disease, and the extent of the injury or disease.

While working on the street, I was struck by a car. The car was traveling north on W 6th St and I was standing on the sidewalk. The car hit me and I fell. I was injured and the car was damaged.

If the employee knows person at the scene of accident: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If employee (other than owner) has a valid driver's license: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If the employee has a valid driver's license: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If the employee has a valid driver's license: <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the employee employed at the time of the accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was the employee employed at the time of the accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was the employee employed at the time of the accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was the employee employed at the time of the accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Did the accident happen in the normal course of work or employment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did the accident happen in the normal course of work or employment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did the accident happen in the normal course of work or employment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did the accident happen in the normal course of work or employment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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: 6/25/15

Signature of Employee: [Signature] Date: 6/25/15

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM 24).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor's Council on Health Assistance Toll Free: 1-800-333-1597 Web site: <http://www.healthassistance.org> Email: [chc@governor.state.nv.us](mailto:chc@governor.state.nv.us)

Employee should sign, date and retain a copy.

Original to Employer, Copy to Employee

JUL 01 2015  
CCMS/Peru



# O.E./Risk Management - Workers' Compensation

1 East First Street - P.O. Box 1900  
Reno, Nevada 89505  
(775) 326-6637 Fax (775) 321-8524

## 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 Kathleen Klavins
2. ACCIDENT LOCATION & ADDRESS 1514th & Virginia St
3. EMPLOYEE'S TITLE Community Development
4. OCCUPATION WHEN INJURED Community Development
5. DESCRIPTION OF ACCIDENTS ROAD BLOCK
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       |
| <input type="checkbox"/> Foreign Object | <input type="checkbox"/> Step Down | <input type="checkbox"/> Elbow(s)        | <input type="checkbox"/> Arm         |
| <input type="checkbox"/> General Work   | <input type="checkbox"/> Struck    | <input type="checkbox"/> Eye(s)          | <input type="checkbox"/> Ribs(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"/> Fingers         | <input type="checkbox"/> Skin        |
| <input type="checkbox"/> Move-Moving    |                                    |                                          |                                      |

7. DATE & TIME OF ACCIDENT 6-25-15 1:30
8. ESTIMATE OF DAYS LOST 2
9. WHAT PPE/SAFETY DEVICES WERE IN PLACE None
10. CONTRIBUTING CONDITIONS (refer to mechanical/environmental hazards)  
USE TRAFFIC DUE TO SPECIAL EVENT  
JUL 01 2015  
NO TRAFFIC

Revised 01 Corp Ver 5-21-15

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11. CONTRIBUTING BEHAVIORAL 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 2

22. SCHEDULED DAYS OFF: S ( ) M ( ) Tu ( ) W ( ) Th ( ) F ( ) Sat ( )

23. USUAL SCHEDULE: 8 am/pm - 4 am/pm

Received  
JUL 01 2015  
OCHS:Reto

AA 1125

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May 24, 2018

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

Re: Claim No.: 15853E839641  
D.O.I.: 6/25/2015  
Employer: City of Reno  
Body Parts: cervical

Dear Ms. Kline;

We are in receipt of Dr. Jempsa's PPD rating dated 5/14/2018. We have asked Dr. Betz to review Dr. Anderson's and Dr. Jempsa's PPD report and provide an opinion regarding apportionment.

Please be advised that we are holding the Permanent Partial Disability award in abeyance pursuant to NAC 616C.103. Upon receipt of Dr. Betz response, a new determination will be rendered regarding the permanent partial disability award.

If you disagree with this determination, you may request a hearing before a Hearing officer by completing the enclosed "Request For Hearing;" form within seventy (70) days after the date on which this notice was mailed and sending it to the State of Nevada, Department of Hearings, Carson City.

Sincerely,  
CCMSI

  
Lisa Jones  
Claims Representative

cc: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc: D-12a (Appeal Rights) PPD report, addendum report



June 13, 2018

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. Betz Permanent Partial Disability (PPD) review report dated June 4, 2018. Per Dr. Betz, he agrees with Dr. Anderson's PPD evaluation 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, Lisa Alstead, Esq., Herb Santos, Esq.



AA 1128

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Event Number	<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> SCENE INFORMATION SHEET <small>REVISED 1-1-04</small>	Accident Number: WASD16-0089 Agency Name: WASHOE COUNTY SO
Description of Accident / Narrative Continuation		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             Indicate North         </div> <div style="text-align: center;"> <b>THIS REPORT NOT TO BE REPRODUCED</b> </div> </div> <div style="text-align: right; margin-top: 20px;">           Received            JUL 30 2015            COMSI-Reno         </div>		
A.I.C.:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             2 of 8           </div>	

012 **AA 1130**

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CCMS/Reno

013 **AA 1131**  
925







## Vehicle Information

3CIMS-Aeno

Patient: KLINE, KIMBERLY M Clinical Report - Physicians/Mid Levels  
MRN: M001221557 Sutter Mary's Regional Medical Center  
V-serial: V00006267251 West Sixth Street, Reno, NV 89501 775 770-3158  
35y, Registration Date/Time: 05/21/2015 16:15

Time Seen: 10:57 Jun 25 2015  
Arrived By: private vehicle. Historian- patient

HISTORY OF PRESENT ILLNESS  
Chief complaint: lower extremity numbness. Patient has noted numbness  
in both lower extremities (L5) and in the area of the upper thighs and buttocks  
intermittent and worse with activity and worse at night. Patient also has  
intermittent lower back pain and a feeling of heaviness in the legs.  
Patient has no history of trauma, falls, or other events that would  
cause this. Patient has no history of stroke, heart disease, or other  
medical conditions.

Physical Exam: Vitals: Normal. General: Well. HEENT: Normal. Chest: Normal. Abdomen: Normal. Extremities: Numbness in L5 and upper thighs/buttocks. No weakness. No edema. No skin changes. No ulcers. No rashes. No lacerations. No deformities. No tenderness. No swelling. No redness. No warmth. No coolness. No discoloration. No bruising. No bleeding. No pain. No tenderness. No swelling. No redness. No warmth. No coolness. No discoloration. No bruising. No bleeding. No pain.

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: 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

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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 stop-off 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 areas. No muscle spasm in the back or CVA tenderness. Skin is warm and dry. Normal skin color. No rash. Normal skin turgor. Laxities: Extremities are normal ROM. Extremities nontender. Neuro: Oriented x3. Mood: Not 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 ODD

.....  
DICTATED BY: NCH, 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

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 a possible consideration.

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

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[illegible]

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.

Return to the Emergency Department if not better. Follow up with a worker's compensation doctor in 7 days.

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

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

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FUTURE WORK 17

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

IMAGING REPORT

PATIENT: KLINE, KIMBERLY M A/CCT: 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:  
REF: OP 01 000000  
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: NDM, H M D  
Date Time: 06/25/15 2013

ELECTRONICALLY SIGNED BY: NDM, H M D  
Date Time: 06/25/15 2013

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CCMSI - RENO

KLINE, KIMBERLY M

M001221557

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[illegible]





June 26, 2015

Kimberly Kline  
305 Burns Dr  
Washoe Valley, NV 89704

Claim No:  
Injury Date: 5/25/2015  
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,

Medical Claims  
Medical Only Claims  
Phone: 775-324-3301 ext 1010  
Fax: 775-324-9893

CC: File/City of Reno

CLAYTON COCHRAN MANAGEMENT SERVICES, INC. • P.O. Box 20063 • Reno, NV 89515-0063  
(775) 324-3301 Fax: (775) 324-9893 www.ccmci.com

022 AA 1140

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CCMSI

Date: 06/26/15  
City of Reno

Attn: Cindy Walsb  
Fax: 775-334-2491

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

Claimant: Kimberly  
SS#:   
DOI: 6/25/2015

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

Thank you for your attention!

CCMSI  
1000 N. Carson Ave.  
Reno, NV 89505

CCMSI is a 501(c)(3) non-profit organization that provides medical services to the community. We are currently seeking qualified individuals for various positions. If you are interested in learning more about our organization and the opportunities we have available, please contact us at the information provided below. We are an equal opportunity employer and do not discriminate on the basis of race, gender, age, or any other protected status.

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15853E839641

## SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE  
Provider: Dr. Scott Hall, MDDoB: 10/07/1979  
Visit: 08/30/2015 11:15AMSex: F  
Chart: KLIK000301

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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## Medical / Family / Social History:

MEDICAL HISTORY: HEALTHY

Marital Status: Single, Tobacco use: Non-smoker

## Medications &amp; Allergies:

Medication	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
5' 00 in	156.00 lbs	24.36	138/87	78 bpm	14 rpm	6-10	Never smoke

(Page 1)

Signed by Dr. Scott Hall, MD on 08/30/2015 11:32AM

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

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**SPECIALTY HEALTH CLINIC**

**Patient:** KIMBERLY KLINE      **DoB:** 10/07/1979      **Sex:** F  
**Provider:** Dr. Scott Hall MD      **Visit:** 06/30/2015 11:15AM      **Chart:** KLIK000301

CONST: well-appearing, NAD  
EYES: EOM, normal conjunctiva  
EARS: grossly normal hearing  
RESP: normal respiratory effort  
W/S: normal gait and station  
SKIN: no observed rash/erythema/lesions  
PSYCH: euthymic mood, reactive affect, A/G x 5 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 10-15 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
CPT	99212		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

[Page 2]

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

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CCMSI - RENO

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SpecialtyHealth

WE PUT YOU FIRST. IT'S OUR COMMITMENT.

**SPECIALTY HEALTH CLINIC**

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

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

Sex: F  
Chart: KCLK000001

EMPLOYER: CITY OF RENO

Date of injury: 06/13/2015

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 23, 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: 06/13/2015

Claim # if applicable:

Referral for: Chiropractor, evaluate and treat - 6 visits

Referral from: Dr. Scott Hall, MD

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(Page 3)

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

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JUN 30 2015 5:00PM

SPECIALTY HEALTH CL

NO. 8175



SpecialtyHealth

1001 10 10010 10010 10010

15853E818001

**SPECIALTY HEALTH CLINIC**

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

DOB: 10/07/1978  
Visit: 06/30/2015 11:15AM

Sex: F  
Chart: KLN000001

**\*\*\*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  
EMPLOYER: CITY OF RENO

Date of Injury: 06/03/2015

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

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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(Page 1)

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

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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 # 371057801

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: 15853ES39641 Injury or Occupational Disease Date: 06/25/2015

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

Third-Party Administrator: CCMSI FEIN #: 371057804

Self-Insured Employer: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Assoc. of Self-Insured Employer: City of Reno FEIN #: 886000201

Private Insurer: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Private Insurer Address: \_\_\_\_\_

Policy Effective Date: 09/01/2014 Policy Expiration Date: 08/31/2015

Employer: PUBLIC WORKS 1200 FEIN #: 886000201

Address: 1 EAST FIRST STREET RENO NV 89505  
Street City State Zip

\_\_\_\_\_

BODY PART CODE	BODY PART DESCRIPTION	Left, Right or Bilateral	BODY PART CODE	BODY PART DESCRIPTION	Left, Right or Bilateral
-------------------	--------------------------	-----------------------------	-------------------	--------------------------	-----------------------------

42	Low Back- Lumb				
----	----------------	--	--	--	--

RECEIVED

JUL 14 2015

CCMSI - Las Vegas

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 requesting party.

Signature [Signature] Date 07/01/2015

ym

5853E83964

<b>reno</b> orthopaedic clinic		255 N. ATLINGTON AVENUE RENO NV 89503 775.786.3045 800.746.6061 FAX 775.786.1389 WWW.RENOORTHOP.COM
--------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

# FAX

To:	Yasenia Martinez	From:	Alpha
Company/Dept:	COMS	Dept:	Medical Records
Phone:		Date:	07/01/12
Fax:	824-8889	Re:	Kimberly K. ns

Comments:

# of Pages: \_\_\_\_\_

Revised

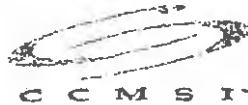
AA 01 2015

COMS/R0C

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07/06/2015 MON 11:00 FAX



PO Box 20086, Reno, NV 89518

Total Pages Faxed (including cover sheet) 11

Date: 07/06/2015

To: City of Reno Records Dept.

Fax Number: (775) 334-2157

PO: Yesenia Marquez  
Medical Only Claims Representative

Telephone Number: (775) 224-3301 Ext. 1013

Fax Number: (775) 334-2157

Description: re: Claim no. 15853BB39641, 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; #RPD15-6639

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

2. This is a Washoe County Case #

Faxed

JUL 08 2015

CCMSI Reno

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15 JUL 06:00:00

030 AA 1148

942



PO Box 20066, Reno, NV 89516

**Total Pages Faxed (including cover sheet) 1**

**Date:** 07/06/2015  
**Fax To:** City of Reno Records Dept.  
**Fax Number:** (775) 334-2157  
**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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031 AA 1149

943



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 15853B839641, 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.

