THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

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

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 VIII

Pages 1751 - 2000

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Attorney for the Appellant

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ALPHABETICAL INDEX

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THE LAW FIRM OF HERB SANTOS, JR.
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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

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

rative Encounter - Decompression
sday, January 26, 2016 11:16 AM

Kline, Kimberly

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

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

Jerilyn Cox
Finalizing User

ve Encounter - Exam - Progress
nesday, January 27, 2016 11:23 AM

Kline, Kimberly

bjective

ief Complaint

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

tory of Present Illness

ırrative Encounter - Exam - Progress

Kline, Kimberly

jednesday, January 27, 2016 11:23 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

bjective

:amination

usculoskeletal

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

Range of Motion. Active cervical range of motion evaluation reveals left lateral flexion of 10/40 degrees with pain, flexion of 20/45 degrees with pain, and extension of 15/55 degrees with pain.

Cervical Orthopedic Tests. Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. (50% Improved.) Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. (50% Improved.)

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

ogical

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

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

x Codes

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

ssessment and Plan

eatment

ysical Modalities

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

tment Plans/Rationale

ssment

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

nosis

Prognosis - Remains good and continues to improve with treatment.

ostic Impressions

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

le of Care

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

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

Jerilyn Cox
Finalizing User

irrative Encounter - Decompression
Kline, Kimberly
iursday, January 28, 2016 1:56 PM

Subjective

Chief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

jective

mination

sculoskeletal

- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate indications).

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

odes

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

ssment and Plan

nent

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htCure Class-4 deep tissue laser therapy applied to: the muscles of the

ative Encounter - Decompression

Kline, Kimberly

rsday, January 28, 2016 1:56 PM

Treatment Plans/Rationale

Assessment

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

rognosis

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

iagnostic Impressions

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

hedule of Care

- Schedule of care - As previously stated.

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

Jerilyn Cox
Finalizing User

ative Encounter - Decompression

Kline, Kimberly

day, February 01, 2016 2:06 PM

iective

Complaint

Neck pain. (Pain Scale 5 of 10.)

y of Present Illness

rative Encounter - Decompression — Kline, Kimberly

onday, February 01, 2016 2:06 PM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

bjective

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sculoskeletal

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

Codes

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

essment and Plan

tment

ical Modalities

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

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

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

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

ent Plans/Rationale

sment

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

osis

rrative Encounter - Decompression
nday, February 01, 2016 2:06 PM
Kline, Kimberly

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

arrative Encounter - Decompression
esday, February 02, 2016 10:16 AM
Kline, Kimberly

ective

ef Complaint

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

ory 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.

uration: Current symptoms started approximately 7 days ago.

ming: Onset of symptoms: abrupt.

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

AA 1757

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

Narrative Encounter - Decompression
Tuesday, February 02, 2016 10:16 AM

Kline, Kimberly

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

ment Plans/Rationale

sessment

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

ognosis

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

gnostic Impressions

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

dule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

ative Encounter - Decompression
ay, February 05, 2016 11:49 AM

Kline, Kimberly

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

bjective

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sculoskeletal

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

odes

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

ssment and Plan

ment

al Modalities

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

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

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

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

ent Plans/Rationale

ient

rrative Encounter - Decompression
day, February 05, 2016 11:49 AM

Kline, Kimberly

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

tive Encounter - Decompression
day, February 08, 2016 4:37 PM

Kline, Kimberly

bjective

ief Complaint

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

tory of Present Illness

rative Encounter - Decompression
nday, February 08, 2016 4:37 PM

Kline, Kimberly

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

ective

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uloskeletal

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

les

150.20 - Other cervical disc displacement, unspecified cervical region

sment and Plan

ent

Modalities

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

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

Plans/Rationale

nt

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

Narrative Encounter - Decompression
Monday, February 08, 2016 4:37 PM

Kline, Kimberly

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

Narrative Encounter - Decompression
Wednesday, February 10, 2016 2:05 PM

Kline, Kimberly

Subjective

Chief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

rrative Encounter - Decompression
dnesday, February 10, 2016 2:05 PM

Kline, Kimberly

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

nent Plans/Rationale

ssment

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

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dule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

irrative Encounter - Decompression
iday, February 12, 2016 11:41 AM

Kline, Kimberly

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

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

Codes

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

:essment and Plan

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

ment Plans/Rationale

ment

rative Encounter - Decompression
day, February 12, 2016 11:41 AM

Kline, Kimberly

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

ve Encounter - Decompression
day, February 16, 2016 10:33 AM

Kline, Kimberly

ubjective

ief Complaint

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

tory of Present Illness

rrative Encounter - Decompression

Kline, Kimberly

iesday, February 16, 2016 10:33 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

bjective

amination

sculoskeletal

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

odes

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

essment and Plan

ment

al Modalities

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

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

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

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

nt Plans/Rationale

nent

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

is

ative Encounter - Decompression
sday, February 16, 2016 10:33 AM
Kline, Kimberly

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

rrative Encounter - Decompression
day, February 19, 2016 11:49 AM
Kline, Kimberly

ctive

ef Complaint

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

ory 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.

uration: Current symptoms started approximately 7 days ago.

ming: Onset of symptoms: abrupt.

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

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

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

:ment Plans/Rationale

sessment

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

ognosis

- Prognosis - Remains good.

ignostic Impressions

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

edule of Care

- Schedule of care - As stated in initial report.

cellaneous Notes

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

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

Jerilyn Cox
Finalizing User

rative Encounter - Decompression

Kline, Kimberly

dnesday, February 24, 2016 2:04 PM

Subjective

Chief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

fective

nination

culoskeletal

Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild to moderate indications).

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

des

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

sment and Plan

ient

l Modalities

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

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

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

arrative Encounter - Decompression
ednesday, February 24, 2016 2:04 PM

Kline, Kimberly

Treatment Plans/Rationale

Assessment

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

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Jerilyn Cox
Finalizing User

Narrative Encounter - Exam - Final
Wednesday, March 16, 2016 5:12 PM

Kline, Kimberly

Subjective

Chief Complaint

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

istory of Present Illness

rative Encounter - Exam - Final
Inesday, March 16, 2016 5:12 PM
Kline, Kimberly

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

tive

nination

culoskeletal

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

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

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

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

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

ical

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

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

Dx Codes

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

Assessment and Plan

Treatment Plans/Rationale

Assessment

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

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

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

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

Jerilyn Cox
Finalizing User

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

Hearing Number: 55487-JL
Claim Number: 15853E839641

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

/

BEFORE THE HEARING OFFICER

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

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

ISSUE

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

RECEIVED
FEB 29 2016
CCMSI - RENO

DECISION AND ORDER

The determination of the Insurer is hereby REMANDED.

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

APPEAL RIGHTS

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

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

Jason Luis, Hearing Officer

CERTIFICATE OF MAILING

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

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

Dated this 25th day of February, 2016.

Susan Smock
Employee of the State of Nevada

RECEIVED
FEB 29 2016
CCMSI - RENO

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DOB:** 10/07/1979 | **Sex:** F
Provider: Dr. Scott Hall, MD | **Visit:** 03/16/2016 2:15PM | **Chart:** KLKI000001

Chief Complaint: cervical issue

Medications & Allergies:

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

Assessment:

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

letter:

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

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

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

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

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

E-signed by Dr. Scott Hall, MD on 03/16/2016 2:25PM

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

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

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

Signed: Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 03/16/2016 2:25PM

CCMSI

March 24, 2016

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claimant: Kimberly Kline
Claim No: 15853E839641
Injury Date: 6/25/2015
Employer: City of Reno

Dear Ms. Kline:

In compliance with the Hearing Officer's decision #55487-JL; CCMSI provided Dr. Hall with a copy of the MRI results and questioned him regarding your claim. After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will remain closed.

You are not being scheduled for a disability evaluation because Dr. Hall indicated that you do not have a ratable impairment as a result of your above-referenced claim.

If you do not agree with this determination, you have the right to request a hearing regarding the matter. If this is your intention, please complete the enclosed "Request for Hearing" form and return it, along with a copy of this letter, to the Department of Administration, Hearing Division, Carson City, NV within seventy (70) days from the date of this letter.

If you have any questions regarding the above matter, please contact our office at (775) 324-3301x1029.

Sincerely,

Lisa Jones
Claim Representative

cc: File, City of Reno

LJ

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

Hearing Number: 56373-JL
Claim Number: 15853E839641

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

/

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on April 6, 2016 and a Hearing was scheduled for May 3, 2016. The Hearing was held on May 3, 2016, 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 was not present. The Insurer was represented by Lisa Jones of CCMSI, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated March 24, 2016. The issue before the Hearing Officer is claim closure without a permanent partial disability (PPD) award.

DECISION AND ORDER

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

On March 24, 2016, the Insurer noticed the Claimant that her claim would remain closed and she would not be scheduled for a PPD evaluation, the instant appeal. Pursuant to Decision and Order Number 55487-JL, the Insurer was instructed to provide Dr. Hall with the MRI results and question him regarding the need for further medical treatment, claim closure, PPD, etc. On March 16, 2016, Dr. Hall responded and stated he found no objective evidence connecting the significant MRI findings and the industrial injury. As such, the Hearing Officer finds the Insurer's determination is proper.

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 6th day of May, 2016.

Jason Luis, Hearing Officer

RECEIVED
MAY 09 2016
CCMSI - RENO

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

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

Dated this 6th day of May, 2016.

Susan Smock
Employee of the State of Nevada

RECEIVED
MAY 09 2016
CCMSI - RENO

SIERRA NEUROSURGERY GROUP

Neurosurgeons
J Dawn Waters, MD
Joseph R. Walker, MD
Dante F. Vacca, MD
Lali Sekhon, MD, PhD
Deven Khosla, MD
Jay K. Morgan, MD
David C. Leppla, MD
Hilari L. Fleming, MD, PhD
Christopher P. Demers, MD
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775.323.2080, 888.323.2080

Interventional Pain Specialist
Kevin Lasko, MD
Jacob L. Blake, MD

Ashlie Teixeira-Smith, FNP-C
Amber Sands, PA-C
Jennifer Minard, APRN
Jennifer Keller, APRN
Greg Groves, PA-C
Curt Eckston, PA-C
Christine Conner-Peterson, APRN
Wren Ballard, MSN, APRN
Jennifer Sanders, APRN

775.323.8216

5590 Kietzke Lane
Reno, Nevada 89511

75 Pringle Way, Suite 1007
Reno NV 89502

844 West Nye Lane, Carson City, NV, 89706

Additional locations:
Bishop Tinnline Village
Winnemucca | Elko
Gardnerville | Hawthorne

www.sierraneurosurgery.com

30 Years of Excellence — Expert care for spine and brain

Patient:	Kimberly Kline		
DOB:	Oct 07, 1979	Address:	305 Puma Dr
Sex:	F		Washoe Valley, NV 89704
MRN:	KA78754	Phone:	(775) 815-5790
Seen By:	Lali Sekhon MD	Location:	Sierra Neuro Pringle
Visit Date/Time:	Jul 06, 2016 12:00 PM	Address:	75 Pringle Way Suite 1007
Referred By:	Bryan C Hansen DC,		Reno, NV 89502-1475
		Phone:	(775) 657-8844
		Fax:	(775) 657-9881

Chief Complaint:

1. Neck pain and stiffness.2. Left arm numbness and pain.

History of Present Illness:

1. Neck pain and stiffness.2. Left arm numbness and pain.: Referring Physician: Jeffrey Muir, M.D.

Dear Jeff,

I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy.

Kimberly Kline is a very nice 36-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this

year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. 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 has done extensive physical therapy. She has never had arm symptoms before these _____ injections.

Medical History:

Notes: Past Medical History:

1. Ankle sprain with surgery in 2013.
2. Cholecystectomy in 2010.

Social History: She is divorced. She is in the parking enforcement. She lives with her parents. She has 2 children, age 5 and 8. She does not smoke or consume alcohol.

Family History: Positive for arthritis in the family, cancer and diabetes in the mother.

Social History:

Smoking Status: Never smoker (4)

Allergies:

No Known Drug Allergies

Medications:

Prozac 40 mg capsule, 1 Select Frequency prescribed by Lali Sekhon on 07-05-2016

Review of Systems:

The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.

Vitals and Body measurements:

Ht: 5'7"	Wt: 181.0 lbs	BMI: 28.3	Pulse: 59
RR: 16	BP: 117/71	Pain: 4	

Physical Examinations:

1) Vital signs review- BP/Pulse/temp/RR
2) Well nourished and normally developed
3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed.
4) No varicosities or edema
5) Normal gait and station
6) Coordination is normal in all 4 extremities. Tandem gait and Romberg's tested.
7) Muscle strength and tone were examined in both UE/LE
8) Sensation is was tested to pinprick and light touch in UE/LE
9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested.
10) Mood and affect assessed
11) No cervical lymph nodes palpable

CERVICAL

12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness.
13) Arms have normal range of motion with no scars

LUMBAR

14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness.
15) Legs normal hip rotation and negative SLR and no scars

All the above systems and subsystems were examined and NORMAL except for findings described below:

She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left.

She had depressed reflexes in the left upper extremity.

Diagnostic Studies:

I independently reviewed and assessed the imaging. I also reviewed all imaging reports.

On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5 spondylolisthesis with moderate stenosis.

She had an MRI scan of the lumbar spine as well. This showed a desiccation of the L3-4, L4-5 and L5-S1 disk with mild lateral recess stenosis at L3-4 and L4-5.

Assessment:

Active:

Body mass index (BMI) 28.0-28.9, adult (ICD10:Z68.28)
Cervicalgia (ICD9:723.1, ICD10:M54.2)
Spinal stenosis, cervical region (ICD9:723.0, ICD10:M48.02)

Other spondylosis, cervical region (ICD9:721.0, ICD10:M47.892)

Impression / Plan:

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-S1.

Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery.

She states that she never had these arm symptoms before these _____ accidents and although she may have had preexisting spondylosis, the accident has probably exacerbated her underlying stenosis.

I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Horner's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.

I explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

Plan: If she desire surgery, we will get a routine preoperative workup.

Sincerely,

Lali Sekhon, MD, PhD, FRACS, FACS, FAANS

Jeffrey Muir, M.D.

cc:
Bryan Hansen, DC
1664 N Virginia St
Reno, NV 89521
775-284-4902

Jennifer Leary, APN
645 N Arlington #600
Reno, NV 89503
775-322-3385

Scott Hall, MD
635 Sierra Rose Drive Suite A
Reno, NV 89501
775-322-2663

Orders:

Procedures & Treatments:

Comprehensive/High Comp (99245)
Current List of Medications (G8427)
Pain Assessment (G8730)
Calculated BMI above the upper parameter and a follow-up plan was documented in the medical

record (G8417)

Associated Files:

Documents: Neck Injuries and Disorders (7/5/2016 1:05:05 PM)

Electronically signed by: Sekhon, Lali MD @ 09:42 AM on 7/6/2016

Reno Diagnostic Centers

RDC EUREKA
590 Eureka Avenue
Reno, NV 89512
Phone (775) 323-5383
Fax: (775) 333-2776

Exam requested by:
Lali Sekhon MD
5590 Kietzke Lane
Reno Nevada 89511

Patient: Kline, Kimberly
Date of Birth: 10-07-1979
Phone: (775) 815-5790
MRN: 407766 Acc: 5158751
Date of Exam: 07-05-2016

XR-Spine Cervical 4 or 5V AP, Lateral, Flexion, Extension (72985) - SPINE_C

CLINICAL INDICATION: Neck pain with left upper extremity radiculopathy for 1 year after MVA.

TECHNIQUE: Four views of the cervical spine were performed.

COMPARISON: None.

FINDINGS:
There is mild grade 1 anterolisthesis of C4 on C5, measuring 2 mm on neutral view. There is subtle anterior subluxation on flexion view, measuring approximately 2 mm, with return to normal alignment on extension view. Mild degenerative disc space narrowing is present at C4-5. Moderate disc space narrowing at C5-6 and C6-7 with small endplate osteophytes. Normal alignment of the facets. No prevertebral soft tissue swelling. There is no evidence of fracture.

IMPRESSION:
1. Mild grade 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view.
2. Moderate degenerative disc disease at C5-6 and C6-7.

Thank you for referring your patient to RDC EUREKA
Electronically Signed by Sekhon, Vijay S MD 07-05-2016 12:39 PM

Washoe

320 East Liberty Street, Suite 200
Reno, Nevada 89501-2221
T 775.398.3401 T 800.438.2973
F 775.329.9121 F 888.845.1066

SpecialtyHealth

Re: Patient: Kimberly Kline
DOI: 6/25/2015
Claim Number: 15853E839841

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

1. Is this patient stable and at maximum medical improvement pre-injury status?
Yes ✓ No ____

2. If no, what is the additional treatment required and the anticipated time frame for reaching maximum medical improvement?

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

If no, what are the restrictions? Common Sense

Are these restrictions permanent? Yes ____ No ____

4. Is the patient ratable? Yes ____ No ____

Physician's signature

9/11/17
Date

Received
SEP 12 2017
CCMSI-Reno

Patient: Kimberly Kline
Page 2

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

Sincerely,

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

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

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

Received
SEP 12 2017
CCMSI-Reno

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

PERMANENT PARTIAL DISABILITY EVALUATION

Claimant: Kimberly Kline
Claim #: 15853E839641
CCMSI
Lisa Jones-Claims Representative
Date of Injury: 06\25\2015
Date of Evaluation: November 10th, 2017

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

Treatment History

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

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

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

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

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

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

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

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

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

PAGE 2: Kim Kline continued

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

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

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

1\15\2015: She states NP, numbness, and weakness; same treatment.

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

01\19\2016: Decompression treatment and therapies.

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

1\21\2016: Nothing new.

1\25\2016: Same notes and treatment.

01\27\1016: A re-exam was done today. Continue treatment plan. There were further chiropractic, traction, and therapy modalities on: 1\28\16, 2\1\16, 2\2\16, 2\5\16, 2\8\16, 2\10\16, 2\12\16, 2\16\16, 2\19\16, 2\24\16, 3\16\2016: She has completed the 20 visits of prescribed treatment; non-surgical spinal decompression to address the C6-7 and C5-6 radiculitis to the left. She has improved greatly and has only mild pain in the left UE. She is to do HEP.

3\16\3016: Scott Hall, MD: There was no evidence of neurologic involvement after the MVA. She responded to conservative care with resolution of her symptoms. The new onset of quite severe symptoms started spontaneously and it is uncertain if there is any relation to the industrial injury. She had sought treatment from an orthopedist prior to the WC injury. All indication are that the claimant had completely recovered from the industrial injury by the end of October, 2015.

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

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

Page 3: Kim Kline continued

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

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

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

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

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

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

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

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

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

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

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

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

PAST MEDICAL HISTORY

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

adjusted sometimes, but denies any significant prior neck pain, disability, or radiation upper

extremity symptoms. She was treating in the months before this accident (2015) for LBP that was not work related. Ms. Kline previously used Zoloft for depression. She denies any current prescription medications. She currently takes OTC Advil.

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

CURRENT SYMPTOMS

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

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

Physical Examination

Cervical Spine

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

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

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

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

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

Cervical Spine Active Ranges of Motion

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

PAGE 5 (KIMBERLY KLINE)

T1: 1. 8 2. 4 3. 8
Max ROM = 48-4= 44 degrees (1% WPI)
Extension: Calvarium: 1. 38 2. 38 3. 38
T1: 1. 8 2. 10 3. 8
Max ROM = 38-8= 30 degrees (3% WPI)
Right Bending: Head: 1. 38 2. 40 3. 44 4. 40
T1: 1. 4 2. 6 3. 6
Max ROM = 44-6= 38 degrees (no impairment)
Left Bending: Calvarium: 1. 38 2. 36 3. 36
T1: 1. 4 2 3. 4
Max ROM = 38-4= 34 degrees (1% WPI)
Right Rotation: 1. 64 2 64 3 62
Max ROM = 64 degrees (1% WPI)
Left Rotation: 1. 56 2. 58 3. 58
Max ROM = 56 degrees (1% PWI)

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

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

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

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

Impairment Calculation

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

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

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

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

PAGE 6 (KIMBERLY KLINE)

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

MMI AND MEDICAL STABILITY

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

· She has reached maximum medical improvement.

APPORTIONMENT

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

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

75% of this claimant's whole person impairment (cervical spine) is apportioned as non-industrial
25% of her impairment is industrial and related to the work injury that occurred on 6\25\2015 because:

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

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

PAGE 7 (CAMPBELL KLINE)

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

PERMANENT IMPAIRMENT SUMMARY

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

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

Respectfully,

Russell N. Anderson, DC

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

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

Hearing Number: 1801761-JL
Claim Number: 15853E839641

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

_____/

BEFORE THE HEARING OFFICER

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

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

ISSUE

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

DECISION AND ORDER

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

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

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

APPEAL RIGHTS

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

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

Jason Luis, Hearing Officer

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

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

Dated this 16th day of January, 2018.

Susan Smock
Employee of the State of Nevada

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer City of Reno

Name of Employee	Social Security Number	Telephone Number
Kimberly Kline		775 815 5790

Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)
6/25/15	1530	10 6th St @ Virginia St

What is the nature of the injury or occupational disease?	List any body parts involved:
Car Accident	Neck / Mid-Lower Back

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

I had just cleared the intersection and stopped for traffic when the car behind me hit me as he did not stop. He hit his brakes & it

Names of witnesses

Did the employee lose work because of the injury or occupational disease?	If yes, when (date and time)?	Has the employee returned to work?	If yes, when (date and time)?
___ YES X NO		X YES ___ NO	

Was first aid provided?	If yes, by whom?	Name and address of treating physician, if applicable or known
___ YES ___ NO	Reno responded to scene	Saint Mary's Hospital 10 6th St, Reno, NV

Did the accident happen in the normal course of work? (If applicable)	Was anyone involved?	Names of others involved
X YES ___ NO	X YES ___ NO	

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.

[signature] 6-30-15

Employer's Signature Date

Kimberly Kline 6/30/15

Signature of Injured or Disabled Employee Date

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

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

Received

JUL 01 2015

Clerk

Employee should sign, date and retain a copy.

White: Employer, Copy to Employee

1594

AA 1800

160

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

FILED

JAN 18 2017

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Industrial Claim of:

Claim No.: 15853E839641
Hearing No.: 56373-JL
Appeal No.: 56832-RKN

KIMBERLY KLINE,

Claimant.

_____/

Appeal by the CLAIMANT, of the Decision and Order of the Hearing Officer, dated May 6, 2016.

DECISION OF THE APPEALS OFFICER

The above entitled matter was heard on November 1, 2016 before the Appeals Officer. The Claimant, KIMBERLY KLINE (hereinafter referred to as "Claimant") was present at the hearing and was represented by Herb Santos, Jr, Esq., of THE LAW FIRM OF HERB SANTOS, JR. The Insurer, CCMSI (hereinafter referred to as "Insurer") was represented by Timothy Rowe, Esq., of the law firm McDONALD CARANO.

ISSUES:

1. Whether or not CCMSI's determination to close the Claimant's claim without a PPD rating was proper?

ANSWER:

The preponderance of the evidence supports a finding that the Claimant's industrial claim was closed prematurely.

Having heard the testimony and considered the documents, the Appeals Officer finds as follows:

INTRODUCTION

The Claimant timely appealed the determination of CCMSI dated November 16, 2015 closing her claim without a permanent partial disability (PPD) rating. The Hearing officer in

Hearing Number 55487-JL remanded the Insurer to provide Dr. Hall with the MRI findings and to question him accordingly. Upon receipt of Dr. Hall's response, and in compliance with Hearing Number 55487-JL, the Insurer issued the March 24, 2016 letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. The Claimant timely appealed this determination.

The following Exhibits were admitted:

EXHIBIT 1: Claimant's First Index of Documents 1-50

EXHIBIT 2: Claimant's First Supplemental Index of Documents 1-6

EXHIBIT 3: Claimant's Second Supplemental Index of Documents 1-49

EXHIBIT 4: Insurer's Documentary Evidence 1-169

Pages 31-34 and 35-50 of Exhibit 4 were objected to by the Claimant. The objection was overruled and those pages were admitted. Pages 101-105 of Exhibit 4 were also objected to by the Claimant. The objection was sustained and the pages (Exhibit 4, pages 101-105) were removed from the Exhibit.

FINDINGS OF FACTS

The Claimant is employed by The City of Reno as a parking enforcement officer. On June 3, 2015 and again on June 25, 2015 the Claimant was rear ended in her work vehicle by another vehicle. The June 25, 2015 accident and claim are the subject of this appeal hearing. The driver of the vehicle who hit the vehicle the Claimant was driving on June 25, 2015, was cited for duty to decrease speed or use due care. *Exhibit 4, pages 10-14.* The Claimant felt pain in her low back and presented to St. Mary's Regional Medical Center. Dr. Noh's impression was that the Claimant suffered acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. Dr. Noh advised the Claimant to apply ice, restricted her from lifting greater than ten (10) pounds, restricted her from bending or stooping, and prescribed Flexeril, Norco, and Prednisone. *Exhibit 4, pages 15-18.* Dr. Law completed the C-4 form and diagnosed the Claimant with acute lumbar strain status post motor vehicle accident and completed a progress report releasing her to restricted/modified duty from June 25, 2016 until cleared by a workers' compensation doctor.

Exhibit 4, page 4, 19.

