

IN THE SUPREME COURT OF THE STATE OF NEVADA

-o0o-

KIMBERLY KLINE,

Appellant,

vs.

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

Respondents.

Supreme Court No. 82608
Electronically Filed
Jan 19 2022 02:40 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

Injured Worker Appellant's Appeal of the
Second Judicial District Court,
The Honorable Connie Steinheimer's Order
of the Appeals Officer's Decision of the Department of Administration

APPELLANT'S APPENDIX

Volume IX

Pages 2000 - 2174

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Attorney for the Appellant

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AFFIRMATION

Pursuant to NRS 239B.030

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

DATED this 18 day of January, 2022.

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

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



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

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

DoB: 10/07/1979
Visit: 07/14/2015 10:45AM

Sex: F
Chart: KLIK000001

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



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 07/14/2015 10:45AM

Chart: KLK1000001

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD



TO: Kimberly Kline
305 Puma Drive
Washoe Valley, NV 89704

Re: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 7/23/2015
Accepted Body Part: Cervical Strain

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

Dear Ms. Kline:

The above referenced claim has been accepted on your behalf by CCMSI. Please be advised the diagnosed lumbar strain will not be covered under this claim as you are currently treating under claim number 15853E818001. Please check the information contained in this notice. If you find any of the information to be incorrect, please promptly notify this office.

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

Department of Administration
Hearing Division
1050 E. William Street, Ste.400
Carson City, NV 89710
(775) 687-5966

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

Very truly yours,


Yesenia Martinez
Medical Only Claim Representative

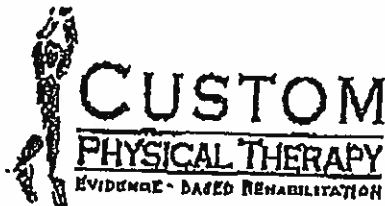
REASON FOR APPEAL:

Signature

Date

Retain a copy for your records
Cc: File, City of Reno, Specialty Health

D-30 (rev. 5/10)



INITIAL EVALUATION/PLAN OF CARE
For outpatient rehabilitation

NAME: Kimberly Kline

DOB: 10/07/78

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bryceswitz, P.T.

START OF CARE DATE: 08/05/16

DATE OF ONSET: 06/03/15

TYPE OF THERAPY: Physical Therapy

History: Patient is a 38-year-old female who complains of low back pain with limited mobility along with neck pain and tightness and daily headaches. Patient was rear-ended while driving at work on 06/03/15. Patient had some chiropractic treatments for her low back pain, but the pain continued. Patient was then rear-ended a second time on 06/25/15 causing increased low back pain and increased neck pain and tightness. Patient went to the emergency room and x-rays were negative. Patient currently complains of back pain that averages 4-5/10 and neck pain that averages 2/10. Current functional limitations include the low back occasionally locking up with prolonged positioning and with bending over activities, increased low back pain with walking greater than 5-10 minutes, increased low back and neck pain when sitting and driving for 60 minutes at a time, trouble looking around while driving because of neck pain and inability to lift anything from the ground because of low back pain. Patient works as a parking enforcement officer for the City of Reno and works 10-hour shifts.

Patient Problems:

1. Patient presents with slightly rounded shoulder posture. Standing posture was good with normal lumbar lordosis. Patient demonstrated good heel-toe gait pattern.
2. AROM: Lumbar AROM: Flexion was fingers-to-toes with a "catch and pain" at 30°-40° when going down and coming back up, extension 30° with pain, and side bending was fingers to knee joint line without pain. Cervical AROM: Flexion 50°, extension 50°, right rotation 65° with tightness, left rotation 70°, right side bending 35°, left side bending 30° with tightness.
3. Palpation: There was tenderness and tightness noted over the right cervical paraspinals, suboccipitals, right scalenes and right upper trapezius. There was tenderness over the L3-S1 paraspinals. There was tightness in bilateral ilopsoas. Pelvic asymmetry was noted with a posterior rotation of the left innominate.
4. Bilateral hip weakness (4/5). Bilateral knee and ankle strength was 5/5. Bilateral upper extremity strength was 5/5.
5. Passive straight-leg raise was negative. Seated Slump test was negative. Patient denies any numbness or tingling in extremities. Spurling's test was negative.
6. Back Index score was 52% (normal was 0%).
7. Neck Index score was 24% (normal was 0%).

Assessment:

1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

Plan of Treatment: Modalities for pain control, stretching exercises, posture reeducation, manual therapy techniques to decrease pain, therapeutic exercises and therapeutic activity for strengthening, neuromuscular reeducation for core stabilization exercises and home exercise program development.

Short term goals: (2 weeks).

1. Patient will begin a daily stretching program for home.
2. Patient will tolerate 10-15 minutes of treadmill to increase endurance.

RECEIVED

AUG 24 2015

CCMSI - RENO

OSPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1180 • F: 775.331.1180
NORTHWEST RENO 1610 Robb Drive, Ste. D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224
SOUTH RENO • 11331 South Virginia, Suite 3 • Reno, NV 89511 • T: 775.853.9966 • F: 775.853.9969

AA 2003

No. 0544
P. 5
E. 7. 13
P. 7. 13

Aug 19, 2015 3:50PM
46



Page 2
Kimberly Kline
08/05/15

Long term goals: (4-6 weeks)

1. Decrease Back Index score to $\leq 30\%$.
2. Decrease Neck Index score to $\leq 15\%$.
3. Patient will be able to walk at least 30 minutes in the community without increased low back pain.
4. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes.

Patient informed of Diagnosis/Prognosis? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I certify the need for these services furnished under this plan of care effective the plan care date aforementioned above.
The above plan of care is herein established and will be reviewed every 30 days.

Therapist signature: [Signature]

Date: 8/5/15

Referring Physician signature: [Signature]

Date: 8/11/15

T: rcdm1.com/GV/TN

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AUG 24 2015

CCMSI - RENO

SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 776.331.1188 • F: 775.331.1180
NORTHWEST RENO 1510 Robb Drive, Ste. D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224
SOUTH RENO • 11331 South Virginia, Suite 3 • Reno, NV 89511 • T: 775.853.9886 • F: 775.853.9886

AA 2004

1738

47

No. 0544 P. 6
No. 0713 P. 3/3

Aug 19, 2015 3:50PM
Aug 10, 2015 12:35PM

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

847.2 847.0

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: _____

Tx Time In: 10:35

Tx Time Out: 11:35

Total Time Based Time: 35

Date: 08 / 05 / 15

Visits Prior To Today: _____ of _____

Total Treatment Time: 00

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval	1	F010	Vagopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G003	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom W/HFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom W/HFO Static	
F003	RP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom W/HFO dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise		H018	Custom RFO Static	
D001	Self Care/Posture Management							

Additional Treatment Codes: _____

SOAP: _____

Initial Eval
Treatment① Pt ed - obs and obs anatomy - structure / strain
Posture review② Instructed in home stretching (10 min) (Ther ex)
see handout

③ neuromus re-ed (10')

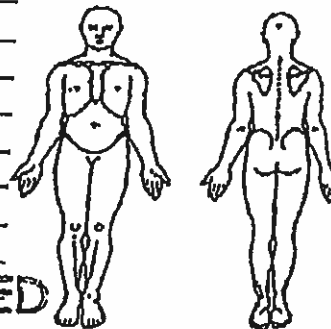
Instruction in core static for L/S -
transverse abdominal Recruitment
TA exs

④ Manual Therapy (15')

SPM / MFR - obs parasp. ut. releases

L/S - parasp. release

MET - pubis; iliac crest



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AUG 24 2015

CCMSI - RENC

AA 2005

1799

48

Aug. 19. 2015 3:22PM

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumb

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 1:30

Tx Time Out: 2:45

Total Time Based Time: 60

Date: 08 / 11 / 15

Visits Prior To Today: 1 of 0

Total Treatment Time: 75

RX Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C006	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WRFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WRFO Static	
F003	HPICP	1	C002	Neuromuscular Re-Ed	1	H006	Custom WRFO Dynamic	
F004	Estim Unattended	1	C003	Therapeutic Exercise	2	H018	Custom WRFO Static	
D001	Self Care/Home Management							

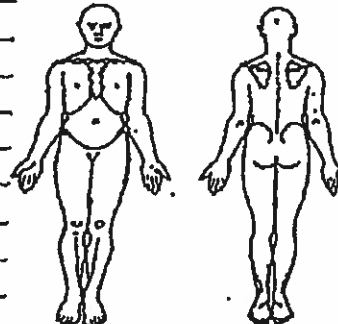
Additional Treatment Codes:

SOAP: S I have been very sore since the initial visit. Been trying to stretch daily. 6 min at mid LB

O Per treatment log

A Very tight/tender suboccipitals.

Right/tender L5-S1 paraspinals. Hypomobile L5-S1 monitor response



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AUG 24 2015

AA 2006

CCMSI - RENO

1800

49

Aug. 19, 2015 3:22PM

THERAPIST / CREDENTIALS

LICENSE NO.

0773

TREATMENT ENCOUNTER NOTE

08-18-15 10:56am

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____
 Name: Kline, Kimberly Injury #: 001 Dx: B472 Sprains and strains of lumba
 Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT Tx Time In: 9:00 Tx Time Out: 10:20 Total Time Based Time: 65
 Date: 08 / 18 / 15 # Visits Prior To Today: 2 of 12 Total Treatment Time: 80

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vacopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Vitissound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WFO Stalk	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WFO Stalk	
F003	HP/CP	1	C002	Neuromuscular Re-Ed	1	H005	Custom WFO Dynamic	
F004	Enlin Unattend	1	C003	Therapeutic Exercise	2	H018	Custom WFO Stalk	
D001	Self Care/home Management							

Additional Treatment Codes:

SOAP: S: I was not as sore as last visit. I did not sleep well last night. The CB is a little tight today. My shins/heels are tight today.

O: Per treatment log

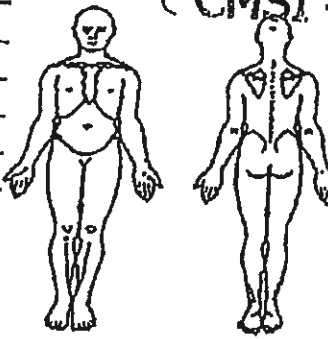
A: The doc helped control CB pain. Still very tight in lower L/S and C/T's.

P: PT / Tr make L/S - C/T's: Progressive strengthening and spinal stretches

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AUG 24 2015

CCMSI - RENC



Therapist/Credentials: [Signature]
 License No.: 0773

AA 2007

1801 50

Aug 19, 2015 3:50PM

No. 0544 P. 4

TREATMENT ENCOUNTER NOTE

12703
08-20-15 12:28pm

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kilne, Kimberly

Injury #: 001

Ox:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 10:30

Tx Time Out: 11:35

Total Time Based Time: 65

Date: 08 / 20 / 15

Visits Prior To Today: 3 of 12

Total Treatment Time: 96

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Belt Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WFO Static	
F003	HF/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WFO Dynamic	
F004	Explain Unattend		C003	Therapeutic Exercise	2	H018	Custom WFO Static	
D001	Self Care/Home Management							

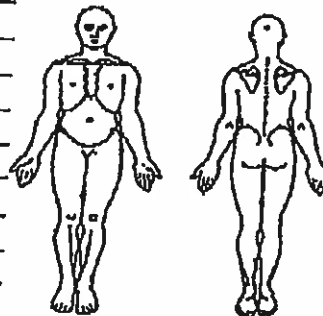
Additional Treatment Codes:

SOAP: S: Neck is feeling pretty good. Cant E HRP. Feels like a lot of pressure in nks. No leg ex.
O: Bulky. P: Prolapsed intervertebral disc.
Hypertonic + painful in paraspinal
Hypomobile L45
t: Did use manual Rx + humbo pelvic stab.
L: pain post
P: ✓ Prolapsed, humbo-pelvic stab

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SEP 10 2015

CCMSI - RENC



THERAPIST CREDENTIALS

LICENSE NO.

0149

AA 2008

11 P. 0782 N

Aug 27, 2015 3:35PM

15-2081



SPECIALTY HEALTH CLINIC

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

DoB: 10/07/1979
Visit: 08/20/2015 9:15AM

Sex: F
Chart: KLIK000001

Chief Complaint: CERVICAL STRAIN

History of Present Illness:

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

KIMBERLY KLINE is a 35 female who presents for : CERVICAL STRAIN.
Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues.

Medications & Allergies:

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

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	116/64	72 bpm	97.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, mild muscular tenderness to palpation over the trapezius, full motion with grossly normal strength and sensation in the arms

Assessment:

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

RECEIVED

By SHMCO at 1:47 pm, Aug 20, 2015

AA 2009

1803 52



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

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

DoB: 10/07/1979
Visit: 08/20/2015 9:15AM

Sex: F
Chart: KLIK000001

Plan:

Education: Patient agreeable to treatment plan and instructions

Work status: Full duty, MMI

Return visit: Pt to call with questions/problems

Treatment plan: Supportive treatment with recheck if not better

I believe she has done very well with physical therapy and recommend she simply complete her currently approved therapy for her neck, we will monitor her and I have asked her to let me know how her neck does and notify me if there are significant issues.

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

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE

DATE OF APPOINTMENT: 08/20/2015 09:15AM

BODY PART: CERVICAL STRAIN

EMPLOYER: CITY OF RENO

Date of injury: 06/3/2015

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES

CONDITION RATABLE: NO

RETURN VISIT: MMI

SIGNED: Scott Hall, MD

12703

08-25-15 04:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

B472 Sprains and strains of lumb

Payor Code: A0028

Payor Name: GCMST

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 2:05

Tx Time Out: 3:05

Total Time Based Time: 00:00

Date: 08 / 25 / 15

Visits Prior To Today: 4 of 12

Total Treatment Time: 1:00

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vacuum pneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WFO Dynamic	
F004	Eatlin Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Still C6 pain/pressure across L4/L5.
 P: had trouble sleeping last night - thus took
 neck today
 Overall - I feel it is getting better.
 Pain in neck and L4/L5 is less consistent
 and not as intense.
 Neck tightness still comes/goes.
 L4 - no pain/pressure.

O: Per treatment log.

Neck Index = 30%

Neck Index = 28%

Re Eval - see WFOC

RECEIVED

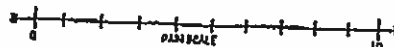
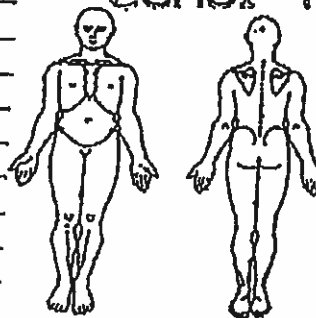
SEP 10 2015

A: Decreasing neck pain and improving Rom.
 Still weak / sore L4/L5.

Limited forward bending

P: Cont 2x/week x 6 wks per WFOC

CCMST - RENO



THERAPIST CREDENTIALS

LICENSE NO.

0772

AA 2011

1805

54

No. 0782 P. 12

Aug. 27. 2015 3:35PM



FAKED

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT NAME: Kimberly Kline

DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bruesewitz, P.T.