032 AA 1150

944

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

**CANNON COCHRAN MANAGEMENT SERVICES, INC.**

**CLAIM HISTORY REPORT**

C	MAINT SSN	LAST NAME	FIRST NAME	ML	DATE OF BIRTH
		KLINE	KIMBERLY	M	10/01/1979

Claim No: 13851C466726 Type: M Date Injured: 01/24/2013

Injuries Side  
38 R SHOULDER(S)

Company ID	FELN	Name	Type
88-6000201	886000201	RENO CITY OF	EMP
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC	TPA

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

Injuries Side  
34 L WRIST  
37 L THUMB

Company ID	FELN	Name	Type
88-6000201	886000201	RENO CITY OF	EMP
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC	TPA

Claim No: 15853E818001 Type: M Date Injured: 06/03/2015

Injuries Side  
42 LOWER BACK (INC. LUMBAR & LUMBO SACRAL)

Company ID	FELN	Name	Type
88-6000201	886000201	RENO CITY OF	EMP
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC	TPA

Claim No: 15853E839641 Type: M Date Injured: 06/25/2015

Injuries Side  
42 LOWER BACK (INC. LUMBAR & LUMBO SACRAL)

Company ID	FELN	Name	Type
88-6000201	886000201	RENO CITY OF	EMP
371057804	371057804	CANNON COCHRAN MANAGEMENT SERVICES, INC	TPA

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JUL 14 2015

CCMSI ~ Las Vegas

033 AA 1151

945



# ISO CLAIMSEARCH MATCH REPORT SUMMARY

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

## INITIATING CLAIM INFORMATION

Claim Number: 15833830841 Date of Loss: 08/25/2015  
Policy Number: SP4051716 ISO File Number: 8N003880294

## SUMMARY FOR EACH SEARCHABLE PARTY

CITY OF RENO, INSURED  
No matches for this party

KIMBERLY KLINE, CLAIMANT  
Coverage: Medical

Loss Type: Medical

	Same Loss Type	STD Involvement	NAME	ADDRESS	SSN	PHONE	DRIVER'S LICENSE	DOB	LICENSE PLATE	KEY INDICATORS FOR THIS PARTY
# of Matches	3		4	7	7	2				• Prior Claims History
ISO File Number										
0M000004265				X						
2G003886400	X		X	X	X					
2Q003842588			X	X	X					
3A001843747					X					
3A00227211	X					X				
3Y000745362				X						
4E000744313				X	X					
4F003405141			X		X					
4F003405141	X					X				
8N000533516					X					
7N000531127				X						
8S003371351			X		X					
8E000307172				X						

## ISO CLAIMSEARCH RESEARCH MATCH REPORT DETAILS

### Initiating Claim

File Number: 8N003880294

Company: 021100012  
Claim Number: 15833830841  
Date/Time of Loss: 08/25/2015 15:30  
Policy Number: SP4051716  
Policy Type: Workers Compensation  
Inception Date: 08/01/2014 Expiration Date: 08/01/2016  
Company Received Date: 08/25/2015  
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) 326-8837  
TIN: 00-0000201 WAS ISSUED in Las Vegas NV NV

### Involved Party:

#### CLAIMANT

Name: KIMBERLY KLINE  
Address: 305 PUMA DRIVE  
WASHOE VALLEY, NV 89704  
DOB: 10/07/1978  
Gender: Female

Home Phone: (775) 326-6537  
SSN:  
Occupation: MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

Coverage Type: Medical  
Liability: Medical  
At-Risk Company: CANNON COCHIRAN MGMT SVCS - CCMG  
Adjuster: MARTINEZ YESENIA  
Adjuster Phone: (775) 324-3381  
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 a leg and multiple internal organs

[back](#)

[back](#)

**Matching Claim**

File Number: 0H000664266

Reason(s) for match: Address  
Insuring Company: SAFECO INSURANCE COMPANY OF AMERICA  
Claim Number: 0013039950003  
Date/Time of Loss: 05/09/2000  
Policy Type: Personal Automobile  
Insuring Co. Address: 14123 DENVER WEST PKWY  
GOLDEN, CO 80401  
Insuring Co. Phone: (800) 332-3220  
Location of Loss: MCCARRAN BLVD & TALBOT  
RENO, NV

**Involved Party:**

CLAIMANT  
Name: KIMBERLY EVANS  
Address: 306 PUMA DR  
CARSON CITY, NV 89704  
DOB: 10/17/1979  
Drivers License: 371952013140 State: NV

**Casualty Coverage Information:**

Liability: Bodily Injury  
Adjuster Company: SAFECO INSURANCE COMPANY OF AMERICA  
Alleged Injury/Damage: WORKHOLDING A C/F/I PHONE HIT HFR FAR

**Involved Party:**

INSURED  
Business Name: JOHN C & MICHELE A COWEE  
Address: 13 CANYON DR  
CARSON CITY, NV 89703-5352

[back](#)

**Matching Claim**

File Number: 2G003865400

Reason(s) for match: SSN  
Name  
Address  
Insuring Company: CANNON COCHRAN MGMT SVCS - CCMG  
Claim Number: 15833E818001  
Date/Time of Loss: 06/03/2015 14:50  
Policy Number: SP4051716  
Policy Type: Workers Compensation  
Inception Date: 09/01/2014 Expiration Date: 08/31/2015  
Insuring Co. Address: CIO OCCP HEALTHCARE MGT  
1576 DELUCCHI LANE # 224  
RENO, NV 89502  
Insuring Co. Phone: (775) 324-3307  
Company Received Date: 08/03/2015  
Loss Description: CAR ACCIDENT RESULTING IN LUMBAR/SHOULDER PAIN  
FF Fund Claim #: NO  
Location of Loss: , NV 89512

**Involved Party:**

INSURED  
Business Name: CITY OF RENO  
Address: 1 EAST FIRST STREET  
RENO, NV 89505  
Business Phone: (775) 326-6637  
VIN: 88-6000201 WAS ISSUED in Las Vegas in NV

035 AA 1153

947

**Involved Party:**  
**Name:** CLAIMANT  
**Address:** KIMBERLY KLINE  
383 PIMA DRIVE  
WASHOE VALLEY, NV 89704  
US  
D: 10/07/1979  
G: Female  
**Home Phone:** (775) 815-5790  
**SSN:**  
**Occupation:** MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

**Coverage Type:** Medical  
**Loss Type:** Medical  
**Adjuster Company:** CANNON COCHRAN MGMT SVCS - COMSI  
**Adjuster:** MARTIN YIP/NIA  
**Adjuster Phone:** (775) 324-3301  
**Alleged Injury/Damage:** SPECIFIC INJURY - SPRAIN/STRAIN

---

**Back**

**Matching Claim**

**File Number:** 20003942588

**Reason(s) for match:**  
**Address:**  
SSN  
Name  
Name  
Address  
**Insuring Company:** ALLSTATE INSURANCE COMPANY  
**Claim Number:** 0374742547  
**Date/Time of Loss:** 06/26/2015  
**Policy Number:** 00003889414  
**Policy Type:** Personal Automobile  
**Policy Renewed?:** Yes  
**Insuring Co. Address:** NEVADA MCO (1970)  
PO BOX 88781  
LAS VEGAS, NV 89183  
**Insuring Co. Phone:** (702) 837-7090  
**Loss Description:** REAR-END ACCIDENT - MULTIPLE CARS  
**Cause of Loss:** NO  
**Location of Loss:** RENO, NV  
US

---

**Involved Party:**  
**Business Name:** CLAIMANT  
**Address:** CITY OF RENO  
PO BOX 1900  
RENO, NV 89505-1900  
US  
**Business Phone:** (775) 334-3638

**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 89512-3614  
US

**Vehicle Coverage Information:**

**Coverage Type:** Other Auto  
**Loss:** Other Auto  
**Adjuster Company:** ALLSTATE INSURANCE COMPANY  
**Adjuster:** ARENCIBIA MERCEDES  
**Claim Status:** OPEN  
**Adjuster Phone:** (702) 857-7182  
**Vehicle:** 2006 CHEV  
**Last Year Registered:** 2006

---

**Involved Party:**  
**Name:** Claimant Driver  
**Address:** KIMBERLY KLINE  
 305 PUMA DR  
 CARSON CITY, NV 89704-8739  
 US  
 1007/1879  
**Gender:** Female  
**Home Phone:** (775) 815-6790  
**SSN:**

**Also Known As (AKA):**  
**Name:** KIMBERLY M KLINE

**Also Known As (AKA):**  
**Address:** 305 PUMA DR  
 WASHOE VALLEY, NV 89704-9739  
 US

**Also Known As (AKA):**  
**Address:** 305 PUMA DR  
 CARSON CITY, NV 89704-8739  
 US

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** RENO EMERGENCY PHYSICIAN'S ASSOC  
 99-0178959 WAS ISSUED In Las Vegas in NV  
**Address:** PO BOX 95728  
 OKLAHOMA CITY, OK 73143-5728  
 US

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** CUSTOM PHYSICAL THERAPY  
 04-8709831 WAS ISSUED In Boston in MA  
**Address:** 1450 E PRATER WAY STE 103  
 SPARKS, NV 89434-8873  
 US

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** RADIOLOGY CONSULTANTS LTD  
 88-0847030 WAS ISSUED In Las Vegas in NV  
**Address:** PO BOX 8700  
 RENO, NV 89515-5700  
 US  
**Business Phone:** (702) 323-6183

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** SPECIALTY HEALTH CLINIC  
 88-0383483 WAS ISSUED In Las Vegas in NV  
**Address:** 330 C LIBERTY ST BTC 200  
 350 W 5TH ST STE C2  
 RENO, NV 89501-2221  
 US  
**Business Phone:** (702) 322-2122

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** ST MARYS REGIONAL MEDICAL CENTER  
 99-0058885 WAS ISSUED In Las Vegas in NV  
**Address:** 845 N ARLINGTON AVE  
 RENO, NV 89503-4460  
 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:** BIRC

**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



Vehicle: 2009 CHEV  
Last Year Registered: 2008

---

Involved Party: INSURED  
Name: DAVID MARTIN TSCHIEKAR  
Address: 550 E PLUMB LN STE 104  
RENO, NV 89502-9534  
DOB: 02/27/1960  
Gender: Male  
Home Phone: (776) 345-8332  
SSN:

Also Known As (AKA):  
Name: DAVID M TSCHIEKAR

Also Known As (AKA):  
Name: DAVID TSCHIEKAR

Also Known As (AKA):  
Name: DAVID M TSCHIEKAR

Also Known As (AKA):  
Address: 550 E PLUMB LN STE 104  
RENO, NV 89502-9534  
USA

---

**back**

**Matching Claim**

File Number: 3A001943747

Reason(s) for match: SEN  
Insuring Company: TRAVELERS INDEMNITY COMPANY  
Claim Number: LVG4505001  
Date/Time of Loss: 02/17/2008  
Policy Number: OCBH539783159871011  
Policy Type: Personal Automobile  
Inspection Date: 02/08/2008 Expiration Date: 08/08/2008  
At Risk?: NO  
Insuring Co. Address: RINCHO CORD PL CLM - A200  
PO BOX 15459  
SACRAMENTO, CA 95851-0459  
Insuring Co. Phone: (800) 727-5955  
Company Received Date: 02/17/2008  
Loss Description: OV 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  
SSN: \*\*\* More matches found on this Home Phone outside this report \*\*\*

**Casualty Coverage Information:**

Coverage Type: Medical Payments  
Loss Type: Medical Payments  
Date Claim Closed: 10/31/2008  
Adjuster Company: TRAVELERS INDEMNITY COMPANY  
Adjuster: PENNY CLARK  
Adjuster Phone: (818) 638-6508  
All Injury Damage: OV DROVE INTO THE PATH OF THE IV

---

**back**

**Matching Claim**

File Number: 3A003227211

Reason(s) for match: Phone

Insuring Company: CANNON COCHRAN MGMT SVCS - CCMSI  
Claim Number: 12853C284301  
Date/Time of Loss: 07/18/2012 11:00  
Policy Number: SP4044833  
Policy Type: Workers Compensation  
Inception Date: 09/01/2011 Expiration Date: 03/31/2012  
Insured Co. Address: C/O OCCP HEALTHCARE MGT  
1676 DELLACCHI LANE # 224  
RENO, NV 89502  
Insuring Co. Phone: (775) 324-8802  
Company Received Date: 07/19/2012  
Loss Description: MISSED STEP AND FELL  
Is F Fund Claim?: NO  
Location of Loss: , NV 89502

Involved Party: INSURED  
Business Name: CITY OF RENO  
Address: 1 EAST FIRST STREET  
RENO, NV 89505  
Business Phone: (775) 328-0637

Involved Party: CLAIMANT  
Name: DEBORAH A ABOS  
Address: 804 6TH STREET  
SPARKS, NV 89431  
DOB: 10/20/1955  
Gender: Female  
Home Phone: (775) 328-0637  
Occupation: MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

Coverage Type: Medical  
Loss Type: Medical  
Adjuster Company: CANNON COCHRAN MGMT SVCS - CCMSI  
Adjuster: JONES LISA  
Adjuster Phone: (775) 324-3301  
All Injury/ Damage: SPECIFIC INJURY - CONTUSION

**back**

**Matching Claim**

File Number: 3Y000746352

Reason(s) for match: Address  
Insuring Company: LIBERTY MUTUAL INSURANCE COMPANY  
Claim Number: AL05108354003  
Date/Time of Loss: 01/07/2001  
Policy Number: A023880228151000  
Policy Type: Personal Automobile  
Insuring Co. Address: 1750 HOWE AVE  
STE 400  
SACRAMENTO, CA 95825  
Insuring Co. Phone: (916) 884-1782  
Location of Loss: PLUM  
RENO, NV

Involved Party: CLAIMANT  
Name: KIMBERLY EVANG  
Address: 305 PUMA LANE  
CARSON CITY, NV 89704-0000  
DOB: 10/17/1978

Service Provider: Medical Doctor  
Business Name: HFRAPRATORY  
Address: 243 BRIDGEBY AVENUE  
RENO, NV 89503-0000  
Home Phone: (775) 331-0288

**Casualty Coverage Information:**

Loss Type: Body Injury  
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY  
Allged Injury/ Damage: SPRAIN/STRAIN BACK.