On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder with associated stiffness and lumbar and thoracic pain described as diffuse, with no red flags, no numbness or weakness in the legs. Dr. Hall assessed the Claimant suffered a sprain of the neck and sprain of the lumbar region, recommended chiropractic care, returned the Claimant to work full duty, and advised her to return in two weeks. *Exhibit 4, pages 22-25.*

The Claimant presented to Dr. Brady for chiropractic care on July 1, 2015. Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. *Exhibit 3, pages 5-8.* The Claimant saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. *Exhibit 3, pages 9-16.*

The Claimant returned to see Dr. Hall on July 14, 2015. The Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hall recommended the Claimant have six physical therapy sessions. *Exhibit 4, pages 51-53.*

On July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. *Exhibit 4, page 59.*

The Claimant began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical sprain/strain with pain. *Exhibit 3, pages 24-26.* The Claimant continued physical therapy treatment on August 11th, 18th, and 20th, 2015. *Exhibit 3, pages 27-29.*

The Claimant returned to see Dr. Hall on August 20, 2015. Dr. Hall noted that the Claimant reported improvement in her neck symptoms with only mild muscular tightness, and that physical therapy had been helpful. Dr. Hall recommended that the Claimant finish her physical therapy and to keep him advised as to her physical status. *Exhibit 4, pages 74-75.*

The Claimant returned to physical therapy on August 25, 2015 with complaints of pain in her neck and low back that was less consistent and not as intense, neck tightness that came and

went, as well as low back pain/pressure. *Exhibit 3, pages 30-31.*

The Insurer issued a notice of intention to close the Claimant's claim on August 27, 2015. *Exhibit 4, page 76.*

The Claimant had additional physical therapy sessions with P.T. Bruesewitz on September 1st, 3rd, 10th, 14th, 21st, and 23rd, 2015 for her low back and neck complaints. *Exhibit 3, pages 32-37.*

The Claimant presented to Dr. Hall on September 23, 2015. The Claimant reported improvement in her neck discomfort. Dr. Hall recommended a recheck in two weeks. *Exhibit 4, pages 82-84.* On September 29, 2015, the Claimant was re-evaluated by P.T. Bruesewitz. The Claimant reported that she had a flare-up and began to have increased pain, tightness and spasms in the right neck and upper trapezious area. The Claimant had significant tightness with decreased right rotation of the neck. P.T. Bruesewitz recommended additional physical therapy twice per week for five weeks. *Exhibit 3, pages 38-43.*

The Insurer issued a letter rescinding claim closure on October 1, 2015. *Exhibit 4, page 85.*

P.T. Bruesewitz noted that the Claimant felt her neck was a little better but still tight on the right side at her therapy visit on October 5, 2015. The Claimant completed physical therapy on October 7th, 12th, 14th, 21st, and 26th, 2015. The Claimant was discharged from physical therapy on October 26, 2015 to a home exercise program. *Exhibit 3, pages 44-49.*

On October 28, 2015, the Claimant was again seen by Dr. Hall. He noted that the Claimant had no neck symptoms and that she had completed treatment. *Exhibit 4, pages 95-97.*

The Insurer issued a notice of intention to close the Claimant's claim on November 6, 2015. *Exhibit 4, page 98.* The Claimant appealed this determination and hearing number 55487-JL was scheduled for February 17, 2016.

On January 13, 2016, the Claimant saw Dr. Hansen for chiropractic care for her neck pain. Dr. Hansen's assessment was that the Claimant had cervical disc displacement, unspecified cervical region. Dr. Hansen noted that the Claimant was involved in two motor vehicle accidents which resulted in workers' compensation treatment for neck and shoulder pain. Dr. Hansen felt that there was a high probability within a medical degree of certainty that the Claimant's injuries were related to the rear-end collision she had recently sustained. Dr. Hansen recommended non-

surgical spinal decompression coupled with Class IV deep tissue laser therapy four (4) times per week for four (4) weeks, undergo re-examination, and continue with care at two (2) times a week for two (2) weeks pending no unforseen issues or conditions. Dr. Hansen also recommended the Claimant undergo a MRI. *Exhibit 4, pages 118-120.* The Claimant had the MRI on January 13, 2016, which revealed disc degeneration with large disc protrusions at the C5-6 and C6-7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia. *Exhibit 1, page 1.*

The Claimant returned to see Dr. Hansen on January 14, 2016. Dr. Hansen referred the Claimant to Dr. Muir for evaluation and treatment as she was in a significant amount of pain with numbness in her left upper extremity. Dr. Hansen reviewed the MRI which revealed two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. *Exhibit 4, pages 120-121.*

The Claimant returned to see Dr. Hansen for twenty (20) visits from January 15, 2016 through March 16, 2016. The Claimant continued to suffer from her C5-6 and C6-7 disc injury that caused severe left arm and forearm pain with numbness in the forearm and first two digits. Dr. Hansen noted that the Claimant improved greatly from the spinal decompression and only had mild pain in the left arm with the ability to perform all of her routine daily activities. Dr. Hansen instructed the Claimant to do home exercises and instructed her to return to see him for any flare ups that last longer than three days. *Exhibit 1, pages 2-41.*

On February 25, 2016, the Hearing Officer, in hearing number 55487-JL, remanded the Insurer to forward the Claimant's MRI results to Dr. Hall and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer was ordered to issue a new determination regarding the further disposition of the Claimant's claim. *Exhibit 4, pages 140-142.*

The Insurer questioned Dr. Hall and on March 16, 2016 Dr. Hall responded. Dr. Hall opined that it wass likely that Claimant had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury, but he noted no evidence of neurologic symptoms during his treatment of her industrial injuries. Dr. Hall found no objective evidence connecting the MRI findings from January 13, 2016 and the industrial injury. Dr. Hall opined tha

the Claimant recovered completely from the industrial injury on June 25, 2015 by the end of October 2015. *Exhibit 4, pages 148-151.*

On March 24, 2016, the Insurer issued a determination letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. *Exhibit 4, page 152.* The Claimant timely appealed this determination. On May 6, 2016, in hearing number 56373-JL, the Hearing Officer affirmed the determination of the Insurer. *Exhibit 4, pages 162.-163.*

Due to the Claimant's ongoing complaints, she saw Dr. Sekhon on July 5, 2016 pursuant to a referral of Dr. Hansen. Dr. Sekhon's impression was: 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-S1. Dr. Sekhon noted that the Claimant stated that she never had these arm symptoms before these accidents and although she may have had preexisting spondylosis, the accident probably exacerbated her underlying stenosis. Dr. Sekhon offered to perform a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion. *Exhibit 1, pages 42-47.* At the request of Dr. Sekhon, the Claimant had x-rays taken on July 5, 2016, which revealed mild grad 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view and moderate degenerative disc disease at C5-6 and C6-7. *Exhibit 1, page 48.*

I find that the testimony of the Claimant was very credible. I also found the opinions of Dr. Sekhon and Dr. Hansen to be well reasoned. I specifically give more weight to the opinions of Dr. Sekhon and Dr. Hansen as opposed to Dr. Hall as the objective medical evidence supports Dr. Sekhon's and Dr. Hansen's medical expert opinions. Finally, any Finding of Fact more appropriately deemed to be a Conclusion of Law, and vice versa, shall be so deemed.

CONCLUSION OF LAW

The Claimant has the burden to establish that the injury was work related and that burden is to the preponderance of evidence standard. *SIIS v. Hicks,* 100 Nev. 567, 688 P.2d 324 (1984). The evidence needed to meet the burden is that amount of evidence which will reasonably support a conclusion. *State Emp. Security v. Hilton Hotels,* 102 Nev. 606, 608, 729 P.2d 497, 498 (1986)

(quoting *Richardson v. Perales*, 402 U.S. 389, 28 L. Ed. 2d 842, 91 S. Ct. 1420 (1971). The applicable law which controls in this matter is set forth in N.R.S. Section 616 et al.

Nevada law is clear. An award of compensation cannot be based solely upon possibilities and speculative testimony. A testifying health care provider must state to a degree of reasonable medical probability that the condition in question was caused by the industrial injury, or sufficient facts must be shown so that the trier of fact can make the reasonable conclusion that the condition was caused by the industrial injury. *United Exposition Service Co. v. SIIS*, 109 Nev. 421, 423, 851 P.2d 423, 424 (1993). The claimant must show a causal nexus between the final condition and the industrial injury before worker's compensation benefits may be recovered. *Warpinski v. SIIS*, 103 Nev. 567, 569, 747 P.2d 227, 229 (1987).

During the course of her treatment, the Claimant continued to complain of neck pain but was released from Dr. Hall, notwithstanding her complaints. Dr. Hall did not order any diagnostic studies to determine the extent of her industrial injuries. The Claimant continued to experience neck pain and when it got to the point where the Claimant attempted to return for treatment. When the Claimant was told that her claim was closed and could not be seen, she had no other alternative but to seek medical treatment on her own. She was seen by Dr. Hansen who evaluated her and opined that "there was a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear end motor vehicle collision." *Exhibit 1, page 2.* Dr. Hansen ordered an MRI and after review of the MRI, specifically opined that the "MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision." *Exhibit 1, page 10.* As Dr. Hansen continued to treat the Claimant, his medical opinion never changed. In addition, Dr. Sekhon opined that the industrial automobile accident "probably exacerbated her underlying stenosis." *Exhibit 1, pages 42-47.*

NRS 616C.175(1) states that

1. The resulting condition of an employee who:

   (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and

(b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition,

shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition.

The substantial evidence supports a finding that the industrial accident aggravated the pre-exiting condition and that the resulting condition was the substantial contributing cause of the resulting condition. I found Dr. Hall's opinions to be inconsistent with the medical evidence and he failed to state his opinion(s) within a reasonable degree of medical probability. Therefore, I give his opinions no weight.

The Claimant has met her burden of proof with substantial evidence that she is not at maximum medical improvement and needs further treatment. Without evidence of a subsequent injury, I find that it is the conditions claimed by the Claimant are casually related to the subject industrial accident. This conclusion is supported by the medical evidence and the medical opinions of Dr. Hansen and Dr. Sekhon. The Insurer has not offered sufficient evidence to rebut the evidence submitted by the Claimant that she needs more treatment. Simply put, the Insurer's position cannot overcome the evidence submitted by the Claimant in support of her position.

As to whether the Claimant should receive a rating, said determination is premature as the Claimant is not stable. The substantial and probative evidence supports a finding that the Claimant needs ongoing treatment for her industrial conditions. Once the Claimant has completed treatment for her industrial conditions and a medical determination is made as to whether she is stable, the Administrator shall make a determination pursuant to NRS 616C.490 as to whether the Claimant may have suffered a permanent impairment due to the industrial injury and issue the appropriate determination letters at that time.

DECISION

The Decision and Order of the Hearing Officer in 56373-JL is hereby REVERSED. The Insurer is ordered to rescind claim closure as the Claimant's industrial conditions are not MMI and provide all appropriate benefits to the Claimant as authorized by Nevada law for the C4-5, C5-6

and C6-7 cervical discs, including but not limited to the surgical recommendation by Dr. Sekhon, i.e., a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion.

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K. NIELSEN
APPEALS OFFICER

Notice: Pursuant to NRS 233B130, should any party desire to appeal this final decision of the Appeals Officer, a Petition for Judicial Review must be filed with the district court within thirty (30) days after service by mail of this decision.

Submitted by

Herb Santos, Jr., Esq.

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing ORDER 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 450, Carson City, Nevada, 89701 to the following:

KIMBERLY KLINE
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WASHOE VALLEY, NV 89704

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TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

Dated this 18th day of January, 2017.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

have an opportunity to ask you a series of questions. I may or may not have questions for you.

I would ask that you speak clearly towards the microphone, clear yes/no type answers, no head nods or uh-huhs, and please wait for each question to be asked to completion before responding so we avoid a record of individuals speaking over one another.

THE CLAIMANT: Okay.

APPEALS OFFICER NIELSEN: Also, if at any time you are physically demonstrating a mechanism of movement or pointing to a body part, include a verbal description as well as this is strictly an audio recording.

THE CLAIMANT: Okay.

APPEALS OFFICER NIELSEN: Okay? And you'll have to speak up a tad.

THE CLAIMANT: Okay.

APPEALS OFFICER NIELSEN: All right. Go ahead, Mr. Santos.

MR. SANTOS: Thank you.

DIRECT EXAMINATION

BY MR. SANTOS:

Q Why don't you turn the microphone toward you too. There you go.

You were employed by the City of Reno?

A Yes.

Q And what did you do for those folks?

A I do parking enforcement.

Q And how long did you work for them?

A Eleven years.

Q And during the course of the 11 years did you always work in that capacity or did you have other jobs with them?

A I started in the records department. I've been doing the parking enforcement for almost ten years.

Q Are you driving around in one of those little meter maid cars?

A No. I'm in a pickup truck, but I do drive pretty much ten hours a day for my job.

Q Okay. Now, you were involved in an accident while working for the City that involved an automobile accident; correct?

A Yes.

Q It happened twice?

A Yes. I was rear ended twice.

Q Let's talk about the first one.

Do you recall when that was?

A June 3rd, 2015.

Q Do you recall where it was?
A It was on Mill Street eastbound at the freeway entrance.
Q Okay. And did you file a workers' comp claim for that accident?
A Yes.
Q And do you recall what it was that you injured?
A My neck and my lower back.
Q Okay. Did you also hurt your shoulders?
A Yes. My shoulders were tight.
Q Okay. And did you receive medical treatment for that?
A Yes.
Q And did that treatment continue through when?
A I was undergoing treatment when I got in the second accident.
Q Okay. For the first accident did you continue to treat on that claim until a certain point in time when it was closed?
A Yes.
Q Approximately when did that close?
A I believe they closed that claim in August. I don't recall. Everything kind of got mixed together.
Q Okay. So you get in this second accident

that's the purpose of this claim.

When was that?

A That was June 25th of 2015.

Q Okay. And where did that occur?

A I was on Sixth Street heading west at North Virginia in Reno.

Q All right. And can you describe the accident itself?

A Yeah. The traffic was kind of heavy. There was an event downtown, and they had Virginia Street closed. And so I went through the intersection and barely cleared the interaction.

So out of habit, I looked in my rearview mirror and saw the car behind me was actually looking at the event, and to my understanding it didn't look like he hit his brakes. He just hit the back end of my car and we pulled over.

Q And you were driving the City vehicle at that time?

A Yes. I was driving the City pickup.

Q And you were working for them at the time?

A Yes.

Q And did you file a workers' comp claim?

A Yes.

Q What were your physical complaints you had

after that accident?

A My neck and shoulders and my middle back.

Q Did your neck hurt more than it did before, like the day before? Because you were receiving treatment for your neck before?

A Correct.

Q Did it hurt more after this accident?

A Absolutely, yeah.

Q How would you describe the intensity of the pain?

A By the time I had gotten seen at the hospital everything was just stiff. I could barely move my neck. It was just an ongoing pain.

Q All right. So you presented to the emergency room?

A Yes.

Q And that was on the same day as the accident?

A Yes.

Q Was the emergency room crowded that day?

A It wasn't terribly crowded, but it took a couple hours to be seen.

Q All right. Do you recall -- so were you on a gurney? Were you just sitting in the waiting room? How were you waiting to be seen?

A I was just sitting in the waiting room.

APPEALS OFFICER NIELSEN: Mr. Santos, will you clarify you're referencing the second incident?

MR. SANTOS: Yeah, we're talking about --

APPEALS OFFICER NIELSEN: Okay.

BY MR. SANTOS:

Q This is all on June 25th; right?

A Yes, correct.

APPEALS OFFICER NIELSEN: Okay. Go ahead.

BY MR. SANTOS:

Q And these series of questions will all be regarding after this second accident. Okay?

A Okay.

Q And so the same area or really close to where this accident occurred; correct?

A Yes, like two blocks.

Q And you said that you -- what were your complaints again when you were at the emergency room?

A My neck and my shoulders and my middle back were hurting.

Q Okay. Did you complete a C-4 at the time?

A Yes.

Q And I'd like to --

MR. SANTOS: If I can approach the witness, your Honor.

APPEALS OFFICER NIELSEN: You may.

BY MR. SANTOS:

Q I'd like to show you what's marked as Exhibit 4, Page 3.

Can you identify that document as the one that you completed?

A Yes.

Q Is that your handwriting in the top upper part?

A Yes, it is.

Q And can you identify what body parts you put down as being injured?

A My mid back and my neck.

Q And you completed this on the date of the accident; correct?

A Correct.

Q And as part of the City's process did they send an investigator out to talk to you or a supervisor?

A Not then. I talked to my supervisor the next day.

Q Okay. And then did the supervisor ask you -- or did you complete a C-1?

A Yes.

MR. SANTOS: May I approach again, your Honor.

APPEALS OFFICER NIELSEN: You may.

BY MR. SANTOS:

Q Exhibit 4, Page 5, is that the C-1 that you completed?

A Yes.

Q Is that your handwriting?

A It is.

Q Can you tell me what you put down for the part that you injured?

A My neck and my mid lower back.

Q Okay. And you had an opportunity to talk to your supervisor?

A Yes.

Q And during the course of that discussion with the supervisor did he ask you the nature and extent of your injury?

A Yes.

Q And do you recall what you told him?

A Not specifically. I'm guessing that my neck and my back hurt.

Q Okay. I don't want you to guess or speculate.

A Okay.

Q What I'm going to do is I'm going to show you what's marked Exhibit 4, Page 6 and 7.

MR. SANTOS: May I approach.

APPEALS OFFICER NIELSEN: You may.

BY MR. SANTOS:

Q Do you see where your supervisor wrote down nature and extent of the injury?

A Yes.

Q And is that consistent with -- does that refresh your recollection as to what you told him?

A Yes.

Q Okay. It also has a section where there's check marks. It says back and neck.

Did you check that or is that what you told him?

A That's what I told him.

Q Now, when you went to the emergency room at St. Mary's you said your neck was stiff?

A Yes.

Q And did you complain of neck pain?

A I did.

Q Did you complain of low back pain?

A Yes.

Q And did you tell the doctor about your prior accident?

A I did.

Q And did you tell him what you were primarily being treated for from the prior accident?

A I did.

Q And what were you being primarily treated for from the first accident?

A My lower back primarily.

Q Okay. Do you recall -- do you recall anyone physically examining your neck at the emergency room?

A I don't recall.

Q Okay. According to the report it says that you didn't have really any complaints in your neck.

Do you see that in the medical records?

A I did see that.

Q Do you agree with that?

A Absolutely not.

Q Why?

A Because I sat there for so long that by the time I was seen, I could barely move my neck and I do recall that. I don't recall the exact examinations that were done, but I know that my neck was a complaint.

Q Okay. Did it seem like they were primarily focusing on your low back?

A They were. They did x-rays of my lower back.

Q Okay. After you went to the emergency room did your employer instruct you to get -- instruct you as to where you needed to go for treatment?

A Yes. He told me I had to go to Specialty

Health.

Q Okay. Did you follow their instructions?

A Yes.

Q And who did you see there?

A Dr. Hall.

Q And what did Dr. Hall do for you at that appointment?

A I believe muscle relaxers and pain pills, and he said just to let it go for a little bit. I was also seeing their chiropractor.

Q You were seeing them for the first accident?

A Correct.

Q Okay. Did you start with the chiropractic treatment to start focusing more on your neck after the second accident?

A Yes.

Q And did you complete your course of treatment with the chiropractor?

A Yes and no. It wasn't helping, and I brought that to the doctor's attention. Every time I would leave there I'd be in more pain, and so he recommended that I try physical therapy.

Q Okay.

A So my -- I didn't finish all my appointments with the chiropractor.

Q All right. So there was a change of treatment protocol?

A Yes.

Q And at the -- let's say the first or second visit with Dr. Hall did he order any type of diagnostic studies?

A No.

Q During the course of the time you treated with Dr. Hall did he order any diagnostic studies, like an MRI?

A No.

Q Do you recall what your complaints were when you saw Dr. Hall that first or second visit, what you were complaining of?

A After the second accident?

Q Yeah.

A My neck and my mid back.

Q Okay. Were you also complaining of your shoulders?

A Yes, my neck and shoulders.

Q When you first saw Dr. Hall did he provide you with any work restrictions?

A No.

Q He sent you back to work full duty?

A Yes.

Q And did you go back to work full duty?
A Yes.
Q How did that go?
A It was okay. I was sore and tight, but I wanted to go back to work. And I told him that if I needed to get up and stretch I would, if I needed to get out of the car I would do so, and he said as long as I was comfortable with it, he would put me back full duty.
Q Okay. So you wanted to continue to work. You didn't want to miss work. Fair?
A Fair enough, yes.
Q Okay. Then you continued your treatment with Dr. Hall; correct?
A Yes.
Q And did there come a point in time where Dr. Hall -- or where the insurance company tried to close your claim?
A Yes.
Q Had you completed your physical therapy at that time?
A No.
Q And you were doing physical therapy during that time?
A Correct.

Q And what happened when you got your claim closure notice?

A I brought it to the physical therapist's attention, and he said that that was not correct, that he had not asked Dr. Hall to do that, and that I needed to speak with Dr. Hall. So I did. And he also said that he must have been confused or something, and he reopened the claim.

Q So then you get a letter from the insurance company saying that they were rescinding that; correct?

A Yes, yes.

Q And did you continue with your physical therapy?

A Yes.

Q You did physical -- did you do physical therapy in August?

A Yes.

Q Did you do physical therapy in September?

A Yes.

Q Did you do physical therapy in October?

A Yes.

Q During the time you were doing physical therapy did you notice any improvement in your condition?

A It would improve I think with the strength in

my neck, but then I also had times when it would regress.

Q And what do you mean by "regress"?

A Just wake up in the middle of the week and I couldn't move my neck.

Q All right. And then you would go back to physical therapy or would you go see Dr. Hall? What would you do?

A Go back to the physical therapist, and he would work more on my neck as he was still treating my lower back and my neck.

Q Okay. I want to bring you to October, the end of October of 2015. Your last visit with Dr. Hall that I see in the records was October 28, 2015.

Were you still experiencing pain and discomfort at that time?

A Yes.

Q Was it as bad as it was when you first got hurt?

A No.

Q There was improvement?

A There was.

Q And what were your complaints at that time?

A My neck would still bother me. My lower back had pretty much leveled out, I think, but with

conversations with the physical therapist, I thought that I could maintain it with home exercise.

Q So, in fact, you spoke with the physical therapist after this October 28th visit because I think you still had some more physical therapy to complete.

A Yes.

Q And what was the plan with the physical therapist?

A He told me that he -- if I was comfortable doing home exercises, he would sign off on that and tell Dr. Hall that it was okay to release me or he was also comfortable with requesting more visits.

Q Okay.

A That I could use more physical therapy, but if I wanted to do it at home that I could and if anything arose to call them and get back in.

Q So he provided you with a home exercise program?

A Yes.

Q And did you diligently do that home exercise program?

A Yes.

Q And from, say, November up through December you were continuing to work full time without restrictions?

A Correct.

Q And you were doing your home exercise program?

A Yes.

Q How was your back or your neck pain going during that period of time?

A It would fluctuate from the baseline of when I stopped doing therapy. It would -- I would have bad days and then stretch as much as I could and it would recover in a few days, but it wasn't improving from the time that I stopped the physical therapy.

Q So it plateaued. Is that fair?

A Yes.

Q Okay. And then there came a time that you felt you needed to see a doctor?

A Yes.

Q And when was that?

A It was January of 2016.

Q Okay. So about two months later?

A Yes.

Q From the time you got released to your home exercise program?

A Yes.

Q And describe what happened on that day.

A I woke up with a pain generating from my neck and then all down my arm. Physically I couldn't move

my arm it was in so much pain.

Q Okay. From the June 25th automobile accident up until this time had you been involved in any other car accidents?

A No.

Q Had you had any type of accidents where you slipped and fell?

A No.

Q Did you have any type of injury whatsoever during that period of time?

A No.

Q The only thing that you -- the only type of activity that you had was your work?

A Yes, just normal physical activity.

Q And then the physical therapy that you were getting?

A Yes.

Q And what did you do that morning? Did you make any attempts to call anyone?

A Because the claim had been closed, I just kind of figured that was the end of it. I don't know how everything works really. I called the chiropractor and asked if I could get in, and when I went in there he said, "This is related to your accident and I'm not going to treat you." He said, "You need to call

workers' comp."

Q Okay. And did you? Did you call the adjustor?

A I called Dr. Hall's office first.

Q Okay.

A And they said that because of the status of the claim, I had to contact the Insurer first before they would see me unless I wanted to pay for it myself. So I called the Insurer, and I think it took about a week to hear back from her. And she said that I would need to appeal the closure of the claim in order to seek further treatment.

Q And did you do that?

A I did.

Q Okay. And she did not authorize you to return to see Dr. Hall; correct?

A No, no.

Q Is that correct?

A That is correct.

Q Okay. So you went back to see Dr. Hansen?

A Correct.

Q And then what did Dr. Hansen do for you?

A He said that he wanted an MRI before he would do any treatment, and so I went and got an MRI.

Q All right. And after you got the results of

the MRI did Dr. Hansen provide you with treatment?

A Yes.

Q And basically what would he do?

A It's a -- how do I describe it? They kind of stretch your neck out to try and make room for the protruding discs.

Q Okay. So your understanding was you had protruding discs in what part of your spine?

A In my neck.

Q And did there come a point in time where he referred you to a Dr. Muir?

A Yes.

Q And what did Dr. Muir do for you?

A He was a pain and spine specialist. Initially all he offered was pain pills. I told him that they didn't help. I had the pain pills from before. They weren't helping. So he was just kind of there in case it got worse. Eventually he did an injection in my neck, and that didn't help either. So he referred me to Dr. Sekhon.

Q Did you follow his instructions and go see Dr. Sekhon?

A I did.

Q Up to this point have you been represented by an attorney?

A No.
Q You were doing this all on your own?
A Yes.
Q And you saw Dr. Sekhon?
A Uh-huh.
Q And what did Dr. Sekhon do for you?
A He just stated that the condition that my neck was in, the protruding discs were pushing against a nerve which was giving the symptoms that I was complaining about, and that it wouldn't likely get better without surgery.
Q So he gave you a recommendation for surgery?
A Yes.
Q When you talked to Dr. Hansen and Dr. Sekhon and Dr. Muir did you tell them about your prior health history?
A Yes.
Q Did you tell them that you had been in two car accidents in June?
A Yes.
Q Did you tell them that you had injured yourself in the past and received treatment for your neck?
A Yes.
Q So you basically gave them your full history?

A Yes.

Q In fact, when the insurance company -- in the first claim they asked for you to complete an authorization so that they could get your prior records; correct?

A Yes.

Q And you provided that to them?

A I did.

Q From the date of June 25th, 2015, up until you saw Dr. Sekhon -- so the first time was just from the day of the accident to the January time, but now let's go all the way to Dr. Sekhon.

Did you have any car accidents you were involved in?

A No.

Q Any falls?

A No.

Q Any injuries whatsoever?

A No.

Q And during this entire time you continued to work full time?

A Yes.

Q Full duty?

A Yes.

Q Without restrictions?

A Correct.

Q You continued to do your home exercise program?

A I do my stretches.

Q Okay. So it was sort of modified after you saw Dr. Sekhon and Dr. Hansen?

A Yes.

Q But you continue to do what they have instructed you to do; correct?

A Yes.

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

APPEALS OFFICER NIELSEN: Thank you, Mr. Santos. Mr. Rowe.

MR. ROWE: Thank you, your Honor.

CROSS-EXAMINATION

BY MR. ROWE:

Q Ms. Kline, the accident on June 25th was a fairly minor accident, was it not?

A It was moderate.