DIAGNOSES: 1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

DATE OF ONSET: 08/03/15

START OF CARE DATE: 08/05/15

TOTAL VISITS: 6 of 6 approved

DATE OF REEVALUATION: 08/25/15

RECOMMENDED ADDITIONAL VISITS: 12

Evaluation of Progress: Patient reports of steady improvement over the last few weeks. She reports the pain in the neck and low back is less consistent and it is not as intense as before. The neck tightness still comes and goes depending on her activity level. She still complains of pain and pressure across the low back. She has no pain going down the legs. She occasionally has trouble sleeping at night because she is unable to get comfortable. She has been able to look around better while driving, but still has tightness at end range of cervical rotation.

Patient Problems/Status:

1. Patient is becoming more aware of utilizing proper posture throughout the day.
2. Improving lumbar AROM: Flexion was fingers-to-toes with a "catch" at 90° when going into flexion, extension 35° with mild pain and side bending was fingers to knee joint line without pain.
3. Improving cervical AROM: Flexion 65° (was 60°), extension 85° (was 50°), right rotation 75° with tightness at end range (was 85°), left rotation 75° with tightness at range (was 70°), the right side bending 35° and left side bending 35°.
4. Palpation: There was tenderness and tightness noted in the suboccipital and bilateral upper trapezius. There was tenderness noted in the lumbar paraspinals and gluteals. Pelvic asymmetry was noted with a posterior rotation of the left innominate.
5. Bilateral hip weakness (4+/5). Bilateral knee and ankle strength was 5/5. Bilateral upper extremity strength was 5/6.
6. Back Index score improved to 38% (score was 52% at initial evaluation).
7. Neck Index score remained about the same at 28%.

Were previous goals met? Patient met short-term goals and made good progress toward the long-term goals.

Updated plan of treatment: Modalities as needed for pain control, low back and neck stretching exercises, manual therapy techniques to decrease pain and improve mobility, progressive therapeutic exercise and therapeutic activity to increase strength, neuromuscular reeducation for spinal stabilization exercises, and home exercise program development.

Long-term goals: (4-6 weeks)

1. Decrease Back Index score to < 25% by discharge.
2. Decrease Neck Index score to < 15% by discharge.
3. Patient will be able to forward bend during ADLs without back pain.
4. Patient will be able to drive the work vehicle throughout the day without increased pain.
5. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: Mark Bruesewitz

Date: 8/25/15

Referring Physician's signature: Scott Hall

Date: _____

T: rsdmt.com/GV/MV

SPARKS LOCATION • 1450 E. Prater Way, Suite 103 • Sparks, NV 89434 • T: 775.331.1190 • F: 775.331.1100
NORTHWEST RENO 1810 Robb Drive, Ste. D6 • Reno, NV 89523 • T: 775.748.9222 • F: 775.748.9224
SOUTH RENO • 11331 South Virginia, Suite 3 • Reno, NV 89511 • T: 775.853.9960 • F: 775.853.9969

AA 2012



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

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 8/27/2015

From: Yesenia Martinez, Medical Only Claims Representative

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

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

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

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

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

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-5966

OR

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

Reason for appeal: _____

Signature

Date

Retain a copy of this notice for your records.

cc: File, City of Reno, SMRMC, Specialty Health

Enclosures

D-31 (rev. 10/10)

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumb

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 2:00

Tx Time Out: 2:55

Total Time Based Time: 55

Date: 09 / 01 / 15

Visits Prior To Today: 5 of 24

Total Treatment Time: 50

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G004	Ultrasound		F018	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

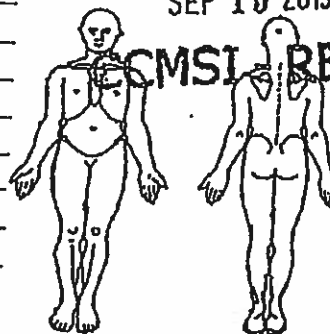
Additional Treatment Codes:

SOAP: 53 Pt saw MD - PT wants to continue - PT
 I have been trying to stretch my LB - but
 it may have overdone it
 my LB is hurting more lately - pain across
 the small of the back
 walking 7-10 min causes mid LB pain
 neck is stiff - limited rotation
 on far treatment - log
 LB flex to toes - 'catch pain' at 30° of forward bending
 Ext - 35° - mild pain
 SD - ok
 Trunk, L5-S1, cervic; gluts
 Right UT's

RECEIVED

SEP 15 2015

CCMSI - RENO



UBeeeeeeeeee PT
 THERAPIST / CREDENTIALS
 UCENSE NO. 0773

AA 2014

12222

09-03-15 11:59am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 10:00

Tx Time Out: 11:00

Total Time Based Time: 60

Date: 09 / 03 / 15

Visits Prior To Today: 5 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	N003	Custom WRO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WRO Static	
F003	RPICP		C002	Neuromuscular Re-Ed	1	H005	Custom WRO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	HD18	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

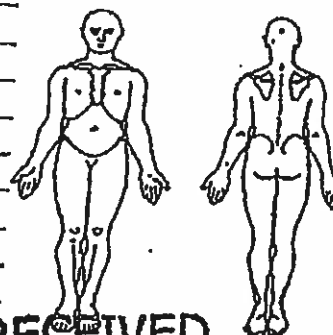
SOAP: S: No tightness and pinch in the ribs -
mild pain in back of legs.
Anest is not as sore today.

O: Per treatment log

Right 4-5 - hypomobile Pst

A: Focusing on Lk stab ext &

P: Continue strengthening stab ext



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SEP 16 2015

CCMSI - RENO

AA 2015

Sep. 11. 2015 8:42AM

58

1808

MBeeceeeeypt

THERAPIST / CREDENTIALS

WORK/SENO.

07-13

No. 1172 P. 2

Oct. 7. 2015 3:01PM

No. 1995 P. 10/10
10217

09-10-15 12:37pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

DX:

8472 Sprains and strains of lumbar

Payor Code: A0028

Payor Name: COMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 1045

Tx Time Out: 1145

Total Time Based Time: 60

Date: 09 / 10 / 15

Visits Prior To Today: 7 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C006	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Exlim Unstond		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Homo Management							

Additional Treatment Codes:

SOAP: SL The lower back is the same - sore and stiff
in the LB.
I had PT (R) shld pain for 2-3 days prior to last
session (from the new xrs)

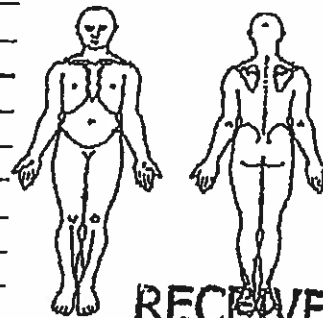
O. Rev treatment - log

Tightness in the paraspinal (R/L)

A. Sitting agg. PT's LB. pain and tightness.

Hypomobile L5/S1 (L-5-5)

P. Continue to program



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OCT 12 2015

CCMSI - RENO

THERAPIST / CREDENTIALS

LICENSE NO.

0773

AA 2016

1810 59

Oct. 7. 2015 3:01PM

No. 1995 P. 9/10
70217

09-14-15 01:20pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Ox:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WGOMP

Appointment Detail

Discipline: PT

Tx Time In: 11:30

Tx Time Out: 12:20

Total Time Based Time: 50

Date: 09 / 14 / 15

Visits Prior To Today: 8 of 24

Total Treatment Time: 50

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vagopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		CB02	Neuromuscular Re-Ed	1	H006	Custom WHO Dynamic	
F004	Esom Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

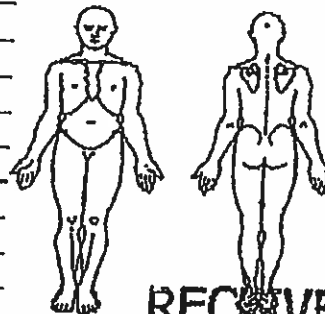
Additional Treatment Codes:

SOAP: S! A little better in my LB tightness/soreness. Able to sit longer in the truck at work. Spinal motion (L5) still tight.

2-Per treatment Log

A Right (R) UT. Improving of rotation. Pt able to do some exercises pain today.

Monitor response.



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PARTIAL

OCT 12 2015

[Signature]
THERAPIST/CREDENTIALS

LICENSE NO.

0773

CCMSI - RENC AA 2017

1811 60

Oct. 7. 2015 3:01PM

No. 1995 P. 7/10
10217

09-21-15 12:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumb

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 10:00

Tx Time Out: 11:15

Total Time Based Time: 1:15

Date: 09 / 21 / 15

Visits Prior To Today: 9 of 24

Total Treatment Time: 75

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHFO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed	1	H006	Custom WHFO Dynamic	
F004	Eestimote		C003	Therapeutic Exercise	1	H010	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: My (R) shoulder has been bothering me - pain in the (R) UT/lev scap area. Also tight scalenes. The back is feeling pretty good today.

a. Per treatment log

1/2 rx - c/s warm - Flex 55° ok Ext 45° - pain (R)
Rot - Rt 80° - pain Lt 75°

Taught self trigger point release & c/s det rotation to help & rest

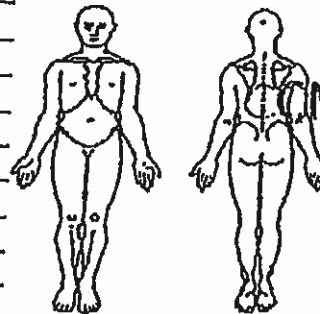
b. Place up of (R) UT/lev scap pain/tightness causing limited rotation to (R) and disturbed sleep

c. Monitor response

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OCT 12 2015

CCMSI - RENC



M. Beers
THERAPIST/CREDENTIALS

LICENSE NO.

0713

AA 2018

1812 61

Oct. 7. 2015 3:01PM

No. 1995 P. 6/10
70217

08-23-15 12:01pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 10:00

Tx Time Out: 11:05

Total Time Based Time: 65

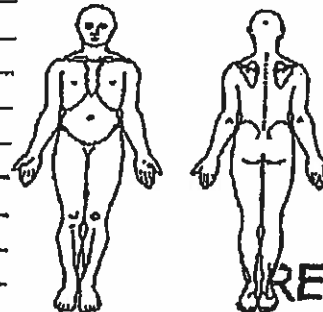
Date: 09 / 23 / 15

Visits Prior To Today: 10 of 24

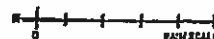
Total Treatment Time: 65

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C007	Therapeutic Activities		H006	Custom WHFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H008	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: SL The neck is still tight but getting better -Right (R) ut / low scap.My LB is steadily improvingo. per treatment logo. Trigger point in (R) ut - limits RT rotationo. Re Eval

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OCT 12 2015

CCMSI - RENC

THERAPIST / CREDENTIALS

LICENSE NO.

0723

AA 2019

1813 62



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 09/23/2015 8:45AM

Chart: KCLKI000001

Chief Complaint: NECK CLAIM

History of Present Illness:

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

KIMBERLY KLINE is a 35 female who presents for : NECK CLAIM .

Patient reports improving neck discomfort, rated 3/10, central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms.

Medications & Allergies:

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

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	100/70	86 bpm	14 rpm	98.00 %	3/10	Never smoker

CONST: well-appearing, NAD

EYES: EOMI, normal conjunctiva

EARS: grossly normal hearing

RESP: normal respiratory effort

MS: normal gait and station

SKIN: no observed rash/erythema/jaundice

PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight

MSK: Neck exam - normal inspection, minimal muscular tenderness to palpation, full motion, normal strength and sensation in both arms

Assessment:

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

[Page 1]

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

RECEIVED

By SHMCO at 3:06 pm, Sep 23, 2015

AA 2020

1814

63



SpecialtyHealth

SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 09/23/2015 8:45AM

Chart: KCLKI000001

Plan:

Referral: Physical therapy, Evaluate and Treat - 6 visits

Work status: Full duty

Return visit: 2, week(s)

Treatment plan: Conservative treatment

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

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE

DATE OF APPOINTMENT: 09/23/2015 08:45AM

BODY PART: NECK CLAIM

EMPLOYER: CITY OF RENO

Date of injury: 06/03/2015

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? NO

CONDITION RATABLE: NO

RETURN VISIT: 2 weeks

SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

Referral from:

SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501

Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: KIMBERLY KLINE

Home phone #: 775-815-5790



SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 09/23/2015 8:45AM

Chart: KCLKI000001

Cell Phone #: 7758155790

Insurer:

Insurance #:

Date of injury if applicable: 06/03/2015

Claim # if applicable:

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

Neck and back strain

Referral from: Dr. Scott Hall, MD

09-29-15 01:40pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102076

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kilne, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumb

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 235

Tx Time Out: 340

Total Time Based Time: 65

Date: 09 / 29 / 15

Visits Prior To Today: 11 of 24

Total Treatment Time: 65

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		C001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WFO Static	
F003	HPICP		C002	Neuromuscular Re-Ed		H005	Custom WFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom NFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: *SK My neck is hurting a lot. Still sharp pain and tightness in (R) neck and post (R) shoulder. I can move the neck better but still hurts. APS - 5/10*
Gets a pinch in superior shoulder to arm extension b/c.aching (cramp) in wrist & activity.
LB - seems to be getting better.
Intermittent pain now - not as bad
APS 0-1/10.

O.Por treatment log

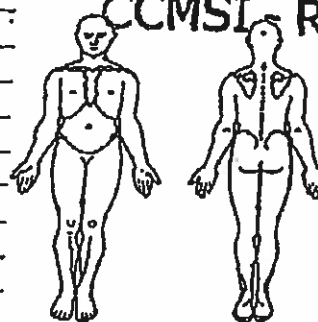
Re Eval - see UPUC

Back Brdr: 32%

RECEIVED

Back Brdr: 28% OCT 05 2015

Improving LB pain and mobility
(R) neck continues to be painful
and limits (R) right rotation and limits sleep
PI continue 2x/week x 4 wks



CCMSI RENO



THERAPIST / CREDENTIALS

LICENSE NO.

0773

AA 2023

4m
CUSTOM PHYSICAL THERAPY

Mark Bruesewitz, P.T.
Clinic Director

734 S. Meadows Pkwy. Ste. 101
Reno, NV 89521
TEL: (775) 853-9966

OUR FAX#: (775) 853-9969

Date: October 01, 2015

To: Specialty Health

Fax#: 324-9893

From: Custom Physical Therapy (South)

Pages (including cover sheet) : 5

Re: Additional authorization

Patient: Kimberly Kline

Date of Birth: 10/07/1979

Ins. I.D.#: ~~15853E839641~~

15853E 818001
DOI 10/3/15 for lumbar

Comments:

** We are requesting authorization for (10) additional Physical Therapy treatments for this patient per the attached Updated Plan of Care -

(2 x a week for 5 weeks). All physician referrals, progress notes, and reports are attached for your review. Please feel free to call or fax us with any questions/authorizations.

RECEIVED

OCT 01 2015

CCMSI - RENO

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AA 2024



CUSTOM

PHYSICAL THERAPY

RELIEVING PAIN. RESTORING FUNCTION

UPDATED PLAN OF CARE

For outpatient rehabilitation

PATIENT: Kimberly Kline

DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bruesewitz, P.T.