Involved Party: INSURED

Business Name: EDGELL MICHELE  
Address: 9290 OFFENHAUSER DR NO 188E  
RENO, NV 89511-1710  
Drivers License: 46007028760 State: NV

DE

**Matching Claim**

File Number: 4E000744313

Reason(s) for match: SSN  
Address  
Insuring Company: STATE FARM (R) AFFILIATE  
Claim Number: 28807MS7  
Date/Time of Loss: 01/09/2001  
Policy Number: T34590828  
Policy Type: Commercial Automobile  
Insuring Co. Address: CIO5 -00  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710  
Location of Loss: PLUMB & US 325 OVER PASS  
RENO, NV

Involved Party: CLAIMANT  
Name: KIMBERLY EVANS  
Address: 305 PUMA DRIVE  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1979  
Home Phone: (775) 816-1863  
\*\*\* More matches found on this Home Phone within this report \*\*\*  
SSN:  
Occupation: none

**Casualty Coverage Information:**

Loss Type: Bodily Injury  
Adjuster Company: STATE FARM (R) AFFILIATE  
Adjuster: Jennifer Wiley A  
Alleged Injury/ Damage: WHOLEMAN, was hit in rear end accident May 2000

Inv. / Party: INSURED  
Business Name: GREENLAW SUSAN  
Address: PO BOX 3262  
SPARKS, NV 89412-3262

back

**Matching Claim**

File Number: 4P003406141

Reason(s) for match: SSN  
Name  
Insuring Company: ALL STATE INSURANCE COMPANY  
Claim Number: 0265914486  
Date/Time of Loss: 05/01/2011  
Policy Number: 00099638107  
Policy Type: Personal Automobile  
Policy Renewed?: YES  
Insuring Co. Address: DIAMOND BAR EXP (6280)  
21850 E COPLEY DR  
DIAMOND BAR, CA 91765  
Insuring Co. Phone: (888) 822-7206  
CAT Related?: NO  
Location of Loss: , NV  
UG

Involved Party: INSURED  
Name: KIMBERLY M KLINE  
Address: 2850 FALCON ST  
CARSON CITY, NV 89704-3804  
DOB: 10/07/1979  
B: Female  
Home Phone: (775) 810-6730  
SSN:

**Vehicle Coverage Information:**

Coverage Type: Comprehensive  
Loss Type: Other Auto

Adjuster Company: ALL STATE INSURANCE COMPANY  
Adjuster Phone: (800) 398-8882  
VIN: JTEBT17R150004651 (Pass)  
Vehicle: 2003 TOYOTA 4 RUNNER  
Vehicle Odometer Reading: 000000000  
Last Year Registered: 2000

---

back

**Matching Claim**

File Number: 5E003038320

Reason(s) for match: Phone  
Insuring Company: CANNON COCHRAN MGMT SVCS - COMS1  
Claim Number: 118338940016  
Date/Time of Loss: 05/12/2011 10:20  
Policy Number: SP4044883  
Policy Type: Workers Compensation  
Inception Date: 08/01/2011 Expiration Date: 08/31/2012  
Insuring Co. Address: C/O OCCP HEALTHCARE MGT  
1575 DELUCCHI LANE # 234  
RENO, NV 89502  
(775) 324-4302  
Insuring Co. Phone: 08/18/2011  
Company Received Date: CONTUCTIONS LHTFVSHOULDER,TRIPPED/FELL ON BAND  
Loss Description: NO  
# of Fund Claim #: NO  
Location of Loss: , NV 89512

---

Involved Party: INSURED  
Business Name: CITY OF RENO  
Address: 1 EAST FIRST STREET  
RENO, NV 89503  
Business Phone: (775) 326-6637

---

Involved Party: CLAIMANT  
Name: JACK A HRES  
Address: 459 MEGAN DRIVE  
SPARKS, NV 89435  
DOB: 08/15/1950  
Gender: Male  
Home Phone: (775) 326-4831  
Occupation: MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

Coverage Type: Medical  
Loss Type: Medical  
Adjuster Company: CANNON COCHRAN MGMT SVCS - COMS1  
Adjuster: JONES LISA  
Adjuster Phone: (775) 324-3301  
Amount of Injury/ Damage: MULTIPLE INJURIES - MULTIPLE INJURIES

---

back

**Matching Claim**

File Number: 5N000539515

Reason(s) for match: SEN  
Insuring Company: STATE FARM (R) AFFILIATE  
Claim Number: 282278888  
Date/Time of Loss: 10/26/1995  
Policy Number: 817188828C  
Policy Type: Personal Automobile  
Insuring Co. Address: CEN - 00  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710  
Location of Loss: 50. VIRGINIA BY PIONEER THEATRE  
RENO, NV

---

Inv- 1 Party: CLAIMANT  
N. KIMBERLY M EVANS  
Address: 304 PUMAKINE  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1970  
Home Phone: (703) 848-1302  
\*\*\* More matches found on this Home Phone outside this report \*\*\*  
SEN:

**Casualty Coverage Information:**

Loss Type: Bodily Injury  
Adjuster Company: STATE FARM (R) AFFILIATE  
Adjuster: Brian J. Judy D  
Alleged Injury/Damage: NECK

---

Involved Party: INSURED  
Business Name: MUNIZ PAMELA  
Address: 3025 WINDY WAY  
RENO, NV 89502-4218

---

**Back****Matching Claim**

File Number: 7N000531127

Reason(s) for match: Address  
Insuring Company: CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)  
Claim Number: A018F08448SFX04  
Date/Time of Loss: 10/28/1990  
Policy Number: 8F08448  
Policy Type: Personal Automobile  
Insuring Co. Address: 199 E MCANALIN  
RENO, NV 89502-0000  
Insuring Co. Phone: (702) 928-1800  
Location of Loss: 26 VIRGINIA 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: GOLF CART JUNIOR

Service Provider: Medical Doctor  
Dr.'s Name: RILEY MICHAEL J  
TL: 94-1057779 WAS ISSUED in San Francisco in CA  
Address: 804 E MUSGER ST  
CARSON CITY, NV 89701-0000

Service Provider: Body Shop  
Business Name: CONCORDS BODY SHOP  
TL: 88-0207314 WAS ISSUED in Las Vegas in NV  
Address: 280 TELEGRAPH ST  
RENO, NV 89502-0000

**Casualty Coverage Information:**

Loss Type: Medical Payments  
Adjuster Company: CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)  
Adjuster: COBEAQA JOHN P  
Alleged Injury/Damage: NECK HURTS

---

Involved Party: INSURED  
Business Name: WELAND JUNE E OR WILLIAM PUZE  
Address: 89502-0000  
Drivers License: 308123110 State: NV

Service Provider: Body Shop  
Business Name: CONCORDS BODY SHOP  
TL: 88-0207314 WAS ISSUED in Las Vegas in NV  
Address: 280 TELEGRAPH ST  
RENO, NV 89502-0000

---

**Back****Matching Claim**

File Number: 8S003371351

Reason(s) for match: Name  
Insuring Company: ALL STATE INSURANCE COMPANY  
Claim Number: 0201752883  
Date/Time of Loss: 03/01/2015  
Policy Number: 00089833167  
Policy Type: Personal Automobile

Policy Renewed: YES  
Insuring Co. Address: DIAMOND BAR EXT (8280)  
21850 F COPIFY DR  
DIAMOND BAR, CA 91785  
Insuring Co. Phone: (800) 822-7280  
CAT Related: NO  
Location of Loss: NV  
US

Involved Party: INSURED  
Name: KIMBERLY KLINE  
Address: 2860 FALCON ST  
CARSON CITY, NV 89704-9054  
US  
DOB: 10/07/1978  
Gender: Female  
Home Phone: (775) 815-5780  
SSN:

**Vehicle Coverage Information:**

Coverage Type: Comprehensive  
Loss Type: Other Auto  
Adjuster Company: ALL STATE INSURANCE COMPANY  
Adjuster Phone: (800) 388-4882  
VIN: JTEBU11F070080188 (Pass)  
\*\*\* More matches found on this VIN outside this report \*\*\*  
Vehicle: 2007 TOYOTA FJ CRUISER  
Vehicle Odometer Reading: 000000012  
Last Year Registered: 2000

**back**

**Matching Claim**

File Number: 9E000307172

Reason(s) for match: Address  
Insuring Company: LIBERTY MUTUAL INSURANCE COMPANY  
Claim Number: ALB3108774101  
Date of Loss: 03/02/1988  
Policy Number: AO22614308610180  
Policy Type: Personal Automobile  
Insuring Co. Address: 1760 HOWE AVE  
STE 400  
SACRAMENTO, CA 95825  
Insuring Co. Phone: (916) 484-1792  
Location of Loss: HWY 385  
CARSON CITY, NV

Involved Party: CLAIMANT  
Name: KIMBERLY EVANS  
Address: 305 PUMA DRIVE  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1978  
Home Phone: (775) 848-1282  
\*\*\* 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/UNKNOWNS INED TOOK HER TO HOSP FROM

Involved Party: INSURED  
Business Name: EVANS CHARLES PERRY  
Address: 305 PUMA DR  
CARSON CITY, NV 89704-9732  
Drivers License: 36060589179

State: NV

00 System: 000000 00 Release Date: 02 01 2010

043 AA 1161

955

**Involved Party:**  
**Name:** CLAIMANT  
KIMBERLY EVANS  
**Address:** 305 PUMADR  
CARSON CITY, NV 89704  
**DOB:** 10/17/1979  
**License:** 5/1953015148 **State:** NV

**Casualty Coverage Information:**

**Loss Type:** Bodily Injury  
**Adjuster Company:** SAFECO INSURANCE COMPANY OF AMERICA  
**Alleged Injury/ Damage:** WAS HOLDING A CELL PHONE, IT HIT HER EAR

**Involved Party:**  
**Business Name:** INSURED  
JOHN C & MICHELLE A COWCE  
**Address:** 13 CANYON DR  
CARSON CITY, NV 89703-5332

back

**Matching Claim**

**File Number:** 2GD03885400

**Reason(s) for match:** Name  
Address  
SSN  
CANNON COCHRAN MGMT SVCS - CCM51  
**Insuring Company:** 18855818001  
**Claim Number:** 08/03/2015 14:50  
**Date/Time of Loss:** 08/03/2015  
**Policy Number:** 08/03/2015  
**Policy Type:** Workers Compensation  
**Inception Date:** 08/03/2014 **Expiration Date:** 08/31/2015  
**Insuring Co. Address:** C/O OCCP HEALTHCARE MGT  
1575 DELUCCHI LANE # 224  
RENO, NV 89502  
(775) 324-3303  
**Insuring Co. Phone:** 08/03/2015  
**Company Received Date:** CAR ACCIDENT RESULTING IN LUMBAR/SHOULDER PAIN  
**Loss Description:** NO  
**Is Filing Claim?** NO  
**Year of Loss:** NV 89512

**Involved Party:**  
**Business Name:** INSURED  
CITY OF RENO  
**Address:** 1 CADET STREET  
RENO, NV 89505  
(775) 328-8037  
**Business Phone:** 98-8060201 WAS ISSUED in Las Vegas in NV  
**TIN:**

**Involved Party:**  
**Name:** CLAIMANT  
KIMBERLY KLINE  
**Address:** 305 PUMADRIVE  
WADSWORTH VALLEY, NV 89704  
**DOB:** 10/07/1979  
**Gender:** Female  
**Home Phone:** (775) 815 6700  
**SSN:**  
**Occupation:** MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

**Coverage Type:** Medical  
**Loss Type:** Medical  
**Adjuster Company:** CANNON COCHRAN MGMT SVCS - CCM51  
**Adjuster:** MARTINEZ YESENIA  
**Adjuster Phone:** (775) 324 3301  
**Alleged Injury/ Damage:** SPECIFIC INJURY - SPRAIN/STRAIN

back

**Matching Claim**

**File Number:** 3A001943747

**Reason(s) for match:** SSN  
**Insuring Company:** TRAVELERS INDEMNITY COMPANY  
**Claim Number:** UVQ4805003  
**Date/Time of Loss:** 02/17/2008  
**Policy Number:** OCBH528783139871011

Policy Type: Parkland Automobile  
Inception Date: 02/08/2008 Expiration Date: 08/08/2008  
Assigned Risk?: NO  
Insuring Co. Address: RINCHO CORD PL CLM - A280  
PO BOX 15439  
SACRAMENTO, CA 95851 0430  
(916) 777-3985  
In Co. Phone: 02/17/2008  
Co. Any Received Date: QV DROVE INTO THE PATH OF THE IV  
Loss Description: NV  
Location of Loss:

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: 10/31/2008  
Adjuster Company: TRAVELERS INDEMNITY COMPANY  
Adjuster: PENNY CLARK  
Adjuster Phone: (916) 633-6339  
Alleged Injury/Damage: QV DROVE INTO THE PATH OF THE IV

Re

Insurance Claim

Reason(s) for Match: Phone  
Insuring Company: CANNON COCHRAN MGMT SVCS - CCMSI  
Claim Number: 12853C284301  
Date of Loss: 07/19/2012 11:00  
Policy Number: SP4044833  
Policy Type: Workers Compensation  
Inception Date: 09/01/2011 Expiration Date: 08/31/2012  
Insuring Co. Address: C/O OCCP HEALTHCARE MGT  
1575 DELUCCHI LANE # 224  
RENO, NV 89502  
(775) 324-3302  
Insuring Co. Phone: 07/19/2012  
Company Received Date: MISSED STEP AND FELL  
Loss Description: NO  
SF Fund Claim?: NV 89502  
Location of Loss:

File Number: 3A003227211

Involved Party: INSURED  
Business Name: CITY OF RENO  
Address: 1 EAST FIRST STREET  
RENO, NV 89505  
Business Phone: (775) 320-0037

Involved Party: CLAIMANT  
Name: DEBORAH A. ADOS  
Address: 984 8TH STREET  
SPARKS, NV 89431  
DOB: US  
10/20/1955  
Gender: Female  
Home Phone: (775) 328-6637  
Occupation: MUNICIPAL EMPLOYEE, NOC

Casualty Coverage Information:

Coverage Type: Medical  
Loss Type: Medical  
Adjuster Company: CANNON COCHRAN MGMT SVCS - CCMSI



Adjuster: JONES LISA  
Adjuster Phone: (775) 324-3301  
Alleged Injury/ Damage: SPECIFIC INJURY - CONTUSION

back  
Ms. g Claim File Number: 3Y000745352  
Reason(s) for match: Address  
Insuring Company: LIBERTY MUTUAL INSURANCE COMPANY  
Claim Number: AL03100551909  
Date/Time of Loss: 01/07/2001  
Policy Number: AO22580228151030  
Policy Type: Personal Automobile  
Insuring Co. Address: 1750 HOWE AVE  
STE 400  
SACRAMENTO, CA 95825  
Insuring Co. Phone: (916) 584-1792  
Location of Loss: PLUM  
RENO, NV

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 BRINKLEY AVENUE  
RENO, NV 89509-0000  
Home Phone: (775) 351-8889

Casualty Coverage Information:  
Loss Type: Bodily Injury  
Adjuster Company: LIBERTY MUTUAL INSURANCE COMPANY  
Alleged Injury/ Damage: SPRAIN/STRAIN BACK.