Q In the police report it indicates that the distance your vehicle traveled after the impact was one foot.

Would you agree with that?

A I can't agree or disagree. I have no idea.

Q Okay. And do you have any idea what the speed of the vehicle behind you was?

A I could only guess.

Q So if the police report indicated an estimate of five to ten miles an hour would you disagree with that?

A I would disagree with that.

Q You thought it was going faster?

A I did, yes.

Q Okay. You were driving a pickup?

A Correct.

Q And what kind of car hit you? It was a Subaru, wasn't it?

A Yes.

Q Okay. It sounds as if the symptoms that had you seek out attention in January was this arm pain; correct?

A Correct.

Q And that was a new symptom, was it not?

A The nerve pain and numbness was a new symptom.

Q Okay. You hadn't had that before?

A I hadn't had that before, but it was generating, according to the doctor, from the same location as my neck injury.

Q I know, but my question is the arm pain and

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

A Yes.

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

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

MR. ROWE: Yes.

BY MR. ROWE:

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

A Correct.

Q Okay.

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

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

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

MR. SANTOS: Yes, your Honor.

///

///

REDIRECT EXAMINATION

BY MR. SANTOS:

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

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

A Here it says moderate.

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

A Yes.

Q Can you describe it?

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

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

A Yes.

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

A The arm pain went all the way down into my

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

Q It was different?

A It was different.

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

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

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

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

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

MR. SANTOS: Is that fair?

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

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

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

her shoulders was. It was a different question.

APPEALS OFFICER NIELSEN: Restate the question, Mr. Santos.

MR. SANTOS: Sure.

BY MR. SANTOS:

Q The pain in your shoulder, where would that go?

A Into the joint of my shoulder.

Q Okay. Can you describe -- because, remember, this is being recorded.

A Yes.

Q Because we have to look at the transcript later.

Can you describe how far down that would come from the top of your shoulder down your arm on your left?

A From the --

Q Describe it.

A -- top of my shoulder?

Q How many inches down would it go?

A Two to three inches.

Q Okay. And that was something that you consistently complained about during the course of your treatment?

A Yes.

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

A Yes.

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

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

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

A Yes.

Q Okay.

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

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

Any additional witnesses, Mr. Santos?

MR. SANTOS: None, your Honor.

APPEALS OFFICER NIELSEN: Any witnesses, Mr. Rowe?

MR. ROWE: No, none, your Honor.

APPEALS OFFICER NIELSEN: All right. Let's go 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 (D) W

5. Date of Birth: 10-07-79 You are 38 years old.

6. How long have you lived in the following places:

Reno: 38yrs

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 X 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? X Yes _____ No

13. Have you changed jobs since the injury? X Yes _____ No

14. Prior to the above employer, where were you employed? Intuit Payroll

15. Are you currently working? X 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 X 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 X 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 X 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 X No ____

When 2013 Where Right Ankle

21. Are you currently taking any medications? Yes ____ No X

What ____ Why Advil
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

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): 1 mile

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

— Bilateral Neck

— Back Feels weak

— Left Thumb

Prior MVA ~ work - 2010 — no PPD

no probs 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
Self-care / Personal Hygiene					
Bathing			X		
Dressing		X			
Brushing teeth	X				
Combing hair		X			
Eating	X				
Urinating	X				
Bowel movements	X				
Communication					
Speaking	X				
Hearing	X				
Writing	X				
Physical Activity					
Standing		X			
Sitting		X			
Changing positions: bed-chair-stand		X			
Walking	X				
Climbing Stairs	X				
Sensory Function					
Seeing	X				
Smelling	X				
Tasting	X				
Feeling: sharp vs. dull	X				
Feeling: hot vs. cold	X				
Hand Activities					
Grasping		X			
Lifting		X			
Co-ordination	X				

- slow

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
Advanced Activities					
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	

- Twisted back

- 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

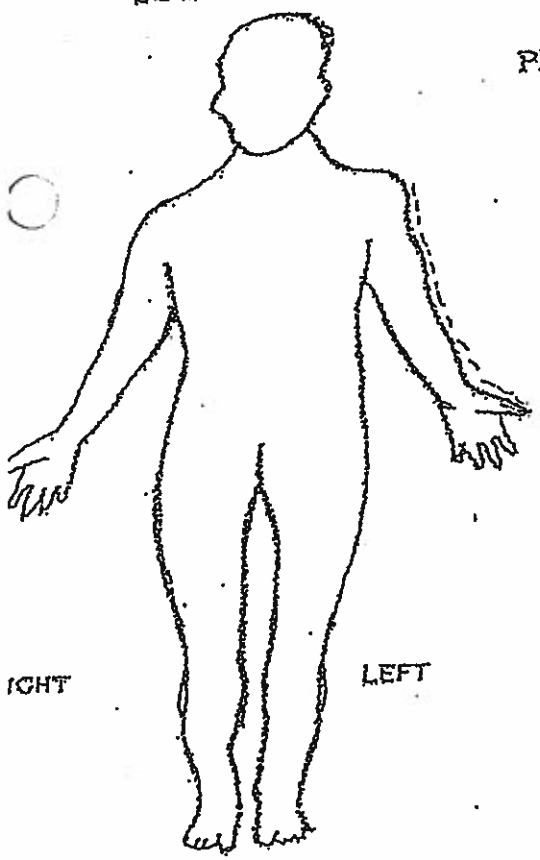
NUMBNESS ----------

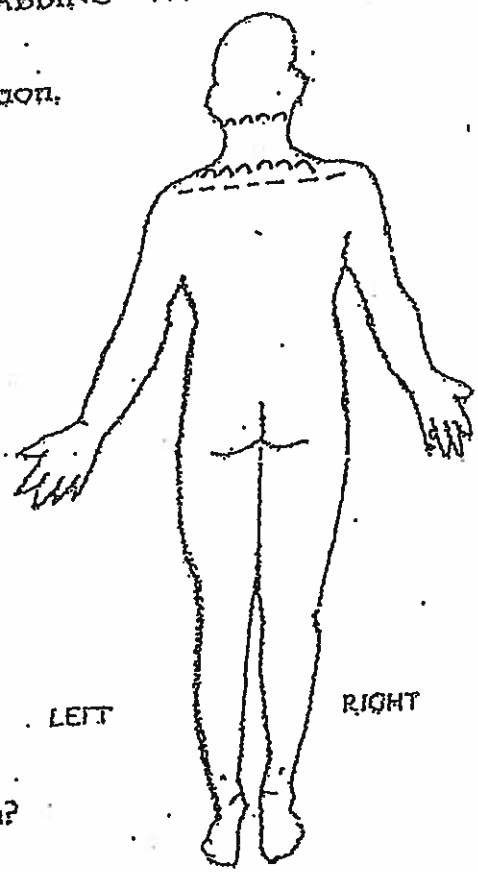
BURNING ~~~~~~~~~~~~~~~

PINS AND NEEDLES xxxxxxxxxxxxxx

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

Please draw in the location.





Rate your pain

How bad is your pain?

0 = No Pain

10 = Extremely

1. Right now	0 1 2 3 (4) 5 6 7 8 9 10	→ As day goes on
2. At its worst	0 1 2 3 4 5 6 7 (8) 9 10	
3. At its best	0 1 (2) 3 4 5 6 7 8 9 10	

PINS AND NEEDLES oooooo

NUMBNESS ----------

STABBING ||||||||||

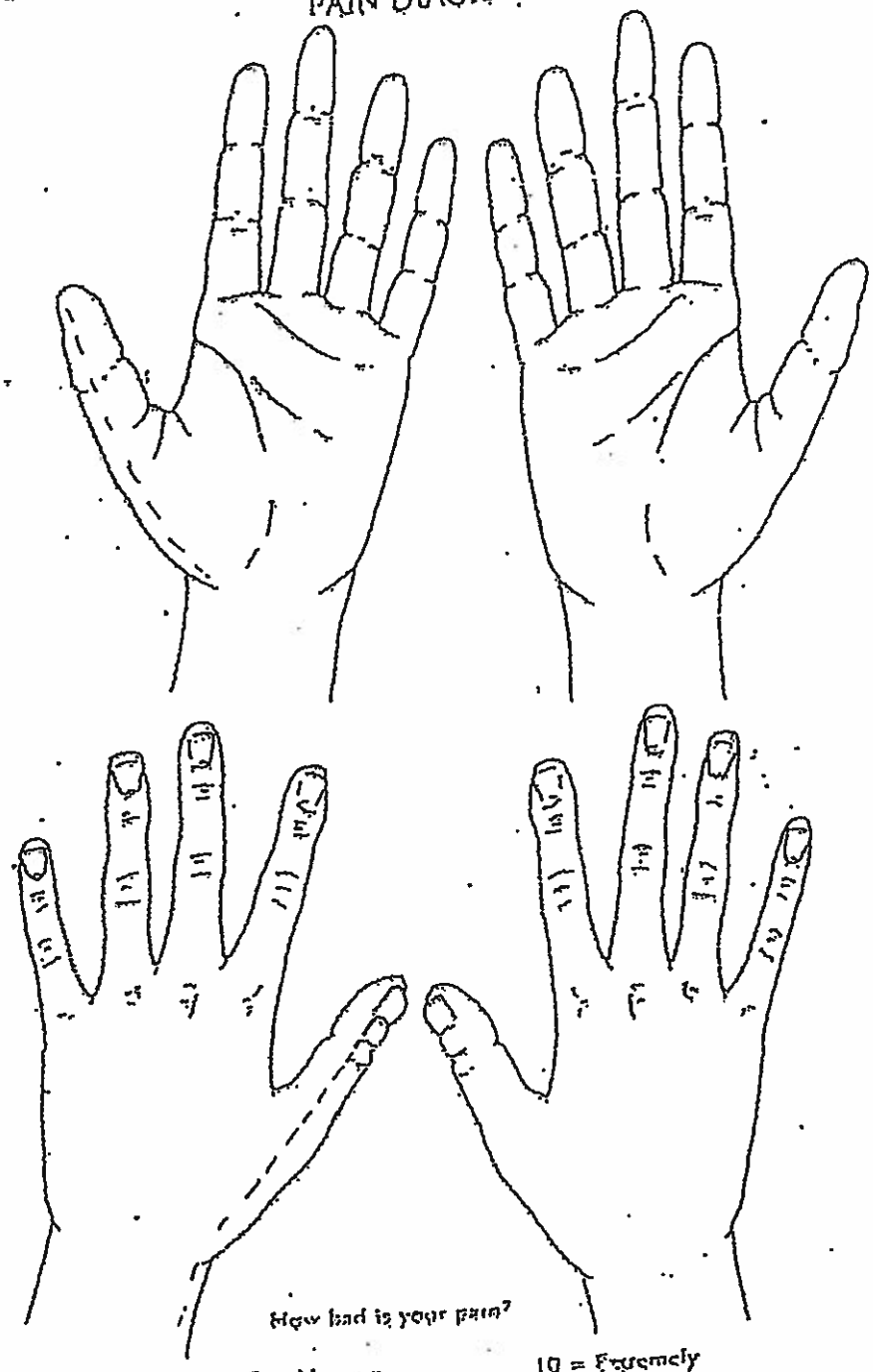
BURNING XXXXXXXX

Please draw in the location.

RIGHT HAN

LEFT HAND

PAIN DIAGRAM



How bad is your pain?

	Rate your pain	0 = No pain									10 = Extremely
1	Right now	(0)	1	2	3	4	5	6	7	8	9	10
2	At its worst	0	1	2	3	4	5	6	7	(8)	9	10
3.	At its best	(0)	1	2	3	4	5	6	7	8	9	10

NAME: Kimberly Klane

DATE: 5/8/18

(9)

I, Kimberly Klare 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, p.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 Klare

Date : 5/8/18

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

July 1, 2015
Page 1
Office Visit

Home: (775) 815-5790

KIMBERLY KLINE
Female DOB: 10/07/1979 AGE:35 Years Old INSURANCE: CDS-WGSD- PHCN/ Saint Mary's network
PATIENT ID: 176038

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) otc 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 VRNS: 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,

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KIMBERLY KLINE
Female DOB: 10/07/1979 AGE:35 Years Old INSURANCE: CDS-WGSD- PHCN/ Saint Mary's network
PATIENT ID: 176089

Home: (775) 815-5790

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: backpain.
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
Gastrocsoleus 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

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

KIMBERLY KLINE
Female DOB: 10/07/1979 AGE:35 Years Old INSURANCE: ODS-WCSD- PHCN/ Saint Mary's network
PATIENT ID: 178039

Home: (775) 815-5790

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
L4 Light Touch: Normal.
L5 Pain: Normal
S1 Light Touch: Normal
S1 Pain: Normal
Tenderness
L-S 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 Hallupis Longus 5

July 1, 2015
Page 4
Office Visit

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

Home: (775) 815-5790

KIMBERLY KLINE
Female DOB: 10/07/1979 AGE: 35 Years Old INSURANCE: CDS-WCSD- PHCN/ Saint Mary's network
PATIENT ID: 176088

Gastrocsoleus 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
L4 Light Touch: Normal
L5 Pain: Normal
S1 Light Touch: Normal
S1 Pain: Normal
Tenderness
L-S Junction

Provocative Testing

Gait
Antalgic Gait No
Faber Test Negative
Trendelenburg No

Reno Orthopaedic Clinic
555 North Arlington Ave Reno, NV 89503
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Home: (775) 815-5790

KIMBERLY KLINE
Female DOB: 10/02/1979 AGE:35 Years Old INSURANCE: CDS-WCSD- PHCN/ Saint Mary's network
PATIENT ID: 176039

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

Waddell's
Distraction No
Overreaction No
Regional No
Tenderness No
Stimulation 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 Vollaren 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 PO BID W/ FOOD #60[Tablet] x 0

Entered by: Nichole Brooks

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

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
PATIENT ID: 176039

Home: (775) 815-5790

Authorized by: Brett Mch-Muir
Electronically signed by: Nichole Brooks on 05/11/2015
Method used: Electronically to
Walgreens N Virginia* (retail)
750 N Virginia Street
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 MenMuir, MD
BM:ghs:hm
MTID #: 5078578 D: 5/11/2015 T: 5/12/2015

Electronically signed by Jasmyne Tibulski on 05/18/2015 at 2:46 PM

Received
JUL 01 2015
CCMSI-Reno

EXHIBIT 2

EXHIBIT 2

FABER Test

Original Editor - Tyler Shultz (/User:Tyler_Shultz)

Top Contributors - Maxim de Clippele (/User:Maxim_de_Clippele), Rachael Lowe (/User:Rachael_Lowe), Tyler Shultz (/User:Tyler_Shultz), Adam Vallely Farrell (/User:Adam_Vallely_Farrell) and Evan Thomas (/User:Evan_Thomas)

Contents

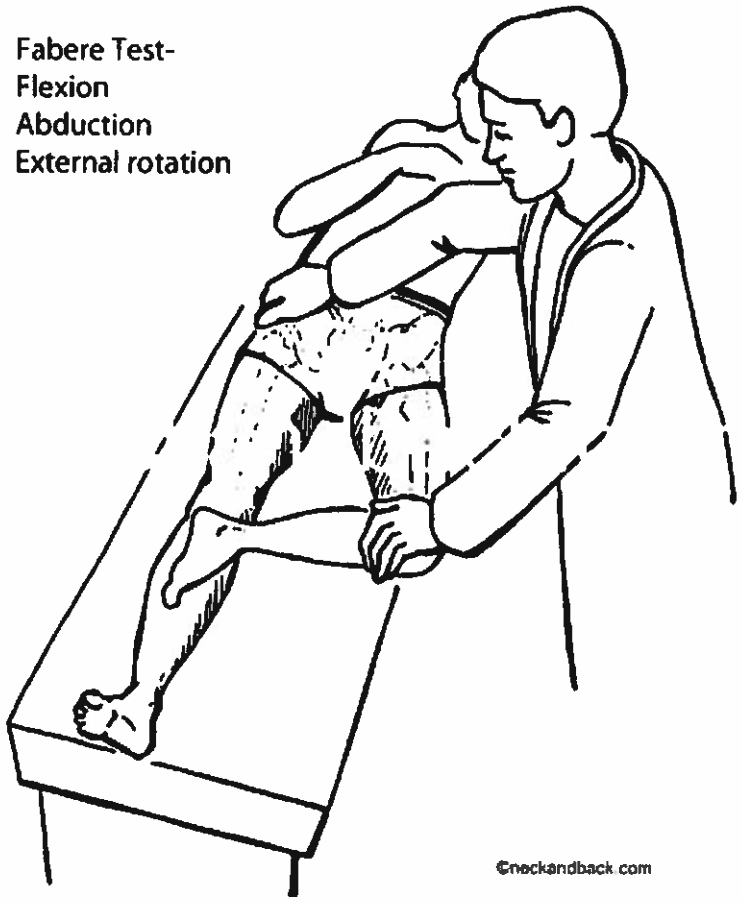
Definition/Description

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

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.[2] Thus is designed for stability and weight-bearing – rather than a large range of movement.



(/File:FABERs_test.jpg)

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

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).

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.[3][1]

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.[4][5]

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.[6]

AA 1857

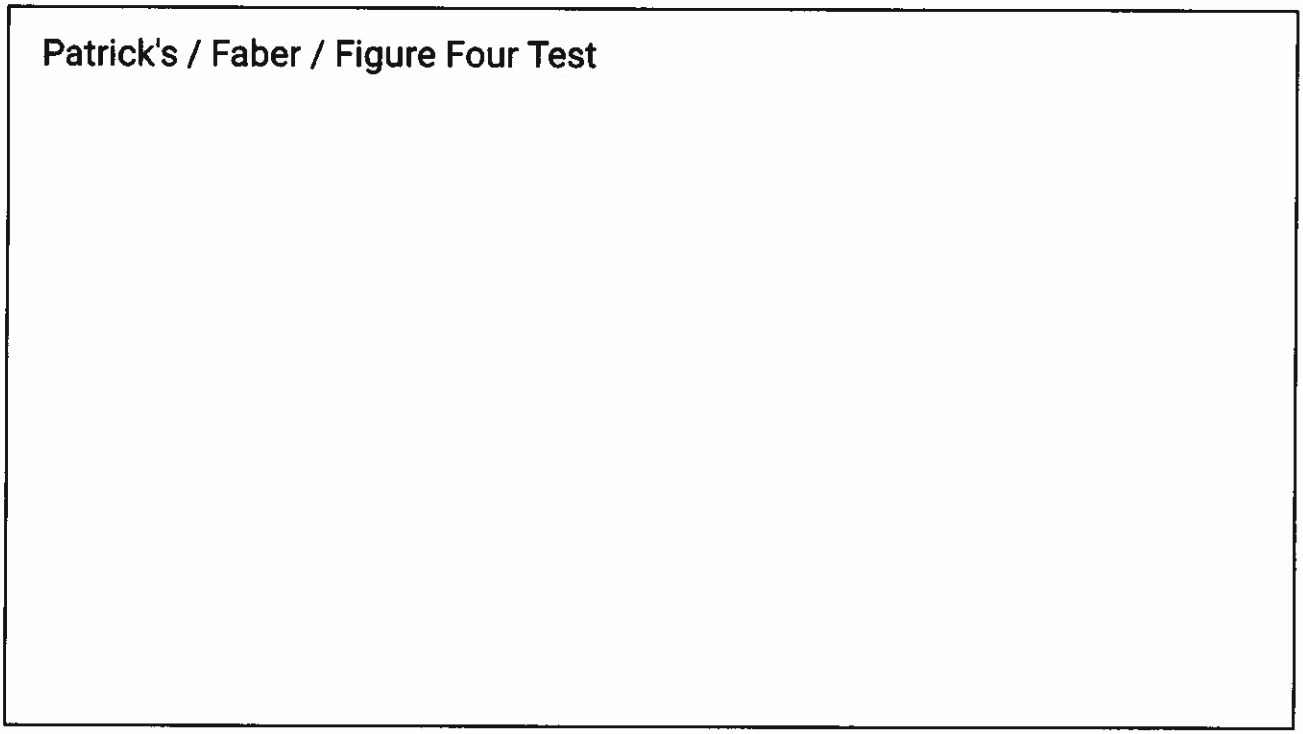
1651

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. [7] 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. [8]

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



[9]

Interpretation

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

1. Sarcoiliac 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)[8]
     - Hip loose bodies
     - Hip chondral lesion

AA 1858

- Hip Osteoarthritis (Hip_Osteoarthritis)[10]

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).[11] The use of an inclinometer may increase reliability when performed by an experienced clinician in comparison with height measutements.
- **Sensitivity** for identification of hip pathology identified with arthroscopy: 0.89[6]
- Correlation of positive test with OA on radiographs: r = 0.54[10]
- Kappa (95% Confidence interval): 0.63 (0.43-0.83), Kappa Maximum: 0.83, Percent agreement: 84%, Prevalence: 0.37, Bias: 0.07[1]
- Diagnostic value of FABER test compared to MR arthrogra¬phy in labral tear diagnostics: sensitivety: 41%, specificity: 100%, positive predictive value: 100%, negative predictive value: 9%[8]
- The **validity** and **reliability** of the FABER test is very contradictory, some say it is an invalid and unreliable test[12] , 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.[13] [14]

Clinical relevence

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[15]. Although more evidence is becoming apparent that physical tests are less reliable and subject to user error. [13]

Resources

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

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AA 1859

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AA 1860

1654

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EXHIBIT 3

EXHIBIT 3

Trendelenburg Test

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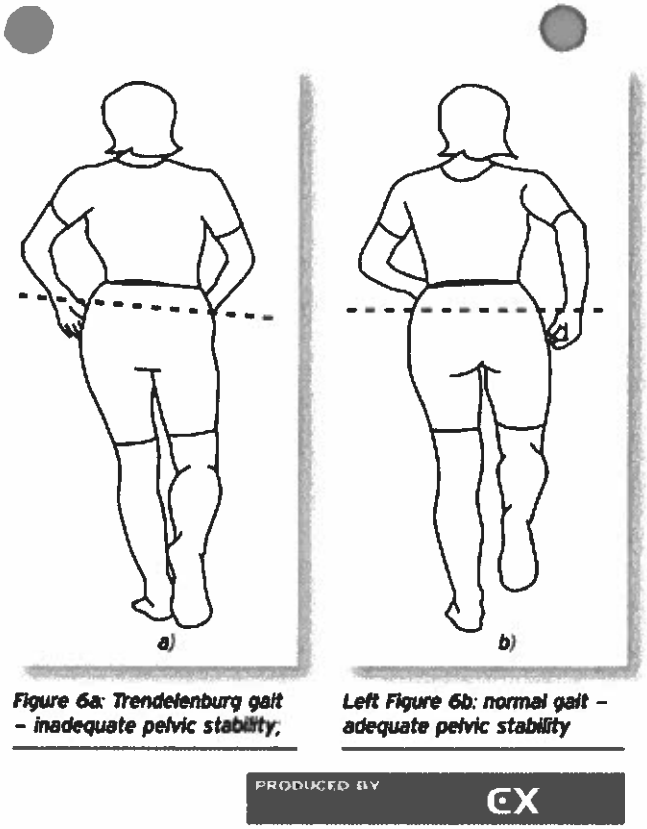
Contents

Definition/Description

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

A positive Trendelenburg test usually indicates weakness in the hip abductor muscles: gluteus medius (/Gluteus_Medius) and gluteus minimus (/Gluteus_Minimus).[1] These findings can be associated with various hip abnormalities such as congenital hip dislocation, rheumatic arthritis, osteoarthritis (/Hip_Disability_and_Osteoarthritis_Outcome_Score).[1][2]



(/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.[3]

Clinically relevant anatomy

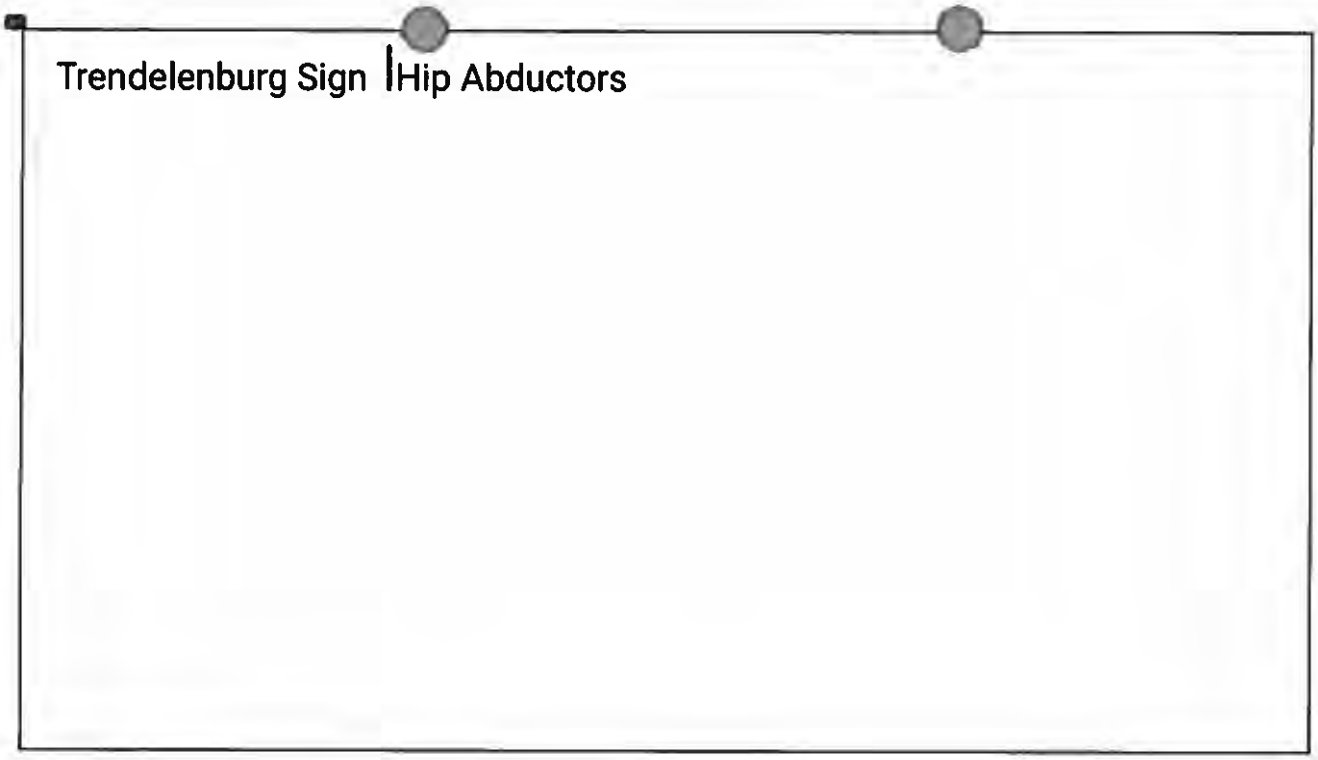
Gluteus medius (/Gluteus_Medius) and minimus (/Gluteus_Minimus) are the primary abductors of the hip. When fully weight baring they act to abduct the femur away from the mid-line of the body and provide stability of the hip and pelvis.[4]

Purpose

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

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.[1][2][5][6]

Technique



[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[8][1].