DIAGNOSES: 1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

DATE OF ONSET: 08/03/15

START OF CARE DATE: 08/05/15
TOTAL VISITS: 12

DATE OF REEVALUATION: 09/29/15
RECOMMENDED ADDITIONAL VISITS: 10

Evaluation of Progress: Patient reports of good improvement in her low back pain. Low back pain has decreased to an intermittent basis with APS scale 0-1/10. She reports of decreasing pain in the low back along with improving lumbar mobility. She still gets a mild catch in the low back when coming up from a forward flexed position. She still has mild difficulty and mild low back pain when trying to stand and get her pants on. Patient states that her neck pain was improving until her flare-up approximately 1-1/2 weeks ago. Patient is not sure of what happened, but she began to have increased pain, tightness and spasms in the right neck and upper trapezius area. She had significant tightness with decreased right rotation of the neck for about a week and then symptoms have slowly improved. She continues to report of tightness and pain in the posterior shoulder, upper trapezius region and right neck that limit her neck mobility. She has difficulty lying on her sides because of neck pain and thus has disturbed sleep. Patient has difficulty turning her head to the right to look around while driving or look behind her when backing her car up at work. Neck pain averages 6/10 now (pain was 7-8/10 during the flare-up).

Patient Problems/Status:

1. Patient demonstrates a normal gait pattern. She is more aware of utilizing proper posture during work and daily activities.
2. Improving lumbar AROM: Flexion was fingers-to-the floor with a mild catch in the low back on the way back up, extension 45° and side bending was fingers-to-knee joint line.
3. Limited cervical AROM: Flexion 65° with mild pinch on the right, extension 60°, right rotation 60° with pinching pain in the right neck and upper trapezius area, left rotation 75°, right side bending 45° and left side bending with tightness in the right upper trapezius.
4. Palpation: There was tenderness and tightness noted in the right suboccipitals, C6-C7 paraspinals, right scalenes, right upper trapezius, and right levator scapula. Patient had no tenderness around the low back today.
5. Right shoulder AROM was within normal limits. Right upper extremity strength was 5/5. Right shoulder impingement test was negative.
6. Back Index score was 32% (score was 52% at initial evaluation).
7. Neck Index score remained at 28%.

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By SHMCO at 3:32 pm, Oct 01, 2015

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AA 2025

68

6181

OCT 1 2015 11:04AM
SEP 30 2015 8:24AM

No. 1756 P. 2
No. 1661 P. 2

SEP. 30. 2015 4:41PM

SPECIALTY HEALTH CL

NO. 1996 P. 3/3

Page 2
Kimberly Kline
09/29/15

Were previous goals met? Patient has made good progress in her lumbar pain and symptoms, but made minimal progress in her neck symptoms because of flare-up of symptoms about 1-1/2 weeks ago. Patient is still limited with cervical rotation to the right during ADLs and work activities.

Updated plan of treatment: Modalities as needed for pain control, neck AROM and stretching exercises, manual therapy techniques to decrease pain and improve mobility of the neck and low back, progressive therapeutic exercise and therapeutic activity to increase neck and low back strength, neuromuscular reeducation for spinal stabilization exercises, and home exercise progression.

Long-term goals: (4-6 weeks)

1. Decrease Back Index score to < 25% by discharge.
2. Decrease Neck Index score to < 16% by discharge.
3. Patient will be able to look to the right when driving without neck pain.
4. Patient will be able to sleep for 4-6 hours without increase neck pain.
5. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: [Signature]

Date: 9/29/15

Referring Physician's signature: [Signature] 9/30/15

Date: _____

T: rsdmt.com/GV/MV

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AA 2026

No. 1756
P. 3
9/30/15

69
0820
Sep. 30. 2015 8:24AM
Oct. 1. 2015 11:04AM



Fixed
9/20/15

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT: - Kimberly Kline

DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D.

THERAPIST: Mark Bruesewitz, P.T.

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Patient Problems/Status:

1. Patient demonstrates a normal gait pattern. She is more aware of utilizing proper posture during work and daily activities.
2. Improving lumbar AROM: Flexion was fingers-to-the floor with a mild catch in the low back on the way back up, extension 45° and side bending was fingers-to-knee joint line.
3. Limited cervical AROM: Flexion 55° with mild pinch on the right, extension 60°, right rotation 60° with pinching pain in the right neck and upper trapezius area, left rotation 75°, right side bending 45° and left side bending with tightness in the right upper trapezius.
4. Palpation: There was tenderness and tightness noted in the right suboccipitals, C5-C7 paraspinals, right scalenes, right upper trapezius, and right levator scapula. Patient had no tenderness around the low back today.
5. Right shoulder AROM was within normal limits. Right upper extremity strength was 5/5. Right shoulder impingement test was negative.
6. Back Index score was 32% (score was 52% at initial evaluation).
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AA 2027

1821 -- 70

4 P. 1756 No. 11

OCT. 1. 2015 11:04AM

Were previous goals met? Patient has made good progress in her lumbar pain and symptoms, but made minimal progress in her neck symptoms because of flare-up of symptoms about 1-1/2 weeks ago. Patient is still limited with cervical rotation to the right during ADLs and work activities.

Updated plan of treatment: Modalities as needed for pain control, neck AROM and stretching exercises, manual therapy techniques to decrease pain and improve mobility of the neck and low back, progressive therapeutic exercise and therapeutic activity to increase neck and low back strength, neuromuscular reeducation for spinal stabilization exercises, and home exercise progression.

Long-term goals: (4-6 weeks)

1. Decrease Back Index score to < 25% by discharge.
2. Decrease Neck Index score to < 15% by discharge.
3. Patient will be able to look to the right when driving without neck pain.
4. Patient will be able to sleep for 4-6 hours without increase neck pain.
5. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes.

Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 5 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: M. Beersma, CPT

Date: 9/29/15

Referring Physician's signature: _____

Date: _____

T: rsdmt.com/GV/MV

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*Filed
9/30/15*

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AA 2028

1822 71



October 1, 2015

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

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

Dear Ms. Kline:

We are in receipt of further medical reporting from your physician that indicates you require additional medical treatment for your Industrial Injury. This letter serves to rescind the previously issued closure notice. Your claim will remain open until such time as your physician discharges you from care.

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

If you have questions or wish to discuss this case further, please contact me at the number noted below at extension 1013.

Sincerely,

Yesenia Martinez
Medical Only Claims Representative
CCMSI – Reno, Nevada

cc: File
City of Reno
Specialty Health

Oct. 7. 2015 3:01PM

No. 1995 P. 4/10
7/22/23

10-05-15 01:31pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 11:30

Tx Time Out: 12:30

Total Time Based Time: 1:00

Date: 10 / 05 / 15

Visits Prior To Today: 12 of 24

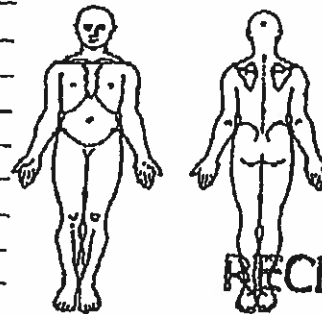
Total Treatment Time: 1:00

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G004	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHFO Static	
F003	HFICP		C002	Neuromuscular Re-Ed	1	H006	Custom WHFO Dynamic	
F004	Estlm Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: My neck is a little better - but still tight on
 (R) side
 my Lb is a little tight today - more
 pain when bending forward to tie shoes.
 I have trouble getting up from the floor after
 sitting - my back for 5-10 min 2° to Lb pain
 after treatment leg
 Lb Act Pain = to toes - 2° to catch/pain at 30°

A: decreased tightness in (R) & Lb paraspinals
 Right L4-S5 paraspinals
 P: Monitor response



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THERAPIST CREDENTIALS

LICENSE NO.

0773

AA 2030

1824 73

Oct. 8. 2015 1:58PM

No. 2040 P. 3
10217

10-07-15 11:02am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumbar

Payor Code: A0028

Payor Name: CCMST

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 9:00

Tx Time Out: 10:00

Total Time Based Time: 60

Date: 10 / 07 / 15.

Visits Prior To Today: 12 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Tracton Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHFO Static	
F003	HFICP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom NFO Static	
0001	Self Care/Home Management							

Additional Treatment Codes:

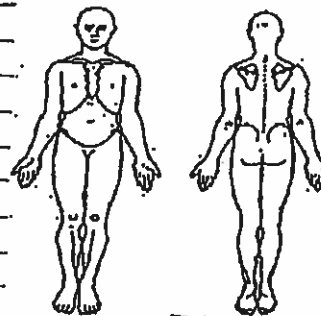
SOAP: S1 Neck is not too bad today - still a
rotation. LB sore little & forward bending
movement

Differ treatment log

As hypomobile L4-S5

Dryer point in (10) wt.

P: 50m / m. R2 core stab, / strengthening

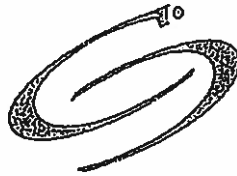


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CCMSI - RENO AA 2031

1825 74



C C M S I

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:

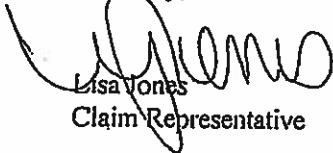
In compliance with the Hearing Officer's decision #55487-JL; CCMSI provided Dr. Hall with a copy of the MRI results and questioned him regarding your claim. After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will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

AA 2032

1826 75

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

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MAY 09 2016

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AA 2033

1827 76

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:

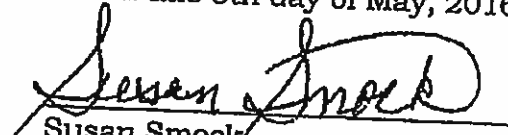
KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

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

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MAY 09 2016
CCMSI - RENO

AA-2034

1828 77



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NEUROSURGERY
GROUP**

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Dante F. Vacca, MD
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Devon Khosla, MD
Jay K. Morgan, MD
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Hilari L. Fleming, MD, PhD
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Ashlie Tabero-Smith, FNP-C
Amber Sands, PA-C
Jennifer Minard, APRN
Jennifer Keller, APRN
Greg Graves, PA-C
Curt Erickson, PA-C
Christine Conner-Peterson, APRN
Wren Ballard, MSN, APRN
Jennifer Sanders, APRN

☎ 775.323.8216

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Reno, Nevada 89511

75 Pringle Way, Suite 1007
Reno NV 89502

844 West Nye Lane, Carson
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Patient:	Kimberly Kline		
DOB:	Oct 07, 1979	Address:	305 Puma Dr Washoe Valley, NV 89704
Sex:	F		
MRN:	KA78754	Phone:	(775) 815-5790
Seen By:	Lali Sekhon MD	Location:	Sierra Neuro Pringle
Visit Date/Time:	Jul 05, 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

AA 2035

1829

78

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:

AA 2036

1830

79

- 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:Z68.2B)

Cervicalgia (ICD9:723.1, ICD10:M54.2)

Spinal stenosis, cervical region (ICD9:723.0, ICD10:M48.02)

AA 2037

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 disectomy(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.

AA 2038

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

This letter contains confidential information and is intended only for the individual named. If you are not the named addressee you should not distribute, disseminate or copy this letter. If you have received this letter by mistake, please notify the sender and shred and dispose this letter. This letter cannot be guaranteed to be error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The information was transcribed by a third party and the sender therefore does not accept liability for any errors or omissions in the contents of this message. If you come across any errors please contact the sender immediately.

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

AA 2039

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

AA 2040



**Reno
Diagnostic
Centers**

When time is the enemy.

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 (27885)
- 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

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

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

Printed: 07-05-2016 3:13 PM

Kline, Kimberly (Exam: 07-05-2016 9:40 AM)

Page 1 of 1

09/12/2017 09:06

(FAX) 775 657 9881

SEP. 11. 2017 11:48AM

SPECIALTY HEALTH 7753296203

NO. 1011

330 East Liberty Street, Suite 200
Reno, Nevada 89501-2821

T 775.376.3401
F 775.329.9921

T 888.478.2973
F 888.845.1346



SpecialtyHealth

SPECIALISTS IN PATIENT CARE, PEOPLE & PERFORMANCE

Re: Patient: Kimberly Kline
DOI: 8/25/2015
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



AA 2042

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85

09/12/2017 09:08

(FAX) 775 857 9881

SEP. 11. 2017 11:49AM SPECIALTY HEALTH 7753296203

NO. 1011

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

AA 2043

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

PERMANENT PARTIAL DISABILITY EVALUATION

Claimant: Kimberly Kline

Claim #: 15853E839641

CCMSI

Lisa Jones-Claims Representative

Date of Injury: 06\25\2015

Date of Evaluation: November 10th, 2017

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

Treatment History

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

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

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

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

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

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

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

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

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

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SCANNED

PAGE 2: Kim Kline continued

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

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

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

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

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

01\19\2016: Decompression treatment and therapies.

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

1\21\2016: Nothing new.

1\25\2016: Same notes and treatment.

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

3\16\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.

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NOV 22 2017

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Page 3: Kim Kline continued

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

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

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

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

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

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

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

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

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

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

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

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

PAST MEDICAL HISTORY

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

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NOV 22 2017

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CCMSI Reno

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

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

CURRENT SYMPTOMS

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

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

Physical Examination

Cervical Spine

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

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

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

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

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

Cervical Spine Active Ranges of Motion

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

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NOV 22 2017

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PAGE 5 (KIMBERLY KLINE)

T1: 1. 8 2. 4 3. 8

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

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

T1: 1. 8 2. 10 3. 8

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

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

T1: 1. 4 2. 6 3. 6

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

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

T1: 1. 4 2. 3. 4

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

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

Max ROM = 64 degrees (1% WPI)

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

Max ROM = 56 degrees (1% PWI)

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

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

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

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

Impairment Calculation

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

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

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

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

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NOV 22 2017

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PAGE 6 (KIMBERLY KLINE)

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

MIMI AND MEDICAL STABILITY

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

• She has reached maximum medical improvement.

APPORTIONMENT

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

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

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

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

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

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

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CCMSI Reno

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PAGE 7 (KIMBERLY KLIWE)

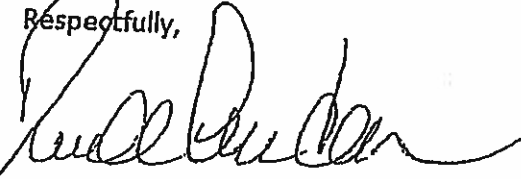
So, apportioning 75% of this claimant's impairment as non-industrial, we take 25% of this claimant's whole person impairment (which was 25% WPI), and we get 6% WPI related to this work injury (that occurred on 6/25/2015).