Involved Party: INSURED  
Business Name: EDGELL MICHELE  
Address: 8200 OFFENHAUSER DR NO 138E  
RENO, NV 89511-1710  
Driver's License: 48007028780 State: NV

back  
Matching Claim File Number: 4E000744313  
Reason(s) for match: SSN  
Address  
Insuring Company: STATE FARM (R) AFFILIATE  
Claim Number: 283073057  
Date/Time of Loss: 01/05/2001  
Policy Number: T94500828  
Policy Type: Commercial Automobile  
Insuring Co. Address: CIOB - 00  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710  
Location of Loss: PLUMB & US 396 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) 848-1382  
\*\*\* More matches found on this Home Phone outside this report \*\*\*  
SI  
Out-Station: none

Casualty Coverage Information:  
Loss Type: Bodily Injury  
Adjuster Company: STATE FARM (R) AFFILIATE  
Adjuster: Jeremy J. Gray A

Alleged Injury/ Damage: WHIPLASH, neck hurt and swollen in May 2000.

Involved Party:  
Business Name:  
Address:  
INSURED  
GREENLAW GUGAN  
PO BOX 3252  
SPARKS, NV 89432-3252

back

File Number: 4P003406141

Matching Claim

Reason(s) for match:  
Insuring Company:  
Claim Number:  
Date/Time of Loss:  
Policy Number:  
Policy Type:  
Policy Renewed?:  
Insuring Co. Address:  
Insuring Co. Phone:  
OAT Related?:  
Location of Loss:  
SON  
Name  
ALLSTATE INSURANCE COMPANY  
0288914685  
03/01/2013  
D00980288161  
Personal Automobile  
YES  
DIAMOND BAR EXP (8280)  
21960 E COPLEY DR  
DIAMOND BAR, CA 91705  
(885) 622 7208  
NO  
NV  
US

Involved Party:  
Name:  
Address:  
DOB:  
Gender:  
Home Phone:  
SSN:  
INSURED  
KIMBERLY M KLINE  
2950 FALCON ST  
CARSON CITY, NV 89704-9054  
US  
10/07/1978  
Female  
(775) 815-5790

Vehicle Coverage Information:

Coverage Type:  
Loss Type:  
Adjuster Company:  
Adjuster Phone:  
VIN:  
Vehicle:  
Vehicle Odometer Reading:  
Last Year Registered:  
Comprehensive  
Other Auto  
ALLSTATE INSURANCE COMPANY  
(800) 360-6982  
JTEBT17R1CQ36531 (Pass)  
2003 TOYOTA 4RUNNER  
000000000  
2000

back

File Number: 6E003038320

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:  
SF Fund Claim #:  
Location of Loss:  
Phone  
CANNON COCHRAN MGMT SVCS - COMS  
11853848010  
08/18/2011 1020  
SP4044833  
Workers Compensation  
08/01/2011 Expiration Date: 08/31/2012  
CSC OCCC HEALTHCARE MGT  
1576 DELUCCI LANE # 224  
RENO, NV 89502  
(775) 924-3502  
08/19/2011  
CONTUCTIONS L1 HIP/SHOULDER TRIPPED/FELL ON DAND  
NO  
NV 89512

Involved Party:  
Name:  
Address:  
Business Phone:  
INSURED  
CITY OF RENO  
1 EAST HUBB STREET  
RENO, NV 89203  
(775) 326 8637

Involved Party:  
Name:  
CLAIMANT  
JACK A HIRSH

Address: 486 MEGAN DRIVE  
SPARKS, NV 89436  
US  
DOB: 08/15/1950  
Gender: Male  
Home Phone: (775) 326-4831  
Occupation: MUNICIPAL EMPLOYEES, NOC

**Casualty Coverage Information:**

Coverage Type: Medical  
Loss Type: Medical  
Adjuster Company: CANNON COCIRAN MGMT SVCS - CCMG  
Adjuster: JONES LISA  
Adjuster Phone: (775) 324-3301  
Alleged Injury/ Damage: MULTIPLE INJURIES - MULTIPLE INJURIES

**back**

**Matching Claim**

File Number: 5N000533515

Reason(s) for match: GEN  
Insuring Company: STATE FARM (R)AFFILIATE  
Claim Number: 282274038  
Date/Time of Loss: 10/26/1998  
Policy Number: 81718828C  
Policy Type: Personal Automobile  
Insuring Co. Address: CIOFS - ON  
ONE STATE FARM PLAZA  
DLOOMINGTON, IL 61710  
Location of Loss: SO. VIRGINIA BY PIONEER THEATRE  
RENO, NV

**Involved Party:**

CLAIMANT  
Name: KIMBERLY M EVANS  
Address: 305 PUMA UNIV  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1979  
He has: (702) 849-1382  
\*\*\* More matches found on his Home Phone outside this report \*\*\*

GEN:

**Casualty Coverage Information:**

Loss Type: Bodily Injury  
Adjuster Company: STATE FARM (R)AFFILIATE  
Adjuster: Sekel, Judy D  
Alleged Injury/ Damage: NECK

**Involved Party:**

INSURED  
Business Name: MUNIZ PAMELA  
Address: 2035 WYOMING WAY  
RENO, NV 89502-4248

**back**

**Matching Claim**

File Number: 7N000531127

Reason(s) for match: Address  
Insuring Company: CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)  
Claim Number: AD18F09485FX04  
Date/Time of Loss: 10/28/1998  
Policy Number: 8F08448  
Policy Type: Personal Automobile  
Insuring Co. Address: 198 E MOANA LN  
RENO, NV 89502-0000  
Insuring Co. Phone: (702) 428-4400  
Location of Loss: 815 VIRGINIA AT MILL  
RENO, VA-SHOE, NV

**Involved Party:**

CLAIMANT  
Name: KM EVANS  
Address: 305 PUMA DR  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1979  
Occupation: GARDENING JUNIOR

**Service Provider:**  
**Business Name:** Medical Doctor  
**TIN:** RILEY MICHAEL J  
**Address:** 94-1027770 WAS ISSUED in San Francisco in CA  
804 E MUSSEY ST  
CARSON CITY, NV 89701-0000

**Service Provider:**  
**Business Name:** Body Shop  
**TIN:** CONCORDS BODY SHOP  
**Address:** 88-0207314 WAS ISSUED in Las Vegas in NV  
250 TELEGRAPH ST  
RENO, NV 89502-0000

**Casualty Coverage Information:**  
**Loss Type:** Medical Payments  
**Adjuster Company:** CSAA INSURANCE EXCHANGE (CSAA INSURANCE GRP)  
**Adjuster:** COPEAGA JOHN P  
**Alleged Injury/Damage:** NECK HURT D

**Involved Party:**  
**Business Name:** INSURED  
**Address:** WIELAND JUNE E OR WILLIAM PUZE  
**Driver's License:** 88502-0000  
380129110  
State: NV

**Service Provider:**  
**Business Name:** Body Shop  
**TIN:** CONCORDS BODY SHOP  
**Address:** 88-0207314 WAS ISSUED in Las Vegas in NV  
250 TELEGRAPH ST  
RENO, NV 89502-0000

**back**

**Matching Claim**

**File Number:** 8S003371351

**Reason(s) for match:**  
**Insuring Company:** ALLSTATE INSURANCE COMPANY  
**Claim Number:** 0281752083  
**Policy Number:** 082012013  
**Policy Type:** Personal Automobile  
**Policy Renewed?:** YES  
**Insuring Co. Address:** DIAMOND BAR EXP (8280)  
21060 E COPLEY DR  
DIAMOND BAR, CA 91765  
**Insuring Co. Phone:** (866) 822-7296  
**CAT Related?:** NO  
**Location of Loss:** NV  
115

**Involved Party:**  
**Name:** INSURED  
**Address:** KIMBERLY KLINE  
2850 FALCON ST  
CARSON CITY, NV 89104-9054  
**DOB:** US  
10/07/1979  
**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) 358-4882  
**VIN:** JTEBU11F070059158 (Pass)  
\*\*\* More matches found on this VIN outside this report \*\*\*  
**Vehicle:** 2007 TOYOTA FC CRUISER  
**Vehicle Odometer Reading:** 000000017  
**L 1st Registered:** 2000

**back**

**Matching Claim**

**File Number:** 9E000307172

**Reason(s) for match:**  
**Insuring Company:** ALLSTATE INSURANCE COMPANY

Claim Number: AL83106774101  
Date/Time of Loss: 03/02/1998  
Policy Number: AC22814308510180  
Policy Type: Personal Automobile  
Insuring Co. Address: 1160 HOWE AVE  
DTC 400  
SACRAMENTO, CA 95825  
Ins. Co. Phone: (916) 664-1782  
Location of Loss: HWY 385  
CARSON CITY, NV

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Involved Party: CLAIMANT  
Name: KIMBERLY EVANS  
Address: 305 PUMA DRIVE  
CARSON CITY, NV 89704-0000  
DOB: 10/07/1979  
Home Phone: (775) 849-1302  
\*\*\* 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 MRS INSD TOOK HER TO HOSP FROM

---

Involved Party: INSURED  
Business Name: EVANS CHARLIS PERRY  
Address: 305 PUMA DR  
CARSON CITY, NV 89704-9739  
Drivers License: 362058568179 State: NV

ISC 2 (Personal Accident & Sickness Policy) 07/94 SMP



**SPECIALTY HEALTH CLINIC**

Patient: KIMBERLY KLINE DOB: 10/07/1972 Sex: F  
Provider: Dr. Scott Hall MD Visit: 07/14/2015 10:45 AM Chart: KLIK00001

**Chief Complaint: BACK 2 WEEK FOLLOW UP**

**History of Present Illness:**

KIMBERLY KLINE is a 35 female who presents for BACK 2 WEEK FOLLOW UP.  
Patient reports ongoing bilateral back pain in lumbar region associated with decreased range of motion improvement with chiropractic care no numbness or weakness.

**Review of Systems:**

GENERAL: trouble sleeping  
MUSCULOSKELETAL: muscle pain stiffness spine pain  
NEUROLOGICAL: Negative

**Medications & Allergies:**

Strong	Reaction
Medication: Sulfa Allergy: Rash	

The emergency room prepared a discharge bill: muscle trauma and pain medication.

**Physical Exam:**

Height	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
5' 6" 7	120/80	88 bpm	16 bpm	97% on RA	1-2	Smoking: No

CONST well appearing NAD  
EYES EOM normal conjunctiva  
EARS grossly normal hearing  
RESP normal respiratory effort  
MS normal gait and stance  
SKIN no observed rash/erythema/lesions  
PSYCH euthymic mood reactive affect &C well oriented memory good judgment and insight  
MSK neck normal inspection mild diffuse muscular tenderness to palpation grossly normal strength and sensation

[Page 1]

Entered by Dr. Scott Hall MD on 07/14/2015 11:02 AM

**RECEIVED**  
By SHMCO at 2:46 pm, Jul 14, 2015

## SpecialtyHealth

### SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE  
Provider: Dr. Scott Hall MD

DOB: 10/07/1978  
Visit: 07/14/2015 10:45AM

Sex: F  
Chart: KLUK000.X

Lower extremities: mild tenderness to palpation across the anteroposterior direction bilaterally. normal strength and sensation. normal reflexes in both legs.

### Assessment:

Type	Code	Description
ICD-9-CM Condition	84.0	SPRAIN OF NECK
ICD-9-CM Condition	84.2	SPRAIN OF NECK, RETRACTION

### Plan:

Imaging: Imaging reviewed and discussed with pt. Images reviewed with pt.

Physical therapy, Evaluate and treat 1-2 visits.

Education: Patient informed about treatment plan and instructions.