Clinical relevance

Several dysfunctions can produce a positive Trendelenburg Test:[8]

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

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

The Trendelenburg test alone cannot diagnose hip conditions such as osteoarthritis or hip instability[9]. 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[12]. 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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EXHIBIT 4

EXHIBIT 4

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ORTHOPEDIC EXAMINATION WITH TESTS

- HOME
- mission Statement
- samples
- the little guy
- publications
- links
- contact us
- health care links
- dental care links
- **limited orthopedic exam**
- beat the press
- the fight goodness
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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 form 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 ho it happened and the mechanic of the injury or etiological events leading to the patients 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

- 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 nay 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 arising form 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

...y 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

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 heal 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.

ther 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 Foraminal Encroachment.

   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.

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 interfacial 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 120forward flexed 0 and 20and laterally rotated, 0 and 30. The examiner places one hand on the shoulder and the other on the relaxed upper arm and draws the humorous forward.

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

11. Posterior:

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 medically 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. Dugus 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.

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 patients wrist laterally with the other hand (to externally rotate the patients 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 patients 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 LIGMENT (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 patients hand indicates STENOSING TENOSYNOVITIS AKA DE QUERVAINS' 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 MUSLES 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.

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

40. GOLDTHWAIT TEST

Procedure: With the patient supine place on 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 ad raiding 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 2nd 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 RESTRCTION-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

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 SCROIIAC 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 ad 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 LENGTHDISCRPANTY-TRUE LEG LENGTH

Procedure: Measure from the patients 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 DISCREPANY – APPARENTY 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 anner, it indicates CONTRACTURE OF THE TENSOR FASCIA LATA

TISSIE.

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. TRENDELENBERG 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 OPPOSIE 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 Suprapatelar pouch to the infrapatelar area den 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. APPRENHENSION 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 infrapatelar 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 positioin as for the compression test, traction the patients 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

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 OLLATERAL 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 MUSLCE TIGHNESS. 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 patients 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

Procedure: Have the patient first walk on his heals 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 FFAAJTS, 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 hereunto affixed
Given at Antigua on the twelfth day of June,
in the year of our Lord two thousand ten.

Chairman of the Board of Trustees

President of the University

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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EXHIBIT 5

EXHIBIT 5

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.

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the
Industrial Claim of:

KIMBERLY KLINE,

Claimant.

_____/

Claim No.: 15853E839641
Hearing No.: 1803718/1803717-JL
Appeal No.: 1900471-RKN

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

CLAIMANT'S HEARING STATEMENT

I.

DOCUMENTARY EVIDENCE

1. The Claimant may rely on portions of any of the evidence packets submitted by the Employer or Insurer.

2. The Claimant reserves the right to submit any additional documents not submitted by the Employer or Insurer.

II.

STATEMENT OF THE ISSUES

Whether the Hearing Officer's decision dated July 19, 2018 is correct?

III.

WITNESSES

1. The Claimant, KIMBERLY KLINE, may testify regarding her employment, prior health, the subject industrial injury and the symptoms she has experienced and continues to experience.

2. Any of the Claimant's treating physicians may testify regarding the Claimant's medical condition, causation, diagnosis, prognosis, and any other area within the doctors expertise.

3. Any of the adjusters who worked on the Claimant's claim may be called to testify regarding their administration of the above referenced claim.

4. Any witness named or called by any other party.

5. Impeaching or rebuttal witnesses as deemed necessary.

IV.

ESTIMATED TIME FOR HEARING

The Claimant believes that the hearing will take approximately one (1) hour.

V.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in appeal number 1802418-RKN does not contain the social security number of any person.

DATED this 20 day of August, 2018.

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

By: _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

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 WILTSHIRE ALSTEAD, ESQ.
MCDONALD CARANO WILSON
PO BOX 2670
RENO, NV 89505

DATED this 22 day of August, 2018.

Jimayne Lee

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

BEFORE THE APPEALS OFFICER

FILED
AUG 16 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No:	15853E839641
	Hearing No:	1803718-JL 1803717-JL
KIMBERLY KLINE,	Appeal No:	1900471-RKN
Claimant.		

NOTICE OF APPEAL AND ORDER TO APPEAR

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

   DATE: Tuesday, November 6, 2018
   TIME: 2:30PM
   PLACE: DEPT OF ADMINISTRATION, APPEALS OFFICE
   1050 E. WILLIAMS STREET, SUITE 450
   CARSON CITY, NV 89701

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

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

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

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

6. Any party wishing to reschedule this hearing should consult with opposing counsel or parties, and immediately make such a request to the Appeals Office in writing supported by an affidavit.

7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED.

Rajinder K. Nielsen
RAJINDER K NIELSEN
APPEALS OFFICER

1802418-RKN

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

Nevada Department of Administration Hearings Division
1050 E. Williams Street, Ste 450
Carson City, NV 89701
(775) 687-8420

REQUEST FOR HEARING BEFORE APPEALS OFFICER

CLAIMANT INFORMATION

Claimant:	Kimberly Kline
Address:	305 Puma Drive
	Washoe Valley, NV 89704
Telephone:	(775) 315-5790

EMPLOYER INFORMATION

Claim number:	15853E839641
Employer:	City of Reno
Address:	P.O. Box 1900
	Reno, NV 89505
Telephone:	(775) 334-1249

PERSON REQUESTING APPEAL: (circle one) ○ CLAIMANT ◉ EMPLOYER ○ INSURER

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: 7/19/2018

YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION

☐ **PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING A CLAIM FILED PURSUANT TO NRS 617.455 OR 617.457**

BRIEFLY EXPLAIN REASON FOR APPEAL:
Disagree with Hearing Officer's decision

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

ATTORNEY/REPRESENTATIVE:

Name:	Lisa Wiltshire Alstead, Esq.
Address:	100 W. Liberty St., 10th Fl.
	Reno, NV 89501
Telephone:	(775) 788-2000

Lisa Wiltshire Alstead
Signature

INSURANCE COMPANY:

Name:	CCMSI
Address:	P.O. Box 20068
	Reno, NV 89515
Telephone:	(775) 324-3301

8/14/18
Date

FILED
AUG 14 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

NOTICE

If the Hearing Officer decision is appealed, Claimants are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

Signature **Telephone Number**

****If you are appealing the Hearing Officer's Decision, file this form and a copy of the Decision no later than thirty (30) days after the date of the Hearing Officer's Decision.****

No Consol
1900471-RKN
Due 11-6-18
@ 2:30

AA 1893

REVISED 11/14/17

1637

CERTIFICATE OF MAILING

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

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

Dated this 16 day of August, 2018.

Jasha Estes for
Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

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.

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

Jason Luis, Hearing Officer

CERTIFICATE OF MAILING

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

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

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

CITY OF RENO
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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

Susan Smock
Employee of the State of Nevada

FILED

AUG 1 4 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

* * * * *

In the Matter of the contested Industrial Insurance Claim

of

KIMBERLY KLINE

Claimant.

_____/

Claim No.: 15853E839641

Hearing Nos.: 1803717-JL
1803718-JL

Appeal No.: _____

MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL

The self-insured employer CITY OF RENO ("Employer" or "City") respectfully moves the Appeals Officer for a temporary stay order staying the effect of the Hearing Officer's Decision and Order entered on July 19, 2018 (the "Decision") pending full hearing of this matter before the Appeals Officer.

The grounds for the Motion are that the Hearing Officer's Decision is unsupported by the evidence and contains an error of law. As such, the Employer will be substantially prejudiced if required to comply with the Hearing Officer's Decision prior to hearing on this appeal.

This Motion is made and based upon the point and authorities attached hereto, the Insurer's Documentary Evidence ("IDE") filed concurrently, and the pleadings and papers on file under this claim.

DATED this 14th day of August, 2018.

McDONALD CARANO LLP

By _____

LISA M. WILTSHIRE ALSTEAD
100 West Liberty Street, 10th Floor
P.O. Box 2670
Reno, NV 89505-2670
Attorney for Employer
CITY OF RENO
Administered by: CCMSI

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

POINTS AND AUTHORITIES

Employer submits the following points and authorities in support of its Motion:

I.

ISSUE PRESENTED ON APPEAL

The issue presented is whether the Hearing Officer improperly reversed: (1) Employer's third-party administrator Cannon Cochran Management Services, Inc.'s ("TPA") determination holding claimant Kimberly Kline's ("Claimant") 27% permanent partial disability ("PPD") award in abeyance pending Jay Betz's M.D.'s review; and (2) TPA's subsequent determination offering Claimant a 6% apportioned PPD award.

II.

STATEMENT OF FACTS

The Claimant worked as a parking enforcement officer for the City. On June 25, 2015, the Claimant was injured when her work vehicle was rear ended by another vehicle after clearing an intersection and stopping for traffic. This was her second motor vehicle accident that month.

The Claimant was treated at St. Mary's Regional Medical Center for back and neck pain. She was diagnosed by Dr. Richard Law with an acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. On July 23, 2015, the claim was accepted for cervical strain. The Claimant received medical treatment with Scott Hall, M.D. in addition to chiropractic care and physical therapy.

On October 26, 2015, Dr. Hall found the Claimant's condition at maximum medical improvement, stable not ratable, and released her to full duty with no restrictions. On November 6, 2015, TPA sent its Notice of Intention to Close Claim to the Claimant.

On January 13, 2016, the Claimant underwent an MRI, which found disc degeneration with large disc protrusions at the C5-C6 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis. The Claimant subsequently appealed the TPA's Notice of Intention to Close Claim.

On March 16, 2016, Dr. Hall noted that there was no evidence of neurologic involvement after the June 25, 2015 accident, specifically stating that the new onset of severe symptoms started

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quite suddenly and it is uncertain if there is any relation to the industrial injury, also noting that the Claimant sought treatment from an orthopedist prior to the June 2015 injury. Finally, Dr. Hall noted that all indications were that the Claimant had completely recovered from the industrial injury by the end of October, 2015.

On July 5, 2016, the Claimant saw Lali Sekhon, M.D. who recommended a C4-C5 to C6-7 decompression and fusion surgery. On June 12, 2017, Dr. Sekhon performed a C4-5, C5-6, and C6-7 anterior cervical decompression, interbody fusion. On September 11, 2017, Dr. Sekhon determined that Claimant reached maximum medical improvement, released her to full duty, and she was ratable.

On November 10, 2017, Dr. Russell Anderson conducted a PPD evaluation. Dr. Anderson concluded that the Claimant has a 25% whole person impairment from the cervical spine. Dr. Anderson's report further stated the Claimant had underlying cervical spine issues that pre-date this work-related car accident and injury, specifically addressing an MRI on January 3, 2016, and radiograph reports which show cervical spine degenerative discs with large protrusions at C5-6, C6-7, effacement of the CSF and severe canal stenosis. Dr. Anderson states, "It is not logical to believe that these findings are related to the car accident she was involved in 6 months earlier." Thus, 75% of the impairment was apportioned as non-industrial.

The 25% of the Claimant's impairment that was apportioned as industrial was concluded as such because: (i) the Claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began June 30, 2015), after that, the cervical strain could be described as slight; (ii) the findings of cervical spine spondylosis, stenosis, and disc bulges cannot be logically attributable to this car accident/ work injury. These findings provided the indication for fusion surgery in the cervical spine; and (iii) the Claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December, 2015, and she had no upper extremity symptoms at the time of release from care.

Finally, Dr. Anderson's report acknowledges that the Claimant denies any prior upper extremity symptoms before this injury, however, this work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause. Based on Dr. Anderson's

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review, 75% of the impairment was apportioned as non-industrial. As such, he concluded that Claimant has a 6% whole person impairment related to the June 25, 2015 industrial injury.

On December 5, 2017, TPA issued a determination letter awarding a 6% PPD award based on Dr. Anderson's PPD evaluation. The Claimant appealed this determination and a hearing was conducted by the Hearing Officer on January 10, 2018. On January 16, 2018, the Hearing Officer entered a Decision and Order remanding the determination finding a medical question regarding Dr. Anderson's 75% apportionment and ordering a second PPD evaluation. The Employer appealed this determination and requested a stay.

Ultimately, the stay was lifted on appeal (Appeal No. 1802418-RKN) and a second evaluation ordered. James Jempsa, M.D. conducted the second PPD evaluation on May 8, 2018. Dr. Jempsa found a 27% whole person impairment and failed to address apportionment. Because apportionment was not addressed, TPA sent a follow up request that Dr. Jempsa review Dr. Anderson's PPD evaluation and address apportionment.

On May 18, 2018, Dr. Jempsa provided an Addendum which stated, "You will need to contact Dr. Anderson concerning his rationale for apportionment... 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... it is my opinion that apportionment is not necessary in this case."

Due to the two doctors' conflicting opinions regarding apportionment, TPA sought a records review by Jay Betz, M.D. On May 24, 2018, TPA sent notice out to the Claimant that it is holding the PPD award in abeyance pending Dr. Betz's review. The Claimant appealed this determination and it is the subject of this appeal.

On June 4, 2018, Dr. Betz provided his review. Dr. Betz noted that both Dr. Anderson and Dr. Jempsa agreed there is 12% whole person impairment utilizing Table 15-7 and that there was a 1% whole person impairment for sensory deficit in the left C6 distribution. However, there was a large discrepancy between the active range of motion findings. Dr. Betz continued on stating that Dr. Jempsa provided no discussion or explanation for the substantial variation, and it is well recognized that patients learn from prior rating experiences, particularly when findings are "under

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the influence of the individual," such as active range of motion. Dr. Betz states that, absent an objective basis for the variation, Dr. Anderson's range of motion findings should have priority.

Dr. Betz continues on to address the issue of apportionment. Dr. Betz states:

> Dr. Anderson correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting. This conclusion is further supported by Dr. Hall's opinion on March 16, 2016, in which he noted Ms. Kline's cervical symptoms were initially consistent with a sprain strain and that she recovered completely from the industrial injury with conservative treatments by the end of October 2015. He goes on to conclude that there is no objective evidence to connect the patient's significant MRI findings of January 13, 2016 with the industrial injury. It is also informative that Ms. Kline had no symptoms or examination findings of neck injury at time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI.
>
> If the occupational incident had significantly aggravated the patient's preexisting pathologies, the development of radiculopathy symptoms and findings would be expected in the first few days or weeks and not 5 months later. Consequently, it is likely that the patient's radicular symptoms were the result of a natural progression of her significant multilevel degenerative changes rather than the [industrial] injury.

Ultimately, Dr. Betz agreed with Dr. Anderson's findings of apportionment noting Dr. Anderson's conclusions "are well supported by the medical record, known pathologies, AMA guides and Nevada Administrative Code."

Based on Dr. Betz's assessment, on June 13, 2018 TPA issued a determination offering the Claimant a 6% PPD award consistent with Dr. Betz and Dr. Anderson's findings. The Claimant appealed this determination as well and it is also the subject of this appeal.

A hearing was conducted before a Hearings Officer on July 12, 2018 addressing both the TPA's May 24, 2018 and June 13, 2018 determinations. The Hearing Officer found that no evidence has been presented to justify 75% apportionment and the Claimant is entitled to the 27% PPD award determined by Dr. Jempsa. The Employer now appeals and requests a stay of that decision.

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III.

ARGUMENT

A. Legal Standard for Granting a Stay Order.

Pursuant to NRS 616C.345, an aggrieved party may obtain a review of any decision of the Hearing Officer by appealing to the Appeals Officer. Further, NRS 616C.345(5) also provides that the Appeals Officer may stay the Hearing Officer decision after application "when appropriate."

Although the Nevada Rules of Civil Procedure ("NRCP") are applicable to district courts, their application and interpretation can assist in deciding procedural issues in administrative hearings. (*See* NRCP 1). In *Nyberg v. Nevada Industrial Comm'n*, 100 Nev. 322, 683 P.2d (1984), the Nevada Supreme Court indicated that the language of NRCP 1 does not limit the application of the rules of civil procedure to solely district court proceedings. NRCP 62 is substantially identical to Rule 62 of the Federal Rules of Civil Procedure. According to the interpretation of the federal rule, an aggrieved party or agency is entitled to a stay of proceedings as matter of right upon doing all acts necessary to perfect its appeal. Wright & Miller, Federal Practice and Procedure, Vol. II, p.325, *et. seq.*; Moore's Federal Practice, Sec. 62.02; *see also American Mfrs. Mutual Ins. Co. v. American Broadcasting-Paramount Theaters, Inc.*, 87 S. Ct. 1, 3, 17 L.Ed.2d 37 (1966); *Dewey v. Reynolds Metals Co.*, 304 F. Supp. 1116 (D.C. Mich. 1969); *Ivor B. Clark Co. v. Hogan*, 296 F. Supp. 47 4009 (S.D. NY 1969).

In *DIR v. Circus Circus*, 101 Nev. 405, 411-412, 705 P.2d 645, 649 (1985), the Nevada Supreme Court stated that the insurer's proper procedure when aggrieved by a decision is to seek a stay. *Id.* at fn. 3. The determination that aggrieved parties are entitled to seek a stay has been upheld throughout the most recent Nevada decisions. *Ransier v. SIIS*, 104 Nev. 742, 747, 766 P.2d 274 (1988).

Generally, the Nevada Supreme Court has recognized that a stay should be granted where it can be shown that the appellant would suffer irreparable injury during the pendency of this appeal if the stay is not granted. *White Pine Power v. Public Svc. Comm'n*, 76 Nev. 263, 252 P.2d

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256 (1960). The Supreme Court discussed this requirement in *Kress v. Corey*, 65 Nev. 1, 189 P.2d 352 (1948):

> As a rule a supersedes or stay should be granted . . . whenever it appears that without it the object of the appeal or writ of error may be defeated, or that it is reasonably necessary to protect appellant or plaintiff in error from irreparable or serious injury in the case of a reversal, and it does not appear that appellee or defendant in error will sustain irreparable or disproportionate injury in case of affirmance . . . .

Id., 65 Nev. at 17. Irreparable harm includes in the workers' compensation context where benefits will be required to be paid based on a hearing officer decision because such benefits wrongfully paid cannot be recouped if the insurer is ultimately successful on appeal, and therefore relief in the form of a stay pending appeal is appropriate. *See Circus Circus,* 101 Nev. at 409-411, 705 P.2d at 648-649.

As noted above, a stay is proper when an appellant demonstrates it will incur irreparable harm. This is established when the appellant demonstrates that it is likely to prevail on the merits of the appeal and, if so, the appellant cannot be returned to its original position. As detailed below, Employer will prevail on the merits as the Decision is contrary to the substantial evidence and applicable law. Thus, the City will suffer irreparable harm paying the PPD award of 27% erroneously ordered to paid in the Decision where the apportioned award, which is proper, is 6%.

B. The Hearing Officer Decision is Unsupported by the Medical Evidence, AMA Guides, and Apportionment Regulations.

NAC 616C.490(6) and (7) state:

> 6. If precise information is not available, and the rating physician or chiropractor is unable to determine an apportionment using the *Guide* as set forth in subsection 5, an apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease or condition. The rating physician or chiropractor may base the apportionment upon Xrays, historical records and diagnoses made by physicians or chiropractors or records of treatment which confirm the prior impairment.
>
> 7. If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, obesity or congenital malformations, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.

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Here, the medical reporting in this case reflects the Claimant's history of pre-existing cervical problems including the January 13, 2016 MRI and radiographic reports showing cervical spine degenerative discs with large protrusions at C5-6, C6-7, effacement of the CSF, and severe stenosis.

Under the plain language of NAC 616C.490(6) and (7), a rating physician may base apportionment upon treatment records in order to obtain an appropriate apportionment. That was exactly what was done by both Dr. Anderson in his PPD evaluation, and as affirmed by Dr. Betz in his records review.

Further, as a condition of apportionment, if precise information is not available for a previous injury and the rating physician is unable to determine the apportionment using the *Guide*, apportionment is allowed as long as a condition precedent it is determined that at least 50 percent of the impairment is due to a preexisting or intervening injury, disease or condition. NAC 616C.490(6). From there, the doctor is entitled to determine the percentage of apportionment based "upon X rays, historical records and diagnoses made by physicians or chiropractors or records of treatment which confirm the prior impairment." *Id.*

Again, this is exactly what was done in this case by Dr. Anderson in his PPD evaluation. Dr. Anderson in accounting for the Claimant's preexisting cervical problems which have not previously been rated, apportioned the PPD award finding that 75% of the Claimant's impairment was non-industrial and the remainder was industrial. As such, the apportionment of the 25% PPD resulted in a 6% PPD award for the portion of the disability that is industrial.

A second PPD evaluation was conducted by Dr. Jempsa. Dr. Jempsa *ignores* the medical reporting including the January 13, 2016 MRI and radiographic reports showing cervical spine degenerative discs with large protrusions at C5-6, C6-7, effacement of the CSF, and severe stenosis. In ignoring this medical evidence, he also likewise incorrectly concluded that apportionment was not necessary contrary to the apportionment regulations. NAC 616C.490(6)-(7). As such, his conclusion that the 27% whole person impairment should not be apportioned is ***unsupported*** by the medical evidence including the January 13, 2016 MRI.

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For the same reasons, the Hearing Officer's Decision relying on Dr. Jempsa's evaluation, and conclusion there is no medical evidence demonstrating a pre-existing condition or giving rise to apportionment, is likewise erroneous. It appears that Dr. Jempsa may not understand that a prior PPD award is not required for apportionment but rather medical records evidencing a pre-existing condition is sufficient as was the case here.

In his subsequent records review, Dr. Betz highlights the errors in Dr. Jempsa's PPD evaluation. Dr. Betz analyzes the medical evidence and notes reporting that there is "no objective evidence to connect the significant MRI findings of January 13, 2016 with the industrial injury." He indicates that "[r]epeat x-rays on April 21, 2017 show mild disc space narrowing and facet degenerative changes of the lower cervical spine with development of retrolisthesis of 2 millimeters C4 on 5 and 1 millimeters C6 on 7." He also notes the Claimant showed improvement and physical therapy was recommended.

Dr. Betz then compares Dr. Anderson's and Dr. Jempsa's PPD evaluations. He notes that both utilized a range of motion method and both agreed there is a 12% whole person impairment utilizing Table 15-7 and both conclude there was 1% whole person impairment for sensory deficit in the left C6 distribution. However, the large discrepancy exists on range of motion findings of Dr. Anderson of 7% versus that of Dr. Jempsa of 16%.

Importantly, Dr. Betz tells us what the AMA Guides (which must be followed in a PPD evaluation pursuant to NRS 616C.490) dictate in this situation. He states that at page 399 of the Guides, "'the physician should seek consistency when testing active motion . . .Tests with inconsistent results should be repeated. ***Results that remain inconsistent should be disregarded.***" He goes on to explain that a physician must recognize findings can be subjective under the influence of the individual and that "[i]t is well recognized that patients learn from prior rating experience" and that this can have a great effect on findings the individual can control such as range of motion testing. This calls question to the findings by Dr. Jempsa.

Dr. Betz also identifies that Dr. Jempsa's evaluation is questionable due to the failure to address apportionment. He notes that Dr. Anderson "correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting." This is supported by the

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Claimant's complete recovery from the industrial injury. "If the occupational incident had significantly aggravated the patient's preexisting pathologies the development of radiculopathy symptoms and findings would be expected ***in the first few days or weeks, not 5 months later."*** Dr. Betz concludes that the Claimant's need for surgery "was primarily the result of pre-existing pathologies. Absent those pre-existing pathologies the patient would not have been a candidate for multilevel cervical discectomy and fusion. It is the fusion that now forms the basis for the patient's substantial permanent partial impairment."

As recognized by Dr. Betz, it is in exactly this situation where apportionment is mandated. NAC 616C.490(6) provides that apportionment under the *Guides* "may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease, or condition." As recognized by Dr. Betz and Dr. Anderson, Claimant's degenerative condition was the main basis for her fusion and the fusion is the basis for her permanent impairment. Thus, Dr. Anderson after finding Claimant's permanent injury to be mainly based on degenerative conditions consistent with NAC 616C.490(6), performed an apportionment analysis concluding that 75% of the permanent disability was non-industrial. This was the proper analysis based on the applicable law, *Guides*, and medical evidence.

For these reasons, the City is likely to prevail on the merits. The Decision is unsupported by the substantial evidence (which unequivocally demonstrates preexisting degenerative conditions), the AMA Guides (which require a doctor to disregard inconsistent results), and the law (NAC 616C.490(6) specifically allows for the evaluating physician to apportion as he/she sees fit if the medical evidence supports that the permanent disability arises at least in half from a preexisting condition). By ordering the Employer to award a 27% PPD award based on Dr. Jempsa's reporting, which contains these identified errors, the Decision is reversible. The Employer properly relied upon Dr. Anderson's and Dr. Betz's reports in concluding that the 6% PPD award was appropriate after apportionment.

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

IV.

CONCLUSION

Employer respectfully submits that the Hearing Officer's Decision is unsupported by evidence and affected by error of law. In absence of a stay order staying the effect of the decision, the Employer will suffer irreparable harm. Under these circumstances a stay order is warranted. Accordingly, Employer requests that the Hearing Officer's Decision be stayed pending appeal.

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document filed with the Nevada Department of Administration does not contain the social security number of any person.

DATED this 14th day of August, 2018.

McDONALD CARANO LLP

By _____

LISA M. WILTSHIRE ALSTEAD
100 West Liberty Street, 10th Floor
P.O. Box 2670
Reno, NV 89505-2670
Attorney for Employer
CITY OF RENO
Administered by: CCMSI

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

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO WILSON LLP, and that on the on the 14th day of August, 2018, I served the preceding **MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL** by placing a true and correct copy thereof in a sealed envelope and serving said document via U.S. Mail at Reno, Nevada, on the following parties at the addresses referenced below:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ 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

Angela Shoults

Employee of McDonald Carano LLP

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

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1801761-JL
	Appeal No: 1802418-RKN
KIMBERLY KLINE,	
Claimant.	