PERMANENT IMPAIRMENT SUMMARY

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

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

Respectfully,



Russell N. Anderson, DC

Received

NOV 30 2017

CCMSI Recd

AA 2050

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93

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name Kimberly		M.I. M	Last Name Kline		Birthdate 10/07/79	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Claim Number (Insurer's Use Only)
Home Address 305 Puma Drive					Age 35	Height 5'7"	Weight 160
City Washoe Valley		State NV	Zip 89704		Telephone 775-815-5790		
Mailing Address SAME		City	State	Zip	Primary Language Spoken		
INSURER			THIRD-PARTY ADMINISTRATOR		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred Parking Enforcement		
Employer's Name/Company Name City of Reno					Telephone 334-2424		
Office Mail Address (Number and Street) 1140 E Commercial Row							
Date of Injury (if applicable) 6/25/15	Hours Injury (if applicable) am 330	Date Employer Notified 6/25/15		Last Day of Work After Injury or Occupational Disease		Supervisor to Whom Injury Reported Tim Hendricks	
Address or Location of Accident (if applicable) W 6th St @ Virginia							
What were you doing at the time of the accident? (if applicable) In truck - stopped							
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) I was rear-ended							
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?						Witnesses to the Accident (if applicable)	
Nature of Injury or Occupational Disease car accident				Part(s) of Body Injured or Affected neck/back			
<small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 618A TO 618D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small>							
Date 6/25/15		Place		Employee's Signature Kimberly M Kline			
THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT							
Place Saint Mary Regional Medical Center ER							
Date 6/25/15		Diagnostic and Description of Injury or Occupational Disease acute lumbar strain sp mvr			Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
Hour 20:00					Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input checked="" type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input checked="" type="checkbox"/> modified duty		
Treatment: meds, rest, ice, Rev WL 2-3 m					If modified duty, specify any limitations/restrictions: no bending, carrying or lifting > 10lbs until cleared by WL		
X-Ray Findings: L-spine: L45 DDD intact alignment							
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes)							
Date 6/25/15		Print Doctor's Name LAW RICHARD			I certify that the employer's copy of this form was mailed to the employer on:		
Address 235 W. 6th St					INSURER'S USE ONLY		
City Reno	State NV	Zip 89503	Provider's Tax I.D. Number	Telephone 7703185	Degree MD		
Doctor's Signature [Signature]					Received JUN 26 2015 COMPTON		

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer City of Reno

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

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

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

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

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

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

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1 have an opportunity to ask you a series of questions.

2 I may or may not have questions for you.

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

8 THE CLAIMANT: Okay.

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

14 THE CLAIMANT: Okay.

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

17 THE CLAIMANT: Okay.

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

20 MR. SANTOS: Thank you.

21

22 DIRECT EXAMINATION

23 BY MR. SANTOS:

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

1 You were employed by the City of Reno?

2 A Yes.

3 Q And what did you do for those folks?

4 A I do parking enforcement.

5 Q And how long did you work for them?

6 A Eleven years.

7 Q And during the course of the 11 years did you

8 always work in that capacity or did you have other jobs

9 with them?

10 A I started in the records department. I've

11 been doing the parking enforcement for almost ten

12 years.

13 Q Are you driving around in one of those little

14 meter maid cars?

15 A No. I'm in a pickup truck, but I do drive

16 pretty much ten hours a day for my job.

17 Q Okay. Now, you were involved in an accident

18 while working for the City that involved an automobile

19 accident; correct?

20 A Yes.

21 Q It happened twice?

22 A Yes. I was rear ended twice.

23 Q Let's talk about the first one.

24 Do you recall when that was?

25 A June 3rd, 2015.

1 Q Do you recall where it was?
2 A It was on Mill Street eastbound at the freeway
3 entrance.
4 Q Okay. And did you file a workers' comp claim
5 for that accident?
6 A Yes.
7 Q And do you recall what it was that you
8 injured?
9 A My neck and my lower back.
10 Q Okay. Did you also hurt your shoulders?
11 A Yes. My shoulders were tight.
12 Q Okay. And did you receive medical treatment
13 for that?
14 A Yes.
15 Q And did that treatment continue through when?
16 A I was undergoing treatment when I got in the
17 second accident.
18 Q Okay. For the first accident did you continue
19 to treat on that claim until a certain point in time
20 when it was closed?
21 A Yes.
22 Q Approximately when did that close?
23 A I believe they closed that claim in August. I
24 don't recall. Everything kind of got mixed together.
25 Q Okay. So you get in this second accident

1 that's the purpose of this claim.

2 When was that?

3 A That was June 25th of 2015.

4 Q Okay. And where did that occur?

5 A I was on Sixth Street heading west at North

6 Virginia in Reno.

7 Q All right. And can you describe the accident

8 itself?

9 A Yeah. The traffic was kind of heavy. There

10 was an event downtown, and they had Virginia Street

11 closed. And so I went through the intersection and

12 barely cleared the interaction.

13 So out of habit, I looked in my rearview

14 mirror and saw the car behind me was actually looking

15 at the event, and to my understanding it didn't look

16 like he hit his brakes. He just hit the back end of my

17 car and we pulled over.

18 Q And you were driving the City vehicle at that

19 time?

20 A Yes. I was driving the City pickup.

21 Q And you were working for them at the time?

22 A Yes.

23 Q And did you file a workers' comp claim?

24 A Yes.

25 Q What were your physical complaints you had

1 after that accident?

2 A My neck and shoulders and my middle back.

3 Q Did your neck hurt more than it did before,

4 like the day before? Because you were receiving

5 treatment for your neck before?

6 A Correct.

7 Q Did it hurt more after this accident?

8 A Absolutely, yeah.

9 Q How would you describe the intensity of the

10 pain?

11 A By the time I had gotten seen at the hospital

12 everything was just stiff. I could barely move my

13 neck. It was just an ongoing pain.

14 Q All right. So you presented to the emergency

15 room?

16 A Yes.

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

18 A Yes.

19 Q Was the emergency room crowded that day?

20 A It wasn't terribly crowded, but it took a

21 couple hours to be seen.

22 Q All right. Do you recall -- so were you on a

23 gurney? Were you just sitting in the waiting room?

24 How were you waiting to be seen?

25 A I was just sitting in the waiting room.

1 APPEALS OFFICER NIELSEN: Mr. Santos, will you
2 clarify you're referencing the second incident?
3 MR. SANTOS: Yeah, we're talking about --
4 APPEALS OFFICER NIELSEN: Okay.
5 BY MR. SANTOS:
6 Q This is all on June 25th; right?
7 A Yes, correct.
8 APPEALS OFFICER NIELSEN: Okay. Go ahead.
9 BY MR. SANTOS:
10 Q And these series of questions will all be
11 regarding after this second accident. Okay?
12 A Okay.
13 Q And so the same area or really close to where
14 this accident occurred; correct?
15 A Yes, like two blocks.
16 Q And you said that you -- what were your
17 complaints again when you were at the emergency room?
18 A My neck and my shoulders and my middle back
19 were hurting.
20 Q Okay. Did you complete a C-4 at the time?
21 A Yes.
22 Q And I'd like to --
23 MR. SANTOS: If I can approach the witness,
24 your Honor.
25 APPEALS OFFICER NIELSEN: You may.

1 BY MR. SANTOS:
2 Q I'd like to show you what's marked as
3 Exhibit 4, Page 3.
4 Can you identify that document as the one that
5 you completed?
6 A Yes.
7 Q Is that your handwriting in the top upper
8 part?
9 A Yes, it is.
10 Q And can you identify what body parts you put
11 down as being injured?
12 A My mid back and my neck.
13 Q And you completed this on the date of the
14 accident; correct?
15 A Correct.
16 Q And as part of the City's process did they
17 send an investigator out to talk to you or a
18 supervisor?
19 A Not then. I talked to my supervisor the next
20 day.
21 Q Okay. And then did the supervisor ask you --
22 or did you complete a C-1?
23 A Yes.
24 MR. SANTOS: May I approach again, your Honor.
25 APPEALS OFFICER NIELSEN: You may.

1 BY MR. SANTOS:
2 Q Exhibit 4, Page 5, is that the C-1 that you
3 completed?
4 A Yes.
5 Q Is that your handwriting?
6 A It is.
7 Q Can you tell me what you put down for the part
8 that you injured?
9 A My neck and my mid lower back.
10 Q Okay. And you had an opportunity to talk to
11 your supervisor?
12 A Yes.
13 Q And during the course of that discussion with
14 the supervisor did he ask you the nature and extent of
15 your injury?
16 A Yes.
17 Q And do you recall what you told him?
18 A Not specifically. I'm guessing that my neck
19 and my back hurt.
20 Q Okay. I don't want you to guess or speculate.
21 A Okay.
22 Q What I'm going to do is I'm going to show you
23 what's marked Exhibit 4, Page 6 and 7.
24 MR. SANTOS: May I approach.
25 APPEALS OFFICER NIELSEN: You may.

1 BY MR. SANTOS:
2 Q Do you see where your supervisor wrote down
3 nature and extent of the injury?
4 A Yes.
5 Q And is that consistent with -- does that
6 refresh your recollection as to what you told him?
7 A Yes.
8 Q Okay. It also has a section where there's
9 check marks. It says back and neck.
10 Did you check that or is that what you told
11 him?
12 A That's what I told him.
13 Q Now, when you went to the emergency room at
14 St. Mary's you said your neck was stiff?
15 A Yes.
16 Q And did you complain of neck pain?
17 A I did.
18 Q Did you complain of low back pain?
19 A Yes.
20 Q And did you tell the doctor about your prior
21 accident?
22 A I did.
23 Q And did you tell him what you were primarily
24 being treated for from the prior accident?
25 A I did.

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

3 A My lower back primarily.

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

6 A I don't recall.

7 Q Okay. According to the report it says that
8 you didn't have really any complaints in your neck.
9 Do you see that in the medical records?

10 A I did see that.

11 Q Do you agree with that?

12 A Absolutely not.

13 Q Why?

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

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

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

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

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

1 Health.

2 Q Okay. Did you follow their instructions?

3 A Yes.

4 Q And who did you see there?

5 A Dr. Hall.

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

7 appointment?

8 A I believe muscle relaxers and pain pills, and

9 he said just to let it go for a little bit. I was also

10 seeing their chiropractor.

11 Q You were seeing them for the first accident?

12 A Correct.

13 Q Okay. Did you start with the chiropractic

14 treatment to start focusing more on your neck after the

15 second accident?

16 A Yes.

17 Q And did you complete your course of treatment

18 with the chiropractor?

19 A Yes and no. It wasn't helping, and I brought

20 that to the doctor's attention. Every time I would

21 leave there I'd be in more pain, and so he recommended

22 that I try physical therapy.

23 Q Okay.

24 A So my -- I didn't finish all my appointments

25 with the chiropractor.

1 Q All right. So there was a change of treatment
2 protocol?
3 A Yes.
4 Q And at the -- let's say the first or second
5 visit with Dr. Hall did he order any type of diagnostic
6 studies?
7 A No.
8 Q During the course of the time you treated with
9 Dr. Hall did he order any diagnostic studies, like an
10 MRI?
11 A No.
12 Q Do you recall what your complaints were when
13 you saw Dr. Hall that first or second visit, what you
14 were complaining of?
15 A After the second accident?
16 Q Yeah.
17 A My neck and my mid back.
18 Q Okay. Were you also complaining of your
19 shoulders?
20 A Yes, my neck and shoulders.
21 Q When you first saw Dr. Hall did he provide you
22 with any work restrictions?
23 A No.
24 Q He sent you back to work full duty?
25 A Yes.

1 Q And did you go back to work full duty?
2 A Yes.
3 Q How did that go?
4 A It was okay. I was sore and tight, but I
5 wanted to go back to work. And I told him that if I
6 needed to get up and stretch I would, if I needed to
7 get out of the car I would do so, and he said as long
8 as I was comfortable with it, he would put me back full
9 duty.
10 Q Okay. So you wanted to continue to work. You
11 didn't want to miss work. Fair?
12 A Fair enough, yes.
13 Q Okay. Then you continued your treatment with
14 Dr. Hall; correct?
15 A Yes.
16 Q And did there come a point in time where
17 Dr. Hall -- or where the insurance company tried to
18 close your claim?
19 A Yes.
20 Q Had you completed your physical therapy at
21 that time?
22 A No.
23 Q And you were doing physical therapy during
24 that time?
25 A Correct.

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

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

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

11 A Yes, yes.

12 Q And did you continue with your physical
13 therapy?

14 A Yes.

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

17 A Yes.

18 Q Did you do physical therapy in September?

19 A Yes.

20 Q Did you do physical therapy in October?

21 A Yes.

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

25 A It would improve I think with the strength in

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

3 Q And what do you mean by "regress"?

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

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

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

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

15 Were you still experiencing pain and
16 discomfort at that time?

17 A Yes.

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

20 A No.

21 Q There was improvement?

22 A There was.

23 Q And what were your complaints at that time?

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

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

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

6 A Yes.

7 Q And what was the plan with the physical
8 therapist?

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

13 Q Okay.

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

17 Q So he provided you with a home exercise
18 program?

19 A Yes.

20 Q And did you diligently do that home exercise
21 program?

22 A Yes.

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

1 A Correct.

2 Q And you were doing your home exercise program?

3 A Yes.

4 Q How was your back or your neck pain going

5 during that period of time?

6 A It would fluctuate from the baseline of when I

7 stopped doing therapy. It would -- I would have bad

8 days and then stretch as much as I could and it would

9 recover in a few days, but it wasn't improving from the

10 time that I stopped the physical therapy.

11 Q So it plateaued. Is that fair?

12 A Yes.

13 Q Okay. And then there came a time that you

14 felt you needed to see a doctor?

15 A Yes.

16 Q And when was that?

17 A It was January of 2016.

18 Q Okay. So about two months later?

19 A Yes.

20 Q From the time you got released to your home

21 exercise program?

22 A Yes.

23 Q And describe what happened on that day.

24 A I woke up with a pain generating from my neck

25 and then all down my arm. Physically I couldn't move

1 my arm it was in so much pain.

2 Q Okay. From the June 25th automobile accident

3 up until this time had you been involved in any other

4 car accidents?

5 A No.

6 Q Had you had any type of accidents where you

7 slipped and fell?

8 A No.

9 Q Did you have any type of injury whatsoever

10 during that period of time?

11 A No.

12 Q The only thing that you -- the only type of

13 activity that you had was your work?

14 A Yes, just normal physical activity.

15 Q And then the physical therapy that you were

16 getting?

17 A Yes.

18 Q And what did you do that morning? Did you

19 make any attempts to call anyone?

20 A Because the claim had been closed, I just kind

21 of figured that was the end of it. I don't know how

22 everything works really. I called the chiropractor and

23 asked if I could get in, and when I went in there he

24 said, "This is related to your accident and I'm not

25 going to treat you." He said, "You need to call

1 workers' comp."
2 Q Okay. And did you? Did you call the
3 adjustor?
4 A I called Dr. Hall's office first.
5 Q Okay.
6 A And they said that because of the status of
7 the claim, I had to contact the Insurer first before
8 they would see me unless I wanted to pay for it myself.
9 So I called the Insurer, and I think it took about a
10 week to hear back from her. And she said that I would
11 need to appeal the closure of the claim in order to
12 seek further treatment.
13 Q And did you do that?
14 A I did.
15 Q Okay. And she did not authorize you to return
16 to see Dr. Hall; correct?
17 A No, no.
18 Q Is that correct?
19 A That is correct.
20 Q Okay. So you went back to see Dr. Hansen?
21 A Correct.
22 Q And then what did Dr. Hansen do for you?
23 A He said that he wanted an MRI before he would
24 do any treatment, and so I went and got an MRI.
25 Q All right. And after you got the results of

1 the MRI did Dr. Hansen provide you with treatment?

2 A Yes.

3 Q And basically what would he do?

4 A It's a -- how do I describe it? They kind of

5 stretch your neck out to try and make room for the

6 protruding discs.