Work status: Full duty.

Return visit: 2 weeks.

Treatment plan: Conservative treatment.

Patient continues to have back and neck. Minimal improvement with conservative care. Recommendation to try physical therapy. Records reviewed and discussed with the patient. From last orthopedic evaluation and to the work status.

Type	Code	Modifiers	Quantity	Description
CP	99.06		00.00	OFFICE/OUTPATIENT VISIT 99

### \*\*\*RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE

DATE OF APPOINTMENT: 07/14/2015 10:45AM

BODY PART: BACK/NECK FOLLOW UP

EMPLOYER: CITY OF RENO

Date of injury: 06/03/2015

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 RATHER? NO

(Page 2)

Signed by: Dr. Scott Hall MD on 07/14/2015 11:05AM

AA 1170

052

964



**SPECIALTY HEALTH CLINIC**

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

**DOB:** 10/07/1979  
**Visit:** 07/14/2015 10:45AM

**Sex:** F  
**Chart:** KLK1000001

**RETURN VISIT:** 2 weeks  
**SIGNED:** Scott Hall, MD

(Page 3)

Signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

053  
AA 1171  
965





SpecialtyHealth

Case Name: Kimberly Kline

Employer: City of Reno  
Claim Number: 15853E839641  
Date of Injury: 06/25/2015  
Date Request Received: 07/16/2015  
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.



AA 1172  
054

966

Case Name: Kimberly Kline  
Employer: City of Reno  
Claim Number: 15853E839641  
Date of Injury: 06/25/2015  
Date Request Received: 07/16/2015  
Date of Decision: 07/21/2015  
Date Decision Sent: 07/21/2015  
Record Number: 114771  
Requesting Physician: Scott Hall, MD

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 20066, Reno, NV 89515.

A request for copies of the referenced evidence-based medical literature noted may be obtained by written request to SpecialtyHealth LLC.

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 888-442-2250.

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. This 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; 1998, 2016.)

NAC 616C.2745 Hearing on decision concerning accident benefits made by organization for managed care. (NRS 616C.312) An appeals officer shall not convene a hearing on a dispute that is required to be submitted to a procedure for resolving

Case Name: Kimberly Kline  
Employer: City of Reno  
Claim Number: 15553E859641  
Date of Injury: 06/26/2015  
Date Request Received: 07/15/2015  
Date of Decision: 07/21/2015  
Date Decision Sent: 07/21/2015  
Record Number: 14771  
Requesting Physician: Scott Hall MD

disputes pursuant to NRS 616C.122 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 QA/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 ACCEM 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 ACCEM 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.122)

The content of the report is true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Case Name: Kimberly Kline  
Employer: City of Reno  
Claim Number: 158535539#41  
Date of Injury: 06/25/2015  
Date Request Received: 07/16/2015  
Date of Decision: 07/21/2015  
Date Decision Sent: 07/21/2015  
Record Number: 114771  
Requesting Physician: Scott Hall MD

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 [pmoraes@specialtyhealth.com](mailto:pmoraes@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  
Specialty Health MCO, Inc.  
NV License: 5570

Cc: City of Reno - TPA  
Patient  
Attorney (if applicable)  
File

057 AA 1175

963

Case Name: Kimberly Kline  
Employee: City of Reno  
Claim Number: 15853E839641  
Date of Injury: 06/25/2015  
Date Request Received: 07/16/2015  
Date of Decision: 07/21/2015  
Date Decision Sent: 07/21/2015  
Record Number: 114771  
Requesting Physician: Scott Hall, MD

REQUEST FOR APPEAL/PEER PHYSICIAN REVIEW

Reason for appeal/peer physician review:

SIGNATURE

NAME-PRINTED

DATED

058 AA 1176

970

# CCMSI

TO: Honorable Mayor  
City of Reno  
Attn: Human Resources

Re: Claim No. 1555582094  
Employer: City of Reno  
Insurer: City of Reno  
TPA: CCMSI  
Date of Injury: 8/28/2015  
Date of Notice: 7/23/2015  
Accepted Body Part: Cervical Strain

## NOTICE OF CLAIM ACCEPTANCE (Pursuant to 11RS 618C.065)

Dear Mayor:

The above referenced claim has been accepted for your benefit by CCMSI. Please be advised that this acceptance is based on the information provided to us by you and the City of Reno. We have not conducted an independent investigation of the facts of the claim. If you have any questions or need further information, please contact your broker or the City of Reno.

We have provided you with a copy of the claim acceptance and a copy of the City of Reno's policy. Please review these documents carefully. If you have any questions or need further information, please contact your broker or the City of Reno.

City of Reno  
Human Resources  
1000 S. Virginia Street, Suite 300  
Reno, NV 89502

City of Reno  
Human Resources  
1000 S. Virginia Street, Suite 300  
Reno, NV 89502

## REASON FOR APPEAL:

\_\_\_\_\_

Signature

Date

Return a copy to your records  
City of Reno, Human Resources

City of Reno

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20166 - Reno, NV 89508-0166  
(775) 324-3300 Fax: (775) 324-9595 www.ccmcsi.com

**REQUEST FOR HEARING - CONTESTED CLAIM**  
(Pursuant to NAC 614C.174)

RFP 177

Department of Administration Hearings OR  
Division  
1050 E. William Street, Ste. 400  
Carson City, NV 89701  
(702) 867-8440

Department of Administration Hearings Division  
1230 S. Rainbow Drive, Suite 200  
Las Vegas, NV 89102  
(702) 486-2010

EMPLOYEE INFORMATION			EMPLOYER INFORMATION		
Employee's Name			Employer's Name		
Address			Address		
City	State	Zip	City	State	Zip
Employee's Telephone Number			Employer's Telephone Number		
City, NV			Third-Party Administrator (TPA) Information		
Insurer Information			TPA Name (CMS)		
Insurer's Name			Address P.O. Box 10068		
Address			City, Nevada		
City	State	Zip	City, Nevada	State, NV	Zip 89115-0068
Insurer's Telephone Number			TPA's Telephone Number 775-324-3300		

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 614C.115

Briefly explain the basis for this appeal:

☐ The Injured Employee

☐ The Employer

ENC 11 2018 1128

Signature of Injured Employee/Employee's

Injured Employee/Employee's rep. (signature)

1. **Medical History:** You must provide a medical history for each child under the age of 18. You may be required to provide a physical or psychological examination if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

2. **Financial History:** You must provide a financial history for each child under the age of 18. You may be required to provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

3. **Temporary Medical History:** If the child you are applying for is less than 18 years old, you must provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

4. **Financial History:** You must provide a financial history for each child under the age of 18. You may be required to provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

5. **Medical History:** You must provide a medical history for each child under the age of 18. You may be required to provide a physical or psychological examination if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

6. **Financial History:** You must provide a financial history for each child under the age of 18. You may be required to provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

7. **Medical History:** You must provide a medical history for each child under the age of 18. You may be required to provide a physical or psychological examination if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

8. **Financial History:** You must provide a financial history for each child under the age of 18. You may be required to provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

9. **Medical History:** You must provide a medical history for each child under the age of 18. You may be required to provide a physical or psychological examination if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

10. **Financial History:** You must provide a financial history for each child under the age of 18. You may be required to provide a written statement if your doctor cannot provide a written statement. If you are a member of the Department of Health and Human Services (DHHS) or the Federal Bureau of Investigation (FBI), you must also provide a written statement.

11. **Medical History:**



Wiederholungen der Arbeit zu vermeiden, sind die verschiedenen Aufgaben zu trennen und zu ordnen. Die Arbeit ist in kleine Teile zu zerlegen, die nacheinander zu erledigen sind. Die Reihenfolge der Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann.

Es ist auch notwendig, die Arbeit in kleine Teile zu zerlegen, die nacheinander zu erledigen sind. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann.

Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann. Die Arbeit ist so zu ordnen, dass die Arbeit in der kürzesten Zeit erledigt werden kann.

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rights, if medical benefits paid on your claim are less than \$300.00. Prior to the closure, a letter, with appeal rights will be sent to you.

NRS 616C.235 Closure of claim by insurer. Procedure; notice; special procedure if medical benefits less than \$300.00. [Effective January 1, 2000.]

2. If, during the first 6 months after a claim is opened, the medical benefits paid on a claim are less than \$300.00, the insurer may close the claim 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.

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.

*Kenny's new Top 50 Apps app: The state of affairs – it's not all sunshine and rainbows*

With a little help, you can use a body scan to challenge your negative self-talk more effectively. You may even find alternative explanations or a more balanced approach to the cause of the problem. This technique works best if done without the pressure of a lot of time. After choosing your physical or pure object, you begin by focusing on the feelings in the associated imagined area. Simply let the feelings be as they are and let your mind be open to what you'll learn in dealing with the physical or emotional. You must choose a resting position or sitting posture that is agreed to be in the state of the control unless the subject is uncomfortable in a body position unrelated to the problem.

major sources of information used in a study with an experimental design are usually made available to the study itself in a formal or systematic way. The focus of this review is on the use of these sources of information in the design and conduct of a study.

**NOTICE** Any third charges or continuing violations of regulations must be reported and approved by the board at any time you are dissatisfied with a regulation or a complaint decided by the board. The person charged has organization or other state board approval to make such binding a court report. It is the board's interest in the form of a case, but only in an emergency. The board shall approve of any such report within 30 days and, if approved, the report shall be the document used for all purposes. The board shall not be responsible for a decision which will prejudice the board's decision.



August 19, 2015

Kimberly Kline  
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 08/11/2015 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 615C.230(4), which states,

"...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.

Veronica Robinson  
Medical Claims Clerk Representative

cc: File, City of Reno v Specialty Health  
Encl. D-12

CALVEN COCHRAN & ASSOCIATES, INC. - P.O. Box 10026 - Reno, NV 89450-0026  
(775) 784-1100 Fax: (775) 784-1100

687-3440

486-3535

**Employee Information**

Employee's Name (Last, First, Middle)

Employee's Telephone Number

Home

Office

**Insurer Information**

Insurer's Name

Insurer's Telephone Number

**Employer Information**

Employer's Name (Last, First, Middle)

Employer's Telephone Number

**Third-Party Administrator Information**

Third-Party Administrator's Name

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.215

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)

1-12a

August 16, 2015

Kimberly Kline  
305 Puma Dr  
Washoe Valley, NV 89704

Claim Number: 15853E836641  
Date of Injury: 08/25/2015  
Insurer: City of Reno

Dear Mr. Kline:

Enclosed you will find the form 036, prior incident history forms, and a Declaration of Medical Services form. Please sign, date, and return the forms to this office within 10 days of the date of this letter. Your signature on these forms will be used to acquire information related to your claim.

NAC 616C.03 states in part: "an injured employee must sign a medical release authorizing 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, he is not eligible for compensation from the..."

If you have any questions, please feel free to contact me.

Sincerely,  
John D. Clark, Claims Representative

cc: File  
City of Reno

CHARLES COOPER, JR. / CLAIMS REPRESENTATIVE / 775-333-1111 / 1000 S. 2ND ST. / RENO, NV 89502-1111  
7/24/2015 10:30 AM / 15853E836641 / 08/16/2015

**And Medical Release**  
(Pursuant to NRS 616C.77 & 616C.490(2))

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

**Print Name and Signature**

\_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

I, \_\_\_\_\_, do hereby certify that the above information is true and correct to the best of my knowledge and belief.



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

Claim No. \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s): \_\_\_\_\_

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

Attending Physician's Name/Address for above captioned injury

Claim No. \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s): \_\_\_\_\_

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

Attending Physician's Name/Address for above captioned injury

Claim No. \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s): \_\_\_\_\_

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

Attending Physician's Name/Address for above captioned injury

Claim No. \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s): \_\_\_\_\_

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

Attending Physician's Name/Address for above captioned injury

Signature \_\_\_\_\_

Date \_\_\_\_\_

Have you ever filed a workers' compensation claim in this state or any other before?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you ever received a settlement or buyout of a claim?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation

(Injured Worker's Signature)

\_\_\_\_\_

\_\_\_\_\_ have received treatment, had medication prescribed, or  
 been evaluated by the following doctors, chiropractors, dentists or other practitioners during the last five (5)  
 years.

List names and addresses and phone

**Dates of Treatment:**

Provider: Dr. Scott Hall, MD

Visit: 08/20/2015 9:15 AM

Chart: KKK1000001

**\*\*\*RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 08/20/2015 09:15 AM  
BODY PART: CERVICAL STRAIN  
EMPLOYER: CITY OF RENO

Date of injury: 8-25-15

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: N/A

SIGNED: Scott Hall, MD

RECEIVED  
AUG 26 2015  
CCMSI - RENO

[Page: 1]

E-signed by Dr. Scott Hall, MD on 08/25/2015 1:11 PM

AA 1191  
073  
985

Provider: Dr. Scott Heli, MD

Visit: 08/20/2015 9:15 AM

Chart: KLIK00005

**Chief Complaint: CERVICAL STRAIN**

**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
57.00 in	185.00 lbs	24.30	118/64	72 bpm	97.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMs, no conjunctivae

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/eczema

PSYCH: euthymic mood, no affect, AOC 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 Heli, MD on 08/20/2015 10:25 AM.

