IN THE COURT OF APPEALS OF THE STATE OF NEVADA

VENETIAN CASINO RESORT, LLC; AND LAS VEGAS SANDS, LLC,

Petitioners,

vs.

THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF CLARK; AND THE HONORABLE KATHLEEN E. DELANEY, DISTRICT JUDGE,

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

Electronically Filed
Dec 09 2021 08:17 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

REAL PARTY IN INTEREST'S APPENDIX, VOLUME 4 (Nos. 704–954)

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DISTRICT COURT

CLARK COUNTY, NEVADA

JOYCE SEKERA, an Individual, Plaintiff, v. VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	CASE NO.: A-18-772761-C DEPT. NO.: 25

PLAINTIFF JOYCE SEKERA'S SECOND SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE

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DISTRICT COURT

CLARK COUNTY, NEVADA

JOYCE SEKERA, an Individual, Plaintiff, v. VENETIAN CASINO RESORT, LLC. d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	)	CASE NO.: A-18-772761-C DEPT. NO.: 25

PLAINTIFF JOYCE SEKERA'S SECOND SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE

COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER LAW FIRM, hereby submits the following Second Supplement to the Early Case Conference Disclosure Statement List of Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter.

NEW ITEMS LISTED IN BOLD.

I

LIST OF WITNESSES

1. Joyce Sekera
   c/o The Galliher Law Firm
   1850 E. Sahara Avenue, Suite 107
   Las Vegas, Nevada 89104

*Expected to testify regarding the facts and circumstances of the incident, the injuries sustained as a result thereof and the effects those injuries have had on her life.

2. Yet to be identified employees
   The Venetian Las Vegas
   c/o Royal & Miles LLP
   1522 W. Warm Springs Road
   Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

3. Person Most Knowledgeable and/or
   Custodian of Records
   The Venetian Las Vegas
   c/o Royal & Miles LLP
   1522 W. Warm Springs Road
   Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

4. Person Most Knowledgeable and/or
   Custodian of Records
   Centennial Hills Hospital
   6900 N. Durango Drive
   Las Vegas, Nevada 89149

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and

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billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

5. Person Most Knowledgeable and/or
   Custodian of Records
   Shadow Emergency Physicians
   1000 River Road, Suite 100
   Conshohocken, Pennsylvania 19428

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

6. Person Most Knowledgeable and/or
   Custodian of Records
   Desert Radiologists
   2020 Palomino Lane #100
   Las Vegas, Nevada 89106

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

7. Jordan B. Webber D.C.
   Person Most Knowledgeable and/or
   Custodian of Records
   Desert Chiropractic & Rehab/Core Rehab
   10620 Southern Highlands Parkway, Suite 110-329
   Las Vegas, Nevada 89141

*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his

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respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

8. Person Most Knowledgeable and/or
   Custodian of Records
   Las Vegas Radiology
   3201 S. Maryland Parkway, Suite 102
   Las Vegas, Nevada 89109

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

9. Michelle Hyla, D.O.
   Person Most Knowledgeable and/or
   Custodian of Records
   Southern Nevada Medical Group
   1485 E. Flamingo Road
   Las Vegas, Nevada 89119

*It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges

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for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

10. Russell J. Shah. M.D.
Person Most Knowledgeable and/or
Custodian of Records
Radar Medical Group
10624 S. Eastern Avenue, #A-425
Henderson, Nevada 89052

*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

11. Person Most Knowledgeable and/or
Custodian of Records
PayLater/WellCare Pharmacy
P.O. Box 1200

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Las Vegas, Nevada 89104
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Las Vegas, Nevada 89125

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

12. Person Most Knowledgeable and/or
Custodian of Records
Las Vegas Pharmacy
2600 W. Sahara Avenue, Suite 120
Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

13. Katherine D. Travnicek, M.D.
Person Most Knowledgeable and/or
Custodian of Records
Pain Institute of Nevada
7435 W. Azure Drive, Suite 190
Las Vegas, Nevada 89130

*It is expected that Dr. Travnicek will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnicek is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work

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life expectancy and a diminished life expectancy. The basis for Dr. Travnicek's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Travnicek will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

14. Person Most Knowledgeable and/or
Custodian of Records
Valley View Surgery Center
1330 S. Valley View Blvd.
Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

15. Person Most Knowledgeable and/or
Custodian of Records
Steinberg Diagnostics
P.O. Box 36900
Las Vegas, Nevada 89133

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

16. Andrew Cash, M.D.
Person Most Knowledgeable and/or
Custodian of Records
Desert Institute of Spine Care
9339 W. Sunset Road, Suite 100
Las Vegas, Nevada 89148

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

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In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

17. Willian D. Smith, M.D.
Person Most Knowledgeable and/or
Custodian of Records
Western Regional Center for Brain & Spine
3061 S. Maryland Parkway, Suite 200
Las Vegas, Nevada 89109

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

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1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

18. Marissa Freeman
8929 Monte Oro Drive
Las Vegas, Nevada 89131
*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

19. Brian Freeman
8929 Monte Oro Drive
Las Vegas, Nevada 89131
*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

20. Carole Divito
7840 Nesting Pine Place
Las Vegas, Nevada 89143
*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

21. Any and all witnesses named by the Defendant.

II

COMPUTATION OF DAMAGES

1. Centennial Hills Hospital	$4,454.00
2. Shadow Emergency Physicians	$1,272.00
3. Desert Radiologists	$77.00
4. Dr. Webber	$10,756.00
5. Las Vegas Radiology	$848.00
6. Dr. Hyla	$1,975.00
7. Dr. Shah	$17,613.50
8. PayLater/WellCare Pharmacy	$282.33
9. Las Vegas Pharmacy	$1,090.93
10. Dr. Travnicek	$16,000.00
11. Valley View Surgery Center	$15,489.48

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12. Steinberg Diagnostics	$1,400.00
13. Dr. Cash	$1,750.00
14. Dr. Smith	**$1,150.00**
15. Wage loss and loss of earning capacity	(To be determined)
16. Past and future pain and suffering	$350,000.00 (estimated)

III

LIST OF DOCUMENTS

1. Records and billing from Centennial Hills Hospital (Bates #JS001 to 074)
2. Billing from Shadow Emergency Services (Bates #JS075 to 076)
3. Records and billing from Desert Radiologists (Bates #JS077 to 082)
4. Records and billing from Dr. Webber (Bates #JS083 to 243)
5. Records and billing from Las Vegas Radiology (Bates #JS244 to 262)
6. Records and billing from Dr. Hyla (Bates #JS263 to 303)
7. Records and billing from Dr. Shah (Bates #JS304 to 378)
8. Billing from PayLater Pharmacy (Bates #JS379)
9. Billing from Las Vegas Pharmacy (Bates #JS380 to 381)
10. Records and billing from Dr. Travnicek (Bates #JS382 to 475)
11. Records and billing from Valley View Surgery Center (Bates #JS476 to 601)
12. Records and billing from Steinberg Diagnostics (Bates #JS602 to 608)
13. Records and billing from Dr. Cash (Bates #JS609 to 658)
14. Records from Dr. Smith (Bates #JS659 to 661)
15. Wage loss document (Bates #JS662)

Second Supplement

16. Records and billing from Dr. Smith (Bates #JS663 to 847)

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17. Tax returns from 2016 (Bates #JS848 to 864)

18. Any and all documents disclosed by the Defendants.

IV

DEMONSTRATIVE EXHIBITS

Plaintiffs may offer at trial. certain Exhibits for demonstrative purposes including, but not limited to, the following:

a. Actual surgical hardware, plates screws. surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;

b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone and will undergo in the future;

c. Actual diagnostic studies and computer digitized diagnostic studies;

d. Samples of tools used in surgical procedures;

e. Diagrams, drawings, pictures, photos, film, video, DVD and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;

f. Computer simulation, finate element analysis, mabymo and similar forms of computer visualization;

g. Power point images/drawings/diagrams/animations/story boards, of the related vehicles involved, the parties involved, the location of the motor vehicle accident and what occurred in the motor vehicle accident;

h. Pictures of Plaintiff's Prior and Subsequent to the Subject accident;

i. Surgical Timeline;

j. Medical treatment timeline;

k. Future Medical timeline;

l. Charts depicting Plaintiff's Life Care Plans;

m. Charts depicting Plaintiff's Loss of Hedonic Damages;

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n. Charts depicting Plaintiff's Loss of Household Services;

o. Photographs of Plaintiff's Witnesses;

p. Charts depicting Plaintiff's Life Expectancy;

q. Story boards and computer digitized power point images;

r. Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;

s. Diagrams/story boards/computer re-enactment of motor vehicle accident;

t. Diagrams of various parts of the human body related to Plaintiff's injuries;

u. Photographs of various parts of the human body related to Plaintiff's injuries;

v. Models of the human body related to Plaintiff's injuries;

w. Samples of a spinal cord stimulator and leads;

x. Sample of an intrathecal drug delivery system and leads;

y. Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

Plaintiff reserves the right to supplement these disclosures with any and all other relevant information and documents and records that come into her possession during discovery.

DATED this 27th day of September, 2018

THE GALLIHER LAW FIRM

Keith E. Galliher, Jr., Esq.
Nevada Bar Number 220
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
Attorneys for Plaintiff

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Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that service of a true and correct copy of the above and foregoing **SECOND SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT** was served on the 25th day of September, 2018, to the following addressed parties by:

_____ First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)

_____ Facsimile, pursuant to EDCR 7.26 (as amended)

✓ Electronic Mail/Electronic Transmission

_____ Hand Delivered to the addressee(s) indicated

_____ Receipt of Copy on this _____ day of _____, 2018,

acknowledged by, _____

Michael A. Royal, Esq.
Gregory A. Miles, Esq.
ROYAL & MILES LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014
Attorneys for Defendants

_____
An employee of THE GALLIHER LAW FIRM

Chart

Joyce P. Sekera

DOB: 03/22/1956

From 11/04/2016 to 08/24/2018

Encounters

Encounter 1 Date 02/22/2018
Diagnosis Lumbar spondylosis with myelopathy (721.42 | M47.16), Cervical spondylosis with myelopathy (721.1 | M47.12), Other secondary scoliosis, lumbosacral region (737.42 | M41.57), Back pain, sacroiliac (724.6 | M53.3)

Encounter #1

History & Physical Report
2/22/2018: Consultation - Lumbar spondylosis with myelopathy (721.42 | M47.16), Cervical spondylosis with myelopathy (721.1 | M47.12), Other secondary scoliosis, lumbosacral region (737.43 | M41.57), Back pain, sacroiliac (724.6 | M53.3) (William D. Smith, MD)
Joyce Sekera
2/22/2018 11:23 AM
Location: WRCBSS Maryland Parkway
Patient #: 379090
DOB: 3/22/1956
Undefined / Language: English / Race: White
Female

History of Present Illness (William D. Smith MD; 2/26/2018 2:46 PM)
The patient is a 61 year old female who presents to the practice today for a transition into care. The patient is transitioning into care and a summary of care was reviewed. Note for "Transition into care": I had the opportunity and pleasure of seeing this 61-year-old woman in my office today. This woman works at The Venetian here in Vegas. She is a salesperson who sells show tickets at a booth there. The patient had been there for some time. She was in her usual state of good health when she went to lunch. She slipped on a wet floor while there. She apparently had a loss of consciousness. She was seen by The Venetian medical staff. She was told that she should go to the hospital. She decided to drive herself there. She was seen at Centennial Hospital and released.

Since this accident, she has had severe low back pain. She does have some moderate cervical spine discomfort as well. She feels that 90% of her discomfort is coming from her lower back. She also states that prior to this accident, to her recollection, she has not been seen by a medical professional regarding any spine issues. Over the past year, she has been seen by chiropractic care, Dr. Weber. She has had some mild transient improvement. However, pain has continued to be quite severe. She has been seen by Pain Management. She had several epidural steroid injections without any significant relief.

On 11/30/17 approximately one year after the injury, she did have a facet rhizotomy. She had a five-day relief of her pain, but her pain has now returned. She does not wish to take any type of pain medications. She takes an occasional Tylenol. She does have some improvement in her back pain with changes in position, a heating pad, and recumbency. Bending, lifting, and twisting worsens her pain. Prolonged sitting and not changing her position also worsens her pain. She is here today for a consultation.

Problem List/Past Medical (Mikayla Pitkin; 2/26/2018 10:27 AM)
No Known Problems 02/26/2018

Allergies (Mikayla Pitkin; 2/26/2018 10:27 AM)
No Known Allergies 02/26/2018
No Known Drug Allergies 02/26/2018

Family History (Mikayla Pitkin; 2/26/2018 10:27 AM)
Mother In good health.
Father Deceased.
Brother 1 In good health.
Sister 1 In good health.

Social History (Mikayla Pitkin; 2/26/2018 10:29 AM)
Occupation/Work Status Retirement (Health Related).
Marital Status Single.
Children 1.
Living situation Lives with his mother.
Tobacco use Current some day smoker. Smokes 1-2 cigarettes a week.
Alcohol Use No alcohol use.
Illicit drug use Never.
HIV risk factors None.
Highest recreation level prior to spine condition No Response.

Medication History (Mikayla Pitkin; 2/26/2018 10:30 AM)
No Current Medications

Past Surgical History (Mikayla Pitkin; 2/26/2018 10:30 AM)
None 02/26/2018

Diagnostic Studies History (Mikayla Pitkin; 2/26/2018 10:30 AM)
Chiropractor
Exercise Therapy
MRI Brain, Brain Stem
MRI, Cervical Spine
MRI, Lumbar Spine
Lumbar Spine X-ray

Review of Systems (Mikayla Pitkin; 2/26/2018 10:31 AM)
General Not Present- Excessive Fatigue, Fever, Night Sweats, Weight Gain and Weight Loss.
HEENT Not Present- Balance Disturbance, Cataracts, Ear Infection, Ear Pain, Eye Infection, Eye Injury, Glaucoma, Hearing Loss, Inability to Smell, Nasal Congestion, Nasal Drainage, Nose Bleed, Ringing in the Ears, Sinus Headaches, Sinus Problems, Spinning Sensation, Vertigo, Wears glasses/contact lenses and Wears hearing aids.
Respiratory Not Present- Asthma, Bloody sputum, Chronic Cough and Shortness of Breath.
Breast Not Present- Breast Pain, Breast Swelling, Breast Tenderness and Nipple Discharge.
Cardiovascular Present- Leg Pain and/or Swelling. Not Present- Heart Murmur, High Blood Pressure, High Cholesterol, Irregular Pulse and Swelling of Extremities.
Gastrointestinal Not Present- Abdominal Pain, Change in Bowel Habits, Indigestion, Jaundice, Nausea, Vomiting and Vomiting Blood.
Female Genitourinary Not Present- Blood in Urine, Incontinence, Painful Urination, Urinary Frequency and Urinary Urgency.
Musculoskeletal Present- Arm Weakness, Arm Pain, Back Pain, Joint Swelling, Leg Pain and Neck Pain. Not Present- Decreased Range of Motion, Joint Pain and Leg Weakness.
Neurological Not Present- Blacking Out, Blurred Vision, Difficulty with Speech, Disorientation, Double Vision, Face Weakness, Fainting Spells, Headaches, Inability to concentrate, Incoordination, Problem with Memory and Seizures.
Psychiatric Not Present- Anxiety, Depression and Insomnia.
Endocrine Not Present- Appetite Changes, Cold Intolerance, Decreased Sweating, Excessive Sweating, Excessive Thirst, Excessive Urination, Hair Changes, Heat Intolerance and Thyroid Problems.
Hematology Not Present- Anemia, Easy Bruising, Excessive Bleeding and Gland problems.

Vitals (Mikayla Pitkin; 2/26/2018 10:26 AM)
2/26/2018 10:26 AM
Weight: 200 lb **Height:** 66 in
Weight was reported by patient.
Height was reported by patient.
Body Surface Area: 2 m² **Body Mass Index:** 32.28 kg/m²

Physical Exam (William D. Smith MD; 2/25/2018 5:42 PM)
The physical exam findings are as follows:
Note: On physical examination, she is a pleasant woman who has a clear understanding of her medical condition. She has mild paraspinal muscle spasms to palpation in her posterior cervical triangle more so on the right than on the left. Flexion and extension is full. She has pain on axial loading, but not a Lhermitte's. She also has pain on axial loading during a Spurling's maneuver, but it really only radiates to her shoulders bilaterally. She is full power throughout. She is areflexic in the upper extremities and does not have sensory changes. Regarding her lower back, she has reduced flexion and extension. She has a positive bilateral finger Fortin test more so on the left than on the right. She does have a positive Gaenslen's maneuver and a Faber sign. She does not have pain on pelvic distraction or compression. She is areflexic other than in the left patella, which is normoreflexic. She does walk with a mildly wide-based gait with an unusual posture with the knee somewhat flexed. Once again, flexion and extension of the lumbar spine is reduced. She does have pain on deep flexion and deep extension both.

Assessment & Plan (William D. Smith MD; 2/26/2018 2:49 PM)
Lumbar spondylosis with myelopathy (721.42 | M47.16)
Current Plans

- Pt Education - Low Back Pain: low back
- Review of Diagnostic Test
  Comments: On review of her cervical MRI, she does have significant straining of her spine with loss of lordosis. There may be a small bulge at C5-6 with some foraminal stenosis. Regarding her lumbar spine, there is a small posterior annular fissure at L4-5. There are Modic changes surprisingly at L1-2 and L2-3 and perhaps mildly at L4-5 as well. The L1-2 disc space has somewhat loss of height. There is mild foraminal stenosis. Regarding her cervical spine, there is a significant left L4-5 facet synovial cyst that is out lateral.
- Instructed / counseled on smoking cessation including modes of cessation. Readiness to quit and motivation assessed.
- Pt Education - Smoking: Ways to Quit: smoking cessation

Cervical spondylosis with myelopathy (721.1 | M47.12)
Current Plans

- Pt Education - Neck Strain *: neck pain
- Pt Education - How to access health information online: discussed with patient and provided information.

Other secondary scoliosis, lumbosacral region (737.43 | M41.57)
Back pain, sacroiliac (724.6 | M53.3)
Current Plans

- CT OF LUMBAR SPINE WITHOUT CONTRAST (72131)
- X-RAY OF LUMBAR SPINE, AP, LATERAL, FLEXION, AND EXTENSION VIEWS (72110)
- X-RAY OF CERVICAL SPINE, AP, LATERAL, FLEXION AND EXTENSION VIEWS (72050)
- X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083)
- X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110) (LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENDPLATE OF L1 AND FEMORAL HEAD.)

Note: At this time, this woman primarily seems to have lumbar spine issues. She does have significant mechanical back pain. She does seem to have a significant component of SI joint dysfunction as well. With this in mind and given the fact that she seems to have a loss of lordosis, she will need AP, lateral, flexion, and extension x-rays of both the cervical and lumbar region, as well as 3ft standing x-rays to rule out any type of scoliosis or kyphosis.

I would also strongly recommend a CT scan of the lumbar spine. This will help us to assess her facets in more detail for which she had a facet block. At the same time, it will help us to evaluate the SI joints in more detail. No other studies will be asked for at this time. I will not change her medication or other treatments at this time. I find this woman believable without any large signs of secondary gain. Certainly, the mechanism she describes certainly could cause the issues of SI joint dysfunction, odic changes, annular fissures, and straightening of her spine. Whether or not she had a preexisting condition, which was asymptomatic may be determined somewhat by the CT scan of the lumbar spine.

This woman was interviewed and examined by myself. All films were reviewed directly by myself. The above is my medical expert opinion within

a reasonable degree of medical probability.

Cc: Farmers W/C (866) 846-3114 (faxed)
Doug Clark, ESQ (702) 862-8562
Walter M. Kidwell, MD (702) 878-9096
Jeffrey Webb, DC (702) 457-7083

Signed by William D Smith, MD (2/26/2018 2:51 PM)

Procedures

CT OF LUMBAR SPINE WITHOUT CONTRAST (72131) Performed: 02/22/2018 (Ordered)
X-RAY OF LUMBAR SPINE, AP, LATERAL, FLEXION, AND EXTENSION VIEWS (72110) Performed: 02/22/2018 (Ordered)
X-RAY OF CERVICAL SPINE, AP, LATERAL, FLEXION AND EXTENSION VIEWS (72050) Performed: 02/22/2018 (Ordered)
X-RAY OF ENTIRE SPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083) Performed: 02/22/2018 (Ordered)
X-RAY OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION- EXTENSION VIEWS (72110) Performed: 02/22/2018 (Ordered)

Scanned Documents

#	Date	Title	Approved By	Comments
1	08/16/2018	Miscellaneous	Pitkin, Mikayla	No
2	07/31/2018	XR C Spine	Pitkin, Mikayla	No
3	07/31/2018	XR L Spine	Pitkin, Mikayla	No
4	07/31/2018	CT L Spine w/o Contrast	Pitkin, Mikayla	No
5	07/31/2018	XR Scoliosis	Pitkin, Mikayla	No
6	07/27/2018	Miscellaneous	Pitkin, Mikayla	No
7	06/29/2018	Miscellaneous	Pitkin, Mikayla	No
8	06/25/2018	Miscellaneous	Pitkin, Mikayla	No
9	05/25/2018	Farmers Insurance	Pitkin, Mikayla	No
10	05/09/2018	State of NV	Pitkin, Mikayla	No
11	03/16/2018	Miscellaneous	Pitkin, Mikayla	No
12	03/14/2018	Farmers Insurance	Pitkin, Mikayla	No
13	02/22/2018	HIE Consent Form	Pitkin, Mikayla	No
14	02/22/2018	Insurance & Referrals	Pitkin, Mikayla	No
15	02/22/2018	New Patient Paperwork	Pitkin, Mikayla	No
16	02/22/2018	Demographic Sheet	Pitkin, Mikayla	No
17	02/22/2018	Patient 5 Page History Form	Pitkin, Mikayla	No
18	02/22/2018	Encounters	Pitkin, Mikayla	No
19	02/07/2018	Farmers Insurance	Pitkin, Mikayla	No
20	01/17/2018	Clark & Richards LLP	Pitkin, Mikayla	No
21	12/11/2017	Farmers Insurance	Pitkin, Mikayla	No
22	11/27/2017	State of Nevada	Pitkin, Mikayla	No
23	08/09/2017	Farmers Insurance	Pitkin, Mikayla	No
24	07/21/2017	Clark & Richards LLP	Pitkin, Mikayla	No
25	05/02/2017	Dr Shah	Pitkin, Mikayla	No
26	04/11/2017	Dr Shah	Pitkin, Mikayla	No
27	03/16/2017	State of Nevada	Pitkin, Mikayla	No
28	03/07/2017	Farmers Insurance	Pitkin, Mikayla	No
29	02/14/2017	State of Nevada	Pitkin, Mikayla	No
30	02/07/2017	Dr Shah	Pitkin, Mikayla	No
31	01/26/2017	Clark & Richards LLP	Pitkin, Mikayla	No
32	01/25/2017	State of Nevada	Pitkin, Mikayla	No
33	01/18/2017	Farmers Insurance	Pitkin, Mikayla	No
34	12/21/2016	MRI C Spine w/o Contrast	Pitkin, Mikayla	No
35	12/21/2016	MRI L Spine w/o Contrast	Pitkin, Mikayla	No
36	12/21/2016	MRI L Spine w/o Contrast	Pitkin, Mikayla	No
37	12/20/2016	Dr Favis	Pitkin, Mikayla	No
38	12/16/2016	MRI Brain	Pitkin, Mikayla	No
39	12/12/2016	EEG	Pitkin, Mikayla	No
40	12/05/2016	Southern Nevada Medical Group	Pitkin, Mikayla	No
41	12/02/2016	Desert Chiro & Rehab	Pitkin, Mikayla	No
42	12/01/2016	Radar Medical Group	Pitkin, Mikayla	No
43	11/30/2016	XR SI Joints	Pitkin, Mikayla	No
44	11/21/2016	Southern Nevada Medical Group	Pitkin, Mikayla	No
45	11/18/2016	Farmers Insurance	Pitkin, Mikayla	No
46	11/15/2016	CHH Facesheet	Pitkin, Mikayla	No
47	11/14/2016	XR C Spine	Pitkin, Mikayla	No
48	11/14/2016	XR L Shoulder	Pitkin, Mikayla	No
49	11/14/2016	XR T Spine	Pitkin, Mikayla	No
50	11/11/2016	Farmers Insurance	Pitkin, Mikayla	No
51	11/08/2016	Desert Chiro & Rehab	Pitkin, Mikayla	No
52	11/04/2016	XR L Spine	Pitkin, Mikayla	No
53	11/04/2016	XR Elbow	Pitkin, Mikayla	No
54	11/04/2016	C4 Form	Pitkin, Mikayla	No
55	11/04/2016	CHH	Pitkin, Mikayla	No

ONE CALL CARE DIAGNOSTICS
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 ▪ Parsippany, New Jersey 07054-0614
TEL 1-800-872-1375 ▪ FAX 1-877-922-1925

For Date: Thursday August 16, 2018

To Referring Physician: WILLIAM SMITH **Fax #:** [illegible]

One Call Care Diagnostics has scheduled the following patient:

Patient: JOYCE SEKERA
Claim Number: OCMP0280435
Date of Injury: November 0[illegible], 2010
Date of Birth: March 22, 1956

Please fax the Medical Order to:

Provider: DESERT RADIOLOGISTS
7200 CATHEDRAL ROCK DR
LAS VEGAS, NV 89128
Phone: (702)759-3600 Fax: (702)598-3436

Procedure	*Scheduled Date and Time*
XRAY LUMBOSACRAL SPINE, TWO OR THREE VIEWS	08/22/2018 08:00 AM

Notes Sent to the Provider:

WE WERE NOT ABLE TO OBTAIN A REASON AS TO WHY THE PATIENT WAS NOT ABLE TO MAKE THEIR ORIGINAL APPOINTMENT. WE HAVE RESCHEDULED THIS PATIENT FOR THEIR DIAGNOSTIC EXAM. THE RE-SCHEDULING INFORMATION WILL BE SENT TO YOU ON A SEPARATE NOTIFICATION.

If you have any questions, please contact us at [illegible] or call us at 800-872-1375, 8AM - 8PM EST
One Call Care Diagnostics - The Connection to Quality http://www.occdiagnostics.com

Sincerely,

ALEXIS
MACHADO

OCCM Service Coordinator

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

[illegible]

DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name:	JOYCE SEKERA	DOB:	3/22/1956
Patient ID:	494028	Gender:	Female
Exam Date:	7/31/2018 07:46 AM	Site:	CATHEDRAL ROCK
Age:	62Y 4M	Acc #:	510785678
Exam Name:	XR C SPINE 2 VWW FLEX AND EXT 72052	Secondary Acc #:	510785678
PI Status:			
Referrer:	WILLIAM D SMITH, MD		
Ref1 Address:	3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER LAS VEGAS, NV 89109		

XR CERVICAL SPINE WITH FLEXION AND EXTENSION

HISTORY: M53.3 (ICD-10 [M53]-Sacrococcygeal disorders, not elsewhere classified

COMPARISON: None

TECHNIQUE: Cervical spine 5 views. AP, lateral, odontoid, and oblique views were performed. Lateral views were performed with flexion and extension.

FINDINGS

There is normal vertebral alignment. Cervical spine straightening. Mild degenerative disk disease at C5-C6 and to a lesser degree C4-C5. Multilevel mild spondylosis. There is no evidence for fracture or dislocation. There are no osseous lesions. There are normal prevertebral soft tissues. The odontoid and lateral masses of C1 are normal. Oblique views show the bony neural foramina are patent. Flexion and extension views demonstrate no ligamentous laxity or instability.

IMPRESSION:

Cervical spine straightening. Often this is positional. However, muscle spasm/strain can have this appearance. Correlate clinically.
Multilevel mild spondylosis.
Mild degenerative changes at the mid and lower C-spine, as described.

Report Electronically Signed by: HOWARD FRANCOIS MD
Report Electronically Signed on: 7/31/2018 08:54 AM

Transcribed By:

Signed By: HOWARD FRANCOIS MD
Finalized Date: 7/31/2018 08:54 AM

CONFIDENTIALITY NOTICE: This message and any attachments are intended only for the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is STRICTLY PROHIBITED. If you have received this message by error, please notify Desert Radiologists immediately by phone and return the original message to us by mail. Thank you.

DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name:	JOYCE SEKERA	**DOB:**	3/22/1956
Patient ID	494820	**Gender**	Female
Exam Date:	7/31/2018 07:17 AM	**Site**	CATHEDRAL ROCK
Age:	62Y 4M	**Acc #**	510765678
Exam Name:	XR L SPINE AP LAT W FLEX EXT [illegible]	**Secondary Acc #**	510765678
Pt Status:			
Referrer:	WILLIAM D SMITH, MD		
Ref Address:	3061 S MARYLAND PKWY STE 203 WESTERN REGIONAL CENTER LAS VEGAS, NV 89109		

XR LUMBAR SPINE WITH FLEXION AND EXTENSION

HISTORY: M53.3 ICD10 M503-Spondylosis without myelopathy or radiculopathy, cervical region

COMPARISON: None

TECHNIQUE: Lumbar spine, 4 views. Flexion and extension views.

FINDINGS

Routine and flexion and extension views of the lumbar spine show normal vertebral body alignment. Mild degenerative disc disease at L4-L5 and L5-S1. Multilevel mild spondylosis is most evident at L4-S1. There is no evidence of bony injury. There is no evidence of spondylolysis. There is no evidence of other significant congenital anomalies. Vascular calcifications noted. Slight levoscoliotic curvature. No evidence of subluxation with flexion-extension.

IMPRESSION:

Osteopenia and degenerative changes as described.
No evidence of fracture or instability.

Report Electronically Signed by: HOWARD FRANCOIS MD
Report Electronically Signed on: 8/1/2018 10:21 AM

Transcribed By:

Signed by: HOWARD FRANCOIS MD
Finalized Date: 8/1/2018 10:21 AM

CONFIDENTIALITY NOTICE: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify Desert Radiology immediately by phone and return the original message to us by mail. Thank you.

DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name:	JOYCE SEKERA	**DOB:**	3/22/1956
Patient ID:	494020	**Gender:**	Female
Exam Date:	7/31/2018 09:55 AM	**Site:**	CATHEDRAL ROCK
Age:	62Y 4M	**Acc #:**	510569401
Exam Name:	CT LS SP W/O CONTRAST (72131	**Secondary Acc #:**	510569401
Pt Status:			

Referrer: WILLIAM D SMITH MD
Ref'l Address: 7001 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS NV 89139

CT LUMBOSACRAL SPINE WITHOUT CONTRAST

HISTORY: X ICD10: M533-Sacrococcygeal disorders, not elsewhere classified; ICD10: M545-Low back pain

COMPARISON: None

TECHNIQUE: Thin section axial CT of the lumbar spine was performed from T12 to S2 vertebral bodies without contrast. Thin section sagittal and coronal reconstructed images were performed from the axial data set. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were used for this examination. All images were reviewed and interpreted.

CONTRAST: None

FINDINGS

There are no acute fractures or dislocations. Mild levoscoliosis of the lumbar spine is noted with apex at L2-3. Vertebral body heights and intervertebral spacing is normal. Anterior osteophyte formation is seen at L1-L3. Moderate facet hypertrophy is seen at right L4-S1 levels and mild facet hypertrophy seen within the remainder of the lumbar spine.

Disc bulge causes mild spinal canal narrowing at L2-3, L3-4 and L4-5. There is bilateral lateral recess narrowing at L4-5.

There is normal mineralization. There are no osteolytic, mixed or sclerotic lesions. There are normal paraspinal soft tissues.

IMPRESSION

Mild spinal canal narrowing at L2-3, L3-4 and L4-5.
Bilateral lateral recess narrowing at L4-5.

Continued...

Name: JOYCE SEKERA
Patient ID: 494020

Date of Birth: 3/22/1956
Gender: Female
Location: CRX

Report Electronically Signed by: SUDIPKUMAR BHANDERI MD
Report Electronically Signed on: 8/ /2018 09:55 AM

Transcribed By:

Signed by: SUDIPKUMAR BHANDERI MD
Finalized Date: 8/ /2018 09:55 AM

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DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name	JOYCE SEKERA	**DOB:**	3/22/1956
Patient ID:	484020	**Gender**	Female
Exam Date:	7/31/2018 05:28 AM	**Site:**	PALOMINO
Age:	62Y 4M	**Acc #**	510765860
Exam Name:	XR SCOLIOSIS STUDY	**Secondary Acc #:**	510765862
Pt Status:			

Referrer: WILLIAM D SMITH, MD
Ref1 Address: 3061 S MARYLAND PKWY STE 206 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89109

Technique: AP and lateral views of the thoracic and lumbar spine, and right and left lateral bending views of the thoracic and lumbar spine submitted for review.

History: M53.3 ICD10: M41.9 Scoliosis, unspecified

FINDINGS:
Reference exam: Lumbar spine x-ray for the same date.

There is no acute fracture or subluxation. There is mild endplate osteophytosis of the mid thoracic and lower lumbar spine. There is equal curvature on the right and left lateral bending images. No significant scoliosis measured on the current exam.

IMPRESSION:

1. No significant scoliosis.

2. Mild degenerative changes of the thoracic and lumbar spine.

Report Electronically Signed by: PREETI TULADHAR MD
Report Electronically Signed on: 8/2/2018 04:54 PM

Transcribed By:

Signed by PREETI TULADHAR MD
Finalized Date: 8/2/2018 04:54 PM

CONFIDENTIALITY NOTICE: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify Desert Radiologists immediately by phone and return the original message to us by mail. Thank you.

ONE CALL CARE DIAGNOSTICS
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 Parsippany, New Jersey 07054-0614
TEL (800) 872-2875 FAX (877) 522-3502

Fax Date: Friday July 27, 2018

To Referring Physician: WILLIAM SMITH **Fax #:** 1-702-731-7195

One Call Care Diagnostics has scheduled the following patient:

Patient: JOYCE SEKERA
Claim Number: OCMP02302433
Date of Injury: November 04, 2016
Date of Birth: March 22, 1956

Please fax the Medical Order to:

Provider: DESERT RADIOLOGISTS
7700 CATHEDRAL ROCK DR
LAS VEGAS, NV 89128
Phone: (702) 798-5600 Fax: (702) 798-5430

Procedure	*Scheduled Date and Time*
CT LUMBAR SPINE WITHOUT CONTRAST	07/31/2018 06:20 AM
XRAY CERVICAL SPINE TWO OR THREE VIEWS	07/31/2018 06:20 AM
XRAY LUMBAR SPINE (MINIMUM OF 4 VIEWS)	07/31/2018 06:20 AM
XRAY LUMBOSACRAL SPINE, TWO OR THREE VIEWS	07/31/2018 06:20 AM
XRAY SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	07/31/2018 06:20 AM

Notes Sent to the Provider:

If you have any questions, please contact us at referrals@oneccdx.com or call us at 800-872-2875, 8AM - 8PM EST.
One Call Care Diagnostics - The Connection to Quality http://www.oneccdx.com

Sincerely

DIANA ESTRADA

OCCM Service Coordinator

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

The information contained in this document may be privileged and confidential and protected from disclosure. If the reader of this document is not the intended recipient, or an employee or agent responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this document in error, please notify us immediately.

ONE CALL CARE DIAGNOSTICS
Patient Scheduling Notification

20 Washington Blvd, P.O. Box [illegible] Parsippany, New Jersey 07054-0614
TEL [illegible] FAX [illegible]

Fax Date: Friday July 27, 2018

To Referring Physician: WILLIAM SMITH **Fax #:** [illegible]

One Call Care Diagnostics has scheduled the following patient:

Patient: JOYCE SEKERA
Claim Number: OCMP0230475
Date of Injury: November [illegible]
Date of Birth: March 22, 1956

Please fax the Medical Order to:

Provider: SIMONMED IMAGING-SUMMERLIN
9485 W WASHINGTON AVE
LAS VEGAS, NV 89129
Phone: [illegible] Fax: [illegible]

Procedure	*Scheduled Date and Time*
CT LUMBAR SPINE WITHOUT CONTRAST	07/30/2018 08:30 AM
XRAY CERVICAL SPINE TWO OR THREE VIEWS	07/30/2018 08:30 AM
XRAY LUMBAR SPINE (MINIMUM OF 4 VIEWS)	07/30/2018 08:30 AM
XRAY LUMBOSACRAL SPINE, TWO OR THREE VIEWS	07/30/2018 08:30 AM
XRAY SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	07/30/2018 08:30 AM

Notes Sent to the Provider:

If you have any questions, please contact us at our [illegible] 866-972-1675, 9AM - 5PM EST
One Call Care Diagnostics. The Center Care Quality http://www.[illegible].com

Sincerely,

DAVID SLUSHIE

OCCM Service Consultant

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

The information contained in this [illegible] is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this document is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

ONE CALL CARE DIAGNOSTICS
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 ▪ Parsippany, New Jersey 07054-0614
TEL (800) 492-2655 ▪ FAX (973) 922-3493

Fax Date: Friday June 29, 2018

To Referring Physician: WILLIAM SMITH **Fax #:** +7023737-7135

One Call Care Diagnostics has scheduled the following patient:

Patient: JOYCE SEKERA
Claim Number: OCM#02304[illegible]
Date of Injury: November 04, 20[illegible]
Date of Birth: March 22, 1956

Please fax the Medical Order to:

Provider: SIMONMED IMAGING-SOMMERLIN
7455 W WASHINGTON AVE
LAS VEGAS, NV 89128
Phone: (702) 453-0455 Fax: (702) 453-6506

Procedure	*Scheduled Date and Time*
XRAY SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	07/02/2018 09:30 AM
CT LUMBAR SPINE WITH CONTRAST	07/02/2018 09:30 AM

Notes Sent to the Provider:

If you have any questions, please contact us at [illegible] or call us at 800-[illegible] 8AM - 5PM EST.
One Call Care Diagnostics - Dedication to Quality Care - www.[illegible]

Sincerely,

YSELY
MERCADO

OCCM Service Coordinator

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

[illegible]

ONE CALL CARE DIAGNOSTICS
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box [illegible] Parsippany, New Jersey [illegible]
TEL (800) [illegible] FAX 1-877-922-[illegible]

Fax Date: Monday June 25, 2018

To Referring Physician: WILLIAM SMITH **Fax #:** (702) [illegible]

One Call Care Diagnostics has scheduled the following patient:

Patient: JOYCE SEKERA
Claim Number: OCM[illegible]04435
Date of Injury: November 04, 2016
Date of Birth: March 22, 1956

Please fax the Medical Order to:

Provider: SIMONMED IMAGING-SUMMERLIN
7455 W WASHINGTON AVE
LAS VEGAS, NV 89128
Phone: (702) 433-6455 Fax: (702) 433-6508

Procedure	*Scheduled Date and Time*
XRAY SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	07/02/2018 09:30 AM
CT LUMBAR SPINE WITH CONTRAST	07/02/2018 09:30 AM

Notes Sent to the Provider:

If you have any questions, please contact us [illegible] at 1-800-972-2878, 8AM - 8PM EST
One Call Care Diagnostics - The Connection to Quality http://www.[illegible]

Sincerely,

ANGELA
CHAFFIN

OCCM Service Coordinator

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone.

FARMERS
INSURANCE

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-2104
(800) 359-0544 Toll Free
(866) 846-3114 Fax

May 25, 2018

Dr. William D. Smith — (702) 851-3113
34061 S. Maryland Pkwy, Suite 200
Las Vegas, NV 89109

RE:	Injured Worker/Your Patient	:	Joyce Sekera
	Employer	:	Brand Veges, LLC
	Date of Injury	:	11/4/2016
	Claim Number	:	WC10132190

Dear Dr. Smith,

In compliance with Decision and Order dated May 9, 2018, hearing number 1812017-JK, please be advised that a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of the claimant's entire spine are authorized. The vendor we use for these tests is One Call Care, and they can be reached at 855-625-6228

If you have any questions regarding this matter, please feel free to contact me.

Very truly yours,

TRUCK INSURANCE EXCHANGE

Kathryn Gaines, Sr. Claims Representative

Enclosure

Cc: Joyce Sekera
H. Douglas Clark, Esq.
Brand Vegas, LLC
DIR
Hooks Law
File

24454, 00W
FARMERS
TP

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

Hearing Number: 1812017-JK
Claim Number: WC10132190

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on March 20, 2018 and a hearing was scheduled for April 26, 2018. The hearing was held on April 26, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented via telephone conference by H. Douglas Clark, Esq., for Clark & Richards, LLP. The Administrator was represented via telephone conference by Terry Pirtle, Hearing Advocate for Delton L. Hooks, Jr., Esq., of Hooks Meng Schaan & Clement, PLLC.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated March 14, 2018.

The issue before the Hearing Officer is Denial of Request for Medical Testing.