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Tuesday, September 18, 2018

TIME: ***1:00 PM***

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

CERTIFICATE OF MAILING

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

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 9th day of August, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
JUL 12 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Tuesday, August 7, 2018

TIME: ***1:00 PM***

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

AA 1912

CERTIFICATE OF MAILING

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

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

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
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CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 12th day of July, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
JUN 19 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

An Application to Permit Discovery was filed on June 13, 2018. The Application is hereby granted. Pursuant to NRS 616D.050, NRS 616D.090 and NAC 616C.305, discovery is limited to depositions, interrogatories, and requests for production of documents.

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

CERTIFICATE OF MAILING

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

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 19th day of June, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

* * * * *

In the Matter of the Contested Industrial Insurance Claim of:

Claim No: 15853E839641
Hearing No: 56373-JL
Appeal No.: 56832-RKN

KIMBERLY KLINE

Claimant.

_____/

OPPOSITION TO CLAIMANT'S MOTION TO PERMIT DISCOVERY

Employer City of Reno ("Employer"), by and through its undersigned counsel, files this opposition ("Opposition") to claimant Kimberly Kline's ("Claimant") Request to Permit Discovery (the "Motion"). This Opposition is based on the below memorandum of points and authorities as well as the documents and pleadings on file in this appeal.

MEMORANDUM OF POINTS AND AUTHORITITES

I. INTRODUCTION

The Claimant's Motion should be denied for at least three reasons: (1) the issue on appeal is a legal question rendering any discovery unnecessary; (2) the request for discovery is untimely; and (3) the information sought by Claimant through deposition should not be allowed under NRCP 26 as it is irrelevant, duplicative, and unduly burdensome.

II. LEGAL ARGUMENT

1. The Issue on Appeal is a Legal Question Rendering Discovery Unnecessary.

This appeal was filed by the Employer and addresses the issue of whether the Hearing Officer Decision dated January 16, 2018 should be reversed where a second permanent partial disability ("PPD") evaluation was ordered pursuant to NRS 616C.330. Specifically, a question of law is presented as to whether a second PPD evaluation was improperly ordered under NRS 616C.330 based on a medical question where no medical evidence was presented to contradict the first PPD evaluation performed by Dr. Anderson.

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It is the Employer's position that the Hearing Officer Decision was not supported by substantial evidence and should be reversed based on a legal error as there was no medical evidence presented by Claimant to contradict the PPD evaluation by Dr. Anderson and as such there was no basis for ordering a second PPD evaluation under NRS 616C.330 based on a medical question.

Instead, the Claimant is simply unhappy that Dr. Anderson did not look beyond the medical records. The Claimant has indicated that the evaluating doctor should go beyond the scope of NAC 616C.490, which sets forth the procedure for apportionment, and should be required to consider a prior legal decision on a separate appeal. No legal authority to support this proposition has been cited by Claimant and in fact, this is contrary to NAC 616C.490 which mandates that a doctor is to look at the **medical records** not prior legal decisions. As such, in this case the Hearing Officer should have ordered a second PPD evaluation NRS 616C.100.

Specifically, NRS 616C.100 provides that "[i]f the injured employee disagrees with the percentage of disability determined by a physician or chiropractor, ***the injured employee may obtain a second determination of the percentage of disability.***" That is exactly what has happened here – the Claimant disagrees with the first PPD evaluation not based on the medical records but because the doctor did not consider a prior legal decision. With no legal authority or basis for an evaluating physician to consider legal decisions when making an evaluation based on the medical records, this is simply a case where the Claimant disagrees with the first PPD evaluation.[1]

For these reasons, the issue on appeal is a legal question, namely, if the Claimant is seeking a second PPD evaluation because she wants the doctor to consider a prior legal decision, is that a basis for finding a medical question or is this more appropriately a request for a second PPD evaluation because Claimant simply disagrees with the first evaluation and wants a second

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[1]Additionally, the Claimant failed to appeal the Hearing Officer Decision dismissing the hearing on Claimant's request for a second PPD evaluation under AB 458. As such, a final determination has been entered on AB 458 and the Claimant is jurisdictionally barred from challenging or requesting a second PPD evaluation under AB 458 as that final determination is no longer appealable or within the jurisdiction of the Appeals Office.

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one. The Employer submits it is the latter and NRS 616C.100 should have been applied not NRS 616C.330. Ultimately, this issue will be resolved as a matter of law and not based on the deposition of Dr. Betz who performed a records review. As such, the discovery is neither relevant under NRCP 26(b) nor necessary under NAC 616C.305 and the Motion should be denied.

2. **The Request for Discovery is Untimely.**

NAC 616C.305 requires an application for discovery to be made "at least 30 days before the hearing." Here, the hearing was originally set for May 2, 2018. It was later continued to June 12, 2018. The hearing was ultimately continued and a status conference set for July 11, 2018. The Claimant's request was not made 30 days prior to any of the hearing dates or the status call. Therefore, the request for discovery is untimely under NAC 616C.305.

To allow discovery this late in the appeal process is prejudicial to the Employer's appeal. Rule 26(b)(2)(ii) allows for discovery to be limited or not allowed where "the party seeking discovery has had ample opportunity by discovery in the action to obtain the information sought." That is exactly the case here given the two continuances of the appeal hearing.

Notably, the question of whether a second PPD evaluation should have been ordered has now been rendered moot by the lifting of the stay and requirement that the second PPD evaluation to be conducted prior to the appeal hearing. To require the Employer to expend time and money on discovery this late into the appeal, and after its appeal has been rendered moot by allowing the PPD evaluation before a decision was entered on whether the ordering of a second PPD evaluation was proper, is prejudicial. Thus, under NAC 616C.305(1) and NRCP 26(b)(2), the Motion should be denied as untimely.

3. **The Motion Seeks Discovery that Should be Limited and is Outside the Scope of Discovery Under Rule 26.**

The Claimant's Motion seeks discovery that is not within the scope of Rule 26. NRCP 26(b)(1) entitles a party to discovery "which is relevant to the subject matter involved in the pending action." Discoverable information includes information that "appears reasonably calculated to lead to the discovery of admissible evidence." NRCP 26(b)(1). "Where discovery

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is sought to discover information which can have no possible bearing on the determination of the action on its merits, it can hardly be within the rule." *Washoe Co. Bd. of Sch. Trs. v. Pirhala*, 84 Nev. 1, 5, 435 P.2d 756, 758 (1968). "[T]he standard of relevancy is . . . not so liberal as to allow a party to . . . explore matter which does not presently appear germane on the theory that it might conceivably become so." *Food Lion, Inc. v. United Food & Comm'l Workers Int'l Union, AFL-CIO-CLC,* 103 F.3d 1007, 1012-13 (D.C. Cir. 1997). "Evidence which is not relevant is not admissible." NRS 48.025.

Here, the Claimant's Motion indicates she is seeking discovery regarding the number of independent medical evaluations ("IME") performed by Dr. Betz in all cases (not just this case), the revenue received, and time spent on these IMEs. It is irrelevant to this case what IMEs have been performed for other claimants, the revenue received, or time spent on the reports.

Next, the Motion indicates it seeks this information as to IMEs performed. This appeal involves a records review regarding PPD evaluations not an IME. Again, the information sought is not relevant to this appeal.

Further, the third-party administrator CCMSI ("TPA") is not a party to this appeal and as such a subpoena under NRCP 45 would be required to obtain documents and information regarding the TPA and records related to IMEs performed by Dr. Betz (even then, this would be objectionable as irrelevant).

Finally, the information sought would likely not even be obtainable from Dr. Betz or something he has personal knowledge regarding. Rather, the person most knowledgeable would likely be an accounting person or billing professional in Dr. Betz's office. Thus, the information requested is **irrelevant** the instant appeal.

Even if this information could be relevant, which it is not, it can be more easily obtained through other sources than a deposition of a busy doctor. Specifically, the Motion indicates it seeks to find out what information was provided to Dr. Betz. However, during the status conference between the parties and Appeals Officer on June 12, 2018, it was already determined that the Employer shall submit into evidence a copy of the entire medical file provided to Dr. Betz. The Employer is in the process of gathering this information and will be submitting it

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shortly. This will be the best evidence of what information was provided to Dr. Betz as opposed to witness testimony on this topic. A supplement to the record of the medical file is also the least burdensome means of producing this information. As such, with the Employer already providing this information through a supplement to evidence, there is no need for deposition testimony and any testimony would be duplicative and not the best evidence. NRCP 26(b)(2)(i) provides "(i) the discovery sought is unreasonably cumulative or duplicative, or is obtainable from some other source that is more convenient, less burdensome, or less expensive."

Ultimately, the Claimant appears to be seeking discovery for the sole purpose of harassing Dr. Betz and does not appear to be challenging the instant record review but rather Claimant's issue is in general with respect to Dr. Betz's reporting for all claimants. The doctor's course and conduct in other appeals is not relevant here. If the Claimant wants to challenge Dr. Betz's credibility that argument can be made at the time of hearing. To allow discovery and specifically a deposition simply for the purpose of seeking information to challenge Dr. Betz's credibility is outside the scope of NRCP 26 and 30. The time and expense of a deposition is unnecessarily burdensome when the second PPD evaluation has already been completed and the Employer will be supplementing the record with all documents provided to Dr. Betz.

III. CONCLUSION

For the above stated reasons, it is respectfully requested that the Motion be denied and that a continued hearing date be set. The Employer will supplement the record as soon as it has a copy of the records sent to Dr. Betz which should provide all the information that is necessary to move forward with the status conference on July 11, 2018 and the continued appeal hearing on this legal question.

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AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document filed with the Nevada Department of Administration does not contain the social security number of any person.

DATED this 18th day of June 2018.

McDONALD CARANO LLP

LISA M. WILTSHIRE ALSTEAD
100 West Liberty Street, 10th Floor
P.O. Box 2670
Reno, NV 89505-2670
Attorney for Employer
CITY OF RENO
Administered by: CCMSI

McDONALD CARANO
2300 WEST SAHARA AVENUE, SUITE 1200 • LAS VEGAS, NEVADA 89102
PHONE 702.873.4100 • FAX 702.873.9966

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO WILSON LLP, and that on the on the 18th day of June, 2018, I served the preceding **OPPOSITION TO CLAIMANT'S MOTION TO PERMIT DISCOVERY** by placing a true and correct copy thereof in a sealed envelope and serving said document via U.S. Mail at Reno, Nevada, on the following parties at the addresses referenced below:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ 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

Angela Shoults
Employee of McDonald Carano LLP

4816-0970-4553, v. 1

McDONALD CARANO
2300 WEST SAHARA AVENUE, SUITE 1200 • LAS VEGAS, NEVADA 89102
PHONE 702.873.4100 • FAX 702.873.9966

ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

2018 JUN 13 PM 3:05

RECEIVED
AND
FILED

In the Matter of the
Industrial Claim of:

KIMBERLY KLINE,

Claimant.

_____/

Claim No.: 15853E839641
Hearing No.: 56373-JL
Appeal No.: ~~56832-RKN~~
1802418-RKN

CLAIMANT'S REQUEST TO PERMIT DISCOVERY

COMES NOW the Claimant, KIMBERLY KLINE, by and through her attorney, HERB SANTOS, JR., Esq., of THE LAW FIRM OF HERB SANTOS, JR., and hereby respectfully requests the Appeals Officer issue an order permitting the Claimant to engage in discovery.

This Request is made and based upon the attached memorandum of points and authorities and all papers and pleadings on file herein.

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 12 day of June, 2018.

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

By: _____
HERB SANTOS, JR., Esq.

Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

MEMORANDUM OF POINTS AND AUTHORITIES

The Appeals Officer has the authority to allow a party to conduct discovery. NAC 616C.305 provides that the Appeals Officer may permit discovery by way of deposition, production of documents and/or interrogatories if the party desiring to conduct said discovery submits a written request.

In the instant matter discovery is necessary in order to obtain information regarding the doctor retained by the Employer /TPA to perform a PPD review which was emailed to Claimant's counsel on Friday, June 8, 2018 at 4: p.m. Based upon the report, Claimant's counsel needs to obtain information regarding specifically what was provided to the Employer/TPA's doctor, along with other matters related thereto, including but not limited to number of times he has been retained, revenue the doctor receives from the TPA to perform IMEs and or record reviews, how much was billed by the doctor in this particular case, the number of record reviews that he has completed, who primarily hires the doctor to perform IMEs and or record reviews, i.e., claimants or insurance companies, the amount of time the doctor dedicates to performing IMEs and or record reviews, the doctors process in completing a records review and other information relevant to the instant issues before the Appeals Officer.

THEREFORE, the Claimant respectfully requests that she be allowed to conduct discovery pursuant to the NRCP Rules 30, 31 and 33.

Respectfully submitted this 12 day of June, 2018.

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

By _____
HERB SANTOS, JR., Esq.

Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

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 faxed to Ms. Alstead at 788-2020

Dated this 12 day of June, 2018.

Jimayne Lee

Jimayne Lee

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

JUN 13 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1801761-JL
KIMBERLY KLINE,	Appeal No: 1802418-RKN
Claimant.	

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Wednesday, July 11, 2018

TIME: ***1:00 PM***

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

Rajinder K. Nielsen

Rajinder K Nielsen
APPEALS OFFICER

CERTIFICATE OF MAILING

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

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 13th day of June, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2018 JUN 12 PM 1:34
RECEIVED
AND
FILED

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the
Industrial Claim
of
KIMBERLY KLINE
_____/

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

CLAIMANT'S MOTION TO CONTINUE

COMES NOW the Claimant, KIMBERLY KLINE, by and through her attorney, HERB SANTOS, JR., Esq., of THE LAW FIRM OF HERB SANTOS, JR., and hereby respectfully requests a continuance in the above-entitled matter which is currently set for Tuesday, June 12, 2018, at 10:00 a.m.

This Motion is made in good faith and not for the purpose of delay. This Motion is made and based upon the Affidavit of Herb Santos, Jr. attached hereto.

AFFIRMATION: Pursuant to NRS 239B.030

The undersigned does hereby certify that the preceding document does not contain the social security number of any person

Respectfully submitted this 11th day of June, 2018.

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

By _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

AFFIDAVIT OF HERB SANTOS, JR.

STATE OF NEVADA)
) :ss
COUNTY OF WASHOE)

I, Herb Santos, Jr., Esq., do hereby swear under penalty of perjury that the assertions of this Affidavit are true.

1. That I am an attorney licensed in the state of Nevada and in good standing;

2. That I currently represent the Claimant, KIMBERLY KLINE, in a disputed industrial claim regarding her PPD award;

3. That the case is currently set for hearing on Tuesday, June 12, 2018, at 10:00 a.m.;

4. That the purpose for the need for the continuance was that Counsel received by email at 4:34 pm on Friday June 8, 2018, the Employer's Fourth Supplemental Documentary Evidence which included a report by Jay Betz, MD, regarding his review of the Claimant's PPD;

5. That on June 11, 2018, Claimant's counsel attempted to reach the Employer's counsel by phone but was advised that she was unavailable so a message was left asking her to return his call;

6. That Counsel does not know whether the Employer will object or agree to a continuance;

7. That Counsel needs additional time so that he can forward the Betz report to the rating doctor for his opinion which cannot be done before tomorrow;

8. That upon reviewing the report on June 11, 2018, Counsel forwarded a letter to the Employer's counsel requesting certain information. A copy of the letter is attached to this Motion.

9. That Counsel is filing this Motion by facsimile now as opposed to waiting for a return call from the Employer's Counsel as it is getting late in the day and time is of the essence due to the fact that the Appeal Hearing is set for tomorrow morning.

FURTHER AFFIANT SAYETH NAUGHT.

HERB SANTOS, JR., Esq.

Subscribed and sworn to before me
this 11th day of June, 2018.

NOTARY PUBLIC

JIMAYNE LEE
Notary Public-State of Nevada
APPT. NO. 14-15137-3
My App. Expires October 15, 2018

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:

Lisa Alstead, Esq.
100 West Liberty Street, 190th Floor
Reno, Nevada 89501

a copy was also emailed to Ms. Alstead at lwiltshire@mcdonaldcarano.com.

Dated this 11th day of June, 2018.

Jimayne Lee

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

THE LAW FIRM OF

HERB SANTOS, JR.

June 11, 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

Dear Ms. Alstead:

I am in receipt of the chart review done by Dr. Betz. It appears that Dr. Betz was not provided with a copy of the prior AO decision which made specific findings relevant to the scope of the claim. For example, Dr. Betz opines that the surgery was done for the pre-existing condition, not the herniated disk that was judicially found to be caused by the industrial accident as opined by Dr. Hansen and Dr. Sekhon. Dr. Betz also discusses the note of Dr. Hall dated March 16, 2016. As you know, my client never saw Dr. Hall on March 16, 2016. Dr. Hall's note was based upon questions posed to him by your client. There was no office visit. Dr. Betz makes several other statements which I submit are not consistent with the medical records. Most alarming is that he states that my client has no "symptoms or examination findings of a neck injury at the time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI." First, on July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. Second, the MRI was not done until several months after the industrial accident. If there were acute findings, I would expect the Insurer's argument would have been there must have been a new injury.

As you know, my client, at the direction of Dr. Hall, began chiropractic treatment on her neck after her June 30, 2015 appointment, when she had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder. According to the chiropractor, Dr. Brady, he opined that my client had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. My client saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. Dr. Hall then decided to try physical therapy. My client then began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical

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www.SANTOSLAWFIRM.com

sprain/strain with pain and she had physical therapy sessions initially on August 5th, 11th, 18th, and 20th, September 1st, 3rd, 10th, 14th, 21st, 23rd, 29th, October 7th, 12th, 14th, 21st, and 26th, 2015 for her low back and neck complaints before the Insurer tried to prematurely close her claim.

In order to better understand Dr. Betz's opinions, I would ask that you please provide my office with a complete copy of what was submitted to Dr. Betz. I would ask that you either forward them to me or make a supplemental packet for the pending AO with the documents. Finally, I would ask that you also provide Dr. Betz with AO Decision 56832-RKN. I am curious whether his opinions would change if he was to accept as true that the disk herniation was caused by the industrial accident and therefore judicially determined to be "industrial." I also wonder whether his opinion would change if he learned that Dr. Hall never saw my client after October 25, 2015 thus questioning his note dated March 16, 2016. Finally would he have the same opinion if he had to conclude that the substantial contributing cause of Ms. Kline's resulting condition was the industrial injury. It would further appear that if that was the law of the case, one could not apportion more than 50% of the rating as pre-existing. I would submit that there is no evidence that my client was going to need a cervical fusion at any time prior to her industrial accident. Apportioning 70% as pre-existing is unconscionable.

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

Very truly yours,

Herb Santos, Jr.

HJS:ks

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 / Claim # 15853E839641
Date: June 11, 2018

DESCRIPTION	NUMBER OF PAGES*
My letter dated June 11, 2018	2

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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Job No.: 090122 Total Time: 0°01'42" Page: 003

Complete

Document: doc09012220180611103104

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 / Claim # 15853E839641
Date: June 11, 2018

DESCRIPTION	NUMBER OF PAGES*
My letter dated June 11, 2018	2

COMMENTS:

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

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

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[N4J1Z00406]

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAY - 4 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

For good cause, this matter is reset for hearing on:

DATE: Tuesday, June 12, 2018

TIME: 10:00 AM

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

CERTIFICATE OF MAILING

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

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 4th day of May, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

* * * * *

In the Matter of the Contested Industrial Insurance Claim of:

Claim No.: 15853E839641

Hearing Nos.: 1801761-JL

Appeal Nos.: 1802418-RKN

KIMBERLY KLINE,

Claimant.

_____/

EMPLOYER'S PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submit the following prehearing statement:

I.

DOCUMENTARY EVIDENCE

The Employer may rely on the documentary evidence submitted by the Insurer/Employer and any evidence submitted by any of the parties.

II.

STATEMENT OF ISSUES

The January 16, 2018 Hearing Officer Decision and Order remanding the third-party administrator's December 5, 2017 determination offering a 6% permanent partial disability award ("PPD").

III.

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones - Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;

2. Andrena Arreygue – Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;

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

3. Russell Anderson, M.D. – Dr. Anderson may testify concerning the Claimant's PPD evaluation; and,

4. Rebuttal or impeachment witnesses as may be necessary.

IV.

ESTIMATED HEARING TIME

Approximately one (1) hours.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **EMPLOYER'S PREHEARING STATEMENT** filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: April 26, 2018.

McDONALD CARANO LLP

By: _____

LISA WILTSHIRE ALSTEAD
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for Employer

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

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 26th day of April, 2018, I served true and correct copies of the **EMPLOYER'S PREHEARING STATEMENT** in the manner provided below, to the following parties at the addresses referenced below:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing ☐ Facsimile	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered ☐ Facsimile	Herb Santos, Sr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Kelsey R Hellee

An Employee of McDonald Carano LLP

4829-9400-5087, v. 1

McDONALD CARANO
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PHONE 775.788.2000 • FAX 775.788.2020

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAR 27 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

After further consideration, Employer's Motion for Temporary Stay Pending Appeal, filed February 14, 2018 is hereby DENIED. Accordingly, the Order filed on March 9, 2018 initially granting the Motion for Stay is hereby lifted.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. William #450, 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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 27th day of March, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

AA 1941

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAR 13 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Friday, March 23, 2018

TIME: ***1:00 PM***

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

CERTIFICATE OF MAILING

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

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

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CITY OF RENO
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PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 13th day of March, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAR 9 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.

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

ORDER

The Employer filed its Motion for Temporary Stay Pending Appeal on February 14, 2018. After careful consideration, noting the Claimant's opposition, the Motion for Stay Pending Appeal is GRANTED.

Any request for continuance will be viewed with great disfavor.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

AA 1944

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. William #450, 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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 9th day of March, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

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 OPPOSITION TO EMPLOYER'S MOTION FOR STAY

COMES NOW the Claimant, KIMBERLY KLINE, by and through her attorney, HERB SANTOS, JR., Esq., of THE LAW FIRM OF HERB SANTOS, JR., and hereby respectfully submits her ***CLAIMANT'S OPPOSITION TO EMPLOYER'S MOTION FOR STAY.***

This Opposition is made and based upon the attached memorandum of points and authorities, Exhibit 1 and all papers and pleadings on file herein.

Respectfully submitted this 1 day of March, 2018.

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

By _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

FILED
AND
RECEIVED
2018 MAR -1 PM 2:17
STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

AA 1946

1740

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

MEMORANDUM OF POINTS AND AUTHORITIES

The Employer's counsel filed its Motion for Stay on or about February 14, 2018. The Employer appealed the Hearing Officer decisions dated January 16, 2018. ***Exhibit 1, page 1-3.*** Said decision remanded the Insurer to schedule a second PPD evaluation as the Hearing Officer found a medical question pursuant to NRS 616C.330(3).

A. STATEMENT OF FACTS.[1]

The Claimant is employed by The City of Reno as a parking enforcement officer. On June 3, 2015 and again on June 25, 2015 the Claimant was rear ended in her work vehicle by another vehicle. The June 25, 2015 accident and claim are the subject of this appeal hearing. The driver of the vehicle who hit the vehicle the Claimant was driving on June 25, 2015, was cited for duty to decrease speed or use due care. ***Exhibit 1, pages 14-19.*** The Claimant felt pain in her low back and presented to St. Mary's Regional Medical Center. Dr. Noh's impression was that the Claimant suffered acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. Dr. Noh advised the Claimant to apply ice, restricted her from lifting greater than ten (10) pounds, restricted her from bending or stooping, and prescribed Flexeril, Norco, and Prednisone. ***Exhibit 1, pages 20-23.*** Dr. Law completed the C-4 form and diagnosed the Claimant with acute lumbar strain status post motor vehicle accident and completed a progress report releasing her to restricted/modified duty from June 25, 2016 until cleared by a workers' compensation doctor. ***Exhibit 1, page 24, 94.***

On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder with associated stiffness and lumbar and thoracic pain described as diffuse, with no red flags, no numbness or weakness in the legs. Dr. Hall assessed the Claimant suffered a sprain of the neck and sprain of the lumbar region, recommended chiropractic care, returned the Claimant to work full duty, and advised her to return in two weeks. ***Exhibit 1, pages 26-29.***

---

[1] From page 2, line 8 through page 6, line 10, the statement of facts are the verbatim language from the AO Decision 56832-RKN which was affirmed by the District Court. The only change is the reference to the Exhibits which in this Opposition, are renumbered in Exhibit 1. ***See Exhibit 1, pages 4-13 for te AO Decision.***

The Claimant presented to Dr. Brady for chiropractic care on July 1, 2015. Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. ***Exhibit 1, pages 30-33.*** The Claimant saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. ***Exhibit 1, pages 34-41.***

The Claimant returned to see Dr. Hall on July 14, 2015. The Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hall recommended the Claimant have six physical therapy sessions. ***Exhibit 1, pages 42-44.***

On July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. ***Exhibit 1, page 45.***

The Claimant began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical sprain/strain with pain. ***Exhibit 1, pages 46-48.*** The Claimant continued physical therapy treatment on August 11th, 18th, and 20th, 2015. ***Exhibit 1, pages 49-51.***

The Claimant returned to see Dr. Hall on August 20, 2015. Dr. Hall noted that the Claimant reported improvement in her neck symptoms with only mild muscular tightness, and that physical therapy had been helpful. Dr. Hall recommended that the Claimant finish her physical therapy and to keep him advised as to her physical status. ***Exhibit 1, pages 52-53.***

The Claimant returned to physical therapy on August 25, 2015 with complaints of pain in her neck and low back that was less consistent and not as intense, neck tightness that came and went, as well as low back pain/pressure. ***Exhibit 1, pages 54-55.***

The Insurer issued a notice of intention to close the Claimant's claim on August 27, 2015. ***Exhibit 1, page 56.***

The Claimant had additional physical therapy sessions with P.T. Bruesewitz on September 1st, 3rd, 10th, 14th, 21st, and 23rd, 2015 for her low back and neck complaints. ***Exhibit 1, pages 57-62.***

The Claimant presented to Dr. Hall on September 23, 2015. The Claimant reported

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

improvement in her neck discomfort. Dr. Hall recommended a recheck in two weeks. ***Exhibit 1, pages 63-65.*** On September 29, 2015, the Claimant was re-evaluated by P.T. Bruesewitz. The Claimant reported that she had a flare-up and began to have increased pain, tightness and spasms in the right neck and upper trapezious area. The Claimant had significant tightness with decreased right rotation of the neck. P.T. Bruesewitz recommended additional physical therapy twice per week for five weeks. ***Exhibit 1, pages 66-71.***

The Insurer issued a letter rescinding claim closure on October 1, 2015. ***Exhibit 1, page 72.***

P.T. Bruesewitz noted that the Claimant felt her neck was a little better but still tight on the right side at her therapy visit on October 5, 2015. The Claimant completed physical therapy on October 7th, 12th, 14th, 21st, and 26th, 2015. The Claimant was discharged from physical therapy on October 26, 2015 to a home exercise program. ***Exhibit 1, pages 73-74, 125-128.***

On October 28, 2015, the Claimant was again seen by Dr. Hall. He noted that the Claimant had no neck symptoms and that she had completed treatment. ***Exhibit 1, pages 129-131.***

The Insurer issued a notice of intention to close the Claimant's claim on November 6, 2015. ***Exhibit 1, page 132.*** The Claimant appealed this determination and hearing number 55487-JL was scheduled for February 17, 2016.