7 Q Okay. So your understanding was you had

8 protruding discs in what part of your spine?

9 A In my neck.

10 Q And did there come a point in time where he

11 referred you to a Dr. Muir?

12 A Yes.

13 Q And what did Dr. Muir do for you?

14 A He was a pain and spine specialist. Initially

15 all he offered was pain pills. I told him that they

16 didn't help. I had the pain pills from before. They

17 weren't helping. So he was just kind of there in case

18 it got worse. Eventually he did an injection in my

19 neck, and that didn't help either. So he referred me

20 to Dr. Sekhon.

21 Q Did you follow his instructions and go see

22 Dr. Sekhon?

23 A I did.

24 Q Up to this point have you been represented by

25 an attorney?

1 A No.

2 Q You were doing this all on your own?

3 A Yes.

4 Q And you saw Dr. Sekhon?

5 A Uh-huh.

6 Q And what did Dr. Sekhon do for you?

7 A He just stated that the condition that my neck

8 was in, the protruding discs were pushing against a

9 nerve which was giving the symptoms that I was

10 complaining about, and that it wouldn't likely get

11 better without surgery.

12 Q So he gave you a recommendation for surgery?

13 A Yes.

14 Q When you talked to Dr. Hansen and Dr. Sekhon

15 and Dr. Muir did you tell them about your prior health

16 history?

17 A Yes.

18 Q Did you tell them that you had been in two car

19 accidents in June?

20 A Yes.

21 Q Did you tell them that you had injured

22 yourself in the past and received treatment for your

23 neck?

24 A Yes.

25 Q So you basically gave them your full history?

1 A Yes.

2 Q In fact, when the insurance company -- in the

3 first claim they asked for you to complete an

4 authorization so that they could get your prior

5 records; correct?

6 A Yes.

7 Q And you provided that to them?

8 A I did.

9 Q From the date of June 25th, 2015, up until you

10 saw Dr. Sekhon -- so the first time was just from the

11 day of the accident to the January time, but now let's

12 go all the way to Dr. Sekhon.

13 Did you have any car accidents you were

14 involved in?

15 A No.

16 Q Any falls?

17 A No.

18 Q Any injuries whatsoever?

19 A No.

20 Q And during this entire time you continued to

21 work full time?

22 A Yes.

23 Q Full duty?

24 A Yes.

25 Q Without restrictions?

1 A Correct.

2 Q You continued to do your home exercise

3 program?

4 A I do my stretches.

5 Q Okay. So it was sort of modified after you

6 saw Dr. Sekhon and Dr. Hansen?

7 A Yes.

8 Q But you continue to do what they have

9 instructed you to do; correct?

10 A Yes.

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

12 APPEALS OFFICER NIELSEN: Thank you,

13 Mr. Santos. Mr. Rowe.

14 MR. ROWE: Thank you, your Honor.

15

16 CROSS-EXAMINATION

17 BY MR. ROWE:

18 Q Ms. Kline, the accident on June 25th was a

19 fairly minor accident, was it not?

20 A It was moderate.

21 Q In the police report it indicates that the

22 distance your vehicle traveled after the impact was one

23 foot.

24 Would you agree with that?

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

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

3 A I could only guess.

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

7 A I would disagree with that.

8 Q You thought it was going faster?

9 A I did, yes.

10 Q Okay. You were driving a pickup?

11 A Correct.

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

14 A Yes.

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

18 A Correct.

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

20 A The nerve pain and numbness was a new symptom.

21 Q Okay. You hadn't had that before?

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

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

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

3 A Yes.

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

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

10 MR. ROWE: Yes.

11 BY MR. ROWE:

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

15 A Correct.

16 Q Okay.

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

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

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

23 MR. SANTOS: Yes, your Honor.

24 ///

25 ///

1 REDIRECT EXAMINATION

2 BY MR. SANTOS:

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

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

8 A Here it says moderate.

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

11 A Yes.

12 Q Can you describe it?

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

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

22 A Yes.

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

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

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

4 Q It was different?

5 A It was different.

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

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

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

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

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

16 MR. SANTOS: Is that fair?

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

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

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

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

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

4 A Yes.

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

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

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

14 A Yes.

15 Q Okay.

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

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

19 Any additional witnesses, Mr. Santos?

20 MR. SANTOS: None, your Honor.

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

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

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

A0221

10-12-15 04:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kilna, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMIS

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 1:00

Tx Time Out: 2:50

Total Time Based Time: 60

Date: 10 / 12 / 15

Visits Prior To Today: 12 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F003	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities	1	H006	Custom WHFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattended		C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

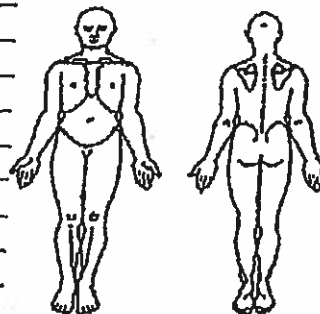
Additional Treatment Codes:

SOAP: O: Low back is a little tight but getting better.
 A: Back is feeling good.
 S: Able to progress core strengthening + pt did well.
 P: Significant fatigue. Just as able to help.
 P: Progress strengthening as able.

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Amey Curran PT, OPT
 THERAPIST / CREDENTIALS

License No. # 2149

No. 2251 P. 3

04.15. 2015 9:05AM

AA 2082

1876 125

12837

10-14-15 11:04am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 9:00

Tx Time Out: 10:00

Total Time Based Time: 70

Date: 10 / 14 / 15

Visits Prior To Today: 12 of 24

Total Treatment Time: 70

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vacopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy		H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WFO Static	
F003	HPICP		C002	Neuromuscular Re-Ed		H005	Custom WFO Dynamic	
F004	Estim Unattended		C003	Therapeutic Exercise		H018	Custom HFO Static	
D001	Self Care/Homo Management							

Additional Treatment Codes:

SOAP: S: Neck is improving - but (R) side of neck is still tighter than the (L) side. Stiffness is improving - still has tightness with leaning over activities.

O: Plan treatment log

Focus on core stab exs and neck exs. New home exs - see PT handout.

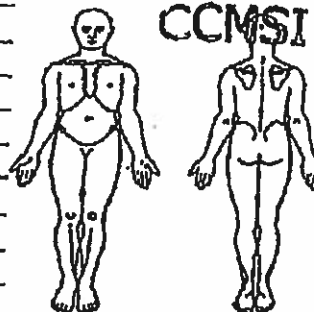
A: Pt's glids and upper back fatigue quickly in the exs.

P: Gnt to core stab exs 50m / 15 min.

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M. Beers

THERAPIST / CREDENTIALS

LICENSE NO.

0773

AA 2083

2 8 1522 P. 2

OCT 15 2015 9:05AM 1877 126

Nov. 5. 2015 10:25AM

No. 2919 P. 10/10
A0227

10-21-15 01:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

S33.5XX9 Sprain of ligaments of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 1105

Tx Time Out: 1210

Total Time Based Time: 65

Date: 10 / 21 / 15

Visits Prior To Today: 4 of 8

Total Treatment Time: 605

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HFICP		C002	Neuromuscular Re-Ed	1	H005	Custom WFO Dynamic	
F004	Es/Im Unattend		C003	Therapeutic Exercise	3	H018	Custom WFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Continued improvement in neck and LB pain. Neck tightness and pain has significantly improved. Pt can turn her head during ADL's w/ minimal to no pain. Neck can flare up occ if she does too much. LB is doing better - but still has a 'catch' at 30° with forward flexion activities. Still gets LB pain when trying to put on pants/shoes.

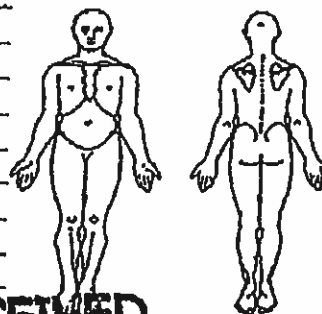
1. Per treatment log

Re Eval - see above

Neck Index = 6/10 Back Index = 32%

At Good P on clb ADL's. Still mild LB pain w/ forward bending activity.

P: Continue 1 more visit to finalize and progress H&P



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LICENSE NO.

0773

AA 2084

127

1878

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: _____

OR

Co - Insurance: _____

Name: Kline, Kimberly

Injury #: 001

Dx:

S33.5XXB Sprain of ligaments of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 300

Tx Time Out: 350

Total Time Based Time: 50

Date: 10 / 26 / 15

Visits Prior To Today: 5 of 8

Total Treatment Time: 50

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C006	Gait Training	
A002	PT Re Eval		G004	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHFO Static	
F003	NP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Esilm Unstond		C003	Therapeutic Exercise	3	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: I have been very sick all weekend.

PT saw MD - last week and was released from his care.

PT stated the neck is feeling much better.

PT is doing home exs w/o problems.

The L5 is doing better - still occ tenderness in L5 - forward bending activities (similar to before the accident).

PT ready to be discharged to HSP

Offer treatment log

Finalized home exs - reviewed all exs and stretches - corrected ex technique as needed

Added a few exs - see pt handouts

Latest objective findings rec in the updated pvc dated 10/26/15

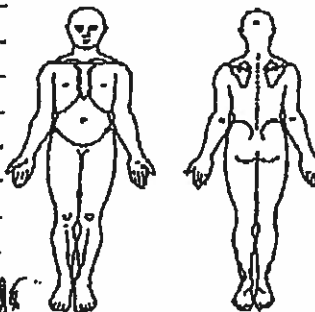
P: PT met her rehab goals

P: PT discharged to HSP

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LICENSE NO

773

AA 2085

1879 128

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 10/28/2015 2:15PM	Chart: KLK1000001

Chief Complaint: CERVICAL CLAIM

History of Present Illness:

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

KIMBERLY KLINE is a 36 female who presents for : CERVICAL CLAIM .
Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported.
She has completed treatment

Medications & Allergies:

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

Physical Exam:

Height	Weight	BMI	Blood Pressure
67.00 in	155.00 lbs	24.30	120/68
Pulse	Respiratory Rate	Oxygen Saturation	Smoking Status
87 bpm	14 rpm	97.00 %	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck exam -normal inspection, nontender to palpation, full motion with grossly normal strength

Assessment:

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



SpecialtyHealth

SPECIALTIES IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DoB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 10/28/2015 2:15PM

Chart: KCLKI000001

Plan:

Work status: Full duty, MMI

Type	Code	Modifiers	Quantity	Description
CPT	99212		1.00 UN	OFFICE/OUTPATIENT VISIT EST

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE

DATE OF APPOINTMENT: 10/28/2015 02:15PM

BODY PART: CERVICAL CLAIM

EMPLOYER: CITY OF RENO

Date of injury: 6-25-15

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

CURRENT RESTRICTIONS: Full duty without restrictions

CONDITION STABLE? YES

CONDITION RATABLE: NO

RETURN VISIT: MMI

SIGNED: Scott Hall, MD

OCT. 29. 2015 8:01AM

S. ALTY HEALTH CL

NO. 3135



SpecialtyHealth
SPECIALISTS IN SURGICAL RECONSTRUCTION & PROSTHETICS

15853E839641

SPECIALTY HEALTH CLINIC

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

DoB: 10/07/1979
Visit: 10/28/2015 2:15PM

Sex: F
Chart: KLKI000001

*****RETURN TO WORK:**

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/28/2015 02:15PM
BODY PART: CERVICAL CLAIM
EMPLOYER: CITY OF RENO

Date of Injury: 6-25-15

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

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OCT 29 2015
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C C M S I

To:

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 15853E839641

Employer: City of Reno

Insurer: City of Reno

TPA: CCMSI

Date of Injury: 6/25/2015

Date of Notice: 11/6/2015

From: Yesenia Martinez, Medical Only Claims Representative

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

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

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

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

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

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-5966

OR

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

Reason for appeal: _____

Signature

Date

Retain a copy of this notice for your records.

cc: File, City of Reno, SMRMC, Specialty Health

Enclosures

D-31 (rev. 10/10)



S.O.A.P. Notes

1005

Leading Edge Chiropractic, Ltd.

Kimberly Kline
305 Puma Dr
Washoe Valley, NV 89704

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

Friday, January 22, 2016

Narrative Encounter - Exam - Initial

Kline, Kimberly

Wednesday, January 13, 2016 3:19 PM

Subjective**Chief Complaint**

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective**Examination**

Musculoskeletal

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Narrative Encounter • Exam • Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

- **Grip Strength.** Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications).
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
- **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.
- **Cervical Orthopedic Tests.** Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. Bakody's sign for pain relief is positive with pain relief.

Neurological

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Prognosis

- Prognosis - guarded.

Assessment

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

Diagnostic Impressions

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

Schedule of Care

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AA 2091



S.O.A.P. Notes

1005

Leading Edge Chiropractic, Ltd.

Narrative Encounter - Exam - Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

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

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

Provider of Record

Narrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

SubjectiveChief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

ObjectiveExaminationMusculoskeletal

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

Dx Codes

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**Reno
Diagnostic
Centers**

VIEW A NEW WAY TO LIVE

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

15853E839641

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

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

MR-Spine Cervical without contrast [16265] - SPINE_C

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

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the cervical spine utilizing the Siemens Espree Wide Bore 1.5 T MRI.

COMPARISON: None.

FINDINGS:

There is straightening of the normal cervical lordosis. There is no malalignment. The vertebral body heights are maintained with degenerative changes at the C5-C6 and C6-C7 levels. The bone marrow signal intensity is preserved. The spinal cord appears normal in caliber and signal intensity. There is no Chiari 1 malformation. The cervical spine is otherwise unremarkable through the C3-C4 level.

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

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

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

C7-T1: Unremarkable.

IMPRESSION:

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

Thank you for referring your patient to RDC SIERRA ROSE

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

Washoe

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JAN 18 2016

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AA 2093

1887

136

Narrative Encounter - Exam - Initial

Wednesday, January 13, 2016 3:19 PM

Kline, Kimberly

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

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

Narrative Encounter - Decompression

Thursday, January 14, 2016 11:06 AM

Kline, Kimberly

SubjectiveChief Complaint

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History of Present Illness

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

ObjectiveExaminationMusculoskeletal

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

Dx Codes

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Narrative Encounter - Decompression

Kline, Kimberly

Thursday, January 14, 2016 11:06 AM

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

Assessment and Plan**Treatment****Physical Modalities**

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs with a 20 to 25 degree angle.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.
- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.
- Electrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

Treatment Plans/Rationale**Assessment**

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

Prognosis

- Prognosis - guarded.

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As outlined in previous report.

Referrals

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

Thank you,

Printed Documents**Narratives, Reports, and Letters**

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

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

RECEIVED
JAN 25 2016
CCMSI - RENO



berly Kline
Puma Dr
washoe Valley, NV 89704

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

Wednesday, April 27, 2016

Narrative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

Wednesday, January 13, 2016 3:19 PM

Subjective

Chief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective

Inspection

Musculoskeletal

AA 2096

1890

139



Narrative Encounter - Exam - Initial (Auto-Recovered)

Kline, Kimberly

Wednesday, January 13, 2016 3:19 PM

- **Grip Strength.** Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity). Hypertonic musculature is moderate to severe in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is moderate to severe in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
- **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.
- **Cervical Orthopedic Tests.** Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief.
- **Lumbar Orthopedic Tests.** Straight leg raise (positive need not imply neurologic dysfunction - must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. Braggard's test for sciatic pain elicitation is negative.