DECISION AND ORDER

Claimant appeals the March 14, 2018 determination of the Insurer denying the request of Claimant's physician Dr. William Smith dated February 22, 2018, wherein Dr. Smith requests the following medical testing: a CT of the lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of Claimant's entire spine. At the Hearing of this matter, Counsel for Claimant represented that at this time, Claimant is not seeking payment for treatment from Claimant's third-party action but is seeking the additional testing for the purpose of determining whether Claimant's current complaints/ injuries should be included in the industrial claim. The requested testing is appropriate for that purpose. Accordingly, pursuant to NRS 616C.157, NRS 616C.160 and NRS 616C.160, this matter is hereby **REMANDED** for the Insurer to approve the requested medical testing for the purpose of determining whether Claimant's current complaints should or should not be included in the Claim, and upon receipt of the test results, the Insurer is to

RECEIVED
MAY 09 2018

request that Dr. Smith review the testing and opine as to what is or is not industrially related. Upon receipt and review of Dr. Smith's report on the testing results, the Insurer is to issue a new determination at that time.

IT IS SO ORDERED this 9 day of May, 2018.

John P. Kelleher
Hearing Officer

APPEAL RIGHTS

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

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
HOOKS MENG SCHAAN & CLEMENT, PLLC
2820 W CHARLESTON BLVD STE C23
LAS VEGAS NV 89102

Dated this 9th day of May, 2018.

D Giambelluca
Employee of the State of Nevada

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1812017-JK
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

_____/

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: _____

(Please attach a copy of the Hearing Officer's Decision)

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

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL: _____

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

Name of Attorney or Representative	Person requesting this hearing (please print)
Address	Person requesting this hearing (signature)
City, State, Zip Code	
Telephone Number	Telephone Number Date

NOTICE

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

Signature Telephone Number

If you are appealing the Hearing Officer's decision, file this form no later than thirty (30) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102
(702) 486-2527

TX Result Report

P. 1
03/16/2018 15:54
Serial No. A1610110003192
TC: 578290

AddresSee	Start Time	Time	Prints	Result	Note
7024361189	03-16 15:51	00:02:56	005/005	OK	

Note [illegible]

Result [illegible]

Work Comp. Request

Western Regional Center for Brain & Spine Surgery
Comprehensive Neurosurgical Care

William D. Smith, MD

10061 South Maryland Parkway, Ste 200
Las Vegas, NV 89183

Attention: [illegible] Title: [illegible]
Telephone: [illegible] Fax: [illegible]

Regarding:
Name: Joyce Sekera DOB: 3-22-56
Telephone: [illegible] DOI: [illegible]
Employer: [illegible] CLM #: [illegible]
SSN: [illegible] Body Part: [illegible]

Dr. William D. Smith is Requesting: [illegible]
CPT Codes: [illegible]
ICD-10: [illegible]
Diagnosis: [illegible]

Please indicate if this is:
Approved _____ Denied _____

Which contracted vendor would you like me to go through:

Thank you,

Dr. William D. Smith

Date: [illegible]

Please return this form to: [illegible]
Fax [illegible] or Via Email at: [illegible]
Should you have any questions please feel free to call: 702-737-1948 ext. 202

TX Result Report

P. 1
02/27/2018 17:25
Serial No. A1620110003192
ID: 568740

Addressee	Start Time	Time	Prints	Result	Note
7024361189	02-27 17:22	00:02:53	005/005	OK	

Note [illegible]

Result [illegible]

Work Comp. Request

William D. Smith, MD

3061 South Maryland Parkway, Ste 300
Las Vegas, NV 89109

Attention: [illegible] with: [illegible] Comp
Telephone: [illegible] Fax: [illegible]

Regarding:
Name: Joyce Sekera DOB: 3-22-1956
Telephone: [illegible] DOI: [illegible]
Employer: [illegible] CLM #: [illegible]
SSN: [illegible] Body Part: [illegible]

Dr. William D. Smith is Requesting: [illegible]
CPT Code: [illegible]
ICD-10: [illegible]
Diagnosis: [illegible]
Other: [illegible]

Please indicate if this is:
Approved _____ Denied _____

Which contracted vendor would you like me to go through:

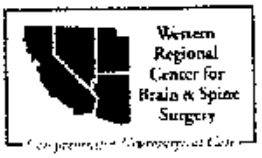
Thank you,

Dr. William D. Smith

Date: [illegible]

Please return this form to: [illegible]
Should you have any questions please feel free to call 702-737-1888 ext. 242

Work Comp. Request



William D. Smith, MD

3061 South Maryland Parkway, Ste 200

Las Vegas, NV 89109

Attention: _____ with _____

Telephone: _____ Fax: _____

Regarding:

Name: _____ DOB _____

Telephone: _____ DOI: _____

Employer: _____ CLM #: _____

SSN: _____ Body Part _____

Dr. William D. Smith is Requesting: _____

CPT Codes: _____

ICD-10: _____

Diagnosis: _____

Please indicate if this is:

Approved _____ **Denied** _____

Which contracted vendor would you like me to go through:

_____

Thank you,

_____ Date: _____

Dr. William D. Smith

Please return this form to: _____

Fax: _____ **or Via Email at:** _____

Should you have any questions please feel free to call: 702-737-1948 ext. 202

FARMERS INSURANCE

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1100
(800) 369-0544 Toll Free
(866) 846-3114 Fax

March 14, 2018

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE: Employer : Brand Vegas, LLC
Claim Number : WC10132190
Date of Injury : 11/4/2016

Dear Ms. Sekera:

We are in receipt of a request from Dr. William Smith for a CT of your lumbar spine with contrast, x-ray of the lumbar spine, x-ray of the cervical spine and an x-ray of your entire spine. These requests are denied.

Dr. Smith notes in his report of 2/22/18 that you have some moderate cervical spine discomfort. Your cervical spine is not an accepted body part. In reviewing the medical records from Centennial Hospital dated 11/4/16, there is no mention of any pain or discomfort to your cervical spine. It is also noted in Dr. Smith's 2/22/18 report that since this accident you have had severe low back pain, and over the past year you have been seen by Dr. Weber for chiropractic care, you have been seen by Pain Management and a facet rhizotomy was done. Farmers Insurance Exchange was not contacted by any of these medical providers requesting payment or indicating that their medical services were related to your industrial injury of 11/4/16. Dr. Smith has also diagnosed you with scoliosis and this medical condition is a non-industrial condition.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

FARMERS
INSURANCE

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy Gaines, Sr. Claims Representative

Enclosure

Cc: H. Douglas Clark, Esq
Dr. William Smith
Brand Vegas LLC
File

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO:	Department of Administration Hearings Division 1050 E. William Street, Ste. 400 Carson City, NV 89701 (775) 687-8440	OR	Department of Administration Hearings Division 2200 S. Rancho Drive, Suite 210 Las Vegas, NV 89102 (702) 486-2525

Employee Information		Employer Information
Employee's Name and Address Sekera, Joyce 7840 Nesting Pine Pl Las Vegas NV 89143		Employer's Name and Address BRAND VEGAS LLC 3135 S Rainbow Blvd Ste 203 Las Vegas NV 89146
Employee's Telephone Number 702-467-5457	Claim No. 90219132140 Date of Injury 11/04/2016	Employer's Telephone Number 702-538-9000
Insurer Information		**Third-Party Administrator Information**
Insurer's Name and Address Farmers Insurance Exchange PO Box 108545 Oklahoma City OK 73101-8545		Third-Party Administrator's Name and Address
Insurer's Telephone Number (800) 369-3944		Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal

_____

_____

_____

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

and is dated this _____ day of _____, 20_____

_____ Signature of Injured Employee Employer

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

D-12a

HealthNE NEVADA

For Internal Use Only: MRN_____

Patient Consent Form for Electronic Exchange of Individual Health Information

Please read through the consent form and provide the following information: (Please Print)

PATIENT NAME: SEKERA (Last) Joyce (First) P (Middle)

PREVIOUS NAME(S)_____ GENDER: M____ F_X_

STREET ADDRESS / P.O. BOX: [illegible] Pine Place

CITY: Las Vegas STATE: NV ZIP CODE: 89143

PHONE NUMBER: [illegible] 4715457 EMAIL: [illegible]@yahoo.com

DATE OF BIRTH: 3 (MM) 22 (DD) [illegible] (YYYY)

Nevada Medicaid Patients Please Read: Nevada law mandates that "a person who is a recipient of Medicaid or insurance pursuant to the Children's Health Insurance Program may not opt out of having his or her individually identifiable health information disclosed electronically" (NRS 439.539). When a patient is no longer a Medicaid recipient, it is the patient's responsibility to change their consent choice, if they choose to do so. Please sign below to indicate your acknowledgement.

Consent Choices: (CHECK ONE) Nevada Medicaid Patients are exempt from making a selection. *Your choice to give or to deny consent may not be the basis for denial of health services*

- I **CONSENT** for all HIE participants to access **ALL** of my electronic health information (including sensitive information) in connection with providing me any health care services, including emergency care

I **CONSENT ONLY IN CASE OF AN EMERGENCY** for all HIE participants to access **ALL** of my electronic health information (including sensitive information) **ONLY** in the event of a medical emergency

I **DO NOT CONSENT** for any HIE participants to access **ANY** of my electronic health information **EVEN** in the event of a medical emergency.

Signature of patient or authorized representative Date: 2/23/18 Time: 11AM

If I sign this form as the Patient's Authorized Representative, I understand that all references in this form to "I", "me" or "my" refer to the Patient.

Name of Authorized Representative (Printed)_____ Relationship_____ Date_____ Time_____

Address of authorized representative signing this form (please print)_____

Phone number of authorized representative_____

FOR INTERNAL USE ONLY

Name of Organization_____ Name of Witness_____

As a witness to this Consent, I attest that the above signer is personally known to me or has established his/her identity with me by satisfactory photo ID, insurance card, or other evidence of identity customarily relied upon in health care

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

Informed Consent for
Controlled Substance Therapy for Pain

In Nevada, per Assembly Bill 474, prescribers must inform their patients of information regarding the treatment of pain with the use of a controlled substance. It is important that you review the following information carefully and request additional information you may need to make an informed choice about the medication(s) prescribed. Please review the information listed here and initial each item.

___ I understand that I am being prescribed medications, including controlled substances for the treatment of pain.

___ I understand that all pain medications, including controlled substances, have different benefits and risks in the treatment of my symptoms. I have been advised of the potential risks and benefits of treatment using controlled substances.

___ I understand that prescription controlled substances can carry serious risks of addiction and overdose, especially with prolonged use.

___ I understand that I am not to use the controlled substance prescribed to me in conjunction with drugs or alcohol, or other medications (unless otherwise directed by my prescriber).

___ Before I was prescribed this pain medication, I was advised regarding non-opioid alternative means of treatment for my symptoms, including but not limited to anti-inflammatories (i.e., Aleve, Tylenol, Ibuprofen, etc.).

___ I understand that when I take controlled substance(s), I may experience certain reactions or side effects that could be dangerous, including, but not limited to, sleepiness or sedation, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of my reactions, or slowing of my breathing.

___ I understand that when I take controlled substance(s), it may not be safe for me to drive a car, operate machinery, or take care of other people. If I feel sedated, confused or otherwise impaired by these medications, I understand that I should not do things that would put myself or other people at risk for being injured.

___ I understand that when I take controlled substances, I may become physically dependent on them, meaning my body will become accustomed to taking the medications every day, and I would experience withdrawal sickness if I stop them or cut back on them too quickly. Withdrawal symptoms feel like having the flu, and may include abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, sunny nose, yawning, anxiety, and sleep problems.

_____ I understand that I may become addicted to controlled substances and require addiction treatment if I cannot control how I am using them, or if I continue to use them for a prolonged period of time. I have discussed with my prescriber the proper use of the controlled substance.

_____ I understand that anyone can develop an addiction to pain medications, but people who have had problems with mental illness or with controlling drug or alcohol use in the past or who have a parent or sibling who has had drug or alcohol abuse problems are at higher risk. I have told my prescriber if I or anyone in my family has had any of these types of problems.

_____ I understand that I must store prescriptions in a secure place and out of the reach of children, other family members and others and/or use a locked medicine cabinet. To safely dispose of unused medications, I can return the unused medications in the bottle to a local pharmacy, a local drug-take back day, or a local police or sheriff substation in my community, or I may safely dispose of them by dissolving them in a Deterra pouch. I understand that I am not to dispose of unused medications into the toilet or sink.

_____ I understand that my doctor may not be permitted to refill my medication via telephone and, therefore, any requests for refills may require a consultation appointment. I understand that my doctor may decline to refill my prescription if s/he believes it to be medically unnecessary and/or harmful to my well-being. I understand that I am being prescribed a controlled substance for a short duration and that prescriptions for additional periods of time may require additional consultation, assessment and agreements.

_____ I understand that due to the risk of possible overdose resulting from of controlled substances, the opioid overdose antidote naloxone (Narcan®) is now available without a prescription. I may obtain naloxone (Narcan®) from a pharmacist.

_____ For **Women:** It is my responsibility to tell my prescriber immediately if I think I am pregnant or if I am thinking about getting pregnant. I understand the risk to a fetus of chronic exposure to controlled substances during pregnancy, including, without limitation, the risks of fetal dependency on the controlled substance, neonatal abstinence syndrome, neurologic and heart problems in the baby, prematurity, and fetal or neonatal death.

Informed Consent:

I understand each of the statements written here and by signing give my consent for treatment of my pain condition with medications, including controlled substances. I have had the opportunity to ask any questions that I may have regarding my treatment of pain with medications, including controlled substances, and am satisfied that my questions have been answered.

Patient Name printed _____ Patient Signature _____ Date _____

Witness (internal use) _____

Western Regional Center for Brain & Spine Surgery

Complete Innovative Neurosurgical Care

Welcome To Our Office!

Today's Date: 2/22/18

The doctor I am seeing today is: Dr. Lee Smith

Referring Doctor: First Name

Name: Joyce (First) P (Middle) Sekera (Last) Last Name

Home Address: 1846 Dotting Pine Pl

City: State: Zip:

Sex: M F ✓ Marital Status: S M D Birth Date: 3-22-56 Age: 61

Telephone: (702) 457-5457 Cellular Phone: ( ) Same

Work Number: ( ) May we contact you at work: Yes No

Email Address: Joyce.sekera@yahoo.com May send information here: Yes No

Occupation: SSN: [illegible]

Employer:

Employer's Address:

City: State: Zip:

In case of emergency, contact: Misty Freeman Relationship: Daughter

Home Phone: (702) 252-7001 Work Phone: ( ) Same

Please complete the following if someone other than the parent is financially Responsible

Name: First Middle Last

Home Address:

City: State: Zip:

Sex: M F Marital Status: S M D Birth Date: Age:

Telephone: ( ) Cellular Phone: ( )

Relationship to patient:

Occupation: SSN:

Employer:

Employer's Address:

City: State: Zip:

How did you learn about our practice?

Western Regional Center for Brain & Spine Surgery

Insurance Information

Today's Date: 2/22/18

Patient's Name: Joyce (First) P. (Middle) Sekera (Last)

Did your injury happen on the job? Yes No

Did you report the accident to your employer? Yes No

Was this a result of an auto injury? Yes No

What date did the injury occur? 11/9/12

Please complete the following section according to the insurance carrier to pay liable for your claim:

PRIMARY INSURANCE / AUTO INSURANCE / OR WORKERS' COMPENSATION INFORMATION

Name of Insurance Company: [illegible] INSURANCE

Address:

City: State: Zip:

Insured's Name: Joyce P. Sekera

Insured's DOB: [illegible] Insured's SS#: [illegible]

Insured's Employer Name:

Group or Claim Number: Policy ID Number: NGC[illegible]

Adjuster or Contact Name: Phone Number:

SECONDARY INSURANCE OR ATTORNEY INFORMATION

Name of Insurance Company:

Address:

City: State: Zip:

Insured's Name:

Insured's DOB: Insured's SS#:

Insurance Employer Name:

Group or Claim Number: Policy ID Number:

Adjuster or Contact Name: Phone Number:

[illegible]

Signature of Responsible Party: [illegible] Date: 2/22/18

Witness Signature: [illegible] Date: 2/22/18

For Internal Use Only: Patient presented with ID card(s) attached (Yes) No

If no, reason ID was not presented:

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

Height: _____ Weight: _____

Do you have any Implanted metal objects in your body?

No: _____
Yes: _____

Where: _____ When: _____

Do you have any Vascular Grafts?

No: _____
Yes: _____

Where: _____ When: _____

Do you have a Pacemaker?

No: _____
Yes: _____

Are you claustrophobic?

No: _____
Yes: _____

Do you wish to be pre-medicated (sedated) for MRI Scans?

No: _____
Yes: _____

How did you hear about our practice? _____

Physician: _____ Hospital: _____

Patient: _____ Friend: _____

Newsletter: _____ Newspaper: _____

Magazine: _____ Internet: _____

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

PATIENT RESPONSIBILITY AGREEMENT FOR CONTROLLED SUBSTANCE MEDICATIONS

Controlled substance medications (i.e., narcotics, tranquilizers and barbiturates) are very useful, but have a high potential for misuse and are, therefore, closely controlled by local, state and federal governments. They are intended to relieve pain, and improving function and/or ability to work.

Because my doctor is prescribing such medication for me to help manage my pain, I agree to the following conditions:

1. **YOU ARE RESPONSIBLE FOR THE CONTROLLED SUBSTANCE MEDICATIONS PRESCRIBED TO YOU.** If your prescription is lost, misplaced, stolen or if you "run out early", please understand that medication **WILL NOT BE REPLACED.**
2. **I WILL NOT REQUEST NOR ACCEPT CONTROLLED SUBSTANCE MEDICATION FROM ANOTHER PHYSICIAN OR INDIVIDUAL WHILE I AM RECEIVING SUCH MEDICATION FROM DR SMITH OR DR. DOUDS. IT IS ILLEGAL TO DO SO [NRS 453-391] AND MAY ENDANGER MY HEALTH. THE ONLY EXCEPTION IS IF IT PRESCRIBED WHILE I AM ADMITTED TO THE HOSPITAL.**
3. **Refills**
   Will be made only during regular office hours, Monday through Thursday 9:00 A.M.to 5:00 P.M., you must allow business days for refills to be authorized. Refills will not be made at night, on weekends, or during holidays **Will not be made** if you "run out early", "lose a prescription", or "spill or misplace" your medication or as an "emergency" such as on Friday afternoon because you suddenly realize you will run out tomorrow. You must call at least 5 business days ahead if you need assistance with a refill. You are responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
4. It may be deemed necessary by your doctor that you see a Pain Management Specialist at any time while you are receiving controlled substance medications. Please understand that if you do not attend such an appointment, your medications may be discontinued or may not be refilled beyond a tapering dose to completion. Also understand that if the specialist feels that you are at risk for psychological dependence **(addiction)**, your medications will no longer be refilled.
5. Driving a motor vehicle may not be allowed while taking controlled substance medications and it is your responsibility to comply with the laws of the state while taking the prescribed medications.

If you violate any of the above conditions, your prescription for controlled substance medications may be **terminated immediately**.

If you are involved in obtaining controlled substance medications from another physician your prescription for controlled medications will be terminated immediately and you may also be reported to all of your physicians, medical facilities, and appropriate authorities. Please understand that these actions are grounds for the ending of your relationship with Western Regional Center for Brain and Spine Surgery.

☑ **I have read and understand the above agreement.**

Joyce Sekera — Print Patient Name

Date of Birth

Patient Signature/Responsible Party

Date

Witness Signature

Date

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

HIPAA COMPLIANT AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Patient Name: Joyce Sekera **Birth Date:** 3-22-55

Address: 7841 Wintergreen Pine Pl **City, State, Zip** L.V. NV 89143

Authorizes:

To Release To:

Western Regional Center for Brain & Spin
3061 S Maryland Parkway #200
Las Vegas, NV 89109

Format to be provided:

☐ Printed Copy ☐ Electronic Copy Dates of Service:_____ to _____

Information to be released: ***will be provided records produced by WRCBSS only***

☐Office visits ☐Procedure reports ☐Entire record ☐Billing ☐Lab results ☐ Medications

☐Consultations ☐Diagnostic results ☐Other (Specify)_____

Purpose of disclosure:_____

I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, which must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be redisclosed without obtaining my authorization.

Your rights with respect to this authorization:

1. I understand this consent may be revoked at any time, with the exception and to the extent that disclosure of this information has already occurred prior to the receipt of revocation by the above named provider.
2. I understand if written revocation is not received, this authorization will be considered valid for a period of time not to exceed 12 months from the date signed. To initiate revocation of this authorization, I must submit my request in writing to the "authorizes" entity above.
3. I understand a photocopy of this authorization is to be considered as valid as the original.
4. I understand the information used or disclosed pursuant to this authorization may be transmitted electronically and may be subject to redisclosure by the recipient and may no longer be protected by Federal law.
5. I understand that I have the right to refuse to sign this authorization, am signing this authorization voluntarily, and that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization.
6. I have the right to receive a copy of this authorization and any records obtained with its use.
7. I understand this consent includes disclosure of: Alcohol, Drug Abuse, and/or Psychiatric records, Sexually Transmitted Disease and HIV/AIDS information.
8. I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information, or obtain copies of my health information, by contacting the Privacy Officer.

Expiration Date: This authorization is good until the following date(s)_____ or for one year from the date signed. I have had the opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Patient or Legal Representative: _____ **Date:** 1-22-18

☐Parent of minor child ☐Power of Attorney ☐ Representative of Deceased's Estate

☐Representative of incapacitated adult ☐Other (specify)_____

Witness:_____

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

I Joyce Sekera (please print your full legal name) give permission for this office to leave a detailed message on the answering service / voicemail messaging at:

☐ My home phone _____ please initial
☑ My cellular phone _____ please initial

DISCLOSURE OF INFORMATION TP PATIENT'S COMPANION(S)

The physicians at Western Regional Center for Brain and Spine Surgery are committed to complying with the HIPAA regulations. Therefore, we require our patients to sign authorization stating that companion(s) (family members, friends, etc.) accompanying them to their appointment are approved to hear discussion regarding the patient's health information.

TO BE COMPLETED BY THE PATIENT

I authorize the following individuals to be involved in the discussion of my medical health information and relieve Western Regional Center for Brian and Spine Surgery of any responsibility for harmful neglect (release of medical health information) by my authorized companion(s):

Relationship	Name
daughter	Misty Freeman

Printed Patient Name: Joyce Sekera

Patient Signature: _____ **Date:** 2/22/18

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at (702) 737-1948. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the HIPAA security rules, please visit ACOG's web site, www.acog.org, or call (202) 863-2584.

Acknowledgment of Review of Notice of Privacy Practices

I have reviewed the Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Chart #

2-22-56

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

For Office Use Only

Notice of Privacy Practices sent/delivered on _____ Initials _____

Signed Acknowledgment of Receipt received on _____ Initials _____

Patient Refused or Failed to Acknowledge Receipt on _____ Initials _____

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

Patient name: Joyce Sekera DOB: 3-22-56

Pharmacy Information

Pharmacy name: Walgreens

Pharmacy location: Fort Dodge

Pharmacy phone number:

Demographics

Race:

Please circle

Asian | Native Hawaiian | Pacific Islander | Black/African American

American Indian | Alaskan Native | White

No Response

Ethnicity:

Please circle

Hispanic | Non- Hispanic | No Response

Language:

Please circle

English | Spanish | French | German

Russian | Polish | Chinese | Italian

Other

Western Regional Center for Brain & Spine Surgery

Comprehensive Neurosurgical Care

William D. Smith, MD

Jason E. Garber, MD, FACS

Stuart S. Kaplan, MD, FACS

Gregory L. Daoch, MD

Medical History Form

www.wrchss.com

Patient Name First: [illegible] MI: [illegible] Last: [illegible]

Date of Birth: 3-22-56 **Age:** 61 **Height:** 5'6" **Weight:** 200 **Email:** [illegible]

Primary Care Physician: **Referring Physician:**

Reason for today's visit: ☐Brain tumor ☐Carpal tunnel syndrome ☐Cauda equina syndrome ☐Cerebral palsy ☐Chronic pain ☐Dizziness ☐Headache ☐Herniated disc ☐Low back pain ☐Neck pain ☐Leg pain ☐Arm pain ☐Numbness & tingling ☐Weakness in limbs, etc. ☐Sciatica ☐Spondylolisthesis ☐Subarachnoid hemorrhage ☐Follow up visit ☐Postoperative visit ☐Scheduled postop visit ☐Non-routine postop visit ☐Work-related health problem ☐Independent Medical Examination ☐Other.

Symptoms *(specific problems)*: [illegible]

How long have you had symptoms?

Is your current problem a result of an accident? ☐Yes ☐No

If "Yes", mark all that apply: ☐Car accident ☐Work accident ☐Accident Other.

Past Medical Problems

Major illnesses and/or injuries *(Mark all that apply below)*

Cardiovascular

If you have experienced chest pain or angina, what was the date of your last EKG?

☐Myocardial infarction ☐Congestive heart failure ☐Peripheral vascular disease

☐Cerebrovascular disease ☐Hypertension (high blood pressure)

☐Other

Respiratory

Date of last chest x-ray:

☐Chronic pulmonary disease ☐Asthma ☐Emphysema

☐Bronchitis ☐Pneumonia ☐Lung cancer

☐Other

Gastrointestinal

☐Liver disease ☐Colon cancer ☐Ulcers ☐Gastritis

☐Other:

Genitourinary

☐Renal/Kidney disease ☐Kidney stone(s) ☐Prostate cancer (males)

☐Endometriosis ☐Uterine ☐Uterine cancer (females)

☐Cervical cancer (females)

☐Other

Musculoskeletal

☐Arthritis ☐Fractures (specify)

☐Cervical spine disease ☐Thoracic spine disease ☐Lumbar spine disease

☐Other

Past Medical Problems *(continued)*

Skin/Breast
☐Connective tissue disease
Date of last mammogram: _____ Result of mammogram: _____
☐Other: _____

Psychiatric
☐Depression ☐Other psychiatric disorder: _____

Endocrine
☐Diabetes ☐Diabetes with end organ damage ☐Thyroid disease
☐Other: _____

Hematology/Lymphatic
☐Anemia ☐Hemophilia ☐Blood clotting
☐Blood transfusion (If checked, when?) _____
☐Other: _____

Immunologic
☐AIDS ☐HIV positive ☐Autoimmune disease
☐Other immunological disorder: _____

Other
☐Dementia ☐Hemiplegia ☐Any tumor
☐Leukemia ☐Lymphoma ☐Metastatic solid tumor
☐ **NONE OF THE ABOVE**

Allergies

Allergy to latex: ☐ Yes ☐ No **Allergy to iodinated contrast:** ☐ Yes ☐ No
Allergies to medications *(specify)*
☐Food allergies *(specify)*: _____
☐Contact allergies *(specify)*: _____
☐Environmental allergies *(specify)*: _____
☐Other *(specify)*: _____
☐ **NONE OF THE ABOVE**

Family History

Family Member	Alive	Deceased	Age	Health Status/Cause of Death
Mother	✓			
Father		✓		
Sister/Brother *(circle one)*	✓			
Sister/Brother *(circle one)*	✓			

Social History

What is your occupation? _____ **What is your current work status?** *(specify below)*
☐Currently working (Full time) ☐Currently working (Part time) ☐Homemaker ☐Retired (due to ill health)
☐Retired (voluntarily) ☐Full-time student ☐Unpaid leave ☐Medical disability - short term
☐Medical disability - long term ☐Unemployed ☐No response

If "Currently working," indicate your work's physical demands: *(specify below)*
☐Sedentary - little or no lifting, seated most of the time ☐Light/moderate - light to moderate lifting, on feet part or most of the time
☐ Heavy - heavy lifting, stairs, ladders, squatting, etc

If "Currently working," has your spine condition impacted your work status and/or the amount of physical work you can perform? ☐Yes ☐No ☐N/A Indicate date last worked _____

Social History *(continued)*

Marital Status: ☒Single ☐Married ☐Separated ☐Divorced ☐Widowed

Do you have children? ☒Yes ☐No Number of Adult (age 18 and over)? ___ / ___ Number of Child (age 0-17)? ___

Do you live alone? ☐Yes ☒No Who lives with you? [illegible]

Do you currently smoke or chew tobacco? ☒Yes ☐No

If 'Yes', how much do you smoke? ☐less than 1 pack per day ☐1 pack per day ☐2 packs per day ☐more than 2 packs per day

☐N/A, currently use chewing tobacco [illegible]

If 'No', specify: ☐Never smoked ☐Quit 0-6 months ago ☐Quit 6-12 month ago

☐Quit more than 1 year ago, less than 2 years ago ☐Quit more than 2 years ago

Do you drink alcohol? ☒No, never ☐Occasionally ☐1 glass/day (light) ☐2-4 glass/day (moderate) ☐5 or more (heavy)

Do you use illicit drugs? ☒Never ☐Rarely ☐Once a month ☐Once a week ☐Once or more per day

Are you at risk for HIV? *(e.g. drug abuse, previous blood transfusion)*

☒No ☐Yes, please explain: ___

Spine Specific

Indicate the highest recreational level you engaged in just prior to your spine condition. *(Mark one below)*

☐Contact sports ☐Non-contact sports ☐Light recreational ☐Sedentary ☐N/A - Disabled ☐No response

Is your recreation level affected by your spine condition? ☒Yes ☐No

Medications

Are you taking pain medications? *(Mark all that apply below)*

☒No ☐Yes, over-the-counter pain medications ☐Yes, prescribed pain medication

If 'Yes', how often do you take pain medications?

☐One dose/week as needed ☐1 dose every 2 days ☐1 or 2 doses per day ☐3 or more doses per day

List your Current Medications	Dose	Frequency

Surgical History

Have you ever had problems with anesthesia? ☐Yes ☒No If yes, please specify: ___

Have you had prior spine surgery? ☐Yes ☐No Specify: ___

Surgeries	Month/Day/Year	Surgeon	Complications

Diagnostic Studies

Indicate if you have undergone any of the following therapies for your back/neck and/or leg/arm before today?
(Mark all that apply)

☐None ☐Bed rest ☐Anti-depressant ☐Acupuncture ☐Behavior therapy ☐Bracing/immobilization ☒Chiropractic

☐Epidural steroid injections Date: ___ **Physician who performed injection?** ___

☐Medications ☐EMG biofeedback ☐Exercise therapy ☐Physical therapy ☐TENS ☐Traction

☐Bone density study ☐MRI brain ☐MRI cervical spine ☐MRI thoracic spine

☐MRI lumbar spine ☐CT brain ☐CT cervical spine ☐CT thoracic spine

☐CT lumbar spine ☐CT pelvis ☐X-ray cervical spine ☐X-ray thoracic spine

☒X-ray lumbar spine ☐Hip x-ray ☐Other (specify) ___

Review of Systems

Do you currently have the following problems? *(Mark all that apply below)*

General
- ☐Fever
- ☐Weight loss
- ☐Weight gain
- ☐Night sweats
- ☐Excessive fatigue

Head, Ears, Eyes, Nose, Throat
- ☐Wears glasses/contact lenses
- ☐Eye infection
- ☐Eye injury
- ☐Glaucoma
- ☐Cataracts

- ☐Hearing loss
- ☐Wears hearing aids
- ☐Ear pain

- ☐Ear infection
- ☐Ringing in the ears

- ☐Balance disturbance
- ☐Vertigo
- ☐Spinning sensation
- ☐Nose bleed
- ☐Nasal congestion

- ☐Nasal drainage
- ☐Inability to smell
- ☐Sinus problems
- ☐Sinus headaches

Respiratory
- ☐Chronic cough
- ☐Shortness of breath
- ☐Bloody sputum
- ☐Asthma

Breast
- ☐Breast pain
- ☐Breast tenderness
- ☐Breast swelling
- ☐Nipple discharge

Cardiovascular
- ☐High blood pressure
- ☐Irregular pulse
- ☐Heart murmur
- ☐High cholesterol
- ☐Swelling of extremities
- ☐Leg pain and or swelling

Gastrointestinal
- ☐Indigestion
- ☐Nausea
- ☐Vomiting
- ☐Vomiting Blood
- ☐Jaundice

- ☐Abdominal pain
- ☐Change in bowel habits

- ☐Blood in urine

- ☐Urinary frequency
- ☐Painful urination
- ☐Urinary urgency
- ☐Incontinence

Musculoskeletal
- ☐Neck pain
- ☐Arm pain
- ☐Arm weakness
- ☐Back pain

- ☐Leg pain
- ☐Leg weakness
- ☐Joint pain
- ☐Joint swelling
- ☐Decreased range of motion

Neurological
- ☐Fainting spells
- ☐Blacking out
- ☐Seizures
- ☐Problems with memory
- ☐Disorientation
- ☐Difficulty with speech
- ☐Inability to concentrate
- ☐Double vision
- ☐Blurred vision
- ☐Face weakness
- ☐Incoordination
- ☐Headaches

Psychiatric
- ☐Anxiety
- ☐Depression

- ☐Insomnia

Endocrine
- ☐Appetite changes
- ☐Thyroid problems
- ☐Excessive thirst
- ☐Excessive urination

- ☐Excessive sweating
- ☐Cold intolerance
- ☐Heat intolerance
- ☐Hair changes

Hematology
- ☐Easy bruising
- ☐Excessive bleeding
- ☐Gland problems
- ☐Anemia

The above information is accurate to the best of my knowledge.

Patient Signature _____ **Date** 2-22-18

I have reviewed the above information with the patient.

Physician Signature _____ **Date** _____

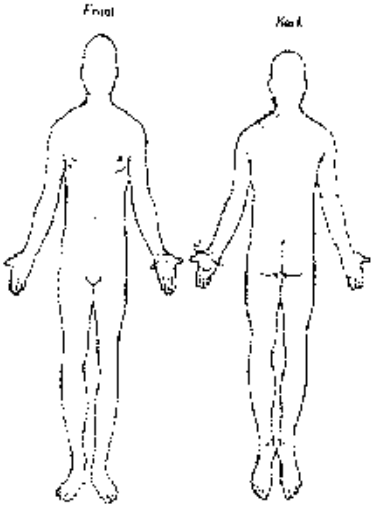
Pain Diagram

Name: Joyce Sekera Date 7.12.18

Please be sure to fill this pain evaluation out extremely accurately.
Mark the areas on your body where you feel the described sensation(s)
Using the appropriate symbols.

Numbness	- - - - - - - - -
Pins & Needles	o o o o o o o
Burning	x x x x x x x
Stabbing	/ / / / / / / /
Aching	((((((((

Neck



Please mark the pain level (0 - 10) that most accurately represents your pain for each indicated area

Neck

NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

Left Arm

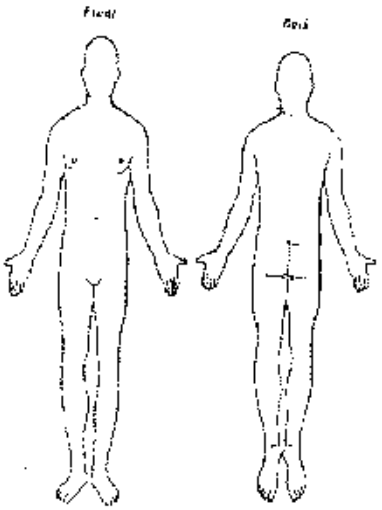
NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

Right Arm

NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

☐ I do not have neck or upper extremity pain

Back



Please mark the pain level (0 - 10) that most accurately represents your pain for each indicated area

Back

NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

Left Leg

NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

Right Leg

NONE ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ UNBEARABLE

☐ I do not have back or lower extremity pain

11/4/16

Tel: (702) 737-1948 **WESTERN REGIONAL CENTER FOR BRAIN & SPINE SURGERY** Room #1

Fax: (702) 737-7195 3061 S. Maryland Pkwy #200 Las Vegas, NV 89109 Fed Tax ID # 88-0274371

NEW PATIENT	CPT
New Pt. Problem Focused	99201
New Pt. Expanded Prob Focused	99202
New Pt. Detailed	99203
New Pt. Comprehensive	99204
New Pt. Complex	99205
CONSULTS - OFFICE	**CPT**
Consultation, Problem Focused	99241
Consultation, Expanded	99242
Consultation, Detailed	99243
Consultation, Comprehensive	99244
Consultation, Complex	99245
OFFICE - ESTABLISHED	**CPT**
Established Pt. Limited	99211
Established Pt. Problem Focused	99212
Established Pt. Expanded	99213
Established Pt. Detailed	99214
Established Pt. Comprehensive	99215
POSTOPERATIVE VISIT	**CPT**
Postoperative Follow-up Visit	99024
TIME	**CPT**
Independent Medical Examination	
OTHER SERVICE	**CPT**
Placement of Bone Growth Stimulator	20974
Reprogramming of CSF Shunt	62252

DIAGNOSIS

CEREBROVASCULAR	ICD10
Nontraumatic subarachnoid hemorrhage	I60.9
Nontraumatic intracerebral hemorrhage	I61.9
Nontraumatic subdural hemorrhage	I62.00
Nontraumatic acute subdural hemorrhage	I62.01
Nontraumatic extradural hemorrhage	I62.1
Occlusion and stenosis of vertebral artery	I65.09
Occlusion and stenosis of carotid artery	I65.29

RECOMMENDATIONS

[illegible handwriting]

CEREBROVASCULAR CONT.	ICD10
Cerebral aneurysm, nonruptured	I67.1
Aneurysm	I72.9
Traumatic subarachnoid hemorrhage w/o LOC	S06.6X0S
Traumatic subdural hemorrhage w/o LOC	S06.5X0S
SPINAL STENOSIS	**ICD10**
Spinal stenosis, cervical region	M48.02
Spinal stenosis, thoracic region	M48.04
Spinal stenosis, lumbar region	M48.06
NEURITIS RADICULITIS	**ICD10**
Cervical neuralgia, radiculopathy	M54.12
Lumbar neuritis, radiculopathy	M54.16
PAIN	**ICD10**
Pain in unspecified joint	M25.50
Cervical spine pain	M54.2
Thoracic spine pain	M54.6
Lumbar spine pain	M54.5
[illegible]	M54.17
[illegible]	M79.76
Limb pain	M79.609
FRACTURES	**ICD10**
Pathological compression fracture of vertebra	M48.5XXA
Fracture of skull	S02.91XA
Closed fracture of cervical vertebra	S12.9XXA
Closed fracture of thoracic vertebra	S22.009A
Closed fracture of lumbar vertebra	S32.009A
NEUROPATHY	**ICD10**
[illegible]	[illegible]
Facial neuropathy	G51.0
[illegible]	G56.01
[illegible]	G56.20
Ulnar nerve neuropathy	G56.22
[illegible]	[illegible]
SPONDYLOSIS	**ICD10**
Cervical spondylosis w/o myelopathy	M47.812
Cervical spondylosis w/ myelopathy	M47.12
Thoracic spondylosis w/o myelopathy	M47.814
Thoracic spondylosis w/ myelopathy	M47.14
Lumbar spondylosis w/o myelopathy	M47.816
Lumbar spondylosis w/ myelopathy	M47.16
SPONDYLOLISTHESIS	**ICD10**
Spondylolisthesis of cervical region	M43.12
Spondylolisthesis of thoracic region	M43.14
Spondylolisthesis of lumbar region	M43.16
Spondylolisthesis of lumbosacral region	M43.17
DISC DISORDERS	**ICD10**
HNP w/ myelopathy, cervical	M50.00
Herniated cervical disc w/o myelopathy	M50.20
Degenerative disc disease, cervical	M50.30
Cervical disc disorder	M50.90
HNP w/ myelopathy, thoracic	M51.04
[illegible] w/ myelopathy	M51.06
[illegible]	M51.24
[illegible]	M51.26

DISC DISORDERS CONT.	ICD10
Degenerative disc disease, thoracic	M51.34
Degenerative disc disease, lumbar	M51.36
Lumbar disc disorder	M51.9
Postlaminectomy syndrome, NEC, spine	M96.1
NEOPLASM	**ICD10**
Malignant neoplasm of cerebral meninges	C70.0
Malignant neoplasm of spinal meninges	C70.1
Malignant neoplasm of cerebrum	C71.0
Malignant neoplasm of frontal lobe	C71.1
Malignant neoplasm of temporal lobe	C71.2
Malignant neoplasm of ventricles	C71.5
Malignant neoplasm of brainstem	C71.7
Malignant neoplasm of spinal cord	C72.0
Benign neoplasm of cerebral meninges	D32.0
Benign neoplasm of spinal meninges	D32.1
Benign neoplasm of brain	D33.2
Benign neoplasm of cranial nerves	D33.3
Benign neoplasm of spinal cord	D33.4
Neoplasm of [illegible] spine	D49.2
Neoplasm of brain	D49.6
BRAIN OTHER	**ICD10**
[illegible]	D18.02
Brain abscess	G06.0
[illegible]	G93
[illegible]	G93.0
Obstructive hydrocephalus	G91.1
Hydrocephalus	G91.8
Cerebral cyst	G93.0
[illegible]	G93.2
[illegible]	G93.5
Cerebral edema	G93.6
Pseudomeningocele	G96.19
Non traumatic epidural hematoma	I62.1
[illegible]	I67.82
Encephalocele	Q01.9
AVM [illegible]	Q28.2
Headache	R51
Contusion [illegible]	S06.2XA
[illegible]	S06.9XA
SPINE OTHER	**ICD10**
Intraspinal abscess	G06.1
Syrinx	G95.0
Spinal cord compression	G95.20
Spinal cord [illegible]	G95.9
[illegible] scoliosis	M41.20
Secondary scoliosis	M41.50
Scoliosis	M41.9
Lumbar spondylolysis	M43.06
Sacroiliac joint dysfunction	M53.3
[illegible]	M96.1
Tethered spinal cord	Q06.8
[illegible] cervical spine	S12.9XXA
[illegible] lumbar spine	S32.009A
OTHER	**ICD10**
[illegible]	[illegible]
[illegible]	[illegible]
Wound [illegible]	T81.4
[illegible]	[illegible]
[illegible]	[illegible]

Date:	Time:	Patient:	DOB
02/22/2018	10:45 am	Joyce Sekera	03/22/1956

Ticket #:	Doctor	Location:	Sex:
1301590	Dr. Sinha	WRCBSS Maryland Parkway	F

Patient Number:	Responsible Party	Phone:
378090	Joyce Sekera	702-457-0457

Address: 7340 Nesting Pine Place Las Vegas, NV 89143

Reason for Visit: WORK COMP [illegible] LUMBAR [illegible] send records [illegible]

Referring Dr.: PCP:

Insurance Company:	Policy ID:	Subscriber
1. Farmers Work Compensation	[illegible]	Joyce Sekera
2.		