On January 13, 2016, the Claimant saw Dr. Hansen for chiropractic care for her neck pain. Dr. Hansen's assessment was that the Claimant had cervical disc displacement, unspecified cervical region. Dr. Hansen noted that the Claimant was involved in two motor vehicle accidents which resulted in workers' compensation treatment for neck and shoulder pain. Dr. Hansen felt that there was a high probability within a medical degree of certainty that the Claimant's injuries were related to the rear-end collision she had recently sustained. Dr. Hansen recommended non-surgical spinal decompression coupled with Class IV deep tissue laser therapy four (4) times per week for four (4) weeks, undergo re-examination, and continue with care at two (2) times a week for two (2) weeks pending no unforseen issues or conditions. Dr. Hansen also recommended the Claimant undergo a MRI. ***Exhibit 1, pages 133-135.*** The Claimant had the MRI on January 13, 2016, which revealed disc degeneration with large disc protrusions at the C5-6 and C6-7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia. ***Exhibit 1, page 136.***

The Claimant returned to see Dr. Hansen on January 14, 2016. Dr. Hansen referred the Claimant to Dr. Muir for evaluation and treatment as she was in a significant amount of pain with numbness in her left upper extremity. Dr. Hansen reviewed the MRI which revealed two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. ***Exhibit 1, pages 137-138.***

The Claimant returned to see Dr. Hansen for twenty (20) visits from January 15, 2016 through March 16, 2016. The Claimant continued to suffer from her C5-6 and C6-7 disc injury that caused severe left arm and forearm pain with numbness in the forearm and first two digits. Dr. Hansen noted that the Claimant improved greatly from the spinal decompression and only had mild pain in the left arm with the ability to perform all of her routine daily activities. Dr. Hansen instructed the Claimant to do home exercises and instructed her to return to see him for any flare ups that last longer than three days. ***Exhibit 1, pages 139-178.***

On February 25, 2016, the Hearing Officer, in hearing number 55487-JL, remanded the Insurer to forward the Claimant's MRI results to Dr. Hall and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer was ordered to issue a new determination regarding the further disposition of the Claimant's claim. ***Exhibit 1, pages 179-181.***

The Insurer questioned Dr. Hall and on March 16, 2016 Dr. Hall responded. Dr. Hall opined that it was likely that Claimant had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury, but he noted no evidence of neurologic symptoms during his treatment of her industrial injuries. Dr. Hall found no objective evidence connecting the MRI findings from January 13, 2016 and the industrial injury. Dr. Hall opined that the Claimant recovered completely from the industrial injury on June 25, 2015 by the end of October 2015. ***Exhibit 1, pages 182-185.***

On March 24, 2016, the Insurer issued a determination letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. ***Exhibit 1, page 75.*** The Claimant timely appealed this determination. On May 6, 2016, in hearing number 56373-JL,

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the Hearing Officer affirmed the determination of the Insurer. ***Exhibit 1, pages 76-77.***

Due to the Claimant's ongoing complaints, she saw Dr. Sekhon on July 5, 2016 pursuant to a referral of Dr. Hansen. Dr. Sekhon's impression was: 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-S1. Dr. Sekhon noted that the Claimant stated that she never had these arm symptoms before these accidents and although she may have had preexisting spondylosis, the accident probably exacerbated her underlying stenosis. Dr. Sekhon offered to perform a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion. ***Exhibit 1, pages 78-83.*** At the request of Dr. Sekhon, the Claimant had x-rays taken on July 5, 2016, which revealed mild grad 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view and moderate degenerative disc disease at C5-6 and C6-7. ***Exhibit 1, page 84.***

The Claimant was released MMI, stable and rateable on September 11, 2017. ***Exhibit 1, page 85-86.***

The Claimant was seen by a rating doctor on November 10, 2017 and was found to have suffered a 6% whole person impairment. ***Exhibit 1, page 87-93.*** Dr. Anderson apportioned 75% of the PPD as being pre-existing. Exhibit 2, page . The Insurer offered the 6% which the Claimant timely appealed. A hearing was held on January 10, 2018 and the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and ordered a second PPD evaluation pursuant to her discretion under NRS 616C.330(3). ***Exhibit 1, pages 1-3.***

LEGAL ANALYSIS.

1. THE EMPLOYER CANNOT ESTABLISH THAT IT IS LIKELY TO PREVAIL ON THE MERITS.

The Hearing Officer has the discretion to find a medical question and remand the issue back to the Insurer to obtain the necessary medical information to resolve the issue. NRS 616C.330(3). The rule states that

> 3. **If necessary to resolve a medical question concerning an injured employee's condition** or to determine the necessity of treatment for which authorization for payment has been denied, the hearing officer may order an independent medical examination, which

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must not involve treatment, and refer the employee to a physician or chiropractor of his or her choice who has demonstrated special competence to treat the particular medical condition of the employee, whether or not the physician or chiropractor is on the insurer's panel of providers of health care. If the medical question concerns the rating of a permanent disability, **the hearing officer may refer the employee to a rating physician or chiropractor.** The rating physician or chiropractor must be selected in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and injured employee otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs of any medical examination requested by the hearing officer. *[Emphasis added.]*

The Claimant submitted at the hearing that Dr. Anderson made conclusions of the pre-existing condition which disregarded the prior litigated facts and judicial adjudications of the effect of the pre-existing conditions on the subject claim. These litigated facts are res judicata. Dr. Anderson specifically identified the records he reviewed. He was not given the AO decision which specifically determined the following facts:

1. The industrial accident aggravated the pre-existing condition and that the industrial injury was the substantial contributing cause of the resulting condition. ***Exhibit 1, page 11.***
2. The two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. Exhibit 1, page .
3. The conditions claimed by the Claimant are casually related to the subject industrial accident. ***Exhibit 1, page 10.***
4. The Claimant's injuries were related to the rear-end collision she sustained. ***Exhibit 1, page 10.***

Dr. Anderson apportionment was based on the position that the discs were preexisting. ***Exhibit 1, page 92.*** He specifically stated that "it was not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier." ***Exhibit 1, page 92.*** This statement alone is sufficient to set aside his PPD findings as the discs were judicially determined to be related to and caused by the subject industrial accident. In addition, Dr. Anderson supported his apportionment on the following findings he made which were also in error and in direct contradiction of the judicially determined facts:

///

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Dr. Anderson's Findings	Facts which contradict Dr. Anderson's Findings
1. The Claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6/30/2015). After that the cervical strain could be described as slight.	The Claimant complained of neck pain ion the day of the accident as documented in the C-4. ***Exhibit 1, page 94.*** The C-1 also documents that the Claimant complained of neck pain. ***Exhibit 1, page 95.*** On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder with associated stiffness. ***Exhibit 1, pages 26-29.*** On July 1, 2015, Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7. ***Exhibit 1, pages 30-33.*** On July 14, 2015, the Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hansen's assessment was that the Claimant had cervical disc displacement. ***Exhibit 1, pages 42-44.***
2. The findings of cervical spine spondylosis, stenosis and disc bulges cannot be logically attributable to this car accident/work injury. These findings provided the indication for fusion surgery in the cervical spine.	It is already judicially determined that the two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. ***Exhibit 1, pages 10 -11.***
3. The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December 2015. She had no upper extremity symptoms at the time of release of care.	The Claimant made repeated complaints to her doctors regarding her cervical pain. ***Exhibit 1, page 96-124. Specifically pages 100, 102, 103, 104, 105, 107, 110, 112, 115, 116 and 122.***
4. The work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.	The Claimant had no prior pre-industrial accident symptoms. The industrial injury was judicially determined to be the substantial contributing cause of the resulting condition which required surgery. ***Exhibit 1, pages 10 -11.*** There was no evidence that the Claimant would have ever needed surgery but for the industrial accident.

The Employer cannot establish that it was an abuse of discretion for the Hearing's Officer to find a medical question. The Employer argues that "nowhere in the statutes and regulations is it provided that a legal determination in a prior appeal can substitute for medical evidence as a basis for challenging apportionment." ***Motion page 5, line 27-28.*** Does the Employer seriously suggest that the judicial determinations of whether a condition was caused by a work related injury can be repeatedly relitigated? The law of the case is that the two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. The Employer now suggests that since the rating doctor says the discs were not caused

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by the industrial accident, apportioning out the discs and the resulting conditions they have caused is appropriate. They argue that since Dr. Anderson says the surgery was related to non-industrial issues, the Insurer can apportion 75% of the rating as non-industrial even though there is a judicial determination that the industrial injury is the substantial contributing cause of the resulting condition which required surgery. Res Judicata, or issue preclusion, prevents the Employer from making these arguments. The fact that Dr. Anderson's conclusions are based upon facts which are in direct contradiction to already judicially determined facts, makes his opinions flawed. Recognizing this, the Hearings Officer found a medical question and ordered a second PPD, all within her discretion and authority under Nevada law. NRS 616C.330.

For these reasons, the Employer cannot establish that they are likely to prevail on the merits. Without such a showing, a stay is not warranted.

2. ANY HARM TO THE EMPLOYER IS NEGLIGIBLE AND IS OUTWEIGHED BY THE HARM TO THE CLAIMANT.

The Respondent suffered an injury that has caused her to miss work since the date of the injury, incur medical bills and has affected her activities of daily living. The Respondent has suffered financial harm due to her industrial accident. The PPD evaluation will provide some much needed financial assistance for the Claimant. The denial of receiving an accurate PPD rating poses a substantial detrimental impact on the Respondent.

As stated in ***Kress v. Corey***, 65 Nev. 1, 189 P.2d 352 (1948),

> "As a rule a supersedeas or stay should be granted, if the court has the power to grant it, whenever it appears that without it the object of the appeal or writ of error may be defeated, or that **it is reasonably necessary to protect appellant or plaintiff in error from irreparable or serious injury in the case of reversal, and it does not appear that appellee or defendant in error will sustain irreparable or disproportionate injury, in case of affirmance"**
> **(Emphasis added)**

The Respondent would submit that she would suffer irreparable harm from a stay and in weighing the harm of the Respondent against the harm to the Petitioner, the harm is clearly outweighed towards the Respondent and results in a disproportionate amount of harm to the Respondent. The weighing of harm between the parties is essentially a judgment call between the financial impact on the Respondent versus the financial impact on the Petitioner. The financial

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impact between the two parties is not even as the financial impact on the Respondent exceeds the financial impact of the Petitioner. The cost of a second PPD is minimal for the Employer. The Employer, through the Insurer, will not be financially ruined and bankrupt, loose its office space, lay off employees if they schedule and pay for a second PPD. The Respondent, on the other hand, will have to suffer an unreasonable delay in receiving her accurate PPD benefit.

The effect on the Respondent clearly outweighs the minimal harm to the Employer and its Insurer, who has not even proven that they are likely to prevail.

3. CONCLUSION.

The Employer's Motion for Stay should be denied for the following reasons:

1. The Employer has not established that it is likely to prevail on the merits;
2. The Employer has not established that the Claimant will not suffer irreparable harm if the stay is granted; and
3. The harm to the Claimant of a stay is granted would substantially outweigh the harm to the Employer if the stay was denied.

THEREFORE, the Claimant respectfully requests that Employer's ***Motion for Stay*** be denied.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in appeal number 1802418-RKN does not contain the social security number of any person.

DATED this 1 day of March, 2018.

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

By: _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

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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.
PO BOX 2670
RENO, NV 89505

DATED this 1 day of March, 2018.

Jimayne Lee

EXHIBIT 1

EXHIBIT 1

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 1801761-JL Claim Number: 15853E839641
KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739	CITY OF RENO ATTN ANDRENA ARREYGUE PO BOX 1900 RENO, NV 89505

_____/

BEFORE THE HEARING OFFICER

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

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

ISSUE

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

DECISION AND ORDER

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

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

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

APPEAL RIGHTS

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

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

Jason Luis, Hearing Officer

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:

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WASHOE VALLEY, NV 89704-9739

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

Dated this 16th day of January, 2018.

Susan Smock

Susan Smock
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

FILED
JAN 18 2017
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Industrial Claim of:

Claim No.: 15853E839641
Hearing No.: 56373-JL
Appeal No.: 56832-RKN

KIMBERLY KLINE,

Claimant.

_____/

Appeal by the CLAIMANT, of the Decision and Order of the Hearing Officer, dated May 6, 2016.

DECISION OF THE APPEALS OFFICER

The above entitled matter was heard on November 1, 2016 before the Appeals Officer. The Claimant, KIMBERLY KLINE (hereinafter referred to as "Claimant") was present at the hearing and was represented by Herb Santos, Jr, Esq., of THE LAW FIRM OF HERB SANTOS, JR. The Insurer, CCMSI (hereinafter referred to as "Insurer") was represented by Timothy Rowe, Esq., of the law firm McDONALD CARANO.

ISSUES:

1. Whether or not CCMSI's determination to close the Claimant's claim without a PPD rating was proper?

ANSWER:

The preponderance of the evidence supports a finding that the Claimant's industrial claim was closed prematurely.

Having heard the testimony and considered the documents, the Appeals Officer finds as follows:

INTRODUCTION

The Claimant timely appealed the determination of CCMSI dated November 16, 2015 closing her claim without a permanent partial disability (PPD) rating. The Hearing officer in

Hearing Number 55487-JL remanded the Insurer to provide Dr. Hall with the MRI findings and to question him accordingly. Upon receipt of Dr. Hall's response, and in compliance with Hearing Number 55487-JL, the Insurer issued the March 24, 2016 letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. The Claimant timely appealed this determination.

The following Exhibits were admitted:

EXHIBIT 1: Claimant's First Index of Documents	1-50
EXHIBIT 2: Claimant's First Supplemental Index of Documents	1-6
EXHIBIT 3: Claimant's Second Supplemental Index of Documents	1-49
EXHIBIT 4: Insurer's Documentary Evidence	1-169

Pages 31-34 and 35-50 of Exhibit 4 were objected to by the Claimant. The objection was overruled and those pages were admitted. Pages 101-105 of Exhibit 4 were also objected to by the Claimant. The objection was sustained and the pages (Exhibit 4, pages 101-105) were removed from the Exhibit.

FINDINGS OF FACTS

The Claimant is employed by The City of Reno as a parking enforcement officer. On June 3, 2015 and again on June 25, 2015 the Claimant was rear ended in her work vehicle by another vehicle. The June 25, 2015 accident and claim are the subject of this appeal hearing. The driver of the vehicle who hit the vehicle the Claimant was driving on June 25, 2015, was cited for duty to decrease speed or use due care. *Exhibit 4, pages 10-14.* The Claimant felt pain in her low back and presented to St. Mary's Regional Medical Center. Dr. Noh's impression was that the Claimant suffered acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. Dr. Noh advised the Claimant to apply ice, restricted her from lifting greater than ten (10) pounds, restricted her from bending or stooping, and prescribed Flexeril, Norco, and Prednisone. *Exhibit 4, pages 15-18.* Dr. Law completed the C-4 form and diagnosed the Claimant with acute lumbar strain status post motor vehicle accident and completed a progress report releasing her to restricted/modified duty from June 25, 2016 until cleared by a workers' compensation doctor.

Exhibit 4, page 4, 19.

On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder with associated stiffness and lumbar and thoracic pain described as diffuse, with no red flags, no numbness or weakness in the legs. Dr. Hall assessed the Claimant suffered a sprain of the neck and sprain of the lumbar region, recommended chiropractic care, returned the Claimant to work full duty, and advised her to return in two weeks. *Exhibit 4, pages 22-25.*

The Claimant presented to Dr. Brady for chiropractic care on July 1, 2015. Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. *Exhibit 3, pages 5-8.* The Claimant saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. *Exhibit 3, pages 9-16.*

The Claimant returned to see Dr. Hall on July 14, 2015. The Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hall recommended the Claimant have six physical therapy sessions. *Exhibit 4, pages 51-53.*

On July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. *Exhibit 4, page 59.*

The Claimant began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical sprain/strain with pain. *Exhibit 3, pages 24-26.* The Claimant continued physical therapy treatment on August 11th, 18th, and 20th, 2015. *Exhibit 3, pages 27-29.*

The Claimant returned to see Dr. Hall on August 20, 2015. Dr. Hall noted that the Claimant reported improvement in her neck symptoms with only mild muscular tightness, and that physical therapy had been helpful. Dr. Hall recommended that the Claimant finish her physical therapy and to keep him advised as to her physical status. *Exhibit 4, pages 74-75.*

The Claimant returned to physical therapy on August 25, 2015 with complaints of pain in her neck and low back that was less consistent and not as intense, neck tightness that came and

went, as well as low back pain/pressure. *Exhibit 3, pages 30-31.*

The Insurer issued a notice of intention to close the Claimant's claim on August 27, 2015. *Exhibit 4, page 76.*

The Claimant had additional physical therapy sessions with P.T. Bruesewitz on September 1st, 3rd, 10th, 14th, 21st, and 23rd, 2015 for her low back and neck complaints. *Exhibit 3, pages 32-37.*

The Claimant presented to Dr. Hall on September 23, 2015. The Claimant reported improvement in her neck discomfort. Dr. Hall recommended a recheck in two weeks. *Exhibit 4, pages 82-84.* On September 29, 2015, the Claimant was re-evaluated by P.T. Bruesewitz. The Claimant reported that she had a flare-up and began to have increased pain, tightness and spasms in the right neck and upper trapezious area. The Claimant had significant tightness with decreased right rotation of the neck. P.T. Bruesewitz recommended additional physical therapy twice per week for five weeks. *Exhibit 3, pages 38-43.*

The Insurer issued a letter rescinding claim closure on October 1, 2015. *Exhibit 4, page 85.*

P.T. Bruesewitz noted that the Claimant felt her neck was a little better but still tight on the right side at her therapy visit on October 5, 2015. The Claimant completed physical therapy on October 7th, 12th, 14th, 21st, and 26th, 2015. The Claimant was discharged from physical therapy on October 26, 2015 to a home exercise program. *Exhibit 3, pages 44-49.*

On October 28, 2015, the Claimant was again seen by Dr. Hall. He noted that the Claimant had no neck symptoms and that she had completed treatment. *Exhibit 4, pages 95-97.*

The Insurer issued a notice of intention to close the Claimant's claim on November 6, 2015. *Exhibit 4, page 98.* The Claimant appealed this determination and hearing number 55487-JL was scheduled for February 17, 2016.

On January 13, 2016, the Claimant saw Dr. Hansen for chiropractic care for her neck pain. Dr. Hansen's assessment was that the Claimant had cervical disc displacement, unspecified cervical region. Dr. Hansen noted that the Claimant was involved in two motor vehicle accidents which resulted in workers' compensation treatment for neck and shoulder pain. Dr. Hansen felt that there was a high probability within a medical degree of certainty that the Claimant's injuries were related to the rear-end collision she had recently sustained. Dr. Hansen recommended non-

surgical spinal decompression coupled with Class IV deep tissue laser therapy four (4) times per week for four (4) weeks, undergo re-examination, and continue with care at two (2) times a week for two (2) weeks pending no unforseen issues or conditions. Dr. Hansen also recommended the Claimant undergo a MRI. *Exhibit 4, pages 118-120.* The Claimant had the MRI on January 13, 2016, which revealed disc degeneration with large disc protrusions at the C5-6 and C6-7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia. *Exhibit 1, page 1.*

The Claimant returned to see Dr. Hansen on January 14, 2016. Dr. Hansen referred the Claimant to Dr. Muir for evaluation and treatment as she was in a significant amount of pain with numbness in her left upper extremity. Dr. Hansen reviewed the MRI which revealed two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. *Exhibit 4, pages 120-121.*

The Claimant returned to see Dr. Hansen for twenty (20) visits from January 15, 2016 through March 16, 2016. The Claimant continued to suffer from her C5-6 and C6-7 disc injury that caused severe left arm and forearm pain with numbness in the forearm and first two digits. Dr. Hansen noted that the Claimant improved greatly from the spinal decompression and only had mild pain in the left arm with the ability to perform all of her routine daily activities. Dr. Hansen instructed the Claimant to do home exercises and instructed her to return to see him for any flare ups that last longer than three days. *Exhibit 1, pages 2-41.*

On February 25, 2016, the Hearing Officer, in hearing number 55487-JL, remanded the Insurer to forward the Claimant's MRI results to Dr. Hall and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer was ordered to issue a new determination regarding the further disposition of the Claimant's claim. *Exhibit 4, pages 140-142.*

The Insurer questioned Dr. Hall and on March 16, 2016 Dr. Hall responded.. Dr. Hall opined that it wass likely that Claimant had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury, but he noted no evidence of neurologic symptoms during his treatment of her industrial injuries. Dr. Hall found no objective evidence connecting the MRI findings from January 13, 2016 and the industrial injury. Dr. Hall opined that

the Claimant recovered completely from the industrial injury on June 25, 2015 by the end of October 2015. *Exhibit 4, pages 148-151.*

On March 24, 2016, the Insurer issued a determination letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. *Exhibit 4, page 152.* The Claimant timely appealed this determination. On May 6, 2016, in hearing number 56373-JL, the Hearing Officer affirmed the determination of the Insurer. *Exhibit 4, pages 162.-163.*

Due to the Claimant's ongoing complaints, she saw Dr. Sekhon on July 5, 2016 pursuant to a referral of Dr. Hansen. Dr. Sekhon's impression was: 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-S1. Dr. Sekhon noted that the Claimant stated that she never had these arm symptoms before these accidents and although she may have had preexisting spondylosis, the accident probably exacerbated her underlying stenosis. Dr. Sekhon offered to perform a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion. *Exhibit 1, pages 42-47.* At the request of Dr. Sekhon, the Claimant had x-rays taken on July 5, 2016, which revealed mild grad 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view and moderate degenerative disc disease at C5-6 and C6-7. *Exhibit 1, page 48.*

I find that the testimony of the Claimant was very credible. I also found the opinions of Dr. Sekhon and Dr. Hansen to be well reasoned. I specifically give more weight to the opinions of Dr. Sekhon and Dr. Hansen as opposed to Dr. Hall as the objective medical evidence supports Dr. Sekhon's and Dr. Hansen's medical expert opinions. Finally, any Finding of Fact more appropriately deemed to be a Conclusion of Law, and vice versa, shall be so deemed.

CONCLUSION OF LAW

The Claimant has the burden to establish that the injury was work related and that burden is to the preponderance of evidence standard. ***SIIS v. Hicks,*** 100 Nev. 567, 688 P.2d 324 (1984). The evidence needed to meet the burden is that amount of evidence which will reasonably support a conclusion. ***State Emp. Security v. Hilton Hotels,*** 102 Nev. 606, 608, 729 P.2d 497, 498 (1986)

(quoting ***Richardson v. Perales,*** 402 U.S. 389, 28 L. Ed. 2d 842, 91 S. Ct. 1420 (1971). The applicable law which controls in this matter is set forth in N.R.S. Section 616 et al.

Nevada law is clear. An award of compensation cannot be based solely upon possibilities and speculative testimony. A testifying health care provider must state to a degree of reasonable medical probability that the condition in question was caused by the industrial injury, or sufficient facts must be shown so that the trier of fact can make the reasonable conclusion that the condition was caused by the industrial injury. ***United Exposition Service Co. v. SIIS***, 109 Nev. 421, 423, 851 P.2d 423, 424 (1993). The claimant must show a causal nexus between the final condition and the industrial injury before worker's compensation benefits may be recovered. ***Warpinski v. SIIS***, 103 Nev. 567, 569, 747 P.2d 227, 229 (1987).

During the course of her treatment, the Claimant continued to complain of neck pain but was released from Dr. Hall, notwithstanding her complaints. Dr. Hall did not order any diagnostic studies to determine the extent of her industrial injuries. The Claimant continued to experience neck pain and when it got to the point where the Claimant attempted to return for treatment. When the Claimant was told that her claim was closed and could not be seen, she had no other alternative but to seek medical treatment on her own. She was seen by Dr. Hansen who evaluated her and opined that "there was a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear end motor vehicle collision." *Exhibit 1, page 2.* Dr. Hansen ordered an MRI and after review of the MRI, specifically opined that the "MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision." *Exhibit 1, page 10.* As Dr. Hansen continued to treat the Claimant, his medical opinion never changed. In addition, Dr. Sekhon opined that the industrial automobile accident "probably exacerbated her underlying stenosis." *Exhibit 1, pages 42-47.*

NRS 616C.175(1) states that

1. The resulting condition of an employee who:

   (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and

(b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition,

shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition.

The substantial evidence supports a finding that the industrial accident aggravated the pre-exiting condition and that the resulting condition was the substantial contributing cause of the resulting condition. I found Dr. Hall's opinions to be inconsistent with the medical evidence and he failed to state his opinion(s) within a reasonable degree of medical probability. Therefore, I give his opinions no weight.

The Claimant has met her burden of proof with substantial evidence that she is not at maximum medical improvement and needs further treatment. Without evidence of a subsequent injury, I find that it is the conditions claimed by the Claimant are casually related to the subject industrial accident. This conclusion is supported by the medical evidence and the medical opinions of Dr. Hansen and Dr. Sekhon. The Insurer has not offered sufficient evidence to rebut the evidence submitted by the Claimant that she needs more treatment. Simply put, the Insurer's position cannot overcome the evidence submitted by the Claimant in support of her position.

As to whether the Claimant should receive a rating, said determination is premature as the Claimant is not stable. The substantial and probative evidence supports a finding that the Claimant needs ongoing treatment for her industrial conditions. Once the Claimant has completed treatment for her industrial conditions and a medical determination is made as to whether she is stable, the Administrator shall make a determination pursuant to NRS 616C.490 as to whether the Claimant may have suffered a permanent impairment due to the industrial injury and issue the appropriate determination letters at that time.