Neurological

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Prognosis

- Prognosis - guarded.

AA 2097

1891

140



Subjective Encounter - Decompression

Kline, Kimberly

Thursday, January 14, 2016 11:06 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective

Examination

Musculoskeletal

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

Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Prognosis

Prognosis - guarded.

AA 2098

1892

141



arrative Encounter - Exam - Initial (Auto-Recovered)

ednesday, January 13, 2016 3:19 PM

Kline, Kimberly

Assessment

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

Diagnostic Impressions

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

Rationale For Care / Treatment Objectives

- Rationale for treatment and treatment objectives - The cervical short term goals are to decrease level of acute pain, decrease the inflammation, improve activities of daily living, and improve overall function of the affected areas.

Schedule of Care

- Schedule of care - As outlined in previous report.

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

Jerilyn Cox
Finalizing User

arrative Encounter - Decompression

hursday, January 14, 2016 11:06 AM

Kline, Kimberly

Subjective

Chief Complaint

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

History of Present Illness



ative Encounter - Decompression

rsday, January 14, 2016 11:06 AM

Kline, Kimberly

Assessment

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As outlined in previous report.

Referrals

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

Thank you,

ted Documents

arratives, Reports, and Letters

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

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

Jerilyn Cox
Finalizing User

ative Encounter - Decompression

ay, January 15, 2016 2:16 PM

Kline, Kimberly

jective

f Complaint

Neck pain. (Pain Scale 9 of 10.)

ory of Present Illness

AA 2100

1894

143

Arrative Encounter - Decompression

Kline, Kimberly

Friday, January 15, 2016 2:16 PM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

SubjectiveExaminationMusculoskeletal

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

Dx Codes

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

Assessment and PlanTreatmentPhysical Modalities

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

Treatment Plans/RationaleAssessment

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

AA 2101

1895

144



ative Encounter - Decompression

Kline, Kimberly

lay, January 15, 2016 2:16 PM

Prognosis

- Prognosis - remains guarded.

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As outlined in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

day, January 18, 2016 10:16 AM

Subjective

Chief Complaint

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

History of Present Illness

AA 2102

1396

145

**Irritative Encounter - Decompression**

Kline, Kimberly

Monday, January 18, 2016 10:16 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective**Examination****Musculoskeletal**

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

Dx Codes

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

Assessment and Plan**Treatment****Physical Modalities**

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

Treatment Plans/Rationale**Assessment**

AA 2103

1897

146



ative Encounter - Decompression

Kline, Kimberly

nday, January 18, 2016 10:16 AM

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As previously stated in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

uesday, January 19, 2016 3:41 PM**Subjective****Chief Complaint**

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

History of Present Illness



Narrative Encounter - Decompression

Tuesday, January 19, 2016 3:41 PM

Kline, Kimberly

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective

Examination

Musculoskeletal

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

Ix Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Assessment

AA 2105



ative Encounter - Decompression

Kline, Kimberly

Wednesday, January 19, 2016 3:41 PM

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

Prognosis

- Prognosis - remains good.

Diagnostic Impressions

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

Schedule of Care

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

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

Wednesday, January 20, 2016 10:24 AM

Subjective**Chief Complaint**

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

History of Present Illness

AA 2106

149

1900



rrative Encounter - Decompression

Kline, Kimberly

Wednesday, January 20, 2016 10:24 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective

Examination

Musculoskeletal

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

Ix Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Assessment

AA 2107

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

1901

150



narrative Encounter - Decompression

Kline, Kimberly

Wednesday, January 20, 2016 10:24 AM

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

Discussion Subjects:

- Patients reports numbness in her left bicep is gone but continues in her left forearm and thumb.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Thursday, January 21, 2016 2:37 PM

Subjective**Chief Complaint**

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

History of Present Illness



Narrative Encounter - Decompression

Kline, Kimberly

Thursday, January 21, 2016 2:37 PM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Assessment

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

AA 2109

1903

152



Narrative Encounter - Decompression

Kline, Kimberly

Thursday, January 21, 2016 2:37 PM

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

Discussion Subjects:

- Patients reports numbness in her left forearm has subsided, however there is some numbness in her left thumb.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Monday, January 25, 2016 11:05 AM

Subjective**Chief Complaint**

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

History of Present Illness



ative Encounter - Decompression

Kline, Kimberly

Monday, January 25, 2016 11:05 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective

Examination

Musculoskeletal

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

ix Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

Treatment Plans/Rationale

Assessment

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

AA 2111

1905

154



ative Encounter - Decompression

Kline, Kimberly

nday, January 25, 2016 11:05 AM

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

day, January 26, 2016 11:16 AM

Subjective**Chief Complaint**

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

History of Present Illness

AA 2112

155

1906

rrative Encounter - Decompression

Kline, Kimberly

uesday, January 26, 2016 11:16 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

SubjectiveExaminationMusculoskeletal

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

Ix Codes

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

Assessment and PlanTreatmentPhysical Modalities

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

Treatment Plans/RationaleAssessment

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

AA 2113

156

1907



ative Encounter - Decompression

Kline, Kimberly

uesday, January 26, 2016 11:16 AM

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Exam - Progress

Kline, Kimberly

uesday, January 27, 2016 11:23 AM

Subjective**Chief Complaint**

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

History of Present Illness

AA 2114

157

1908



Irritative Encounter - Exam - Progress

Kline, Kimberly

Wednesday, 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.

Subjective

Examination

Musculoskeletal

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

Neurological

AA 2115

1909

158



ative Encounter - Exam - Progress

Kline, Kimberly

Wednesday, January 27, 2016 11:23 AM

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

Dx Codes

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

Assessment and PlanTreatmentPhysical Modalities

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

Treatment Plans/RationaleAssessment

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

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

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

AA 2116

159

1910



rrative Encounter - Decompression

Kline, Kimberly

ursday, January 28, 2016 1:56 PM

Subjective

Chief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective

Examination

Musculoskeletal

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

x Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

AA 2117

160

1911



arrative Encounter - Decompression

Kline, Kimberly

Thursday, January 28, 2016 1:56 PM

Treatment Plans/Rationale

Assessment

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As previously stated.

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

Jerilyn Cox
Finalizing User

arrative Encounter - Decompression

Kline, Kimberly

Monday, February 01, 2016 2:06 PM

Subjective

Chief Complaint

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

History of Present Illness

AA 2118

161

1912

Subjective Encounter - Decompression

Kline, Kimberly

Monday, February 01, 2016 2:06 PM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

ObjectiveExaminationMusculoskeletal

- **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.

Dx Codes

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

Assessment and PlanTreatmentPhysical Modalities

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

Treatment Plans/RationaleAssessment

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

Prognosis

AA 2119

1913

162

Narrative Encounter - Decompression

Kline, Kimberly

Monday, February 01, 2016 2:06 PM

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in Initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Tuesday, February 02, 2016 10:16 AM

SubjectiveChief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with ve **AA 2120**
little affect on symptoms.

Objective

1914

163



Irritative Encounter - Decompression

Kline, Kimberly

Tuesday, February 02, 2016 10:16 AM

ExaminationMusculoskeletal

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

Dx Codes

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

Assessment and PlanTreatmentPhysical Modalities

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

Treatment Plans/RationaleAssessment

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

Prognosis

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

Diagnostic Impressions

- Impression -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

Irritative Encounter - Decompression

Kline, Kimberly

Friday, February 05, 2016 11:49 AM

Subjective

AA 2121

Chief Complaint

164

1915



ative Encounter - Decompression

Kline, Kimberly

ay, February 05, 2016 11:49 AM

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective**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.

Codes

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

Assessment and Plan**Treatment****Physical Modalities**

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

Treatment Plans/Rationale**Assessment**

AA 2122

165

1916



Narrative Encounter - Decompression

Friday, 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

Narrative Encounter - Decompression

Monday, February 08, 2016 4:37 PM

Kline, Kimberly

Subjective

Chief Complaint

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

History of Present Illness

AA 2123

166

1917



Subjective Encounter - Decompression

Monday, 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 little affect on symptoms.

Objective

Examination

Musculoskeletal

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

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.

Recommended Plans/Rationale

Assessment

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

Discharge

AA 2124

1918 167

Narrative Encounter - Decompression

Kline, Kimberly

Monday, February 08, 2016 4:37 PM

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 10, 2016 2:05 PM

SubjectiveChief Complaint

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree 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 **AA 2125** little affect on symptoms.

Subjective

1919

168



rrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 10, 2016 2:05 PM

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

Treatment

Physical Modalities

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

tment Plans/Rationale

Assessment

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

Prognosis

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

Differential 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

ive Encounter - Decompression

Kline, Kimberly

February 12, 2016 11:41 AM

Subjective

AA 2126

Chief Complaint

1920

169



Arrative Encounter - Decompression

Kline, Kimberly

Friday, February 12, 2016 11:41 AM

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and Plan

treatment

Physical Modalities

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

treatment Plans/Rationale

Assessment

AA 2127

1921

170

30



ative Encounter - Decompression

Kline, Kimberly

day, February 12, 2016 11:41 AM

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

Prognosis

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

ative Encounter - Decompression

Kline, Kimberly

day, February 16, 2016 10:33 AM

Subjective**Chief Complaint**

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

History of Present Illness

**rrative Encounter - Decompression**

uesday, February 16, 2016 10:33 AM

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective**Examination****Musculoskeletal**

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

Dx Codes

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

Assessment and Plan**Treatment****Physical Modalities**

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

Treatment Plans/Rationale**Assessment**

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

Prognosis**AA 2129**

1923

172



Narrative Encounter - Decompression

Kline, Kimberly

Friday, February 16, 2016 10:33 AM

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

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Decompression

Kline, Kimberly

Friday, February 19, 2016 11:49 AM

Subjective**Chief Complaint**

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective

AA 2130

1924

173



Arrative Encounter - Decompression

Kline, Kimberly

Friday, February 19, 2016 11:49 AM

Examination

Musculoskeletal

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

Dx Codes

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

Assessment and 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.

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.

Viscellaneous 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

Arrative Encounter - Decompression

AA 2131
Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

1925

174



rative Encounter - Decompression

Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

Subjective**Chief Complaint**

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

History of Present Illness

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Objective**Examination****Musculoskeletal**

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

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.

AA 2132

1926

175



Narrative Encounter - Decompression

Kline, Kimberly

Wednesday, February 24, 2016 2:04 PM

Treatment Plans/Rationale

Assessment

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

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

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

Schedule of Care

- Schedule of care - As stated in initial report.

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

Provider of Record and Treating Provider

Jerilyn Cox

Finalizing User

Narrative Encounter - Exam - Final

Kline, Kimberly

Wednesday, March 16, 2016 5:12 PM

Subjective

Chief Complaint

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

History of Present Illness

AA 2133

1927 176



Encounter - Exam - Final

Wednesday, March 16, 2016 5:12 PM

Kline, Kimberly

- The patient presents with neck pain.

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

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

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

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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

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

Subjective

Examination

Musculoskeletal

- **Palpations.** A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (mild indications). Hypertonic musculature is mild in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is mild in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- **Trigger Point.** Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is mild bilaterally and cervical paraspinals spasm, tenderness, and trigger point is mild.
- **Range of Motion.** Active cervical range of motion evaluation reveals left lateral flexion of 35/40 degrees with mild pain, flexion of 40/45 degrees with mild pain, and extension of 45/55 degrees with mild pain.
- **Cervical Orthopedic Tests.** Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. (75% Improved.) Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief. (75% Improved.)
- **Lumbar Orthopedic Tests.** Straight leg raise (positive need not imply neurologic dysfunction - must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. (No Change.) Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. (No Change.) Braggard's test for sciatic pain elicitation is negative. (No Change.)

Neurological

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

AA 2134



ervative Encounter - Exam - Final

Kline, Kimberly

Wednesday, March 16, 2016 5:12 PM

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

Dx Codes

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

Assessment and Plan

Treatment Plans/Rationale

Assessment

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

Prognosis

- Prognosis - Remains good.

Diagnostic Impressions

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

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

Jerilyn Cox
Finalizing User

AA 2135

1929

178

Y

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.

DECISION AND ORDER

RECEIVED

FEB 29 2016

CCMSI - RENO

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

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

AA 2136

1930 179

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

KIMBERLY KLINE
55487-JL

APPEAL RIGHTS

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

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



Jason Luis, Hearing Officer

RECEIVED

FEB 29 2016

CCMSI - RENC

AA 2137

1931 180

CERTIFICATE OF MAILING

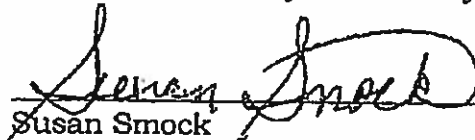
The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the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

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704

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

CCMSI
PO BOX 20068
RENO, NV 89515-0068

Dated this 25th day of February, 2016.


Susan Smock
Employee of the State of Nevada

RECEIVED
FEB 29 2016
CCMSI - RENO

AA 2138

1932 181

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

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

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

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

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

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

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

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

RECEIVED

MAR 18 2016

CCMSI - RENO**AA 2139**

1933

182



SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DOB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 03/16/2016 2:15PM

Chart: KLIK000001

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

Signed: Scott Hall, MD

RECEIVED

MAR 18 2016

CCMSI - RENO



SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DOB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 03/16/2016 2:15PM

Chart: KLIK000001

Chief Complaint: cervical issue

Medications & Allergies:

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

Assessment:

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

letter:

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

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

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

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

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

RECEIVED

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

AA 2141

1935 184



SpecialtyHealth

SPECIALTIES IN MANAGING HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE

DOB: 10/07/1979

Sex: F

Provider: Dr. Scott Hall, MD

Visit: 03/16/2016 2:15PM

Chart: KCLKI000001

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

ORIGINAL

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
FEB 26 PM 1:37
LOVELL
AND
JULIA

In the Matter of the
Industrial Claim of:

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

KIMBERLY KLINE,

Claimant.

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 January 16, 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.

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

AA 2143
1937

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

2 5. Impeaching or rebuttal witnesses as deemed necessary.

3 IV.

4 ESTIMATED TIME FOR HEARING

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

6 V.


7 AFFIRMATION

8 Pursuant to NRS 239B.030

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

11 DATED this 21 day of February, 2018.

12
13 LAW FIRM OF HERB SANTOS, JR.
14 225 South Arlington Avenue, Suite C
15 Reno, NV 89501

16 By: 
17 HERB SANTOS, JR., Esq.
18 Attorney for Claimant
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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.
PO BOX 2670
RENO, NV 89505

DATED this 24 day of February, 2018.



Jimayne Lee

NEVADA DEPARTMENT OF ADMINISTRATION

STATE OF NEVADA
DEPT. OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

FEB 14 AM 11:16

* * * * *

In the Matter of the Contested
Industrial Insurance Claim

Claim No: 15853E839641

RECEIVED
FILED

of

Hearing No: 1801761-JL

KIMBERLY KLINE

Appeal No:

Claimant.

MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL

The Employer CITY OF RENO ("Employer") respectfully moves the Appeals Officer for a temporary stay order staying the effect of the Hearing Officer's Decision and Order entered on January 16, 2018 pending full hearing of this matter before the Appeals Officer (the "Motion").

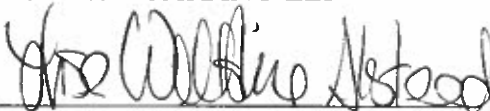
The grounds for the Motion are that the Hearing Officer's Decision is unsupported by the evidence and contains an error of law. As such, the Employer and its third-party administrator, Cannon Cochran Management Services, Inc. ("CCMSI"), will be substantially prejudiced if required to comply with the 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 herein, and the pleadings and papers on file under this claim.

DATED this 14th day of February, 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

AA 2146

1940

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 remanded the determination offering claimant Kimberly Kline's ("Claimant") six percent permanent partial disability ("PPD") award and improperly ordered CCMSI to schedule a second PPD evaluation when no medical evidence was submitted to support the finding of a medical question.

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 including chiropractic care and physical therapy.

On July 5, 2016, Dr. Sekhon 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. 75% of the impairment was apportioned as non-industrial. As such, he concluded that Claimant has a 6% whole person impairment related to the 6/25/15 industrial injury.

On December 5, 2017, CMMSI 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. Employer now appeals and requests a stay of that decision.

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*, 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

1 throughout the most recent Nevada decisions. *Ransier v. SIIS*, 104 Nev. 742, 747, 766 P.2d 274
2 (1988).

3 Generally, the Nevada Supreme Court has recognized that a stay should be granted where
4 it can be shown that the appellant would suffer irreparable injury during the pendency of this
5 appeal if the stay is not granted. *White Pine Power v. Public Svc. Comm'n*, 76 Nev. 263, 252 P.2d
6 256 (1960). The Supreme Court discussed this requirement in *Kress v. Corey*, 65 Nev. 1, 189 P.2d
7 352 (1948):

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

14 *Id.*, 65 Nev. at 17. Irreparable harm includes in the workers' compensation context where benefits
15 will be required to be paid based on a hearing officer decision because such benefits wrongfully
16 paid cannot be recouped if the insurer is ultimately successful on appeal, and therefore relief in the
17 form of a stay pending appeal is appropriate. See *Circus Circus*, 101 Nev. at 409-411, 705 P.2d at
18 648-649.

19 As noted, a stay is proper when an appellant demonstrates it will incur irreparable harm.
20 This is established when the appellant demonstrates that it is likely to prevail on the merits of the
21 appeal and, if so, the appellant cannot be returned to its original position. As detailed below,
22 Employer will prevail on the merits based on the lack of evidence to support the finding of a
23 medical question and therefore as a matter of law it was improper to order CCMSI to schedule a
24 second PPD evaluation.

25 **B. The PPD Award and Related Apportionment by Dr. Anderson was Proper.**

26 CCMSI's letter offered the PPD award to Claimant based on the determinations made by
27 Dr. Anderson in the PPD evaluation and in compliance with NRS 616C.490(6). Further, the
28 medical reporting for the Claimant reviewed by Dr. Anderson supported the apportionment
of preexisting back problems including the January 13, 2016 MRI and radiograph reports.

1 showing cervical spine degenerative discs with large protrusions at C5-6, C6-7, effacement of the
2 CSF, and severe stenosis.

3 Under NAC 616C.490(6) and (7), a rating physician may base apportionment upon
4 treatment records in order to obtain an appropriate apportionment. Likewise, under NRS
5 616C.490(9), "[w]here there is a previous disability, . . . , the percentage of disability for a
6 subsequent injury must be determined by computing the percentage of the entire disability and
7 deducting therefrom the percentage of the previous disability as it existed at the time of the
8 subsequent injury."

9 Further, as a condition of apportionment, if precise information is not available for a
10 previous injury and the rating physician is unable to determine the apportionment using the *Guide*,
11 apportionment is allowed as long as a condition precedent it is determined that at least 50 percent
12 of the impairment is due to a preexisting or intervening injury, disease or condition. NAC
13 616C.490(6). From there, the doctor is entitled to determine the percentage of apportionment
14 based "upon X rays, historical records and diagnoses made by physicians or chiropractors or
15 records of treatment which confirm the prior impairment." *Id.*

16 This exactly what was done here. Dr. Anderson in accounting for the Claimant's
17 preexisting back problems which have not previously been rated, apportioned the 25 percent PPD
18 award finding that 75% of the Claimant's impairment was non-industrial and the remainder was
19 industrial. As such, the apportionment of the 25 percent PPD award resulted in a six percent PPD
20 award for the portion of the disability that is industrial. No medical evidence or prior PPD
21 evaluations were introduced by the Claimant to contradict the apportionment as determined by Dr.
22 Anderson. As such, the Hearing Officer's Decision and Order is unsupported by the evidence as
23 no medical evidence was introduced to contradict the method of apportionment used by Dr.
24 Anderson.¹

25 ///

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27
28 ¹ Further, 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. The only
evidence provided by Claimant was prior decisions in a different appeal for the Claimant.

1 **C. The Evidence Fails to Establish a Medical Question.**

2 The Hearing Officer indicated in the Decision and Order that he “finds a medical question
3 regarding Dr. Anderson’s 75% apportionment.” Yet, the Claimant submitted no medical evidence
4 in support of her appeal from the determination letter. With no conflicting medical evidence to
5 contradict the records reviewed and relied upon by Dr. Anderson or the findings in his PPD
6 evaluation, it was improper to order a second PPD evaluation pursuant to NRS 616C.330(3) as no
7 medical question was established by the Claimant.

8 **D. The Hearing Officer’s Decision Contains an Error Law.**

9 With the Claimant providing no medical evidence to either establish a medical question or
10 contradict the apportionment calculation by Dr. Anderson in the PPD evaluation, there was no
11 basis for ordering CCMSI to schedule a second PPD evaluation. A medical question, as
12 established by the substantial evidence, is required for application of NRS 616C.330 or to
13 otherwise challenge the apportionment calculation.

14 Instead, the Claimant’s appeal of the PPD award letter was simply based on her
15 disagreeing with the percentage of disability as determined by the rating physician. NRS
16 616C.100 provides for exactly this scenario. “If the injured employee disagrees with the
17 percentage of disability determined by a physician or chiropractor, *the injured employee may*
18 *obtain a second determination of the percentage of disability.*” NRS 616C.100(1) (emphasis
19 added). If a higher percentage disability is found in the second PPD evaluation, then a hearing
20 officer or appeals officer may then order the insurer to reimburse a claimant for the costs of the
21 second evaluation. *Id.*

22 As such, with no medical evidence to challenge apportionment or to give rise to a medical
23 question, it was an error of law for the Hearing Officer to order CCMSI to pay for a second PPD
24 evaluation pursuant to NRS 616C.330 which only applies to medical questions. Rather, the proper
25 statute to apply was NRS 616C.100 as the Claimant simply disagreed with the percentage of
26 disability in the PPD evaluation but provided no medical basis for this disagreement. Thus, the
27 Decision and Order is also affected by error of law by failing to apply NRS 616C.100.

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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 judicial review.

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.

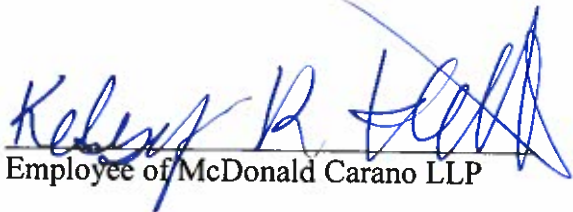
DATED this 14th day of February, 2018.

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

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 17th day of February, 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:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> U.S. Mail | Appeals Division |
| <input type="checkbox"/> Email | Department of Administration |
| <input type="checkbox"/> FedEx | 1050 East William St., Suite 450 |
| <input checked="" type="checkbox"/> Hand Delivered/Filing | Carson City, NV 89701 |
| | |
| <input checked="" type="checkbox"/> U.S. Mail | Herbert Santos Jr, Esq. |
| <input type="checkbox"/> Email | 225 S Arlington Ave Ste. C |
| <input type="checkbox"/> FedEx | Reno, NV 89501 |
| <input type="checkbox"/> Hand Delivered | |
| <input type="checkbox"/> Facsimile | |
| | |
| <input checked="" type="checkbox"/> U.S. Mail | Cannon Cochran Mgmt. Services, Inc. |
| <input type="checkbox"/> Email | Attn: Lisa Jones |
| <input type="checkbox"/> FedEx | P.O. Box 20068 |
| <input type="checkbox"/> Hand Delivered | Reno, NV 89515-0068 |
| <input type="checkbox"/> Facsimile | |
| | |
| <input checked="" type="checkbox"/> U.S. Mail | City of Reno |
| <input type="checkbox"/> Email | Attn: Andrena Arreygue |
| <input type="checkbox"/> FedEx | P.O. Box 1900 |
| <input type="checkbox"/> Hand Delivered | Reno, NV 89505 |
| <input type="checkbox"/> Facsimile | |


Employee of McDonald Carano LLP

BEFORE THE APPEALS OFFICER

FILED

FEB 20 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

) Claim No: 15853E839641

) Hearing No: 1801761-JL

) Appeal No: 1802418-RKN

KIMBERLY KLINE,

) Claimant.

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: Wednesday, May 2, 2018

TIME: 1:30 PM

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

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56832-RKN
Closed

NOTICE OF APPEAL AND REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

ANY AGGRIEVED PARTY MAY APPEAL THIS DECISION BY FILING THIS NOTICE OF APPEAL WITH THE APPEALS OFFICE WITHIN THIRTY (30) DAYS OF THE DATE OF THIS DECISION. IF YOU WISH TO APPEAL, PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL TO:

APPEALS OFFICER

**1050 East William Street, Suite 450
Carson City Nevada 89701**

Claim No: 15853E839641
Claimant: KIMBERLY KLINE
Address: 305 Puma Drive
Washoe Valley, NV 89704

Name & Address of Employer AT TIME OF INJURY:

City of Reno
Attn: Andrena Arreygue
PO Box 1900
Reno, NV 89505

Hearing No: 1801761-JL

Decision Dated: January 16, 2018

WHO IS APPEALING? (Claimant ☐) (Employer X) (Insurer ☐)

REASON FOR APPEALING: **Insufficient evidence to support Hearing Officer Decision.**

ATTACH A COPY OF YOUR HEARING OFFICER'S DECISION TO THIS REQUEST

Claimant Note:

You are entitled to have the Nevada Attorney for Injured Workers (NAIW) appointed to represent you at no cost to you. You may represent yourself or may retain a private attorney at your own expense.

Check one:

- ☐ Appoint the Nevada Attorneys for Injured Workers (NAIW) at no cost to me.
☐ I will represent myself.
☐ I have retained the following attorney: _____

Employer Note:

Employers are not entitled to the services of NAIW. The Employer will be represented by:
McDonald Carano LLP

DATED: This 14th day of February, 2018.


LISA WILTSHIRE ALSTEAD

4850-5404-1691, v. 1 [cw12/18/17]

1802418-RKN

Wed 5-2-18
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1 **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Department of Administration,
3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
4 the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage
5 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:

6 KIMBERLY KLINE
7 305 PUMA DR
8 WASHOE VALLEY, NV 89704-9739

9 HERBERT SANTOS JR, ESQ
10 225 S ARLINGTON AVE STE C
11 RENO NV 89501

12 CITY OF RENO
13 ATTN ANDRENA ARREYGUE
14 PO BOX 1900
15 RENO, NV 89505

16 CCMSI
17 PO BOX 20068
18 RENO, NV 89515-0068

19 LISA ALSTEAD
20 PO BOX 2670
21 RENO NV 89505

22 Dated this 20th day of February, 2018.

23 Brandy Fuller
24 Brandy Fuller, Legal Secretary II
25 Employee of the State of Nevada
26
27
28

AA 2156

1950

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 completion of the second PPD evaluation, the Insurer shall render a new determination with appeal rights accordingly.

RECEIVED - LMWA

Time: _____

JAN 17 2018

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McDONALD CARANO

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

KIMBERLY KLINE
1801761-JL

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

APPEAL RIGHTS

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

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



Jason Luis, Hearing Officer

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was 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

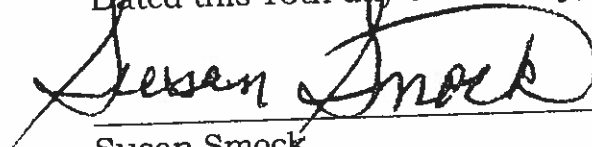
HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

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

AA 2159
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**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

KIMBERLY KLINE,

Petitioner,

CASE NO.: CV19-01683

vs.

DEPT. NO.: 4

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.

ORDER FOR BRIEFING SCHEDULE

On August 28, 2019, Petitioner KIMBERLY KLINE, by and through her attorney, Herb Santos, Jr., Esq. of the Law Firm of Herb Santos, Jr., filed a *Petition for Judicial Review*. On September 9, 2019, Respondent the CITY OF RENO and CANNON COCHRAN MANAGEMENT SERVICES, INC., by and through its attorney, Timothy E. Rowe, Esq. and Lisa Wiltshire Alstead, Esq. of McDonald Carano LLP, filed a *Statement of Intent to Participate*. On September 18, 2019, Rajinder K. Rai-Nielsen, Esq., Appeals Officer, filed a *Certification of Transmittal* was filed. Additionally, on September 18, 2019, the *Record on Appeal In*

1 *Accordance with the Nevada Administrative Procedure Act (Chapter 233B of NRS) and a*
2 *Transmittal of Record on Appeal* were filed.

3 Pursuant to NRS 233B.130, Petitioner must serve the Petition upon the agency and every
4 party within 45 days after the filing of the Petition. The Agency and any party desiring to
5 participate must file a Statement of Intent to Participate within 20 days after service of the
6 Petition.

7 The Petitioner shall transmit to the Court an original or certified copy of the transcript of
8 the evidence resulting in the final decision of the agency, and the Agency that rendered the
9 decision shall transmit to the Court the remainder of the record of the proceedings under review
10 within 45 days after service of the Petition, and shall give written notice of the transmittal. NRS
11 233B.131(1)(a)-(b).

12 Pursuant to NRS 233B.133, Petitioner must serve and file an Opening Brief (Points and
13 Authorities) within 40 days after the Agency has given written notice that the record has been
14 filed with the Court.

15 Respondent shall serve and file an Answering Brief (Points and Authorities) within 30
16 days after service of Petitioner's Opening Brief.

17 Petitioner may serve and file a Reply Brief (Points and Authorities) within 30 days after
18 service of Respondent's Answering Brief.

19 IT IS HEREBY FURTHER ORDERED that Appellant's failure to file her Opening Brief
20 within the time limitation hereinabove stated shall be deemed an admission that the appeal was
21 not well founded and shall constitute adequate grounds for dismissal of the appeal; and

22 IT IS HEREBY FURTHER ORDERED that upon briefs having been filed pursuant to
23 this Order, the matter must be formally submitted to the Court.

24 DATED this 15 day of October, 2019.

25 Connie J. Steinheimer
26 DISTRICT JUDGE
27
28

1 **CERTIFICATE OF SERVICE**

2 CASE NO. CV19-01683

3 I certify that I am an employee of the SECOND JUDICIAL DISTRICT COURT of the
4 STATE OF NEVADA, COUNTY OF WASHOE; that on the 16 day of October, 2019, I filed
5 the **ORDER FOR BRIEFING SCHEDULE** with the Clerk of the Court.

6 I further certify that I transmitted a true and correct copy of the foregoing document by
7 the method(s) noted below:

8 **Personal delivery to the following: [NONE]**

9 X **Electronically filed with the Clerk of the Court, using the eFlex system which**
10 **constitutes effective service for all eFiled documents pursuant to the eFile User Agreement.**

11 TIMOTHY ROWE, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY
OF RENO

12 LISA ALSTEAD, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY
OF RENO

13 HERBERT SANTOS, JR., ESQ. for KIMBERLY M KLINE

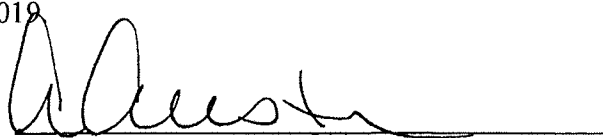
14 **Transmitted document to the Second Judicial District Court mailing system in a**
15 **sealed envelope for postage and mailing by Washoe County using the United States Postal**
16 **Service in Reno, Nevada: [NONE]**

17 **Placed a true copy in a sealed envelope for service via:**

18 Reno/Carson Messenger Service – [NONE]

19 Federal Express or other overnight delivery service [NONE]

20 DATED this 16 day of October, 2019

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6 **IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
7 **IN AND FOR THE COUNTY OF WASHOE**

8 KIMBERLY KLINE,

9
10 Petitioner,

CASE NO.: CV19-01683

11 vs.

DEPT. NO.: 4

12 CITY OF RENO; CANNON COCHRAN
13 MANAGEMENT SERVICES, "CCMSI";
14 the STATE OF NEVADA DEPARTMENT
15 OF ADMINISTRATION, HEARINGS
16 DIVISION, an Agency of the State of
17 Nevada; the STATE OF NEVADA
18 DEPARTMENT OF ADMINISTRATION,
19 APPEALS DIVISION, an Agency of the
20 State of Nevada; MICHELLE
21 MORGANDO, ESQ., Sr. Appeals Officer;
22 RAJINDER NIELSEN, ESQ., Appeals
23 Officer, ATTORNEY GENERAL AARON
24 FORD, ESQ.,

25 Respondents.

26 **AMENDED BRIEFING SCHEDULE ORDER**

27 On August 28, 2019, Petitioner KIMBERLY KLINE, by and through her attorney, Herb
28 Santos, Jr., Esq. of the Law Firm of Herb Santos, Jr., filed a *Petition for Judicial Review*. On
September 9, 2019, Respondent the CITY OF RENO and CANNON COCHRAN
MANAGEMENT SERVICES, INC. (hereinafter "CCMSI"), by and through their attorney,
Timothy E. Rowe, Esq. and Lisa Wiltshire Alstead, Esq. of McDonald Carano LLP, filed a
Statement of Intent to Participate.

On September 18, 2019, Rajinder K. Rai-Nielsen, Esq., Appeals Officer, filed a
Certification of Transmittal. Additionally, on September 18, 2019, the *Record on Appeal In*

1 *Accordance with the Nevada Administrative Procedure Act (Chapter 233B of NRS) and a*
2 *Transmittal of Record on Appeal* were filed.

3 On October 16, 2019, an *Order for Briefing Schedule* was entered setting forth the
4 briefing deadlines pursuant to NRS 233B.130.

5 On October 28, 2019, Petitioner KIMBERLY KLINE and Respondent CITY OF RENO
6 and CCMSI filed a *Stipulation to Extend Time to File Briefs* wherein the parties stipulated and
7 agreed that:

8 1. Petitioner have until December 15, 2019 in which to file her opening brief with
9 supporting memorandum of points and authorities.

10 2. Respondent have until January 20, 2020 in which to file its Answering Brief with
11 supporting memorandum of points and authorities.

12 3. Petitioner have until February 20, 2020 to file a Reply Brief with memorandum of
13 points and authorities.

14 Thereafter, the matter was submitted for the Court's consideration.

15 Upon review of the pleadings and agreement of the parties, the Court finds that it is
16 appropriate to modify the briefing deadlines.

17 Based upon the foregoing and good cause appearing,

18 IT IS HEREBY ORDERED that Petitioner must serve and file an Opening Brief (Points
19 and Authorities) on or before December 15, 2019.

20 IT IS HEREBY FURTHER ORDERED that Respondents shall serve and file an
21 Answering Brief (Points and Authorities) on or before January 20, 2020.

22 IT IS HEREBY FURTHER ORDERED that Petitioner must serve and file a Reply Brief
23 (Points and Authorities) on or before February 20, 2020.

24 IT IS HEREBY FURTHER ORDERED that Petitioner's failure to file an Opening Brief
25 within the time limitation herein above stated shall be deemed an admission that the appeal was
26 not well founded and shall constitute adequate grounds for dismissal of the appeal.

1 IT IS HEREBY FURTHER ORDERED that upon briefs having been filed pursuant to
2 this Order, the matter must be formally submitted to the Court.

3 DATED this 4 day of November, 2019.

4 Connie J. Steinheimer
5 DISTRICT JUDGE
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CERTIFICATE OF SERVICE

CASE NO. CV19-01683

I certify that I am an employee of the SECOND JUDICIAL DISTRICT COURT of the STATE OF NEVADA, COUNTY OF WASHOE; that on the 4 day of November, 2019, I filed the **AMENDED BRIEFING SCHEDULE ORDER** with the Clerk of the Court.

I further certify that I transmitted a true and correct copy of the foregoing document by the method(s) noted below:

 Personal delivery to the following: [NONE]

 X **Electronically filed with the Clerk of the Court, using the eFlex system which constitutes effective service for all eFiled documents pursuant to the eFile User Agreement.**

TIMOTHY ROWE, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY OF RENO

LISA ALSTEAD, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY OF RENO

HERBERT SANTOS, JR., ESQ. for KIMBERLY M KLINE

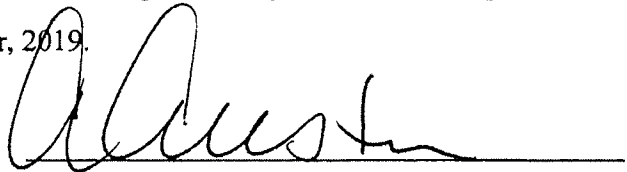
 Transmitted document to the Second Judicial District Court mailing system in a sealed envelope for postage and mailing by Washoe County using the United States Postal Service in Reno, Nevada: [NONE]

 Placed a true copy in a sealed envelope for service via:

 Reno/Carson Messenger Service – [NONE]

 Federal Express or other overnight delivery service [NONE]

DATED this 4 day of November, 2019.



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4 **IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
5 **IN AND FOR THE COUNTY OF WASHOE**

6 KIMBERLY KLINE,

7 Petitioner,

8 vs.

9 CITY OF RENO; CANNON COCHRAN
10 MANAGEMENT SERVICES, "CCMSI";
11 the STATE OF NEVADA DEPARTMENT OF
12 ADMINISTRATION, HEARINGS DIVISION,
13 an Agency of the State of Nevada; the STATE OF
14 NEVADA DEPARTMENT OF ADMINISTRATION
15 APPEALS DIVISION, an Agency of the State of
16 Nevada; MICHELLE MORGANDO,, ESQ., Sr.
17 Appeals Officer; RAJINDER NIELSEN, ESQ.,
18 Appeals Officer; ATTORNEY GENERAL AARON
19 FORD, ESQ.,

20 Respondents.

Case No.: CV19-01683

Dept. No.: 4

21 **ORDER**

22 The parties hereto having stipulated above to extend the time periods set forth in NRS
23 233B.133, and good cause appearing therefore,

24 **IT IS HEREBY ORDERED**

- 25 1. Petitioner shall have until January 14, 2020 in which to file her opening brief with
26 supporting memorandum of points and authorities.
27 2. The Respondent shall have until February 14, 2020 in which to file its Answering Brief
28 with supporting memorandum of points and authorities.
29 3. Petitioner shall have until March 16, 2020 to file a Reply Brief with memorandum of points

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and authorities.

DATED this 20 day of December, 2019.

Connie J. Steinheimer
DISTRICT JUDGE

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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

KIMBERLY KLINE,

Petitioner,

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.

Case No.: CV19-01683

Dept No.: 4

ORDER GRANTING STIPULATION TO EXTEND DEADLINES

The parties hereto having stipulated above to extend the time periods set forth in NRS 233B.133, and good
cause appearing therefore,

IT IS HEREBY ORDERED

1. Petitioner shall have until February 24, 2020 in which to file her opening brief with supporting
memorandum of point and authorities.
2. The Respondent shall have until March 24, 2020 in which to file its Answering Brief with supporting

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1 memorandum of points and authorities.

- 2 3. Petitioner shall have until April 24, 2020 to file a Reply Brief with memorandum of points and authorities.

3 DATED this 16 day of January, 2020.

4 Connie J. Steinheimer
5 DISTRICT JUDGE
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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

KIMBERLY KLINE,

Petitioner,

CASE NO.: CV19-01683

vs.

DEPT. NO.: 4

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.

SECOND AMENDED BRIEFING SCHEDULE ORDER

On August 28, 2019, Petitioner KIMBERLY KLINE, by and through her attorney, Herb Santos, Jr., Esq. of the Law Firm of Herb Santos, Jr., filed a *Petition for Judicial Review*. On September 9, 2019, Respondent the CITY OF RENO and CANNON COCHRAN MANAGEMENT SERVICES, INC. (hereinafter "CCMSI"), by and through their attorney, Timothy E. Rowe, Esq. and Lisa Wiltshire Alstead, Esq. of McDonald Carano LLP, filed a *Statement of Intent to Participate*.

On September 18, 2019, Rajinder K. Rai-Nielsen, Esq., Appeals Officer, filed a *Certification of Transmittal*. Additionally, on September 18, 2019, the *Record on Appeal In*

1 *Accordance with the Nevada Administrative Procedure Act (Chapter 233B of NRS) and a*
2 *Transmittal of Record on Appeal* were filed.

3 On October 16, 2019, an *Order for Briefing Schedule* was entered setting forth the briefing
4 deadlines pursuant to NRS 233B.130.

5 On October 28, 2019, Petitioner KIMBERLY KLINE and Respondent CITY OF RENO
6 and CCMSI filed a *Stipulation to Extend Time to File Briefs* wherein the parties stipulated and
7 agreed to extend the deadline to file Petitioner's opening brief to December 15, 2019, and
8 Respondent's answering brief to January 20, 2020.

9 On November 4, 2019, an *Amended Briefing Schedule Order* was entered extending the
10 briefing deadlines in accordance with the October 28, 2019 stipulation. On November 7, 2019,
11 Petitioner KIMBERLY KLINE filed a *Notice of Entry of Order*.

12 On December 12, 2019, Petitioner KIMBERLY KLINE and Respondent CITY OF RENO
13 and CCMSI filed a second *Stipulation to Extend Time to File Briefs* wherein the parties stipulated
14 and agreed to extend the deadline to file Petitioner's opening brief to January 14, 2020, and
15 Respondent's answering brief to February 14, 2020.

16 On December 20, 2019, an *Order* granting stipulation to extend time periods set forth in
17 NRS 233B.133 was entered extending the briefing deadlines in accordance with the December 12,
18 2019 second stipulation. On January 9, 2020, Petitioner KIMBERLY KLINE filed a *Notice of*
19 *Entry of Order*.

20 On January 13, 2020, Petitioner KIMBERLY KLINE and Respondent CITY OF RENO
21 and CCMSI filed a third *Stipulation to Extend Time to File Briefs* wherein the parties stipulated
22 and agreed to extend the deadline to file Petitioner's opening brief to February 24, 2020 and
23 Respondent's answering brief to March 24, 2020.

24 On January 16, 2020, an *Order Granting Stipulation to Extend Deadlines* was entered
25 extending the briefing deadlines in accordance with the January 13, 2020 third stipulation. On
26 January 21, 2020, Petitioner KIMBERLY KLINE filed a *Notice of Entry of Order*.

27 On February 24, 2020, KIMBERLY KLINE filed *Petitioner's Opening Brief*.
28

1 On March 20, 2020, Petitioner KIMBERLY KLINE and Respondent CITY OF RENO and
2 CCMSI filed a fourth *Stipulation to Extend Briefing Deadlines* wherein the parties stipulated and
3 agreed to extend the deadline for Respondent's answering brief to April 23, 2020 and Petitioner's
4 reply brief to May 23, 2020.

5 Upon review of the pleadings and agreement of the parties, the Court finds that it is
6 appropriate to modify the briefing deadlines.

7 Based upon the foregoing and good cause appearing,

8 IT IS HEREBY ORDERED that the Stipulation to Extend Briefing Deadlines filed on
9 March 20, 2020 is GRANTED.

10 IT IS HEREBY FURTHER ORDERED that Respondents shall serve and file an
11 Answering Brief (Points and Authorities) on or before April 23, 2020.

12 IT IS HEREBY FURTHER ORDERED that Petitioner must serve and file a Reply Brief
13 (Points and Authorities) on or before May 23, 2020.

14 IT IS HEREBY FURTHER ORDERED that upon briefs having been filed pursuant to this
15 Order, the matter must be formally submitted to the Court.

16 DATED this 25 day of March, 2020.

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18 Connie J. Steinheimer
19 DISTRICT JUDGE
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1 **CERTIFICATE OF SERVICE**

2 CASE NO. CV19-01683

3 I certify that I am an employee of the SECOND JUDICIAL DISTRICT COURT of the
4 STATE OF NEVADA, COUNTY OF WASHOE; that on the 25 day of March, 2020, I filed
5 the **SECOND AMENDED BRIEFING SCHEDULE ORDER** with the Clerk of the Court.

6 I further certify that I transmitted a true and correct copy of the foregoing document by the
7 method(s) noted below:

8 **Personal delivery to the following: [NONE]**

9 xx **Electronically filed with the Clerk of the Court, using the eFlex system which**
10 **constitutes effective service for all eFiled documents pursuant to the eFile User Agreement.**

11 TIMOTHY ROWE, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY
OF RENO

12 LISA ALSTEAD, ESQ. for CANNON COCHRAN MANAGEMENT SERVICES, CITY OF
RENO

13 HERBERT SANTOS, JR., ESQ. for KIMBERLY M KLINE

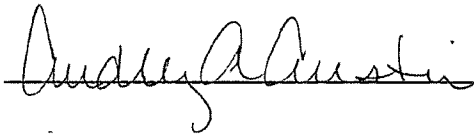
14 **Transmitted document to the Second Judicial District Court mailing system in a sealed**
15 **envelope for postage and mailing by Washoe County using the United States Postal Service**
16 **in Reno, Nevada: [NONE]**

17 **Placed a true copy in a sealed envelope for service via:**

18 Reno/Carson Messenger Service – [NONE]

19 Federal Express or other overnight delivery service [NONE]

20 DATED this 25 day of March, 2020.

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