**RECEIVED**

By SHMCO at 1:47 pm, Aug 20, 2015

AA 1192

074

986

Provider: Dr. Scott Hall, MD

Visit: 08/20/2015 9:15AM

Chart: KUK000331

**Plan:**

Education: Patient agreeable to treatment plan and instructions

Work status: Full duty, MM

Return visit: PRN call with questions/problems

Treatment plan: Supportive treatment with recheck if not better

I believe she has done very well with physical therapy and recommended she simply continue 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
OFF	99213		1.00 UN	OFFICE/OUTPATIENT VISIT 151

**\*\*\*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: 08/16/2015

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 SATISFIED? NO

RETURN VISIT: MM

SIGNED: Scott Hall, MD

Roll: 2016/10012652087951  
 Employer: City of Reno  
 Member: City of Reno  
 Fee: 0045  
 Date of Birth: 05/31/1971  
 Date of Hire: 01/01/1994

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Journal compilation © 2005 Blackwell Publishing Ltd

© 1995 ST. J. JOHN'S COLLEGE  
 1000 University Ave., St. John's, Nfld. A1B 3X9

100. The following information pertains to the company's operations for the year ended 12/31/2014. The company's income statement shows a net income of \$100,000. The company's balance sheet shows a beginning equity of \$200,000 and an ending equity of \$250,000. The company's cash flow statement shows a net increase in cash of \$50,000. The company's operating activities generated a net cash flow of \$75,000. The company's investing activities generated a net cash flow of \$25,000. The company's financing activities generated a net cash flow of \$0. The company's total assets were \$250,000 at the end of the year. The company's total liabilities were \$0 at the end of the year. The company's total equity was \$250,000 at the end of the year. The company's net income was \$100,000 for the year. The company's net cash flow was \$100,000 for the year. The company's net increase in cash was \$50,000 for the year. The company's net operating cash flow was \$75,000 for the year. The company's net investing cash flow was \$25,000 for the year. The company's net financing cash flow was \$0 for the year. The company's total assets were \$250,000 at the end of the year. The company's total liabilities were \$0 at the end of the year. The company's total equity was \$250,000 at the end of the year.

For example, when a person does not have a job, it is not the right to work, it is the lack of a job. The right to work is not a right to a job, it is a right to the opportunity to work. The right to work is not a right to a job, it is a right to the opportunity to work. The right to work is not a right to a job, it is a right to the opportunity to work.

1. The approach adopted in this paper is based on the fact that the proposed model for the proposed model is a simple model that can be used to study the behavior of the system. The model is based on the fact that the system is a simple model that can be used to study the behavior of the system. The model is based on the fact that the system is a simple model that can be used to study the behavior of the system.

20

Department of Administration  
 Financial Services  
 2200 S. Temple Street, Suite 210  
 Los Angeles, CA 90007  
 (213) 636-2292

Return a copy of this notice to your records,  
at the City of Reno, Nevada Specialties Section.

Figure 2

GANNON COCHRAN MANAGEMENT SERVICES INC. P.O. BOX 2006 NEW YORK, NY 10108

*~ 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.



\_\_\_\_\_

Over the next few minutes, I can tell you how you can get 10 times your current campaign ROI in 24 hours. But first, let me determine if all being told is a hard sell and your budget has been raised.

It is important to understand that a patient must be writing and accompanied by a physician from a clinic that is licensed, showing a change in medical condition.

<sup>1</sup> You do not lose time from work as a result of your individual or your company's illness and you do not receive a public pension or disability award. You may not request temporary absence from work for any reason.

[illegible]

The rate at which the PPD offset is deducted is the same as the day/monthly rate of the PPD award. Except for minimum award sum awards (for each payment you receive TTD, TPD or PPD on the basis of the day/monthly PPD rate is calculated based on the time period after (a) disallowing the lump sum PPD award (See A-25 of 2014-15) and (b) the following information regarding offshore PPD).

Your PFD lump sum was computed through the day before your "On" birthday in close with the lump sum, your assets, your own partial disability payments, the value of your annuity effective date of your initial PFD payment, the full 20% plan (the highest otherwise reduced by the minimum lump sum). (Although, you may not get the lump sum payment if you have paid the assets value of all your first PFD payments.)

1977) towards age calculated using the maximum age established by New Zealand Department of Conservation (1997) for the species, may be less than 70 years.

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

DoB: 10/07/1979  
Visit: 09/23/2015 8:45AM

Sex: F  
Chart: KLK000001

**Chief Complaint:** NECK 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 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	96 bpm	14 /min	98.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMs, normal conjunctivae

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/nyctemarginal discoloration

PSYCH: euthymic mood, reactive affect, AD x 2, 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

[Page 1]

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

**RECEIVED**

By SHMCO at 3:06 pm, Sep 23, 2015

AA 1197

079

991

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

DoB: 10/07/1978  
Visit: 09/23/2016 8:45AM

Sex: F  
Chart: KUK000001

**Plan:**

Referral: Physical therapy, Evaluate and Treat - 8 visits  
Work status: Full duty  
Return visit: 2 weeks  
Treatment plan: Conservative treatment

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

**\*\*\*RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 09/23/2016 08:45AM  
BODY PART: NECK CLAIM  
EMPLOYER: CITY OF RENO

Date of injury: 08/03/2016

It is the injured workers responsibility to inform the employer of current work status.  
CURRENT RESTRICTIONS: Full duty without restrictions  
CONDITION STABLE? NO  
CONDITION PATABLE? NO

RETURN VISIT: 2 weeks  
SIGNED: Scott Hel, MD

**REFERRAL SHEET 2:**

Referral from:  
Specialty/Health: 330 E Liberty St #100 Reno NV 89501  
Ph # (775) 398-3630 Fax # (775) 522-2663

Patient name: KIMBERLY KLINE  
Home phone #: 775-815-5782

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

DOB: 10/07/1979  
Visit: 09/23/2015 8:45AM

Sex: F  
Chart: KLIK000001

Cell Phone #: 7758165790

Insurer:  
Insurance #:

Date of Injury if applicable: 09/03/2015  
Claim # if applicable:  
Referral for: Physical therapy, evaluate and treat - 8 visits  
Neck and back strain

Referral from: Dr. Scott Hall, MD

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

DOB: 10/07/1979  
Visit: 09/23/2016 8:45AM

Sex: F  
Chart: KLIK000001

\*\*\*RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 09/23/2016 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 PATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

RECEIVED  
SEP 24 2016  
CCMSJ - RENO

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

DOB: 10/07/1979  
Visit: 09/29/2015 5:00PM

Sex: F  
Chart: KUK000031

**REFERRAL SHEET:**

Referral from:  
Specialty Health, 390 E. Liberty St. #100, Reno, NV 89501  
Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: KIMBERLY KLINE  
Home phone #: 775-815-5730  
Cell Phone #: 775-815-5790

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

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

**DOB:** 10/07/1979  
**Visit:** 09/23/2015 8:48AM

**Sex:** F  
**Chart:** KLIK000001

**REFERRAL SHEET 2:**

Referral from:  
Specialty Health, 330 E. Liberty St. #100, Reno, NV 89501  
Ph # (775) 396-3630, Fax # (775) 322-2663

Patient Name: KIMBERLY KLINE  
Home Phone #: 775-815-5750  
Cell Phone #: 775-2155790

Insurer:  
Insurance #:

Date of Injury if applicable: 08/03/2015  
Claim # if applicable:  
Referral for: Physical therapy, evaluate and treat - 8 visits  
Neck and back strain

Referral from: Dr. Scott Hall, MD

**RECEIVED**  
**By SHMCO at 4:58 pm, Sep 24, 2015**

October 1, 2015

Kimberly Kline  
305 Puma Dr.  
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,  
  
Christine K. Smith  
Medical Only Claims Representative  
CCMSI - Reno, Nevada

cc: File  
City of Reno  
Specialty Health

CANNON GOVERNMENT SERVICES INC. • P.O. Box 20661 • Reno, NV 89515-0535  
(775) 324-3301 Fax: (775) 324-9393 [www.ccmsi.com](http://www.ccmsi.com)

085  
997  
AA 1203



California, NRS 616C.315  
(702) 527-8440

California, NRS 616C.315  
(702) 485-2525

Employee Information

Employee's Name and Address:

Employee's Telephone Number:

Claim No.

Date of Injury

Injured Information

Injured Employee's Name and Address:

Injured Employee's Telephone Number:

Employer Information

Employer's Name and Address:

Employer's Telephone Number:

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 I signed this \_\_\_\_\_ 26 of \_\_\_\_\_

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)  
D-12a

AA 1204

086

938

Case Name: Kimberly Kline

Employer:	City of Reno
Claim Number:	15853E839641
Date of injury:	08/25/2015
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(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.

Physician Signature:

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 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

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.

life indicators (e.g. Oswestry) or a standard pain scale in order for treatment to continue. Home programs should be initiated with the first therapy session and must 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 2015 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 2015 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;

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. Plan, 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., 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 888-642-2230.

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 (NRS 616C.305).

NRS 616C.305 Procedure for appeal of final determination of organization for managed care which has contracted with insurer.

AA 1207

089

1001

Date Request Made: 10/01/2015  
Date of Decision: 10/01/2015  
Date Decision Sent: 10/01/2015  
Record Number: 115499  
Requesting Physician: Scott Hall, MD

1. Except as otherwise indicated in Section 3, any person who is employed by a self-insured employer, or who is a member of a self-insured employer's managed care plan, who has contracted with an insurer must, within 14 days of the determination and notice requesting a resolution of the dispute pursuant to NRS 616C.275 to 616C.305, file a written appeal that determination in accordance with the procedure for resolving disputes established by the organization for managed care.
2. The procedure for resolving disputes is established by the organization for managed care and must include, but is not limited to, the following: 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.305 to 616C.355, inclusive.  
(Added to NRS by 1993, 597; A 1993, 2452; 1995, 2149; 2004, 2149)

NAC 616C.275 Hearing on decision concerning accident benefits made by organization for managed care (NRS 616C.275). An appeal officer shall not conduct 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. If the dispute is not resolved pursuant to the procedure within 14 days after it was submitted.

This appeal request for a peer physician review must be sent to:

Specialty Health MCC  
Attention: Director of UR/CA  
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.

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.125).

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 exempt 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 the communication is strictly prohibited. If you are not the intended addressee/recipient, please notify us at 775-385-3520 or [privacy@specialtyhealth.com](mailto:privacy@specialtyhealth.com) of the error and immediately destroy/delete this information and any accompanying documents.

[REDACTED]

Date of Decision: 10/01/2016  
Date Decision Sent: 10/01/2016  
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.  
NY License: S570

Cc: City of Reno - TPA  
Patient  
Attorney (if applicable)  
File

092 AA 1210

1004

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 \_\_\_\_\_



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

DOB: 10/07/1978  
Visit: 10/06/2015 4:00PM

Sex: F  
Chart: KLK1000001

**RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 10/06/2015 04:00PM  
BODY PART: LUMBAR FOLLOW UP  
EMPLOYER: CITY OF RENO

Date of injury: 8-25-15

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE? NO

RETURN VISIT: 4 weeks

SIGNED: Scott Hall, MD

RECEIVED  
OCT 07 2015  
CCMST - RENO

[Page 1]

E-signed by Dr. Scott Hall, MD on 10/06/2015 4:17PM

094 AA 1212

1006

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

DoB: 10/27/1979  
Visit: 10/28/2015 2:15PM

Sex: F  
Chart: KLMC00007

**Chief Complaint: CERVICAL DYSMIA**

**History of Present Illness:**

On 10/28/2015, the patient presented to the clinic with a complaint of neck pain and stiffness.

**History of Past Illness:**

The patient has a history of chronic pain, which is managed with physical therapy and pain medications. She has no history of recent falls or trauma.

**Medications & Allergies:**

Medication	Allergies
Hydrocodone/Acetaminophen (Vicodin)	None

**Physical Exam:**

Height	Weight	BMI	Blood Pressure
57.00 in	155.00 lbs	24.30	120/80
Pulse	Respiratory Rate	Oxygen Saturation	Smoking Status
67 bpm	14 bpm	97.20 %	Non-smoker

**General:**

Well-appearing female.

Eyes: Clear, pupils equal and reactive.

Ears: Clear, no tenderness.

Throat: Clear, no tenderness.

Heart: Normal, no murmurs.

Lungs: Clear, no wheezes or crackles.

Abdomen: Soft, no tenderness or masses.

Extremities: Normal, no swelling or deformities.

**Assessment:**

Type	Code	Description
ICD-10-CM Condition	S13.42XA	Strain of ligaments of cervical spine, initial encounter

154 g

Signed by Dr. Scott Hall, MD on 10/28/2015 2:15PM

**RECEIVED**  
By SHMCO at 1:36 pm, Oct 29, 2016

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

**DOB:** 10/07/1979  
**Visit:** 10/28/2015 2:15PM

**Sex:** F  
**Chart:** KCLK000001

**Plan:**

Work status: Full duty, MMI

Type	Code	Modifiers	Quantity	Description
99	90212		1.00 UN	OFFICE/OUTPATIENT VISIT EET

**RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 10/28/2015 02:15PM  
BODY PART: CERVICAL CLAIN  
EMPLOYER: CITY OF RENC

Date of Injury: 8-25-15

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

Patient: KIMBERLY KLINE DoB: 10/07/1979 Sex: F  
Provider: Dr. Scott Hall, MD Visit: 10/28/2015 2:16PM Chart: KJ0000001

**\*\*RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE  
DATE OF APPOINTMENT: 10/28/2015 02:16PM  
BODY PART: CERVICAL CLAVICLE  
EMPLOYER: CITY OF RENO

Date of injury: 6-25-16

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

CURRENT RESTRICTIONS: Full duty with no restrictions

CONDITION STABLE? YES

CONDITION RATEABLE? NO

RETURN VISIT: NMI

SIGNED: Scott Hall, MD

RECEIVED  
OCT 28 2015  
CCMSI - RENO

Claim No: 12515428  
 Applicant: City of Reno  
 Invention: City of Reno  
 Title: C2541  
 Date of Invention: 5/24/2015  
 Date of Filing: 1/26/2016

Dr. Robert J. Anderson, Director, National Center for Human Genome Research, National Institutes of Health, Bethesda, Maryland

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[illegible][illegible]

79. Optical density (OD) is a measure of the amount of light that is absorbed by a sample. It is calculated as the negative logarithm of the ratio of the intensity of light that passes through the sample to the intensity of light that enters the sample. The OD of a sample is directly proportional to the concentration of the sample. The OD of a sample can be used to determine the concentration of the sample. The OD of a sample can also be used to determine the optical density of a sample. The OD of a sample can be used to determine the optical density of a sample. The OD of a sample can be used to determine the optical density of a sample.

Department of Computer Science  
 University of Illinois  
 201 E. Green Street, Rm. 201  
 Champaign, IL 61820  
 USA  
 Tel: 217/244-6000

OR

Journal of the American Academy of Child  
and Adolescent Psychiatry  
1550 20 Avenue, Denver, CO 80202  
Tel: 303.733.1000, Fax: 303.733.1000  
JCPP@mc.man.ac.uk

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5.  $\text{SiO}_2 + 2\text{H}_2\text{O} \rightarrow \text{H}_4\text{SiO}_4$   
 6.  $\text{SiO}_2 + 2\text{H}_2\text{O} \rightarrow \text{H}_4\text{SiO}_4$   
 7.  $\text{SiO}_2 + 2\text{H}_2\text{O} \rightarrow \text{H}_4\text{SiO}_4$

524

595-126741

2-3: (a) (b)

1. WILLSON COORDINATING MANAGEMENT SERVICES INC.      2. 10000 10th Ave      3. Brooklyn, NY 11204-2505  
 4. (718) 338-1558      5. 201-279-8552 ext.      6. www.willson.com      7. 100%

AA 1216  
098

1910

*~ 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.

Member Reviewer Disposes of 50% of defined plan right or option until member's death (qualifying event) or if the Member dies or is deemed to have died and your group has been elected.

An application is needed to claim credit for using the amount between 50% and 100% of the plan's assets for the purpose of providing a change in medical condition.

If you did not lose your group as a result of your death (either through your own death or the death of a group member), you may be eligible for a change in medical condition if you have a change in medical condition.

Group is eligible for a change in medical condition if you have a change in medical condition and you have a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

Grouping is a group of people who are eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

#### PPD OFFSET

Grouping is a group of people who are eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

Grouping is a group of people who are eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

The PPD offset is a group of people who are eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

Your PPD group was established through the 50% before your 50% group. In other words, the group was established by the group's partial disability payments due to the 50% of the group's PPD group. If you have a change in medical condition, you may be eligible for a change in medical condition.

The PPD group is a group of people who are eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition. If you have a change in medical condition, you may be eligible for a change in medical condition.

Grouping

November 23, 2015

Ms. Yesenia Martinez  
CCMSI  
1575 Delucchi Lane, Suite 224  
Reno, Nevada 89502

CLAIMANT: Kimberly Kl  
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

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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 \$4,676.55 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: A1000235 | CA License: P22731 | NV License: 1187 | License: 6491 | IL License: 117.001421



An ISO index search of previously filed claims by the claimant produced the following results:

Claim Number: 013039950003  
Type: Personal Auto  
Date of Loss: 05/08/2000  
Insured/Insurer: Safeco Ins  
Injury: Bodily Injury/ear

Claim Number: UVG4505303  
Type: Personal Auto  
Date of Loss: 02/17/2006  
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: 0286914466  
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

Claim Number: AL53106774101  
Type: Personal Auto  
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 under the influence. The claimant reported the accident, was treated and diagnosed with a lumbar strain on the date of loss.

On July 8, 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 reliable 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 will make the following recommendations: "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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- We recommend obtaining the statement from the driver of the vehicle that rear ended the claimant in June 25, 2016 to determine the facts and circumstances surrounding the accident and determine if there may have been any fault on the part of the driver of the vehicle that rear ended the claimant.
- We recommend obtaining the claimant's driver's license and medical records to correlate with the claimant's prior motor vehicle accident in which the claimant sustained neck and back injury in order to further document the claimant's past motor vehicle accident.
- We recommend that the agent please be responsible for the claimant and asking him specifically about the claimant's activities, medical history, claims, and credit history. This will provide the claimant an opportunity to see forthcoming about his history, employment, and limit what the agent would find out facts with regard to the claimant's appointment and his activities. It will also serve to strengthen the SIU case. If the claimant will not present himself to the agent.

Please contact SIU investigator James Murphy with any questions or discuss any other interpretations. If you need any other information or documents or need help with handling SIU investigator.

Sincerely,

James Murphy  
SIU Investigator  
GlobalOptions  
Office (916) 645-6664  
james.murphy@globaloptions.com

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**"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 resolving a claim. This information should not be used for any employment-related purposes. GlobalOptions agrees and certifies the ordering of and the use of this report is in strict compliance with the Fair Credit Reporting Act.

**DISCLAIMER**

The report, analysis and conclusions contained herein are based on information provided by the client and are not intended to constitute an offer of insurance or any other financial product. GlobalOptions is not a licensed insurance broker or agent in any state.

GlobalOptions, Inc.

Notwithstanding to whom or for what purpose any such information is furnished, the recipient shall not be permitted to use such information for any purpose other than that for which it was furnished, and shall not be permitted to disclose such information to any third party without the prior written consent of the Global Options Regional Office.

GlobalOptions Regional Offices  
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CCMSI  
PO BOX 20068  
RENO NV 895150068

December 09, 2015

RECEIVED  
DATE FLOPPY MAILING  
CLAIM NUMBER 0374749547 PTB  
CLAIMANT KIMBERLY M. KLINE

PHONE NUMBER 800-398-9623  
FAX NUMBER 866-557-9577  
OFFICE HOURS

Dear Yessie Merunza,

Please send us a copy of your updated auto policy for Kimberly M. Kline. Date of birth is 06/07/1979.  
Our date of loss is 6/25/2015. Your claim number is 1585188100.

Can you please also send us the medical records for the prior injury dated 6/3/2013 as well as a copy of the stigmas and photos of the vehicle involved. Your claim number is 1585188100.

I've included an authorization signed by Kimberly M. Kline.

If you have any questions or concerns please contact the handling claim owner Melcades Arencibia at (702) 837-7162

Sincerely,

*TAMI BRITTON*

TAMI BRITTON  
800-398-9623 x 67038  
Autism Insurance Company

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DEC 14 2015  
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0374749547 PTB

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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$$G_{\text{eff}} = G_{\text{eff}}(a, \dot{a}, \ddot{a}, \dots) = G_{\text{eff}}(a, \dot{a}, \ddot{a}, \dots) = N(a, \dot{a}, \ddot{a}, \dots) = 0$$

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$$m_{\text{eff}} = m \sqrt{1 - \frac{v^2}{c^2}} = m \sqrt{1 - \frac{1}{100}} = 0.995m$$

Abstracts of the 1998 Annual Meeting of the American Society of Human Genetics, 1998, Denver, Colorado, October 1-5. *Am J Hum Genet* 63:1-100, 1998.

總編輯: 馮國治 (fong@cc.hk)

Let  $\mathcal{C}_1, \dots, \mathcal{C}_n$  be  $n$  classes of objects, and let  $\mathcal{C} = \mathcal{C}_1 \cup \dots \cup \mathcal{C}_n$  be the union of these classes. Let  $\mathcal{C}_1, \dots, \mathcal{C}_n$  be  $n$  classes of objects, and let  $\mathcal{C} = \mathcal{C}_1 \cup \dots \cup \mathcal{C}_n$  be the union of these classes.

1997-1998

7. *Explain the importance of the following factors in the selection of a site for a new business: (a) Proximity to raw materials, (b) Proximity to markets, (c) Availability of labour, (d) Availability of capital, (e) Availability of transport facilities.*

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

2017-01-06 20:00:00 2017-01-06 20:00:00 2017-01-06 20:00:00 2017-01-06 20:00:00

\* *Journal of Management Education* 25(10):1139-1150, 2001.

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\*DOE SIA \*ACVJ AT \*H71201S 000:35 PY [Qanqon] B[unbun] Tunel' GVR A166.XFX6013-SUC \* DNR:57423\* CSOM76 JJA 484 \* DURATION (mm) 1:03.0

AA 1225  
107  
1019

Fax #: (775) 822-9424

Dates of Treatment: \_\_\_\_\_

Ambulance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Name(s) of Physician: \_\_\_\_\_

Other Medical Insurance applicable to loss: CCMSI (Covers All)

Address: PO Box 20068

RENO NV 89505

Phone #: (775) 822-3301

Fax #: (775) 822-9424

Claim number: 15033EASICAL Policy number: 1001 of Reno

Adjuster name: Wanda - 214127

Medicare: ☐ Yes ☒ No Medicare #: \_\_\_\_\_

Medicaid: ☐ Yes ☒ No Medicaid #: \_\_\_\_\_

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CCMSI - RENO

0374949547 IMA

RENO NV 89505 PO BOX 20068 (775) 822-3301 FAX (775) 822-9424

Patient: Kline, Kimberly  
Date of Birth: 10/07/1975  
Phone: (775) 812-5790  
MRN: 417766 Age: 5116822  
Dx: 9 Exam: 01/13/2015

U.S. State Department, Bureau of Consular Affairs, 2001

University of North Carolina, Chapel Hill, NC 27599-7070. Received November 15, 2010; revised manuscript received February 10, 2011; accepted February 10, 2011. This work was supported by National Institutes of Health Grants R01AG028481 and R01AG028481-01A1. We thank Dr. David M. Holtzman for his helpful comments on this manuscript.

[illegible]

#### COMPARISON WITH

9420023

1. The first step in the process of the development of a new product is the identification of a market need. This is done by conducting market research, which involves gathering information about the target market and its needs. This information is then used to develop a product concept that meets the needs of the target market.

Q: Q4. There is a shallow, flat osteophyte, continuous with the middle rib, arising from the costal margin (also called Serratus). This is the most important "point" of the rib cage, the "key" to the thoracic cage. It is the most important landmark in the thoracic cage.

25.08. There is a large displacement in the parabolic and subparabolic growth mode (see below) and a shift in the level of thermal conductivity ( $\sim 0.1$  W/mK) at age 12. There is no significant change in thermal diffusivity field,  $\alpha$ .

2000). The authors also found that the use of the Internet for information seeking was positively related to the use of the Internet for information sharing. However, the use of the Internet for information seeking was not related to the use of the Internet for information sharing. This suggests that the use of the Internet for information seeking and the use of the Internet for information sharing are two distinct activities.

— 2007 年 12 月 10 日

APPENDIX

[illegible]

There are no references with regard to: San Felipe de

2019-2020 100% Satisfaction Survey Results

Wash.

2008

CGMS: - RENO

1. *Journal of the American Medical Association*, 2000; 283: 2689-2696.



CCMSI

RECEIVED  
AND  
FILED

Kimberly Gilne  
304 Pump Dr.  
Washoe Valley, NV 89704

RE: Claim No: 15853(603964)  
Employer: City of Reno  
Insurer: City of Reno  
TPA: CCMST  
Date of Injury: 6/29/2015  
Date of Notice: 11/5/2015

From: Yessenia Hernandez, Vice President, Claims Representation

NOTICE OF INTENTION TO CLOSE CLAIM  
(Form 1000-NR-616C235)

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 total disability as a result of your above referenced claim.

Nevada Revised Statute (NRS) 616C.190 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report stating your problem is the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that a 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 the denial of benefits, you must request your supplies and your insurer has a contract 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 "management benefits," or if no organization for managed care is listed 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, 5th Floor  
Carson City, NV 89701  
(775) 687-5966

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

Reason for appeal: Denial of medical benefits for physical therapy and chiropractic services.

CCMSI - RENO

11/5/2015

Kimberly Gilne

304 Pump Dr.

Washoe Valley, NV 89704

Phone: (775) 687-5966

Signature: Kimberly Gilne

Date: January 27, 2016

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JAN 27 2016  
0-31 (rev. 10/10)

CCMSI - RENO

COMMON CLAIMS MANAGEMENT SERVICES, INC. • Box 200 • Reno, NV 89509  
Phone: (775) 687-5966 • Fax: (775) 687-5966 • www.ccmst.com

***~ 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.

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CCMSI - RENC

**AA 1229**

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### 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 or 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-12-0010

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AA 1230

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# Request for Additional Medical Information And Medical Release

(Payment is NRS 616C, 677 & 616C.490(4))

Requester's Name: John Doe Date: 10/1/15  
 Case Number: 100-123456 Social Security Number: 123-45-6789  
 Requester's Address: 123 Main St Date of Birth: 01/01/1980  
 Patient's Name: John Doe Patient's Address: 123 Main St  
 Patient's Address: 123 Main St Patient's Address: 123 Main St

I hereby request the information described above, and I hereby request that the information be provided to me in the form of a written report. I understand that the information requested is confidential and that I am requesting that the information be provided to me in the form of a written report. I understand that the information requested is confidential and that I am requesting that the information be provided to me in the form of a written report.

## 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 diagnosis of the condition(s) listed above. (If you checked this box, no further information is required.)
- ☒ I have prior conditions, injuries or disabilities that might affect the diagnosis of the condition(s) listed above. I have provided the following information regarding the condition(s) listed above: (If you checked this box, please provide a description of the condition(s) listed above, including the date of onset, the date of diagnosis, the date of treatment, and the date of resolution. If you checked this box, please provide a description of the condition(s) listed above, including the date of onset, the date of diagnosis, the date of treatment, and the date of resolution.)

I have provided the following information regarding the condition(s) listed above: (If you checked this box, please provide a description of the condition(s) listed above, including the date of onset, the date of diagnosis, the date of treatment, and the date of resolution. If you checked this box, please provide a description of the condition(s) listed above, including the date of onset, the date of diagnosis, the date of treatment, and the date of resolution.)

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AA 1232

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CCMSI

January 18, 2016

Dr. Hansen

Attn: Medical Records

Sent via fax to: 775-284-4902 Pages: 2 (including cover)

Claimant: Kimberle Kline  
Claim No.: 015853E83954  
S.S.N.:  
D.O.B.:  
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 775-524-9890.

Sincerely,

*Yosenia Martinez*

Yosenia Martinez, Medical Only Claims Representative  
CCMSI - Reno, Nevada

cc: File

This e-mail and any files transmitted with it are confidential and intended solely for the individual named. If you have received this e-mail in error, please notify the sender immediately by e-mail and delete this e-mail from your system. Do not print, copy, retransmit, or otherwise use this information. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake.

COLUMBIAN MANAGEMENT SERVICES, INC. • P.O. Box 2060 • Reno, NV 89509  
775-224-9300 Fax: 775-224-9301 www.ccm-si.com

AA 1233

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DATE TIME  
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STANDARD

BUSY: BUSY/NO RESPONSE



C C M S I

January 18, 2016

Dr. Hansen

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.: 10/7/1979  
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 1235

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1029



DATE	1/22/2016
TIME	3:19 PM
LOCATION	10635 Professional Circle - Suite B - Reno, NV
PATIENT NAME	Kline, Kimberly
DATE OF BIRTH	1/15/1978
SEX	F
HEIGHT	5'00"
WEIGHT	125 lbs
HAIR	Brown
EYES	Blue
DOB	1/15/1978
SSN	123-45-6789
PHYSICIAN	Dr. [Name]
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 W/C 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.

Friday, January 22, 2016

Narrative Encounter - Exam - Initial  
Wednesday, January 23, 2016 3:19 PM

Kline, Kimberly

**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 W/C 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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10635 Professional Circle - Suite B - Reno, NV

Page 2 of 2

- 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 (58 pounds of force); average for right hand is 71.66666 pounds of force; 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.
- Palpation: A combination of static and motion palpation reveals lower cervical spine and mid cervical spine articular fixation bilaterally (severe hypertonics).
- Trigger Point: Palpation of the cervical, thoracic and lumbosacral spine musculature reveals upper trapezius spasm, levator scapulae and upper lumbar spasm bilaterally and cervical paraspinal spasms, tenderness, and trigger point is severe.
- Range of Motion: Active cervical range of motion evaluation reveals for lateral flexion of 5/40 degrees with pain, flexion of 25/45 degrees with pain and extension of 10/55 degrees with pain.
- Cervical Manipulation Tests: Maximum cervical compression (CS) of cervical nerve root compression is positive with lumbar pain on the left. Thoracic manipulation maneuvers alleviating neck pain or causing pain irritation is positive with pain relief. Spontaneous pain relief is positive with pain relief.

#### Neurological

- Sensation: Dermatome evaluation of the upper extremities (level C1-C6 left hypoaesthesia, and of remaining upper extremities) is within normal limits. Dermatome evaluation of the lower extremities reveals dermatome distribution superiorly (level L1-L5) and inferiorly (level S1-S5) are within normal limits. Superficial reflexes: Upper extremity deep tendon reflexes (biceps (C5) on the left +1 (biceps sluggish response) and biceps (C5) on the left +1 (biceps sluggish response). All lower extremity spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes: Dorsal: All deep tendon reflexes are within normal limits bilaterally.

#### Diagnosis

- W50.20 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 Traction Decompression therapy using the T-Green decompression table was applied to the neck with a 20 to 25 degree angle.
- Electrical stimulation applied to the muscles of the posterior neck.
- LightCure Class II deep tissue laser therapy applied to the muscles of the posterior neck.

##### Treatment Plan/Recommendations

##### Prognosis

- Prognosis - guarded.

##### Assessment

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

##### Diagnostic Impressions

- Impression: Examination indicates manifestation of a disc injury between the intervertebral disc space of C6 and C7.

##### Schedule of Care

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- Schedule of care - The patient will be treated with non-surgical spinal decompression coupled with Class Wavep tissue laser therapy using the LightForce 6k laser for 14 times per week for four (4) weeks, undergo a release, 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.

Amishin, D.S., D.C., DPM C  
 President of CCMSI

**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 MVA's while at work which resulted in W/C 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 car-end collision she recently sustained.

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

#### Objective

##### Examination

##### Musculoskeletal

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

##### Ref. Legals

1/22/2016 10:27:21 AM

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AA 1238  
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- WISC 10 - 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.
- 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.

##### Functional Findings/Recommendations

##### Assessment

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

##### Prognosis

- Prognosis - guarded.

##### Diagnostic Impressions:

- Impression - Patient continues treatment for manifestation 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, Jeffrey (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 ROC which shows 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. Wards are an expense for pain but your expertise would be terrific.

Thank you

##### Physician Documentation

##### Narratives, Reports, and Letters

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

Hansen, Bryan C., D.C., Bryan C.  
Chiropractor

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AA 1239

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## Subjective

### Chief Complaint

- Neck pain, (Pain Scale 9 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 falls while at work which resulted in WOC 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

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

### Ox Codes

- M50.25 - 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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Summary of Patient History

**Assessment:**

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

**Prognosis:**

- Prognosis: remains good.

**Diagnostic Impressions:**

- Impression: Patient continues to have manifestations of a disc injury between the lower vertebral disc space of C5, C6, and C7.

**Schedule of Care:**

- Schedule of care: As outlined in initial exam.

Walter S. B. D. DPM  
Chiropractic Doctor

**Narrative Encounter - Decompression**

Monday, January 18, 2016 10:16 AM

Work Summary

**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 8 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.

Course: The patient was recently involved in two MVA's while at work, which resulted in no treatment, no luck with pain and should be pain. She was released from work only a few weeks ago. There is a high probability within medical history of certainty that Ms. Alina's injuries are related to the rear end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication: codeine 5-325 with acetaminophen 500 mg. little affect on symptoms.

**Objective**

**Examination:**

1/17/2016 10:24:21 AM

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#### Musculoskeletal

- **Palpation:** A combination of static and motion palpation reveals lower cervical spine and upper cervical spine motion restriction bilaterally (severe indications)
- **Trigger Point:** Palpation of the cervical, thoracic and related skeletal musculature reveals upper trapezius spasm, tenderness and trigger point is severe bilaterally and cervical paraspinal spasm, tenderness and trigger point is severe

#### Diagnosis

- MSD, D: Bilateral 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 II deep tissue laser therapy applied to the muscles of the posterior neck

##### Treatment Plan/Prognosis

##### Assessment

- The patient's response to conservative care is fair and patient responds well to treatment today

##### Prognosis

- Prognosis remains good and continues to show improvement with treatment

##### Diagnostic Impressions

- Impression: Patient continues to exhibit indications of a disc injury between the intervertebral disc space of C5, C6 and C7

##### Summary of Case

- Schedule of care: As previously stated in initial report

Heather T. S., D.C., Bryan C.  
Chiropractors

#### Narrative Encounter - Decompression

Tuesday, January 19, 2016 3:01 PM

#### Subjective

##### Chief Complaint

- Neck pain (Pain Scale 8 of 10)

##### History of Present Illness

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

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating in 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 MC treatment for neck pain and shoulder pain. She was released from work only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Rine'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 reveals lower cervical spine and mid cervical spine articular limitation bilaterally (severe indications).
- **Trigger Point:** Palpation of the cervical, thoracic and related spinal musculature reveals upper trapezius spasm/tenderness, and trigger point is severe bilaterally and cervical paraspinal spasm, tenderness, and trigger point is severe.

#### Dr. Cook:

- MSO.10 - 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-Gray 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.
- Light Cure Class-4 deep tissue laser therapy applied to the muscles of the posterior neck.

#### Treatment Plan/Recommendation

##### Assessment

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

##### Prognosis

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Diagnosis - Cervicalgia

**Diagnostic Impressions**

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

**Schedule of Care**

- Schedule of care: Continue as outlined in this report

**Narrative Encounter - Decompression**

Wednesday, January 10, 2018 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 no associated symptoms of weakness, numbness,

Quality: The patient characterizes the pain as burning, throbbing, sharp, and radiating to the left shoulder, the left thumb and 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 interfere 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 MVCs while at work which resulted in whiplash, low back 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 this injury was related to the rear end collision she recently sustained.

Moderating factors: The patient's condition is unchanged with therapy. Current medication (Hydrocodone) has had little effect on her condition.

**Objective**

Examination:

Musculoskeletal:

- Palpation: A combination of static and motion palpation reveals low level paraspinal spine and mid cervical spine articular restriction bilaterally (moderate to severe indications).

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CCMSI - RENO

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 to continue as outlined in initial report.

Narrative Encounter - Decompression  
Wednesday, January 20, 2016 10:26 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 thumb, the left forearm, the left thumb, and the left index finger. The patient is not relieved.

Severity: The patient indicates that the pain is an estimated level 7 on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms is tolerated 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 MVA's 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 the patient's symptoms are related to the recent collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication (Vicodin 5/325) minimally affects or symptoms.

Objective

Examination

Musculoskeletal

- Palpations: A combination of static and motion palpation reveals lower cervical spine and mid cervical spine are joint fixation bilaterally (moderate to severe restrictions).

1/20/2016 10:25:23 AM

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tenderness, and trigger point is severe bilaterally and cervical paraspinal tenderness, and trigger point is moderate to severe

#### Diagnosis

- M50.20 - Other cervical disc displacement unspecified as axial 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-Grey Decompression table was applied to C5 and C6/7 discs with a 20 to 25 degree flexion
- Electrical stimulation applied to the muscles of the posterior neck
- Light Cure Class-4 deep tissue laser therapy applied to the muscles of the posterior neck

##### Treatment Plan/Recommendations

##### 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 Impression

- Impression - Patient continues treatment to 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/Subjective

- Patient's report: numbness in her left hand is gone but still has it in the right hand and thumb

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#### Narrative Encounter - Decompression

Thursday January 21 20:16:23 PM

#### Subjective

##### Chief Complaint

- Neck pain (Pain Scale 8 of 10)

##### History of Present Illness

1/22/2018 10:25:27 AM

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Page 10 of 11

AA 1246  
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1040

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

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating in 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 8 on a scale of one to ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities and recreational activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms abrupt.

Context: Patient was recently involved in a motor vehicle accident resulting in a collision with a car. The patient reports that the shoulder pain was not present from the time of the accident. There is a high probability that a medical department or clinic's injuries are related to the accident and follow the accident's path.

Modifying factors: The patient's condition is unchanged with therapy. Current medication (Vicodin 5/325 with val) has little effect on symptoms.

## Objective

### Examination

#### Musculoskeletal

- **Palpation:** A combination of static and motion palpation reveals lower cervical spine and mid cervical spine tenderness bilaterally (moderate to severe indications).
- **Trigger Point:** Palpation of the cervical, thoracic and related spine musculature reveals upper trapezius, posterior levator scapulae, and trigger point is severe bilaterally and cervic. paraspinalis upper, lower, and middle, and trigger point is moderate to severe.

#### Diagnosis

- N50.20 Other cervical disc displacement, unspecified, cervico region

## Assessment and Plan

### Treatment

#### Physical Modalities

- Cold pack applied to the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the D-Grip decompression table was applied to C5 and C6/7 discs 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 Plan/Referrals

#### Assessment:

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

#### Prognosis:

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**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/Notes**

- Patients reports numbness in her left forearm has subsided, however there is some numbness in her left thumb

Patricia M.S., D.C., DPM  
Director of Practice

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y 01/22/2016 10:51 From: Scan\_2816 Pro Spinal

**LEADING EDGE  
CHIROPRACTIC**

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


January 22, 2016

Re: Patient: Kimberly Kline  
Claim #: 1585385966  
SSN: [REDACTED]  
DOB: 10/07/1979  
Employer: City of Reno

Dear Yvonne;

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.

  
Jennifer Cox  
Office Manager  
Leading Edge Chiropractic  
10635 Professional Circle, Suite B  
Reno, NV 89521  
775-284-4900 (P)  
775-284-4903 (F)

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Health Information Services

Patient Name: **KLINE, KIMBERLY**

DOB: **10/07/1979**

**RECEIVED**

Date: **02/22/2016**

**FEB 22 2016**

**CCMSI - RENO**

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 privacy file and regret that we cannot release the requested information for the following reason(s):

- ☐ A Death Certificate and "Letter of Administrator/Physician", 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.  
HealthPort cannot provide records in any form if the patient or their agent has not provided a signed authorization or a letter of representation from the authorized person. This must appear on the request and be signed by the patient or the authorized person.
- ☐ Not able to identify the patient. Date of Birth or Social Security Number must be included with the request.
- ☐ 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 to a specific and distinguishable subject.
  - ☐ The name or other specific identification of the patient(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 information may be made 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 response 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 redisclosure 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 person authorizing the requester or 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 resubmit 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.**