DECISION

The Decision and Order of the Hearing Officer in 56373-JL is hereby **REVERSED**. The Insurer is ordered to rescind claim closure as the Claimant's industrial conditions are not MMI and provide all appropriate benefits to the Claimant as authorized by Nevada law for the C4-5, C5-6

and C6-7 cervical discs, including but not limited to the surgical recommendation by Dr. Sekhon, i.e., a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion.

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K. NIELSEN
APPEALS OFFICER

Notice: Pursuant to NRS 233B130, should any party desire to appeal this final decision of the Appeals Officer, a Petition for Judicial Review must be filed with the district court within thirty (30) days after service by mail of this decision.

Submitted by

Herb Santos, Jr., Esq.

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing ORDER 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 450, Carson City, Nevada, 89701 to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

TIMOTHY ROWE, ESQ
PO BOX 2670
RENO NV 89505

Dated this 18th day of January, 2017.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

853E839641

Event Number:

Code Revision: 01/01/2011

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET
Revised 1/1/04

Accident Number: WASO15-8688

[X] 1) Property [ ] 2) Injury [ ] 3) Fatal

[X] 1) Urban [ ] 2) Rural

[ ] 1) Emergency Use [X] 2) Office Report

[ ] 1) Preliminary Report [ ] 3) Resubmission
[X] 2) Initial Report [ ] 4) Supplement Report

[ ] 1) Hit and Run [ ] 2) Private Property

Agency Name: WASHOE COUNTY SO

Collision Date	Time	Day	Beat / Sector		
6 / 25 / 2015	1600	THU	3	[ ] 1) County [X] 2) City	RENO

Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained
	2	0	2	0	0	0

Surface: [X] 1) Asphalt [ ] 2) Concrete [ ] 3) Gravel [ ] 4) Dirt [ ] 5) Other

Intersection: [X] 1) Four Way [ ] 2) T Four Way [ ] 3) T [ ] 4) Y [ ] 5) Roundabout [ ] 6) Other

Paddle Markers: [X] 1) None [ ] 2) Left Side [ ] 3) Right Side [ ] 4) Both Sides [ ] 5) Unknown

Occurred On: (Highway # or Street Name)

[ ] 1) Parking Lot W 6TH ST

THIS REPORT NOT TO BE REPRODUCED

[X] 1) At Intersection With: N VIRGINIA ST

[ ] 2) Or [ ] 3) Feet [ ] 4) Miles [ ] 5) Approximate Of (Cross Street)

Access Control: [ ] 1) None [ ] 2) Full [X] 3) Partial

Roadway Character
[ ] 1) Curve & Grade
[ ] 2) Curve & Hillcrest
[ ] 3) Curve & Level
[ ] 4) Straight & Grade
[ ] 5) Straight & Hillcrest
[X] 6) Straight & Level
[ ] 7) Unknown
[ ] 8) Other

Roadway Conditions
[X] 1) Dry [ ] 7) Slush
[ ] 2) Icy [ ] 8) Standing Water
[ ] 3) Wet [ ] 9) Moving Water
[ ] 4) Snow [ ] 10) Unknown
[ ] 5) Sand / Mud / Oil / Dirt / Gravel
[ ] 6) Other

Total Thru Lanes
Main Road
[ ] 1) One
[ ] 2) Two
[ ] 3) Three
[ ] 4) Four
[ ] 5) Five
[ ] 6) > 5

Total All Lanes:

Average Roadway Widths
Travel Lane: Ft
Storage / Turn Lane: Ft
Median: Ft

Paved Shoulder: Inside / Outside

Roadway Grade
[ ] 1) Not Determined
[X] 2) Relatively Level Roadway
[ ] 3) Up Slope (+)
[ ] 4) Down Slope (-)

Relative To:

Grade: 0.0 %

Pavement Markings and Type
[ ] 1) Centerline, Broken Yellow
2 2) Centerline, Solid Yellow
[ ] 3) Centerline, Double Yellow
[ ] 4) Lane Line, Broken White
[ ] 5) Lane Line, Solid White
[ ] 6) No Passing, Either Direction
[ ] 7) Turn Arrow Symbols
[ ] 8) Center Turn Lane Line
[ ] 9) Edge Line, Left, Yellow
[ ] 10) Edge Line, Right, White
[ ] 11) Other
[ ] 12) None
[ ] 13) Unknown

Highway Description
[X] 1) Two-Way, Not Divided
[ ] 2) Two-Way, Divided, Unprot. Median
[ ] 3) Two-Way, Divided, Median Barrier
[ ] 4) One-Way, Not Divided
[ ] 5) Unknown
[ ] 6) Off Road

Weather Conditions
[X] 1) Clear [ ] 7) Fog, Smog, Smoke, Ash
[ ] 2) Cloudy [ ] 8) Severe Crosswinds
[ ] 3) Snow [ ] 9) Sleet / Hail
[ ] 4) Rain [ ] 10) Unknown
[ ] 5) Blowing Sand, Dirt, Soil, Snow
[ ] 6) Other

Light Conditions
[ ] 1) Dusk [ ] 8) Dark - No Roadway Lighting
[ ] 2) Dawn [ ] 7) Dark - Spot Roadway Lighting
[X] 3) Daylight [ ] 6) Dark - Continuous Roadway Lighting
[ ] 4) Unknown [ ] 9) Dark - Unknown Roadway Lighting
[ ] 5) Other

Vehicle Collision Type
[ ] 1) Head On [ ] 5) Rear to Rear
[X] 2) Rear End [ ] 6) Sideswipe - Meeting
[ ] 3) Backing [ ] 7) Sideswipe - Overtaking
[ ] 4) Angle [ ] 8) Non - Collision
[ ] 9) Unknown

Location of First Event
[ ] 1) Travel Lane
[ ] 2) Turn Lane
[ ] 3) Gore
[ ] 4) Median
[ ] 5) Inside Shoulder
[ ] 6) Outside Shoulder
[X] 7) Intersection
[ ] 8) Private Property
[ ] 9) Roadside
[ ] 10) Other
[ ] 11) Ramp
[ ] 12) Unknown

Highway / Environment Factors
[X] 1) None
[ ] 2) Weather
[ ] 3) Debris
[ ] 4) Glare
[ ] 5) Other Highway
[ ] 6) Other Environmental
[ ] 7) Shoulders
[ ] 8) Road Obstruction
[ ] 9) Worn Traffic Surface
[ ] 10) Wet, Icy, Snow, Slush
[ ] 11) Ruts, Holes, Bumps
[ ] 12) Active Work Zone
[ ] 13) Inactive Work Zone
[ ] 14) Animal in Roadway
[ ] 15) Unknown

Property Damage To Other Than Vehicle
Describe Property Damage: REL TO: CCMSI

Owner's Name: DATE: 7/17/15 [ ] 1) Owner Notified

Owner's Address: (Street Address / City, State Zip) BY:

WASHOE COUNTY SHERIFF'S OFFICE Received JUL 20 2015 CCMSI-Reno

First Harmful Event
Code #: 217 .... Description: SLOW/STOPPED VEHICLE

Description of Accident / Narrative
ACCIDENT OCCURRED ON 6TH ST AT N VIRGINIA. V1 REAR-ENDED V2. DRIVER OF V2 SAYS STOPPED ON W 6TH IN LANE 1. DRIVER OF V1 WAS LOOKING LEFT AND STRUCK HER VEHICLE. DRIVER OF V1 SAYS HE WAS REAR-ENDED ON E 6TH IN LANE 2 AND PUSHED INTO V2. NO DAMAGE TO REAR OF V1 CONSISTENT WITH BEING STRUCK. DRIVER OF V1 CITED.

[ ] 1) Continued On Back of Scene Information Sheet

Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time
[X] 1) Yes [ ] 2) No	[X] 1) Yes [ ] 2) No	[ ] 1) Yes [X] 2) No	[X] 1) Yes [ ] 2) No # 2	6 / 25 / 2015	1606	6 / 25 / 2015	1628

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
Stoess	1960	6 / 27 / 2015	John Hamilton	6 / 30 / 2015	1 of 6

Scene Information

AA 1971

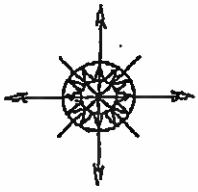
14

Klinc K

1765

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 1/14/04	Accident Number: WASO15-8669 Agency Name: WASHOE COUNTY SO

Description of Accident / Narrative Continuation



Indicate North

THIS REPORT NOT
TO BE REPRODUCED

A.I.C.: _____

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET
Revised 1/1/04

Event Number:

Accident Number: WASO15-6669

Agency Name: WASHOE COUNTY SO

Vehicle #: V1 | # Occupants: 1 | [X] 1) At Fault [ ] 2) Non Contact Vehicle

Direction of Travel: [ ] 1) North [ ] 3) East [ ] 5) Unknown [ ] 2) South [X] 4) West

Highway / Street Name: W 6TH ST

Travel Lane #: 2

Vehicle Action: [X] 1) Straight [ ] 3) Left Turn [ ] 5) U-Turn [ ] 7) Wrong Way [ ] 9) Passing [ ] 11) Leaving Parked [ ] 13) Leaving Lane [ ] 15) Enter Parked [ ] [ ] 17) Lane Change [ ] 19) Unknown
[ ] 2) Backing [ ] 4) Right Turn [ ] 6) Parked [ ] 8) Stopped [ ] 10) Racing [ ] 12) Entering Lane [ ] 14) Other Turning [ ] 16) Driverless Vehicle [ ] 18) Other

Driver: (Last Name, First Name, Middle Name - Suffix)
TSCHEEKAR, DAVID MARTIN

[redacted]

[redacted]

[X] 1) Male [ ] 3) Unknown
[ ] 2) Female

[redacted] License State: 0

Compliance: [ ] 1) Restrict [ ] 2) Endorse

Endorsements | Restrictions

Alcohol/Drug Involvement
[X] 1) Not Involved
[ ] 2) Suspected Impairment
[ ] 3) Alcohol [ ] 4) Drugs
[ ] 5) Unknown

Method of Determination (check up to 2)
[ ] 1) State Secretary Test [ ] 4) Urine Test
[ ] 2) Evidentiary Breath [ ] 5) Blood Test
[ ] 3) Driver Admission [ ] 6) Preliminary Breath Test

Test Results:

Transported By: [X] 1) Not Transported [ ] 2) EMS [ ] 3) Police [ ] 4) Unknown
[ ] 5) Other

Transported To:

Person Type: 1 | Seating Position: 1 | Occupant Restraints: 13

Injury Severity: 0 | Injury Location:

Airbags: 2 | Airbag Switch: | Ejected: 0 | Trapped: 0

Driver Factors
[X] 1) Apparently Normal
[ ] 2) Had Been Drinking
[ ] 3) Drug Involvement
[ ] 4) Apparently Fatigued / Asleep
[ ] 5) Obstructed View
[ ] 6) Driver Ill / Injured
[ ] 7) Other Improper Driving
[ ] 8) Driver Inattention / Distracted
[ ] 9) Physical Impairment
[X] 10) Unknown

Vehicle Year: 2001 | Vehicle Make: SUBARU | Vehicle Model: LEGACY | Vehicle Type: HATCHBACK 4-DOOR

[redacted] State: [X] 1) NV | Expiration Date: 1 / 30 / 2016 | Vehicle Color: GRN

[redacted]

Registered Owner Name:
[ ] 1) Same As Driver TSCHEEKAR, DAVID MARTIN

[redacted]

Vehicle Factors
[ ] 1) Failed To Yield Right Of Way
[ ] 2) Disregard Control Device
[ ] 3) Too Fast For Conditions
[ ] 4) Exceeding Speed Limit
[ ] 5) Wrong Way / Direction
[ ] 6) Mechanical Defects
[ ] 7) Drove Left Of Center
[ ] 8) Other
[ ] 9) Failed To Maintain Lane
[ ] 10) Following Too Close
[ ] 11) Unsafe Lane Change
[ ] 12) Made Improper Turn
[ ] 13) Over Correct/Steering
[ ] 14) Other Improper Driving
[ ] 15) Aggressive / Reckless / Careless
[ ] 16) Driverless Vehicle
[ ] 17) Unsafe Backing
[ ] 18) Ran Off Road
[ ] 19) Hit and Run
[ ] 20) Road Defect (*)
[ ] 21) Object Avoidance
[X] 22) Unknown (*)

Insurance Company Name:
[X] 1) Insured ALLSTATE

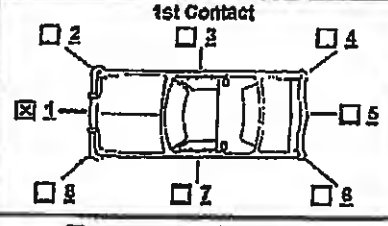
Policy Number: 036869414 | Effective: 5 / 23 / 2015 | To: 11 / 23 / 2015

Insurance Company Address or Phone Number: 800-255-7828

[ ] 1) Vehicle Towed | Towed By:

Removed To:

1st Contact



[ ] 1) Over Ride [ ] 2) Under Ride

Damaged Areas
[X] 1) Front
[ ] 2) Right Side
[ ] 3) Left Side
[ ] 4) Rear
[ ] 5) Right Front
[ ] 6) Right Rear
[ ] 7) Top
[ ] 8) Under Carriage
[ ] 9) Left Front
[ ] 10) Left Rear
[ ] 11) Unknown
[ ] 12) Other

Traffic Control
[ ] 1) Speed Zone
[F] 2) Signal Light
[ ] 3) Flashing Light
[ ] 4) School Zone
[ ] 5) Peds Signal
[ ] 6) No Passing
[ ] 7) No Controls
[ ] 8) Warning Sign
[ ] 9) Turn Signal
[ ] 10) Other
[ ] 11) Stop Sign
[ ] 12) Yield Sign
[ ] 13) R. R. Sign
[ ] 14) R. R. Gates
[ ] 15) R. R. Signal (*)
[ ] 16) Marked Lanes
[ ] 17) Tire Chains/Snow Req.
[ ] 18) Permissive Green
[ ] 19) Unknown

Distance Traveled After Impact: 1 FEET

Speed Estimate: From 5 | To 10 | Limit 25

Extent Of Damage
[X] 1) Minor
[ ] 2) Moderate
[ ] 3) Major
[ ] 4) Total
[ ] 5) None
[ ] 6) Unknown

Sequence Of Events

	Code #	Description	Collision With Fixed Object	Most Harmful Event
1st	217	SLOW/STOPPED VEHICLE	[ ]	[X]
2nd			[ ]	[ ]
3rd			[ ]	[ ]
4th			[ ]	[ ]
5th			[ ]	[ ]

[ ] 1) NRS [ ] 2) CFR [X] 3) CC / MC [ ] 4) Pending
(1) 70.283 | Violation: DUTY DECREASE SPEED OR USE DUE CARE | NOC: 64928 | Citation Number:

[ ] 1) NRS [ ] 2) CFR [ ] 3) CC / MC
(2) | Violation: | NOC: | Citation Number:

Investigator(s): Stoess | ID Number: 1960 | Date: 6 / 27 / 2015 | Reviewed By: John Hamilton | Date Reviewed: 6 / 30 / 2015 | Page: 3 of 6

Vehicle Information

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 1/14/04	Accident Number: WAS015-6669 Agency Name: WASHOE COUNTY SO

Name: (Last Name, First Name, Middle Name Suffix)			Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other		
Street Address:			Transported To:		
City:	State / Country ☐ 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Suffix)			Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other		
Street Address:			Transported To:		
City:	State / Country ☐ 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Suffix)			Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other		
Street Address:			Transported To:		
City:	State / Country ☐ 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:

☐ 1) Trailing Unit 1 VIN: THIS REPORT NOT	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 2 VIN: TO BE REPRODUCED	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 3 VIN:	Plate:	State: ☐ 1) NV	Type:

Commercial Vehicle Configuration ☐ 1) Commercial Vehicle ☐ 2) School Bus

☐ 1) Bus, 9 - 15 Occupants ☐ 2) Bus, > 15 Occupants ☐ 3) Single 2 Axle and 6 Tire ☐ 4) Single > 3 Axle ☐ 5) Any 4 Tire Vehicle ☐ 6) Tractor Only ☐ 7) Tractor / Trailer ☐ 8) Tractor / Doubles ☐ 9) Tractor / Triples ☐ 10) Truck with Trailer ☐ 11) Tractor / Semi Trailer ☐ 12) Passenger Vehicle, (Haz-Mat) ☐ 13) Light Truck, (Haz-Mat) ☐ 14) Other Heavy Vehicle

Source

☐ 1) Driver ☐ 2) Log Book ☐ 3) Shipping Papers / Trip Manifest ☐ 4) State Reg. ☐ 5) Side Of Vehicle ☐ 6) Other

Carrier Name:

Power Unit GVWR ☐ 1) ≤ 10,000 Lbs ☐ 2) 10,000 - 26,000 Lbs ☐ 3) ≥ 26,000 Lbs ☐ 1) Haz-Mat ☐ 2) Released

Carrier Street Address: City: State: ☐ 1) Received

Cargo Body Type

☐ 1) Pole ☐ 2) Tank ☐ 3) Flatbed ☐ 4) Dump ☐ 5) Unknown ☐ 6) Van / Box ☐ 7) Concrete Mixer ☐ 8) Auto Carrier ☐ 9) Garbage/Refuse ☐ 10) Not Applicable ☐ 11) Grain, Gravel Chips ☐ 12) Bus, 9 - 15 Occupants ☐ 13) Bus, > 15 Occupants ☐ 14) Other

Haz-Mat ID #:

Hazard Classification #:

Type of Carrier ☐ 1) Single State ☐ 2) USDOT ☐ 3) Canada ☐ 4) Mexico ☐ 5) None

NAS Safety Report JUL 2 0 2015

Carrier Number CCMSI-Reno

Page 4 of 6

Vehicle Information

AA 1974

1768

17

Event Number:

Vehicle #: V2 | # Occupants: 1 | ☐ 1) At Fault ☐ 2) Non Contact Vehicle

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET
Revised 1/1/04

Accident Number: WASO15-6669

Agency Name: WASHOE COUNTY SO

Direction of Travel: ☐ 1) North ☐ 3) East ☐ 5) Unknown ☐ 2) South ☒ 4) West

Highway / Street Name: W 6TH ST

Travel Lane #: 2

Vehicle Action: ☐ 1) Straight ☐ 3) Left Turn ☐ 5) U-Turn ☐ 7) Wrong Way ☐ 9) Passing ☐ 11) Leaving Parked ☐ 13) Leaving Lane ☐ 15) Enter Parked (8) ☐ 17) Lane Change ☐ 19) Unknown ☐ 2) Backing ☐ 4) Right Turn ☐ 6) Parked ☒ 8) Stopped (4) ☐ 10) Backing ☐ 12) Entering Lane ☐ 14) Other Turning ☐ 16) Driverless Vehicle ☐ 18) Other

Driver: (Last Name, First Name, Middle Name - Suffix)
KLINE, KIMBERLY MYRENE

Transported By: ☒ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other

Transported To:

[redacted]

☐ 1) Male ☐ 2) Unknown ☒ 2) Female

License State: 0

Person Type: 1	Seating Position: 1	Occupant Restraints: 13
Injury Severity: 0	Injury Location:	
Airbags: 2	Airbag Switch:	Ejected: 0	Trapped: 0

Compliance: ☐ 1) Restrict ☐ 2) Endorse

Endorsements:

Restrictions:

Alcohol/Drug Involvement: ☒ 1) Not Involved ☐ 2) Suspected Impairment ☐ 3) Alcohol ☐ 4) Drugs ☐ 5) Unknown

Method of Determination (check up to 2): ☐ 1) Field Sobriety Test ☐ 4) Urine Test ☐ 2) Evidentiary Breath ☐ 5) Blood Test ☐ 3) Driver Admission ☐ 10) Preliminary Breath Test

Test Results:

Driver Factors: ☒ 1) Apparently Normal ☐ 2) Had Been Drinking ☐ 3) Drug Involvement ☐ 4) Apparently Fatigued / Asleep ☐ 5) Obstructed View ☐ 6) Driver Ill / Injured ☐ 7) Other Improper Driving ☐ 8) Driver Inattention / Distracted ☐ 9) Physical Impairment ☐ 10) Unknown

Vehicle Year: 2008	Vehicle Make: CHEVROLET	Vehicle Model: COLORADO	Vehicle Type: PICKUP
[redacted]	State: ☒ 1) NV	Expiration Date: 12 / 31 / 2015	Vehicle Color: WHI

Vehicle Factors: ☐ 1) Failed To Yield Right Of Way ☐ 2) Disregard Control Device ☐ 3) Too Fast For Conditions ☐ 4) Exceeding Speed Limit ☐ 5) Wrong Way / Direction ☐ 6) Mechanical Defects ☐ 7) Drove Left Of Center ☐ 8) Other ☐ 9) Failed To Maintain Lane ☐ 10) Following Too Close ☐ 11) Unsafe Lane Change ☐ 12) Made Improper Turn ☐ 13) Over Correct/Steering ☐ 14) Other Improper Driving ☐ 15) Aggressive / Reckless / Careless ☐ 16) Driverless Vehicle ☐ 17) Unsafe Backing ☐ 18) Ran Off Road ☐ 19) Hit and Run ☐ 20) Road Defect (*) ☐ 21) Object Avoidance ☒ 22) Unknown (8)

Registered Owner Name:
☐ 1) Same As Driver RENO, CITY OF

Registered Owner Address:
PO BOX 1900, RENO, NV 89505

Insurance Company Name:
☒ 1) Insured CITY OF RENO RISK MANAGEMENT

Policy Number: SELF INSURED | Effective: 1 / 1 / 2015 | To: 12 / 31 / 2015

Insurance Company Address or Phone Number:
PO BOX 1900

☐ 1) Vehicle Towed | Towed By:

Removed To:

1st Contact: ☐ 2 ☐ 3 ☐ 4 ☐ 1 ☒ 5 ☐ 8 ☐ 7 ☐ 6

☐ 1) Over Ride ☐ 2) Under Ride

Damaged Areas: ☐ 1) Front ☐ 2) Right Side ☐ 3) Left Side ☒ 4) Rear ☐ 5) Right Front ☐ 6) Right Rear ☐ 7) Top ☐ 8) Under Carriage ☐ 9) Left Front ☐ 10) Left Rear ☐ 11) Unknown ☐ 12) Other

Traffic Control: ____ 1) Speed Zone ____ 11) Stop Sign | F 2) Signal Light ____ 12) Yield Sign | ____ 3) Flashing Light ____ 13) R. R. Sign | ____ 4) School Zone ____ 14) R. R. Gates | ____ 5) Ped. Signal ____ 15) R. R. Signal (2) | ____ 6) No Passing ____ 16) Marked Lanes | ____ 7) No Controls ____ 17) Tire Chain/Snow Req. | ____ 8) Warning Sign ____ 18) Permissive Green | ____ 9) Turn Signal ☐ 19) Unknown | ____ 10) Other

Distance Traveled After Impact: 1 FEET

Speed Estimate: From 0 | To 0 | Unit 25

Extent Of Damage: ☐ 1) Minor ☐ 4) Total ☒ 2) Moderate ☐ 6) None ☐ 3) Major ☐ 8) Unknown

Sequence Of Events

	Code #	Description	Collision With Fixed Object	Most Harmful Event
1st	217	SLOW/STOPPED VEHICLE	☐	☒
2nd			☐	☐
3rd			☐	☐
4th			☐	☐
5th			☐	☐

	Violation	NOC	Citation Number
☐ 1) NRS ☐ 2) CFR ☐ 3) CC / MC ☐ 4) Pending (1)			
☐ 1) NRS ☐ 2) CFR ☐ 3) CC / MC (2)			

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
Stoess	1960	6 / 27 / 2015	John Hamilton	6 / 30 / 2015	5 of 6

Vehicle Information

Event Number:

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET

Revised 1/14/04

Accident Number: WASO15-6669

Agency Name: WASHOE COUNTY SO

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other

Street Address:

Transported To:

City: | State / Country ☐ 1) NV | Zip Code:

Person Type: | Seating Position: | Occupant Restraints:

☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:

Injury Severity: | Injury Location:

Airbags: | Airbag Switch: | Ejected: | Trapped:

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other

Street Address:

Transported To:

City: | State / Country ☐ 1) NV | Zip Code:

Person Type: | Seating Position: | Occupant Restraints:

☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:

Injury Severity: | Injury Location:

Airbags: | Airbag Switch: | Ejected: | Trapped:

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other

Street Address:

Transported To:

City: | State / Country ☐ 1) NV | Zip Code:

Person Type: | Seating Position: | Occupant Restraints:

☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:

Injury Severity: | Injury Location:

Airbags: | Airbag Switch: | Ejected: | Trapped:

☐ 1) Trailing Unit 1 VIN: | Plate: | State: ☐ 1) NV | Type:

☐ 1) Trailing Unit 2 VIN: | Plate: | State: ☐ 1) NV | Type:

☐ 1) Trailing Unit 3 VIN: | Plate: | State: ☐ 1) NV | Type:

Commercial Vehicle Configuration ☐ 1) Commercial Vehicle ☐ 2) School Bus

☐ 1) Bus, 9 - 15 Occupants ☐ 2) Bus, > 15 Occupants ☐ 3) Single 2 Axle and 6 Tire ☐ 4) Single > 3 Axle ☐ 5) Any 4 Tire Vehicle ☐ 6) Tractor Only ☐ 7) Tractor / Trailer ☐ 8) Tractor / Doubles ☐ 9) Tractor / Triples ☐ 10) Truck with Trailer ☐ 11) Tractor / Semi Trailer ☐ 12) Passenger Vehicle, (Haz-Mat) ☐ 13) Light Truck, (Haz-Mat) ☐ 14) Other Heavy Vehicle

Source

☐ 1) Driver ☐ 2) Log Book ☐ 3) Shipping Papers / Trip Manifest ☐ 4) State Reg. ☐ 5) Side of Vehicle ☐ 6) Other

Carrier Name:

Power Unit GVWR ☐ 1) ≤ 10,000 Lbs ☐ 2) 10,000 - 26,000 Lbs ☐ 3) ≥ 26,000 Lbs

☐ 1) Haz-Mat ☐ 2) Released

Carrier Street Address: | City: | State: ☐ 1) NV | Zip:

Cargo Body Type

☐ 1) Pole ☐ 2) Tank ☐ 3) Flatbed ☐ 4) Dump ☐ 5) Unknown ☐ 6) Van / Box ☐ 7) Concrete Mixer ☐ 8) Auto Carrier ☐ 9) Garbage/Refuse ☐ 10) Not Applicable ☐ 11) Grain, Gravel Chips ☐ 12) Bus, 9 - 15 Occupants ☐ 13) Bus, > 15 Occupants ☐ 14) Other

Haz-Mat ID #:

Hazard Classification #:

Type of Carrier

☐ 1) Single State ☐ 2) USDOT ☐ 3) Canada ☐ 4) Mexico ☐ 5) Non

NAS Safety Report #:

Carrier Number:

Page 6 of 6

Vehicle Information

1770 19

Patient: KLINE, KIMBERLY M Clinical Report - Physicians/Mid Levels
MRN: M001221557Saint Mary's Regional Medical Center
VisitID: V00008267251235 West Sixth Street, Reno, NV 89503 775-770-3188
35y, FRegistration Date/Time: 06/25/2015 18:11

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

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

Similar symptoms previously: (had MRI 1 month ago, hx of herniated disc L34 and L45. Was rear ended 1 month ago, sxs nearly resolved. immediate pain in low back after rear ended today while stopped, other car going about 20mph. no airbag deployment. intermittant radiation into B thighs. no radiation past knee. no incontinence. no saddle anesthesias.).