Primary Co-Pay: $ 0.00 Secondary Co-Pay: $ 0.00 Prior Bal: $0.00

Today's Payments:

Payment Method: Cash ______ Check ______ Credit Card ______

PATIENT INFORMATION

[illegible handwriting]

MRI L/S, C/S, Brain

NPPW

3/22
Smith

FARMERS
INSURANCE

P.O. Box 108843
Oklahoma City, OK 73101
(800) 369-0344 Toll Free
(866) 846-3110 Fax
(702) 436-1104 Phone

February 7, 2018

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE:	Employer	:	Grand Vegas, LLC
	Date of Injury	:	11/4/2016
	Claim Number	:	WC151-12190

Dear Ms. Sekera:

In compliance with Decision and Order dated November 27, 2017, an appointment has been made for you with Dr. William Smith to determine the breadth and extent of your industrial related lumbar and left elbow injuries. Your appointment is scheduled for Thursday, February 22, 2018 at 10:45 a.m. Dr. Smith's office is located at 4061 S. Maryland Pkwy., Suite 200, Las Vegas, NV 89109. Their telephone is (702) 737-1545. Please contact his office 24 hours in advance to confirm your appointment. Bring all x-ray and MRI films with you to this appointment.

Please arrive by 10:15 a.m. to complete any necessary paperwork. It is also necessary to present valid picture identification. Failure to do so may result in the cancellation of your appointment and have bearing upon future benefits.

It is important you attend to s evaluation. Future benefits are dependent upon it and your claim may be closed if you fail to attend the same. Nevada Revised Statute (NRS) 616C.230(4) states "If any employee persists in an unsanitary or injurious practice that impends or retards his recovery, or refuses to submit to such medical or surgical treatment as is necessary to promote his recovery, his compensation may be reduced or suspended."

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

FARMERS
INSURANCE

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy Gaines, Claims Representative

Enclosure

Cc: Brand Vegas, LLC
Clark & Richards, LLP
DIR
Dr. William D. Smith
File

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

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

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

Employee Information	
Employee's Name and Address Joyce P. Sekera 7840 Hawking Place Las Vegas NV 89143	
Employee's Telephone Number 702-457-5457	Claim No. WC10152190 Date of Injury 11-04-2016

Employer Information
Employer's Name and Address BAYO VEGAS LLC 3150 S Polaris Blvd Ste 305 Las Vegas NV 89146
Employer's Telephone Number 702-638-9000

Insurer Information
Insurer's Name and Address Farmers Insurance Exchange PO Box 105843 Oklahoma City OK 73101-9843
Insurer's Telephone Number (800) 559-3644

Third-Party Administrator Information
Third-Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

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

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

Briefly explain the bases for this appeal:

_____

_____

_____

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

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

_____
Signature of Injured Employee/Employer

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

hdc

clark&richards, l.l.p. howard douglas clark, chtd.

January 17, 2018

Kathy Gaines
Claims Examiner
Farmers Insurance
P.O. Box 108843
Oklahoma City, OK 72101

sent via USPS and by fax (866) 846-3314

RE : Joyce Sekera
Claim No. : WC10132190
Accident : 11-4-16
Employer : Brand Vegas LLC

Dear Ms. Gaines,

Please consider Dr. William D. Smith for the consult ordered by the Hearing Officer.

If you wish to discuss this matter further please contact me at your earliest convenience. Thank you for your continuing courtesy and cooperation in this matter.

Cordially,

H. Douglas Clark, Esq.

HDC/lc
Enclosure
cc:
Joyce Sekera
Dalton Hooks, Jr. Esq. by fax 702-385-7000

2470 st. rose parkway, suite 302 *henderson, nv 89074 *phone: (702) 862-8900 fax: (702) 862-8562
hdc@clarkandrichards.com * www.clarkandrichards.com

P.O. Box 108143
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

December 11, 2017

Clark & Richards, LLP
2470 St. Rose Pkwy. Ste. 302
Henderson, NV 89074
Attn.. H. Douglas Clark, Esq.

RE	Injured Worker/Your Client	:	Joyce Sekera
	Claim Number	:	WC10132190
	Date of Injury	:	11/4/2016
	Employer	:	Brand Vegas, LLC

Dear Mr. Clark:

In compliance with Decision & Order dated November 27, 2017, hearing number 1803581-MB, at this time it would be appreciated if you could advise us the name or names of a physician you would like your client, Joyce Sekera to be evaluated by.

Thank you for your assistance in this matter.

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy Gaines, Sr. Claims Representative

Cc: Joyce Sekera
DIR
Brand Vegas, LLC
Alverson, Taylor, etal.
File

WC10132190

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1808581-MB
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
8130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

The Claimant's request for hearing was filed on September 22, 2017 and a hearing was scheduled for and held on November 9, 2017, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present, represented by H. Douglas Clark, Esq., of Clark and Richards, LLP. The Employer and the Administrator were represented via telephone conference by Ms. Terry Pirtle, Legal Assistant for Dalton L. Hooks, Jr., Esq., of Alverson, Taylor, Mortensen & Sanders.

ISSUE

The Claimant appealed the determination of FARMERS INSURANCE EXCHANGE dated August 9, 2017.

The issue before the Hearing Officer is SCOPE OF CLAIM.

DECISION AND ORDER

The determination of the Insurer is hereby REMANDED. Claimant seeks expansion of the claim to incorporate injuries to the lumbar spine and left elbow beyond the strains presently accepted. Preponderance of the medical evidence made available for hearing creates a medical question in this regard. Accordingly, the Claimant shall be evaluated by mutually agreed upon physician for physicians, if necessary, to determine the breadth and extent of Claimant's industrially related lumbar and left elbow injuries. New determinations shall ensue thereafter relative to the scope of claim upon the Insurer's receipt and review of the forthcoming medical reporting.

NRS 616C.260 Newly developed injury or disease: Inclusion in original claim for compensation; limitation. If, after a claim for compensation is filed pursuant to NRS 616C.020, 1. The injured employee seeks treatment from a physician or chiropractor for a newly developed injury or disease; and 2. The employee's medical records for the injury reported do not include a reference to the injury or disease for which treatment is being sought, or there is no documentation indicating that there was possible exposure to an injury described in paragraph (b), (c) or (d) of subsection 2 of NRS 616A.265, the injury or disease for which treatment is being sought must not be considered part of the employee's original claim for compensation unless the physician or chiropractor establishes by medical evidence a causal relationship between the injury or disease for which treatment is being sought and the original accident.

NRS 616C.330 (3) Powers and duties of hearing officer. If necessary to resolve a medical question concerning an injured employee's condition or to determine the necessity of treatment for which authorization for payment has been denied, the hearing officer may order an independent medical examination, which must not involve treatment, and refer the employee to a physician or chiropractor of his or her choice who has demonstrated special competence to treat the particular medical condition of the employee, whether or not the physician or chiropractor is on the insurer's panel of providers of health care. If the medical question concerns the rating of a permanent

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DEC 11 2017
Worker's Comp

WC10132190

disability, the hearing officer may refer the employee to a rating physician or chiropractor. The rating physician or chiropractor must be selected in rotation from the list of qualified physicians and chiropractors maintained by the Administrator pursuant to subsection 2 of NRS 616C.490, unless the insurer and injured employee otherwise agree to a rating physician or chiropractor. The insurer shall pay the costs of any medical examination requested by the hearing officer.

IT IS SO ORDERED this 27th day of November, 2017

Mercer W. Berens
Hearing Officer

APPEAL RIGHTS

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

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DEC 11 2017
Worker's Comp

WC 10132190

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
9470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD STE 306
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
6605 GRAND MONTECITO PKWY #200
LAS VEGAS NV 89149-0210

Dated this 11th day of November, 2017

Jennifer King
Employee of the State of Nevada

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DEC 11 2017
Worker's Comp

WC10132190

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1803581-MB
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
9130 S RAINBOW BLVD STE 305
LAS VEGAS, NV 89146

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: _____

(Please attach a copy of the Hearing Officer's Decision)

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

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL: _____

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

Name of Attorney or Representative

Person requesting this hearing (please print)

Address

Person requesting this hearing (signature)

City, State, Zip Code

Telephone Number

Telephone Number

Date

NOTICE

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

Signature

Telephone Number

If you are appealing the Hearing Officer's decision, file this form no later than thirty (30) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102
(702) 486-2527

RECEIVED
DEC 11 2017
Worker's Comp

FARMERS INSURANCE

August 9, 2017

P.O. Box 108843
Oklahoma City, OK 73101
(702) 436-1104
(800) 369-0544 Toll Free
(866) 846-3114 Fax

Joyce Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

RE	Employer	:	Brand Vegas, LLC
	Claim Number	:	WC10132190
	Date of Injury	:	11/4/2016

Dear Ms. Sekera:

In compliance with Decision and Order dated March 16, 2017, and after reviewing the medical reporting submitted to us, please be advised that we have expanded the scope of this claim to include your left elbow sprain. Attached is a new Notice of Claim Acceptance letter for your records.

If you or your employer disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed Request for Hearing notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration Hearings Division to the appropriate address on the form.

Very truly yours,

FARMERS INSURANCE EXCHANGE

Kathy Gaines, Claims Representative

Enclosures

Cc: Brand Vegas, LLC H. Douglas Clark, Esq. DIR Alverson, Taylor, et al. File

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

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

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

Employee Information	
Employee's Name and Address Sekera, Joyce 7840 Nesting Place H Las Vegas NV 89143	
Employee's Telephone Number 702-457-5457	Claim No. WC10132190 Date of Injury 11/04/2016
Insurer Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108842 Oklahoma City OK 73101-8843	
Insurer's Telephone Number (800) 369-0544	

Employer Information
Employer's Name and Address BRANG VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146
Employer's Telephone Number 702-538-9600
Third-Party Administrator Information
Third-Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

_____

_____

_____

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

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

_____ Signature of Injured Employee/Employer

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

D-12a

Send all correspondence to:
Email: [illegible]
Work Comp Imaging Center
PO Box 108943
Oklahoma City OK 73101-8043
Fax: (866) 846-4134

August 9, 2017

Joyce Sekera
7840 Nearing Pine Pl
Las Vegas NV 89143

RE:	Claim No.	WC10132190
	Employer:	BRAND VEGAS LLC
	Insurer:	Farmers Insurance Exchange
	Date of Injury:	11/04/2016
	Body Part(s)	Back sprain and left elbow sprain

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

Dear Ms. Sekera,

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your back sprain and left elbow sprain .

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division.

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

or

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

Sincerely

Kathryn Gaines

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

Signature

Date

Retain a copy for your record.

D-30 (rev. 5/16)

CC: BRAND VEGAS LLC , Douglas Clark, Esq.
File
Enclosure(s):
D-12a
D-2 (10-2009)
D-52 (07-2009)

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

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

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

Employee Information	
Employee's Name and Address Sekera, Joyce 7840 Nesting Pine Pl Las Vegas NV 89143	
Employee's Telephone Number 702-487-8457	Claim No. WC10137180 Date of Injury 11/04/2016

Employer Information
Employer's Name and Address BRAND VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146
Employer's Telephone Number 702-538-9000

Insurer Information
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843
Insurer's Telephone Number (800) 366-0544

Third-Party Administrator Information
Third Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

_____

_____

_____

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

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

_____ Signature of Injured Employee/Employer

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

D-12a (rev. 10/05)

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places certification on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the claims or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer,** by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer.** You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a petition for **judicial review with the District Court.** You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 200, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Web site: http://govcha.state.nv.us, E-mail: cha@govcha.state.nv.us

D-2 (rev. 10/07)

07/21/2017 FRI 13:58 FAX

FARMERS 2017

hdc

clark&richards, l.l.p. howard douglas clark, cfld.

July 21, 2017

Kathy Gaines
Claims Examiner
Farmers Insurance
P.O. Box 108843
Oklahoma City, OK 73101

RE : Joyce Sekera
Claim No. : WC10132190
Accident : 11-4-16
Employer : Grand Vegas LLC

Dear Ms. Gaines,

Enclosed please find a copy work related to the third party action in this matter in accordance with the Hearing Officer Decision of 3-17-17

If you wish to discuss this matter further please contact me at your earliest convenience. Thank you for your continuing courtesy and cooperation in this matter.

Cordially,

H. Douglas Clark, Esq.

HDC/kt
Enclosure
cc:
Joyce Sekera
Dalton Hooks, Jr. Esq. by fax 702-385-7000

RECEIVED
JUL 24 2017

2470 st. rose parkway, suite 303 *henderson, nv 89074 *phone: (702) 862-8800 fax: (702) 862-8862
hdc@clarkandrichards.com * www.clarkandrichards.com

000077

Name: SEKERA, JOYCE
DOE: 05-02-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-424, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD
Neurology /Neurophysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C.
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115

PATIENT NAME:	SEKERA, JOYCE
DOB:	03-22-1956
Gender:	F
Date of Injury:	11-04-2016
Date of Evaluation:	05-02-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 05-02-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications.

NAME	DOSAGE	DISCONTINUE DATE
gabapentin		
methocarbamol		
Ibuprofen		

Name: SEKERA, JOYCE
DOE: 05-02-2017

REVIEW OF SYSTEMS

Constitutional Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

Cardiac: Negative unless documented in the HPI and/or Present complaints No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present

GI: Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual: Negative unless documented in the HPI and/or Present complaints. (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic. Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs.

Psychiatric. Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

She is on gabapentin and it helps her mood and emotions

It has helped the low back pain and she is noting overall improvement with the gabapentin

Name: SEKERA, JOYce
DOE: 05-02-2017

She is improved with neck pain

Her memory is still with forgetfulness

She is seeing pain management

She has bilateral gastroca pains and buttocks, low back pain

EXAMINATION

Vital Signs: None Recorded.

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. Mild distress on lumbar ROM
The patient has a clear sensorium.
The patient is a fair historian

Musculoskeletal:

There is mild, moderate lumbar paraspinal muscle tenderness.
There is mild lumbar sacral spinous processes tenderness
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Lumbar range: Lumbar range of motion was limited on extension

Obesity

Cranial Nerves: EOMI
Hearing was intact.
The smile is symmetric.

Motor :

Lowers

Normal power
Reflexes 2

Coordination: Unremarkable

Gait: Normwide based gait which is symmetric.

Name: SEKERA, JOYCE
DOE: 05-02-2017

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- bold reinitiation of aricept as she is improving

2. Cervical strain/headaches

- f/u pain management

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

5. Lumbar strain with leg pain/ache

- neurodiagnostic lowers- completed - results explained
- spine restrictions

6. Carpal tunnel syndrome

- wrist splints

Name: SEKERA, JOYCE
DOB: 05-02-2017

- education
- right hand is quite bad with positive flick/repositioning
- may need a surgeon evaluation if symptoms continue

Sincerely,

Russell J. Shah, MD

Name: SEKERA, JOYCE
DOE: 04-11-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4609

Russell J. Shah MD
Neurology /Neurophysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115

PATIENT NAME:	SEKERA, JOYCE
DOB:	03-22-1956
Gender:	F
Date of Injury:	11-04-2016
Date of Evaluation:	04-11-2017

Dear Dr. JORDAN WEBBER,

JOYCE SEKERA was seen on 04-11-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

MEDICATIONS/ MEDICATION ALLERGY

Medications:

NAME	DOSAGE	SIG	DISCONTINUE DATE
ZPAK		AS DIRECTED	

Name: SEKERA, JOYCE
DOE: 04-11-2017

REVIEW OF SYSTEMS

Constitutional: Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT: Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

Cardiac: Negative unless documented in the HPI and/or Present complaints. No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

GI: Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual: Negative unless documented in the HPI and/or Present complaints (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic: Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs.

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan

RECORD REVIEW

chart

PRESENT COMPLAINT

She is better and not crying andmuch less emotional

She is better in her memory and less forgetful and notes improvement and stopped all medications due to

Name: SEKERA, JOYCE
DOB: 04-11-2017

pain shots

She is with less neck pain and the numbness in the hands is much better

She had injections 2-3 weeks ago and then subsequently had a cough and cold illness which she is recovering from and has delayed her pain shot treatment with Dr. Kidwell's group

She is with low back pain

She has stiffness and ache in the shoulder blades

She is not working now and was in sales.

She is unable to work due to the injury

She is on zpack antibiotics completion today and inhaler

She is off medication as she just had injections and was ill

She has stiffness and achness in the legs

She had an mri of the cervical and lumbar at LV Radiology at Durango

She has noted less hand numbness

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT
98	61	18	65	207	33	148	76	AG

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in mild distress.
The patient has a clear sensorium.
The patient is a fair historian
No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout

Musculoskeletal:

There is mild lumbar paraspinal muscle tenderness

Name: SEKERA, JOYCE
DOB: 04-11-2017

There is no lumbar sacral spinous processes tenderness
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Lumbar range: Lumbar range of motion was limited on extension, No SLR, no Tinels at the fibular head or tarsal tunnel

Obesity

Cranial Nerves: EOMI
No nystagmus.
Anicteric
Hearing was intact
The smile is symmetric.

Motor :

Lower:

Normal power of 5
Able to heel and toe stance
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- will reinitiate aricept after the illness recovers

2. Cervical strain/headaches

- f/u pain management: - hold any procedures till she recovers from the recent illness. She was told that injections/procedures and/or steroids may lower her immune system and will notify pain management

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

Name: SEKERA, JOYCE
DOE: 04-11-2017

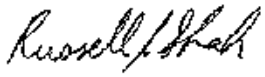
5. Lumbar strain with leg pain/ache

- neurodiagnostic towers

6. Carpal tunnel syndrome

- wrist splint to continue

Sincerely,



Russell J. Shah, MD

State of Nevada
Department of Business & Industry
Division of Industrial Relations
Workers' Compensation Section

ALTERNATIVE CHOICE OF PHYSICIAN or CHIROPRACTOR (NRS 616C.090)

A list of the Panel of Treating Physicians or Chiropractors, or those health care providers, with whom your insurer has contracted, can be obtained from your insurer or third-party administrator upon written request. Your insurer or third-party administrator has 3 working days to provide you the list pursuant to NAC 616C.030.

If within the **first 90 days after the date of injury**, you are not satisfied with the **first** treating physician or chiropractor and

> Your insurer **has entered** into a contract with a managed care organization or with health care providers; you must select an alternative physician or chiropractor according to the terms of the contract. This selection may be made without the prior approval of the insurer. If after choosing your physician or chiropractor, you move to a county not serviced by the contracted managed care organization or health care providers and the insurer deems it impractical for you to continue treating with the physician or chiropractor, you must choose a treating physician or chiropractor who has agreed to the to the terms of the contract unless the insurer authorizes you to choose another physician or chiropractor;
>
> or
>
> Your insurer **has not entered** into a contract with an organization for managed care, or with health care providers, you may select an alternative physician or chiropractor from the Panel of Treating Physicians and Chiropractors.

NOTICE: Any further changes in your treating physician or chiropractor must be in writing and approved by the insurer. If, at any time, you are dissatisfied with a physician or chiropractor selected by yourself, the insurer, managed care organization, or health care provider, a change may be made by submitting a written request to the insurer indicating the name of the alternate physician or chiropractor. The insurer shall approve or deny this request within ten (10) days after receipt of the written request or it shall be deemed approved. You will receive written notification if the insurer denies this request which will include the reason for the denial and appeal rights.

D-52 (Rev. 07/09)

Farmers 24954 MG

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 1708675-NG 1708676 NG Claim Number: WC10132190
JOYCE SEKERA 7840 NESTING PINE PL LAS VEGAS, NV 89143	BRAND VEGAS LLC 3130 S RAINBOW BLVD, STE 305 LAS VEGAS, NV 89146

The Claimant's requests for hearing were filed on January 26, 2017 and hearings were scheduled for and held on March 14, 2017 in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented by H. DOUGLAS CLARK, ESQ. The Administrator was represented by TERRY PIKTLE, LICENSED HEARING REPRESENTATIVE for DALTON HOOKS, JR., ESQ.

ISSUE

The Claimant appealed the determinations of FARMERS INSURANCE EXCHANGE dated November 18, 2016 and January 18, 2017.

The issues before the Hearing Officer are SCOPE OF CLAIM and CLAIM CLOSURE.

DECISION AND ORDER

Claimant's Counsel informed additional documents will be submitted from the medical treatment rendered under the third party claim that will support the Claimant's contention that claim closure is premature as well as the low back injury is beyond a sprain and additional injury to the elbow exists. Therefore, these matters are hereby **REMANDED** for the Insurer to review and consider the forthcoming documents submitted by Claimant's Counsel and upon completion a further determination is to be generated, which is to provide appropriate appeal rights, relative to the issues at hand. **NRS 616C.160** and **NRS 616C.295**

IT IS SO ORDERED this 16th day of March, 2017.

Nora Garcia
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer. Mar. 4/17

RECEIVED
MAR 16 2017
BY CB

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP DEPT
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 15th day of March, 2017.

Jennifer King
Employee of the State of Nevada

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number: 1708675-NG
1708676-NG
Claim Number: WC10132190

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS, NV 89146

_____/

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: _____

(Please attach a copy of the Hearing Officer's Decision)

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL: _____

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

Name of Attorney or Representative	Person requesting this hearing (please print)
Address	Person requesting this hearing (signature)
City, State, Zip Code	
Telephone Number	Telephone Number Date

NOTICE

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

Signature _____ Telephone Number _____

If you are appealing the Hearing Officer's decision, file this form no later than thirty (30) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102
(702) 486-2527

FARMERS INSURANCE

Send all correspondence to
Email: [illegible]
Work Comp Imaging Center
PO Box [illegible]
Oklahoma City OK 73101-[illegible]
Fax (888) 846-4114

March 7, 2017

Joyce Sekera
9840 Sterling Point Pl
Las Vegas NV 89145

RE	Claim No	WC10332190
	Employer	BRAND VEGAS LLC
	Insurer:	Farmers Insurance Exchange
	Date of Injury	11/04/2016
	Body Part(s)	**Amended** low back sprain and left elbow sprain

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

Dear Ms. Sekera,

Farmers Insurance Exchange has accepted the above referenced claim on your behalf. Please check the information contained on this notice. If you find any of the information to be incorrect, please notify the insurer handling the claim.

Your claim has been accepted at this time. Liability is restricted to your **Amended** low back sprain and left elbow sprain

Please forward any information regarding your claim to the mailing address shown on this letter. Also, be sure to notify any medical providers that all medical reports, including disability statements, and bills regarding this injury must be submitted to this office. If you should receive any bills please forward to our office immediately

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the bottom portion of this notice within seventy (70) days after the date on which the notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearing's Division

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

or

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

Sincerely,

Kathryn Gaines

KATHRYN GAINES
Farmers Insurance Exchange

Reason for appeal:

Signature

Date

Retain a copy for your record.

D-30 (rev 5/12)

CC: - CENTENNIAL HILLS HOSPITAL BRAND VEGAS LLC, Douglas Clark, Esq.

Enclosure(s)
D-17a
D-2 (10-2007)
D-52 (07-2009)

State of Nevada
Department of Business & Industry
Division of Industrial Relations
Workers' Compensation Section

ALTERNATIVE CHOICE OF PHYSICIAN or CHIROPRACTOR (NRS 616C.090)

A list of the Panel of Treating Physicians or Chiropractors, or those health care providers, with whom your insurer has contracted, can be obtained from your insurer or third-party administrator upon written request. Your insurer or third-party administrator has 3 working days to provide you the list pursuant to NAC 616C.030

If within the **first 90 days after the date of injury**, you are not satisfied with the **first** treating physician or chiropractor and

Your insurer has entered into a contract with a managed care organization or with health care providers, you must select an alternative physician or chiropractor according to the terms of the contract. This selection may be made without the prior approval of the insurer. If after choosing your physician or chiropractor, you move to a county not serviced by the contracted managed care organization or health care providers and the insurer deems it impractical for you to continue treating with the physician or chiropractor, you must choose a treating physician or chiropractor who has agreed to the to the terms of the contract unless the insurer authorizes you to choose another physician or chiropractor;

or

Your insurer has not entered into a contract with an organization for managed care, or with health care providers, you may select an alternative physician or chiropractor from the Panel of Treating Physicians and Chiropractors

NOTICE: Any further changes in your treating physician or chiropractor must be in writing and approved by the insurer. If, at any time, you are dissatisfied with a physician or chiropractor selected by yourself, the insurer, managed care organization, or health care provider, a change may be made by submitting a written request to the insurer indicating the name of the alternate physician or chiropractor. The insurer shall approve or deny this request within ten (10) days after receipt of the written request or it shall be deemed approved. You will receive written notification if the insurer denies the request which will include the reason for the denial and appeal rights.

D-52 [Rev 03/09]

Name: SEKERA, JOYCE
DOB: 02-07-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD
Neurology /Neurophysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C.
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115

PATIENT NAME:	SEKERA, JOYCE
DOB:	03-22-1956
Gender:	F
Date of Injury:	11-04-2016
Date of Evaluation:	02-07-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 02-07-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY

Medications.

NAME	DOSAGE	SIG	DISCONTINUE DATE
ROBAXIN	UNKNOWN	PRN	

Page: 1

000061

Name: SEKERA, JOYCE
DOB: 02-07-2017

METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	

REVIEW OF SYSTEMS

Constitutional Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

Cardiac. Negative unless documented in the HPI and/or Present complaints. No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory. Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

GI: Negative unless documented in the HPI and/or Present complaints (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual Negative unless documented in the HPI and/or Present complaints (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic: Negative unless documented in the HPI and/or Present complaints (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs.

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan

RECORD REVIEW

chart

PRESENT COMPLAINT

She is less emotional and feels better

Name: SEKERA, JOYCE
DOB: 02-07-2017

She is noting problems with her memory and forgetfulness. She is not recalling items to do and she is forgetting appointments and is walking into rooms and not remembering why she is walking into the room She is noting the headaches and neck pain as well as the low back pain are improved and she is not improving in her memory. This is the biggest issue.

She is with Dr. Webber and had MRI's of the cervical and lumbar completed

The dizziness and nausea are significantly better now.

Bilateral hand numbness and tingling worse on left and positive flick, positive nocturnal repositioning noted

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT
98.2	72	16	66	206.2	33	116	60	CG

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in mild distress.
The patient has a clear sensorium.
The patient is a fair historian
No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout

Musculoskeletal: There is mild cervical paraspinal muscle tenderness.
There is no cervical spinal processes tenderness.
There is tightness and/or muscle spasm of the cervical paraspinal region
There is no florid muscle spasm of the cervical paraspinal area
Tenderness to both trapezius muscles was present.
Tenderness overlying the shoulder blades was not present

No anterior tenderness to the left shoulder areas was present.
A positive Tinel's sign at left wrists.
A negative Tinel's sign at both medial elbow grooves
A positive Phalen's sign at the bilateral wrist.

No anterior chest 1st. rib tenderness
There is mild upper thoracic paraspinal muscle tenderness.
There is no mid thoracic paraspinal muscle tenderness
There is no lower paraspinal muscle tenderness
There is no thoracic spinal processes tenderness.

Name: SEKERA, JOYCE
DOE: 02-07-2017

There is upper tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florrid muscle spasm of the thoracic paraspinal muscles
There is minimal lumbar paraspinal muscle tenderness.
There is no lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florrid muscle spasm of the lumber paraspinal muscles

Cervical range: Cervical range of motion was limited.

Pain on extension: yes
Pain on lateral flexion: yes

Positive axial compression maneuver
No Lhermittes.

Lumbar range: Lumbar range of motion was limited

Obesity

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side

Cranial Nerves: EOMI
No nystagmus.
Anicteric
Shoulder shrug was performed
Hearing was intact
The smile is symmetric.

Motor : Normal power of 5 , bilateral APB is normal power and no muscle fasciculations.
Reflexes were 2 throughout upper
No drift

Lower:

Normal power of 5
Able to heel and toe stance
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric

Romberg was performed and demonstrated with no sway.

Name: SEKERA, JOYCE
DOS: 02-07-2017

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

2. Cervical strain/headaches

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

5. Lumbar strain

6. Carpal tunnel syndrome

DISCUSSION

JOYCE SEKERA was seen for a neurologic follow up earlier today. The main symptoms being addressed today are of memory impairment. These complaints are being medically evaluated and treated.

CAUSATION

The patient's symptoms are the result of the traumatic injury as noted above in the HPI

PLAN

1. Continue Robaxin and ibuprofen as needed.
2. Initiate aricept 5 mg po qd Off label treatment risk/benefits discussed. Patient wishes to try the medication and numerous SE, addiction, weight changes, effects onto the mood and psychology of the brain, cholinergic and anticholinergic systems discussed. Not taking the medication and alternatives were fully discussed. . Risk, benefits, adverse reactions were explained to the patient

Potential teratogenic medication side effects were explained to the patient. The patient understood the small but potential risk of birth defects by using this medication.

The patient agreed to accept the risk of this medication. The patient will be cautious about the potential adverse reactions and side effects. The patient was told and verbalized an understanding that a motor vehicle or heavy machinery is not used in case the potential side effects of drowsiness, sleepiness occurs. In the rare chance of a significant adverse reaction not limited to severe rash, the patient will proceed to the closest emergency room for prompt evaluation and treatment.

I discussed the use of medications in detail with the patient including side effects, usual potential adverse reactions, drug to drug interactions, alternative therapies including non-medication and/or non prescription medications in detail. I explained the mechanism of the medication therapies, goals of therapy, compliance

Name: SEKERA, JOYCE
DOE: 02-07-2017

and withdrawal as well as precautions to be taken with the medications such as frequency of blood test to evaluated different markers including bone marrow and liver toxicity potentials.

3. Re-evaluate in 2 months

4. Spine restrictions

5. May need neuropsychology

6. Obtain spine MRI's results

7. Wrist splints bilateral for symptomatic carpal tunnel- education on how to use was extensive

8. May need hand surgeon

9. Compliance

10. Weight loss program and conditioning for improvement of post traumatic brain syndrome

11. Gym membership recommendations

12. Education greater than 50% of the evaluation time

Sincerely,

Russell J. Shah, MD

hdc

clark&richards, l.l.p. howard douglas clark, chtd.

January 26, 2017

Kathryn Gaines
Claims Examiner
PO Box 108843
Oklahoma City, OK 73101-8843

RE:	Joyce Sekera
Claim No.:	WC10332190
Accident:	1-4-16
Employer:	Brands Vegas LLC

Dear Ms. Gaines,

I am writing on behalf of Joyce Sekera, who I represent in connection with her claim for industrial insurance benefits. Attached please find a medical release for your file.

This letter is to request photocopies of all documentation generated in connection with this claim including medical reports, problem sheets, investigative reports, correspondence, internal memoranda, and the calculation of the claimant's average monthly wage. Please do not send duplicates. If there is a charge for copies, please forward an invoice with the records. Additionally, would you please provide me with photocopies of all future documentation you [illegible] in connection with this case upon your receipt of it.

If there have been any determination letters issued prior to your receipt of this letter, please fax them to my attention at 702-862-8562.

If you wish to discuss this matter further, please write or telephone me at your convenience. Thank you for your courtesy and cooperation in this regard.

Cordially,

H. Douglas Clark, Esq.

HDC/m
Enclosures

2470 st rose parkway, suite 302, henderson, nv 89074, phone (702) 862-8930 fax (702) 862-8562
hdc@clarkandrichards.com | www.clarkandrichards.com

Tel: +12023857000 From: Date: 14/02/17 Time: 12:14 Page: 08

Feb 14 2017 9:12AM

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.324)

ORIGINAL

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

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

WC10032190

Employee's Name and Address Sekera, Joyce 7840 Hesting Pine Pl Las Vegas NV 89145	Employer's Name and Address BRAND VEGAS LLC 3130 S Rainbow Blvd Ste 305 Las Vegas NV 89146
Employee's Telephone Number: 702-461-6452 Claim No.: WC10122190 Date of Injury: 11/04/2016	Employer's Telephone Number: 702 539-9000
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843	Third-Party Administrator's Name and Address
Insurer's Telephone Number (800) 355-0544	Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

Disagree w/scope limitation to back sprain

RECEIVED
FEB - 2 2017
Worker's Comp

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

and mailed this 25 day of January, 20 17

SCHEDULED

Signature of Injured Employee/Employer — JAN 30 2017 — Injured Employee's/Employer's Rep. (Advisor)

17056675-NC

Tel: 12023857000 From: Date: 14/02/17 Time: 12:15 Page: 08

000090

To: 4170235 1000 From: Date: 14/02/17 Time: 12:12 Page: 04
Feb 14 2017 9:10AM No 7442 P 4

ORIGINAL

REQUEST FOR HEARING/CONTEST CLAIM

(Pursuant to NAC 616C.374)

REPLY TO: Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8450

OR Department of Administration
Hearings Division
2250 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

WC/0132190

Employee Information	
Employee's Name and Address Sekera, Joyce 7840 Hearing Pine Pl Las Vegas NV 89143	
Employee's Telephone Number 702-467-6457	Claim No. WC/0132190 Date of Injury 11/04/2016
Insurer Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843	
Insurer's Telephone Number (800) 369-0544	

Employer Information	
Employer's Name and Address BRAND VEGAS LLC 2130 S Rainbow Blvd Ste 305 Las Vegas NV 89146	
Employer's Telephone Number 702-539-9930	
Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

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

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

Briefly explain the issue for this appeal:

Disagree with claim closure

RECEIVED
FEB - 2 2017
Worker's Comp

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

and is dated this 25 day of January, 20 17

Signature of Injured Employee/Employer

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

SCHEDULED ON
JAN 30 2017

To: 4170235 7000 From: Date: 14/02/17 Time: 12:12 Page: 04

000097

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 1708675-NG 1708676-NG Claim Number: WC10132190
JOYCE SEKERA 7640 NESTING PINE PL LAS VEGAS, NV 89143	BRAND VEGAS LLC 3130 S RAINBOW BLVD, STE 305 LAS VEGAS, NV 89146

The Claimant's requests for hearing were filed on January 26, 2017 and hearings were scheduled for and held on March 14, 2017 in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was represented by H. DOUGLAS CLARK, ESQ. The Administrator was represented by TERRY PIRTLE, LICENSED HEARING REPRESENTATIVE for DALTON HOOKS, JR., ESQ.

ISSUE

The Claimant appealed the determinations of FARMERS INSURANCE EXCHANGE dated November 18, 2016 and January 18, 2017.

The issues before the Hearing Officer are SCOPE OF CLAIM and CLAIM CLOSURE

DECISION AND ORDER

Claimant's Counsel informed additional documents will be submitted from the medical treatment rendered under the third party claim that will support the Claimant's contention that claim closure is premature as well as the low back injury is beyond a sprain and additional injury to the elbow exists. Therefore, these matters are hereby **REMANDED** for the Insurer to review and consider the forthcoming documents submitted by Claimant's Counsel and upon completion, a further determination is to be generated, which is to provide appropriate appeal rights, relative to the issues at hand. NRS 616C.160 and NRS 616C.235

IT IS SO ORDERED this 16th day of March, 2017

Nora Garcia
Hearing Officer

APPEAL RIGHTS

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

RECEIVED
MAR 15 2017
BY

000092

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following.

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143

H DOUGLAS CLARK ESQ
CLARK AND RICHARDS LLP
2470 ST ROSE PKWY STE 302
HENDERSON NV 89074

BRAND VEGAS LLC
3130 S RAINBOW BLVD, STE 305
LAS VEGAS NV 89146

FARMERS INSURANCE EXCHANGE
ATTN WORKERS COMP DEPT
7455 ARROYO CROSSING PKWY STE 110
LAS VEGAS NV 89113-4086

DALTON HOOKS JR ESQ
ALVERSON TAYLOR MORTENSEN & SANDERS
7401 W CHARLESTON BLVD
LAS VEGAS NV 89117-1401

Dated this 16th day of March, 2017.

Jennifer King
Employee of the State of Nevada

000093

Send all correspondence to:
Email: workinsuredcs@farmersinsurance.com
Work Comp Inquiry Center
PO Box 108875
Oklahoma City OK 73101-8875
Fax (866) 846-3114

January 16, 2017

Joyce Sekera
7840 Nerring Pine Pl
Las Vegas NV 89143

RE:Claim No:	WC10132196
Date of Injury:	11/04/2016
Employer:	BRAND VEGAS LLC
Insurer/TPA	Farmers Insurance Exchange

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

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

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

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

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

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

Department of Administration Hearings Division 1050 E. William Street, Ste 400 Carson City, NV 89710 (775) 687-8440	or	Department of Administration Hearings Division 2200 S Rancho Dr. #210 Las Vegas, NV 89102 (702) 486-2525

Reason for Appeal: _____

Signature: Kathryn Gaines

Date: January 18, 2017

Retain a copy for your records

D-31 (rev. 10/10)

CC: SRAND VEGAS LLC

Enclosure(s)

D-13

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO:

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

OR

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

Employee Information	
Employee's Name and Address Sekera Joyce 7840 Nesting Pine Pl Las Vegas NV 89143	
Employee's Telephone Number 702-467-3457	Claim No. WC16C33190 Date of Injury 11/04/2015
Insurer Information	
Insurer's Name and Address Farmers Insurance Exchange PO Box 108843 Oklahoma City OK 73101-8843	
Insurer's Telephone Number (800) 368-0544	

Employer Information
Employer's Name and Address GRAND VEGAS LLC 3130 S Rainbow Blvd Ste 395 Las Vegas NV 89146
Employer's Telephone Number 702-636-8000
Third-Party Administrator Information
Third-Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

_____

_____

_____

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

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

_____
Signature of Injured Employee/Employer

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

D-12s

INJURED EMPLOYEE'S RIGHT TO REOPEN A CLAIM WHICH HAS BEEN CLOSED

Nevada Revised Statutes 616C.390 defines your right to reopen your worker's compensation claim after it has been determined that all benefits have been paid and your claim has been closed.

An application to reopen a claim must be in writing and accompanied by a certificate from a physician or chiropractor showing a change in medical condition.

If you did not lose time from work as a result of your industrial injury or occupational disease and you did not receive a permanent partial disability award, you may not request reopening of your claim more than one (1) year after the date on which your claim was closed.

Except as otherwise provided in NRS 616C.390(4), if the request for reopening is denied, the injured employee shall not request reopening of the claim until at least one (1) year after the date on which the final determination of an insurer is issued.

Reopening of a claim is not effective, and thus no benefits or compensation is available, before the date on which an application for reopening is made unless good cause is shown (NRS 616C.390(8)). If your claim closes under NRS 616C.235(2), then you may not reopen your claim (NRS 616C.390(6)).

PPD OFFSET

Nevada Revised Statues (NRS) 616C.405 prohibits an injured employee from receiving a permanent partial disability (PPD) benefit at the same time you are receiving temporary total disability (TTD), temporary partial disability (TPD), or permanent total disability (PTD).

Further, if you have received a PPD on a claim and you were paid the award in a lump sum, future TTD, TPD, or PTD you receive on the same claim must be reduced by a portion of the PPD lump sum; or, if you are receiving installment payments for PPD, those payments will be suspended while TTD, TPD, or PTD is being paid.

The rate at which the PPD offset is deducted is the same as the daily/monthly rate of the PPD award. Except for minimum lump sum awards, for each day/month you receive TTD, TPD, or PTD on the claim, the daily/monthly PPD rate is deducted based on the time period used to calculate the lump sum PPD award. (See NRS 616C.440 for specific information regarding offsets to PTD)

Your PPD lump sum was computed through the day before your 70th* birthday. In other words, the lump sum represents permanent partial disability payments due you from the effective date of your initial PPD payment until you turn 70* years old (unless otherwise entitled to the minimum lump sum). Although you received just one lump sum payment(s), this payment represents the present value of all your future PPD payments.

* PPD awards are calculated using the maximum age established by law which, depending on the date of the injury or occupational disease, may be less than 70 years.

NOTE: This form is to be used by the Claims Agent when sending out permanent partial disability awards or whenever applicable.

D-23 (Rev. 1/99)

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 730-8100 www.sdmicle.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera
SDMI #: 790179.0
Pt. DOB: 03/22/1956
Pt. Sex: Female
Date of Service: 12/21/16
SDMI Location: CH

Physician: Jordan Webber DC
Dr. Fax: (702) 463-9773
Dr. Phone: (702) 463-9508
Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149
Cc:
Cc:

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY:

Neck pain and bilateral arm numbness, pain, weakness

TECHNIQUE:

T1 sagittal, T2 sagittal and axial T2 images were obtained. 117 images.

COMPARISON:

None

FINDINGS:

There is mild dextrocurvature centered at C6-7. There is straightening of the cervical lordosis. Vertebral bodies are normal in alignment. Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The intervertebral discs throughout the cervical spine are desiccated without significant loss of height.

C2-3: No disc bulge, spinal canal or neuroforaminal stenosis

C3-4: No disc bulge, spinal canal or neuroforaminal stenosis. Mild bilateral facet hypertrophy.

C4-5: No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertebral arthropathy. Mild bilateral facet hypertrophy.

C5-6: Mild broad disc protrusion. Spinal canal AP diameter of 12 mm. Bilateral facet hypertrophy. Bilateral uncovertebral arthropathy. Mild left greater than right neuroforaminal stenosis.

C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 mm. No significant neuroforaminal stenosis.

C7-T1: No disc bulge, spinal canal or neuroforaminal stenosis

IMPRESSION:

Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-C6. No spinal canal stenosis throughout. Mild dextrocurvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

Physician Access To Images and Reports Is Available Online at www.sdmicle.com

7251 W. Lake Mead Blvd., Las Vegas, NV 89128
4 Sunset Way, Henderson, NV 89014
7412 S. Maryland Pkwy., Las Vegas, NV 89119
8985 S. Eastern Dr., Las Vegas, NV 89123
9100 Sunset Rd., Las Vegas, NV 89148
8804 Boulder Highway, Henderson, NV 89052
8870 W. Post Road, Las Vegas, NV 89148

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12/22/16 JU

000057

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS
Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: Sarah Kyra MD 12/22/2016 9:28 AM

Electronically approved by: Sarah Kyra MD Date: 12/22/16 10:47

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

[illegible]

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000058

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS
Phone: (702) 732-6000 www.sdmich.com Fax: (702) 732-4071

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera
SDMI #: 790179.0
Pt. DOB: 03/22/1956
Pt. Sex: Female
Date of Service: 12/21/16
SDMI Location: CH

Physician: Jordan Webber DC
Dr. Fax: (702) 488-3772
Dr. Phone: (702) 483-9588
Dr. Addr.: 7810 W Ann Rd Ste 130 Las Vegas, NV 89149
Cc
Cc

MRI LUMBAR SPINE WITHOUT IV CONTRAST

CLINICAL HISTORY:
Lower back pain; secondary to fall 2011 416. Bilateral arm and leg pain and numbness as well as weakness.

TECHNIQUE:
Multiplanar imaging is performed without IV contrast. 108 images

FINDINGS:
The conus medullaris is in normal position with normal signal. Normal lumbar vertebral body height, signal and alignment with degenerative endplate changes at L2, L3, minimally at L4 as well as at L5. Disc degeneration throughout the lumbar spine with normal disc space height.

At T12-L1, no disc bulge or canal stenosis. No neural foraminal narrowing.

At L1-2, mild disc bulge without canal stenosis. AP dimension of the canal at this level 12 mm. No neural foraminal narrowing.

At L2-3, minimal spondylosis and disc bulge with AP dimension of the canal at this level 12 mm without canal stenosis. No neural foraminal narrowing.

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 mm without canal stenosis. No neural foraminal narrowing. Mild facet and ligamentum flavum hypertrophy bilaterally.

At L4-5, left paracentral disc bulge with annular fissuring. AP dimension of the canal at this level 11 mm without canal stenosis. Facet and ligamentum flavum hypertrophy bilaterally. No neural foraminal encroachment.

At L5-S1, central disc bulge with facet hypertrophy bilaterally. AP dimension of the canal at this level 10 mm without canal stenosis. No neural foraminal narrowing noted. There is note made of a synovial cyst measuring 8 mm extending posteriorly of the left facet joint into the paraspinous musculature without spinal impingement.

IMPRESSION:
Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1. Annular fissuring at L4-5. No canal stenosis or neural foraminal narrowing at any level. There is note made of facet and ligamentum flavum hypertrophy at multiple levels.

Physician Access To Images and Reports Is Available Online at www.sdmi-le.com

1707 W. Tropicana Ave., Las Vegas, NV 89123
4 Sunset Way, Suite E-5, Henderson, NV 89014
3838 S. Maryland Pkwy., Las Vegas, NV 89109
6625 N Durango Dr., Las Vegas, NV 89149
850 Trader Ln, Las Vegas, NV 89107
7810 W. Ann Rd., Las Vegas, NV 89149

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12/22/16
000059

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: Saul Ruben M.D 12/22/2016 8:07 AM

Electronically approved by: Saul Ruben, M.D Date: 12/22/16 08:41

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

[illegible]

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000080

SDMI STEINBERG DIAGNOSTIC

Patient Name: Sekera, Joyce P
DOB: 22-Mar-1956
ID: 790179.0
Study Date: 21-Dec-2016 18:56

Final Report
MR Mri Lumbar Spine Without

Signed by **Ruben. Saul** Signed on. **22-Dec-2018 08.41**

Russell J. Shah MD

Neurology and Clinical Neurophysiology
Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
(702) 644-9500

NEUROLOGY FOLLOW-UP EVALUATION

JORDAN WEBBER D.C.
2425 N Lamb Blvd Ste #100
Las Vegas, NV 89115

RE:	SEKERA, JOYCE
DOB:	03-22-1956
SSN:	
Gender:	F
Date of Injury:	11-04-2016
Date of Evaluation:	12-20-2016

Dear Dr. JORDAN WEBBER D.C.:

JOYCE SEKERA was seen on 12-20-2016 for a follow-up evaluation.

Chief Complaint: Neck and low back pains, memory loss

Problem List:

DATE	DI CODE	DI DESCRIPTION	COMMENT
12-01-2016	R41.3	MEMORY LOSS/OTHER AMNESIA	
12-01-2016	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	
12-01-2016	F07.81	POST CONCUSSION OR POST TRAUMA BRAIN SYN	
12-01-2016	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	
12-01-2016	R51	HEADACHE	
12-01-2016	W01.0XXA	FALL SAME LEV FROM SLIP/TRIP W/O STRIKE AGAINST OBJECT, INIT	
12-01-2016	G43.909	MIGRAINE, UNSP, NOT	

000053

Name: SEKERA, JO CE
DOB: 12-20-2016%

		INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	
12-01-2016	S39.012A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	
12-01-2016	G47.09	INSOMNIA, UNSPECIFIED	

CURRENT CLINICAL TREATMENT STATUS

The patient's primary treating physician is Dr. JORDAN WEBBER D.C .

MEDICATIONS/ MEDICATION ALLERGY

Medications:

NAME	DOSAGE	SIG
IBUPROFEN	800MG	1 TAB PRN PA

Allergy:

NO KNOWN ALLERGY	ALLERGEN	SIDE EFFECT
☑		

RECORD REVIEW

brain MRI/MRA showed no significant abnormality
Labs- elvated ESR
EEG was unremarkable

SUBJECTIVE

Patient is seen for a follow up after a slip and fall accident
Patient still complains of headaches, neck pains with numbness of both hands, mid back and low back pains. Denies any wrist pains Patient is crying due to the pain.
Patient still has difficulty sleeping due to the pain
Patient reports that she is forgetfull about small things and has problem focusing
Ringing sensation of the ears are better
Patient is still having chiropractic surgery 3 x a week for the past 4 weeks. Patient states that therapy is helping.
The result of her brain MRI , labs and EEG were reviewed with the patient

000054

Name: SEKERA, JOYCE
DOE: 12-20-2016%

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP-SYST	BP-DIAST	COMMENT
97.4	63	16	66	205	33	132	80	12/20/2016

General: The patient is awake, alert appropriate and non-toxic appearing and appears to be in no distress, ambulatory, oriented x3

Cardiac: The pulse is regular with a rate of @. There is no murmur. There is no carotid bruit.

Spinal and Shoulder Musculoskeletal: There is cervical paraspinal muscle tenderness
There is no cervical spinal processes tenderness.

Cervical range: Cervical range of motion was limited due to pain

Lumbar range: Lumbar range of motion was limited due to pain

Shoulder range: Shoulder range of motion was normal.

Neuro

CRANIAL NERVES: Intact 2- 12

FINE MOTOR SKILLS: No ataxia. Patient performs finger-to-nose w/o difficulty. No dysdiadochokinesia

MUSCULOSKELETAL: No muscle atrophy. No fasciculations. No tremor or rigidity.

Strength is 5/5 in all proximal and distal muscle groups

SENSORY: No deficits in light touch, temperature, vibration. Proprioception intact

REFLEXES: 2+ all extremities
BABINSKI: downgoing toes bilaterally.
CLONUS: none
CAROTIDS: No bruits
GAIT: Within normal. No difficulty w/tandem. Negative Romberg's

IMPRESSION

1. Post traumatic brain syndrome

2. Cervical strain/headaches

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Name: SEKERA, JOYCE
DOB: 12-20-2016%

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

5. Lumber strain

6. Cervical radiculopathy

PLAN

1. Will request for EMG/NCV upper to evaluate the numbness of the hands

2. Continue therapy as indicated

3. Prescribed aricept 5 mg 1 tab qd for memory and topamax 25 mg 1 tab q hs for headaches

4. Advised fall precaution

5. Will consider cervical and lumber MRI if symptoms persists

6. Follow up after 4 weeks

7. Advised Spine restriction

Case discussed with dr russel shah
Thank you very much for allowing me to participate in the care of your patient. Please feel free top contact me if you have any questions. Thank you once again

Sincerely,

Edwin Favis, APRN
Neurologist

000056

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS
Phone (702) 732-6100 www.sdmi-home Fax (702) 732-6071

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera
SDMI #: 798179-0
Pt. DOB: 03/22/1956
Pt. Sex: Female
Date of Service: 12/6/16
SDMI Location: CH

Physician: Bansal Shah
Dr. Fax: (702) 641-4600
Dr. Phone: (702) 644-0500
Dr. Addr.: 2020 W Charleston Blvd Las Vegas, NV 89102
Cc:
Cc:

MRI BRAIN

CLINICAL HISTORY:
Headaches. Dizziness. Fell November 4, 2016

TECHNIQUE:
Sagittal T1, Axial T2, Axial FLAIR, coronal FLAIR

COMPARISON:
None.

FINDINGS:
Brain normal for age. No significant atrophy or small vessel ischemic change. No mass. No infarct. Flow voids patent. Sinuses clear. No hemorrhage.

IMPRESSION:
Brain normal for age

MAGNETIC RESONANCE ANGIOGRAM OF THE BRAIN

CLINICAL HISTORY:
Headaches fall dizziness

12/19 12/20

TECHNIQUE:
2D/3D Time of flight

FINDINGS:
Signal strength symmetrical. No focal/ central stenosis. No measurable aneurysm

IMPRESSION:
No significant abnormality identified on magnetic resonance angiogram of the brain

Physician Access To Images and Reports Is Available Online at www.sdmi-home.com

[illegible]

[illegible]

12/23

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Russell J. Shah MD

Neurology

Mailing address.10624 S Eastern Ave. Suite A-425, Henderson, NV 89052

(702) 644-0500 Fax (702) 641-4600

Patient Name: SEKERA, JOYCE
Date of Study: 12-12-2016
Date of Birth: 03-22-1956

EEG (Electroencephalogram) REPORT

Procedure:

Using international montage 10/20 electrode placement technique, the following EEG study was obtained. A technician performed the study under my supervision and or/direction. A single lead EKG was also used to evaluate the cardiac artifact.

Study Type:

Awake EEG study with or without various stimulation techniques of photic, and/or hyperventilation being used.

Findings:

The background activity was in the normal alpha range between 8.5 and 13 hertz. The background activity waxed and waned intermittently, it was somewhat modulated by eye opening and closing maneuvers. There was low voltage beta activity in the frontal regions which were seen to be symmetric and waxing and waning. No unequivocal epileptiform activity is noted. No focal slowing is noted.

Impression:

1. This was an unremarkable EEG study.
2. Single lead EKG was normal
3. No evidence of a metabolic encephalopathy

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12-12-2016
SEKERA, JOYCE
03-22-1956

4. No triphasic waves

5. No focal slowing or worrisome findings demonstrated

6. No cortical irritability is demonstrated

7. No evidence of a early cortical dementia

Digital Spike Review Analysis Report

Procedure:

The Cadwell software digital spike wave analysis program was used for further interpretation of this study.

Findings:

Spike wave analysis was reviewed. Topographic analysis cortical was performed and reviewed. A review was performed. No true unequivocal abnormality is demonstrated.

Impression:

1. This was a normal spike wave analysis study.

2. See above EEG impression

Russell J. Shah, MD
Neurologist

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SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O. **Visit:** 12/05/2015 10:15AM **Chart:** SEJ0000002

Chief Complaint: Injuries from Slip and Fall

Re-Examination:

Patient is being re-evaluated today in relation to injuries sustained in joint motor vehicle accident. The patient is currently undergoing chiropractic and physical therapy for treatment of the injuries related to the accident.

COMMENTS: Saw Dr. Shah has ordered MRI which is scheduled for 12/07/15 . left shoulder improved still with some weakness to it, left elbow is better, left hip has improved walking much better, knees are still the same. no weakness or locking or popping

- Outside Provider Records Reviewed: Yes
- Changes to Med/Fam/Soc Hx: No

SUBJECTIVE
Overall improved
Radiating Pain: Left Lower Extremity, Right Upper Extremity, Left Upper Extremity, Right Upper Extremity
New complaints: None
Worst Area of Pain: cervical pain, lumbar pain, left shoulder pain, headaches
Highest Pain Scale in 72-Hour Period: 8/10
Activities that Aggravate Pain: Sitting, Standing, Laying Down, Walking, Bending, Repetitive Movements

REVIEW OF SYSTEMS:
MUSCULOSKELETAL: Patient complains of back pain , denies muscle weakness , denies arthritis , complains of muscle cramping , complains of joint pain , complains of muscle stiffness complains of neck pain , denies sciatica , complains of myalgia.

NEUROLOGIC: Patient complains of headache , denies limb weakness , complains of numbness , complains of tingling , denies seizures/convulsions , denies syncope , denies tremor

PSYCHOLOGICAL: Patient complains of occasional anxiety , denies depression, denies suicidal ideations, , denies emotional lability

PLAN
- Specialists: PM - Neurology - Other: Dr. Shah has ordered MRI and EEG
- X-rays: Reviewed, Cervical Spine, Thoracic Spine, Lumbar Spine, Elbow (Left), Hip (Left)

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SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O. **Visit:** 12/05/2016 10:15AM **Chart:** SEJC000097

- MRI: Pending
- CT: None

Medication Refill: No
Medication Side Effects: None
PMP: Reviewed

The patient is advised to continue therapy 3 times per week, and follow up with me in 2 weeks.

Patient is advised to return to all current care providers for continued therapy and assessment. Patient has been advised of the importance of continued therapy for maximum recovery. Patient will be re-evaluated again in two to three weeks. Patient has been counseled on the importance of exercise and good sleep hygiene.

Physical Exam:

[redacted]

CONCUSSION SYMPTOMS:
- Nausea: Yes - Unchanged
- Headache: Yes - Aggravated
- Dizziness: Yes - Aggravated
- Tinnitus: Yes - Resolved
- Trouble Remembering: Yes - Aggravated
- Drowsiness: Yes - Aggravated
- Balance Problems: Yes - Unchanged, Aggravated
- Sensitivity to Noise: Yes - Unchanged
- Sensitivity to Light: Yes - Unchanged
- Feeling Slowed Down: Yes - Aggravated
- Feeling as if "in a fog": Yes - Aggravated
- Difficulty Concentrating: Yes - Aggravated
- Difficulty Remembering: Yes - Aggravated
- Trouble Falling Asleep: Yes - Aggravated
- More Emotional Than Usual: Yes - Aggravated
- Irritability: Yes - Aggravated
- Sadness: Yes - Aggravated

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera DOB: 03/22/1956 Sex: F
Provider: Dr. Michele Hyle, D.O. Visit: 12/05/2016 10:15AM Chart: SEJO000002

- Nervousness: Yes - Aggravated
- Trouble finding your words: Yes - Aggravated

APPEARANCE: AAOX3

ABDOMEN: Unchanged.

SKIN: Recovered, crusted - Elbow (Left)

Cervical Spine
- Cervical spine: Unchanged

Thoracolumbar Spine
- Thoracic spine: Unchanged
- Lumbar spine: Unchanged

RIGHT UPPER EXTREMITIES

- Right Shoulder: Unchanged
- Right arm: Improved

LEFT UPPER EXTREMITIES

- Left Shoulder: Unchanged
- Left arm: Improved
- Left elbow: Improved
- Left forearm: Unchanged

RIGHT LOWER EXTREMITIES
- Right hip: Improved
- Right thigh: Improved
- Right knee: Unchanged
- Right leg: Aggravated
- Right calf: Aggravated

LEFT LOWER EXTREMITIES

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SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera DOB: 03/22/1956 Sex: F
Provider: Dr. Michelle Hyde, D.O. Visit: 12/5/2016 10:15AM Chart: SEJ003002

- Left hip: Improved
- Left thigh: Unchanged
- Left knee: Unchanged
- Left leg: Unchanged
- Left calf: Unchanged

Assessment:

ICD-10-CM Condition	S39.012D	Strain of muscle and tendon of back wall of thorax, subsequent encounter
ICD-10-CM Condition	S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
ICD-10-CM Condition	S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
ICD-10-CM Condition	S53.432D	Unspecified sprain of left elbow, subsequent encounter
ICD-10-CM Condition	S76.012D	Strain of muscle, fascia and tendon of left hip, subsequent encounter
ICD-10-CM Condition	S76.011D	Strain of muscle, fascia and tendon of right hip, subsequent encounter
ICD-10-CM Condition	S43.402D	Unspecified sprain of left shoulder joint, subsequent encounter
ICD-10-CM Condition	S46.011D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
ICD-10-CM Condition	S46.012D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
ICD-10-CM Condition	S06.0X0D	Concussion without loss of consciousness, subsequent encounter
ICD-10-CM Condition	S39.011D	Strain of muscle, fascia and tendon of abdomen, subsequent encounter
ICD-10-CM Condition	S86.311D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	S86.312D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	S86.212D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	S73.102D	Unspecified sprain of left hip, subsequent encounter
ICD-10-CM Condition	S76.812D	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
ICD-10-CM Condition	S76.811D	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
ICD-10-CM Condition	S83.91XD	Sprain of unspecified site of right knee, subsequent encounter
ICD-10-CM Condition	S83.92XD	Sprain of unspecified site of left knee, subsequent encounter
ICD-10-CM Condition	S86.112D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter
ICD-10-CM Condition	S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
ICD-10-CM Condition	S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
ICD-10-CM Condition	S23.20XD	Sprain of ligaments of thoracic spine, subsequent encounter

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michele Hyla, D.O **Visit:** 12/05/2016 10:15AM **Chart:** SSJ0000002

Medications & Allergies:

cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Flurbiprofen 1% Ketoprofen 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 800 mg oral tablet	0	No	outside office

No Known Drug Allergies (NKDA)	N/A

Plan:

CPT	99213		1 DB UN	Office/outpatient visit, est
CPT	99213		1 DB UN	Office/outpatient visit, est

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Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 89149-5169
Phone (702)483-8503
FAX (702)483-8772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1955
Date of Service: 12/7/2016

Ms. Sekera stated that she saw Dr. Shah and he prescribed her medications, ordered a MRI of her brain and EMG tests (scheduled for the 12th). She stated that she is having her MRI on Wednesday and has a follow up with Dr. Shah on the 20th. She stated that the EMG helped more than usual today.

Subjective

The patient presents with the following problems:
Headache
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 25% to 50% of the day.
She stated that she still is having nausea and dizziness.

Cervicalgia
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient described their pain with the following qualities: stiffness.
With associated numbness and tingling down both arms to her fingers.

Low back pain
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient described their symptoms as radiating bilaterally down the upper leg.
With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in right elbow
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 25% of the day.

Pain in thoracic spine
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.
Upper back area.

Pain in left hip
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Objective

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Bilat		spasm	moderate	

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Thoracic, Mid Back	spasm	moderate	
Lumbar, Lower Back	spasm	moderate	

Chiropractic Evaluation: Hypomobility and restriction of the cervical, thoracic, lumbar and sacral segments were noted during the evaluation of the spine.

Assessment

Diagnosis

Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	S39.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Contusion w LOC of 30 minutes or less, init
11	S40.029A	Contusion of arm, initial encounter
12	F37.81	Posttraumatic dysphoria
13	H53.8	Other visual disturbances
14	G47.00	Insomnia, unspecified
15	S33.6XXA	Sprain of sacroiliac joint, initial encounter
16	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
17	M99.01	Segmental and somatic dysfunction of upper extremity
18	S46.012A	Strain of muscle and the rotator cuff of left shoulder, init
19	R20.2	Paresthesia of skin
20	M54.16	Radiculopathy, lumbar region
21	S53.429A	Unspecified sprain of unspecified elbow, initial encounter
22	S56.015A	Strain of unsp muscle/fascia/tend at forearm lv, initial enc, init
23	M99.01	Segmental and somatic dysfunction of cervical region
24	M99.02	Segmental and somatic dysfunction of thoracic region
25	M99.03	Segmental and somatic dysfunction of lumbar region
26	M99.04	Segmental and somatic dysfunction of sacral region
27	S301.56BA	Fall same lev from slip/trip w initial spinal cord injury, init
28	S76.012A	Strain of muscle, fascia and tendon of left thigh, init encntr
29	S76.022A	Minor injury of muscle, fascia and tendon of left hip, init

Progress Statements: Pain immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Date/Time	Description	Dx Link
98941					1		CMT 3-4 Areas	23, 24, 25, 26
97014					1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010					1		Hot pack	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instructions: explained of the cervical spine, thoracic spine, lumbar spine and sacroiliac joint region

Patient Care Plan

Plan Start Date	11/15/2016
Frequency:	3 times a week
Duration:	PRN
Re-Examination Date	12/6/2016
Home Care Recommendations	Ice, Heat
Occupational Responses	Off work until 1/1/17
Treatment Plan Modifications	Start in office exercises and displayed next visit.

Signed by Jordan B. Webber D.C.

Name: SEKERA, JOYCE
DOE: 12-01-2016

RADAR MEDICAL GROUP, LLP

Mailing address: 10674 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD
Neurology/Neurophysiology

NEUROLOGY EVALUATION

JORDAN WEBBER D.C.
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115

PATIENT NAME:	SEKERA, JOYCE
DOB:	03-22-1956
Gender:	F
Date of Injury:	11-04-2016
Date of Evaluation:	12-01-2016

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 12-01-2016 for a neurologic evaluation

HISTORY OF INJURY

Date of Injury:11-04-2016

Ms. Sekera is a 60 year old female who was involved in a Slip and Fall while at work at the Venetian Casino. She reports she was walking to the restroom. She reports there was liquid spilled on the floor. She was not aware of the liquid spilled on the floor. She reports she stepped and recalls the feet going up. She was then confused and people asking her "are you okay?" and there was people yelling and she was quite confused. She had apparently some first aid to the arm and refused ambulance. She went to Centennial Hospital ER and an xrey was done with no imaging of the head. She notes she was having bad headaches but no emesis. She then went to Dr. Webber and further x-rays at I V Radiology were performed. She was

not told of any fractures

She has not been working since the accident.

She is taking ibuprofen twice a day and just received 2 medications 2 days ago but has not started them and does not know the names. She believes one is a cream and the other is hydrocodone.

She does not believe she is having any muscle relaxants

She has no diabetes, breathing issues and is in good health prior with no concussions or chronic neck or low back issues prior

MEDICAL HISTORY

Chronic major medical conditions to report: Osteoporosis

Previous concussions: None

Previous chronic spinal neck pain None

Previous chronic spinal low back pain None

SURGICAL HISTORY

Previous surgical history to report. Laparoscopy , C-section 1985

MEDICATIONS/ MEDICATION ALLERGY

Medications: The patient is currently taking. Ibuprofen

Allergies: No known drug allergies

Adverse reaction. No known adverse reaction to any drug

No allergy to latex gloves

FAMILY HISTORY

The family history of medical illness, symptoms and/or diagnosis among first degree relatives include:
Cancer

SOCIAL HISTORY

Name: SEKERA, JOYCE
DOB: 12-01-2016

The patient is marital status is Single
The patient has children 1
The patient is currently unemployed
The patient does smoke
The patient does not drink alcoholic beverages
The patient has no prior history of substance abuse
The patient is not using medical marijuana
The patient is not using any uncontrolled substances.
The patient's education level is college
The patient first or main language is English

REVIEW OF SYSTEMS

Constitutional Negative unless documented in the HPI and/or Present complaints. Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT Negative unless documented in the HPI and/or Present complaints No sore throat, no painful swallowing, no change of speech, (+) slurred speech, no tongue numbness, no perioral numbness

Musculo: Negative unless documented in the HPI and/or Present complaints No joint pain, no swollen joints

Cardiac: Negative unless documented in the HPI and/or Present complaints No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

GI: Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual: Negative unless documented in the HPI and/or Present complaints. (+) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic: Negative unless documented in the HPI and/or Present complaints (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs

Name: SEKERA, JOYCE
DOE: 12-01-2016

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (-) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan.

Dermatologic: Negative unless documented in the HPI and/or Present complaints. No rash, no itching, no reports of abnormal moles

RECORD REVIEW

referral

PRESENT COMPLAINT

She is crying for no reason She is agitated and irritable

She is usually a happy person

She is walking into rooms and does not know why she is there

She is misplacing items and is forgetful

She is "short" and she feels her personality has changed

She is insomnic and not falling asleep and is usually a good sleeper

She is awakening 3-4 times each night and is restless and has pain

She has neck and upper back pain

She has low back pain

She feels the thighs are having tightness and abnormal feeling

She is getting therapy with Dr Webber

She is not working currently and sells show tickets

She is having ringing of the ears

She is having headaches in the forehead, blurred vision, light sensitivity, top of the hea dpain, occipital pain and neck pain with limited neck ROM

She has left shoulder pain and weakness of the left hand. She has bilateral palmar numbness and no flick

Name: SEKERA, JOYCE
DOE: 12-01-2016

or repositioning and no wrist pain or elbow pain. She is with imbalance dizziness 24/7 and feels slow

EXAMINATION

General:
The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress.
The patient has a clear sensorium.
The patient is a fair historian
The patient has no visual gaze preference and has fair eye contact
The patient has no obvious visual or body neglect
The patient is with no obvious bradykinesia, tearing, emotional lability, pressured speech, distractability, inappropriate gestures, inappropriate behaviors, inappropriate posture and/or movements.
The patient demonstrates no significant anxiousness behavior
The patient does not appears to be hyperexcitability and calmly sitting the chair
The patient on general exam demonstrated no light sensitivity
The patient on general exam demonstrated no noise sensitivity
No inappropriate laughing/behaviors were observed
Vocal prosody: Normal

Overweight, fairly good historian, cooperative, well developed, well nourished

Cardiac:
There is no murmur.
There is no carotid bruit
Pulses are palpable
No edema is noted
VA is grossly intact

Musculoskeletal:
There is mild cervical paraspinal muscle tenderness.
There is no cervical spinal processes tenderness.
There is tightness and/or muscle spasm of the cervical paraspinal region
There is no floorid muscle spasm of the cervical paraspinal area
Tenderness in both trapezius muscles was present.
Tenderness overlying the shoulder blades was not present.

Mild anterior tenderness in the left shoulder areas was present.
A negative Tinel's sign at both wrists.
A negative Tinel's sign at both medial elbow grooves.
A negative Phalen's sign at both wrists.

No anterior chest 1st. rib tenderness
There is mild upper between shoulder blades thoracic paraspinal muscle tenderness
There is no mid thoracic paraspinal muscle tenderness

Name: SEKERA, JOYCE
DOE: 12-01-2016

There is no lower paraspinal muscle tenderness
There is no thoracic spinal processes tenderness
There is no tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florid muscle spasm of the thoracic paraspinal muscles.
There is mild /moderate lumbar paraspinal muscle tenderness.
There is mild lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles
Scoliosis. Grossly normal
Spinal curvature: Grossly normal

Cervical range: Cervical range of motion was limited

The cervical forward flexion was 50 degrees
The cervical extension was 20 degrees
The cervical right lateral flexion was 30 degrees
The cervical left lateral flexion was 40 degrees
The cervical left rotation was 80 degrees
The cervical right rotation was 70 degrees

Pain on extension yes
Pain on lateral flexion. yes

Positive axial compression maneuver
No posterior occipital nerve tenderness
No Adsons.
No Lhermitts
No Spurlings.

No Battle's sign
No ear discharge
No ear vessicles
Normal TM
No raccoon eyes

No TMJ tenderness.
Bilateral asymptomatic TMJ click
No temporal artery tenderness
No cervical dystonia

Lumbar range: Lumbar range of motion was limited

The lumbar forward flexion was full degrees.
The lumbar extension was 10 degrees
Pain on extension yes

Name: SEKERA, JOYCE
DOE: 12-01-2016

Pain on lateral bending: None

Straight leg raise right side: None
Straight leg raise left side: None

* Right SLR with pain behind the right knee (mild)

Sciatic stretch: None

No Tinels at the fibular head or tarsal tunnel

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side on reaching back and arm raise to +80

Cranial Nerves: PEARLA
EOM/I with normal conjugate eye movements and normal tracking
Dizziness on tracking None
Light sensitivity. yes
Visual field full with no visual field cut
No preference body and/or visual
No neglect body and/or visual

Weber/Rinne was normal
Split on the forehead tuning fork None

Nylen Barany maneuver was negative

The fundi margins demonstrated sharp disc margins
The pupils were reactive symmetrically.
No nystagmus.
Anictene
Tongue protrudes forward
Uvula raises midline
No dysarthria
Shoulder shrug was performed
Hearing was intact.
The smile is symmetric

Motor : Upper:

Normal power of 5 was noted in all major muscles of the upper proximal
Normal power of 5 was noted in the muscles of the upper distal
Tone in the upper extremities was normal

Reflexes were 2 throughout upper
Absent upper spasticity
Absent Hoffmann signs are present.
The abductor pollicis brevis was with full power
Grip was normal
No drift.
Rapid alternating movements of the upper were minimal decrease left arm due to left shoulder pain

Lower:

Normal power of 5 was noted in the muscles proximal lowers
Normal power of 5 was noted in the muscles distal lowers
Heel walk was normal.
Toe walk was normal.
Rapid alternating movements of the lowers were normal
Tone in the lower extremities was normal
No ankle clonus
Absent Babinski
Absent spasticity lowers
Reflexes 2

No muscle fasciculations are noted

Sensory: Normal sensory examination of the upper

Normal sensory examination of the lower

Coordination: Unremarkable coordination exam of trunk

Unremarkable coordination exam of the upper extremity

Unremarkable coordination exam of the lower extremity.

Gait: Nonwide based gait which is symmetric.

No limp is noted

The patient has fair gait initiation abilities
The patient has fair turn-around capabilities
The patient has fair arm swing momentum
The patient has fair ability to stop as well as retropulsion testing reflexes

Romberg was performed and demonstrated with no sway.

Fair agility, maneuverability is noted on overall gait testing.

Name: SEKERA, JOYCE
DOE: 12-01-2016

Extrapyramidal: No abnormal movements such as twitching, stiffening, tonic, clonic activity myoclonic activity is observed No rigidity is present. No tremor is noted

Exaggeration: None

Emotional Overlay: None

IMPRESSION

1. Post traumatic brain syndrome
2. Cervical strain/headaches
3. Migraines secondary to #1/2
4. Secondary insomnia due to #1,2, and #5
5. Lumbar strain

DISCUSSION

JOYCE SEKERA was seen for a neurologic consultation earlier today. The main symptoms being addressed today are of headaches. These complaints are being medically evaluated and treated. Further neurodiagnostic, neuroimaging and/or neurophysiologic testing is necessary

APPORTIONMENT

No apportionment is indicated in this case

RESTRICTIONS

Work restrictions for concussion syndrome:

1. Cognitive processing difficulties will require limitation of task and job duties to single items at a time. No multiple tasks to be allowed to be performed simultaneously.
2. Vestibulopathy symptoms will require a stationary position job location with no requirements of standing up or changing body position from sitting to standing or standing to sitting during job tasks
3. Sleep impairment symptoms will require limitation of the number of hours per day the patient can be working. This particular restriction will need special field evaluations to be completed with frequent future assessments and or modifications with the patient for optimal job performance.
4. Memory disturbance will require limitation and restrictions of tasks requiring significant amounts of cognitive memory of any procedural job task relating duties (i.e. fire drill announcements) In addition, all

duties should be performed in a stress free environment with no urgency required as this type of urgency will cause additional stress onto the cognitive processing centers resulting to ineffective employee function.
5. Persistent headaches will require job tasks to limit outside bright light stimulation with indoor duties No use of computer monitors or television consoles will be able to be used again to reduce the ability of acquiring headaches, migraine and eyestrain induction of headaches. The patient will need to have frequent breaks to avoid prolonged sitting resulting in cervical strain and cervical muscle contraction induction of headaches. Sitting duties are preferable but are to be limited to 35 minutes per 60 minute hour with at least two ten minute continuous breaks per 60 minutes
6. Persistent dysphoric/depressive symptoms will require limitation to job duties that do not allow interactions with other employees and/or customers. A position with interaction with other individuals is preferred.
7. Persistent mood disorder, agitation impulsivity, mood lability will limit positions in which the patient is required to interact with customers as to avoid unnecessary argumentative events. Again, a stress free (non-urgent) job position will further be helpful in alleviating these symptoms from flaring up.

**The patient will certainly need many additional (including spinal) work restrictions when returning to work

CAUSATION

The patient's symptoms are the result of the traumatic injury as noted above in the HPI

PLAN

1. Labs for memory/cognition

2. Initiate flexeril 10 mg po qhs pm spasm/tightness of the neck and low back regions with sedation (no Bich) and potentiation of sedation (hydrocodone). She is not to take another muscle relaxant as she is not entirely sure what two medications were sent to her by mail 2 days ago and she will make sure it is not a muscle spasm/relaxant. Continue ibuprofen with food three times a day as needed for pain. Risk of drug induced hepatitis, hypertension, gastritis, ulcer, stroke and MI were discussed as well as bleeding. Purpose, alternatives and not taking the medications discussed. Patient wishes to try the medication. Risk, Benefits, adverse reactions were explained to the patient.

Potential teratogenic medication side effects were explained to the patient. The patient understood the small but potential risk of birth defects by using this medication.

The patient agreed to accept the risk of this medication. The patient will be cautious about the potential adverse reactions and side effects. The patient was told and verbalized an understanding that a motor vehicle or heavy machinery is not used in case the potential side effects of drowsiness, sleepiness occurs. In the rare chance of a significant adverse reaction not limited to severe rash, the patient will proceed to the closest emergency room for prompt evaluation and treatment.

Name: **SEKERA, JOYCE**
DOB: 12-01-2016

I discussed the use of medications in detail with the patient including side effects, usual potential adverse reactions, drug to drug interactions, alternative therapies including non-medication and/or non prescription medications in detail. I explained the mechanism of the medication therapies, goals of therapy, compliance and withdrawal as well as precautions to be taken with the medications such as frequency of blood test to evaluated different markers including bone marrow and liver toxicity potentials

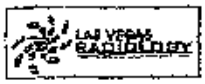
3. May need upper neurodiagnostic studies if numbness persist
4. Obtain LV Radiology x-ray results
5. Obtain Centennial hills medical center ER results
6. Spine restrictions given
7. Weight loss and conditioning recommendation discussed
8. Education was greater than 50% of the evaluation time today
9. EEG and NB exam
10. Compliance
11. F/u in 3 weeks

Thank you very much for allowing me to participate in the care of your patient. Please feel free to contact me if you have any questions. Thank you once again.

Sincerely,

Russell J Shah

Russell J. Shah, MD



[illegible]
7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 124, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 103, Las Vegas, Nevada 89109
Tel:(702)254-3884 / Fax:(702) 632-4045

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MRN: 1907994
Referring Physician: JORDAN WEBBER DC

Date of Service: 11/30/2016
Age/Sex: 60 / F
Accession #: LVR-12687

PROCEDURE: XRAY SI JOINTS 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT SACROILIAC JOINT PAIN

FINDINGS:
BONES: There is mild marginal sclerosis at the sacroiliac joint.
SOFT TISSUES: Negative. No visible soft tissue swelling.
EFFUSION: None visible.
OTHER: Negative.

CONCLUSION:
1. Mild arthropathy of each sacroiliac joint. If symptoms persist additional imaging should be considered

Dictated by: Elizabeth L Hulk, D.O. on 11/30/2016 at 14:11
Approved by: Elizabeth L Hulk, D.O. on 11/30/2016 at 14:17

11/30/16 DV

000029

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJ0003002

Chief Complaint: Injuries from Slip and Fall

CC & History of Present Illness:

INITIAL EXAMINATION

CHIEF COMPLAINT(S):
1. headaches
2. trouble sleeping
3. anxiety
4. cervical pain
5. thoracic pain
6. lumbar pain
7. abdominal pain
8. right shoulder pain
9. left shoulder pain
10. left shoulder joint pain
11. right upper arm pain
12. left upper arm pain
13. left elbow pain
14. left forearm pain
15. right hip pain
16. left hip pain
17. left hip joint pain
18. right thigh pain
19. left thigh pain
20. right knee pain
21. left knee pain
22. right knee joint pain
23. left knee joint pain
24. right lower leg pain
25. left lower leg pain
26. right calf pain
27. left calf pain

- Most Severe Area(s) of Pain: lumbar pain, cervical pain, left shoulder pain

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyte, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJO000002

ACCIDENT INFORMATION:
Date of Loss: 11/04/16

ACCIDENT INFORMATION:
- **Seatbelt:** No
- **Collision Anticipated:** No • **Airbag Deployed:** No
- **Location:** N/A
- **Time of Accident:** 1:30 pm
- **Radiating Pain:** Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity
- **Type of Accident:** Slip & Fall
- **Contact:** Other - Both feet went out from under her, slipped on liquid, Landed on marble floor, on left elbow and back, does not know if she hit head

CONCUSSION SYMPTOMS: Present
- **Hit Head:** Yes
- **LOC:** Yes
- **Contusions:** Bruises, Burns
- **Contusions Location:** Left elbow

PREVIOUS ACCIDENT TREATMENT:
- **Previous Evaluation:** Hospital
- **Primary Care Physician:** None
- **Date:** 11/04/16
- **X-Ray:** Yes, Lumbar Spine, Elbow (Left), Thoracic Spine, Cervical Spine
- **Facility:** Centennial Hills
- **MRI:** No
- **CT:** No
- **Date of First Chiropractic Visit:** 11/08/16
- **Chiropractor:** Jordan Webber

COMMENTS
Hes already been referred to Dr. Shah

Med / Fam / Social History:

000020

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera DOB: 03/22/1956 Sex: F
Provider: Dr. Michelle Hyla, D.O Visit: 11/21/2016 10:15AM Chart: SEJO000012

- **Medical Problems:** None
- **Date of Last Period:** In menopause
- **Possibility of Current Pregnancy:** No
- **Hysterectomy:** No
- **Menopause:** Yes
- **Previous Injuries:** None
- **Family Medical Conditions Related to Present Injury:** No
- **Surgeries:** None
- **Work:** Employed
- **Occupation:** Sales in Brand Vegas selling show tickets
- **Marital Status:** Single
- **Substance History:** Tobacco
- **Receiving Disability:** No
- **Seeking Pain Management:** No
- **PMP:** Yes
- **REVIEW OF SYSTEM:** Reviewed. Refer to chart for paperwork

Review of Systems:

GENERAL: No fever, no loss of appetite, no night sweats, no unexplained weight loss, no unexplained weight gain, no fatigue.

CARDIOVASCULAR: No chest pain, no syncope/presyncope, no palpitations, no swollen ankles, no dyspnea on exertion.

RESPIRATORY: No dry cough, no productive cough, no wheezing, no shortes of breath.

GASTROINTESTINAL: No abdominal pain.

HEME / LYMPHATIC: No excessive bruising, no bleeding, no lymphadenopathy

EYES: No blurred vision, no double vision, no eye pain, no eye irritation, no eye discharge, no decrease in visual acuity, no photophobia. Patient complaints of blurred vision , denies double vision , denies eye pain , denies eye irritation , denies eye discharge , denies decrease in visual acuity

EARS, NOSE & THROAT: Patient denies earache , complains of tinnitus , denies of rhinorrhea , denies

000021

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyle, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJ000002

discharge , denies epistaxis , does not use hearing aid

MUSCULOSKELETAL: Patient complains of back pain , denies muscle weakness , denies arthritis , complains of muscle cramping , complains of joint pain , complains of muscle stiffness , complains of neck pain , denies sciatica , complains of myalgia.

SKIN: Patient complains of bruising , denies abrasions , denies open wounds , complains of bumps , denies sutures in-place , denies staples in-place

NEUROLOGIC: Patient complains of headache , denies limb weakness , complains of numbness , complains of tingling , denies seizures/convulsions , denies syncope , denies tremor

PSYCHOLOGICAL: Patient complains of occasional anxiety , denies depression denies suicidal ideations, , denies emotional lability.

Physical Exam:

[illegible]	[illegible]	[illegible]	[illegible]
65.00 inches	190.00 lbs	31.65	9/10

CONCUSSION SYMPTOMS:
- Seizures: No
- Nausea: Yes
- Vomiting: No
- Headache: Yes
- Dizziness: Yes
- Tinnitus: Yes
- Trouble Remembering: Yes
- Drowsiness: Yes
- Balance Problems: Yes
- Sleeping More Than Usual: No
- Sensitivity to Noise: Yes
- Sensitivity to Light: Yes
- Feeling Slowed Down: Yes
- Feeling as if "in a fog": Yes
- Difficulty Concentrating: Yes

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera DOB: 03/22/1956 Sex: F
Provider: Dr. Michelle Hyla, D.O. Visit: 11/21/2016 10:15AM Chart: SEJ0000002

- Difficulty Remembering: Yes
- Trouble Falling Asleep: Yes
- More Emotional than Usual: Yes
- Irritability: Yes
- Sadness: Yes
- Nervousness: Yes
- Trouble finding your words: Yes

APPEARANCE: In obvious pain.

HEENT: Ears no gross abnormalities. Eyes normal pupils normal conjunctivae. Nares patent. Mouth/Throat no gross abnormalities.

CV/CHEST: Normal respiratory effort. No audible wheezing. Normal pulses. Grossly normal rhythm

ABDOMEN: Pain to palpation.

SKIN: bruises - Elbow (Left)

NEUROLOGICAL: CN II-XII grossly intact. PERRLA EOMI. Symmetric facial movement. DTR's grossly intact. Coordination grossly normal. No nystagmus

PSYCHOLOGICAL: Appropriate affect. AAOx3

Cervical Spine
- Cervical spine: Pain to palpation. Hypertonic
- Extension Norm: (70) Decreased
- Flexion Norm:(80) Decreased
- Lt Rot Norm: (80) Decreased
- Rt Rot Norm: (80) Decreased
- Lt Lat Norm: (45) Decreased
- Rt Lat Norm: (45) Decreased

Thoracolumbar Spine
- Thoracic Spine: Decreased
- Lumbar Spine: Decreased

000023

SOUTHERN NEVADA

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michele Hyla, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJ000002

- Extension Norm: (30) Decreased
- Flexion Norm: (90) Decreased
- Lt Rot Norm: (60) Decreased
- Rt Rot Norm: (60) Decreased
- Lt Lat Norm: (45) Decreased
- Rt Lat Norm: (45) Decreased
- Lumbar spine: Hypertonic, Pain to palpation
- Posture: Asymmetric
- Gait: Abnormal

RIGHT UPPER EXTREMITIES

- Right Shoulder: Pain & Tenderness
- Right clavicle: Within Normal Limits
- Right arm: Pain & Tenderness
- Right elbow: Within Normal Limits
- Right forearm: Within Normal Limits
- Right wrist: Within Normal Limits
- Right hand: Within Normal Limits
- Right palm: Within Normal Limits
- Right fingers: Within Normal Limits
- Right thumb: Within Normal Limits

LEFT UPPER EXTREMITIES

- Left Shoulder: Decreased range of motion, Pain & Tenderness
- Left clavicle: Within Normal Limits
- Left arm: Pain & Tenderness
- Left elbow: Pain & Tenderness
- Left forearm: Pain & Tenderness
- Left wrist: Within Normal Limits
- Left hand: Within Normal Limits
- Left palm: Within Normal Limits
- Left fingers: Within Normal Limits
- Left thumb: Within Normal Limits

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O **Visit:** 11/21/2016 10:15AM **Chart:** SEJ0000042

RIGHT LOWER EXTREMITIES

- **Right hip:** Pain & Tenderness
- **Right thigh:** Pain & Tenderness
- **Right knee:** Decreased range of motion, Pain & Tenderness
- **Right leg:** Pain & Tenderness
- **Right calf:** Pain & Tenderness
- **Right ankle:** Within Normal Limits
- **Right foot:** Within Normal Limits
- **Right heel:** Within Normal Limits
- **Right toes:** Within Normal Limits

LEFT LOWER EXTREMITIES

- **Left hip:** Decreased range of motion, Pain & Tenderness
- **Left thigh:** Pain & Tenderness
- **Left knee:** Decreased range of motion, Pain & Tenderness
- **Left leg:** Pain & Tenderness
- **Left calf:** Pain & Tenderness
- **Left ankle:** Within Normal Limits
- **Left foot:** Within Normal Limits
- **Left heel:** Within Normal Limits
- **Left toes:** Within Normal Limits

Assessment:

ICD-10-CM Condition	W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
ICD-10-CM Condition	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
ICD-10-CM Condition	S23.0XXA	Sprain of ligaments of thoracic spine, initial encounter
ICD-10-CM Condition	S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
ICD-10-CM Condition	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
ICD-10-CM Condition	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
ICD-10-CM Condition	M79.621	Pain in right upper arm
ICD-10-CM Condition	M79.622	Pain in left upper arm
ICD-10-CM Condition	M25.522	Pain in left elbow
ICD-10-CM Condition	S53.403A	Unspecified sprain of left elbow, initial encounter
ICD-10-CM Condition	M79.632	Pain in left forearm

 Electronically signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

000025

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyle, D.O **Visit:** 11/21/2016 10:15AM **Chart:** SEJ0003002

Type	Code	Description
ICD-10-CM Condition	M25.551	Pain in right hip
ICD-10-CM Condition	M25.552	Pain in left hip
ICD-10-CM Condition	S76.012A	Strain of muscle, fascia and tendon of left hip, initial encounter
ICD-10-CM Condition	S76.011A	Strain of muscle, fascia and tendon of right hip, initial encounter
ICD-10-CM Condition	S79.102A	Unspecified injury of left hip, initial encounter
ICD-10-CM Condition	M79.651	Pain in right thigh
ICD-10-CM Condition	M79.652	Pain in left thigh
ICD-10-CM Condition	S76.811A	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
ICD-10-CM Condition	S76.812A	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
ICD-10-CM Condition	M25.561	Pain in right knee
ICD-10-CM Condition	M25.562	Pain in left knee
ICD-10-CM Condition	S83.91XA	Sprain of unspecified part of right knee, initial encounter
ICD-10-CM Condition	S83.92XA	Sprain of unspecified part of left knee, initial encounter
ICD-10-CM Condition	S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	S86.112A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.111A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	M79.661	Pain in right lower leg
ICD-10-CM Condition	M79.662	Pain in left lower leg
ICD-10-CM Condition	S39.011A	Strain of muscle, fascia and tendon of abdomen, initial encounter
ICD-10-CM Condition	S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
ICD-10-CM Condition	G44.309	Post-traumatic headache, unspecified, not intractable
ICD-10-CM Condition	F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
ICD-10-CM Condition	H93.19	Tinnitus, unspecified ear
ICD-10-CM Condition	R11.0	Nausea
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	R41.3	Other amnesia
ICD-10-CM Condition	H81.90	Unspecified disorder of vestibular function, unspecified ear
ICD-10-CM Condition	H93.249	Temporary auditory threshold shift, unspecified ear
ICD-10-CM Condition	H53.149	Visual discomfort, unspecified
ICD-10-CM Condition	R41.89	Other symptoms and signs involving cognitive functions and awareness
ICD-10-CM Condition	R41.840	Attention and concentration deficit
ICD-10-CM Condition	R45.4	Irritability and anger
ICD-10-CM Condition	R45.89	Other symptoms and signs involving emotional state
ICD-10-CM Condition	R45.8	Unhappiness
ICD-10-CM Condition	R43.0	Acute stress reaction

000026

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJO000002

ICD-10-CM Condition	G47.00	Insomnia, unspecified
ICD-10-CM Condition	R20.9	Unspecified disturbances of skin sensation
ICD-10-CM Condition	M25.511	Pain in right shoulder
ICD-10-CM Condition	M25.512	Pain in left shoulder
ICD-10-CM Condition	S46.012A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
ICD-10-CM Condition	S46.011A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Medications & Allergies:

Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 800 mg oral tablet	0	No	outside office

No Known Drug Allergies (NKDA)	N/A

Plan:

- **Conservative Rehab:** Conservative rehabilitation for 8-12 weeks to include manipulation, passive and active therapy, along with orthopedic modalities
- **Follow up.** Follow-up in 2-weeks or sooner if needed. May need Psychological counseling
- **Massage.** May benefit from massage therapy
- **Orthopedic Evaluation:** May need orthopedic evaluation if not responding to above.
- **Pain Management.** May need pain management consultation if pain not controlled as outlined above
- **Imaging.** X-rays, MRI may be required pending progress

Conclusion.

It is my conclusion that Joyce P. Sekera's symptoms for which they are being seen today are directly related to the accident described by the patient. It is my opinion that the treatment rendered thus far are of reasonable and necessary frequency and duration. These opinions are stated to a reasonable medical probability. These opinions are based on the facts reported by the patient as well as the patient's history, physical examination, imaging studies, and medical records that are available to me today and reviewed thus far. My opinion could change with additional information provided to me in the future.

- **Education.**

The patient is instructed to increase physical activity as tolerated.

SOUTHERN NEVADA
MEDICAL GROUP

Patient: Joyce P. Sekera **DOB:** 03/22/1956 **Sex:** F
Provider: Dr. Michelle Hyla, D.O. **Visit:** 11/21/2016 10:15AM **Chart:** SEJ0000002

The risks of medications were explained to the patient.
The patient understands and agrees to use medications only as prescribed
The patient agrees to obtain pain medications from this practice only.
We have fully discussed the potential risks/complications/side effects of the medication with the patient, which include but are not limited to constipation, drowsiness, addiction, impaired judgement, and risk of fatal overdose if not taken as prescribed
We have warned the patient that sharing medications is a felony
We have warned against driving while taking sedating medications
We reminded that the medications should not be crushed, chewed, or broken prior to ingestion
The patient understands that chronic use of pain medications can result in renal and/or hepatic dysfunction, development of tolerance/dependence, and hyperalgesia.
The patient should discuss with her primary care physician the fact that these medications are being used and may require regular exams and blood work to monitor for renal and/or hepatic dysfunction.
At this point in time, the patient is showing no signs of addiction, abuse, diversion, or suicidal ideations

CPT	99204		1.00 UN	Office/outpatient visit, new
CPT	99204		1.00 UN	Office/outpatient visit, new

gabapentin 5 mg oral tablet	2 times a day as needed	No	
10% Flurbiprofen 1% Amitriptyline 6% Baclofenoxa 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	

[Page 10] Designed by Dr. Michelle Hyla, D.O. on 11/21/2016 3:49PM

000028

FARMERS INSURANCE

[illegible]

[illegible]

Joyce S. [illegible]
7810 [illegible] Ave Ph
Las Vegas NV 89145

RE:	Claim No:	[illegible]
	Employer:	SUNDANCE GAS LLC
	Insured:	[illegible]
	Date of Injury:	[illegible]
	Body Part:	[illegible]

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS [illegible])

Dear Ms. Sekera:

Farmers Insurance Exchange has accepted the above-referenced claim on your behalf. Please look the information contained in this notice. If you find any of the information is incorrect, please notify the adjuster handling the claim.

[illegible]

Please [illegible] any [illegible] to the mailing address shown on the letter. Also be sure to notify us of your current address. If all medical requests including [illegible] medical bills, including mileage, should be forwarded to our office immediately.

[illegible] with the decision [illegible] request a hearing before a Hearing Officer by completing the [illegible] within seventy (70) days after the date on which the [illegible] and sending it to the State of Nevada Department of Administration, Hearings Division.

Department of Administration	or	Department of Administration
Hearings Division		Hearings Division
1050 E. William Street, Ste. 400		2200 S. Rancho Dr., #220
Carson City, NV 89710		Las Vegas, NV 89102
(775) 687-3648		(702) 486-2527

Sincerely,

Kathryn Gaines

KATHLEEN GAINES
Farmers Insurance Exchange

Reason Unspecified

Signature

Date

Witness (if applicable)

Witness

C/F - CENTENNIAL HILLS HOSPITAL BRANDI VEGAS LLC

Fin/Loan(s):
D-12
D-2410-2037
D-2410-2089

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO:	Department of Administration Hearings Division 1050 E. William Street, Ste. 450 Carson City, NV 89701 (775) 687-8440	OR	Department of Administration Hearings Division 2200 S. Rancho Drive, Suite 210 Las Vegas, NV 89102 (702) 486-2525

Employee Information		Employer Information
Employee's Name and Address Sekera, Joyce 7842 [illegible] Ring St Las Vegas, NV 89145		Employer's Name and Address BRAND VEGAS LLC 3130 S Fremont Blvd Ste 300 Las Vegas, NV 89146
Employee's Daytime Telephone Number 702-467-9457	Claim No. 96101232390 Date of Injury 11/04/2016	Employer's Telephone Number 702-538-9000
Insurer Information		**Third-Party Administrator Information**
Insurer's Name and Address Farmers Insurance Exchange PO Box 16646 Columbia City OR 97018-0646		Third-Party Administrator's Name and Address
Insurer's Telephone Number (800) 560-6644		Third-Party Administrator's Telephone Number

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

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

Briefly explain the basis for this appeal:

_____

_____

_____

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

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

_____ Signature of Injured Employee/Employer

_____ Injured Employee's Employer's Rep (Advisor)

D-12a

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) occurs out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the Form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer,** by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer.** You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court.** You must do so within 30 days of the Appeals Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that **NAIW** represent you without charge at an Appeals Office Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 200, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 220, Las Vegas, NV 89102, (702) 486-2850.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues: you may contact the Office of the Governor, Consumer Health Assistance, 555 E. Washington Avenue, Suite 4600, Las Vegas, Nevada 89101, Toll Free 1-888-333-2597, Website http://www.leg.state.nv.us/Division/Health/CHA/index.htm

D-2 (rev. 6-07)

State of Nevada
Department of Business & Industry
Division of Industrial Relations
Workers' Compensation Section

ALTERNATIVE CHOICE OF PHYSICIAN or CHIROPRACTOR (NRS 616C.090)

A list of the Panel of Treating Physicians or Chiropractors, or those health care providers, with whom your insurer has contracted, can be obtained from your insurer or third-party administrator upon written request. Your insurer or third-party administrator has 3 working days to provide you the list pursuant to NAC 616C.030.

If within the **first 90 days after the date of injury**, you are not satisfied with the **first** treating physician or chiropractor and

> Your insurer **has entered** into a contract with a managed care organization or with health care providers; you must select an alternative physician or chiropractor according to the terms of the contract. This selection may be made without the prior approval of the insurer. If after choosing your physician or chiropractor, you move to a county not serviced by the contracted managed care organization or health care providers and the insurer deems it impractical for you to continue treating with the physician or chiropractor, you must choose a treating physician or chiropractor who has agreed to die to the terms of the contract unless the insurer authorizes you to choose another physician or chiropractor.
>
> or
>
> Your insurer **has not entered** into a contract with an organization for managed care, or with health care providers, you may select an alternative physician or chiropractor from the Panel of Treating Physicians and Chiropractors.

NOTICE: Any further changes in your treating physician or chiropractor must be in writing and approved by the insurer. If, at any time, you are dissatisfied with a physician or chiropractor selected by yourself, the insurer, managed care organization, or health care provider, a change may be made by submitting a written request to the insurer indicating the name of the alternate physician or chiropractor. The insurer shall approve or deny this request within ten (10) days after receipt of the written request or it shall be deemed approved. You will receive written notification if the insurer denies this request which will include the reason for the denial and appeal rights.

D-52 (Rev. 03/09)

CENTENNIAL HILLS HOSPITA CENTENNIAL HILLS HOSPITA 8005149375
6900 N DURANGO DR FILE-51005 9120336 0133
LAS VEGAS NV 891490699 LOS ANGELES CA 900741003
566823425C IN 20-6893350 110416 110416

SEKERA, JOYCE 7840 NESTING PINE PL
LAS VEGAS NV 89143

03221956 F 01 02

04 110416

SEKERA, JOYCE
7840 NESTING PINE PL
LAS VEGAS, NV 89143

45 1300

0320	DX X-RAY	72100 CC	110416	1	1020 00	
0320	DX X-RAY	73080 LTC	110416	1	771 00	
0450	EMERG ROOM	99285	110416	1	432 00	
0450	EMERG ROOM	NV001 00	110416	1	2231 00	

0001 PAGE 1 OF 1 CREATION DATE 111516 TOTALS 4454.00 0.00

FARMERS Y Y 4454 00 1453771872

SEKERA, JOYCE 18 WC10132190 DOI 11/4/16

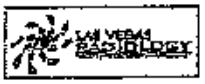
S390123 M25522 K5136

M545 WD10XXA

C-4 1048658515 DELVECCHIO FRANCIS

1104655815 DELVECCHIO FRANCIS

FARMERS
PO BOX 108843
OKLAHOMA CITY, OK 73101



DONAGHY'S RADIOLOGY GROUP, TODAY
7900 Spanish Ranch Road, Suite 104, Las Vegas, Nevada 89128
6380 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3001 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
Tel (702) 254-5464 / Fax (702) 432-4000

Patient:	SEKERA, JOYCE	Date of Service:	11/14/2016
DOB:	3/22/1956	Age/Sex:	60 / F
MRN:	1507794	Accession #:	LVR-157257

Referring Physician: JORDAN WEBBER DC

PROCEDURE: XRAY CERVICAL SPINE W/ FLEX EXTENSION

COMPARISON: None

INDICATIONS: NECK PAIN

FINDINGS:

BONES: The odontoid process is intact. There is no prevertebral soft tissue swelling. There are levels which demonstrate mild osteophyte formation. No significant degree of spondylolisthesis.

DISC SPACES: Unremarkable for age

PARASPINOUS: No evidence of paraspinous soft tissue mass

CONCLUSION:

1. No evidence of acute fracture. No significant spondylolisthesis. On the neutral, lateral projection, there is reversal of the normal lordotic curvature, could be due to spasm

Dictated by: James O. Batchelor, M.D. on 11/14/2016 at 18:53
Approved by: James O. Batchelor, M.D. on 11/14/2016 at 18:57

11/14/16

000016

TOMORROW'S RADIOLOGY TODAY
7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8550 W. Ernest Rd, Suite 120, Las Vegas, Nevada 89113
3201 S Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
Tel:(702) 254-5504 Fax:(702) 432-4848

Patient:	SEKERA, JOYCE	Date of Service:	11/14/2016
DOB:	3/22/1956	Age/Sex:	60/F
MRN:	1907994	Accession #:	LVR-133169

Referring Physician: JORDAN WEBBER DC

PROCEDURE: XRAY L SHOULDER 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT SHOULDER PAIN

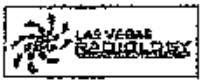
FINDINGS:
There is no evidence of acute fracture or dislocation. No erosive arthropathy.

CONCLUSION:
1. No evidence of acute skeletal pathology to the left shoulder. There are mild degenerative changes at the acromioclavicular articulation.

Dictated by: James D. Bilodeau, M.D. on 11/14/2016 at 16:57
Approved by: James D. Bilodeau, M.D. on 11/14/2016 at 16:59

11/14/16
JDW

000017



THORNDALE RADIOLOGY IMAGING - TODAY
2500 Shadow Ridge Road, Suite 100, Las Vegas, Nevada 89128
6320 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89118
2204 E Maryland Pkwy, Suite 102, Las Vegas, Nevada 89104
Tel (702) 284-5094 / Fax (702) 410-4105

Patient:	SEKERA, JOYCE	Date of Service:	11/14/2016
DOB:	3/22/1956	Age/Sex:	60 / F
MRN:	1907994	Accession #:	LVR-133368

Referring Physician: JORDAN WEBBER DC

PROCEDURE: XRAY THORACIC SPINE 2 VIEW

COMPARISON: None

INDICATIONS: UPPER BACK PAIN

FINDINGS:
No measurable degree of scoliosis. No paraspinal soft tissue mass. Multilevel vertebral body endplate changes and osteophyte formation. No compression fracture or spondylolisthesis

CONCLUSION:
1. No evidence of acute skeletal pathology to the thoracic spine

Dictated by: James D. Balcomes, M.D. on 11/14/2016 at 17:00
Approved by: James D. Balcomes, M.D. on 11/14/2016 at 17:07

11/14/16 JDB

000018

FARMERS INSURANCE

Local claim representative
Local [illegible]
Whole Enterprise Claim Center
P.O. Box 108[illegible]
Oklahoma City, OK 73[illegible]
Fax (866) 8[illegible]-3104

November 11, 2016

JOYCE SEKERA
1840 NESTING PINE PL
LAS VEGAS NV 89143

RE:	Claim No:	WC16137190
	Employee:	SEKERA, JOYCE
	Employer:	BRAND VEGAS LLC
	Policy No:	0B13170485
	Date of Injury:	11/04/2016

Dear JOYCE SEKERA

Farmers Insurance Exchange is handling your workers' compensation claim on behalf of the above captioned employer.

As I have not yet been able to speak with you via telephone, please call me at 702-456-1104 so I may explain the benefits due to you and obtain additional information regarding your injury. If you are connected with my voice mail when you call, please leave a phone number that I can contact you at during the day. I look forward to speaking with you.

Please note that if I have spoken with you after this letter was sent, it is not necessary to contact me again unless you have any further questions.

Sincerely,
Farmers Insurance Exchange

Kathryn Gaines

KATHRYN GAINES
Claims Representative

Desert Chiropractic & Rehab / Core Rehab
7010 West Ann Rose #110
Las Vegas, NV 89149-5199
Phone: (702)463-9500
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/6/2016

History of injury

Ms. Sekera has a slip and fall injury dated 11/6/16. She stated that she was at work inside the Venetian Home. She stated that she was walking on the marble floor when she slipped on something wet which took of her feet slide out from under her and she fell to the ground landing on her back and left elbow. She reported that her neck was thrust back when she fell. She stated that she did not recall a loss of consciousness, but recalls the last thing she can remember after her fall was people standing over her and feeling dazzed.

Ms. Sekera reported that she was evaluated by a paramedic at the scene of the fall and given a sling for her left shoulder. She reported making an incident report and was asked if she wanted an ambulance to take her to the hospital. She stated that she declined the ambulance and drove herself to Sunrise Hospital where she had x-rays, was given medications and a new shoulder sling. The patient reported taking the medications which have helped, but not resolve their pain. She also reported using heat packs which have helped some as well. Ms. Sekera denied having prior slip and fall injuries or motor vehicle accidents. The patient stated that she was pain free prior to the above mentioned slip and fall. She reported that she has not returned to her work at this time due to her pain and she is unable to perform her job duties.

Subjective

The patient presents with the following problems:
Headache
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/6/2016. The symptoms have been present 50% to 60% of the day.
With associated blurred vision and dizziness/vertigo. She also reported memory problems and reported that she will go into a room and completely forget what she is doing there. She states that she is having difficulty sleeping due to her pain. The pain is her head is sore and achy.

Cervicalgia
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/6/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.
With associated numbness and tingling down both arms to her fingers.

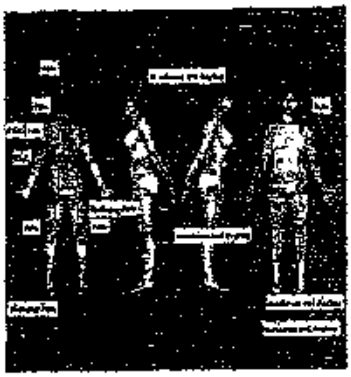
Low back pain
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/6/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. The patient denied that symptoms are radiating bilaterally down the upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving movement.
With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as a 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/6/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in left elbow
History of present illness/condition:
The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/6/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in thoracic spine
History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or intolerable. The mechanism of injury described by the patient involved a combined fall injury. The symptoms have been present since the date of injury on 1/1/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they report that the symptoms were aggravated by sustained evolving movement.



Objective

Range of motion/joint mobility:

Passive/Active	Joint	Planes of Motion	Degrees	Level of Decrease	With Pain
Active	Cervical	Flex		Moderate	Yes
Active	Cervical	Ext		Moderate	Yes
Active	Cervical	LLF		Moderate	Yes
Active	Cervical	RLF		Mild-Moderate	Yes
Active	Cervical	LR		Mild-Moderate	Yes
Active	Cervical	RR		Mild	Yes
Active	Left Elbow	Flex		Mild-Moderate	Yes
Active	Left Elbow	Ext		Mild-Moderate	Yes
Active	Left Elbow	Pronation		Mild	Yes
Active	Left Elbow	Supination		Mild	Yes
Active	Left Shoulder	Flex		Moderate-Severe	Yes
Active	Left Shoulder	Ext		Moderate	Yes
Active	Left Shoulder	Abduction		Moderate-Severe	Yes
Active	Left Shoulder	Internal Rot		Normal	No
Active	Left Shoulder	External Rot		Moderate	Yes
Active	Left Shoulder	Adduction		Normal	No

Palpation/Spasm/Tender Changes:

Region/Area	Availability	Finding	Severity	Prognosis
Cervical, Neck		spasm	moderate to severe	
Thoracic, Mid Back		spasm	moderate to severe	
Lumbar, Lower Back		spasm	moderate to severe	

Examination:

Type of Motion	Extent/Total Measurement	Side	Grade/Score	Duration	Pain Descriptor	Body Area
Neurological	Muscle strength for C5	Left	graded 4 out of 5			

000012

Comments	Rigid					
Neurological	Muscle strength for C6	Left	graded 4 out of 5			
Comments	Rigid					
Neurological	Muscle strength for C7	Left	graded 4 out of 5			
Comments	Rigid					
Neurological	Muscle strength for C8	Left	graded 4 out of 5			
Comments	Rigid					
Neurological	Muscle strength for L4	Bilateral	graded 5 out of 5			
Neurological	Muscle strength for L5	Bilateral	graded 5 out of 5			
Neurological	Muscle strength for S1	Bilateral	graded 5 out of 5			
Neurological	Muscle strength for T1	Left	graded 4 out of 5			
Comments	Rigid					
Orthopedic	Adson's test	Left	Positive		moderate to severe	Posterior Shoulder Area
Orthopedic	Cervical maximum compression test		Positive		moderate to severe	Neck Area
Orthopedic	Distraction test		Positive		moderate to severe	Neck Area
Orthopedic	Hoffman test		Not performed			
Orthopedic	Kernig's test		Not performed			
Orthopedic	Neck flex test		Not performed			
Orthopedic	O'Donoghue maneuver	Bilateral	Positive		moderate to severe	Neck Area
Orthopedic	Shoulder depression test	Bilateral	Positive		moderate to severe	Neck Area
Orthopedic	Spurling sign		Negative		moderate to severe	
Comments	(+) Tenderness (neck pain)	(+) to left and back pain				
Orthopedic	Valsalva / Valsalva Shock test	Left	Negative		moderate	
Comments	(+) Tension headache					
Orthopedic	Yeoman's test (lumbar)		Not performed			
Comments	Due to her wearing a cervical brace and to her complaining range of motion of the cervical spine was deferred to her first Orthopedic visit. Patient also complaining of the lumbar pain with radiation due to pain and spasm in the area.					

Orthopedic Evaluation: Hypomobility and tenderness of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

She was using a left shoulder brace / sling.

Assessment

Diagnoses Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon of neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	S39.012A	Strain of muscle and tendon of back wall of abdomen, init
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial

			encounter
8		S39.012A	Strain of muscle, fascia and tendon of lower back, init
9		S44.122	Post-traumatic neuritis, unspecified, left antecubital
10		S09.90XA	Concussion w LOC of 30 minutes or less, init
11		S00.03XA	Contusion of scalp, initial encounter
12		F07.81	Postconcussional syndrome
13		I67.89	Other vascular disorders NEC
14		J47.9	Bronchiectasis, uncomplicated
15		S33.5XXA	Sprain of sacroiliac joint, initial encounter
16		S43.403A	Unspecified sprain of left shoulder joint, initial encounter
17		M53.87	Segmental and somatic dysfunction of upper extremity
18		S46.012A	Strain of muscle and the tendon of the rotator cuff of left shoulder, init
19		R20.9	Paresthesia of skin
20		M54.16	Radiculopathy, lumbar region
21		S53.403A	Unspecified sprain of unspecified elbow, init encounter
22		S63.634A	Sprain of ulnar collateral ligament of thumb at wrist and hand level, left
23		M99.01	Segmental and somatic dysfunction of cervical region
24		M99.02	Segmental and somatic dysfunction of thoracic region
25		M99.03	Segmental and somatic dysfunction of lumbar region
26		M99.04	Segmental and somatic dysfunction of sacral region
27		W51.1XXA	Fall same level due to slipping or stepping on object, init

General Assessment:
Causation: Based on my (s)/(n) physical examination of Ms. Sekera, my discussion with the patient regarding how the accident happened, patient medical history, and the significance of her body during the collision, it is my opinion, to a reasonable degree of medical probability, the bodily injury sustained by the patient, as recorded in this report, was caused by the slip and fall dated 11/4/16

Contributing Factors: Age, Severity of Pain
Patient Statements: Pat complains neck/arm/ankle still is sore
Provider Statements: Referred treatment well

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	Diagnosis
99213	25				1		Outdated New Patient Exam	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22
98941	25				1		SOAT 3-4 Areas	23, 24, 25, 26
97014					1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010					1		Ice Pack	1, 2, 3, 4, 5, 6, 7, 8
A4556					1		Electrodes	1, 2, 3, 4, 5, 6, 7, 8
S8079					1		Home use ice pack	1, 2, 3, 4, 5

05/18/2017							Initial Report	16, 7, 8, 9 15, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22

Spine Lumbar Adjustment

Involvement adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints required.

The patient was given and instructed on the home use of the ice / heat packs today

Present Care Plan

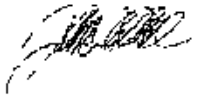
Informed Consent Obtained:	Yes
Problem:	R51 - Headache, M54.2 - Cervicalgia, M54.6 - Low back pain, M99.01 - Pain in left auricle/ear, M25.522 - Pain in left elbow, M54.6 - Pain in thoracic spine
Plan Start Date:	11/8/2016
Frequency:	5 times a week, 8 times a week
Duration:	1 week, 3 weeks
Expectation for Recovery:	Guarded at this time
Services:	CMT, Myofascial Release, Electrical Stimulation, Rehabilitation exercises, biomechanical traction, mechanical massage, subjectival adjustments, and ice or heat packs
Re-examination Date:	12/28/2016
Home Care Recommendations:	Ice
Short Term Goals:	Reduce pain and restore normal joint function and mobility balance, improve cervical range of motion, improve lumbar range of motion, improve shoulder range of motion
Long Term Goals:	Return patient to pre-accident status
Referral:	Dr. Lyle for medical co-treatment or terminated.

Histories

Vital Signs

Date Recorded	Height	Weight	BMI	Pulse	Respiration	Blood Pressure	Temperature	Heart Rate	Pain Delivery	Active
11/8/2016	66	180	[illegible]	80		161/80				Yes

Signed by Jordan B. Weber D.C



Name:	JOYCE SEKERA	DOB:	03/22/1956
Patient ID:	501612519	Gender:	Female
Exam Date:	11/04/2016 03:38 PM	Site:	CENTENNIAL HILLS HOSPITAL
Exam Name:	XR SPINE LUMBOSACRAL 2 OR 3 VIEWS | 0	Acc #:	507828925
		Secondary Acc #:	CHH40-XR-16-040537
Pt Status:	Inpatient		
Referrer:	UNKNOWN PHYSICIAN		
Reff Address:	, NV		

XR LUMBAR SPINE

HISTORY: Back pain

COMPARISON: None.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS: There is no more lumbar vertebral body height. Endplate osteophyte formation at L2-3, no acute fracture deformity. No aggressive lytic osteotic lesions. Moderate stool, mild curvature convex to the left. Some increased density at the L2-3 disk osteophyte to some calcification. There are some endplate degenerative change at L1-2 also noted.

IMPRESSION:

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate osteosis. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI spine can be obtained as clinically warranted.

Report Electronically Signed by: KAVEH KARDOONI DO
Report Electronically Signed date: 11/04/2016 04:49 PM

Transcribed By:

Signed by: KAVEH KARDOONI DO
Finalized Date: 11/04/2016 04:49 PM

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Name:	JOYCE SEKERA	DOB:	03/22/1956
Patient ID:	501812819	Gender:	Female
Exam Date:	11/04/2016 03:25 PM	Site:	CENTENNIAL HILLS HOSPITAL
Exam Name:	XR ELBOW COMPLETE LEFT	Acc #:	507823928
Pt Status:	Inpatient	Secondary Acc #:	CHH40-XR-16-040539
Referrer:	UNKNOWN PHYSICIAN		
Ref'l Address:	, NV		

XR ELBOW

HISTORY: Injury to elbow

COMPARISON: None.

TECHNIQUE: Left, 4 views

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

No evidence of acute fracture or dislocation

Please note that some abnormalities may not be able to be detected with radiographs. If clinical symptoms persist, consider cross sectional imaging.

Report Electronically Signed by: RICK YEH MD
Report Electronically Signed on: 11/04/2016 04:42 PM

Transcribed By:

Signed by: RICK YEH MD
Finalized Date: 11/04/2016 04:42 PM

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EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

Please complete all areas that are highlighted in yellow.

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED

First Name	Middle	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Joyce	P	Sekera	3-22-56	☐ M ☑ F	

Home Address	Age	Height	Weight	Social Security Number
7840 Westing Pine Pl	60	5'6	180	314-48-8430

City	State	Zip	Telephone
Las Vegas	NV	89143	702-467-5457

Mailing Address	City	State	Zip	Primary Language Spoken
7840 Westing Pine Pl		NV	89143	English

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
N/A	N/A	Sales

Employer's Name/Company Name	Telephone
Boots Vegas	702 538-9000

Office/Unit Address (Number and Street): N/A Karson Blvd

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Not Fied	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
11/4/16	around 10 am/pm	11-4-16	11-4-16	Karen Grech

Address of Location of Accident (if applicable): Veronica Hotel

What were you doing at the time of the accident? (If applicable): walking

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.): There was water on the floor. My feet went out on floor. I slipped and fell on my elbow and arm.

If you believe that you have an occupational disease, when did you first have knowledge of the disability, and its relationship to your employment? N/A

Witnesses to the Accident (if applicable): Guests/workers

Nature of Injury or Occupational Disease: Fall/slip/trip

Part of Body Injured or Affected: left elbow/back

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 616A TO 616D, INCLUSIVE) OR DISAPPROVAL OF JOB. I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR CONFederation HOSPITAL, ANY MEDICAL SERVICE OR SANITATION, 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 RELATING TO HIV/AIDS, TREATMENT AND/OR COUNSELING FOR ACIDS, 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.

Date 11/4/16 Place Centennial Hills Hospital Employee's Signature [signature]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: Emergency Room Department Name of Facility: Centennial Hills Hospital

Date / Hour	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
11/4/16 17:20	Elbow / back Sprain	☑ No ☐ Yes (If yes, please explain)

Treatment: X-ray, pain medication

X-Ray Findings: Ø fracture

Have you advised the patient to remain off work five days or more?

☐ Yes Indicate dates from _____ to _____

☑ No If so, is the injured employee capable of ☐ full duty ☐ modified duty

If modified duty, specify any limitations/restrictions: [illegible] NWB

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as alleged? ☑ Yes ☐ No

Is additional medical care by a physician indicated? ☑ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☑ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employee's copy of this form was mailed to the employee.
11/4/16	D.V. Del Vecchio	

Address			
6900 North Durango Drive			
City / State / Zip	Provider Tax ID Number	Telephone	
Las Vegas Nevada 89149	20-4993360	702-835-9700	
Doctor's Signature		Degree	

D.V. DEL VECCHIO MD #1062

8006149375-7120336
SEKERA, JOYCE
DOB 03/22/1956 SEX F EMR
MRN 7120336 ADMITTED DT 11/04/2016
Centennial Hills Hospital

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE

UB-04 NOTICE THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAWS

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.

2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.

3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.

4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.

5. Signature of patient or his representative on certifications, authorization to release information, and payment request as required by Federal Law and Regulations (42 USC 1395f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.

6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately depicting services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.

7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and has given written information about his/her claim released to them upon request, necessary authorization is on file. The accounts agency on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.

8. For Medicaid purposes: The submitter understands that because payment and qualification of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.

9. For TRICARE Purposes:

(a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient.

(b) The patient has represented that by a reported residential address outside a military treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file.

(c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits.

(d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE Benefits.

(e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts, and,

(f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee appointed in civil service (refer to 5 USC 2105), including personnel on intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.

(g) Based on 42 United States Code 1395cc(a)(1)(I) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987, and

(h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE http://www.nubc.org/ FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS

CHH- Centennial Hills Hospital Medical Center
6900 N Durango Dr
Las Vegas, NV 89149-4409

Patient SEKERA, JOYCE
MRN CHH7120336

Admit 11/4/2016
Disch 11/4/2016 Disch Time 18 27 PDT
FIN CH0000800514937 5

DOB/Sex 3/22/1956 / Female

Attending ED Staff Physician

Emergency Department

11/4/2016 18 27 PDT	ED Clinical Summary
SERVICE DATE/TIME	11/4/2016 18 27 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Key RN,Jonathan F (11/4/2016 18 27 PDT)
SIGN INFORMATION	Key RN,Jonathan F (11/4/2016 18 27 PDT)

ED Clinical Summary

CHH- Centennial Hills Hospital Medical Center
6900 N. Durango Dr.
Las Vegas, NV 89149-4409
http://www.centennialhillshospital.com/
(702) 835-8700

SUMMARY OF CARE

This document contains CONFIDENTIAL health information that is legally privileged. Please be sure to take this document to your follow-up appointment so that your provider has access to the necessary information about your recent hospitalization.

Patient Information:

Name SEKERA, JOYCE
Sex Female
MRN CHH7120336
Arrival Date 11/04/2016 2 19 PM
Diagnosis Back strain, Left elbow pain

Age 60 Years
Language ENG-English
FIN CH0000800514937 5
Disposition

DOB 3/22/1956 12 00 AM
PCP No, Pcp No MD
FC
Discharge 11/04/2016 6 27 PM
ED Depart Time
11/04/2016 6 27 PM

Visit Summary For JOYCE SEKERA
We would like to thank you for allowing us to assist you with your healthcare needs Our entire staff strives to provide an excellent experience for our patients and their families The following includes information regarding your visit

Age: 60 years **Sex:** Female **DOB:** 03/22/1956 **MRN:** 7120336
Address: 7840 NESTING PINE PL LAS VEGAS, NV 891434469
Home: 7024675457 **Work:** -- **Mobile:** --
Primary Care Provider: No, Pcp No MD
Race: White **Ethnicity:** Non-Hispanic

Medical Record

Print Date/Time 11/15/2016 07 55 PST Report Request ID 187195028 Page 1 of 28

Emergency Department

Language: ENG-English
Health Plan: --

Problems
Active
Edema of right upper eyelid

Follow Up

With:	Address:	When:
Mark Rosen	2020 PALOMINO LN, SUITE 220 LAS VEGAS, NV 89106000 (702)474-7200 Business (1)	Within 1-2 days

With:	Address:	When:
Pcp Nc	00000000	Within 1-2 days

Care Team

Attending: ED, Staff Physician

Admitting: ED, Staff Physician

Consulting:

Allergies
No Known Allergies

Medical Information

Prescriptions Given to Patient/Caregiver(s):

Fill New Prescriptions:
HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet) 1 Tabs By Mouth 3 Times a Day 5 Days as needed for for pain
ibuprofen (ibuprofen 600 mg oral tablet) 600 mg By Mouth 3 Times a Day as needed for Pain

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE — Admit: 11/4/2016
MRN: CHH7120336 — Disch: 11/4/2016
DOB/Sex: 3/22/1956 / Female — FIN: CHHD00300514937 5
Attending: ED, Staff Physician

Emergency Department

Home Medications per Patient/Caregiver(s):

Smoking Status

Never smoker

Functional Status

Mode of Discharge: Ambulates without assistance

Home Equipment:

Level of Consciousness:

Affect/Behavior:

Activities of Daily Living:

Care Plan

Patient Education Information:

Instructions Provided:

BACK PAIN (Acute or Chronic), SPRAIN ELBOW

Physician Documentation / Notes:

Patient: SEKERA, JOYCE — MRN: CHH7120336 — FIN: CHHD00300514937 5
Age: 60 years — Sex: Female — DOB: 03/22/56
Associated Diagnoses: None
Author: Taylor, Rachael APRN

Basic Information
Time seen: Date & time 11/04/16 15:33:00, Provider Assignment
Taylor, Rachael APRN assigned at 11/04/2016 15:25
History source: Patient
Arrival mode: Private vehicle
History limitation: None
Additional information: Chief Complaint from Nursing Triage Note: Chief Complaint
11/04/16 14:21 PDT — Chief Complaint: low back pain and left elbow pain s/p slip and fall

History of Present Illness
The patient presents following fall. The pitfall was just prior to arrival. The occurrence was single episode. The fall was described as a pop. The location where the incident occurred was at work. Location: Left upper extremity. The character of symptoms is pain, swelling and tingling. The degree of present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. A 50-year-old female status post fall at work. Patient was walking and slipped backwards. Patient did not hit her head. No LOC. Patient complains of left elbow pain and left lower

Print Date/Time: 11/15/2016 07:55 PST — Medical Record — Page 3 of 26

Patient SEKERA, JOYCE — Admit 11/4/2015
MRN CHH712036 — Disch 11/4/2015
DOB/Sex 3/22/1956 / Female — FIN CHH020805149375
Attending ED,Staff Physician

Emergency Department

back pain. Patient denies any dizziness or shortness of breath. No chest pain. Patient does complain of some paresthesias to her left hand. Patient able to ambulate without difficulty. Patient denies any loss of bowel/ bladder dysfunction.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI
Skin symptoms: Negative except as documented in HPI
Eye symptoms: Negative except as documented in HPI
ENMT symptoms: Negative except as documented in HPI
Respiratory symptoms: Negative except as documented in HPI
Cardiovascular symptoms: Negative except as documented in HPI
Gastrointestinal symptoms: Negative except as documented in HPI
Genitourinary symptoms: Negative except as documented in HPI
Musculoskeletal symptoms: Back pain, Muscle pain, Reports: Pain to left elbow and left lower lumbar region
Neurologic symptoms: Negative except as documented in HPI
Psychiatric symptoms: Negative except as documented in HPI
Endocrine symptoms: Negative except as documented in HPI
Additional review of systems information: All other systems reviewed and otherwise negative

Health Status

Allergies:
Allergic Reactions (All)
No Known Allergies
Medications: Reviewed/Inpt Medication List (Selected)
Inpatient Medications
Ordered
Norco 7.5 mg-325 mg oral tablet, 1 Tabs, Oral, q4H, PRN: Pain 4 - 6 (Acceptable)

Past Medical/ Family/ Social History

Medical history
Negative
Medical history: PMH/Problems ST
Active Problems (1)
Edema of right upper eyelid

Surgical history:
No active procedure history items have been selected or recorded
Family history
No family history items have been selected or recorded
Social History: Alcohol use: Denies, Tobacco use: Regularly
Social history: Social history ST
Social & Psychosocial Habits

Tobacco
05/11/2012: Patient Smoked Cigarettes During Last 12 Months: No
11/04/2015: Smoking History: Never smoker

Physical Examination

Vital Signs
Measurements

11/04/16 14 21 PDT	Height	163 64 cm
	Height Method	Stated
	Weight	86 18 kg
	Daily Weight kg	86 18 kg
	Height Method	Stated
	Height Method	Stated
	BSA Measured	2 m2
	Body Mass Index Measured	30 67 kg/m2

Basic Oxygen Information
11/04/16 14 20 PDT SpO2 95 %
SpO2 95% on room air Interpretation fair
General: Alert, no acute distress
Skin: Warm, dry, pink
Head: Normocephalic Not Atraumatic
Neck: Trachea midline
Eye: Extraocular movements are intact
Ears, nose, mouth and throat: Oral mucosa moist
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, No cardiac rub
Respiratory: Lungs are clear to auscultation respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion, No Rales, No Rhonchi, No Wheezing
Gastrointestinal: Soft, Nontender, Non distended, No Masses/Pulsations/Distension
Musculoskeletal: Not normal ROM, Proximal upper extremity Left elbow, tenderness
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed
Psychiatric: Cooperative appropriate mood & affect

Medical Decision Making
Radiology results Radiologists interpretation Imaging
11/04/16 18 35 PDT XR Spine Lumbosacral 2 or 3 Views CHH RADIOLOGY , HISTORY Injury to elbow

COMPARISON None.

TECHNIQUE: Left , 4 views

FINDINGS

There is no evidence of fracture There is no evidence of dislocation or subluxation. Bone
mineralization is normal The articular surfaces and joint spaces are well preserved There are no
osseous lesions There are no soft tissue abnormalities

IMPRESSION

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs. If clinical
symptoms persist, consider cross sectional imaging

Patient: SEKERA, JOYCE
MRN: CHH7120338
DOB/Sex: 3/22/1956 / Female
Attending: ED,Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHHD0063005149375

Emergency Department

IMPRESSION:

Degenerative disk disease most conspicuously at L3-4 where there is endplate osteophyte formation
and some endplate sclerosis. There is slight increased density at the disk space of uncertain
etiology possibly related to some calcification. Further assessment with CT or MRI scan can be
obtained as clinically warranted.

Reexamination/ Reevaluation
Time: 11/04/16 17:45:00
Notes: Discussed with patients the results of today visits and diagnosis and plan of care. Answered patients questions. Patient agrees to comply with plan of care. Patient requesting to be discharged home.

Impression and Plan
Back strain - ICD10-CM S39.012A,
left elbow pain
slip and fall
Plan -
Condition: Improved
Prescriptions: Launch PrescriptionWriter
Pharmacy
diazepam 500 mg oral tablet (Prescribe) 500 mg, 1 Tabs, Oral, TID, PRN, Pain, 30 Tabs, 0 Refill(s)
Patient was given the following educational materials: SPRAIN ELBOW, SPRAIN ELBOW, BACK PAIN (Acute or Chronic)
Follow up with: Pcp Ns Within 1-2 days, Mark Rosen Within 1-2 days
Counseled: Patient, Family, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions
Disposition: Launch Deposit or Order
Admit/Transfer/Discharge
Discharge Required Patient Physician Agreement (Order) 11/04/16 17:51 PDT, Home Routine

Addendum

Teaching-Supervisory Addendum-Brief
Notes: I personally interviewed and examined this patient. I discussed the findings, diagnostic studies, interventions and treatment plan with ARNP / PA. I reviewed the clinical notes and test results. I agree with the assessment, management, and disposition as presented by ARNP / PA with exceptions as documented.

11/4/2016 15:27 PDT
SERVICE DATE/TIME
RESULT STATUS
PERFORM INFORMATION
SIGN INFORMATION

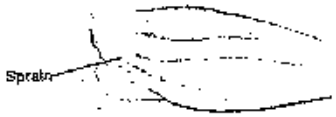
ED Patient Education Note
11/4/2016 15:27 PDT
Auth (Verified)
Key RN,Jonathan F (11/4/2016 15:27 PDT)
Key RN,Jonathan F (11/4/2016 15:27 PDT)

Patient SEKERA, JOYCE — Admit 11/4/2016
MRN CHH-1120336 — Disch 11/4/2016
DOB/Sex 3/22/1956 / Female — FIN CHH0308005149375
Attending ED,Staff Physician

Emergency Department

ED Patient Education Note
Ortho Trauma

Sprain, Elbow



A sprain is a tearing of the ligaments that hold a joint together. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe sprains are treated with a sling or splint. Minor sprains can be treated without any special support.

Home care

The following guidelines will help you care for your injury at home.

- Keep your arm elevated to reduce pain and swelling. When sitting or lying down, elevate your arm above the level of your heart. You can do this by placing your arm on a pillow that rests on your chest or on a pillow at your side. This is most important during the first 48 hours after injury.
- Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1–2 hours the first day. You should continue with ice packs 3–4 times a day for the next two days. Continue the use of ice packs for relief of pain and swelling as needed.
- If you were given a plaster or fiberglass splint, leave it on as advised, or until seen by your doctor. Keep it dry at all times. Bathe with your splint out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass splint gets wet, you can dry it with a hair-dryer. Once the splint is removed, moving the elbow through its full range of motion several times a day will prevent stiffness.
- If you were given a sling only, begin gradual range of motion exercises after the first few days, unless told otherwise. This will prevent stiffness in the elbow. Stop wearing the sling once the pain is better.
- You may use acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.

Follow-up care

Follow up with your doctor as directed

Any X-rays you had today don't show any broken bones, breaks, or fractures. Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms don't improve or they get worse, talk with your doctor. You may need a repeat X-ray.

When to seek medical care

Get prompt medical attention if any of the following occur

- The plaster splint becomes wet or soft
- The fiberglass splint remains wet for more than 24 hours
- Increased tightness or pain in the elbow
- Fingers become swollen, cold, blue, numb or tingly

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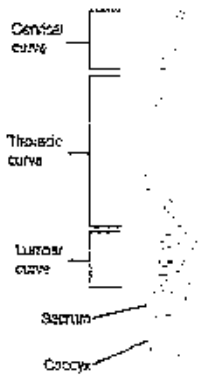
Trauma



Back pain is usually caused by an injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone in the spine may bulge and cause pain by pressing on a nearby nerve. Back pain may also appear after a sudden twisting/bending force (such as in a car accident), after a simple awkward movement, or lifting something heavy with poor body positioning. In either case, muscle spasm is often present and adds to the pain.

Acute back pain usually gets better in one to two weeks. Back pain related to disk disease, arthritis in the spinal joints or spinal stenosis (narrowing of the spinal canal) can become chronic and last for months or years.

Unless you had a physical injury (for example, a car accident or fall) X-rays are usually not ordered for the initial evaluation of back pain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

Home Care:

You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs).

When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees.

Avoid prolonged sitting. This puts more stress on the lower back than standing or walking.

During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you.

You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone.

Follow Up

with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy may be needed.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

Get Prompt Medical Attention

if any of the following occur:

Pain becomes worse or spreads to your legs

Weakness or numbness in one or both legs

Loss of bowel or bladder control

Numbness in the groin or genital area

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11/4/2016 18:27 PDT	ED Patient Summary
SERVICE DATE/TIME	11/4/2016 18:27 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Key RN,Jonathan F (11/4/2016 18:27 PDT)
SIGN INFORMATION	Key RN,Jonathan F (11/4/2016 18:27 PDT)

Patient SEKERA, JOYCE
MRN CHH7120336
DOB/Sex 3/22/1956 / Female
Attending ED,Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH0208095149375

Emergency Department

Confirmation of Receipt of Instructions

Name: SEKERA, JOYCE

Age: 60 Years Date of Birth: 3/22/1956 12:00 AM

MRN: CHH7120336 FIN: Arrival Time: 11/04/2016 2:19 PM

Diagnosis: Back strain; Left elbow pain

Patient Visit Summary:

SEKERA, JOYCE has been provided patient education materials, follow-up instructions and prescriptions

My Signature Below Indicates:

> I have received and understood the oral instructions regarding my current medical problem

> I will arrange follow-up care as instructed, outlined in this and any following page(s)

> I acknowledge continuing medications prescribed by my regular doctor

> I acknowledge receipt of the written instructions as outlined in this and any previous page(s)

> I will read and review these instructions

> I acknowledge that I will contact my Primary Care Physician or return to the Emergency Department immediately if symptoms worsen or persist

( ) Patient Refuses to Sign

( ) Patient Left Without Signing

( ) Patient was informed of their non-emergent status

_____

Patient Signature

_____

Parent / Guardian (if patient is a minor)

_____

Nurse Signature (if not patient signature)

_____

Hospital Witness Signature (if no patient signature)

NOTE: Permanent Medical Record

CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

6900 North Durango Drive, Las Vegas, NV 89149

Emergency Department

www.centennialhillshospital.com

(702) 835-9700

Name: SEKERA, JOYCE

Age: 60 Years Date of Birth: 3/22/1956 12:00 AM

MRN: CHH7120336 FIN: Arrival Time: 11/04/2016 2:19 PM

Diagnosis: Back strain; Left elbow pain

Emergency Department Care Team:

Provider: ED, Staff Physician

The Emergency Department physician has reviewed the information that you have provided concerning medications that have been prescribed previously and found there to be no conflict with any therapy recommended by the Emergency Department physicians. Unless instructed by the Emergency Department physician to discontinue specific medications, you should continue medications prescribed by your regular doctor and follow-up with your doctor or with the physician/facility recommended by the ED as appropriate.

If you plan on operating a motor vehicle or using any dangerous equipment within the next several hours, please check with your physician or nurse to make sure that none of the medicines that you received in the Emergency Department could interfere with your performance of these tasks.

The physicians and staff of the Centennial Hills Hospital Medical Center encourage you to lead a healthy lifestyle. If you smoke, we strongly urge you to quit. Contact your local American Lung Association for additional information.

Allergies:

No Known Allergies

Vaccination/Immunologic Information

Prescriptions Given to Patient/Caregiver(s):

Prescription	Display
HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet)	1 Tabs, Oral, TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/09/16
ibuprofen (ibuprofen 600 mg oral tablet)	600 mg = 1 Tabs, Oral, TID, PRN Pain, # 30 Tabs, 0 Refill(s), Maintenance

Patient	SEKERA, JOYCE		Adm: 11/4/2015
MRN	CHH7120336		Disch: 11/4/2015
DOB/Sex	3/22/1956 / Female	FIN	CHH000000149375
Attending	ED,Staff Physician		

Emergency Department

Medication Special Considerations:

Patient Education Materials Provided:

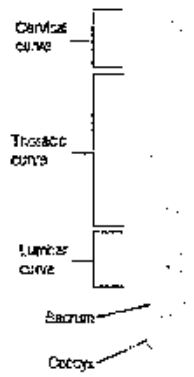
BACK PAIN (Acute or Chronic), SPRAIN ELBOW

Comment:

Follow-up Instructions:

With:	Address:	When:
Mark Rosen	2020 PALOMINO LN, SUITE 220 LAS VEGAS, NV 891060000 (702)474-7200 Business (1)	Within 1-2 days

With:	Address:	When:
Pcp No	000000000	Within 1-2 days



Back pain is usually caused by an injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone in the spine may bulge and cause pain by pressing on a nearby nerve. Back pain may also appear after a sudden twisting/bending force (such as in a car accident), after a simple awkward movement, or lifting something heavy with poor body positioning. In either case, muscle spasm is often present and adds to the pain.

Acute back pain usually gets better in one to two weeks. Back pain related to disk disease, arthritis in the spinal joints or spinal stenosis (narrowing of the spinal canal) can become chronic and last for months or years.

Unless you had a physical injury (for example, a car accident or fall) X-rays are usually not ordered for the initial evaluation of back pain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

Home Care:

You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs)

When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees

Avoid prolonged sitting. This puts more stress on the lower back than standing or walking

During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you

You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone

Follow Up

with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy may be needed

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

Get Prompt Medical Attention

if any of the following occur

Pain becomes worse or spreads to your legs

Weakness or numbness in one or both legs

Loss of bowel or bladder control

Numbness in the groin or genital area

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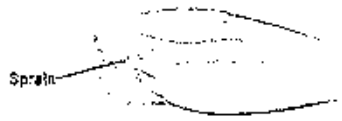
Sprain, Elbow



A sprain is a tearing of the ligaments that hold a joint together. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe sprains are treated with a sling or splint. Minor sprains can be treated without any special support.

Home care

The following guidelines will help you care for your injury at home:

- Keep your arm elevated to reduce pain and swelling. When sitting or lying down, elevate your arm above the level of your heart. You can do this by placing your arm on a pillow that rests on your chest or on a pillow at your side. This is most important during the first 48 hours after injury.
- Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1—2 hours the first day. You should continue with ice packs 3—4 times a day for the next two days. Continue the use of ice packs for relief of pain and swelling as needed.
- If you were given a plaster or fiberglass splint, leave it on as advised, or until seen by your doctor. Keep it dry at all times. Bathe with your splint out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass splint gets wet, you can dry it with a hair-dryer. Once the splint is removed, moving the elbow through its full range of motion several times a day will prevent stiffness.
- If you were given a sling only, begin gradual range of motion exercises after the first few days, unless told otherwise. This will prevent stiffness in the elbow. Stop wearing the sling once the pain is better.
- You may use acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.

Follow-up care

Follow up with your doctor as directed

Any X-rays you had today don't show any broken bones, breaks, or fractures. Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms don't improve or they get worse, talk with your doctor. You may need a repeat X-ray.

When to seek medical care

Get prompt medical attention if any of the following occur:

- The plaster splint becomes wet or soft
- The fiberglass splint remains wet for more than 24 hours
- Increased tightness or pain in the elbow
- Fingers become swollen, cold, blue, numb or tingly

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Major Tests and Procedures:

The following procedures and tests were performed during your ED visit

Laboratory Orders
No laboratory orders were placed

Radiology Orders

Name	Status	Details
XR Elbow Complete Left	Completed	11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher, 167.64 cm, 86.18
XR Spine Lumbosacral 2 or 3 Views	Completed	11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed, 167.64 cm, 86.18

Cardiology Orders
No cardiology orders were placed

Emergency Department

11/4/2016 17:39 PDT	ED Physician Record
SERVICE DATE/TIME	11/4/2016 17:39 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Taylor,Rachael APRN (11/4/2016 17:53 PDT)
SIGN INFORMATION	Del Vecchio MD,Francis X (11/4/2016 18:00 PDT), Taylor, Rachael APRN (11/4/2016 17:58 PDT)

Fall

Patient SEKERA, JOYCE MRN: CHH7120336 FIN CHH0008005149375
Age 60 years Sex Female DOB 03/22/56
Associated Diagnoses None
Author Taylor, Rachael APRN

Basic Information

Time seen Date & time 11/04/16 15:33 PDT, Provider Assignment
Taylor, Rachael APRN assigned at 11/04/2016 15:25

History source: Patient
Arrival mode: Private vehicle
History limitation: None
Additional information: Chief Complaint form, Nursing Triage note Chief Complaint
11/04/16 14:21 PDT Chief Complaint low back pain and left elbow pain s/p slip and fall

History of Present Illness

The patient presents following fall. The onset was just prior to arrival. The occurrence was single episode. The fall was described as slipped. The location where the incident occurred was at work. Location: Left upper extremity. The character of symptoms is pain, swelling and tingling. The degree of present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. A 60-year-old female status post fall at work. Patient was walking and slipped backwards. Patient did not hit her head. No LOC. Patient complains of left elbow pain and left lower back pain. Patient denies any dizziness or shortness of breath. No chest pain. Patient does complain of some paresthesia to her left hand. Patient able to ambulate without difficulty. Patient denies any urine or bowel dysfunction.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI
Skin symptoms: Negative except as documented in HPI
Eye symptoms: Negative except as documented in HPI
ENMT symptoms: Negative except as documented in HPI
Respiratory symptoms: Negative except as documented in HPI
Cardiovascular symptoms: Negative except as documented in HPI
Gastrointestinal symptoms: Negative except as documented in HPI
Genitourinary symptoms: Negative except as documented in HPI
Musculoskeletal symptoms: Back pain, Muscle pain, Reports: Pain to left elbow and left lower lumbar region
Neurologic symptoms: Negative except as documented in HPI
Psychiatric symptoms: Negative except as documented in HPI
Endocrine symptoms: Negative except as documented in HPI
Additional review of systems information: All other systems reviewed and otherwise negative

Health Status

Allergies:
Allergy Reactions (All)
No Known Allergies
Medications: Review/Insert Medication List (Selected)

Emergency Department

Inpatient Medications
Ordered
Norco 7.5 mg-325 mg oral tablet 1 Tabs, Oral, q4H, PRN, Pain 4 - 5 (Moderate)

Past Medical/ Family/ Social History

Medical history
Negative
Medical history: PMH/Problems ST
Active Problems (1)
Edema of right upper eyelid

Surgical history:
No active procedure history items have been selected or recorded
Family history:
No family history items have been selected or recorded
Social history: Alcohol use: Denies, Tobacco use: Regularly
Social history: Social History ST
Social & Psychosocial Habits

Tobacco
05/11/2012: Patient Smoked Cigarettes During Last 12 Months: No
11/04/2016: Smoking History: Never smoker

Physical Examination

Vital Signs
Measurements

11/04/16 14:44 PDT	Height	157.48 cm
	Height Method	Stated
	Weight	86.18 kg
	Daily Weight kg	86.18 kg
	Weight Method	Stated
	Weight Method	Stated
	BSA Measured	1.82
	Body Mass Index Measured	34.67 kg/m2

Basic Oxygen Information
11/04/16 14:20 PDT SpO2 95 %
SpO2 95% on room air. Interpretation fair
General: Alert, no acute distress
Skin: Warm, dry, pink
Head: Normocephalic, Not atraumatic
Neck: Trachea midline
Eye: Extraocular movements are intact
Ears, nose, mouth and throat: Oral mucosa moist
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, No cardiac rub,
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, No Rales, No Rhonchi, No Wheezing
Gastrointestinal: Soft, Nontender, Non distended, No Masses/Pulsations/Distension
Musculoskeletal: Not normal ROM, Proximal upper extremity: Left, elbow, tenderness
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed

Emergency Department

Psychiatric: Cooperative, appropriate mood & affect

Medical Decision Making

Radiology results: Radiologists interpretation Imaging
11/04/15 6:35 PDT XR Spine Lumbosacral 2 or 3 views CHH RADIOLOGY . HISTORY: Injury to elbow

COMPARISON: None

TECHNIQUE: Left , 4 views

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone
mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no
osseous lesions. There are no soft tissue abnormalities.

IMPRESSION

No evidence of acute fracture or dislocation

Please note that some abnormalities may not be able to be detected with radiographs if clinical
symptoms persist, consider cross sectional imaging

IMPRESSION

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation
and cross endplate sclerosis. There is slight increased density at the disk space of uncertain
etiology possibly related to some calcification. Further assessment with CT or MRI scan can be
obtained as clinically warranted

Reexamination/Reevaluation

Time: 11/04/15 17:40:00
Notes: Discussed with patients the results of today tests and diagnosis and plan of care. Answered patients questions. Patient agrees to comply with plan of care. Patient requesting to be discharged home

Impression and Plan

Back strain - ICD10 CM S39.012A
left elbow pain
slip and fall
Plan

Patient SEKERA, JOYCE
MRN CHH7120336
DOB/Sex 3/22/1956 / Female
Attending ED,Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH0606005149375

Emergency Department

Condition: Improved
Prescriptions: Launch Prescription Writer
Pharmacy
Ibuprofen 600 mg oral tablet (Prescribe) 600 mg, 1 Tabs, Oral, TID, PRN Pain, 30 Tabs, 0 Refills)
Patient was given the following educational materials: SPRAIN ELBOW, SPRAIN ELBOW, BACK PAIN (Acute or Chronic)
Follow up with: Pcp Ns Within 1-2 days, Mark Roser Within 1-2 days
Obstacles: Patient, Family, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions
Disposition: Launch Disposition Order
Admit/Transfer/Discharge
Discharge Request Pending Physician Agreement (Order) 11/04/16 17:51 PDT Home Routine

Addendum

Teaching-Supervisory Addendum-Brief
Notes: I personally interviewed and examined this patient. I discussed the findings, diagnostic studies, interventions and treatment plan with ARNP / PA. I reviewed the clinical notes and test results. I agree with the assessment, management, and disposition as presented by ARNP / PA with exceptions as documented.

Electronically Signed By: Taylor, Rachel
On: 11/04/2016 17:58 PDT

Electronically Signed On: 11/04/2016 18:00 PDT
By: Yecchin, Francis MD

11/4/2016 14:49 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:49 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
SIGN INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Abuse/Neglect Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Abuse/Neglect Assessment
Threatened/Physically Hurt in past year: Yes
ED DV Harm or Neglect Question: No
Abuse and Neglect Types: None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:49 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
SIGN INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

Emergency Department

ED Triage RFV/Problems Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Reason for Visit/Medical History ED
Reviewed Past Medical Hx with Patient No

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT
(As Of: 11/4/2016 14:49:42 PDT)

Problems(Active)
Edema of right upper eyelid (SNOMED CT 147724018)

Name of Problem Edema of right upper eyelid , *Recorder* Woosram, Nicole PAC, *Confirmation* Confirmed , *Classification* Medical , *Code* 147724018 , *Contributor System* PowerChart , *Last Updated* 8/31/2016 09:57 PDT , *Life Cycle Status* Active , *Responsible Provider* Woosram Nicole PAC, *Vocabulary* SNOMED CT

11/4/2016 14:49 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:49 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
SIGN INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Triage General/Screening Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

General/Screenings Adult
Suicidal Risk Assessment No suicidal risk indicators identified
Document Fall Risk Screening Pass
Clinical Trial Participant – MU None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:49 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
SIGN INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Languages Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Patient SEKERA, JOYCE
MRN CHH7120396
DOB/Sex 3/22/1956 / Female
Attending ED,Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH00080C5149375

Emergency Department

Languages
Preferred Languages English

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:49 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
SIGN INFORMATION	Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Social History Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Social History
Smoking History—MU Never smoker
Tobacco Use Screening Yes
Cultural Practices to be honored? No
Is Blood Transfusion Acceptable to Patient Yes

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

Social History

(As Of 11/4/2016 14:49:26 PDT)

Tobacco Use Screening
Tobacco Use Last 30 Days No tobacco use of any form

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:20 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:20 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Adams RN,Jennifer J (11/4/2016 14:20 PDT)
SIGN INFORMATION	Adams RN,Jennifer J (11/4/2016 14:20 PDT)

ED Triage Vitals Entered On: 11/4/2016 14:21 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

ED Vitals
Systolic Blood Pressure 175 mmHg (H)
Diastolic Blood Pressure 78 mmHg
Peripheral Pulse Rate 88 bpm
Respiratory Rate 20 b/min

Patient SEKERA, JOYCE
MRN CHH7120338
DOB/Sex 3/22/1956 / Female
Attending ED,Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH00080051149375

Emergency Department

SpO2 95 %
Temperature 36.8 DegC
Temperature Convert C to F 98.2 DegF
Temperature Method Oral

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

11/4/2016 14:20 PDT	Triage Note
SERVICE DATE/TIME	11/4/2016 14:20 PDT
RESULT STATUS	Auth (Verified)
PERFORM INFORMATION	Adams RN,Jennifer J (11/4/2016 14:20 PDT)
SIGN INFORMATION	Adams RN,Jennifer J (11/4/2016 14:20 PDT)

ED Triage Primary Pain Assessment Entered On: 11/4/2016 14:20 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

Primary Pain
Numeric Rating 9
Primary Pain Location Elbow
Laterality Left
Onset Sudden
Pain Radiates No
Time Pattern Acute
Associated Symptoms None
Aggravating Factors Movement, Palpation

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

CHH- Centennial Hills Hospital Medical Center

Patient SEKERA, JOYCE
MRN CHH7120335
DOB/Sex 3/22/1956 / Female
Attending ED Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH0006005149375

Orders

Order XR Spine Lumbosacral 2 or 3 Views
Order Date/Time 11/4/2016 15 53 PDT
Signed Date/Time 11/4/2016 15 53 PDT
Order Status Completed | Department Status Completed | Catalog Type Radiology | Activity Type Radiology
End-state Date/Time 11/4/2016 16 52 PDT | End-state Reason
Ordering Physician Taylor,Rachael APRN | Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 15 53 PDT
Order Details 11/4/16 3 53 00 PM PDT, Stat, Reason Back Pain (Low Back, Lumbago), Transport Mode Patient Bed
Order Comment

Order XR Elbow Complete Left (Elbow XR Complete Left)
Order Date/Time 11/4/2016 15 53 PDT
Signed Date/Time 11/4/2016 15 53 PDT
Order Status Completed | Department Status Completed | Catalog Type Radiology | Activity Type Radiology
End-state Date/Time 11/4/2016 16 44 PDT | End-state Reason
Ordering Physician Taylor,Rachael APRN | Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 15 53 PDT
Order Details 11/4/16 3 53 00 PM PDT, Stat, Reason Injury, Elbow to Wrist, Transport Mode Stretcher
Order Comment

Order HYDROcodone-acetaminophen (Norco 7 5 mg-325 mg oral tablet)
Order Date/Time 11/4/2016 15 54 PDT
Signed Date/Time 11/4/2016 15 54 PDT
Order Status Discontinued | Department Status Discontinued | Catalog Type Pharmacy | Activity Type Pharmacy
End-state Date/Time 11/4/2016 22 04 PDT | End-state Reason
Ordering Physician Taylor,Rachael APRN | Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 15 54 PDT
Order Details 1 Tabs, Tab, Oral, Q4H PRN Pain 4 - 6 (Moderate), Duration 7 Days, First Dose Routine, Start date 11/4/16 3 54 00 PM PDT, Stop date 11/4/16 10 04 55 PM PDT
Order Comment

Order Discharge Request Pending Physician Agreement
Order Date/Time 11/4/2016 17 51 PDT
Signed Date/Time 11/4/2016 17 51 PDT
Order Status Ordered | Department Status Ordered | Catalog Type Admit/Transfer/Discharge | Activity Type Admit/Transfer/Discharge
End-state Date/Time 11/4/2016 17 51 PDT | End-state Reason
Ordering Physician Taylor,Rachael APRN | Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 17 51 PDT
Order Details 11/4/16 5 51 00 PM PDT, Home Routine
Order Comment

CHH- Centennial Hills Hospital Medical Center

Patient SEKERA, JOYCE — Admit 11/4/2016
MRN CHH7120335 — Disch 11/4/2016
DOB/Sex 3/22/1956 / Female — FIN CHH20080051425 75
Attending ED, Staff Physician

Medication Orders

Prescription

Order HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet)
Order Date/Time 11/4/2016 17 47 PDT
Signed Date/Time 11/4/2016 17 47 PDT
Order Status Completed — Clinical Category Medications — Medication Type Prescription
End-state Date/Time 11/9/2016 17 47 PST — End-state Reason
Ordering Physician Taylor,Rachael APRN — Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 17 47 PDT
Order Details 1 Tabs, Oral TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/9/16 5 47 00 PM PST
Order Comment

Order Ibuprofen (Ibuprofen 600 mg oral tablet)
Order Date/Time 11/4/2016 17 47 PDT
Signed Date/Time 11/4/2016 17 47 PDT
Order Status Prescribed — Clinical Category Medications — Medication Type Prescription
Ordering Physician Taylor,Rachael APRN — Consulting Physician
Entered By Taylor,Rachael APRN on 11/4/2016 17 47 PDT
Order Details 600 mg # 1 Tabs, Oral, TID, PRN Pain, # 30 Tabs, 0 Refill(s), Maintenance
Order Comment

Imaging

PROCEDURE	EXAM DATE/TIME	ACCESSION	PATIENT AGE AT EXAM	ORDERING PROVIDER	STATUS
XR Spine Lumbosacral 2 or 3 Views	11/4/2016 16:35 PDT	40-XR-16-040537	60 years	Taylor,Rachael APRN	Auth (Verified)

Report
XR LUMBAR SPINE

HISTORY Back pain

COMPARISON None

TECHNIQUE Lumbar spine, 3 views

FINDINGS There is no more lumbar vertebral body height. Endplate osteophyte formation at L2-3. No acute fracture deformity. No aggressive lytic sclerotic lesions. Moderate stool. Mild curvature convex to the left. Some increased density at the L2-3 disk osteophyte to some calcification. There are some endplate degenerative change at L1-2 also noted.

IMPRESSION

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

Dictated By: KAWEH KARDOONI DO
***** Final *****

Dictated by *Kardooni, Kaweh DO* *Dictated DT/TM* *11/04/2016 4:52 pm*
Transcribed By *KK Transcribed by* *KK* *Transcribed DT/TM* *11/04/16 16:49:51*
Electronically Signed by *Kardooni, Kaweh DO* *Signed DT/TM* *11/04/2016 4:52 pm*

PROCEDURE	EXAM DATE/TIME	ACCESSION	PATIENT AGE AT EXAM	ORDERING PROVIDER	STATUS
XR Elbow Complete Left	11/4/2016 16:35 PDT	40-XR-16-040539	60 years	Taylor,Rachael APRN	Auth (Verified)

Report
XR ELBOW

HISTORY Injury to elbow

COMPARISON None

TECHNIQUE Left, 4 views

CHH- Centennial Hills Hospital Medical Center

Patient SEKERA, JOYCE
MRN CHH7120335
DOB/Sex 3/22/1956 / Female
Attending ED, Staff Physician

Admit 11/4/2016
Disch 11/4/2016
FIN CHH00080051462375

Imaging

PROCEDURE	EXAM DATE/TIME	ACCESSION	PATIENT AGE AT EXAM	ORDERING PROVIDER	STATUS
XR Elbow Complete Left	11/4/2016 16:35 PDT	40-XR-16-040539	60 years	Taylor,Rachael APRN	Auth (Verified)

Report

FINDINGS

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs. If clinical symptoms persist, consider cross sectional imaging.

Dictated By: RICK YEH MD

**** Final ****

Dictated by: Yeh MD, Rick N *Dictated DT/TM: 11/04/2016 4:44 pm*
Transcribed By: RNY Transcribed by: RNY Transcribed DT/TM: 11/04/16 16:42:39
Electronically Signed by: Yeh MD, Rick N *Signed DT/TM: 11/04/2016 4:44 pm*

Western Regional Ctr for Brain and Spine

3061 S Maryland Pkwy #200 Las Vegas NV 891096227
Tel: (844) 447-9272 Fax: (702) 737-7195

ACCOUNT INQUIRY

08/24/2018 11:26 AM (PST)

Account# 379090

Guarantor Information:

Joyce P Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

Home Tel#: (702) 467-5457
Work Tel#:

Patient Information:
Patient# 379090

Joyce P Sekera
7840 Nesting Pine Place
Las Vegas, NV 89143

Home Tel#: (702) 467-5457
Work Tel#:

Payor	Current	31-60 Days	61-90 Days	Over 90	Balance
Self	$0.00	$0.00	$0.00	$0.00	$0.00
Insur	$0.00	$0.00	$0.00	$1,150.00	$1,150.00
Collect	$0.00	$0.00	$0.00	$0.00	$0.00
				Unassigned:	$0.00
				Total Balance:	$1,150.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
02/22/2018	1901560	SMITHWM	$1,150.00	$0.00	$1,150.00	FARMWC	Worker's Comp	03/19/2018	158	Joyce P Sekera

Location	Department	Place Of Svc	Refer. Dr	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
MP	WRCBSMP	MP		2935469 03Mar2018	Updated	03/12/2018	Joyce P Sekera	$0.00	$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
1901560	Paper	SMITHWM		1901560	FARMWC	03/19/2018	Paper

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
02/22/2018	99245		Office Consltj 80 Min	M47.812	Spondylosis without myelopathy or radiculopathy, cervical re	CONSULT	1.00	$1,150.00	$0.00	$1,150.00

Diag2	Description	Diag3	Description	Diag4	Description
M47.16	Other spondylosis with myelopathy, lumbar region	M50.00	Cervical disc disorder with myelopathy, unspecified cervical	M51.06	Intervertebral disc disorders with myelopathy, lumbar region

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
721.0	Spondylosis, cervical	721.42	Spondylosis, lumbar w/myelopathy	722.73	Disorder, cervical disc w/myelopy	722.73	Disorder, lumbar disc w/myelopathy

JOYCE SEKERA
7840 NESTING PINE PLACE
LAS VEGAS, NV 89143
2016 INCOME TAX RETURN

JS848

ALEXANDER LIBRARY
1755 W ALEXANDER ROAD
NORTH LAS VEGAS NV 89032
(702) 987-4625

JOYCE P SEKERA
7840 NESTING PINE PLACE
LAS VEGAS NV 89143
(702) 675-5457

Preparer No.: 995
Client No. : XXX-XX-8430
Invoice Date: 03/11/2017

INVOICE

Description	Amount
PREPARATION OF 2016 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 1099-MISC (MISCELLANEOUS INCOME) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8962 (PREMIUM TAX CREDIT) FORM 1040 V	
	JS849

	Total Invoice	$0.00
	Amount Paid	$0.00
	Balance Due	$0.00

TAX YEAR: 2016 PROCESS DATE: 03/11/2017

CLIENT : 091-48-8430 JOYCE P SEKERA BIRTH DATE : 03/22/1956

ADDRESS : 7840 NESTING PINE PLACE PREPARER : 995
: LAS VEGAS NV 89143

Home : (702) 675-5457 PREPARER FEE:
Work : - ELECTRONIC :
Cell : - TOTAL FEES :
STATUS : 1
FED TYPE: Electronic Mail
ST TYPE : Regular Tax
E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040
FORM W-2
FORM 1099-MISC (Miscellaneous Income)
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
PAYMENT VOUCHER

* QUICK SUMMARY *

SUMMARY	FEDERAL
FILING STATUS	1
TOTAL INCOME	16411
TOTAL ADJUSTMENTS	480
ADJUSTED GROSS INCOME	15931
DEDUCTIONS	6300
EXEMPTIONS	4050
TAXABLE INCOME	5581
TAX	558
CREDITS	0
PAYMENTS	684
OTHER TAXES	959
EARNED INCOME CREDIT	0
REFUND	0
AMOUNT DUE	833

* W-2 INCOME FORMS SUMMARY *

I/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST

JS850

CLIENT : JOYCE BEKERA 391-46-8430

PREPARER : 995 DATE : 03/11/2017

LISTING OF FORMS FOR THIS RETURN

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
1.	T	BRAND VEGAS LL	9624	684	597	140	0	
		TOTALS.....	9624	684	597	140	0	

* 1099-MISC INCOME FORMS SUMMARY *

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	BRAND VEGAS LLC	0	0	0	0	7382
		TOTALS.....	0	0	0	0	7382

JS851

Form **W-2** **Wage and Tax Statement** **2016**

a Employee's social security number: 091-48-8430

This information is being furnished to the Internal Revenue Service.

b Employer identification number (EIN): 80-0911898

c Employer's name, address, and ZIP code:
BRAND VEGAS LLC
3130 S RAINBOW BLVD NO 305
LAS VEGAS NV 89146

d Control number

e Employee's first name and initial: JOYCE P
Last name: SEKERA
Suff.

7840 NESTING PINE PLACE
LAS VEGAS NV 89143

f Employee's address and ZIP code

1 Wages, tips, other compensation	9624
2 Federal income tax withheld	684
3 Social security wages	9624
4 Social security tax withheld	597
5 Medicare wages and tips	9624
6 Medicare tax withheld	140
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory employee / Retirement plan / Third-party sick pay	
12b	
14 Other	
12c	
12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

2016

a Employee's social security number

This information is being furnished to the Internal Revenue Service.

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

d Control number

e Employee's first name and initial: Last name: Suff.

f Employee's address and ZIP code

1 Wages, tips, other compensation	
2 Federal income tax withheld	
3 Social security wages	
4 Social security tax withheld	
5 Medicare wages and tips	
6 Medicare tax withheld	
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory employee / Retirement plan / Third-party sick pay	
12b	
14 Other	
12c	
12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

JS852

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
JOYCE P	SEKERA	091-48-8430
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
7840 NESTING PINE PLACE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
LAS VEGAS, NV 89143

Foreign country name | Foreign province/state/county | Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status
Check only one box.
1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
• lived with you: 0
• did not live with you due to divorce or separation (see instructions): 0
Dependents on 6c not entered above: 0
Add numbers on lines above ▶: 1

d Total number of exemptions claimed

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	9624
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	6787
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	16411

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	480	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	480
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	15931

JS853

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. QNA Form **1040** (2016)

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	15931
	39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. **Total boxes checked ▶ 39a**		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,300	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	6300
	41	Subtract line 40 from line 38	41	9631
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	4050
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5581
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	558
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	558
	48	Foreign tax credit. Attach Form 1116 if required — 48		
	49	Credit for child and dependent care expenses. Attach Form 2441 — 49		
	50	Education credits from Form 8863, line 19 — 50		
	51	Retirement savings contributions credit. Attach Form 8880 — 51		
	52	Child tax credit. Attach Schedule 8812, if required — 52		
	53	Residential energy credits. Attach Form 5695 — 53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54		
	55	Add lines 48 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	558
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	969
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	1527
Payments	64	Federal income tax withheld from Forms W-2 and 1099 — 64 684		
If you have a qualifying child, attach Schedule EIC.	65	2016 estimated tax payments and amount applied from 2015 return — 65		
	66a	**Earned income credit (EIC)** — 66a		
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812 — 67		
	68	American opportunity credit from Form 8863, line 8 — 68		
	69	Net premium tax credit. Attach Form 8962 — 69		
	70	Amount paid with request for extension to file — 70		
	71	Excess social security and tier 1 RRTA tax withheld — 71		
	72	Credit for federal tax on fuels. Attach Form 4136 — 72		
	73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ — 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	684
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
Direct deposit? See instructions.	▶ b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings		
	▶ d	Account number X X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	833
	79	Estimated tax penalty (see instructions) — 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
	03/11/17	SALES	702-675-5437
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		03/11/2017		S35061747
Firm's name ▶ ALEXANDER LIBRARY			Firm's EIN ▶ –	
Firm's address ▶ 1755 W ALEXANDER ROAD NORTH LAS VEGAS NV 89032			Phone no. 702-987-4625	

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2016

Attachment Sequence No. 09

Name of proprietor: JOYCE P SEKERA

Social security number (SSN): 091-48-8430

A Principal business or profession, including product or service (see instructions): OTHER DIRECT

B Enter code from instructions ▶ 4 1 5 4 3 9 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ 7840 NESTING PINE PLACE

City, town or post office, state, and ZIP code LAS VEGAS NV 89143

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2016, check here ▶ [ ]

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	7582
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	7582
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	7582
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	7582

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	405	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	75
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	315
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	795
29	Tentative profit or (loss). Subtract line 28 from line 7	29	6787
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	6787
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

JS855

For Paperwork Reduction Act Notice, see the separate instructions. Link ID - 1000 **Schedule C (Form 1040) 2016**

CNA

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01 / 01 /2016

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business 750 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? [X] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? [ ] Yes [X] No

47a Do you have evidence to support your deduction? [X] Yes [ ] No

b If "Yes," is the evidence written? [X] Yes [ ] No

Part V **Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

JS856

48 **Total other expenses.** Enter here and on line 27a 48

ONA

911

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR): COYCE P SEKERA

Social security number of person with **self-employment** income ▶ 091-48-8430

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z		1b	( )
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions)		2	6787
3	Combine lines 1a, 1b, and 2		3	6787
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **Note.** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		4a	6268
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue ▶		4c	6268
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	6268
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016		7	118,500 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $118,500 or more, skip lines 8b through 10, and go to line 11	8a 9624		
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b		
c	Wages subject to social security tax (from Form 8919, line 10)	8c		
d	Add lines 8a, 8b, and 8c		8d	9624
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	108876
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	777
11	Multiply line 6 by 2.9% (0.029)		11	182
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 57,** or **Form 1040NR, line 55**		12	959
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27**	13 480		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] was not more than $7,560, **or (b)** your net farm profits[2] were less than $5,457.

14	Maximum income for optional methods	14	5,040 00
15	Enter the **smaller** of: two-thirds (⅔) of gross farm income[1] (not less than zero) **or** $5,040. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $5,457 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (⅔) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **Don't send to the IRS. This isn't a tax return.**
▶ **Keep this form for your records.**
▶ **Information about Form 8879 and its instructions is at *www.irs.gov/form8879*.**

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶

Taxpayer's name: JOYCE P SEKERA

Social security number: 091-48-8430

Spouse's name:

Spouse's social security number:

Part I **Tax Return Information — Tax Year Ending December 31, 2016** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	15931
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	1517
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	684
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	833

Part II **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize ALEXANDER LIBRARY (ERO firm name) to enter or generate my PIN 1 8 4 3 0 (Enter five digits, but don't enter all zeros) as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 03/11/2017

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN ☐☐☐☐☐ (Enter five digits, but don't enter all zeros) as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 8 8 5 1 0 0 9 8 7 6 5 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ ALEXANDER LIBRARY Date ▶ 03/11/2017

JS858

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. CNA Form **8879** (2016)

2016 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2016 Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to *IRS.gov/payments* to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2016 Form 1040," "2016 Form 1040A," "2016 Form 1040EZ," or "2016 Form 1040NR," whichever is appropriate.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

Form **1040-V** (2016)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074
2016

Print or type

1 Your social security number (SSN) (or a joint return, SSN shown first on your return) 091-48-8430	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars: 833 / Cents:
4 Your first name and initial JOYCE P		Last name SEKERA	
If a joint return, spouse's first name and initial		Last name	
Home address (number and street) 7840 NESTING PINE PLACE	Apt. no.	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below) LAS VEGAS NV 89143	
Foreign country name		Foreign province/state/county	Foreign postal code

For Paperwork Reduction Act Notice, see your tax return instructions.

QNA 091488430 02 SEKE 30 0 201612 610 **JS859**

Hewlett Packard
Enterprise

050000-1 00401 NVT_1095B 17/48 030214
JOYCE P SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

IRS Form 1095-B Health Coverage
For Nevada Medicaid / Nevada Check Up

Dear Nevada Medicaid & Nevada Check Up Recipient(s):

You are receiving this notice due to the new IRS requirement that the Nevada Division of Health Care Financing and Policy (DHCFP) send a "Form 1095-B Health Coverage" to everyone who has been enrolled in Nevada Medicaid or Nevada Check Up during calendar tax year 2016. The "Form 1095-B Health Coverage" is needed only if you will file a 2016 federal tax return. More information about the "Form 1095-B Health Coverage" can be found at the following website: www.irs.gov.

If your 1095-B form has incorrect information (e.g. Social Security Number(s) or Date(s) of Birth), please call one of the following telephone numbers in order to have it corrected:

Northern Nevada: (775) 684-7200 or
Southern Nevada: (702) 486-1646

Sincerely,
Nevada Division of Health Care Financing and Policy

JS860

560116

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b*.

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

2016

Part I Responsible Individual

1 Name of responsible individual: JOYCE P SEKERA
2 Social security number (SSN or other TIN): XXXXX8430
3 Date of birth (if SSN or other TIN is not available):
4 Street address (including apartment no.): 7840 NESTING PINE PL
5 City or town: LAS VEGAS
6 State or province: NV
7 Country and ZIP or foreign postal code: 89143
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ▶ C
9 Reserved

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name:
11 Employer identification number (EIN):
12 Street address (including room or suite no.):
13 City or town:
14 State or province:
15 Country and ZIP or foreign postal code:

Part III Issuer or Other Coverage Provider (see instructions)

16 Name: STATE OF NEVADA - OFFICE OF CONTROLLER
17 Employer identification number (EIN): 886000022
18 Contact telephone number: 7756843651
19 Street address (including room or suite no.): 1000 EAST WILLIAM STREET SUITE 118
20 City or town: CARSON CITY
21 State or province: NV
22 Country and ZIP or foreign postal code: 89701

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	JOYCE P SEKERA	XXXXX8430		X												
24																
25																
26																
27																
28																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B Form **1095-B** (2016)

JS862

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560317

Name of responsible individual | Social security number (SSN or other TIN) | Date of birth (if SSN or other TIN is not available)

Part IV **Covered Individuals** — Continuation Sheet

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
29				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
34				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
38				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
39				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
40				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

JS864

917

DISTRICT COURT

CLARK COUNTY, NEVADA

JOYCE SEKERA, an Individual,

Plaintiff,

vs.

Case No. A-18-772761-C
Dept. 25

VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive,

Defendants.
_____/

DEPOSITION OF JOSEPH LARSON

Taken at the Galliher Law Firm
1850 East Sahara Avenue, Suite 107
Las Vegas, Nevada 89104

On Thursday, October 11, 2018
At 2:15 p.m.

Reported By: PAULINE C. MAY
CCR 286, RPR

1 APPEARANCES:

2 For the Plaintiff: KEITH E. GALLIHER, JR., ESQ.
-And-
3 GEORGE J. KUNZ, ESQ.
Galliher Law Firm
4 1850 East Sahara Avenue
Suite 107
5 Las Vegas, Nevada 89104
(702)735-0049
6

7 For the Defendants: MICHAEL A. ROYAL, ESQ.
Royal & Miles LLP
8 1522 West Warm Springs Road
Henderson, Nevada 89014
9 (702)471-6777

10

11

12

13

14

15 * * * * *

16

17 I N D E X

18 WITNESS PAGE
JOSEPH LARSON
19 Examination By Mr. Galliher 3
Examination By Mr. Royal 37
20 Further Examination By Mr. Galliher 83

21

22 EXHIBITS PAGE
Plaintiff's:
23 1 Venetian Security report 3
2 Color photographs 3
24

25 -o0o-

Page 3

(Plaintiff's Exhibits 1 and 2 marked for identification.)

JOSEPH LARSON,

having been first duly sworn to tell the truth, the whole truth and nothing but the truth, was examined and testified as follows:

EXAMINATION

BY MR. GALLIHER:

Q Would you state your name, please.
A Joseph Larson.
Q Your business address.
A I don't have one.
Q All right. Your home address.
A 3339 Horned Lark -- H-o-r-n-e-d, space, L-a-r-k -- Court, Las Vegas, Nevada 89117.
Q Have you ever had your deposition taken before?
A Yes.
Q Do you understand today that you are under oath?
A Yes.
Q The oath you've taken carries with it the same solemnity as if you were testifying in court before a judge and a jury?

Page 4

A I understand that.
Q Also carries with it the penalties of perjury?
A I understand that.
Q General background first. How long have you lived in Las Vegas?
A I moved here two thousand -- towards the end of 2007, beginning of 2008.
Q How far did you go in school?
A Some college.
Q And where did you get your college?
A Many places, various colleges.
Q Let's start and make it simpler. Where did you last go to college?
A Last go to college? CSN.
Q Here in Las Vegas?
A Yes.
Q What years did you attend CSN?
A It would have been when I got here, so probably around 2008. I'm not exactly sure on the year.
Q Let's talk a little bit about employment. Since you don't have a business address, you are currently not employed?
A Currently unemployed.

Page 5

Q How long have you been unemployed?
A Since March of 2017.
Q Since before March of 2017, where were you working?
A Before that?
Q Yes.
A At the Venetian.
Q So what years did you work at the Venetian?
A I started in 2008, I think in the summer. In 2008 and then, yeah, I quit on March 2017.
Q And was there a reason that you quit?
A The reason I quit was, I was I guess tired of being an EMT. I had been an EMT for about a decade so I felt it was time to make a career shift.
Q So when you worked at the Venetian from 2008 to 2017, were you an EMT the entire time?
A EMT security officer.
Q And when we talk about that, that's an Emergency Medical Technician security officer?
A Correct.
Q Give me a brief description of your duties as an EMT security officer.
A The primary duties of my job were to respond to any medical incidents or any serious incidents that occurred on the property. The additional functions of

Page 6

my job were to also work as a security officer. We weren't ever posted anywhere, we were free to roam around the property as needed.
Q What training did you have in EMT work?
A I received my EMT-Basic in San Diego and then when I moved out here, I got my EMT-Intermediate -- which is now called an Advanced EMT certification -- when I arrived here so I could work.
Q So are you still an EMT-Intermediate?
A No, I have --
Q Did you give up your certification?
A Correct.
Q So you don't have any intentions to reenter the EMT field?
A Correct.
Q Do you have any aspirations in terms of what field you want to enter?
A I'm currently in a cybersecurity scholarship program.
Q Tell me what that is for old people.
A Okay. There's a company called Cisco. They manufacture a lot of the networking hardware and infrastructure and things like that for companies, businesses, you know, whoever wants to buy the

Page 7

1 equipment.
2 Cisco itself is putting on a cybersecurity
3 program for a select number of students as a
4 scholarship program. You apply, you test in, they
5 give you a scholarship to pay for your training, and
6 then you take a test at the end.
7 Q Where do you go after you take a test?
8 A Once I pass a test, I'll be applying for
9 cybersecurity jobs.
10 Q With Cisco or elsewhere?
11 A Anywhere.
12 Q I presume that's a job that pays better.
13 A Yeah, I would say so.
14 Q All right. That's a good reason.
15 A Sure.
16 Q All right. We're here to talk to you about
17 a fall incident that happened at the Venetian while
18 you were there. And I presume -- have you had an
19 opportunity to review the report that you prepared for
20 today's deposition?
21 A I have, yes.
22 Q So let me show you this that's been marked
23 as Exhibit 1 to your deposition and ask you if that's
24 a true and correct copy of the report you reviewed.
25 A All of the pages?

Page 8

1 Q Yes.
2 A Yeah.
3 Q Now, the report there has the Bates stamp
4 numbers from VEN005 through 009, and then switch to
5 VEN017 and then 018. See that at the lower right-hand
6 portion of the report?
7 A Yes, sir.
8 Q As we look at the report, I note that your
9 name appears -- at least typed in -- 00025821 on the
10 first five pages; am I correct? At the same location,
11 lower left?
12 A Yes; correct.
13 Q Is that an entry that you made or that
14 someone else made?
15 A I believe that is what -- when you print out
16 a report from the system, it just basically shows who
17 typed up the report.
18 So when something happens on property and
19 you are assigned to report through dispatch, that's
20 assigned to your name, basically your identity in the
21 computer system. So I believe that's just an
22 automatic stamp that gets added to this printout.
23 Q Now, as you look at this report -- I'm
24 referring to the first five pages initially -- is this
25 information that you entered into the system?

Page 9

1 A Yes, yeah. These would all be things that I
2 either entered by typing or checking a box.
3 Q So is everything in these first five pages
4 true and correct to the best of your knowledge?
5 A Yes.
6 Q Do you remember anything about this event
7 other than what's contained in this report?
8 A No.
9 Q Then let's look at the VEN017. That's the
10 next page after the first five.
11 A Yeah.
12 Q And can you tell me if any of the print --
13 or the writing on this page is your writing?
14 A All of the handwriting is mine except for
15 the signature line.
16 Q All right, so everything is yours except for
17 the signature line. What about the next page which is
18 VEN018?
19 MR. ROYAL: Can I just ask for
20 clarification? There's two signature lines.
21 THE WITNESS: Oh, I apologize. Yeah, the
22 second line with the "X" mark.
23 BY MR. GALLIHER:
24 Q And let me see what you are looking at. The
25 reason I ask that, Mike, is I'm looking at this page

Page 10

1 and I'm not seeing a signature line.
2 Oh, talking about a signature line under
3 "Joyce Sekera"?
4 A Yeah.
5 Q For some reason, I'm looking at this page
6 and it looks like it's cut off at the end.
7 MR. ROYAL: Yeah, yes. And by the way, I
8 had inquired about that and I don't know that we have
9 what's cut off too.
10 BY MR. GALLIHER:
11 Q So these are handwritten entries that you
12 made based upon your specific observation of Joyce
13 Sekera?
14 A Correct.
15 Q And again, everything on this page is true
16 and correct to the best of your knowledge?
17 A Yes.
18 Q So as we go to the next page, we've got --
19 you see there's some -- you got security officer time,
20 1326, and some printing where it starts with "marble
21 flooring."
22 See that?
23 A Yes.
24 Q Is that your handwriting?
25 A Yes.

Page 11

Q So you made those entries as well?
A Correct.
Q How is it that you were dispatched to the scene of the fall? Do you remember?
A I don't remember exactly, but I mean, security dispatch would have contacted me on the radio and told me where to go.
Q And do you remember how long after the fall you arrived at the scene?
A I don't recollect.
Q And the reason I ask you, I'm looking at the first page which is VEN005 and if you look up where it says "Date and Time and Day of occurrence," see that?
A Yes, sir.
Q And it says 11/4/16, 12:39, Friday, to 11/4/16, 13:31 Friday. Is that correct?
A That's what it says, yeah.
Q So as I read that, looks like that's a 52-minute difference between the time that it starts and the time that it ends.
A Basically --
Q See that?
A -- I would say.
Q Can you explain to me how we have this 52 minutes?

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A So what I'm gathering this says is when the call started in the system, so when dispatch put it into their system, and then 13:31 would be the time that I cleared from my call.
Q So between the time that you were called to the scene and the time you left the scene was 52 minutes?
A Yes.
Q And again, we're going to go through a few things in this report with you --
A Yeah.
Q -- if that's okay?
A Sure.
Q By the way, just so you know, looking at the same page we've got, "TM, one of one, Chavez, Rafael." Do you see that a little lower in the page?
A Yes.
Q And we just deposed Mr. Chavez, he's a member of your facilities department.
A Yes.
Q He told us he didn't arrive to the scene until about 30 or 45 minutes until after the fall. Does that square with your recollection?
A Time line-wise, I'm not sure of the exact minutes, yeah, that's normal procedure for us, for him

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to respond after the incident.
Q Do you know if you entered the name "Chavez, Rafael" there or if someone else did?
A I did.
Q On the lower right-hand-side portion of the page, it says "Approved by Michael Dean." Who is he?
A That would be the supervisor.
Q And then on the upper -- again to the upper portion of the report under Venetian Security there's handwritten, "RC00008621." See that?
A Yes.
Q And what would that be?
A I do not know.
Q Is it like a report number? Event number?
A The event number would be the case number in the upper right where it says is 1611V-0680.
Q All right. So it would be the case number, that's the upper right; correct?
A Yeah.
Q And you don't know what is meant by the handwritten RC00008621?
A Yeah, I don't know what that means.
Q Let's go then to the next page, VEN006. Again, is this information that you entered?
A Yes. This information would be check boxes

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that I clicked.
Q And so what happens is that you check a box, you click a box, so to speak, and it automatically prints out?
A It would just add that information to the report.
Q And that also applies to the information on VEN007?
A Yes, that's correct.
Q And when we talk about the -- looks like more of the narrative report, which is VEN008 and nine. All information you entered?
A Yes.
Q And everything in that, those two pages, is true and correct to the best of your knowledge?
A Yes.
Q You don't have a recollection of this event, other than what's contained in these two pages?
A Not independent of what I wrote.
Q So you are going to stick with what's in these pages?
A Correct.
Q Now I'm just curious about something. As the -- did you respond to this fall as the EMT, as security, or both?

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A I would have responded to this as EMT.
Q Do you know whether or not there was another security officer that responded to the scene other than you?
A I believe there was, but I'm not exactly sure.
Q Well, if you -- the reason I ask that question, as I read the report, it pretty much talks about your evaluation physically of Joyce Sekera as an EMT; is that right?
A Correct.
Q And, for example, there's reference made in the upper portion of VEN008 to, "I noted that a Public Areas Department team member was on scene and mopping the floor in the area."
See that?
A Uh-huh.
Q Is that yes?
A Yes. I'm sorry.
Q And that's something that you saw?
A Yes, that's what I observed.
Q Did you have any conversations with that team member -- that public area department team member, about what it was that they were mopping?
A I did not. I did not have a conversation.

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Q Do you know if anybody else from security had a conversation with that person?
A I don't know.
Q So as you testify here today, you know there was mopping of the flooring in the area occurring, but you don't know what was being mopped up?
A Correct.
Q The rest of the report talks about your physical observations of your examination of Joyce Sekera; is that right?
A Uh-huh. Yes; correct.
Q And looks like, if I am reading my information correctly, we know, first of all, that there was a fall?
A Yes.
Q Right?
A Yes.
Q And we know there was an injury?
A Yes.
Q And the injury initially that you noted was to her left elbow?
A That's correct.
Q Then later you added that -- you stated that she added she was beginning to feel minor pain and soreness to her left lower back and left side

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localized to the axillary line.
See that? I'm talking about page 009 now.
A Sorry, wrong page.
Q Up at the top, first paragraph.
A Oh. Okay, I see it.
Q I'll read it again, just make sure I'm reading it correctly.
"She added that she was beginning to feel minor pain and soreness to her left lower back and left side," in parentheses, "localized to the axillary line."
See that?
A Yes.
Q What's the axillary line?
A It is kind of an imaginary line that goes down your armpit across the side of your body.
Q So it sounds like she had pain both in her left lower back and left side; is that right?
A Yes.
Q Now, again confirming everything else that you stated in this, these two pages, is true and correct to the best of your knowledge?
A Yes.
Q Now, there were apparently also some photographs taken at the scene. Are you aware of

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that?
A I'm aware, yeah.
Q Did you take them?
A I would have; yes.
Q Let me show you what we've marked for identification as Exhibit 1 to your deposition. And Mike was kind enough to give better copies than we had. Take a look at those and tell me if those are true and correct copies of all the photographs that you took.
A Yes, these would be photographs I've taken.
Q Now, did you take any other photographs other than those?
A If I did, they would be attached. I don't recall taking any other pictures.
Q Do you know if any other security officers took photos?
A I'm not aware.
Q And as you testify here today, you don't have a recollection of whether or not any other security officers presented at this scene of the fall?
A Independently, no.
Q Are there any documents that would have been prepared in the event that another security officer had arrived at the scene?

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A Nothing officially, unless he would have done a voluntary statement. But if the officer that was on scene before me, if he didn't actually witness anything and was just responding, we wouldn't ask him to write a voluntary statement.
Q Do you have a recollection of whether or not there was an officer there before you arrived?
A I'm not sure.
Q If there was an officer there before you arrived, would that information be contained in the report that we have just talked about?
A If he wasn't a witness to the incident, I wouldn't have included him.
Q And what about witnesses to the fall? Is that something that you would have taken care of in terms of interviewing and getting statements from them?
A Potentially, yes, if we had identified any witnesses. But at that time, I was more concerned about her well being.
Q So would it be fair to state that your focus was on caring for Joyce Sekera as a result of her injuries from the fall, rather than locating and obtaining statements from witnesses?
A Yeah. That's my primary duty.

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Q And you don't recall whether or not there was any other security officer at the scene of the fall to help you to the extent of contacting witnesses, if there were any, and getting statements from them?
A I don't recall if there was other officers there.
Q If there were statements taken, is that something that would be part of her?
A If a statement was taken, yes.
Q And when you reviewed the report in connection with today's deposition, the only information that you reviewed is the information that we have previously discussed in this report?
A Correct.
Q There was nothing else in the file that you saw, other than this report and your photographs?
A Correct.
Q As far as you know, there were no other witnesses that were identified or statements obtained from?
A Correct.
Q Now, you were at the Venetian in the security department part as an EMT for approximately nine years?

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A Yes.
Q Is there any type of rule that a person can't walk through the Venetian with a drink in their hand?
A As far as I know, we didn't have any rules like that.
Q In other words, if I were a customer at the Venetian and I decided to buy a bottle of water or a drink from one of the businesses located nearby, I decided to walk through the Venetian, would you stop me and tell me I couldn't drink?
A No.
Q So as far as you know, there's no prohibition at the Venetian that would make it -- not unlawful, but some cause for stopping a customer saying, Hey, you can't drink that here?
A The only provision that I'm aware of -- in fact, I don't even know if I would call it that. Call it policy. There was a policy on having an actual bottle of liquor. Like a bottle of Jack Daniels, say for example, you couldn't walk around with that. A simple beer, simple drink, would be fine, but no actual, like, bottles of hard liquor you could get at a convenience store.
Q And you are aware that you can buy hard

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liquor inside the convenience store at the Venetian?
A Yes.
Q So the fall occurred near the restroom adjacent to the Grand Lux Cafe; right?
A Correct.
Q That's a marble floor?
A Correct.
Q Is that the first fall that you were aware of on a marble floor at the Venetian when you worked there?
A First fall?
Q Yes, ever.
A No, that wasn't the first.
Q Give me an idea of how many falls you personally attended to when you were at the Venetian in security.
A Like an actual number?
MR. ROYAL: I'm sorry --
BY MR. GALLIHER:
Q I'm asking for your best estimate.
MR. ROYAL: Are you asking falls on marble floors or just any falls?
BY MR. GALLIHER:
Q We can clarify that after he answers the first question and I can go from there.

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A I know off the top of my head, I wrote -- in nine years' time, I wrote about 2600 reports.
Q Okay.
A Of those being slip-and-falls, that's hard to say. Because of those 2600 reports I wrote, that would include also security details, that would include trespasses, serious incidents, other types of medical.
Q Well, maybe just give me your best estimate. I don't expect you to be exact unless your memory is a lot better than mine.
MR. ROYAL: Object to form.
Go ahead and answer.
THE WITNESS: My best guess over nine years --
MR. ROYAL: He's not asking you to guess, by the way.
BY MR. GALLIHER:
Q Best estimate.
A Okay, best estimate. Best estimate, I would say maybe 300.
Q Okay. So of those 300 as your best estimate -- by the way, just so you know the difference between a best estimate and a guess, if I were to ask you how long this conference table was

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from one side to the other, you could give me the best estimate because you can see it.
If I were to ask you how long is my desk in my office from one side to the other side, it would be a guess. Why? Because you hadn't seen it.
So your best estimate is that you wrote approximately 200 reports involving slip-and-fall events at the Venetian during the nine years that you were there?
A Correct.
Q Now when I talk about slip-and-falls, would it be fair to state that the slip-and-falls would occur on the marble flooring as opposed to the carpeted areas?
A Between the two of those options? Yes.
Q So when you talk about the reports that you wrote, would it be fair to state that those reports -- when we're talking about slip-and-falls, that generally they would involve the marble floor?
A I wouldn't say a large number of them because we also respond to slip-and-falls even on the concrete in the sidewalk out in the front of the property, the pool deck upstairs.
Q So can you narrow the number of reports that you wrote regarding slip-and-falls occurring on the

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marble flooring inside the Venetian?
A I would say a little more than half.
Q So maybe somewhere between, let's say, 150 and 200?
A Yeah.
Q Would that be fair?
A Yeah.
Q All right. Yes?
A I would say 150 to, like, 175. I wouldn't go the full 200.
Q So 150 to 175; would that be fair?
A That's right.
Q Is that a --
A That's a good estimate.
Q By the way, there's also marble flooring on the fifth floor adjacent to the Bouchon Restaurant and also where they have the other additional check-in area at the Venetian?
A That would be the 10th floor.
Q The 10th floor. Were you responsible for responding to falls there?
A Anywhere on property I was responsible.
Q So when we talk about the 150 to 175 slip-and-falls on marble floors, we're talking about throughout the hotel, whether it be the first level or

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the tenth level?
A Correct. And that also includes the suites as well.
Q And we talk about the suites, we talk about the suites that have marble floors?
A All of them, yes.
Q How many suites are there?
A Between the Venetian and Palazzo, a little over 7000.
Q 7000 suites?
A Yes.
Q So all of the rooms have marble floors?
A Yes, in the bathroom areas.
Q Apart from the bathroom areas, any other areas inside the suites that have marble floor?
A Just the bathroom and the main entryway.
Q So during that nine years when you were there and a security officer, how many times did you respond to falls occurring inside the suites on the marble floors in the bathroom?
A That would include the 150 to 175.
Q What I'm trying to distinguish between is the falls that occurred inside the suites versus the falls that occurred on the ground floor and the 10th level.

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A Okay. So of that 150 to 175, how many were in the suites that we're tracking?
Q Right.
A I would estimate that it was -- nine years is a long time. I apologize.
Q That's okay.
A I would say probably 75 --
Q So --
A -- would have occurred in the suites.
Q So best estimate is 75 or so occurring in the suites and 100 or so occur outside the suites on the floor, either on the ground floor or the tenth floor?
A In the public areas; yeah.
Q How many hours a day did you work as an EMT?
A Eight hours.
Q Did you respond to those fall events because of your training as an EMT or because you were a security officer or both?
A Because I was an EMT.
Q So would it be fair to state that you responded to these calls to determine whether or not there were injuries?
A Yes, and to determine the extent of their injuries.

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Q And in connection with this 175 or so falls that you are aware of -- slip-and-falls on marble floors, how many times was the customer or anyone else injured in the fall?
A I would say about 80 percent of the time. And that's as far as, you know, what they told us on initial assessment.
Q So at least about 80 percent of the time when you reported to the scene of the fall as an EMT, injury was reported to you by whomever fell?
A Correct.
Q Did you work an eight-hour shift?
A Yes.
Q How many days a week?
A Five days.
Q Were there any other EMT security officers on duty while you were on duty?
A Yes.
Q And how many other EMT security officers would be on duty when you were on duty?
A Including myself, it would be two.
Q So it would be two per shift?
A Two per shift per side and some days it would be three. By "per side," I mean Venetian and Palazzo. Palazzo had their own EMTs as well.

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Q Did you venture beyond the Venetian or did you stick with Venetian and somebody else took care of the Palazzo?
A Normally someone else took care of the Palazzo. If they were busy, we would cover their side for any calls and vice versa.
Q So when you give me the 175 number, is that strictly Venetian or is that Venetian and Palazzo?
A That's both.
Q And can you apportion between the two? In other words, how many at the Venetian versus how many at the Palazzo?
A I don't know if I could estimate that only because -- I say that only because I worked at the Palazzo in the beginning and I transferred over to the Venetian a couple years after.
Q Did the Palazzo have the same marble floors as the Venetian?
A They had carpet. Their casino floor was mostly carpet. Their suites were the same in terms of bathroom and entryway being marble. Public areas, I don't think they had marble on their floor.
Q So if the Palazzo didn't have marble on their floors, the slip-and-falls that occurred in the public areas would have occurred primarily in the

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Venetian?
MR. ROYAL: I'm going to object to form.
BY MR. GALLIHER:
Q By the way, he gets to object. You get to answer unless he tells you not to.
MR. ROYAL: Go ahead.
THE WITNESS: I apologize. I'm sorry, can you repeat the question?
BY MR. GALLIHER:
Q We've established, based on your testimony, the Palazzo is primarily carpeted when we're talking about the public areas. The suites are the same as the Venetian to the extent they have marble on the bathroom areas; right?
A Correct.
Q The Venetian has the marble floors in the public areas, both on the casino floor, hotel floor and the 10th floor?
A Correct. I would add that as I'm thinking about it -- it's been two years, year and a half since I've been there.
The main entryway to the Palazzo where the front desk is and their statue water feature is, and the floor below that is all marble. So the casino floor is --

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Q So at least as you testify here today, you are unable to give me any quantification, so to speak, of what percentage of falls you investigated at the Venetian versus the Palazzo?
A I -- I would be unable to.
Q And that includes slip-and-falls?
A Correct.
Q And I think we have established previously there was roughly 175 slip-and-fall events that you personally investigated?
A My estimate; yes.
Q And 80 percent of the time the people were injured?
A Correct.
Q Now, you said there were two EMTs per shift. Was that at the Venetian, Palazzo or both?
A Both.
Q So was it two plus two equals four or just two together?
A Correct. And depending on scheduling and depending on the shift, some shifts had more EMTs than others. On day shift and the shift I worked, it was between two and three EMTs.
Q So was it between two and three EMTs for the Venetian?

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A Yes, and that just depends on scheduling. But more often than not, it was two.
Q What about the swing shift when -- I presume -- a casino was busier, was there more EMTs?
A The Venetian had four EMTs scheduled, you know, with varying days off. The Palazzo had three and then that switched for overnight. The Venetian had three EMTs on their overnight, the Palazzo had four EMTs on their overnight.
Q What was the reason for that?
A I don't know.
Q You weren't part of the plan?
A No. Yeah, I didn't schedule anything.
Q So the total number of EMT security officers, such as yourself, at the Venetian would vary between two and four depending upon the shift --
A Correct.
Q -- and the conditions?
For example, if there was a major convention there, I would presume they would have more EMTs on the shift than the normal EMTs because of the volume of customers.
A Depending on the day, yeah, it would change.
Q And who was responsible for scheduling the EMT security officers?

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A That would fall on the shift manager or the assistant shift manager.
Q When you say shift manager or assistant shift manager, is that of the security department?
A Yes.
Q And do you remember the names of the security manager or assistant security manager while you were there?
A George Valley(phonetic) would have been -- November 2016, George Valley would have been the shift manager. Michael Dean I think was a new addition at that time, if I recall correctly, and I think Jacob Johnson was the other assistant manager.
Q Let me shift gears again, go downstairs. We're adjacent to the area where the fall happened, which is next to the restroom areas by the Grand Lux Cafe.
With me?
A Yes.
Q Do you know whether or not there are any businesses in, let's say, within a 100-foot radius of where the fall occurred that sell drinks?
A There would be -- at Grand Lux Cafe, they had a small bistro.
Q Bakery?

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A Like a bakery where you could order coffee or a pastry.
Q Water?
A Probably. I never shopped there.
Q And if you walked down the hallway to the left past the restrooms, is there a food court?
A There is a food court around the corner.
Q Do you know how many businesses occupy the food court?
A I don't know.
Q And then as you walk past the food court around the corner, there is Bouchon Bakery?
A Bouchon Bakery, that would be the opposite direction of the food court.
Q What I'm getting at is this -- I'll try to show you with my hand as best I can. We've got the Grand Lux Cafe. To the immediate -- as we face it to the immediate left, we've got the bakery.
A Yes.
Q And then to the immediate right, we've got the restrooms?
A All the way to the right; yes.
Q And then past the restrooms to the right, as you walk down that hallway, you've got the food court?
A Yes.

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Q And that's where the physical business -- there are five businesses in the food court. So if we go past the food court to the right and go around the corner, do you recall seeing the Bouchon Bakery there?
A From your diagram, it would be -- it would be -- as you are facing Grand Lux Cafe, as you look to the right, you would see the escalators. Underneath, on the backside of the escalators, was Bouchon Bakery and then again to the right would be the restrooms, and then to the right would be the food court.
Q As you go around the corner, the Bouchon Bakery is behind the escalator -- we'll talk about that in a minute.
To the right of the Bouchon Bakery, is there a shop that sells hard liquor, beer, wine, water?
A A gift store; yes.
Q But it sells those items?
A Yes.
Q And then at the top of the escalator, is there a Coffee Bean?
A A Coffee Bean? Yes.
Q At the top?
A Yes, at the top of the escalator.
Q And do you know whether or not they sell -- apart from coffee, do you know whether or not they

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sell soft drinks, bottled water?
A I imagine they would.
Q I just want to know whatever you remember.
Do you remember whether or not there was a cooler inside the Coffee Bean inside where all the drinks were displayed in bottles?
A I don't remember.
Q For example, if I were to buy bottled water at the Coffee Bean and if I were to go down the escalator into the area adjacent to the Grand Lux and the restroom and I had my bottled water and you saw me, you wouldn't be stopping me and telling me I couldn't drink the water?
A Correct.
MR. GALLIHER: I want to take a little bit of a break. We may be almost done.
(Short Break.)
BY MR. GALLIHER:
Q As I understood what you testified earlier, you left the Venetian because you decided you didn't want to be an EMT any longer.
A Yeah. I mean it's a little deeper than that, but...
Q But you didn't leave under bad terms?
A No, not at all.

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Q So as you testify here today, you don't have any axe to grind against the Venetian or have any bad feelings against the Venetian?
A Not at all.
Q Have you understood all my questions?
A Yes.
Q Anything you want me to repeat or rephrase for you?
A No.
MR. ROYAL: I have a few questions.

EXAMINATION
BY MR. ROYAL:
Q All right. Let's go back to -- I think we marked it as Exhibit 1. Do you have it in front of you? Now, I just -- let's see. Look at VEN005. So this indicates up at the top 12:39 on Friday, November 4, 2016, and then at 13:31 on Friday you cleared.
So you were involved in this incident for, looks like, almost an hour. Look about right?
A Yes.
Q Okay. The information that's on this particular page where it says "Joyce Sekera," where did you get that? There's a home address, phone

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number and so forth.
A That would have been provided to me, which I would have written down on the medical release, which is VEN017.
Q And who provided that?
A I completed that with her.
Q With who?
A With Joyce. I'm sorry.
Q Okay.
A So any information that would have been verbally given to me and I would have copied it down on this form.
Q Which is "this form"? You mean VEN017?
A Correct.
Q Let's go to that, then.
Okay. So I think we have established that everything on this particular page is in your handwriting except for it says Signature with an "X" and a circle around the "X."
A Correct.
Q Okay. All right. There's an indication where it says "LV Tour," with an arrow, "GCS." Do you know what that means?
A That would be Grand Canal Shops.
Q And what is LV Tours; do you know?

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A I believe that's the company she worked for.
Q Is that information she gave?
A Yes.
Q And how about above that? There's some abbreviations, "WFA," and just tell us what all that is.
A That's a physical descriptor. That would be white female, 5'6", 160 pounds, brown eyes, brown hair.
Q Is that information she gave you?
A That's what I observed.
Q All right. So some of the things on here, on this particular page, is information that you observed; other information is information she provided to you?
A During the assessment and interview; yes.
Q Okay. Now, when you were completing this particular form, do you recall where you completed this? Was it at the accident scene; do you remember?
A It would have been a combination of both.
Q "Both" what?
A I'm sorry. So when responding to the scene, I usually jot down a few notes and then I would have completed the form with her on assessment -- on further assessment of the left elbow injury.

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Q Okay. Now, as I recall -- or at least it appears that you indicated that you left the area to do your assessment. Is that correct?
A Yes.
Q All right, we'll get to that. So when you say "both," some of this was completed at the scene and some was completed in a different area?
A Correct. The initial assessment, what I do on scene is determine that there's no life-threatening injuries, that she's able to stand and care for herself and that we don't need an ambulance immediately. Which would be most of this top line stuff -- I'm sorry. Here in the middle of the page it will say S, slash, F, slip-and-fall, fell backwards onto base of pillar, then negative LOC, which is negative loss of consciousness, negative H/N/B for negative head, neck, back pain. And then negative weak, dizzy.
So as long as she wasn't displaying anything like that, we know that we would be able to move her without having to call an ambulance.
Q So you just read on VEN017 where it says Venetian, Palazzo EMT. That's where your handwriting starts there starting with "S/F."
A Correct.

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Q Okay. Where did you get the information that you just read to us?
A That would have been from me talking to her.
Q So where it says, "fell backwards onto base of pillar," that's not something you witnessed; right?
A Correct.
Q And then where it says negative loss of consciousness, negative H/N/B means -- what again?
A Head, neck or back pain.
Q So when it says negative LOC, did you have a conversation? Did you ask if there was loss of consciousness?
A Yes.
Q Why did you ask that -- why would you ask that?
A For any slip-and-fall we always ask that. It's pretty much the three standard questions that everyone is asked.
Q So you asked about loss of consciousness which she denied?
A Correct.
Q You asked about injuries to the head, neck or back, which she initially denied?
A Yes.
Q You asked if she was weak or dizzy, which

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she denied?
A Correct.
Q Go to the next line starting with the "L" that's circled and just read across if you would.
A Okay. It would be left elbow and then the arrow symbol and then positive "C" would be tenderness, and then negative would be -- negative "IC" would be no instability or crepitation.
Q Is that something that -- or how do you get that information? Is that by your assessment or is that from a report? In other words, she's giving you that information?
A This would be my assessment. So the tenderness would be, as we palpate or feel the injury, they would tell us if touching it would increase the pain which would be the tenderness.
And then instabilities or crepitation would be any issues with the bone, if we felt anything shifting or if the joint didn't feel whole or correct or stable.
Q Okay. Now, there's a notation under where it say "pillar" in that first line that you read where it says "S/F," and under "pillar" there's a line down with an arrow. Can you read that?
A Guarded posterior cranium.

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1 Q What does that mean?
2 A So from what she told me and what was
3 documented in the report was that, when she fell she
4 put her hand behind her head as she fell to protect
5 her head. So the guarded posterior would be the rear
6 and cranium is head, so she guarded the back of her
7 head as she fell at the base of the pilar.
8 Q Okay. When you did this examination, did
9 you palpate anything other than the left elbow that
10 you recall?
11 A Normally we would palpate -- yes. We would
12 palpate the head, neck and back, the spinal column for
13 any additional pain.
14 Q Okay. And tell us about your palpation of
15 the head. How does that work; how did you do that?
16 A Usually we would just kind of feel around
17 the back of the skull. We feel for any depressions or
18 anything that's shifting, anything that doesn't feel
19 stable. Check for blood on gloves while doing that,
20 because a lot of open injuries in the hairline get
21 concealed pretty well.
22 So we just kind of take a general feel of
23 the entire cranium or head.
24 Q When you did that in this case, did you note
25 any complaints of tenderness?

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1 A No.
2 Q Tell us about the neck down to the low back,
3 when you did that assessment.
4 A So for the neck, we would do mainly the
5 spinal region. We wouldn't do anything from, like,
6 the sides of the back, but we would do the spinal
7 region.
8 So neck would be the cervical spine from the
9 bottom of the head to the top of shoulders, and the
10 rest would be the thoracic spine all the way down to
11 the sacrum.
12 Q And you did that in this case after you did
13 the palpation of the head?
14 A Correct.
15 Q Were there complaints of pain from the neck
16 down to the low back when you did -- on palpation that
17 you recall?
18 A If it's not written here, it wasn't stated.
19 Q I don't know because I can't tell exactly
20 from your writing. Do you see anything like that?
21 A No, no, I don't.
22 Q Why don't you read to us. I'm going to
23 point to, it says plus CMS and just go ahead and read
24 down to where it says -- or just to the end of the
25 line.

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1 A Okay. Plus CMS, it's -- CMS is shorthand
2 for circulation motor and sensory. So in the left arm
3 we would assist at the -- assess at the fingertips
4 whether there was circulation going past the elbow.
5 So in the form of what we would call a like
6 a capillary test where you press on the nail bed and
7 see how quickly blood would return. Motor, we would
8 ask them to move their fingers, and then sensory, if
9 they can feel at the tips of their fingers.
10 She reported -- and that's written here,
11 tingling in left P2 and P3. That's phalanges -- or
12 phalanx for the individuals, phalanges for both. P2
13 is the index finger, P3 is the middle finger.
14 And then after that I wrote "Limited ROM,"
15 that's range of motion, due to pain. So she didn't
16 have full movement of the elbow joint due to the pain
17 that she was reporting.
18 Q All right. So everything you just read to
19 us related to the left elbow?
20 A Correct.
21 MR. GALLIHER: Wait a minute. Objection,
22 you stated he was talking about two fingers.
23 MR. ROYAL: Okay. You are right. You are
24 right.
25 /////

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1 BY MR. ROYAL:
2 Q Everything you just said related to your
3 examination of the left elbow?
4 A Left elbow and left arm, yes.
5 Q Were there any other body parts during your
6 examination where she exhibited -- Ms. Sekera
7 exhibited limited range of motion due to pain?
8 A No.
9 Q All right, down, then it says left --
10 auxiliary pain?
11 A Axillary pain.
12 Q Excuse me. What is that?
13 A That would be that armpit line, that
14 imaginary line straight down the armpit.
15 MR. GALLIHER: On the left side?
16 THE WITNESS: Left side, correct.
17 BY MR. ROYAL:
18 Q Okay. Tell us what that indicated to you,
19 if anything.
20 A Any indication -- I mean it could have been
21 numerous things. It indicated to me -- I mean I
22 didn't witness the fall so I don't know exactly how
23 she landed, but towards the end she was reporting left
24 axillary pain and soreness there.
25 But not to jump ahead, but left flank and

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1 lateral back pain would be also just left back side.
2 So I mean it could be any number of things if she
3 landed on at the base of the pillar.
4 What it would indicate to me is she maybe
5 made contact there and she maybe wasn't feeling it
6 because maybe the pain in her elbow was masking other
7 pain.
8 Because I did notate a little below that
9 that there was an increase, there's an arrow up and
10 seven out of 10, that was her pain in the area at the
11 time.
12 Q Pain for what?
13 A At the left elbow.
14 Q Did she give you a pain -- degree of pain in
15 anything other than the left elbow, that seven out of
16 10?
17 A No.
18 Q She didn't rate this back pain?
19 A No.
20 Q This lateral back pain, was that -- did she
21 explain about that after you had already done your
22 palpation? Was it during when you were palpating the
23 spine?
24 A That would have been towards the end. It's
25 stated in the narrative.

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1 Q Okay, we'll go to the narrative. That's
2 okay. Let's just read the rest of this as we can.
3 So there's -- go ahead and read it, what you
4 can. I realize a little bit's cut off here, but to
5 the degree you can just read the rest of it, under
6 where it says left flank.
7 A Okay. So at the angle, that's positive
8 video, and I'm not sure if that's from surveillance or
9 security control. It would be one of those two
10 entities that told me that we had video of the
11 incident. And below that is just kind of the quick
12 notes I took while they were talking to me on the
13 phone which would be left foot slipped, 30 minutes
14 prior, no spill, below that.
15 Q Do you know what that means?
16 A That would have been -- they reviewed
17 coverage 30 minutes before the fall and they said no
18 spill was observed.
19 MR. GALLIHER: And I'll allow the testimony,
20 but it's hearsay. But you can go ahead and answer.
21 THE WITNESS: But they didn't observe any
22 spill in the video footage.
23 BY MR. ROYAL:
24 Q Did you ever observe any spill?
25 A I did not see any wet areas.

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1 Q Did Ms. Sekera indicate to you she had
2 observed any spill at any time, that you recall?
3 A She said she had slipped and -- I think what
4 I said in the report was that something like water,
5 but I never observed what she stated she slipped in.
6 Q Okay. Let's go through the rest of this on
7 017.
8 A So continuing, that's "RX," which would be
9 treatment, which is splint to left elbow, slash FA,
10 which is forearm. And below that is positive CMS
11 which is -- what that indicates is after we apply a
12 splint to somebody, we want to reassess their injury
13 and anything distal or further down the body, so that
14 would be the fingertips.
15 So we would reevaluate CMS at the fingertips
16 again after the splint to make sure the splint isn't
17 doing any damage or hindering anything.
18 After that it goes negative triangle, which
19 is delta or change. So negative change. There is a
20 "P" with a line above it that's post, after. So
21 negative change after application.
22 And then that's negative HX, which is
23 history.
24 Q What does that mean?
25 A That would be no history of injury to that

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1 elbow.
2 Q Prior to the fall?
3 A Correct.
4 Q And that's information obtained from where?
5 A The assessment interview, speaking with her.
6 Q Okay. So let's go to, still on Exhibit 1,
7 VEN006. You asked about -- this was called the case
8 MO, and you were asked about I guess how you put this
9 information together. You said you checked boxes.
10 A Correct.
11 Q On a computer program you used?
12 A Correct.
13 Q When did you complete this report? Did it
14 say here?
15 Look at the VEN006 at the bottom by your
16 name. It says date and time, it says 15:30. What's
17 that?
18 A That would be November 4, 2016, at 3:30 p.m.
19 That, I believe -- and I'm not 100-percent sure
20 because I normally don't see these printouts. These
21 aren't what we normally look at in the report system,
22 but I think that's the time the report was submitted.
23 Q So if that's accurate, you would have
24 prepared this report within two hours of clearing?
25 A Correct.

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1 Q All right. Look at where it says, under "MO
2 data," it says "Incident Information." About the
3 fourth line down says "PHI, outside vendor." What is
4 that?
5 A "PHI" is protected health information and
6 then "outside vendor" would be not a Palazzo Venetian
7 team member and not a guest of the hotel. So that
8 would be somebody who is a temp worker or somebody who
9 works in a business on the Venetian Palazzo property
10 that's not officially employed by the Venetian or
11 Palazzo.
12 Q Then you have Surface Conditions: Dry,
13 marble, flat.
14 A Correct.
15 Q Why did you select dry as opposed to wet?
16 A The reason I did that is because that was my
17 assessment of the area, and that was done on an
18 accident scene check which is VEN018.
19 Q Let's go to -- still in Exhibit 1, VEN007.
20 This is called a Person Profile. Is this the same
21 kind of form you fill out -- in other words, where you
22 get on and you click boxes?
23 A Correct.
24 Q Just give us -- based on what you clicked
25 here under "MO information," give us a summary of at

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1 least what you indicated to be Ms. Sekera's state of
2 mind --
3 A Okay.
4 Q -- at the time you were doing your
5 assessment.
6 A That would be the patient assessment and
7 speech. When I clicked, Patient is alert, airway
8 status open, breathing adequate, circulation present,
9 patient has a trauma, slash, injury, abrasions,
10 tenderness and that her speech was normal.
11 Q At any time during your assessment, did she
12 have any -- did she exhibit any signs of a concussion
13 or anything of that nature?
14 A Nothing that was immediately noticeable.
15 Q Let's go to your VEN008, 009. This is a
16 narrative report.
17 All right, a few questions from this. It
18 says you arrived on scene and met with Las Vegas Tours
19 employee Sekera, Joyce.
20 Do you know what Las Vegas Tours is?
21 A I'm not exactly sure what they do. I know
22 they have a couple booths up in the Grand Canal Shops,
23 but I don't know exactly what they sell. I mean I
24 would imagine it's tours, but I'm not --
25 Q Had you ever seen Ms. Sekera before this

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1 incident that you recall?
2 A Not that I'm aware of. Not that I would
3 recollect.
4 Q Still on the first paragraph, let's go to
5 the second-to-last sentence. It says "Sekera
6 apologized for falling and did not appear to be in any
7 immediate distress."
8 Do you have any independent recollection of
9 that initial conversation with Ms. Sekera where she
10 apologized?
11 MR. GALLIHER: Other than what's in the
12 report?
13 MR. ROYAL: Right.
14 BY MR. ROYAL:
15 Q I'm asking, do you have an independent
16 recollection of that conversation?
17 A Outside of this report, no.
18 Q Then you write, "I did not note any obvious
19 injuries or threats of life."
20 When you say you didn't note any obvious
21 injuries, what are you referring to?
22 A Any pools of blood, any obvious fractures.
23 Anything that you could just look at somebody and
24 understand something's not right about their
25 condition.

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1 Q Okay, next sentence -- or rather the next
2 paragraph says, "Sekera was alert, oriented to person,
3 place, time and events."
4 At what point -- does this report indicate
5 at what point you had this particular conversation
6 with her to make that determination? Was it during
7 your initial assessment or was it later?
8 A This would be the initial assessment. This
9 would be right when I walked up and started talking to
10 her.
11 Q Okay. So the next sentence says "She stated
12 that she was walking through the area when she slipped
13 in what she believed was water on the floor."
14 See that?
15 A Yes.
16 Q When you say "She stated" in this report,
17 what is -- what does that indicate? What is that
18 meant to indicate? Can you explain that?
19 A In this, in my report writing, if I don't
20 add quotations, it's not a direct quote of what they
21 said. This would just be a paraphrase of what she
22 explained to me happened before she ended up on the
23 floor.
24 Q Okay. So she said she believed water was on
25 the floor. Did she ever identify to you anything else

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1 beyond saying it was on the floor? Did she describe
2 it? Did she give any indication about size or
3 location?
4 A No, not that I can recall.
5 Q The next sentence says "She reported that
6 she fell backwards and put her right hand behind her
7 head to protect it."
8 When you say "She reported," is that any
9 different than when you said "She stated"?
10 A No.
11 Q Do you recall -- okay. Then it says, the
12 next sentence, "She landed on the marble floor and her
13 left elbow struck the base of the pillar next to her."
14 You didn't say "she reported" or "she
15 stated" prior to that particular statement. Is there
16 a reason for that?
17 A That would have been a continuation of the
18 previous sentence --
19 Q Okay.
20 A -- because obviously I wouldn't have seen
21 it.
22 Q Okay. The next sentence, "She denied
23 striking her head during the fall and denied losing
24 consciousness prior to or after falling."
25 Do you see that?

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1 A Yes.
2 Q When you say "She denies," would you explain
3 to us how we're supposed to read that in this report?
4 A So that would be me asking her just
5 basically that: Did you feel like you were going to
6 pass out or did you pass out before falling, before
7 being on the floor? And do you remember being on the
8 floor and everything up until seeing me, is basically
9 how I would put it.
10 And then that's just kind of a paraphrasing
11 of that conversation.
12 Q Okay. So when we read this and it says she
13 denied striking her head, that indicates you had a
14 conversation with her?
15 A Correct. I would have asked her, you know,
16 how she fell, did her head hit anything; and then in
17 line with that, it would be other questions about loss
18 of conscious or levels of consciousness.
19 Q Okay. So as you sit here today and as you
20 read this report so far, does any of this refresh your
21 recollection as to any of the conversation you
22 actually had with Ms. Sekera?
23 A The exact conversation, no. No, I --
24 outside of what's written here, I have no independent
25 recollection of this conversation.

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1 Q The next sentence, "She denied any head
2 pain, neck pain, weakness, dizziness or nausea at that
3 time."
4 Again, when you use the words "She denied,"
5 what does that indicate to us?
6 A That would be her saying, no, to basically
7 any of those things: Do you have any head pain, neck
8 pain, back pain? The weakness and dizziness would
9 have been included in the loss of consciousness
10 conversation.
11 Q Okay. So up to this point in paragraph 2,
12 other than the first sentence where you said she was
13 alert, oriented to person, place and time, pretty much
14 what we've been reading is information she has
15 provided to you; is that correct?
16 A Yes, correct.
17 Q All right. The next sentence says "I noted
18 she was guarding her left elbow and reported she was
19 only experiencing pain there at that time."
20 See that?
21 A Correct.
22 Q Okay. So you observed -- tell us about what
23 you observed in that sentence versus what information
24 she gave to you.
25 A So from what I typed there, guarding is

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1 basically kind of protecting or shielding. So a lot
2 of times people, when they're guarding an injury, they
3 won't put their hands directly over it, but they'll
4 guard like a body part near it. I didn't exactly
5 explain that she was holding an arm across her chest
6 or anything like that.
7 But guarding in the medical assessment is
8 usually something along those lines, that the patient
9 is protecting the injury from any further movement or
10 anything affecting it.
11 Q Okay. The next sentence, "She was
12 embarrassed, to which I offered to assist her to a
13 more private area." Again she stated she was
14 embarrassed, I should say.
15 That, again, was conversation you had with
16 Ms. Sekera?
17 A Yes.
18 Q Okay, let's continue. "She agreed and was
19 assisted to a standing position."
20 Did you do that?
21 A I would have, yeah.
22 Q Then it says, "I asked if she felt any new
23 pain, weakness, dizziness or nausea, to which she
24 denied at that time."
25 Can you explain to us why you would ask that

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1 a second time? Looks like you had already covered
2 that before.
3 A So like I said previously with the
4 splinting, anytime we change a condition for a
5 patient, you always want to reassess. So anytime you
6 do something you want to reassess: Is this hurting
7 you more? Does this make you feel better?
8 And then usually when somebody falls,
9 picking them back up, you know, sometimes people will
10 feel a little weak or dizzy, in my experience doing
11 that job. So that became just a normal question I
12 would ask whenever I would assist anybody to stand,
13 regardless of injury, is if there was any weakness or
14 dizziness upon standing up.
15 Q Okay. Continuing it says, "She agreed to be
16 assessed in the medical room and refused wheelchair
17 assistance."
18 What's the medical room?
19 A The medical room is a section of the
20 security office that the EMT stage out of. We have
21 our own computers, or own phone, own private area that
22 wasn't under camera coverage. Because most of the
23 security office had camera coverage because obviously
24 we wouldn't want any cameras in the medical room. So
25 the medical room is a more private place that I could

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1 get her to and then finish the assessment there.
2 Q How did you get to the medical room from the
3 scene when you first met Ms. Sekera?
4 A From the report, looks like we walked
5 because she refused the wheelchair.
6 Q Do you remember anything about that walk?
7 A No.
8 Q Do you remember her having any trouble
9 ambulating from the accident scene to the medical
10 room?
11 A No. And if she did, I would have put her in
12 a wheelchair anyway.
13 A lot of times you would get a patient who
14 would overestimate their ability to walk. There were
15 ways that we could have conversations with people to
16 make them understand that, you know, if it's from a
17 previous fall, we don't want them falling again. We
18 don't want things getting worse.
19 So even though a wheelchair is
20 embarrassing -- a lot of people said it was
21 embarrassing, we would always prefer that route to
22 having them fall again, and most people were
23 understanding of that.
24 And that was part of us walking with them.
25 We wanted to make sure that they didn't appear

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1 unstable or were able to walk on their own without
2 assistance.
3 Q Now, this next paragraph, it goes from -- it
4 goes on to VEN009, starting with the last paragraph.
5 This appears to be just details associated with your
6 assessment -- your assessment of the left elbow.
7 A The paragraph that ends on 008?
8 Q I'm sorry. Secure left elbow.
9 A Yeah, that would be my assessment of the
10 injury.
11 Q Now, I'm just sort of looking at this
12 chronologically the way you drafted this. Does this
13 sort of refresh your recollection as to where you did
14 this extensive left elbow assessment? Whether it was
15 at the accident scene or the medical room?
16 A This would have happened in the medical
17 room.
18 Q Okay. Now going on to VEN009 at the top
19 starting with "She added." "She added that she was
20 beginning to feel minor pain and soreness in her left
21 lower back and left side localized to the axillary
22 line."
23 Can you explain what that means again?
24 A So that would have been during my
25 conversation with her. This would have been after

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1 treatment because all my report writing is
2 chronological. That would have been after treatment
3 of her elbow.
4 So once it was splinted -- let's see,
5 splinted and slinged, she began to report minor pain
6 and soreness, left lower back and left side. So that
7 would have been at the end of my assessment.
8 And usually for writing like this to be a
9 little more concise, throughout the entire call we
10 usually ask if they want an ambulance, if they want to
11 see a doctor or seek any further medical attention.
12 And the way I wrote my reports is that that would be
13 towards the end.
14 I mean if somebody says yes to an ambulance,
15 obviously that would be chronologically reported. But
16 to make the report more concise, I added the seeking
17 medical attention part towards the end of those
18 reports.
19 Q I'm going to ask you one more time about
20 this minor pain and soreness to her left lower back
21 and left side, localized to the axillary line, because
22 I'm not clear on where this is.
23 Where is the pain in the left lower back?
24 Is it like in the kidney area? Is it on the side or
25 the spine?

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A Okay. So, yeah, it would be the area -- so imagine on the left side, the invisible line like the middle of the armpit going all the way down towards the flank, which would be just above the beltline and then around to the back.
Q So you've indicated going to the back either to the spine or -- how far to the middle of the back?
A Yeah, usually -- I don't know if it was to the spine. If it's not documented, I'm not exactly sure how far it extended.
Q Okay. All right. Now on VEN009 starting with "Sekera agreed to seek medical attention."
See that?
A Yes.
Q Okay. Then it says, "but refused ambulance transport." That means what? That means you had a conversation about whether you should call an ambulance?
A Yes.
Q The next sentence says, "She stated her job did not provide worker's compensation."
Do you know why that would be part of your conversation?
A The reason that's in there is because she was a third party -- I'm sorry. What was the exact

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phrasing? On VEN006, "PHI, outside vendor."
Because she was in line with, like, a temp worker or somebody who works at the Venetian Palazzo, but is not employed by the Venetian Palazzo, we would ask them if they had worker's compensation only because that would require them to report to their manager and that would require them to fill out the worker's compensation paperwork.
And that -- mostly we saw temp workers for injuries, but that's for third-party stuff like this. And they had their own worker's comp, but most people aren't aware of how to engage that conversation with the manager or how to start the worker's compensation process.
So that's just the normal thing we ask them, anybody that's not employed by the Venetian Palazzo. Only because, like I said, they have to report to the manager and let them know they were injured.
Q That brings up another question. Is it unusual to take someone from, let's say, the public area back to the medical room? Just a normal guest?
A I wouldn't take a guest back to the medical room.
Q Why did you on this occasion?
A Because she was an outside vendor. She

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worked at the property, but wasn't exactly a team member with us.
Those employees on our property do have access to our back-of-house areas, so it's not against anything for me to bring her back to a secure area like that. And in the case of a guest, if they ask for more privacy, there are other areas near the casino floor that we could assess them that isn't the medical room.
Q Okay. Back to VEN009, Exhibit 1, and it indicates, "She refused to complete a voluntary statement for the incident."
Can you explain what that indicates or reads?
A Sure.
So our policy for reporting injuries to outside vendors or third-party employees on property was that they would fill out the medical release, which is VEN017.
They would fill out the medical release and they were given the option of completing a voluntary statement for their employer. But, like, it's implied it's a voluntary statement. If they don't want to complete any paperwork for their injury, they don't have to.

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Q And you said "She was escorted to her booth in the Grand Canal Shops, collected her belongings and was escorted to her vehicle in the team member garage on Level 8."
Do you see that?
A Yes.
Q Can you explain, to the best you can, what that means?
A So after all the paperwork and photographs were completed and everything I had -- everything I needed I had, I offered to walk her back up to where she worked, collect her belongings -- I guess I don't know what that entailed and probably a purse, but that's just guessing -- and then she was escorted to her vehicle.
So I walked with her basically just to make sure she was okay. Only because she was injured and she was also complaining of the additional things, but didn't want to go by ambulance.
More often than not -- and I think everybody is different about it as far as EMTs. If somebody is injured on property and I have the ability to walk with them, I'll do it only because they are on our property and I'm caring for them. I always take it upon myself to escort injured team members or

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1 employees.
2 Q So in this case, from the accident scene,
3 where did you walk with her?
4 A So from the accident scene, it would have
5 been through the hotel -- the elevator lobby to the
6 back of house, to the security office, and the medical
7 room in the security office where the rest of the
8 report was finished, paperwork was collected.
9 And then we would have gone from the medical
10 room back out to the casino floor and then her booth,
11 which is where she worked up on the second floor out
12 of the Grand Canal Shops. And then she would have
13 collected her stuff and I would have walked with her
14 to wherever her car was parked.
15 Q Okay. Did you indicate, anywhere in your
16 report, any concerns related to her ability to operate
17 a vehicle on her own?
18 A Not in the report itself, but I would have
19 asked her. And it's not documented, so I can't say.
20 Q Okay. So once you -- what happened after
21 you got to the team member garage? Strike that. Let
22 me ask another question.
23 This team member garage, what is that? On
24 Level 8, what's a team member garage?
25 A Where all the employees park their vehicles

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1 and they walk onto the property.
2 Q Then after you walked her to -- Ms. Sekera
3 to her car, last paragraph indicates that you returned
4 to the area; is that right?
5 A Yes.
6 Q Did you -- you don't have an independent
7 recollection of that, do you?
8 A No, not outside of the report.
9 Q Okay. Now, it says, "Video coverage is
10 available per surveillance."
11 Do you recall ever reviewing any actual
12 surveillance?
13 A I'm not allowed to look at the video
14 coverage.
15 Q Okay. So you haven't?
16 A No.
17 Q On VEN018, if you could go to that for a
18 minute. Your notes indicate, "Defects noted, explain
19 in detail." It says "Marble flooring appears flat,
20 even and dry."
21 See that?
22 A Yes.
23 Q Do you recall what you did to make that
24 determination or not?
25 A So for this -- any slip-and-fall, we always

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1 have to do an accident scene check. That is policy
2 for us to complete.
3 I don't remember this exact incident, but my
4 normal procedure is to go where the incident happened,
5 take a look around and just evaluate the area, see if
6 there's anything uneven, see if there's any
7 obstruction, see if there's just anything that might
8 present a hazard.
9 Because if there is something present -- and
10 this was done in conjunction with facilities. So if
11 there was something present, I would need to stand
12 there and make sure nobody else got injured from it or
13 tripped on something or slipped on something. So it
14 would be on me to make sure either nobody else slipped
15 or fell in that area, and that was done with the PAD
16 department.
17 Q The next line down says, "A previous wet
18 spill was reported and cleaned by PAD."
19 When you refer to a previous wet spill, what
20 information did you have other than Ms. Sekera saying
21 that she believed she stepped in water?
22 A As far as my recollection, she was the only
23 one that told me.
24 Q And is there anything in your report
25 indicating whether or not Ms. -- other than Ms. Sekera

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1 saying she believes she slipped in water, any other
2 objective observation you made about the existence of
3 water prior to this slip-and-fall?
4 A No.
5 MR. ROYAL: Did we mark those?
6 MR. GALLIHER: They're marked as 2.
7 MR. ROYAL: Can I look at those?
8 BY MR. ROYAL:
9 Q I just ask you, on Exhibit 2, on these
10 photographs that we looked at, there's VEN035, I
11 assume you took that photo.
12 A Yes.
13 Q All those photos; right?
14 A Correct.
15 Q Was that taken in the -- can you just tell
16 us where this was taken.
17 A That would be the medical room.
18 Q Okay. And how about Photo 036?
19 A Also in the medical room.
20 Q And that's of the left elbow?
21 A Yes.
22 Q And how about 037?
23 A Medical room.
24 Q Do you know why you took that picture?
25 A It's policy for us to photograph shoes if

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1 we're able to. Tops and bottoms of shoes.
2 Q And 038?
3 A Medical room.
4 Q Okay. That's the bottom of the shoe?
5 A Correct.
6 Q 039?
7 A That's the area of incident.
8 Q Do you remember when this one was taken,
9 039? Would that have been after you returned to the
10 scene?
11 A Yes. That photograph, I don't know exactly
12 when that was taken, but my normal operation was to
13 take photographs during the accident scene check.
14 Q All right. So VEN014, you took that?
15 A Yes.
16 Q And in this particular photograph or
17 anywhere around this pillar, did Ms. Sekera ever point
18 to you and say, "This is where I believe the water
19 was"?
20 A Not to my recollection.
21 Q All right, 041, that's also of where you
22 found Ms. Sekera?
23 A Yes.
24 Q On 042, why did you take this photo?
25 A That would be the pillar she pointed to as

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1 the falling event.
2 Q And other than her left elbow, did she
3 complain to you about anything else striking the
4 pillar?
5 A Striking the pillar? No.
6 Q Did she complain to you about anything else
7 striking the floor or any other object other than her
8 left elbow?
9 A No.
10 Q Okay. And this last photo, 0043, you took
11 that and that was of the incident area?
12 A Yes.
13 Q Okay. I just have a couple more here. I'm
14 going to show you --
15 MR. ROYAL: Off the record for a second?
16 (Discussion off the record.)
17 BY MR. ROYAL:
18 Q And I'm trying to remember what I -- for the
19 record, I've got up here the surveillance photo of the
20 incident starting at 12:43:15.
21 And it's still right now, but do you
22 recognize yourself?
23 A Looks like me.
24 Q And would that be you on the right with the
25 backpack?

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1 A Yes.
2 Q There's an officer in a blue uniform -- I'm
3 sorry, there is a man in a blue uniform. Do you see
4 that?
5 A Yes.
6 Q Do you know who that is?
7 A Not off the top of my head.
8 Q Counsel had asked on direct whether or not
9 there was another security officer there. Does
10 looking at this, still at 12:43:15, at all refresh
11 your recollection?
12 A No.
13 Q I'm not left-handed so this is a little
14 tricky. Hang on. So I've let it -- it's now rolling,
15 it's 12:43:22. You are bending over.
16 You are talking to -- I assume that's
17 Ms. Sekera.
18 A I believe so.
19 Q Okay. Is this the first time you've seen
20 this footage?
21 A Yes.
22 Q Does anything that you are seeing at this
23 point refresh your recollection --
24 A No.
25 Q -- about anything you testified to?

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1 A No, not independently.
2 Q Hold on one second.
3 MR. ROYAL: Give me a second here.
4 BY MR. ROYAL:
5 Q Okay. I'm going to show you now video
6 starting at 12:44:45. Ms. Sekera is now standing up
7 and you are in -- is that a white shirt --
8 A Yes.
9 Q -- white uniform?
10 A That's correct.
11 Q And then we still have this other officer
12 here in the blue uniform. We don't know who he is at
13 this point; is that right?
14 A I don't recognize him.
15 Q So I'm just going to hit Go here, so it's
16 rolling at 12:44:45 forward. You see the officer in
17 the blue uniform, looks like he's gone somewhere else
18 and just you and Ms. Sekera are walking from the scene
19 and you've got the wheelchair; right?
20 A Yes.
21 Q And where are you going at this particular
22 point?
23 A To the medical room.
24 Q Okay. So these cameras at 12:45:14, they
25 depict you going into what looks like the elevator

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1 lobby area.
2 A Yes.
3 Q And at 12:45:25 you are going through this
4 door, and where does that lead?
5 A To the back of house.
6 Q Are guests typically allowed back there?
7 A No.
8 Q Okay, 12:45:40 we see you again with the
9 wheelchair and Ms. Sekera in the back hall, and it
10 just continues as you are going towards the medical
11 room.
12 Looking at any of this, does it refresh your
13 recollection as to anything you testified to today?
14 A Nothing outside the report.
15 Q At 12:46:05, that's you and Ms. Sekera
16 walking towards the camera?
17 A Yes.
18 Q At this particular time, does she at least
19 appear to have difficulty ambulating to you?
20 A No.
21 Q Do you have an idea of the estimated
22 distance that you walked from the incident scene to
23 the medical -- to this room you are going into at
24 12:46:42?
25 A Total distance walked?

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1 Q It's okay, best guess.
2 A My best estimate is a couple hundred feet.
3 Maybe -- trying to do the math in my head because each
4 pace is about three steps or each pace is about
5 two feet.
6 Q You know what? It's not --
7 A I don't know.
8 Q So at 12:46:54, that's when you -- just
9 because you disappeared, that's when you go into the
10 medical room?
11 A Correct.
12 Q So I want you to -- all right, now I'm going
13 to show you footage -- oh, boy. I'm going to show you
14 footage starting at 13:02:37, and you said there's no
15 cameras in the room where you were doing your
16 assessment.
17 A Correct.
18 Q All right. So at 13:02:39, that looks like
19 you and Ms. Sekera coming from the medical room.
20 A Yes.
21 Q All right. So according to at least the
22 time difference there, looks like your assessment in
23 the medical room was somewhere close to about 15
24 minutes.
25 A Yeah -- yes.

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1 Q All right. So from this point, I'll just --
2 I'll represent to you that this -- maybe I'll just
3 kind of speed this up -- that this shows you walking
4 back from the medical room, the same -- looks like the
5 same course that you took to get there.
6 Would you agree?
7 A Yes.
8 Q Okay. I'm at 13:04:06. We see you coming
9 from those rooms that lead to the back area, and then
10 now you are out in the common area -- the guest area?
11 A Yes.
12 Q Okay. At this point, we're -- at this point
13 you are going where?
14 A Back up to her booth or place of employment.
15 Q So I'm going to speed this up a little bit.
16 Now at 13:05:25, what are we seeing here? You see
17 yourself and Ms. Sekera?
18 A Yes.
19 Q Where is that?
20 A That's up in the Grand Canal Shops.
21 Q Okay. It's a floor above?
22 A Yes.
23 Q A floor above where the incident occurred;
24 is that right?
25 A Not exactly, but, yeah.

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1 Q What do you mean "Not exactly"?
2 A Not like directly on top of it, but a floor
3 above it.
4 If you were to pinpoint exactly where it was
5 above it, it would be further down that hallway on the
6 left side of the video there.
7 Q But it was one floor above?
8 A Yeah.
9 Q Okay. I'm going to speed it up quite a bit
10 here. We're now at 13:13:08. Looks like you are
11 backtracking, basically going back to the area that
12 you came once you went up to the Grand Canal Shops. I
13 don't know if you can tell.
14 A Yeah, yeah.
15 Q And at this point you are headed towards
16 the --
17 A The garage.
18 Q Okay. We just watched at 13:08 -- 13:08:50,
19 up to 13:09. Now it's continuing at this point, she's
20 in a sling, she's walking on her own and just headed
21 towards -- looks like the elevator.
22 A Correct.
23 Q And that's the elevator to get to the
24 parking area?
25 A Correct.

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Q Okay, now it's at 13:10:08. Looks like you are getting onto an elevator. Is this to go up to the team member parking garage?
A To Level 8; yeah.
Q Okay. This looks like it ends at 13:10:32. As you and Ms. Sekera are getting out of the elevator on that particular floor to the team member parking, see that?
A Yes.
Q Does anything that we just went over refresh your recollection as to anything that is beyond, you know, either what you can see in the video or what's in your report that we have covered marked as Exhibit 1?
A Nothing stands out.
Q If Ms. Sekera had complained to you about anything else during the time that you were doing this escort, either to the medical room or from the medical room to the garage, is that something that you would have typically included in your report?
A Yes.
MR. ROYAL: I just got a couple more questions here.
BY MR. ROYAL:
Q You were asked about prior incidents and

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best estimates and so forth about slip-and-falls. I want to cover a couple things about that.
There are occasions when you respond to incidents like this where there are more than one EMT that responds?
A Yeah, yeah, that's happened.
Q On some of those estimates that you provided, how many of those would include other EMTs responding with you?
A I wouldn't be able to estimate that.
Q Would it be more than 10 percent? More than 20 percent?
A I would say maybe 50 percent.
Q Of those 175 that you -- or I'll say 150 to 175, which is what my notes indicate you said.
How many of those falls on marble floors were trips versus slips?
A I don't know if I would be able to estimate that.
Q Are you -- when you said 175 or up to 175, would that include just slips with a foreign substance or was it any kind of a fall on a marble floor?
A More often than not it was a slip. If it was a trip, it would be an unusual circumstance only because they were very good -- PAD and facilities were

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very good about obstructions and things that people could trip over.
More often than not, it was a slip over a trip, but I couldn't give you a number.
Q Of the 150 to 175 that you estimated, how many of those related to slips on marble floors where there was no foreign substance?
A No foreign substance?
MR. GALLIHER: Again, I'll object on grounds of foundation. There's no foundation for your testimony, but you may answer.
THE WITNESS: Can you repeat the question?
BY MR. ROYAL:
Q Do you understand what I mean by foreign substance?
A Yeah, like a fluid or anything like that.
Q Yeah. So of the 150 to 175 -- or let me ask it this way.
Do you recall if you responded to any falls or slips on a marble floor that did not involve a foreign substance?
MR. GALLIHER: Same objection. You may answer.
THE WITNESS: A slip that did not involve -- there might be a handful of those. It's usually

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related to footwear or somebody not being cautious about where they're stepping. Those are pretty common.
BY MR. ROYAL:
Q Does that have anything to do with why you take pictures of shoes?
A Yeah, yes. Actually, yeah. We take shoes to document evidence of how good of footwear the person was wearing when they're on our flooring.
Q Okay. As you sit here today, you didn't make any conclusions as to whether or not there was any kind of foreign substance on the floor that caused Ms. Sekera to fall in this particular incident; correct?
A That's correct; I didn't observe anything.
Q The only information you had is that she said to you she believed she stepped in water?
A Correct.
Q As you -- do you recall or did you see anything in your report related to Ms. Sekera complaining that her pants were wet after the fall?
A No. I didn't document and it wasn't discussed.
Q Did she say anything to you other than she believed there was water on the floor?

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A Aside from that, no.
Q Did she indicate to you -- do you recall her indicating to you whether she had anything in her hand at the time she fell? A beverage of any kind?
A I don't independent recall that, but the video coverage showed me that she had a white cup in her hand.
Q Did she ever indicate to you, as you recall -- if you recall -- that she felt liquid on the floor with her hand after the fall?
A I don't recall that.
Q If she told you that, typically is that something you would put in your report?
A Yes.
Q Did she exhibit anything that indicated to you that she was dazed and confused as a result of the fall, based on your observation or based on your reporting?
A No, no. I didn't see anything like that.
MR. ROYAL: Okay. That's all my questions.

FURTHER EXAMINATION
BY MR. GALLIHER:
Q Back to me. Let's start with VEN018. And I think we established earlier that the

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handwriting at the top half of the page where it says -- starts with "Marble flooring" was your handwriting.
A Correct.
Q And what exactly is PAD? Is that Public Areas Department?
A Correct, yeah.
Q So I'm reading the sentence that Mr. Royal read to you and I want to ask you about it. It says "A previous wet spill was reported and cleaned by PAD"; is that right?
A Yes.
Q That's what you wrote down?
A Yes.
Q How would Ms. Sekera know that PAD cleaned it?
MR. ROYAL: Objection, form.
THE WITNESS: So this statement was -- this observation was made by me. It wouldn't be anything that she said to me.
BY MR. GALLIHER:
Q Well, but earlier you testified that the previous wet spill was reported and you said that was Ms. Sekera.
A Yes.

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Q And no one else reported it to you; right?
A That would be her saying that to me; yes.
Q Who reported to you that the previous wet spill was cleaned by PAD?
A I would attribute that to the phrasing, then, because I observed PAD cleaning when I arrived on scene. She would be the one that told me that the wet spill was there.
Q So let's go back to VEN008, first paragraph, and -- all right. "I" -- meaning you, "noted that a Public Areas Department team member was on scene and mopping the floor in the area."
Correct?
A Correct.
Q Now, would that indicate to you that there must have been something wet on the floor because somebody was mopping it up?
MR. ROYAL: Objection, foundation; calls for speculation.
THE WITNESS: Potentially? If I didn't see anything, I wouldn't -- I mean if I didn't see anything, I wouldn't make a notation of it.
So if I saw a wet spill, I would make a notation of it in the report.
/////

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BY MR. GALLIHER:
Q Remember something. You didn't come immediately after the fall, you came after it was cleaned up.
A Correct.
Q And what I'm asking you is that, you made a specific note in your report that there was a Public Areas Department team member on the scene mopping the floor in the area; right?
A Correct. They had a mop and they were mopping through the area. I didn't see a puddle of anything being mopped up. I just saw that they were -- they had a mop in their hand.
Q Did you walk over to where the Public Area Department person was and ask them what they were mopping up?
A No.
Q Did you go over and look to see whether the mop was wet?
A No.
Q Did you go over to look to see whether or not there was a wet spot that was being mopped?
A No.
Q So all you know is that in the immediate vicinity of the fall, there was a Public Areas

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1 Department team member mopping the floor --
2 A Correct.
3 Q -- right?
4 A That's what I saw.
5 Q And go back to VEN018. So what we've got is
6 a wet spill is reported and you said that was reported
7 by Ms. Sekera, and then we have your personal
8 observation that the floor was being mopped in the
9 area of the fall; right?
10 A Yes.
11 Q Now, the assessment that you performed, I
12 want to talk to you a little bit about that. That
13 would be VEN017. With me?
14 A Yes.
15 Q Sounds to me like the assessment was
16 performed roughly 15 to 20 minutes after the fall.
17 Would that be fair?
18 A I didn't follow the time stamps exactly.
19 Q Well, the reason I ask is because when we
20 talk about VEN018, the next page, it bears the time of
21 13:26. Do you see that?
22 A Yes.
23 Q And that would be -- the fall was reported
24 to you on 12:39.
25 A Yes.

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1 Q Same date?
2 A Yes.
3 Q So if I do my math correctly, it looks like
4 you've got about 45 minutes that elapsed between the
5 time the fall was the reported to you and the time
6 that you completed VEN018.
7 A Correct.
8 Q Would that right?
9 A That would be correct.
10 Q And then if we go back to VEN017, you've got
11 the time there at 12:57. You see that?
12 A Yes.
13 Q So if we do the math, the fall was reported
14 to you at 12:39, you do the assessment at 12:57. By
15 my math, that's roughly 18 minutes; would that be
16 fair?
17 A The time inputted on here would be the time
18 that I signed.
19 Q Okay. So did you perform the assessment
20 before 12:57?
21 A Yes, the assessment was completed before
22 12:57.
23 Q So how long did the assessment take?
24 A I don't remember the exact time we got to
25 the room on the time stamps, but whatever time we got

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1 to the room and then 12:57 on here.
2 Q So we know that the assessment, then, would
3 have been performed sometime between the time the fall
4 was reported to you and 12:57 p.m.?
5 A Yes.
6 Q And so that would be roughly within that
7 18-minute time frame post fall you performed the
8 assessment?
9 A Yes.
10 Q Now, you mentioned in response to
11 Mr. Royal's questions that you don't usually see the
12 printouts which we have identified as VEN005 through
13 009.
14 Is that right?
15 A Correct.
16 Q Okay. So what do you normally see?
17 A On the computer screen, it's kind of like a
18 tab system. Like it would be, like, think of like a
19 web browser with multiple tabs. It's kind of like a
20 system like that. There's different areas for input
21 and the area of the screen is just a blank space.
22 That is just a printout of all the information I put
23 in there, but what we see is not anything close to
24 this when we're actually writing the report.
25 Q So when you're looking at the computer

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1 screen when you're writing the report, you are
2 checking boxes?
3 A Yes.
4 Q And when you check the boxes, it comes back
5 in printed form in the report which we previously
6 discussed; is that correct?
7 A Yeah. Not all the reports we complete are
8 printed. It just stays in the system electronically.
9 For cases like this, we just print it out and it comes
10 out in this form which is not something I see very
11 often.
12 Q Apart from 017 and 018, do you recall if
13 there was anything that was prepared in handwriting in
14 connection with this fall event?
15 A No, it would just be these two forms.
16 Typically it would be a voluntary statement as well,
17 but she declined.
18 Q Now, you have been asked to describe the
19 nature of the fall. In other words, what happened in
20 connection with the fall, you are basing your
21 description upon what Ms. Sekera told you?
22 A Yes.
23 Q And you haven't scene the video surveillance
24 of the fall itself?
25 A Of the fall; no.

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Q So you would agree with me that all the questions would be answered by the video surveillance showing the fall?
In other words, what hit, what didn't hit, how hard the fall was, the video surveillance would be the best evidence of that?
A Yes.
Q A couple of other things that weren't mentioned in Mr. Royal's examination of you that I wanted to address.
Look at VEN009. The one thing it doesn't mention is -- you said she refused ambulance transport; right?
A Yes.
Q However, in the same paragraph -- and tell me if I'm reading this correctly. It says, "After some discussion, she," meaning Ms. Sekera, "opted to self transport to Centennial Hills Hospital as it was close to her home."
You see that?
A Yes.
Q That's what she told you she was going to do?
A Yes.
Q In other words, she was going to go to the

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hospital?
A Yes.
Q And then let's go with page VEN0007.
A Okay.
Q Something else that wasn't talked about when we were talking about your assessment of Ms. Sekera. The middle of the page, it says, "Odor of intoxicants," do you see that?
A Yes.
Q And what did you indicate?
A "None."
Q So she was not -- did not smell of alcohol or wasn't under the influence of alcohol at the time?
A She didn't have the mannerisms of it; no.
Q And she didn't smell -- you didn't smell --
A No.
Q If you had, you would have noted that in the report?
A Yeah, yes; absolutely.
Q And then we talk about when you inspected the floor area where the fall occurred. And as I read that, looks like -- and I'm referring to VEN018.
A Okay.
Q And you note the time, 13:26.
A Correct; yes.

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Q And that would be the time that you filled this out?
A That would be the time I looked at the area.
Q All right. So in other words, when you looked at the area and found it to be flat, even and dry, you were roughly, by my calculations, 45 minutes after the fall.
A I believe so, yeah.
Q Because the fall was reported at 12:39; right?
A Yes.
Q So 13:26 would be about 45 minutes later?
A Yes.
Q All right. So VEN018 was completed by you as a result of an inspection of the floor 45 minutes after the fall?
A Yes.
Q Thank you. That's all I have.
MR. ROYAL: Nothing else.
THE COURT REPORTER: Mr. Royal, did you want to order a copy of this transcript?
MR. ROYAL: Yes, please.
(The deposition concluded at 4:05 p.m.)

1 REPORTER'S DECLARATION

2 STATE OF NEVADA)
)
3 COUNTY OF CLARK)

4 I, Pauline C. May, CCR No. 286, declare as
5 follows:
6 That I reported the taking of the deposition of the
7 witness, JOSEPH LARSON, commencing on Thursday,
8 October 11, 2018 at the hour of 2:15 p.m.
9 That prior to being examined, the witness was by me
10 duly sworn to testify to the truth, the whole truth,
11 and nothing but the truth.
12 That I thereafter transcribed said shorthand notes
13 into typewriting and that the typewritten transcript
14 of said deposition is a complete, true and accurate
15 transcription of said shorthand notes taken down at
16 said time, and that a request has not been made to
17 review the transcript.
18 I further declare that I am not a relative or
19 employee of counsel of any party involved in said
20 action, nor a relative or employee of the parties
21 involved in said action, nor a person financially
22 interested in the action.
23 Dated at Las Vegas, Nevada this _____ day of
_____, 2018.
24
25 _____
Pauline C. May, CCR 286, RPR

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