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

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

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

Problems:
Herniated Disk.

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

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

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

ADDITIONAL NOTES
The nursing notes have been reviewed.

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

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

LABS, X-RAYS, AND EKG
X-Rays: LS spine series.
LS-Spine X-rays: (CLINICAL DATA: pain s/p MVC, hx HNP.

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

COMPARISON: None

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

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

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

DICTATED BY: NOH,H M.D.
Date & Time: 06/25/15 2013). The X-rays were interpreted by the radiologist.

PROGRESS AND PROCEDURES
Course of Care: toradol 60mg IM.

20:37 06/25/15. discussed results, tx options, precautions, work limitations, and return ASAP for worsening pain, numbness, weakness, incontinence, saddle anesthesia etc.
Differential Diagnosis:
I considered injury, Musculo-skeletal strain, contusion, disk protrusion, vertebral fracture, sacroiliac joint strain, sciatica and other etiology as a possible cause of back pain in this patient. This is a partial list of diagnoses considered.

Disposition: Discharged. Condition: stable.

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

INSTRUCTIONS

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

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

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

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

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

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

Understanding of the discharge instructions verbalized by patient.

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

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

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

IMAGING REPORT

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

ORDERING PHYSICIAN: STARR,JESSICA PA-C
ATTENDING PHYSICIAN:
CC: [rep ct name]
PROCEDURE(S): RADIOLOGY - LUMBAR SPINE
EXAM DATE/TIME: 06/25/15 1947
REASON: pain s/p MVC, hx HNP.
ORDER NUMBER(S): 0625-0249, ACCESSION NUMBER(S): 327322.001

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

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

COMPARISON: None

FINDINGS:

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

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

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

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

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

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY

Claim Number:

Social Security Number:

Patient's Name: Kimberly Kline

Date of Injury: 6/25/15

Employer: City of Reno

Name of MCO (if applicable)

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition: hx of herniated disc L345

Diagnosis: acute lumbar strain

Related to the Industrial Injury? Explain: yes, fear ordered

Objective Medical Findings: tenderness (mild) L 1-2-3-4-5 c (B) mild pain spasm tenderness.

☐ None - Discharged Stable ☐ Yes ☐ No Ratable ☐ Yes ☐ No

☐ Generally Improved ☐ Condition Worsened ☐ Condition Same

May Have Suffered a Permanent Disability ☐ Yes ☐ No

Treatment Plan: Rest, ice, medications, Rev WC 2-3 days. Return to ER PRN for any new concerns

☐ No Change in Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working

☐ Case Management ☐ PT/OT Discontinued

☐ Consultation

☐ Further Diagnostic Studies: per WC

☐ Prescription(s) Norco, Flexeril, Prednisone

☐ Released to FULL DUTY/No Restrictions on (Date): _____

☐ Certified TOTALLY TEMPORARILY DISABLED (indicate Dates) From: _____ To: _____

☒ Released to RESTRICTED/Modified Duty on (Date): From: 6/25/15 To: cleared by WC

Restrictions Are: ☐ Permanent ☐ Temporary

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☐ No Sitting	☐ No Standing	☐ No Pulling	☐ Other:
☒ No Bending at Waist	☐ No Stooping	☐ No Lifting	
☒ No Carrying	☐ No Walking	☒ Lifting Restricted to (lbs.): 10 lbs	
☐ No Pushing	☐ No Climbing	☐ No Reaching Above Shoulders	

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/Chiropractor Signature:
WC 2-3 days	6/25/15	Lau, Richard	

D-39 (Rev. 7/99)

American LegalNet, Inc. www.FormsWorkflow.com

AA 1981

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Please Type or Print

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log #
CITY OF RENO	Corporation	886000201	

Office Mail Address	Location . . . if different from mailing address	Telephone
1 EAST FIRST STREET	1640 E COMMERCIAL ROW	775-326-6637

City	State	Zip	INSURER	THIRD-PARTY ADMINISTRATOR
RENO	NV	89505		CCMSI, Inc.

EMPLOYEE

First Name	M.I.	Last Name	Social Security	Birthdate	Age	Primary Language Spoken
KIMBERLY		KLINE		10/07/1979	35	English

Home Address (Number and Street)	Sex	Marital Status
305 PUMA DRIVE	☐ Male ☑ Female	☑ Single ☐ Married ☐ Divorced ☐ Widowed

City	State	Zip	Was the employee paid for the day of injury? (if applicable)	How long has this person been employed by you in Nevada?
WASHOE VALLEY	NV	89704	☑ Yes ☐ No	04/08/2005

In which state was employee hired?	Employee's occupation (job title) when hired or disabled	Department in which regularly employed:
NEVADA		PUBLIC WORKS 1200

Telephone	Is the injured employee a corporate officer? . . . sole proprietor? . . . partner?	Was employee in your employ when injured or disabled by occupational disease (OID)?
775-326-6637	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☑ Yes ☐ No

ACCIDENT OR DISEASE

Date of injury (if applicable)	Time of injury (Hours; Minute AM/PM) (if applicable)	Date employer notified of injury or OID	Supervisor to whom injury or OID reported
06/25/2015	15:30	06/25/2015	TIM HENDRICKS

Address or location of accident (Also provide city, county, state) (if applicable)
W.6TH AND VIRGINIA
RENO WASHOE NEVADA

Accident on employer's premises? (if applicable) ☐ Yes ☑ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
EMPLOYEE'S CAR GOT REAR ENDED

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.
EMPLOYEE JUST CLEARED THE INTERSECTION AND STOPPED WITH TRAFFIC WHEN THE CAR BEHIND HIT HER. IT DID NOT APPEAR HE HIT HIS BRAKES AT ALL.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable) CAR

Witness

Was there more than one person injured in this accident? (if applicable) ☐ Yes ☑ No

Part of body injured or affected: MULTIPLE BODY PARTS - MULTIPLE BOX

If fatal, give date of death

Witness

Nature of injury or Occupational Disease (scratch, cut, bruise, strain, etc.): SPECIFIC INJURY - SPRAIN/STRAIN

Witness

Did employee return to next scheduled shift after accident? (if applicable) ☑ Yes ☐ No

Will you have light duty work available if necessary? ☑ Yes ☐ No

If validity of claim is doubted, state reason

Location of Initial Treatment: ST MARY'S REGIONAL MEDICAL CENTER,235 W 6TH

Treating physician/chiropractor name: RICHARD LAW

Emergency Room ☐ Yes ☑ No Hospitalized ☐ Yes ☑ No

IMPORTANT

How many days per week does employee work? 4

From 08:00 To 18:00

Last day wages were earned: 6/25/15

Scheduled days off: S ☑ M ☐ T ☐ W ☐ T ☐ F ☑ S ☑ Rotating ☑

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

IMPORTANT LOST TIME INFO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
04/08/2005	6/25/15	6/25/15	0

Was the employee hired to work 40 hours per week? ☑ Yes ☐ No If not, for how many hours a week was the employee hired?

Did the employee receive unemployment compensation any time during the last 12 months? ☑ Yes ☐ No ☐ Do not know

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

Pay period ends on: ☐ SUN ☐ TUE ☑ THUR ☐ SAT ☐ MON ☐ WED ☐ FRI

Employee is paid: ☐ WEEKLY ☐ MONTHLY ☐ OTHER ☑ BI-WKLY ☐ SEMI-MONTHLY

On the date of injury or disability the employee's wage was: $ 26.30 per ☑ Hr ☐ Day ☐ Wk ☐ Mo

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

★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title: Manager

Date: 7-1-15

Claim Office Only

Claim is: ☑ Accepted ☐ Denied ☐ Deferred ☐ 3rd Party	Deemed Wage	Account No. 15853E839641	Class Code
Claims Examiner's Signature	Date	Status Clerk	Date

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15853E839641

SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Dr. Scott Hall, MD	**Visit:** 06/30/2015 11:15AM	**Chart:** KLKI000001

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 & Allergies:

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

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

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	139/87	78 bpm	14 rpm	6/10	Never smoker

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

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

SpecialtyHealth
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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:** KLKI000001

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

Assessment:

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

Plan:

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

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

***RETURN TO WORK:

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

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

SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Dr. Scott Hall, MD	**Visit:** 06/30/2015 11:15AM	**Chart:** KLKI000001

EMPLOYER: CITY OF RENO

Date of Injury: 06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO
Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse.

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

REFERRAL SHEET:

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

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790
Cell Phone #: 7758155790

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Insurer:
Insurance #:

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

Referral from: Dr. Scott Hall, MD

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

15853E81800/

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Dr. Scott Hall, MD	**Visit:** 06/30/2015 11:15AM	**Chart:** KLKI000001

***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:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO
Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse.

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

RECEIVED
JUL 01 2015
CCMSI - RENO

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

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Maria Brady, DC, RN | **Visit:** 07/01/2015 10:30AM | **Chart:** KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK 6/6

Medications & Allergies:

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

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

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

Subjective:

E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM
Powered by drchrono

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Maria Brady, DC, RN	Visit: 07/01/2015 10:30AM	Chart: KLKI000001

History of present illness: KIMBERLY KLINE comes in today for a follow up chiropractic visit. KIMBERLY KLINE was involved in a second MVA on 6-25-15. Pt. was rear ended. She was taken that day to St. Mary's ER. Today she complains of lower back back and neck pain with associated headaches. The pain is localized and non-radiating. KIMBERLY KLINE presented to the office on 07/01/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; feeling a little worse today. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are described with the following qualifiers; dull, aching, stiff.

Objective:

neck exam
inspection - pt. looks uncomfortable due to the pain and also because she has a headache
ROM - full in all plains with slight to moderate pain at end range
DTR 2+ bilaterally
strength 5/5 UE bilaterally
sensation intact to light touch
palpation tender to palpation +2 left C2/3 cervical paraspinals, suboccipitals, upper traps, levator scapulae, anterior scalene, SCM
pt. LUMBAR EXAM:
Inspection: normal
ROM: full with pain at end range with extension
Strength: 5/5 bilaterally
Sensation: intact bilaterally to light touch
Reflexes: +2 DTR and achilles bilaterally
negative seated straight leg raise
Palpable tenderness, Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint.Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion,

Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction. The objective findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

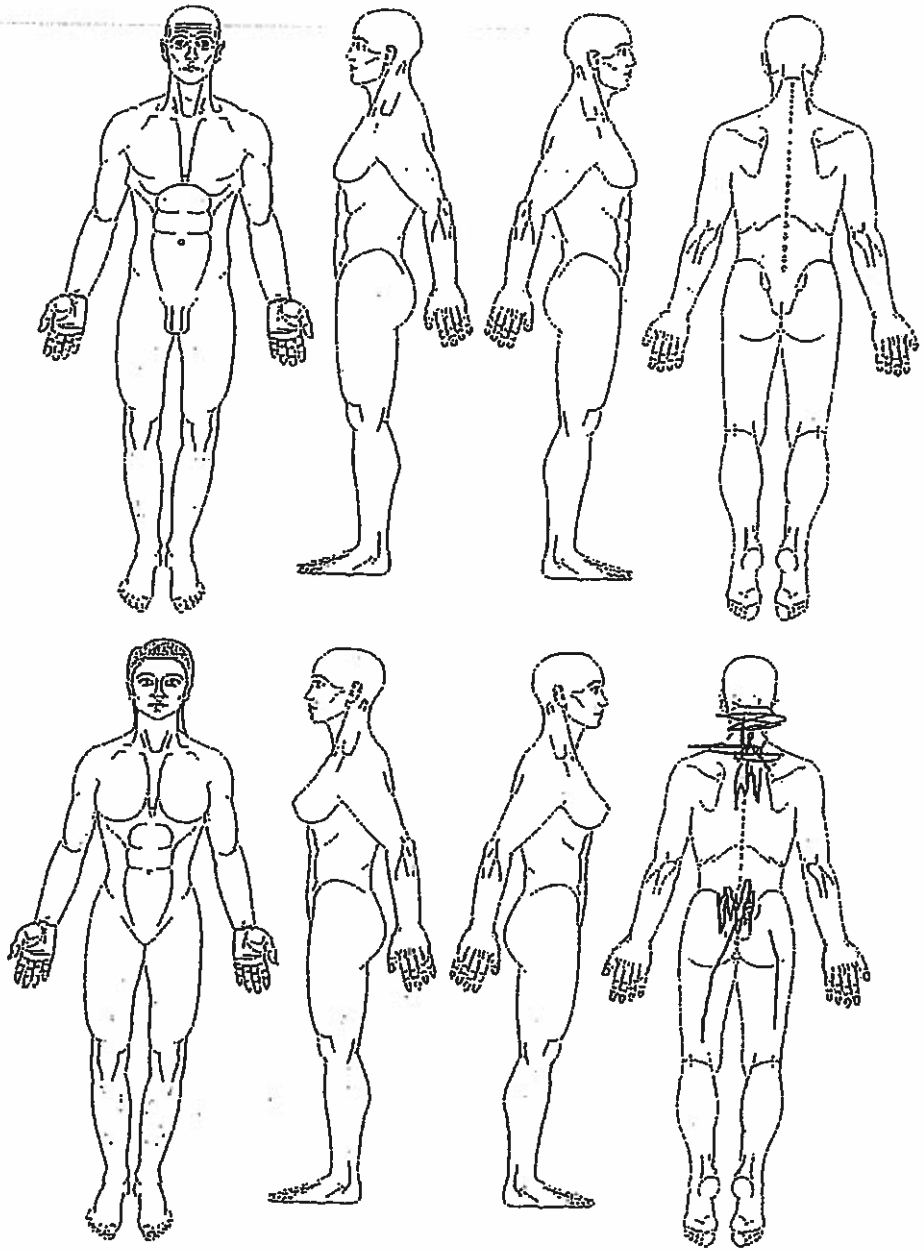
Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care.KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed.The patient should continue treatment 2x per week for the following 3 weeks.,with a follow up visit next week. The patient received verbal instruction regarding icing at home.

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Maria Brady, DC, RN
DoB: 10/07/1979
Visit: 07/01/2015 10:30AM
Sex: F
Chart: KLKI000001



E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Maria Brady, DC, RN | **Visit:** 07/09/2015 2:00PM | **Chart:** KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK add'l 2/6

Medications & Allergies:

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

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

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

Subjective:

E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Maria Brady, DC, RN	**Visit:** 07/07/2015 10:30AM	**Chart:** KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK add'l 1/6

Medications & Allergies:

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

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

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
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ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

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AUG 0 3 2015
CCMSI - RENO

Subjective:

E-signed by Maria Brady, DC, RN on 07/07/2015 2:22PM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Maria Brady, DC, RN | Visit: 07/07/2015 10:30AM | Chart: KLKI000001

History of present illness: KIMBERLY KLINE is back for a chiropractic follow up visit. She states that she is still feeling stiff, but is slightly better since last visit. Her headache is slightly better too. Her lower back is achy and is uncomfortable at night. The pain is localized and non-radiating. KIMBERLY KLINE presented to the office on 07/07/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; feeling a little worse today. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are described with the following qualifiers: dull, aching, stiff.

Objective:

Palpable tenderness, Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Defilield check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion, Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. We reviewed her home exercises. I recommended that she round her shoulders during the day and do AROM for he spine to help with muscle tension and spinal mobilization. Her progress is slow, but she is improving. She is also getting over a head cold which makes her tired. This should be a good week for recovery for her. I advised her to get some good sleep, plenty of fluids, and do her exercises. I will follow up with her towards the end of the week. I also recommend she sleep on her

E-signed by Maria Brady, DC, RN on 07/07/2015 2:22PM

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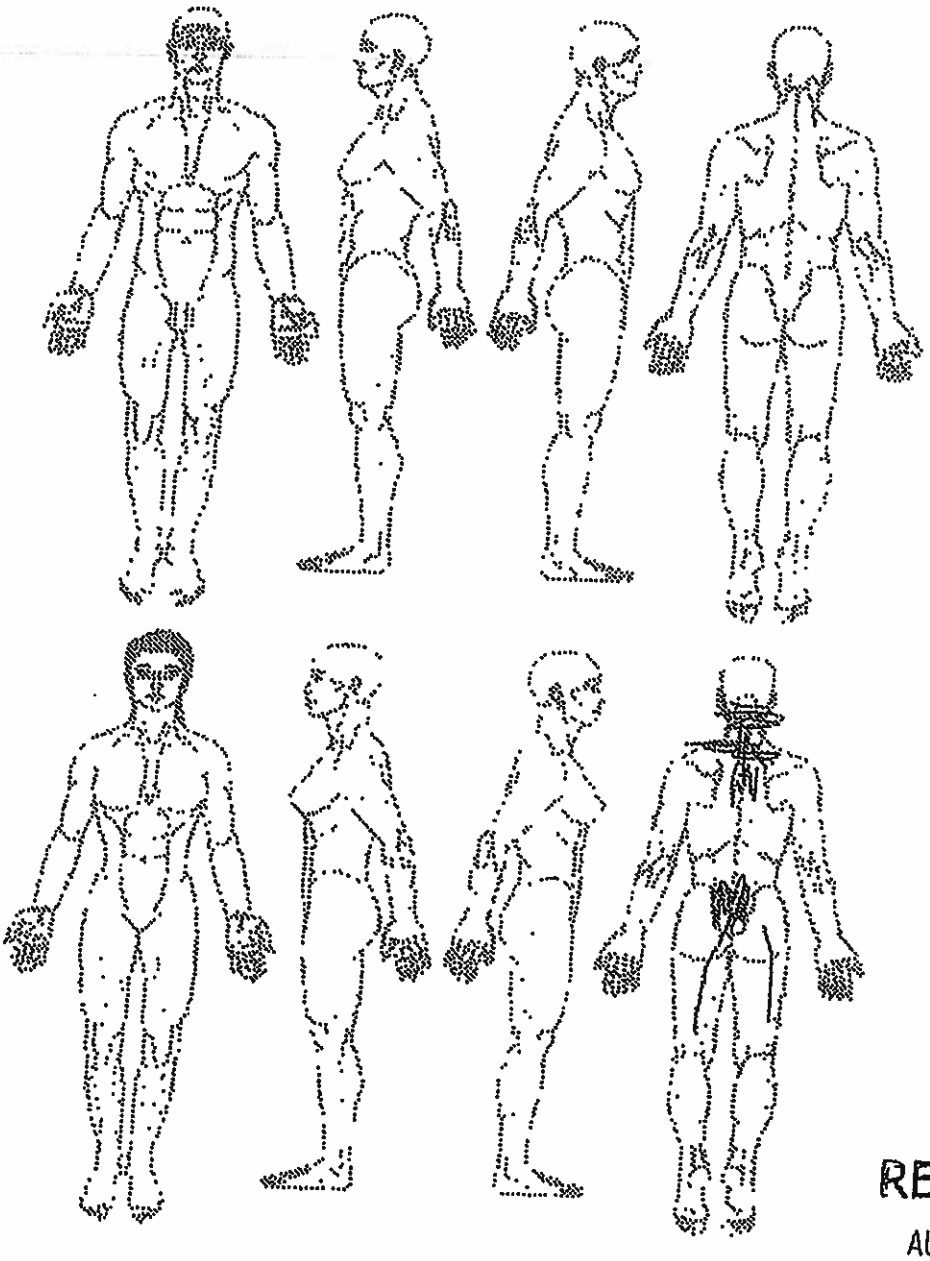
side with a pillow in between her knees for added spinal comfort. Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction. The objective findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care. KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks., with a follow up visit on Thursday. The patient received verbal instruction regarding icing at home.

E-signed by Maria Brady, DC, RN on 07/07/2015 2:22PM



SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Maria Brady, DC, RN	**Visit:** 07/09/2015 2:00PM	**Chart:** KLKI000001

KIMBERLY KLINE presented to the office on 07/09/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; about the same since last visit. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are: described with the following qualifiers; dull, aching, stiff.

Objective:

Palpable tenderness; Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion, Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility; and hypertonicity. The spinal level of C6 was found to have palpatory tenderness; decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility; and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. She is still feeling pretty sore. This last accident seems to be worse than the first one. She states that she was hit harder from the second MVA. She is making slow progress at this time. I will follow up with her next week. We reviewed her home stretches and exercises. Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction: The objective

E-signed by Maria.Brady, DC, RN on 07/10/2015 11:00AM

findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

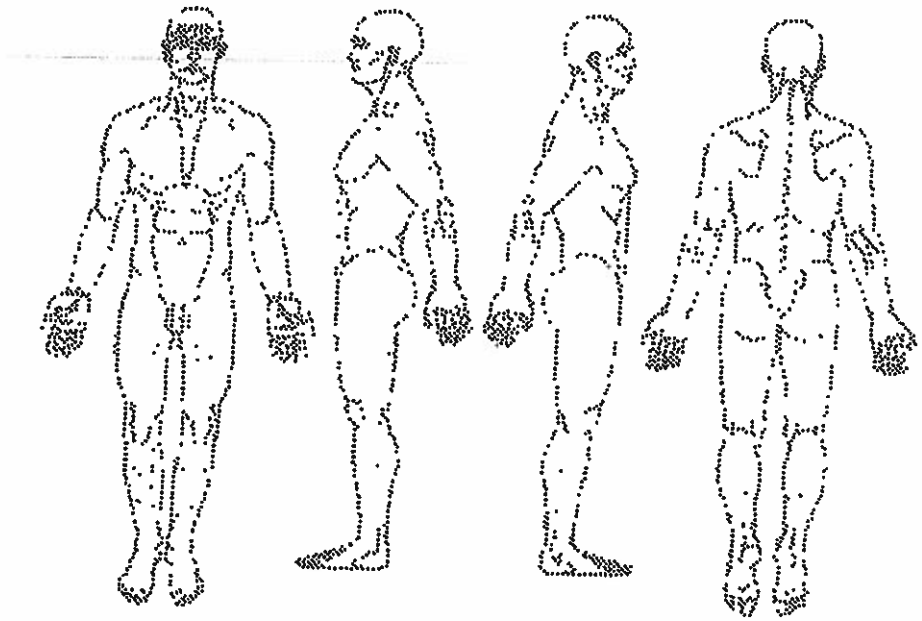
Plan:

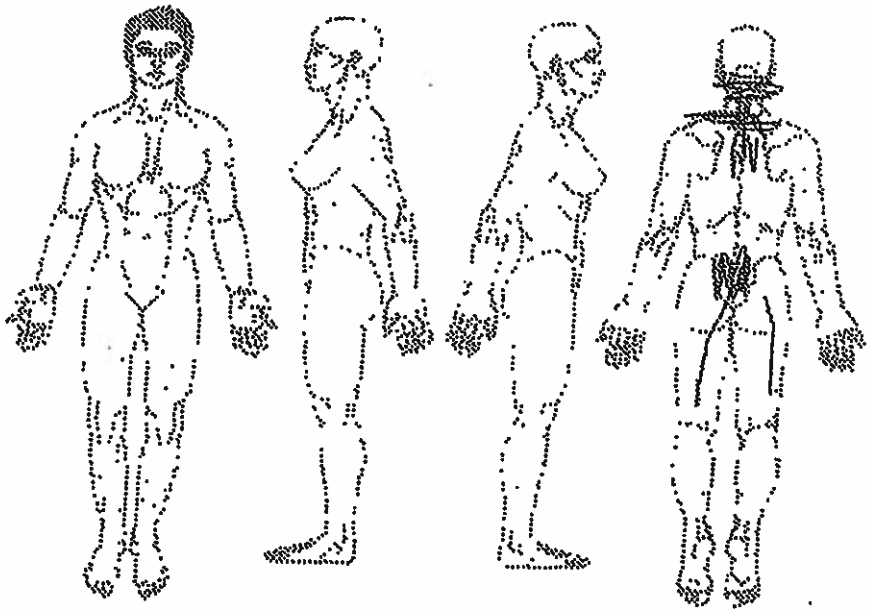
Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care. KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks, with a follow up visit next week. The patient received verbal instruction regarding icing at home.

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Maria Brady, DC, RN | **Visit:** 07/09/2015 2:00PM | **Chart:** KLKI000001





E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	**DoB:** 10/07/1979	**Sex:** F
Provider: Dr. Scott Hall, MD	**Visit:** 07/14/2015 10:45AM	**Chart:** KLKI000001

Chief Complaint: BACK2 WEEK FOLLOW UP

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for : BACK2 WEEK FOLLOW UP .
Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness.

Review of Systems:

GENERAL: trouble sleeping
MUSCULOSKELETAL: muscle pain,Stiffness,spine pain
NEUROLOGICAL: Negative

Medications & Allergies:

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

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

Physical Exam:

Height	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	112/84	86 bpm	14 rpm	97.00 %	5/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck- normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

Lumbar exam -mild tenderness to palpation across the lumbosacral junction bilaterally, normal strength and sensation, normal reflexes in both legs

Assessment:

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

Plan:

Imaging: Imaging reviewed and discussed with pt, images reviewed with pt.
Physical therapy, Evaluate and Treat - 6 visits
Education: Patient informed about treatment plan and instructions
Work status: Full duty
Return visit: 2,week(s)
Treatment plan: Conservative treatment
Patient continues to have back and neck, minimal improvement with chiropractic care, recommendation to try physical therapy, records reviewed and discussed with the patient from her orthopedic evaluation prior to the work injury

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

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 07/14/2015 10:45AM
BODY PART: BACK2 WEEK FOLLOW UP
EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM